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Office of Medical Assistance Programs

Electronic Health Record (EHR) Incentive Program

**EHR Champion Webinar
December 14, 2011**



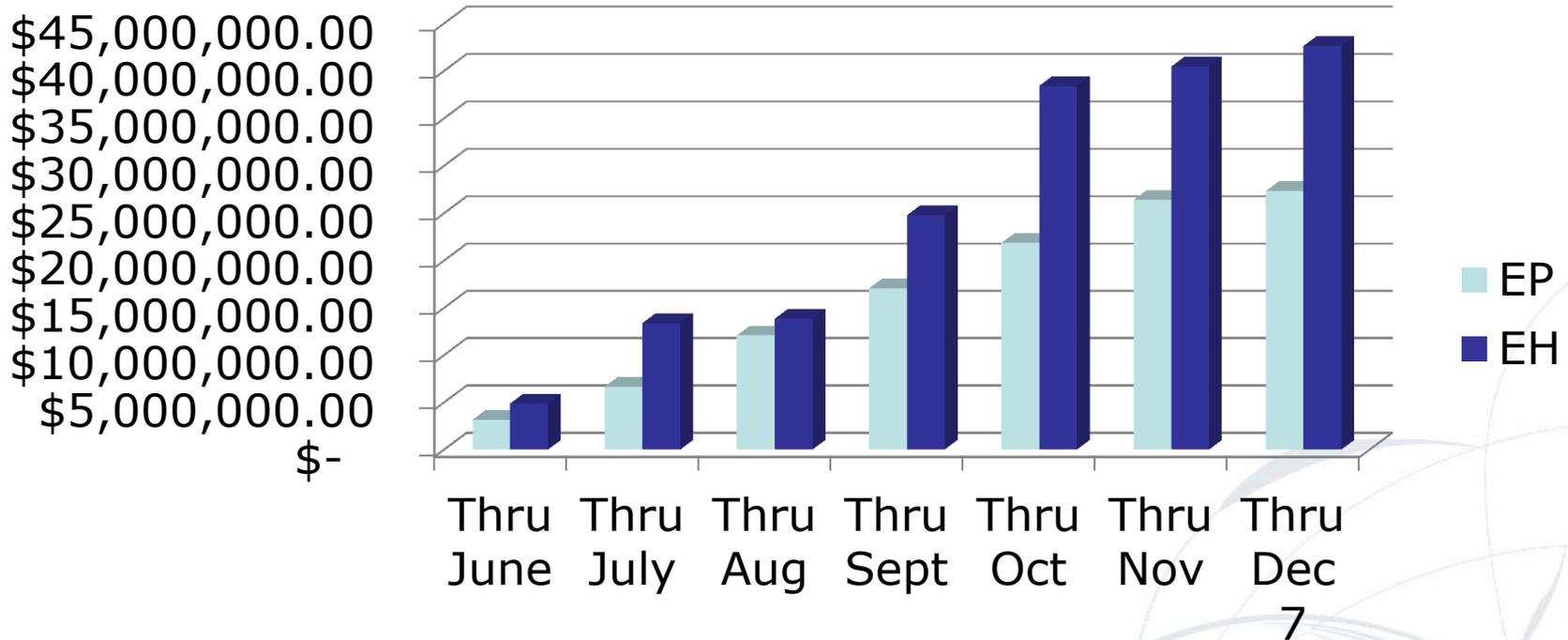
- Medical Assistance EHR Incentive Program Update
- Centers for Medicare & Medicaid Services (CMS)
 - Tom Novak, CMS Region III HITECH Lead
- PA eHealth Collaborative
 - Robert Torres, State HIT Coordinator
- Champion Provider Panel
 - Susan J. Kressly, MD, FAAP, Kressly Pediatrics
 - Joseph A. Cincotta, MD, Heritage Medical Group
 - Eileen K. Carpenter, MD, Urban Health Initiatives
 - C. Eve J. Kimball, MD, FAAP, All About Children Pediatric Partners
- Questions and Answers

Program Summary – Payments



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Payments – December 7, 2011



EP payment total: \$27,335,864.00
EH payment total: \$42,623,010.16
Grand total: \$69,978,874.16

Program Summary – MA Recipients



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EPs



EHRs

400k MA recipients receiving services at locations w/ certified EHR

Program Resources



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www.pamahealthit.org



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Tom Corbett, Governor | Gary D. Alexander, Secretary

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- For Disability Services

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Contact Us

1-800-692-7462

E-mail Us

Welfare Fraud TipLine

1-800-932-0582

Medical Assistance Health Information Technology Initiative

Technology has the potential to transform our health care delivery system and improve the quality of care for the patients we serve. Tools such as electronic health records and a health information exchange, will increase a provider's access to their patient's medical information and will also provide for more efficient information sharing, reducing error rates, and the overall cost of care. Health information technology is now an integral part of a long-term solution for improving the quality of life for all Pennsylvanians.

