

Understanding the EHR Incentive Final Rule for Professionals



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Conflicts of Interest

- Mr. Deering and Dr. Kleeberg are employed by the Minnesota - North Dakota Regional Extension Assistance Center for HIT (REACH), a federally subsidized non-profit entity designed to assist hospitals and professionals in becoming meaningful users of EHRs. They will be mentioning it in this talk.
- No other conflict of interest



Objectives

- Identify some of the barriers hospitals and professionals have encountered in attempting to achieve meaningful use
- Identify the methodologies that have been used to overcome these barriers
- Understand how to apply these methods at your own site
- *Audience interaction*



Outline

- Challenges in installing a complete ATCB Certified EHR
- Challenges in using the EHR to meet the requirements
- Challenges in getting data out of the EHR
- Solutions used by providers to overcome these



Challenges in Installing a complete ATCB Certified EHR

- Many choices if starting from scratch
- Complex pricing
 - Everything you need may not be included
- Upgrading creates new issues
 - Takes longer than expected
 - Hardware inadequate
- Vendor backlogs
- ATCB certification is not the same as CCHIT certification
 - Testing by module – no assurance it is truly integrated
 - Fewer certified features than a CCHIT certified EHR
- Not knowing what you don't know



Solutions to: Installing a Complete ATCB Certified EHR

- Many choices: Picking the right EHR
 - Need to pick relatively rare in MN
 - Successful providers find using a structured approach is essential
 - SMART goals
 - Process mapping
 - Total cost of ownership
 - Looking at what others use
- Complex pricing confuses many. Success comes when clinics seeking an EHR
 - Clarify the precise scenarios
 - Get vendors to estimate using the same scenario

Comparison of Costs Selected EHR Software Vendors 36 and 60 Months

The costs in this chart below are based on the following starting configuration:

- One full time physician
- One full time mid level (MD/DO/NP)
- One part time physician (20 hrs)
- One part time mid-level (20 hrs)
- 5 volunteer providers
- 3 other medical staff - RN, MA, & non-medical staff

Vendor	License/Subscription Fees		Set-Up Costs		Transaction Costs		Grand Total		Comments
	36 mo	60 mo	36 mo	60 mo	36 mo	60 mo	36 mo	60 mo	
Integrated EHR/PM Systems									
Vendor	\$20,000	\$10,000	\$1,000	\$1,000	\$	\$	\$12,000	\$10,000	One vendor to offer a full EHR license for subscription fees. Cost \$4,000 for 36 mo, and \$2,000 for 60 mo. The rest is a fixed cost regardless of the number of providers.
Vendor	\$	\$	\$21,000	\$4,000	\$10,000	\$10,000	\$42,000	\$14,000	License fees, implementation, training & implementation also which could be much lower depending on the size of the organization.
Vendor	\$7,100	\$14,000	\$4,000	\$4,000	\$5,000	\$5,000	\$16,100	\$17,000	For subscription fees to include software, training, and implementation.
Vendor	\$7,000	\$14,000	\$14,000	\$14,000	\$4,000	\$4,000	\$39,000	\$38,000	For subscription fees to include software, training, and implementation.
Vendor	\$75,000	\$15,000	\$	\$	\$	\$	\$90,000	\$15,000	For subscription fees to include software, training, and implementation.



Solutions to: Installing a Complete ATCB Certified EHR

- Upgrading creates new issues. Providers are starting to realize:
 - Checking with others who have boldly gone before pays off.... (the power of collaboratives)
 - Creating plans that reduce the need to rush anything
 - Leveraging relationships with their vendor
 - Questions like: "What is the best way for me to work with you?" "Where should I have learned this..."
 - Again, sharing and communicating with peers pays off for many
- Solutions to vendor backlogs
 - Whining hasn't worked
 - Most success is in mitigating risk with an extended timeline



Solutions to: Installing a Complete ATCB Certified EHR

- Success starts with asking the right questions:
 - Providers are beginning to ask, "Is this everything I need to create all the MU requirements and reports"
 - They are also learning to get very specific
 - If it is not spelled out in the documentation, assume it does not exist
- Then they test and look for inconsistencies
 - *In God we trust, all others pay cash...*



Solutions to: Installing a Complete ATCB Certified EHR

- People realizing they didn't know what they didn't know
 - Realization that documentation may be rushed and incomplete resulting in caution – many are holding back on upgrades, waiting for the dust to settle.
 - Folks blaming self until they compare notes with others
 - Learning:
 - Takes time
 - Requires testing
 - Checking in with the community is worth the effort



Challenges in using the EHR to meet the requirements

- Objectives and criteria demand new work flows
- Documentation points may not be in the normal workflow
- Lack of clarity of what is required
- Misinformation
- Certification does not guarantee that all the necessary elements are present
- Exchange



Solutions to: Using the EHR to meet the requirements

- When new work flows are required, best practice starts with Fit/Gap Analysis to determine:
 - How does the way the new release affect our processes
 - Swim lane flow charts give best results
- Leaders design new process with *user team*
- Communication activities also a hallmark of success
- Leaders develop written training materials for each job role
- Paper check lists are proving useful



Sample Training Material

Note: This is training for MDs; clinic developed different materials for Nurses.



