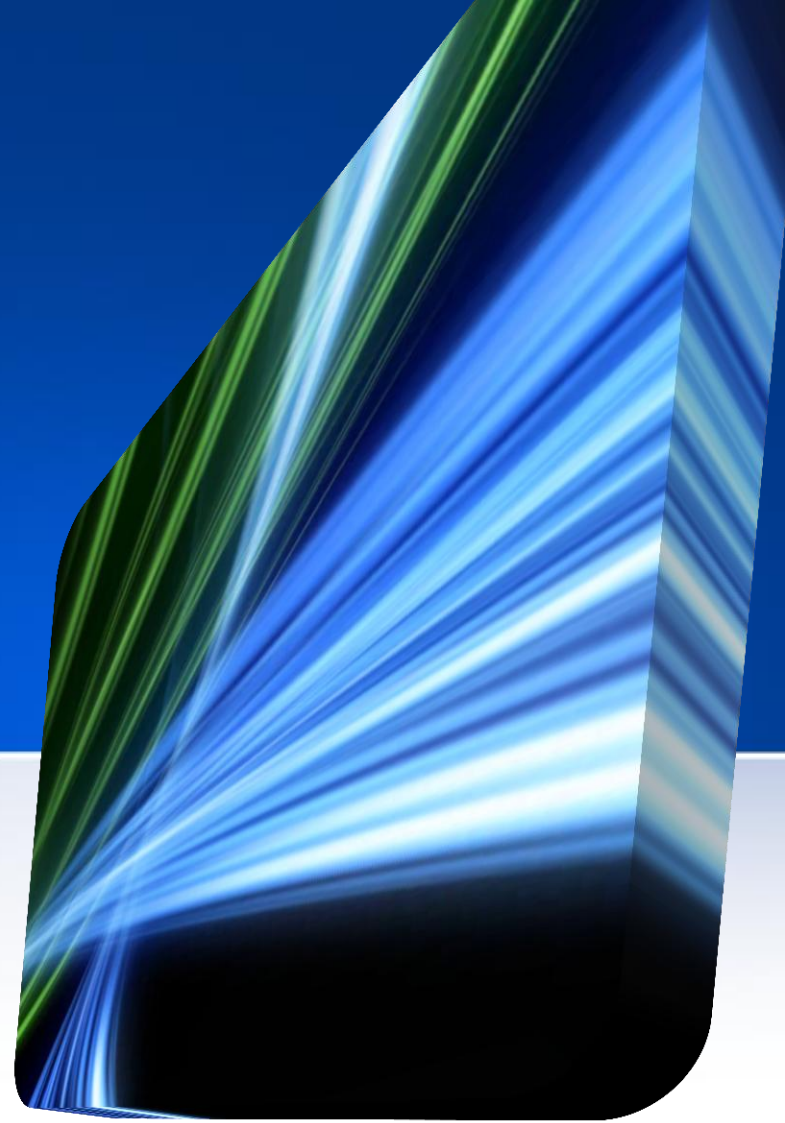


Selecting and Implementing EHRs

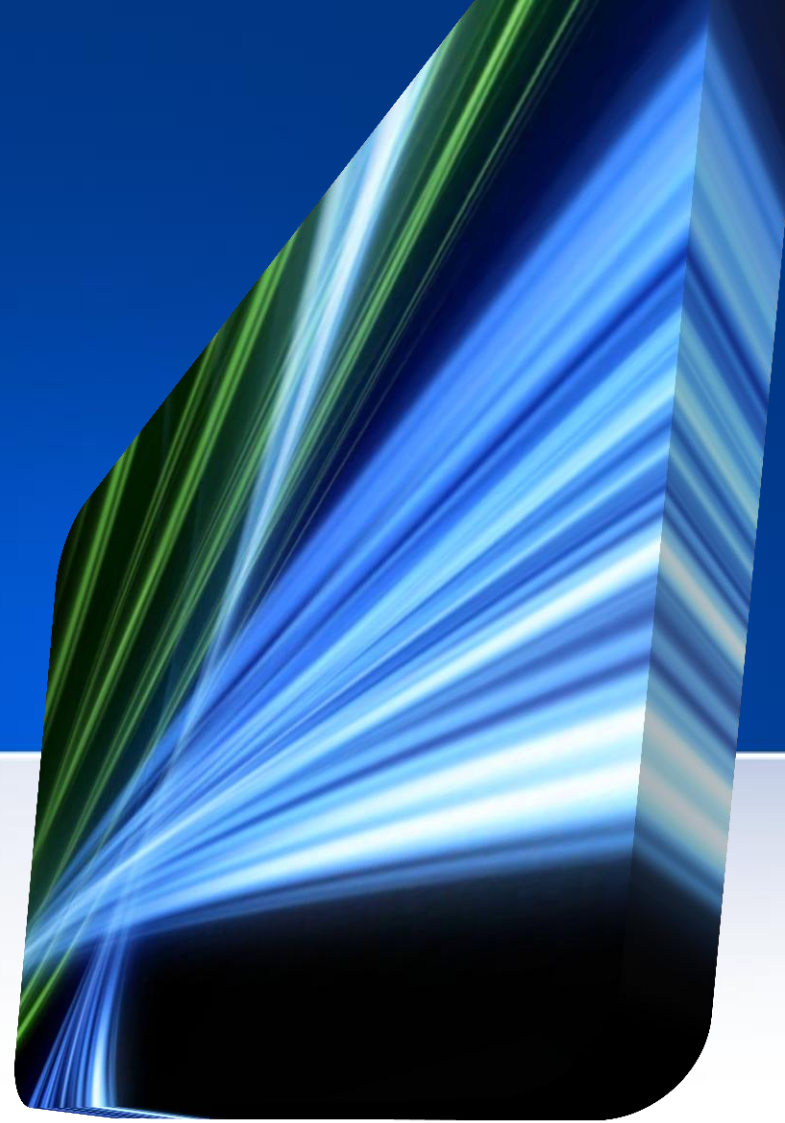
**October 10, 2013
10:30am-11:00am**

**October 11, 2013
10:00am-10:25am**



Selecting and Implementing EHRs

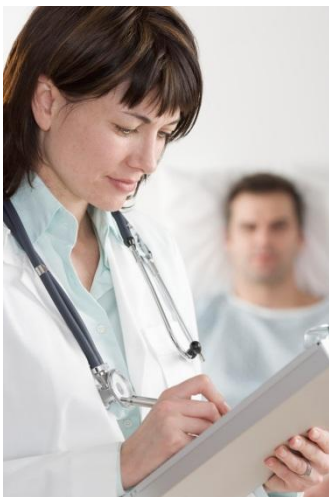