The Medicaid Electronic Health Records Incentive Payment Program was created by the American Reinvestment and Recovery Act and administered by Centers for Medicare & Medicaid Services. This program provides funding to states to develop and administer provider incentive programs.

To learn more about this program, select from the options below:

[Background/Summary of the Medical Assistance Health Information Technology Electronic Health Records Program](#) - This section includes supporting documents that provide more details about the program.

[Frequently Asked Questions](#) - This is a summary of the questions/answers pertaining to the Medical Assistance Health Information Technology program.

[Medical Assistance Provider Incentive Repository Resources](#), or MAPIR. Here are user guides and applications to assist with applying for the program. There are also calculators to assist you with calculating patient volume and a payment calculator for hospitals.

[Resources](#) - This section provides links to websites and presentations that provide more information on the Medical Assistance Health Information Technology program.

[Contact Us](#) - Located here is the contact information as well as ways to keep informed about the progress of the program.

UPDATE: AUDITS - Another component to the Electronic Health Record Incentive program that has begun is Audits. There is information in the Provider Manuals on this process (beginning on page 22 in the EP Provider Manual and on page 23 in the EH Provider Manual). The Department of Public Welfare is committed to administering a high-quality and efficient health information technology program and part of this process will include audits. If you are chosen for an audit, you will be notified and more details will be provided. Thank you for your cooperation.

As shown in the chart below, Pennsylvania's Electronic Health Records incentive program has paid \$42.6 million to eligible hospitals and \$27.3 million to eligible professionals since its launch on June 6, 2011.



www.dpw.state.pa.us

Program Resources



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<http://listserv.dpw.state.pa.us/ma-health-it-initiative.html>



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Archives of MA-HEALTH-IT-INITIATIVE@LISTSERV.DPW.STATE.PA.US

MA Health IT Initiative

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- [December 2011, week 2](#)
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- [August 2011, week 3](#)
- [August 2011, week 2](#)
- [August 2011, week 1](#)
- [July 2011, week 5](#)
- [July 2011, week 4](#)
- [July 2011, week 3](#)



Tom Novak

CMS Region III HITECH Lead

- ▀ National and regional HITECH update
- ▀ HITECH next steps



Robert Torres

PA HIT Coordinator

- ▀ Pennsylvania Health Information Exchange (HIE) activities
- ▀ HIE next steps



Progress of HIE Activities:

- Re-launched project with a stakeholder planning session in July 2011
- Organized five working committees in August and began work
- Developed and presented recommendations on November 2
- Prepared draft strategic plan December 6
- Working on finalizing strategic plan, developing operational plan and implementing health exchange using Direct Project protocols

Direct Project: Secure Internet-based Direct Communications



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b.wells@direct.aclinic.org

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.



h.elthie@direct.ahospital.org

- **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.

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Status of Direct Pilot Project:

- Working on Direct pilot project with Keystone Health Information Exchange and Center for Health Information, Research and Policy to develop certification program for health information service providers (HISPs)
- Developing mini-grant program to pay for initial year of Direct services - potential offering in first half of 2012
 - Targeting Medicaid providers that have received HIT incentives; providers supported by the Regional Extension Centers; rural health providers and community clinics; providers working in collaboratives such as PA Chronic Care Project; others interested in using Direct to begin exchanging health information



Susan J. Kressly, MD, FAAP Kressly Pediatrics

- **Why an EHR?**
- **What are the Benefits of an EHR?**
- **Lessons Learned from EHR Implementation**



- **Improved Organization of Information**
- **Improved Access to Information**
- **Ability to Exchange Information**

▶ What are the Benefits of an EHR?



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- **Improved Quality**
- **Improved Workflow**
- **Improved Reporting**
- **Improved Payments**

Lessons Learned from EHR Implementation



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- **Our quality was not as good as we thought**
- **This is a continuous process, not a one-time event**
- **You need to have total practice buy-in**
- **Physicians set the tone for the practice**

Lessons Learned from EHR Implementation (cont.)



