



Welcome to Our Live Webinar Presentation

Meaningful Use - It Is Not “One Size Fits All” That Delivers The Dollars!

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Meet Our Expert Panel Representatives

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Meaningful Use - It Is Not “One Size Fits All” That Delivers The Dollars!

- Determine How to Maximize Incentive Payments
- Learn How to Implement and Meet Meaningful Use
- 9 Steps to Evaluating and Selecting an EMR System
- Panel Q & A



Optimize to Get to “Meaningful Use”

- Reporting Quality Initiatives
 - Health maintenance alerts
- Exchange of Information
 - Orders and results?
- E-prescribing



Medicare Incentive Payments for Physicians

- Physician incentive payments are 75 percent of Medicare allowed charges
 - Penalties — reduction in physician fee schedule
- 10 percent increase in incentives if physician practices in a designated health professional shortage area

Meaningful EHR User	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	Total
FY 2011	\$ 18,000	\$ 12,000	\$ 8,000	\$ 4,000	\$ 2,000			\$ 44,000
FY 2012		\$ 18,000	\$ 12,000	\$ 8,000	\$ 4,000	\$ 2,000		\$ 44,000
FY 2013			\$ 15,000	\$ 12,000	\$ 8,000	\$ 4,000		\$ 39,000
FY 2014				\$ 12,000	\$ 8,000	\$ 4,000		\$ 24,000
After FY 2015					1%	2%	3%	



Medicaid Incentive Payments for Physicians

- Eligible professionals with at least 30 percent Medicaid patient volume include:
 - Physicians
 - Dentists
 - Certified nurse midwife
 - Nurse practitioner
- Physicians may not collect both Medicare and Medicaid incentive payments
- Pediatrician with at least 20 percent Medicaid patient volume



Eyes Wide Open (AMGA Survey Q2 2009)

- Today's EHR systems require substantial time for training, planning, and customization to meet the varied needs of different specialties and differently configured practices.
- Implementation of an EHR system requires substantial investment above and beyond the licensing and training costs in order to deliver the full potential.
- System implementations are highly disruptive and resource-intensive.
- Capturing the potential benefits from an EHR is an ongoing effort and even the most successful users have captured only a part of their expected and desired benefits.
 - These benefits only result after workflow redesign, adjustments to the division of labor/staff utilization, and expanding utilization of the system capabilities.



Stage 1 Meaningful Use

- Begins 2011
- 26 objectives/measures for eligible providers
- Focus on capture of health info in coded format
 - Use that info to track key clinical conditions
 - Communicate that info for care coordination purposes
 - Initiate reporting of clinical quality measures and public health information
- All results for all measures report to CMS (for Medicare) or to states (for Medicaid) through attestation for 2011
 - 2012 propose running all reports thru certified EHR technology.



Stage 2

- Build Upon Learnings from Stage 1
- Expand Stage 1 criteria
 - Disease management
 - Clinical decision support
 - Medication management
 - Support for patients access to their health info
 - Transitions in care
 - Quality measurement and research
 - Bi-directional communication with public health agencies



Stage 1 Criteria for Meaningful Use

- Health Outcomes Policy Priority
- Care Goals
- Objectives (for eligible professionals, for hospitals)
- Measures

Health Outcomes Policy Priority	Care goals
Improving quality, safety, efficiency, and reducing health disparities.	<ul style="list-style-type: none"> •Provide access to comprehensive patient health data for patient’s health care team. •Use evidence-based order sets and CPOE. •Apply clinical decision support at the point of care. •Generate lists of patients who need care and use them to reach out to patients. •Report information for quality improvement and public reporting.
Engage patients and families in their health care.	Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health.
Improve care coordination.	Exchange meaningful clinical information among professional health care team.
Improve population and public health.	Communicate with public health agencies.
Ensure adequate privacy and security protections for personal health information.	<ul style="list-style-type: none"> •Ensure privacy and security protections for confidential information through operating policies, procedures, and technologies and compliance with applicable law. •Provide transparency of data sharing to patient.



