

# **Office of Medical Assistance Programs**

## **Electronic Health Record (EHR) Incentive Program**

Reusability Workshop  
Best Practices Focus Group  
August 2015

# What is the Best Practices Group?



## Groups Represented in the Best Practices Focus Group



THE HOSPITAL & HEALTHSYSTEM  
ASSOCIATION OF PENNSYLVANIA



The Children's Hospital  
of Philadelphia

PENNSTATE HERSEY



WELSH MOUNTAIN  
HEALTH CENTERS



UPMC  
LIFECHANGINGMEDICINE



GOOD  
SAMARITAN



PENNSYLVANIA ASSOCIATION OF  
COMMUNITY HEALTH CENTERS



Geisinger  
Health System

DOCTORS · MIDWIVES · NURSES  
MAY GRANT  
OBSTETRICS & GYNECOLOGY



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA



Lancaster  
General Hospital  
Lancaster General Health



Penn Medicine

Women's  
Health Center  
of Lebanon, Ltd.



## When did the Group First Start?

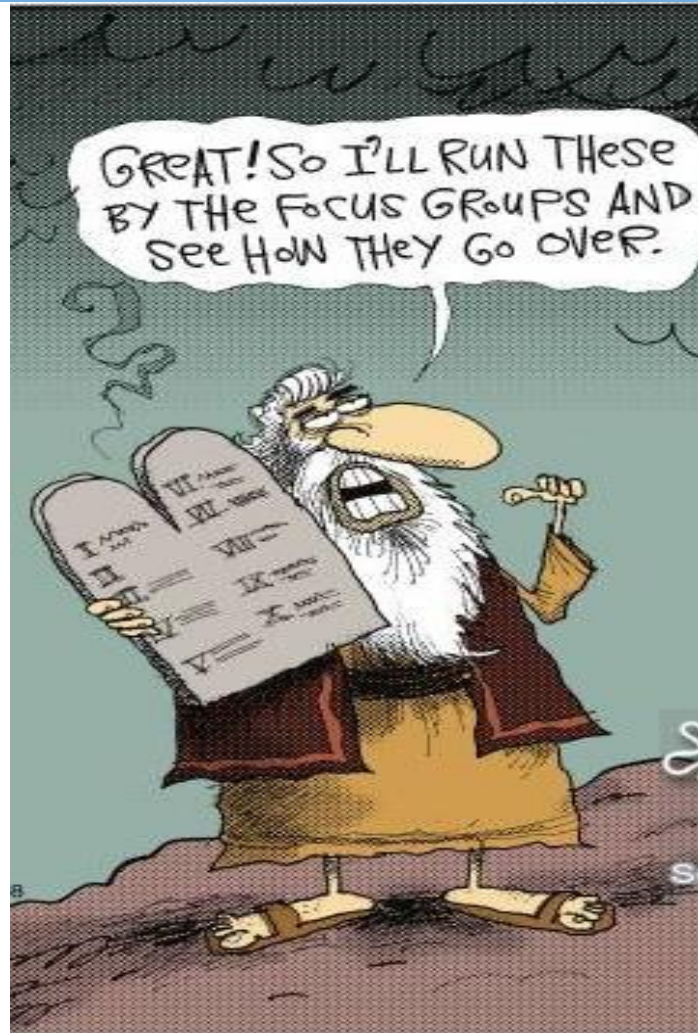


- The Best Practices Group first started in May 2013
- In the beginning, there were 24 groups and associations represented
- Today, there are 33 groups and associations represented
- For the purposes of keeping this an interactive group, we have limited the participation

# Why was this Group Created?



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES



# What does the Focus Group Do?



- Group meets monthly or bi-monthly depending on topics to be discussed
- We meet in person but offer a webinar for those unable to be there in person
- We discuss important topics such as:
  - NPRMs
  - Meaningful Use
  - Public Health Measures
  - HIE
  - eCQMs
- Most importantly, we share this information