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- **Work flow is very important**
- **Change is difficult but necessary**
- **One size does not fill all (hardware AND software)**



Joseph A. Cincotta, MD Heritage Medical Group

- **Three Key Ingredients to Success**
- **Key Points to Understand on the Journey**
- **Points to Remember**
- **Road to Meaningful Use**
- **Some Realities**
- **Closing Points to Ponder**

Tips from the Front Lines



**A WARRIOR'S GUIDE TO
ACHIEVING SUCCESSFUL
EHR IMPLEMENTATION
AND MEANINGFUL USE
SUCCESS**

JOSEPH CINCOTTA, MD

The Three Key Ingredients to Success



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- **Leadership**
- **Leadership**
- **Leadership**

Key Points to Understand on The Journey



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- No EHR System is Perfect
 - But then no paper system is perfect either
- Understanding and focusing on workflow is essential
 - What are the steps to the work being done
 - How will that work be done in an EHR
 - Who will be doing the work – this does change in an electronic environment
- Engage members of your office in solutions – everyone can offer ideas
- Do not expect perfection on day one – experiment with different workflows

Points to Remember



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- The EHR is a tool – it is NOT the goal
- We need to make the tools we use work for us, and avoid making us work for the tools
 - ▣ We need to continuously seek ways to make our work more efficient
 - ▣ Voice Recognition
 - ▣ Patient Portal
 - ▣ Health Information Exchange
 - ▣ Use of Social Media for Health Promotion and Chronic Disease Management Objectives



- STAGES: From Data Gathering to Performance Improvement to Better Health Outcomes
- Need to learn the metrics
 - ▣ Web sites
 - ▣ Vendor Assistance
 - ▣ Learning Collaboratives
- Continuously assess the process to achieve the objective
- Leadership, Perseverance, A 'Beginner's Mind' Attitude

What is Needed at the Office Level



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- PCMH and Chronic Care Models as our framework
- Teamwork
 - ▣ Practicing to the 'top of your license'
 - ▣ Physicians need to learn to delegate, train, trust, and monitor
- Focus not only on the immediate presenting issue but also on primary prevention, screening and early detection, and reduction of morbidity for existing problems
 - ▣ It takes a TEAM and a SYSTEM to accomplish this
 - ▣ It is trying to address not only what is in front of us but also 'what we don't know we don't know' – who is falling through the cracks in the system

▶ What is Needed at the Office Level



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- Provider attitudes and focus need to change – and we need to deliver the systems and tools to support that change
 - ▣ Paper charts and paper systems will not suffice in today's world
 - ▣ Current EHR systems and tools also need to evolve rapidly to enable the providers to address the components of prevention, screening and disease management efficiently
 - ▣ Current payment structures also are not in line with current practice demands – and the need for rapid evolution of more appropriate payment systems is critical



- This is hard work
- This is a project that never ends
- There will be skeptics and 'No-No's' along the way
 - Do not let the skeptics and the 'No-No's' dominate the discussion or set the direction
 - Don't confuse the 'No-No's' with healthy debate and critical review
 - Invite the 'No-No's' to get on board or find their own path
 - You will have your early adopters – GREAT!
 - It is the 'uncertain middle' that you need to win over
 - Nurture and support them
 - Mentor them
 - Listen to them

Closing Points to Ponder



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- This work is not about us – it is about those we serve and the reason we go to work each day

IT IS ABOUT OUR PATIENTS

- The Goal is to improve the Value Equation
**BETTER CARE AND BETTER OUTCOMES
AT A LOWER COST**

- We can and will do this work

**KEEP THE FAITH –
KNOW YOUR WORK IS VITAL –
STAY THE COURSE**



Eileen K. Carpenter, MD

Urban Health Initiatives

- **What do you want from your EHR?**
- **What can you improve about your current practice?**
- **Purchasing EMR**
- **Things to consider when implementing EMR**
- **Questions to ask EHR references**
- **Cybersecurity Insurance**



Selecting an Electronic Health Record System



*or,
how to find the one with a straight
trunk and no bare spots that won't
drop all its needles the week after
you buy it*

What Questions to Ask?



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Even if the answers are unknown, it helps to know what questions to ask.

You will never have more power in the vendor/customer relationship than you do before you have committed to a system.

Don't be afraid to use it.

What Do You Want From Your EHR?



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If you don't know where you're going, you're going to end up somewhere else

Do all the members of your practice have the same priorities?

Probably not. You're going to have to compromise.

What Can You Improve About Your Current Practice?