ONC HIT Initial Standards: EHR Technology

Objective	Eligible provider	Measure	NOTE:
CPOE	Enter orders for medications, laboratory, radiology, and provider referrals.	Numerator: number of CPOE orders entered for all patients. Denominator: total number of orders issued. Practices must enter 80% of orders by CPOE.	Provider must enter orders directly from a computer. Orders to be stored in a digital, structured format (no image scans). Note the requirement to count all orders issued as the denominator - will need to include - and count - paper orders. Orders do not have to be transmitted electronically to the recipient. Progress notes not required.
Drug screening	<ul style="list-style-type: none"> a. Real-time alerts for drug-drug interactions and drug allergy contraindications b. Electronic formulary check c. Enable user to maintain drug-drug and drug-allergy warnings d. Track number of alerts that were responded to. 	Functionality is enabled.	
Maintain up-to-date problem list in ICD-9-CM or SNOMED-CT	Enable user to manage problem lists that span multiple visits.	80% for unique patients.	Current, active diagnoses and past diagnoses relevant to patient care. If no diagnosis, that must also be coded (structured data).



ONC HIT Initial Standards: EHR Technology

Objective	Eligible provider	Measure	NOTE:
Generate and transmit prescriptions electronically	Enable e-prescribing	Transmit 75% of non-controlled drug prescriptions electronically.	Total number of prescriptions must be counted, including paper.
Maintain active medication list	<ul style="list-style-type: none"> a. Enable user to manage an active medication list b. Enable user to manage a medication history that spans multiple visits. 	80% for unique patients.	If no medications, that (none) must be coded.
Maintain active medication allergy list	<ul style="list-style-type: none"> a. Enable user to record, modify, and retrieve an active medication allergy list b. Enable user to manage an allergy history that spans multiple visits. 	80% for unique patients.	If no allergies, that must be coded.
Record demographics	Enable user to manage patient demographic data. <ul style="list-style-type: none"> a. Preferred language b. Insurance type c. Gender d. Race e. Ethnicity f. Date of birth 	80% for unique patients, including ALL data elements. Denominator is the number of patients seen.	Use of default settings.



ONC HIT Initial Standards: EHR Technology

Objective	Eligible provider	Measure	NOTE:
Record vital signs	<ul style="list-style-type: none"> a. Height b. Weight c. Blood pressure d. Calculate and display BMI e. Plot and display growth charts for patients 2-20 years old, including BMI 	80% of patients seen age 2 and over, including ALL data elements. Denominator is total of unique patients age 2 and over seen.	
Record smoking status for patients 13 and over	Status: <ul style="list-style-type: none"> a. Current smoker b. Former smoker c. Never smoker 	80% of unique patients seen age 13 or older. Denominator is the number of unique patients age 13 and older seen.	
Lab results	<ul style="list-style-type: none"> a. Receive structured results and display in readable format b. Display results containing LOINC codes c. Enable user to change a patient's record based on a lab result 	At least 50% of test results whose result can be expressed as positive/negative or as a number are stored in the EHR as structured data. The denominator is the number of lab tests ordered.	Not all orders and tests are required to map to LOINC codes, but codes received must be maintained.
Generate patient lists based on specific conditions to use for quality improvement, reduction of disparities, and outreach.	<ul style="list-style-type: none"> a. Patient demographics b. Medication list c. Specific conditions 	Generate at least one list.	



ONC HIT Initial Standards: EHR Technology

Objective	Eligible provider	Measure	NOTE:
Report quality measures to CMS or states	a. Calculate and display as specified	Numerator and denominator provided by attestation.	



Quality Measures - CORE

Measure #	Quality measure title	Description
NQF 0013	Blood pressure measurement	Percentage of patient visits with BP measurement recorded among all patient visits for patients aged >18 yrs with diagnosed hypertension.
NQF 0022	Drugs to be avoided in the elderly: a. Patients who receive at least one drug to be avoided. b. Patients who receive at least two drugs to be avoided.	Percentage of patients aged 65 yrs and older who received at least one drug to be avoided in the elderly in the measurement year. Percentage of patients aged 65 yrs and older who received at least two different drugs to be avoided in the elderly in the measurement year.
PQRI 114 NQF 0028	Preventive Care and Screening: Inquiry Regarding Tobacco Use	Percentage of patients 18 yrs and older who were queried about tobacco use one or more times within 24 months.



Quality Measures – Proceduralist/Surgery

Measure #	Quality measure title	Description
PQRI 20 NQF 0270	Perioperative Care: Timing of Antibiotic Prophylaxis – Ordering Physician	Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics, who have an order for prophylactic antibiotic to be given within one hour (if fluorquinolone or vancomycin, two hours), prior to the surgical incision (or start of procedure when no incision is required)
PQRI 21 NQF 0268	Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin	Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for cefazolin OR cefuroxime for antimicrobial prophylaxis
PQRI 22 NQF 0271	Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)	Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic antibiotics AND who received a prophylactic antibiotic, who have an order for discontinuation of prophylactic antibiotics within 24 hours of surgical end time
PQRI 23 NQF 0239	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)	Percentage of patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH) , Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time
NQF 0299	Surgical Site Infection Rate	Percentage of surgical site infections occurring within 30 days after the operative procedure if no implant is left in place or within one year if an implant is in place in patients who had an NHSN operative procedure performed during a specified time period and the infection appears to be related to the operative procedure.