Solutions to: Using the EHR to meet the requirements

- Documentation points may not be in the normal workflow
 - Some are hearing from vendor and reacting with anger:
 - Limited use or.... argue every call and one will go your way?
 - Success comes when clinics rework the work flow, document, create new training, and monitor



Solutions to: Using the EHR to meet the requirements

- Lack of clarity of what is required
 - Providers spend a significant amount of time reading the regulations and trying to understand
 - Many are learning that CMS/ONC documentation getting better
 - Attend CMS Calls
 - Review the CMS website
 - Submit questions to CMS
 - Review the CMS FAQs
 - Participate in vendor or another user groups
 - Work with your extension center if you are eligible



Solutions to: Using the EHR to meet the requirements

- Misinformation
 - Check the source
 - Have someone in their facility be familiar with the rule
 - Verify things that sound wrong or inconsistent with the overall goals of meaningful EHR use



Solutions to: Using the EHR to meet the requirements

- Exchange is causing many small providers concern
 - Some providers have demonstrated success with immunization registry requirements
 - MDH is producing clear documentation for small providers to achieve some of the exchange criteria
 - Others have demonstrated success in exchange of clinical summary
 - Others have found success when they:
 - Talk with their vendor, user groups or health information organization



Challenges in getting data out of the EHR

- For some, building the reports has been necessary for quality measure reporting
- Lack of certification of some quality reports
- No methodology to combine reports from two systems
 - Hospital units using different vendor products
- Troubleshooting the reports for accuracy



Solutions to: Getting data out of the EHR

- Not all the ambulatory quality reports are certified therefore clinics are
 - Finding whining does not work
 - Selecting carefully
 - Seeking site certification
 - Choosing one of the certified reports
 - Pressuring vendors to certify more reports
- Troubleshooting for accuracy
 - Providers are realizing that the ATCB certification does not test for accuracy – just formats
 - Those who share findings with others are finding strength in numbers



Solutions to: Getting data out of the EHR

- No methodology to combine reports from two systems
 - Certifying a data warehouse
 - Intra-facility “exchange”
 - Awaiting guidance
- Focus on learning how to increase the accuracy of the measures
 - Though you will not be held to the numbers now, you will be in future stages



Miscellaneous Items

- Reluctance to attest in 2011
 - The short timeline from when the final rule is released in June '12 and the start of FY13 for Hospitals
- Disbelief that the money will be there
 - “Balance the budget” has been the mantra in Washington
- Product stability and kludgyness
 - New features added to meet certification standards



Solutions: Miscellaneous Items

- Reluctance to attest in 2011
 - May be a good strategy, depending on what else is going on
 - The challenge of meeting Stage II in a short timeline is being addressed
- Disbelief the money will be there
 - We are assured that the money will be there, but that is not the reason why we are doing this
 - MGMA study shows small practices show a significantly improved bottom line
- Product stability and kludgyness
 - Make sure you test and have a flexible enough timeline to accommodate the unknowns



Solutions -- Tried and True

- To sum up, hearing from a variety of MN providers, we've found that the following strategies work
 - Planning
 - Tools
 - Testing
 - Timing
 - Community



In Closing

- Providers have been finding achieving Meaningful Use to be more challenging than they expected
- Those who are the most successful remember why they are doing it – to improve the quality, safety and efficiency of care
- Caveat emptor!
- Flexible timelines allow for a less stressful implementation
- Start now, do not delay
- Work with others to find answers



Resources

- Regional Extension Assistance Center for HIT (REACH):
 - <http://khaREACH.org>
- Stratis Health HIT Toolkits for clinics:
 - <http://www.stratishealth.org/expertise/healthit/clinics/index.html>
- MN-DHS Medicaid EHR Incentives Website:
 - <http://www.dhs.state.mn.us/ehrincentives>
- “Meaningful Use” information on the Health and Human Services web site:
 - <http://healthit.hhs.gov/meaningfuluse/>
- “Meaningful Use” on the CMS web site:
 - <https://www.cms.gov/EHRIncentivePrograms/>
- Registration and attestation instructions for eligible professionals:
 - http://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp
- ONC-ATCB Certified EHRs and what modules they are certified for:
 - <http://healthit.hhs.gov/chpl>
- Testing criteria for each of the EHR modules:
 - http://healthcare.nist.gov/use_testing/effective_requirements.html
- Quality Measure Specifications on the CMS web site:
 - http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp



Thank you!



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