## Why does the Focus Group Work?



- We chose participants that we knew would be willing to share information, to ask questions and to participate in the discussions
- It's very interactive and open
- We record the meetings but they are shared only with the participants in the group
- We have created a team that is comfortable coming to us and to other members of the group – and we know we can reach out to them too

- Based on discussions the group has had, we've been able to apply this knowledge several ways:
  - Most importantly, they help us understand the program from the perspective of the provider
  - Offer information in weekly ListServ messages
  - Include comments in NPRM comment submission
  - Create documents to benefit others
    - Public Health Registry Information
    - Acceptable Auditing Supporting Documentation
    - MU Dental Feasibility Chart
- The focus group members have become resources for our program and for each other

# Public Health Registry



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## PA DEPARTMENT OF HEALTH REGISTRY INFORMATION

	Immunization Registry (PA SIIS)	Syndromic Surveillance Registry	Cancer Registry	Electronic Lab Reporting	Philadelphia Department of Health
The first step in preparing for Stage 2 Meaningful Use - LANGUAGE about being prepared for on-going submission prior to registering intent.	You need to complete your intent to register. EH would start 10/1/13 and EP would start 1/1/14	Review the PHIN messaging guides for syndromic surveillance (see last row) to determine if you can comply with the requirements.	Registration of intent. Instructions to register intent are posted under the Meaningful Use tab on the PCR website indicated below.	All MU entities must register via the PA-ELR web survey form for either Stage 1 or Stage 2 (only one registration required, valid for either Stage).	If a provider gives immunizations, they need to continuously report that data via an HL7 interface between their EMR system and the KIDS Plus IIS.
Where to register or obtain information about registration	<a href="http://www.health.state.pa.us/pasiis">www.health.state.pa.us/pasiis</a>	<a href="http://webservice.health.state.pa.us/health/syndromic/">http://webservice.health.state.pa.us/health/syndromic/</a>	<a href="http://www.portal.state.pa.us/portal/server.pt/community/pa_cancer_registry/14280">http://www.portal.state.pa.us/portal/server.pt/community/pa_cancer_registry/14280</a>	<a href="http://webservice.health.state.pa.us/health/PA-ELR/">http://webservice.health.state.pa.us/health/PA-ELR/</a>	Providers can contact the KIDS Plus IIS Helpline <a href="mailto:KIDSRegistry@phila.gov">KIDSRegistry@phila.gov</a> to start the HL7 testing process.
Successful registration will be confirmed with this process	PA-SIIS will provide an acknowledgement email	Someone will contact you if we determine that we are interested in receiving your data.	PCR will provide an acknowledgement email	Someone will contact you	There is no formal onboarding process. After contacting the Helpline, you will be contacted by someone at KIDS Plus to start testing.
Stage 2 availability date	10/1/2013 - EH; 1/1/14 - EP	Currently Available	1/1/14 - EP	Currently Available	Currently available to EMR vendors/practices wishing to attest for MU stage 2.
Cost to on-board	No Cost	No cost for hospital emergency departments to onboard or submit syndromic data. EPs will need to pay fees for onboarding and maintenance.	No Cost	No Cost	No cost from KIDS Plus IIS. The cost from the provider's EMR vendor to implement the interface may vary.
Who do we contact with questions?	PA Statewide Immunization Information System (SIIS)	PA Syndromic	Pennsylvania Cancer Registry	PA ELR	<a href="mailto:KIDSRegistry@phila.gov">KIDSRegistry@phila.gov</a>
Contact email address and/or Phone	<a href="mailto:pasiis@pa.gov">pasiis@pa.gov</a> - 877-774-4748	<a href="mailto:RA-DHMu.SYNDROMIC@pa.gov">RA-DHMu.SYNDROMIC@pa.gov</a>	<a href="mailto:pcr@pa.gov">pcr@pa.gov</a>	<a href="mailto:PA-ELR@pa.gov">PA-ELR@pa.gov</a>	<a href="mailto:KIDSRegistry@phila.gov">KIDSRegistry@phila.gov</a>
Requirements for submission	<b>Stage 1 Meaningful Use specifications:</b> Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful. <b>Stage 2 Meaningful Use Specifications:</b> Successful ongoing submission of electronic immunization data from CEHRT	Must intend and be able to submit syndromic data on an ongoing and real-time basis	Successful ongoing submission of electronic cancer data from certified EHR vendor that meets standards documented in the Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries, August 2012 <a href="http://www.cdc.gov/ehrmmeaningfuluse/cancer.html">http://www.cdc.gov/ehrmmeaningfuluse/cancer.html</a>	PA-ELR Team will provide PA-ELR version of National Standard HL7 2.5.1 Guidelines. Test messages must fully conform to all PADOH/ELR standards and must create complete PA-NEDSS Disease Reports to be considered compliant. All participants are expected to move to full on-going Production reporting as soon as possible regardless of MU Stage 1 or Stage 2 implementation.	In order to meet meaningful use attestation, providers must perform at least one successful test submission of data. Providers must arrange for continuous reporting in accordance with KIDS Plus IIS policies. A letter acknowledging attestation may be provided by the Immunization Program after completion of testing process.