ONC HIT Initial Standards: EHR Technology

Objective	Eligible provider	Measure	NOTE:
Send reminders to patients based on patient preferences and selected by specific criteria.	<ul style="list-style-type: none"> a. Patient demographics b. Medication list c. Specific conditions 	Reminders sent to at least 50% of unique patients seen who are age 50 and over.	Patient may choose the type of reminder (electronic, paper, or telephone, for example).
Implement five clinical decision support rules, relevant to specialty or high clinical priority (other than drug-drug interactions and drug-allergy contraindications), based on demographic data, diagnosis, conditions, test results, and/or medication list with the ability to track compliance with those rules.	<ul style="list-style-type: none"> a. Real-time alerts based on rules and evidence b. Track number of alerts that were responded to 		Relevant to quality metrics.
Check insurance eligibility	<ul style="list-style-type: none"> a. Submit electronic eligibility query and receive a response 	Check eligibility electronically for at least 80% of patients seen.	



ONC HIT Initial Standards: EHR Technology

Objective	Eligible Provider	Measure	Note:
Submit insurance claims electronically	a. To public and private payers	File at least 80% of claims electronically. Denominator = the number of claims filed.	
Provide patients with an electronic copy of their information	a. Test results b. Problem list c. Medication list d. Medication allergy list e. Immunizations f. Procedures	Provide an electronic copy of information requested by patients within 48 hours for at least 80% of all patients who request it. The denominator is the number of patients who request the information.	Existing federal and state laws dictate appropriate disclosure to guardian or family member. Acceptable methods include PHR, Web portal, CD, or USB drive.
Provide patients with electronic access to their information within 96 hours of availability	a. Lab test results b. Problem list c. Medication list d. Medication allergy list e. Immunizations f. Procedures	Provide timely electronic access to health information for at least 10% of unique patients. The denominator is the number of patients seen.	Example of evidence of providing access can be the establishment of a user account on a patient portal.
Provide a clinical summary for each visit	a. Diagnostic test results b. Medication list c. Medication allergy list d. Procedures e. Problem list f. Immunizations	Clinical summaries provided for at least 80% of office visits. The denominator is the number of unique patients seen.	Can be provided by PHR, patient portal, secure e-mail, electronic media, or printed copy. Alternative encounters, such as by telephone or Web visit, are excluded.



ONC HIT Initial Standards: EHR Technology

Objective	Eligible Provider	Measure	NOTE:
<p>Exchange clinical information electronically with other providers</p>	<ul style="list-style-type: none"> a. Receive or send diagnostic test results b. Receive or send problem list c. Receive or send medication list d. Receive or send medication allergy list e. Receive or send immunizations f. Receive or send procedures 	<p>Perform at least one test of certified EHR technology's exchanging key clinical information. Can be done at any time, including prior to the reporting period. Group practices only need to perform one test per EHR.</p>	<p>Includes blood tests, microbiology, urinalysis, pathology tests, radiology, cardiac imaging, nuclear medicine tests, and pulmonary function tests. If the information is only available in unstructured format, that is an acceptable method of exchange. If the EHR uses the CCD standard for the summary record, must still be able to read and display a CCR summary, although it can be converted to text or PDF.</p>
<p>Perform medication reconciliation</p>	<ul style="list-style-type: none"> a. Compare and merge two or more lists into a single list 	<p>Medication reconciliation is performed for at least 80% of relevant encounters and transitions of care. The denominator is the number of relevant encounters and transitions of care.</p>	<p>Defined as identifying the most accurate list of medications that the patient is taking, including name, dosage, frequency, and route. Must be done at transfer of care, which includes from clinical setting to another (inpatient, outpatient, physician office, home health, rehab, long-term care) or from one provider to another.</p>



ONC HIT Initial Standards: EHR Technology

Objective	Eligible Provider	Measure	Note:
Provide summary of care record	This item does not appear to be mentioned in the meaningful use definition, only in the incentive document.	Provide summary of care record for at least 80% of transitions of care and referrals. Denominator is the number of transitions of care for which the practice was the transferring or referring provider.	
Submit data to immunization registries	a. Record, retrieve, and transmit	Perform at least one test of submitting immunization data. Can be done at any time, including prior to the reporting period. State Medicaid requirements may supersede. Group practices only need to perform one test per EHR. Not required if the immunization registry to which the practice submits information does not have the capability to receive it electronically.	



