You Have an EHR-Now What?

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CEO, Qsource
Today’s Overview

• Who is tnREC?
• National and state incentive payments so far
• What’s next?
  - Stage 2 MU
  - Patient Portals
  - Health Information Exchange (HIE)
  - Improvement of patient care
• Health Information Technology (HIT) Barriers
What is tnREC

- tnREC, a division of Qsource:
  - provides assistance to primary care providers and hospitals in adopting and effectively using HIT
  - Initial focus on smaller provider practices and hospitals in rural and underserved areas and populations
  - Local workforce support through training and education, internships and promotion of HIT curriculum development
- Partners:
  - Cumberland Pediatric Foundation
  - Tennessee Primary Care Association (TPCA)
  - University of Memphis School of Public Health
HIT Extension Program

United States Regional Extension Centers

*Note: applicable regions across the nation may also be supported by the Indian Health Board Regional Extension Center, headquartered in Washington DC.*
REC Services/Functions

**Workforce**
- Partner with local resources to help integrate health IT into the initial and ongoing training of health professionals and supporting staff

**Vendor Selection**
- Assess provider’s health IT needs and selecting/negotiating contracts with vendors or resellers

**Outreach & Education**
- Share knowledge of best practices to select, implement, and meaningfully use certified EHR technology

**Interoperability & HIE**
- Will assist providers in meeting functional interoperability needs such as electronic exchange of laboratory orders & results

**Implementation Support**
- Provide end-to-end project management support over entire EHR implementation process

**Meaningful Use**
- Provide expert assistance to help bring providers to Meaningful Use

**Practice & Workflow Design**
- Assist practices in improvement of daily operations to help achieve Meaningful Use

**Privacy & Security**
- Implement best practices to facilitate the protection of patient information

**RECs support and serve health care providers to help them quickly become adept and meaningful users of electronic health records (EHRs).**
HITECH Act Defined

Health Information Technology Economic and Clinical Health Act.

Goal: Ensure that each person in the United States has an electronic health record by 2014
### Healthcare Spending as a Percentage of Gross Domestic Product

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>&gt;16.2%</td>
</tr>
<tr>
<td>Germany, France, Cambodia</td>
<td>10% - 13%</td>
</tr>
<tr>
<td>Norway, Iceland</td>
<td>8% - 10%</td>
</tr>
<tr>
<td>Canada, Australia, Sweden</td>
<td>5% - 8%</td>
</tr>
<tr>
<td>China, Japan, U.K., Spain, Finland</td>
<td>&lt;5%</td>
</tr>
</tbody>
</table>

**Source:** World Health Organization (2009)
http://www.who.int/countries/usa/en/
Distribution of Spending

- Young Adults /No Chronic Illness: 50%
- Chronically Ill
- All Other Patients

Cost & Patients

% 0 10 20 30 40 50

- Red: Cost
- Blue: Patients
Baby Boomers will Reshape Payer Mix

Source: Health Care Advisory Board
United State EHR Adoption Rates 2001-2012

NOTES: EMR/EHR is electronic medical record/electronic health record. “Any EMR/EHR system” is a medical or health record system that is all or partially electronic (excluding systems solely for billing). Data for 2001–2007 are from the in-person National Ambulatory Medical Care Survey (NAMCS). Data for 2008–2009 are from combined files (in-person NAMCS and mail survey). Data for 2010–2011 are preliminary estimates (dashed lines) based on the mail survey only. Estimates through 2009 include additional physicians sampled from community health centers. Estimates of basic systems prior to 2006 could not be computed because some items were not collected in the survey. Data include nonfederal, office-based physicians and exclude radiologists, anesthesiologists, and pathologists.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.
Quality of Diabetes Care: EHR vs. Paper Records

A significantly higher proportion of patients being treated by physicians with EHRs received care that aligns with accepted treatment standards*.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>EHR Practices</th>
<th>Paper-based Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Composite: All four recommended care processes</td>
<td>95%</td>
<td>51%</td>
</tr>
<tr>
<td>Measurement of glycated hemoglobin</td>
<td>86%</td>
<td>7%</td>
</tr>
<tr>
<td>Kidney management</td>
<td>93%</td>
<td>83%</td>
</tr>
<tr>
<td>Pneumococcal vaccination</td>
<td>78%</td>
<td>15%</td>
</tr>
<tr>
<td>Eye examination</td>
<td>83%</td>
<td>63%</td>
</tr>
</tbody>
</table>