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EHRs



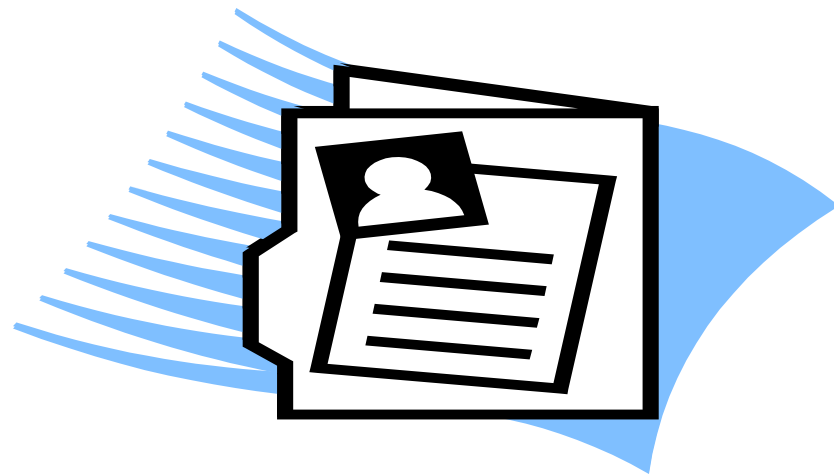
- Digitized patient charts
- Real-time, patient-centered records
- Organize in one place all patient health info across multiple healthcare organizations



EHRs Can:



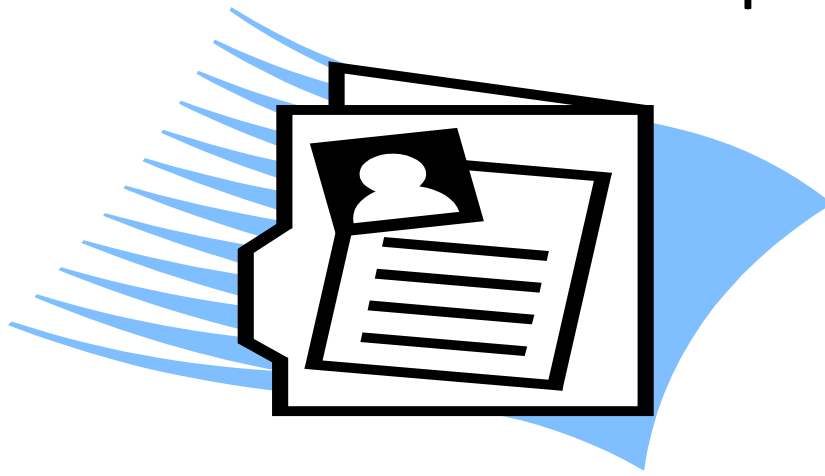
- Contain info about:
 - Patient medical history
 - Diagnoses
 - Medications
 - Immunization dates
 - Allergies
 - Radiology images
 - Lab & test results



EHRs Can:



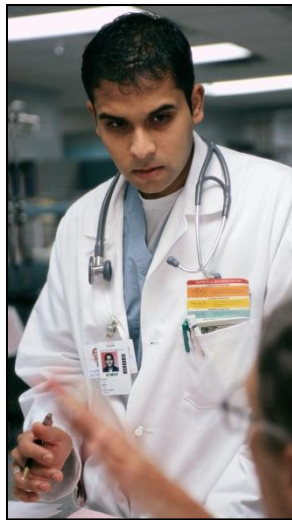
- Offer access to evidence-based tools to assist with clinical decision-making
- Automate & streamline workflow
- Increase organization & accuracy of patient info
- Support key market changes in payer requirements & consumer expectations.