ONC HIT Initial Standards: EHR Technology

Objective	Eligible Provider	Measure	NOTE:
Submit reportable lab results to public health agencies		Perform at least one test of submitting reportable lab results. Can be done at any time, including prior to the reporting period. State Medicaid requirements may supersede. Group practices only need to perform one test per EHR. Not required if the public health agencies to which the hospital submits information do not have the capability to receive it electronically	
Submit syndromic surveillance data to public health agencies	a. Record, retrieve, and transmit	Perform at least one test of submitting electronic syndromic surveillance data. Can be done at any time, including prior to the reporting period. State Medicaid requirements may supersede. Group practices only need to perform one test per EHR. Not required if the public health agencies to which the practice submits information do not have the capability to receive it electronically.	



ONC HIT Initial Standards: EHR Technology

Objective	Eligible Provider	Measure	NOTE:
Protect health information	a. Assign a unique identifier to users and control access b. Enable emergency access to authorized users c. Enable sessions timeouts d. Encrypt data per local policy e. Encrypt exchanged data per local policy f. Maintain record-level audit logs g. Verify integrity of health information sent or received h. Verify user identity i. Record disclosures made for treatment, payment, and operations.	Conduct or review a security risk analysis per 45 CFR 164.308(a)(1) and implement security updates as necessary.	



Financial Benefits Are Reported to Accrue to the Physician Office and Healthcare System

		Wang, et al., 2003	Miller, et al., 2005
Benefit Category	Benefit	Financial Benefits per Physician for EMRs (6-year cumulative)	Financial Benefits per FTE Provider for EMRs per Year_(estimated after year 1)
Workflow Efficiency	Chart pull savings	\$12,988	
	Transcription savings	\$11,690	\$5,334
	Personnel savings (excl. transcription savings)		\$6,759
	Paper supply savings		\$1,051
Revenue Cycle	Reduction in billing errors	\$12,207	
	Improved charge capture	\$12,368	
	Increased revenue from increase visits		\$2,664
	Increased coding levels		\$16,929



Case Study: Grow with Less Costs

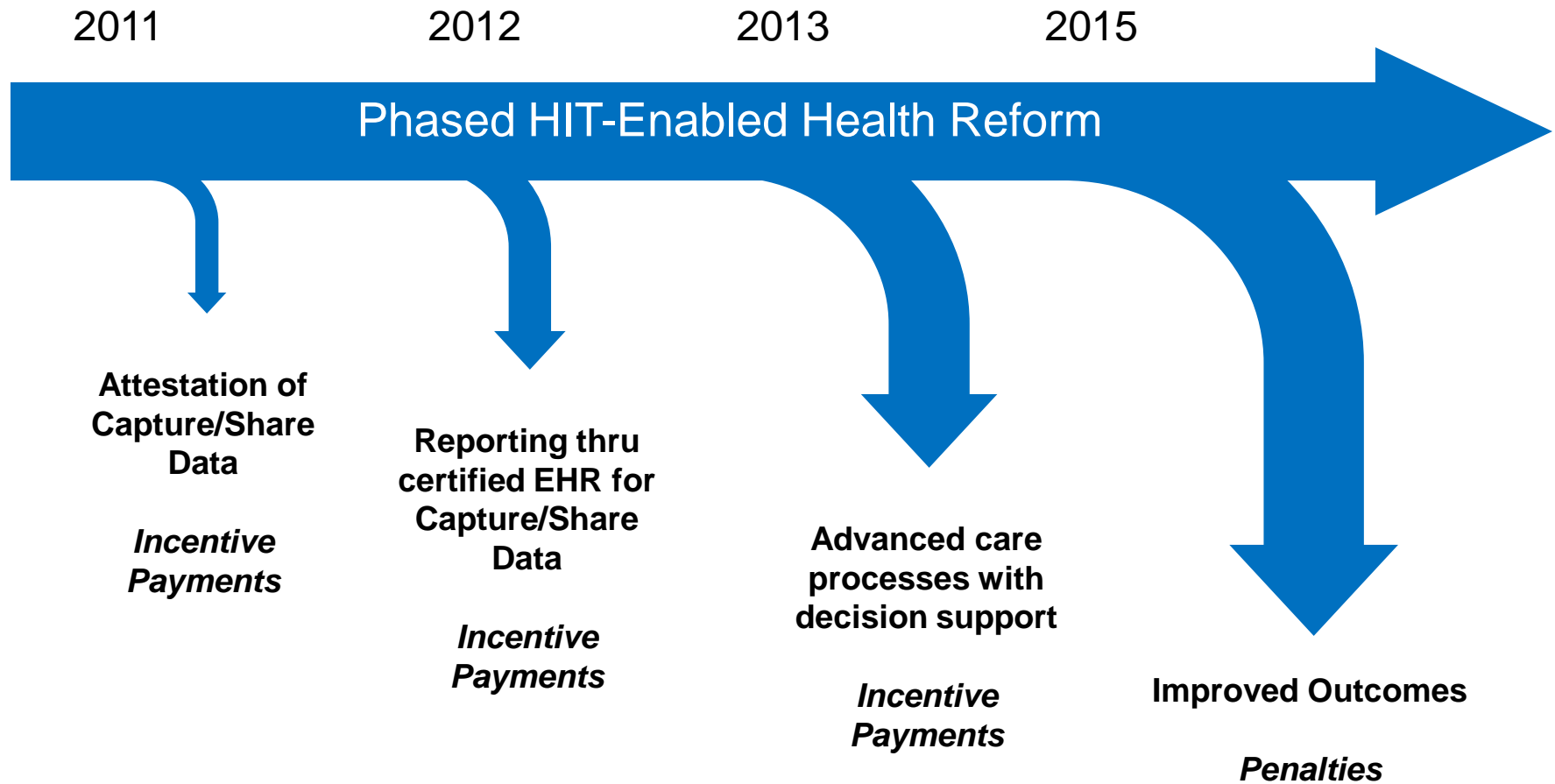
Center for Bone & Joint	2005 – Pre-EHR	2008 – Post-EHR
Surgeons	9	15
Annual visits	76,800	108,000
Locations	4	8
Clinical support staff	103	120
Physician Assistants	8	12
Nurses	1	1
Medical Assistants/Orthopedic technicians	9	14