## ▶ CPOE for Medication Orders

### Required Documentation

Dashboard or report generated from your EHR system or from an external data source supporting each of the three numerators and denominators.

### Additional Recommended Documentation

N/A

### Documentation to Support an Exclusion

For each section of the measure being excluded, a dashboard or report from your EHR system or from an external data source demonstrating fewer than 100 pertinent orders were written during the EHR reporting. This could be a dashboard or report with a denominator less than 100.

CMS Specification Sheet:

[http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2\\_EPCore\\_1\\_CPOE\\_MedicationOrders.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2_EPCore_1_CPOE_MedicationOrders.pdf)

[Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2\\_EPCore\\_1\\_CPOE\\_MedicationOrders.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2_EPCore_1_CPOE_MedicationOrders.pdf)



# Dental Feasibility Chart



In an effort to support Dentists who are transitioning from adopting a certified EHR technology to meaningfully using the technology, we have compiled the table below. The table includes the 2014 Stage 1 core and menu meaningful use (MU) measures for the Electronic Health Record (EHR) incentive program as well as feasibility for dental practices to meet the measures based on feedback gathered from the dental community (Agency and Community Dentists). The table also provides suggestions for how Dentists could become meaningful users. The Medical Assistance Health IT initiative encourages Dentists to review this document in order to determine what support is needed to become meaningful users of EHRs. By meeting the meaningful use requirements Dentists will be able to receive additional incentive payments as well as be positioned to integrate electronically into the larger healthcare community. Additional Information about the Core and Menu MU Measures is available at: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf>

## CORE

The following Core Measures could be met by Dentists with potentially limited impact on their practice

Measure	Feasibility for Dental Practice	Ideas to help meet Requirements
<b>Demographics</b> - Record, as structured data, all of the following demographics: (A) Preferred language, (B) Gender, (C) Race, (D) Ethnicity, (E) Date of birth for more than 50% of all unique patients seen by the EP.	Measure achievable	Make sure your practice has a process to capture this data for all patients. An effective way to capture this information is through patient registration process.
<b>Smoking Status</b> - For more than 50% of all unique patients 13 years old or older seen by the EP, record as structured data smoking status. <b>Exclusion:</b> Any EP who sees no patients 13 years or older.	Measure achievable	Review the patient's Health Summary or the EHR at each dental visit to verify that smoking status has been recorded. If not, record status in an appropriate section of the EHR such as health factors if applicable to your system.
<b>Electronic Copy of Health Information</b> - More than 50% of all unique patients seen by the EP during reporting period are provided the ability to view online, download and transmit their health information within 4 business days after the information is available to the EP. <b>Exclusion:</b> Any EP who neither orders nor creates any of the information listed for inclusion as part of both measures, except for 'Patient name' and Provider's name and office contact information'	Measure achievable	Ensure that your practice has a process to capture requests for electronic copies of health information and to fulfill these requests.



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