

Northern MN Network Quality & Meaningful Use Meeting



**Key
Health
Alliance**

Regional Extension
Assistance Center for HIT

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Topics

- Update on EHR incentive registration
- Dentists and MU
- Stage 2 update
- Progress toward MU
 - Current gaps
 - Next steps
- Questions

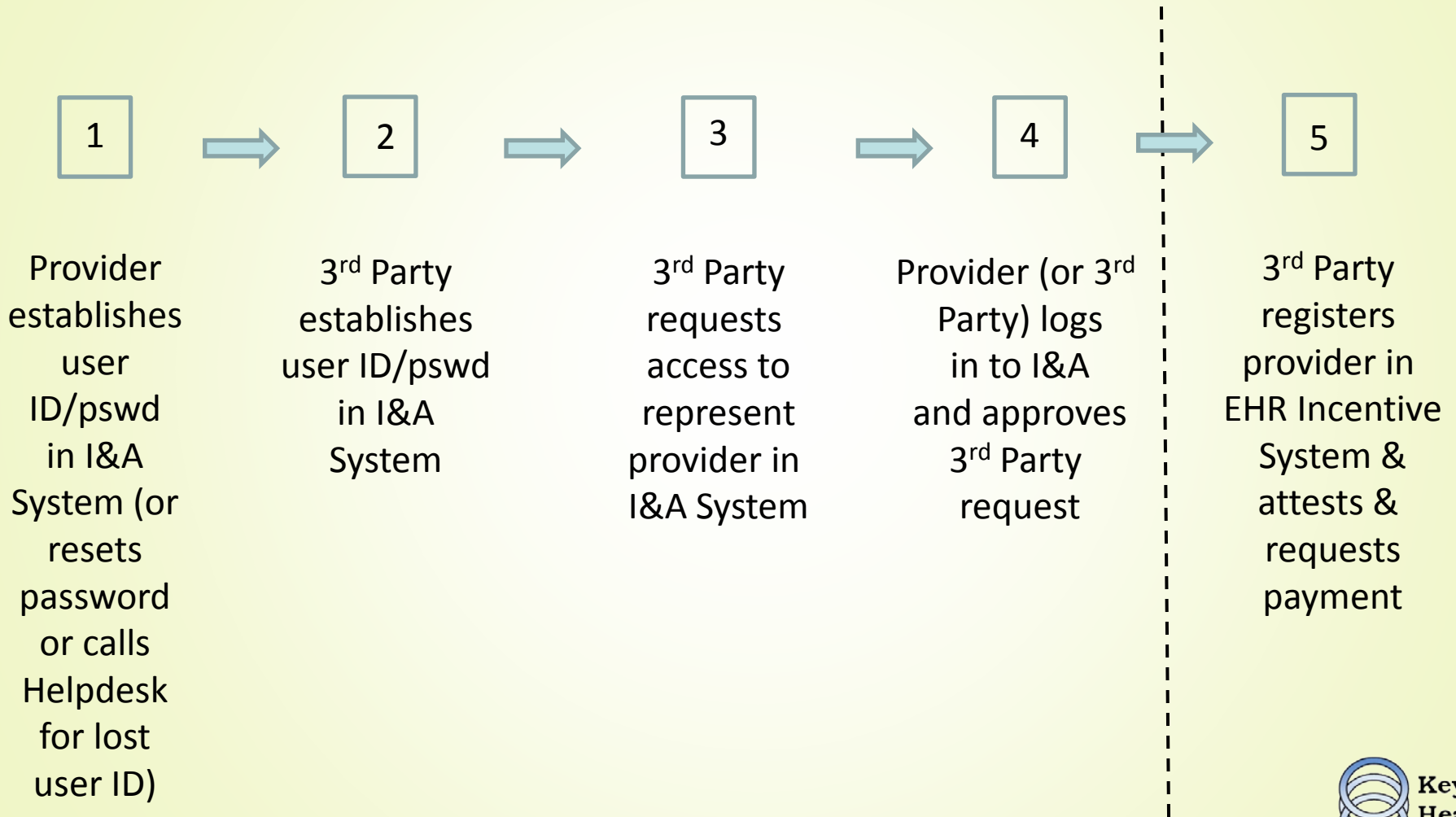
Update on EHR Registration

- Latest rumor for DHS system = End of February
- Deadline for requesting 2011 incentive = End of February (ND 2/24/2012, otherwise 2/29/2012)
- Hurry up and wait: being ready if/when DHS opens for business is key (pre-work)
- Except for Lake Superior CHC's Superior site and Migrant's Grafton site (Wisconsin & North Dakota are ready to process)

Update on EHR Registration

- 11/29/11 Registration overview Q&A
 - If a clinic has more than one NPI (corporate + site-specific), when the provider assigns payment during *registration* the payee number should be the clinic's NPI (and address) that would be used for billing Medicaid for that provider at that site
 - Additional slides added regarding lost I&A user ID and resetting lost I&A passwords (see next), but when all else fails, call the External User Services Helpdesk at 1-866-484-8049.