http://www.healthmgtech.com/enews/2009_May/hmt_enews_story1.aspx

“EHR Enables Orthopedic Practice to Grow 25% Annually by David Klebonis
Center for Bone and Surgery of the Palm Beaches, West Palm Beach, FL



Meaningful Use Timeline





In closing: How to respond



- **Select and implement EHR with a patient portal**
 - Capability to collect and report data for meaningful use
- **Implementation is about change management**
 - Workflow and processes
- **Implement to deliver functionality and operational efficiency**



9 Steps to Evaluating and Selecting an EHR System

Today



Tomorrow



Presented by Marc J. Minotto

VP Business Development

Physician's Back Office (www.PBOmd)

A Trusted Partner in
CollaborateMDs EHR Partner Integration Program





9 Steps to Evaluating and Selecting an EHR System

1. Identify your Selection Team

- Key Staff Member (Super User)
- One of the Doctors

2. Document Your Existing Workflow

- Detail of all workflows
- Flow sheets
- Growth Charts
- Reports
- Imaging Needs



9 Steps to Evaluating and Selecting an EHR System

3. Define your System Requirements

- Hardware Preferences
- Web Based
- Client Server Based



9 Steps to Evaluating and Selecting an EHR System

4. Develop a Candidate Vendor List

- Local community
- Peer Network
- Practice Management System Vendors



9 Steps to Evaluating and Selecting an EHR System

5. Create a Vendor Questionnaire

- Detailed Pricing (Implementation, Subscription Fees, Training, etc)
- Detailed List of Functionality
- Optional Features
- Required 3rd Party Applications
- Required Hardware
- Web based vs. Client Server Based



9 Steps to Evaluating and Selecting an EHR System

6. Develop a Candidate Vendor Short List

7. Request System Demonstrations

- Develop demonstration scenarios for each demo
- Discuss Customization Request
- Send Your Workflows



9 Steps to Evaluating and Selecting an EHR System

8. Check Vendor References

9. Make your Final Decision



Thank You

pbo md

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Questions & Answers

Ask the Experts Panel of Representatives:

- Rosemarie Nelson, MS, Consultant MGMA
- Jennifer Wilson, Sales Manager, CollaborateMD
- Mark Minotto, VP Business Development, PBO MD



EHR Selection Guide

**THANK YOU FOR
ATTENDING!**

All attendees will receive CollaborateMDs **EHR Selection Guide** to help you during your search for an EHR Solution that best meets the needs of your practice!