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- How much time are physicians and other employees spending on particular tasks?
- Which tasks are making your practice money?
- Which tasks are satisfying to perform or promote professional competence?
- Which ones are reasons your employees leave or burn out? Which ones are reasons your doctors consider early retirement?
- **How can your EMR help you with these?**



- Where do you find vendors?
- Create a Request For Proposals (RFP)
- Meet with the sales representatives of your top contenders
- Hardware and software requirements
- Data security
- Non-physician functions

Things to Consider When Implementing EMR



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- Remote access
- Visit templates
- Data management
- Support
- Vendor reliability
- Check references by phone
- Cyber security Insurance
- Seek Professional Advice

Have All Your Users Rate The Items On Your Practice Wish List



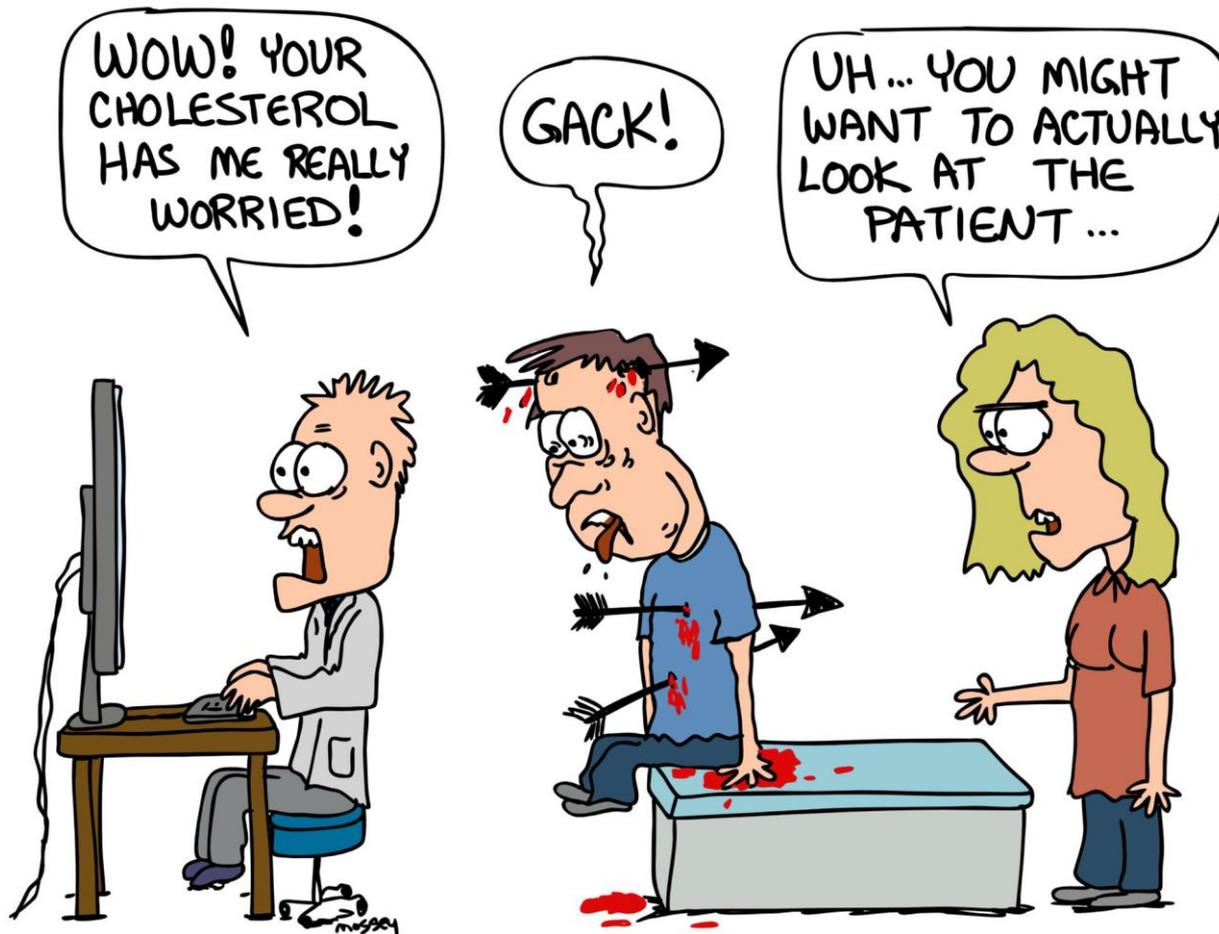
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- Essential features
- Helpful features
- Bells and Whistles
- Undesirable features

Using the Computer During the Office Visit



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- Provider usage
 - ▣ What percent of your providers use the EHR?
 - ▣ What functions do most/all of your providers use?
 - ▣ Do your providers still dictate?
 - ▣ What has been the most frustrating thing about the EHR for the providers?
 - ▣ What has been the best thing?