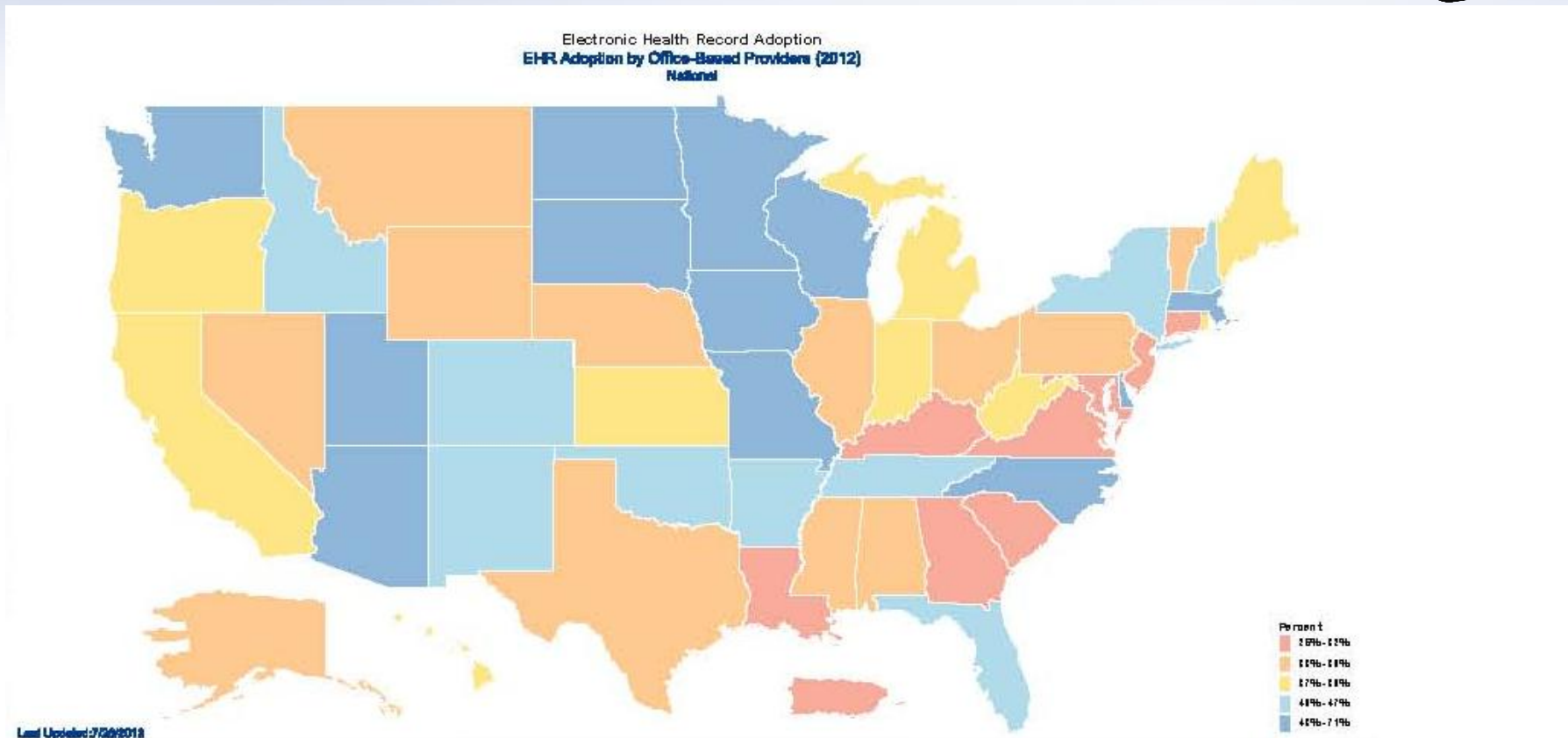
Adoption Rates



The Department of Health and Human Services announced that EHR adoption has surpassed its goal of having 50% of doctors and 80% of eligible hospitals using EHR systems by the end of 2013.



Adoption Rates



HealthIT Dashboard. Electronic Health Record Adoption. Available at:
<http://dashboard.healthit.gov/HITAdoption/?view=0>.
Accessed: 9/9/13.

Adoption Rates



Based on recent study by the National Center for Health Statistics...

Over 2/3 (71%) of EHR adopters would purchase their EHR system again and nearly ½ of physicians currently without an EHR system plan to purchase or use one already purchased within a year.