20,000 Foot Registration Process



Update on Dentists and MU

- Mavis learned that some dentists have received payment in Wisconsin
- Dentist must be on a certified EHR (EDR)
- Two dental EDRs have received certification
 - MacDental
 - OpenDental
- WHITEC (Wisconsin REC) heard that Dentrrix is seeking modular certification
- Henry Schein doesn't exactly confirm ("can")
<http://www.dentrrix.com/ehr/>

Stage 2 Update

- Timeline:
 - Notice of Proposed Rule Making expected December 2011
 - Final Rule planned for June 21, 2012 (but late would be no surprise)
- Preliminary proposal reviewed by HIT Policy Committee & RECs

Stage 2 Update

Criteria	Stage 2 / Move All to Core
CPOE	Increase to 60% meds, 60% labs, ≥ 1 Radiology
D-D / D-A checks	Employ checking / providers <u>may</u> be able to define rules
eRx	Increase to 50% of (permitted) meds as eRx
Demographics	Increase to 80% complete, able to produce stratified rpts
Decision Support	Use CDS on high-priority health conditions
Advance Directives	≥ 25 patients: exists (date/time stamp) and copy available
Patient Reminders	10% of all active patients, all ages, clinically relevant
Electronic Note	30% of visits have at least 1 electronic note / searchable
eAccess to PHI	10% of patients/families view & can download
Visit Summary	50% of patients, increase to 24 hours (pending info in 4 days)
Patient Education	> 20% provided with EHR-enabled pt ed
Patient Messaging	Patients offered secure messaging, ≥ 25 patients have used
Communication	Record patient preference for communication medium
Med.Reconciliation	done at 50% of transitions
Summary of Care	at least 25 sent electronically
Care Team List	Available for 10% of patients via electronic exchange / portal
Immunizations	Submit immunization data to state via electronic submission*
Syndromic Surveillance	Submit to public health (at least 1) (CMS consideration only)
Submit CA Diagnoses	Submit to public health (at least 1) (CMS consideration only)
P&S Risk Analysis	Update, address encryption for data at rest

NMN Progress to MU

- 11/9-10 conference call on Privacy/Security Risk Analysis
- GE didn't follow up on MIIIC scoping call – maybe December? (interface not necessary)
- HIE-BRIDGE *says* they are ready to handle CCD exchange
- MU reports – common gaps?

MU & Common Gaps

- Core
 - CPOE, D-A/D-D checking, Problem List, **eRx**
 - Med List, Allergy List, Demographics, VS
 - Smoking, Quality Reporting, Decision Support
 - eHealth Summary, Visit Summary, **HIE test**
 - Privacy & security risk analysis/corrections
- Menu (required)
 - **MIIC test** (& ongoing submission)

MU & Common Gaps

- Menu (optionals)

Criteria	LSCHC	MHSI	SMC	SRHS
Formularies		?		
Lab Results		X	X	X
Patient Lists/Reports		X	X	X
Patient Reminders			?	X
eResults/Portal				
Patient Education		X	?	?
Med Reconciliation		?		?
Referral Summary		?	?	?
Immunizations to MIIC		X	X	X

Next Steps

- MIIC – GE scoping call in December
- HIE – CCD ready and testing via HIE-BRIDGE
- Registration preparation
- What else?

UDS – new & future

- 2011 Data / 2012 Report
 - Table 6B: 2yo immunizations (updated), Pap tests, prenatal trimester of entry, weight assessment/counseling-peds, weight assessment/counseling-adults, tobacco use assessment & cessation, asthma pharmacology
 - Table 7: table format change, birth weight, controlled HTN, controlled diabetes (new A1c breakdown)

UDS – new & future

- 2012 Data / 2013 Report PROPOSED
 - New Table 5A with hire date & months of service for licensed & leadership staff
 - Table 6A: change to report on all Dx codes, not just primary
 - Table 6B: 3 new clinical measures
 - Coronary Artery Disease – Lipid Therapy
 - Ischemic Vascular Disease – Aspirin Therapy
 - Colorectal Cancer Screening
 - HIT & MU Survey
 - Medical Home Survey

MDH Statewide Quality Measures Reporting

- All the old measures, plus
 - C-section for Nulliparous Women (only if any clinic providers doing C/S)
 - Patient Experience of Care Survey (CG-CAHPS) for Sept 1, 2012 – Nov 30, 2012, reporting in 2013, vendor conducted
 - FUTURE measure proposed: Elective Induction between 37-39 weeks gestation (if any do deliveries)

Questions





Key Health Alliance

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Key Health Alliance—Stratis Health, Rural Health Resource Center, and The College of St. Scholastica.

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