- Provider usage
 - How much individual physician customization is there?
 - Are you happy with the templates? Were they pre-loaded? How do they get modified?
 - Have you saved money? Have you broken even?
 - Does electronic prescribing work?
 - Does e-faxing work?
 - How have patients responded to the system?
 - Can your physicians access the system from home? How do they do this?



- Hacking incidents have affected systems that should be the most highly protected in the world: Military, banking, nuclear facilities, hospitals
- Do not assume your office is too small to be noticed. Hackers scan every address on the internet several times daily.
- The data on your server is sufficient to take out thousands of credit cards, car loans, or mortgages. It also provides useful data to spammers looking for patients on particular medications
- Even pediatric patient data is valuable, because it most children never have reason to check their credit reports. Stolen social security numbers can be used for years without being detected.

Cybersecurity Insurance



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- If your data is breached, you will have to pay for credit monitoring for all of your patients.
- In addition to hacking, you have to worry about dishonest employees, employees who want to use your computers for personal websurfing, employees who access your system remotely from compromised computers, employees who are fooled by phishing emails, etc.
- If your office does online banking/payroll, if one of your computers has malware and your banking password is stolen, the bank does not have to reimburse you for your losses. Small businesses lose amounts equal to their entire payroll, with no recourse



- Insurance companies can provide cybersecurity insurance for data breaches that covers losses.
- The application process for these policies may involve questionnaires that can help you identify and correct vulnerabilities in your office to reduce your risk.

It is worth investigating.



- EHR implementation is inevitable
- You can help put providers in control of the process, or you can let us be swept along
- If all of us ask questions and keep the software vendors' feet to the fire, we can shape EHRs to be useful to us
- Due to the rapidly changing market, you cannot assume the product you buy has been extensively tested in practices like yours. The software will be much buggier than the computer games you buy for your home, despite the outrageous price.



- With hundreds of vendors in competition, providers can exert some pressure to have our needs addressed
- Once you have committed to an EHR, simply asking for your money back if you are dissatisfied isn't a good option. You will have spent over a year investigating, with many man-hours of your top employees' time and money for consultants and software contract lawyers. You want it to be right the first time...



*... so that you and your EHR
may live happily ever after*



C. Eve J. Kimball, MD, FAAP

All About Children Pediatric Partners, PC

- **Pre-Implementation Tasks**
- **Training/Repairs/Upgrades**
- **Patients**
- **Vendors**
- **Attitude**

Eve's Adventures in Computerland



EVE KIMBALL, MD
SOMETIMES PEDIATRICIAN
SOMETIMES AACPP EHR CHAMPION
SOMETIMES PEACEMAKER

My disclosures –

I promote quality care, prevention, do patient care at AACPP, manage the office, troubleshoot software and hardware problems in a totally Apple MacIntosh office, promote oral health, and sleep sometimes!

Pre-Implementation Tasks



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- Use checklists
- Cost does not equate to quality
- Don't accept mediocrity
- Modification of EHR templates is a local not a vendor task
- Cloud vs your own server – wireless vs hardwire
- Support - waiting time?
- Visit a user in your specialty before purchasing.



- **Office champion**

- ▣ Liaison to EHR vendor
- ▣ Office expert
- ▣ Central point of contact for problems - critical

- **Training**

- ▣ Initial for entire staff – take a day or two with no patients – it will pay off later
- ▣ DVD or web link training for updates
 - ▣ Always available to staff
 - ▣ Reusable
 - ▣ Web links can be updated by the company easily
- ▣ Learn one new thing/week

- **“UPDATE” is a curse word!**



- Yes, they are why we are here
- “We have a new system...”
- Place computers in room where you can look at the patient while writing
- Chart, review, print summary for patient to take home
- Allow extra time in schedule for 6-12 months
- Some patients like to work on paper, others on computers – consider literacy (40% of adults have trouble deciphering the dose table on an acetaminophen bottle)
- Laptops disappear easily
- “Guest access” or not? (Remember patients have cell phones with wireless access!)



- Consider vendor longevity
- 768 certified vendors and 3-4 bodies certifying them but certification \neq options available now
- They are NOT non-profit organizations – where do they make their profit?
- Support wait time – how many staff/how many customers to serve



- Remember the ATM machine 15 years ago?
- Stay positive - negativity spreads and is counterproductive. There are many things we can do with EHR that we couldn't do before.
- Cross-system compatibility doesn't exist outside an institution yet



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***Don't forget Oral Health is
part of physical health!***

THE END



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Questions & Answers