Diabetes Patients: EHR vs. Paper Records

A significantly higher proportion of patients being treated by physicians with EHRs obtained better outcomes*

<table>
<thead>
<tr>
<th>Outcome Standard</th>
<th>EHR Practices</th>
<th>Paper-based Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDL cholesterol &lt;100 mg/dl or use of statin drug</td>
<td>87%</td>
<td>66%</td>
</tr>
<tr>
<td>Nonsmoker</td>
<td>82%</td>
<td>52%</td>
</tr>
<tr>
<td>Glycated hemoglobin &lt;8%</td>
<td>71%</td>
<td>48%</td>
</tr>
<tr>
<td>Blood pressure &lt;140/80 mm Hg</td>
<td>56%</td>
<td>39%</td>
</tr>
<tr>
<td>BMI &lt;30</td>
<td>33%</td>
<td>34%</td>
</tr>
</tbody>
</table>

Federal HIT Vision/Mission

A health system that uses information to empower individuals and to improve the health of the population

To improve health and health care for all Americans through the use of information and technology
The Health Information Technology for Economic and Clinical Health Act (HITECH Act) is part of the American Recovery and Reinvestment Act of 2009 (ARRA).

– HITECH contains incentives related to health care information technology in general (e.g. creation of a national health care infrastructure) and contains specific incentives designed to accelerate the adoption of electronic health record (EHR) systems among providers.

– Because this legislation anticipates a massive expansion in the exchange of electronic protected health information (ePHI), the ACT also widens the scope of privacy and security protections available under HIPAA; it increases the potential legal liability for non-compliance; and it provides for more enforcement.
Getting a Payment

**Medicare**
- Meaningfully use certified EHR technology
- Attest to all program requirements, MU requirements, get EHR certification number from CHPL

**Medicaid**
- Adopt, implement, upgrade, or meaningfully use certified EHR technology
- Attest to meeting all program requirements
Incentives for Change

• **Medicare** incentive payments will run from 2011-2016.
  - 2014 is the last year for an EP to enter the program.
  - 2015 is the last year for an EH to enter the program.

• **Medicaid** EHR Incentive Program will run from 2011 – 2021.
  - 2016 is the last year to enter the program.
Meaningful Use Stages

• Meaningful Use will be measured in stages over five years. Each stage represents a level of adoption. Many HHS-certified EMR systems will allow providers to complete all Meaningful Use criteria. Although, some health IT vendors may choose to only be certified for certain criteria.
Meaningful Use Stages

• **Stage One:** Use major functionality of a certified EMR. Document percentages of visits, diagnoses, prescriptions, immunizations and other relevant health information electronically; use clinical support tools (warnings and reminders that will be included in certified EMRs); share patient information; and report quality measures and public health information.

• **Stage Two:** In addition all functionality from stage 1, physicians will be required to use an EMR to send and receive information such as lab orders and results.

• **Stage Three:** Continue fulfilling criteria from stages 1 and 2 plus clinical decisions support for national high priority conditions, enrolling patients in a PHR, accessing comprehensive patient data and improving population health. Stage 3 criteria have not yet been defined in detail.
## Stages of Meaningful Use of EHRs

<table>
<thead>
<tr>
<th>Stage</th>
<th>Year</th>
<th>Focus</th>
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<tbody>
<tr>
<td>Stage 1</td>
<td>2011</td>
<td>Transfer data to EHRs and share information, including electronic copies and visit summaries for patients</td>
</tr>
<tr>
<td>Stage 2</td>
<td>2014</td>
<td>Online access for patients to their health information and electronic health information exchange between providers</td>
</tr>
<tr>
<td>Stage 3</td>
<td>2016</td>
<td>Improve the quality of healthcare</td>
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</tbody>
</table>

Stage 2 is referred to as 2014 Edition EHR certification criteria
Latest Success Data from CMS:

Over 211,500 eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) have registered for the Medicare and Medicaid Incentive programs. Over 62,000 have been paid since January 2011. Over $3.8 billion has been paid nationwide.

Tennessee’s total is $93,404,744

- Medicare - $53,590,962
- TennCare - $39,813,782
To Assist 1,343 Priority Primary Care Providers (PPCPs) in adopting an electronic health record and achieving meaningful use. Among providers who already have a system tnREC provides technical assistance in achieving meaningful use status.

