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Optimized eHR reporting

EHR for Dummies

Presented by Helen Biamonte

The Christ Hospital

CSO HIMSS Spring Conference 2013

What is Optimized EHR Reporting?



- When in doubt, Google...

Optimized EHR Reporting

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[EHR optimization: Preparing systems for 2013 | EHRintelligence.com](#)
ehrintelligence.com > Articles
Dec 10, 2012 – EHR optimization: Preparing systems for 2013. Author Name Jerrilyn
Cowper | Date ... KPMG report indicates unease in EHR implementation ...

[Have You Optimized Your EHR? | Physicians Practice](#)
www.physicianspractice.com/ehr/have-you-optimized-your-ehr
Feb 6, 2013 – Collecting and reporting on clinical information to participate in pay-for-
performance programs? By optimizing your EHR implementation ...

The BIG three

Meaningful Use, ACO, and PQRS Reporting

- Visit based vs. PCP based
- Different Exclusions
- Different Populations
- Different Goals



Patient-centered organization

Providers in an ACO may all belong to the same health system, or may include multiple health systems and independent hospitals, physician groups, and other types of healthcare providers

The goal of an ACO is to increase the patient satisfaction and improve the quality of care while still reducing the cost of care.

WHAT IS MEANINGFUL USE?



It is the demonstration of the providers that they are using the certified electronic health record in ways that can positively effect the care of the patients.

Objects are set up by CMS to show this in order to receive the incentive payment.

There are two programs to choose from: Medicare EHR Incentive or the Medicaid EHR Incentive program.

Physician Quality Reporting System (aka Physician Quality Reporting Initiative)

- Reporting program that combination of incentive payments and adjustments to advance the quality information by eligible professional
- Mandated by federal legislation

WHO ARE THE PROVIDERS WE ARE MEASURING?



- Meaningful Use: Eligible Providers are

Eligible professionals under the **Medicare EHR Incentive Program** include:

Doctor of medicine or osteopathy

Doctor of dental surgery or dental medicine

Doctor of podiatry

Doctor of optometry

Chiropractor

Eligible professionals under the **Medicaid EHR Incentive Program** include:

Physicians (primarily doctors of medicine and doctors of osteopathy)

Nurse practitioner

Certified nurse-midwife

Dentist

Physician assistant who furnishes services in a Federally Qualified Health Center of Rural Health Clinic that is led by a physician assistant.

- Practices can not participate. This is for the individual Provider
- Hospital Based providers cannot participate
- You can register without having to participate. You can cancel at any time.

ELIGIBLE TO PARTICIPATE FOR PQRS



- 1. Medicare physicians
 - » Doctor of Medicine
 - » Doctor of Osteopathy
 - » Doctor of Podiatric Medicine
 - » Doctor of Optometry
 - » Doctor of Oral Surgery
 - » Doctor of Dental Medicine
 - » Doctor of Chiropractic

- 2. Practitioners
 - » Physician Assistant
 - » Nurse Practitioner
 - » Clinical Nurse Specialist
 - » Certified Registered Nurse Anesthetist (and Anesthesiologist Assistant)
 - » Certified Nurse Midwife
 - » Clinical Social Worker
 - » Clinical Psychologist
 - » Registered Dietician
 - » Nutrition Professional
 - » Audiologists

- 3. Therapists
 - » Physical Therapist
 - » Occupational Therapist
 - » Qualified Speech-Language Therapist

PQRS PROVIDERS CAVEATS



- Eligible but not able to Participate
 - Billing methods may cause some providers to be unable to participate.
- Group practice may also potentially qualify

Potentially Physicians, NPs, PAs, CNSs, pharmacists, chiropractors, etc. It depends on the make-up of the ACO itself.

What is more important is that the quality metrics are guided from the Primary Care Provider

WHAT'S A PCP



1. The Gatekeeper or First Contact for issues
2. Does the Preventative Testing and counseling
3. Handles continuing care a various of medical conditions
4. Collaborates with other medical providers with coordination of care.

TERMS OF MEASURING



Objectives

Measure the use of the EHR

Core

All providers either meet or qualify for an exclusion for the measures

Menu

A provider must choose a set amount from the total measure sets

Clinical quality measures, or CQMs

Measure and track the quality of healthcare services

WHERE DO THESE CQM MEASURES COME FROM?



They come from the National Quality Forum.

It is a nonprofit organization that goal is to better American Healthcare by

- Creating national priorities for improvement
- Promoting standards for measuring and public reporting on performance
- Advancing the goals through educational and outreach programs



- Need 3 core measures and 3 alternatives from the pool of 44 measures
- The reporting period is 12 months
- The patient population is Medicare patients

MEANINGFUL USE

STAGE 1 BASICS (MEDICARE)



- 19 of 24 objectives to be met. 14 are core and 5 are chosen from a list of 10, plus 6 CQMs, 3 core measures, and 3 additional.
- Reporting Period is a 90-day period in their first year of meaningful use and a full year in their second year of meaningful use.
- The information submitted includes information on all patients to whom the measure applies.

MEANINGFUL USE STAGE 2 BASICS (MEDICARE)



- 17 core objectives and 3 menu objectives from a list of 6 for a total of 20 objectives
- Early attestors in 2011 will meet three years of stage criteria before 2014. All others will meet two years of stage 1 before advancing to stage 2.

33 total Measures

- 7 Patient/caregiver experience
- 6 Care coordination/patient safety
- 8 Preventative Health
- At Risk Population
 - » 6 Diabetes
 - » 1 Hypertension
 - » 2 Ischemic Vascular Disease
 - » 1 Heart Failure
 - » 2 Coronary Artery Disease

Reporting Period is 12 months

PQRS

- 2013 reporting period will qualify to earn a Physician Quality Reporting incentive payment equal to 0.5% of their total estimated Medicare Part B Physician Fee Schedule (PFS) allowed charges for covered professional services furnished during that same reporting period.
- 2015 Those who don't report will be paid less 1.5%

ACO

- Sharing savings, but not losses, for the entire term of the first agreement) and a two-sided model (sharing both savings and losses for the entire term of the agreement)

Meaningful Use (Medicare)

- Eligible professionals can receive up to \$44,000 over five years but they must begin by 2012. (per provider)

Meaningful Use (Medicaid)

- Maximum incentive amount is \$63,750 across 6 years of program participation. (per provider)

QUALITY REPORTING STRUGGLES



- Data could be coming multiple heterogeneous sources
- Data written in free text /comment fields not in discrete data fields
- Different Definitions (Inconsistent data definitions)

Comes from two different places in the EMR and the extraction process to the RDMDS puts it in two different tables. So some of the data might get missed.



SOME SOLUTIONS:



- Change the EMR so that the Data can only go to one place
- Create Prompts so that the Providers pick the correct place
- Train the Providers

The patient was taken care of but the evidence is in a note or a comment field.



SOME SOLUTIONS:



- Create easy ways for the Providers to note the data in discrete fields
- Train the Providers

- PQRS Diabetes Vs. ACO Diabetes
 - PQRS does not have any exclusion diagnosis codes while the ACO does
- PQRS IVD Vs. ACO IVD
 - PQRS includes 445.89 in the diagnosis but does not have 410.01, 412, 414.3, 440 and 444, which ACO includes.
- Meaningful Use vs ACO Diabetes
 - Meaningful Use includes 362.00 ICD9 code in the diagnosis while ACO does not include it.

SOME SOLUTIONS:



- Use table driven definitions with versioning
- Pray

THANK YOU



Questions?

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SOURCES



- http://www.qualityforum.org/About_NQF/About_NQF.aspx
- <http://www.cms.gov>