

EHR Forum
February 1, 2012
Draft Meeting Summary

Participants

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Jay Caturia, Winchester Hospital
Jeremy Davis, MACIPA
Michelle Fine, New England Quality Care Alliance
John Fitzgerald, Beth Israel Deaconess Medical Center
Nael Hafez, Pediatric Physicians Organization at Children's
Alan Harvey, MD, Mass. Medical Society
Rich Holm, MACIPA
Barbara Lund, Mass. eHealth Collaborative
Ginger Lyons de Neufville, MACIPA
Paula Magnanti, Strategic Healthcare Solutions
Trish Manning, MACIPA
Bill Mills, Winchester Hospital
Scott Romer, Pediatric Physicians Organization at Children's
Craig Schneider, Mass. Health Data Consortium
Micky Tripathi, Mass. eHealth Collaborative
Christine West, Mass. eHealth Collaborative

Summary

Announcements – Craig Schneider

The Massachusetts Health Data Consortium's health IT conference [was] held on February 3rd. The keynote speaker was Dr. Ashish Jha of the Harvard School of Public Health, who addressed The HITECH Act at 3: How HIT Has Transformed Care Delivery.

The next MHDC conference will be Payment Reform: Achieving the Three-Part Aim? at the Logan Hilton on April 12th. Confirmed speakers include Charlie Baker, Paul Levy, and Dr. Robert Galvin. Registration opened on February 7th at <http://mahealthdata.org/Events?eventId=444690>.

If you or your organization are not members of the Consortium, please consider joining. A booklet listing the benefits to membership is available from us, as is our Year in Review publication.

January 27th was the date to submit Innovation Challenge grant applications to CMS's Innovation Center. MHDC applied for one, and if we receive a grant we will present our model during the EHR Forum's next meeting on April 4th.

The Quality Data Warehouse

Micky Tripathi, Ph.D, Massachusetts eHealth Collaborative

(please see handout)

MAeHC created the Quality Data Center as part of the three-year pilot project in 2005-08. One issue is that accountable care organizations need real-time data, but this is very expensive and challenging for the QDC. The QDC will be linked to the statewide health information exchange (HIE), which will be going live on October 15th.

Discussion:

Q: What is the role of the QDC in an HIE-centric system? Is the HIE a database and repository?

A: That was the original conception, but the HIE is evolving toward push transactions with no repository – the aggregation points are at the edge. Federal policy makers are aligned with this vision.

Q: How do you interpret the various quality measure specifications?

A: There are different dimensions to this problem. For EHR vendors, quality measures are not part of their core business approach and expertise (i.e., structured data vs. customized systems). In general, the vendors do not understand quality reporting. They focus on the business needs first and the technology second.

Q: How do you deal with physicians who are affiliated with multiple healthcare organizations?

A: We obtain an entity-physician pair. For sign on, it depends on the system being used. The Massachusetts HIE will have an entity-wide certification.

Q: Is the state HIE timeline too ambitious or is it realistic?

A: It is challenging but doable. We will be the first state to do this using federal Medicaid funding. The local HIEs are excited about this solution. The Massachusetts e-Health Institute will address the "last mile" of connectivity.

The Role of EHRs in ICD-10 Implementation

Jeremy Davis, MACIPA

A challenge for clinical organizations is that EMRs do not support ICD-10. By the October 2013 deadline, we will be increasing the number of codes from 13,000 to 69,000.

MACIPA has been conducting an impact assessment – what will be the effect of ICD-10 on technology, vendors, productivity (staff and physicians), training, and risk management. We are also assessing how it will affect work – templates, order sets, etc. – do they need to be re-done?

Practices need to think about the governance for managing the ICD-10 project, and who needs to be on the Tiger Team.

MHDC has an ICD-10 Forum – there may be opportunities to collaborate between the ICD-10 Forum and the EHR Forum. (Links to the ICD-10 Forum resources are included with this summary.)

Q: What is the role of the EHR in this effort?

A: EHRs can be a bridge that connects revenue to risk adjustment to documentation – coding supports quality measurement. However, measure definitions are based on ICD-9, so quality measures will have to be mapped to ICD-10.

Next Meeting

Wednesday, April 4th at 9:00