EHR Forum
April 28, 2011
Meeting Summary

Participants

Zoe Barber, Mass. Health Data Consortium
Ray Campbell, Mass. Health Data Consortium
Patricia Cox, Steward Healthcare
Michelle Fine, New England Quality Care Alliance
Todd Lowthers, Northeast PHO
Ginger Lyons deNeufville, Mt. Auburn Cambridge IPA
Paula Magnanti, Strategic Healthcare Solutions
Sabrina Mascaro, Mt. Auburn Cambridge IPA
Trish Manning, Mt. Auburn Cambridge IPA
Dawn Nee, Hallmark Health System
Craig Schneider, Mass. Health Data Consortium
Robert Thorpe, Consultant

Summary

Announcements

Craig Schneider announced that the Consortium is holding two upcoming conferences:

The Governor's Conference will be held on May 9-10 at the DCU Center in Worcester. On-line registration closes on Wednesday, May 4th at www.mahealthdata.org, but walk-ins will be welcome. The first day will be plenary presentations by the Governor, Dr. David Blumenthal, and Dr. Sachin Jain of the Centers for Medicare & Medicaid Services, followed by a panel of key stakeholders including Dr. Karen Bell of the Certification Commission for HIT and Dr. Alice Coombs of the Mass. Medical Society. On May 10th there will be a series of workshops, and attendees will have the opportunity for active participation in the discussion.

Today, April 28th, the Consortium opened registration for the Analytics, Data, and Accountability program at Suffolk University on June 13th at www.mahealthdata.org. The keynote address will be by Dr. Allan Goroll, and the sessions will address the Blue Cross Alternative Quality Contract, analytics from the Medicare database, the Massachusetts all-payer claims database, the data needs of accountable care organizations, findings from the Prometheus pay-for-quality pilot projects, analytics from prescription medications, and the Consortium's Payment Reform Collaborative.

The Meaningful Use Stage 2 and 3 Criteria
Ray Campbell, CEO & Executive Director, Massachusetts Health Data Consortium

(please see handout, which is attached and may be found at: http://mycourses.med.harvard.edu/ec_res/nt/66EC97C5-3546-498D-9E67-9DF0118969C7/MU2Quick.pdf)

The HIT Policy Committee is seeking comment on this proposal, which is not yet in the form of a proposed regulation. The comment period has closed, and the HITPC will submit its recommendations to the Secretary this summer, and the proposed rule is expected by the end of the calendar year.

The handout displays the criteria and metrics for Stage 1, the proposed criteria and measures for Stages 2 and 3, and notes where the HITPC is seeking specific comments and feedback from the public. Interestingly, they are not looking for comments on Stage 3, but only on Stage 2 – the implication is that they are committed to the ultimate goals as expressed in the Stage 3 requirements, but are flexible about how to get there via the Stage 2 interim step.

All "menu" items in Stage 1 will be required in Stages 2 and 3.

There are several new requirements, which are indicated in green in the handout:

- electronic notes from physicians
- electronic notes during hospital days
- electronic medication administration recording (EMAR) for hospital medication orders
- hospital data via a portal within 36 hours of discharge
- online secure messaging for physician offices
- recording of patient preferences for the communication medium
- electronic self-management tools for patients with high priority conditions
- EHRs must demonstrate capability to exchange data with PHRs
- patients offered ability to report experience of care measures
- offer capability to upload patient-generated data
- list of care team members
- record longitudinal care plan with patients with high-priority health conditions

During the discussion, participants raised concerns about how to keep certain clinical notes private from patients, as well as the challenges of web portals in multiple-site physician practices. Regarding the portal, practices really need three portals: one to aggregate the clinical data for the IPA/PHO, another for patient information, and the third for the individual practice.

Roundtable Discussion on Sharing of Tools to Prepare Practices for Stage 1 Meaningful Use

Todd Lowthers, Northeast PHO:

Their practice has 318 physicians, 243 of whom are in ambulatory settings. 93 percent overall have adopted EHRs, mostly through the GE system. One challenge is that the Partners LMR system is not certified. They are working with the Regional Extension Center and with the Massachusetts e-Health Collaborative. Northeast is establishing a bidirectional interface with NEHEN, but have been frustrated by downtime of the VPN connection.

Six PHO staff members have been doing training in the physician offices. They point out that the only requirements for the physicians themselves are e-prescribing, computerized physician order entry, and medication reconciliation; the other requirements may be fulfilled by staff. The biggest problem with the MU criteria for PCPs has been printing the visit summaries. Specialists have been more of a challenge, because many do not use an EMR. We have told our physicians that if they are not an EMR by 2013, then they will lose their member status with the PHO. As discussed earlier, an issue is the layout and branding of the web portal.

Trish Manning, MACIPA:

We created a quick reference guide, and eClinicalWorks developed a calculation of measures guide that we shared with our physicians. We have been doing MU training sessions for the past six months (while at the same time dealing with a system upgrade), and have found that having a physician conduct the training is very effective. User groups have also been effective, and we try to highlight aspects of the EHR that ease workflows. We created a standardized database with a checklist, although we try to make it clear that these procedures are recommended. If specialists express concerns about the requirements, we refer them to their national association.

MACIPA is trying to integrate the PQRS reporting into the MU requirements, in order to maximize bonus payments and efficiency. We have found that running reports can be very time-consuming. Other resources that are useful are the CMS physician listserv, the CMS attestation calculator, and the ONC guidelines:

§ **Eligible Professional Meaningful Use Core and Menu Set Measures:**

Objective, Measure, Exclusion, Definition of Terms, Attestation Requirements and Additional Information

https://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf

Dawn Nee, Hallmark Health:
We have joined the REC, and have engaged Concordant which is one of the implementation optimization organizations (IOOs). We are conducting reporting and assessment of our physicians, and issuing each of them a report card. Our team then follows up and will do an internal audit. We have also been presenting at Grand Rounds. One thing we have learned is that some doctors have no idea about meaningful use – they apparently don't read their mail. A specific concern is clinical summaries and keeping certain content private from patients. We are also dealing with system upgrades.

Michelle Fine, New England Quality Care Alliance:
Our vendor is eClinical Works. We created a checklist and pathways to meet the criteria for every single measure, including the menu set items. We are using the CMS attestation calculator. NEQCA is holding twice weekly webinars for our physicians.

Discussion:
Comment: The IPA/PHO needs to be very clear about what is its responsibility, what is the vendor's responsibility, and what is the individual physician's responsibility.

Comment: Nationally, only 30 percent of physicians have an EMR, and only 11 percent are receiving PQRS bonuses. While we're not sure of the exact Massachusetts figures, we know they are substantially higher, and we try to let our physicians know that they are generally in much better position than their colleagues in other parts of the country.

Next Steps

Next meeting: Wednesday, June 22nd, 8:30 – 10:30 at the Consortium's office (note date change).

Topics for the June and October meetings will include:
- Health information exchange
- Maintenance and support of EHRs
- Portals
- The role of the REC and IOOs
- PQRS and meaningful use

We will send out an agenda for the June meeting in about a month.