- PPCPS are PCPs practicing in small group practice and/or who treat patients primarily in an underserved or rural community.
The Meaningful Use Funnel

General Education

No EHR

EHR – GAP to Meaningful Use

EHR Optimized to Meaningful Use

MU Attestation

MU incentives achieved

1,343 PPCPs

> 6,000 PPCPs
tnREC Milestones

- 1,571 Total tnREC Providers Signed (1,408 Priority PCPs and 163 PCPs and Specialists)
- 778 Total tnREC Providers at AIU
- 1,200 Total Providers paid AIU dollars in Tennessee
- 188 At Meaningful Use

65% of EPs paid for AIU in Tennessee are tnREC participants.
PPCP Sign-Ups by Region

Provider Sign ups

- West
- Middle
- East

0 100 200 300 400 500 600
Spectrum of tnREC Service and Support

General Provider Education and Workforce Development

- Determine eligibility for Incentives
- Select the most cost effective EHR
- Plan a successful EHR Implementation
- Enhance administrative and clinical workflows
- Assess staff training needs
- Achieve meaningful use of EHR
- Maximize HIT incentive payments

Readiness Assessment, Planning, Vendor Selection

Implementation, MU Evaluation

REC Milestone 1: Provider sign-up

REC Milestone 2: Go-Live

REC Milestone 3: MU Achievement
Implementation Phases by Region

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<thead>
<tr>
<th>Phase</th>
<th>East</th>
<th>Middle</th>
<th>West</th>
</tr>
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<tbody>
<tr>
<td>Assessment</td>
<td></td>
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<tr>
<td>Planning</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Vendor Selection</td>
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<td></td>
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<tr>
<td>Implementation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MU Evaluation</td>
<td></td>
<td></td>
<td>500</td>
</tr>
<tr>
<td>Improvement</td>
<td></td>
<td></td>
<td>300</td>
</tr>
</tbody>
</table>
Use of EHRs

MGMA study focuses on **16.3%** of EMR users who identify themselves as having optimized use. Note chart at right: more than twice as many optimizers are in independent practices vs. hospital or IDN owned.

**86%** of optimizers are satisfied users. 72% were satisfied if they completed implementation but not yet optimized it. 8% were changing EMRs.

Over **60%** of optimizers increased productivity and revenue. Around 40% of non-optimized implementers did so.

**71%** of independent practices with an EMR have 100% physician use. Only 44% of hospital-owned have achieved this level.

**80%** of EMR practices intend to pursue incentives under the federal meaningful use guidelines.

Practices that integrate EMR with practice management systems are 50% more satisfied than those that don’t.
Long Term Planning for Change Architecture

BORDER STATES AND US

FEDERAL AGENCIES

Department of Defense
Veterans Healthcare Administration
Centers for Disease Control
Social Security Administration

QUALIFIED ORGANIZATIONS

Health Information Partnership for Tennessee
Midsouth eHealth Alliance
Middle Tennessee eHealthConnect
East Tennessee Health Information Network
RECO

healthcare. information. technology.
Short Term Solution: Secure Internet-based Direct Communications

Direct Project specifies a simple, secure, scalable, standards-based way for participants to send encrypted health information directly to known, trusted recipients over the Internet.

- **Simple.** Connects healthcare stakeholders through universal addressing using simple push of information.
- **Secure.** Users can easily verify messages are complete and not tampered with in travel.
- **Scalable.** Enables Internet scale with no need for central network authority.
- **Standards-based.** Built on common Internet standards for secure e-mail communication.
Patients Want Change

Strong Support for HIT

- 93% want a medical home.
- 96% want info about care quality about providers.
- 89% want info about their out of pocket care costs before receiving care.
- 88% want doctors to use EMRs.
- 92% want doctors to exchange patient info with other doctors.

Source: Commonwealth Fund
Patient Portals

Most patient portals provide a means to:

- Check appointment schedules
- Request appointments
- Check lab and test results
- Request prescription refills
- Review, receive or pay statements

Use of portals saves staff and patient time.
HIT Barriers

Vendor Issues: Certification / Capacity
• http://onc-chpl.force.com/ehrcert

HIE Infrastructure
• Underdeveloped

Meaningful Use Timelines
• Timelines are short 2011, 2013, 2015

HIT workforce
• Lack of trained workforce

Competing Priorities
5010, ICD-10, ACO, PCMH
What’s next?

• Federal Expansion of HIT adoption incentives to additional healthcare settings (nursing home, home health, etc.)
• State initiative to create additional tnREC support to specialists and Medicaid eligible providers
• Voucher programs for physicians who adopt Direct
Thank You!

www.qsource.org
www.tnrec.org