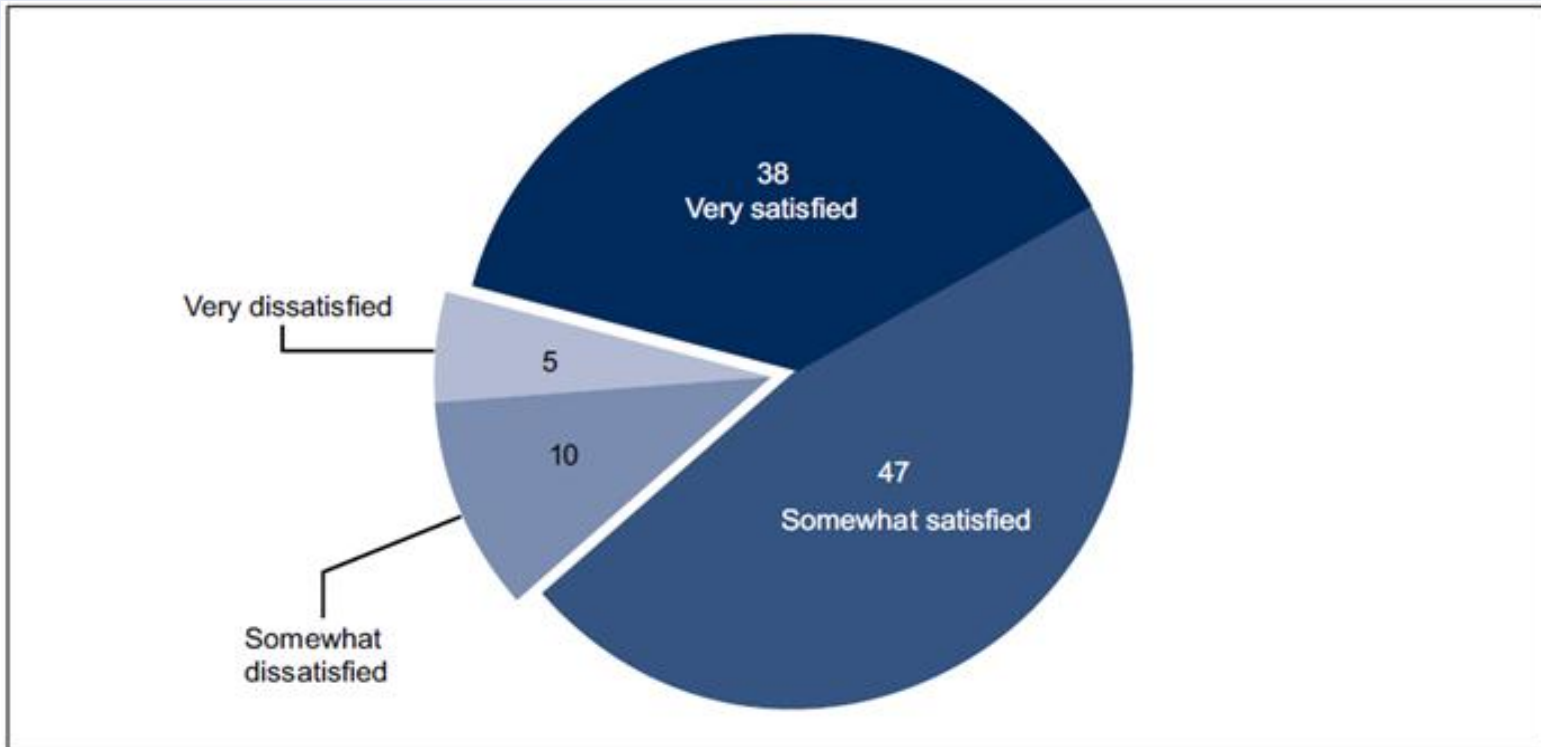


Jamoom E, Beatty P, Bercovitz A, et al. (2012)
Physician adoption of electronic health record systems: United States, 2011. NCHS data brief, no 98.
Hyattsville, MD: National Center for Health Statistics.

Adoption Rates



Percent distribution of electronic health record satisfaction among office-based physicians



NOTES: Data represent office-based physicians who reported having adopted electronic health record systems (55% of sample). The sample includes nonfederal, office-based physicians and excludes radiologists, anesthesiologists, and pathologists. Missing values are excluded.

SOURCE: CDC/NCHS. Physician Workflow study. 2011.

Jamoom E, Beatty P, Bercovitz A, et al. (2012)
Physician adoption of electronic health record systems: United States, 2011. NCHS data brief, no 98.
Hyattsville, MD: National Center for Health Statistics.

Adoption Rates



Given all the discussion about the benefits of EHRs and the push for Meaningful Use, adoption rates for office-based providers are still not very high--meaning:

You may be dealing with EHR implementation, use, revision or replacement in the near future, if you haven't already!



Why Adopt EHRs



- Assess patient care, practice efficiency, readiness for new payment models
- Meet quality improvement initiatives reporting requirements (PQRS, VBM, Meaningful Use) and achieve incentive payments
- Identify business opportunities and new services



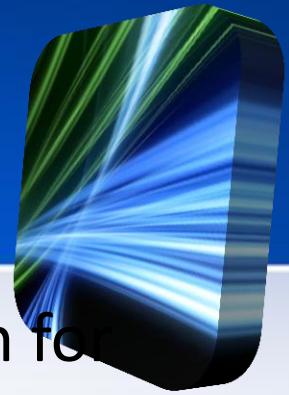
Issues



Push for meaningful use created an artificial market for immature EHR products

- Many physicians who adopted systems with intent to apply for meaningful use incentive payments may have rushed to decisions they later regretted.
- Black Book Research surveyed nearly 17,000 physicians found 17% were making plans to switch within the year.

Issues



- Upfront financial investment a barrier to adoption for some.
- Time investment for smaller or solo practices.
- Lack of internet and other tech access for rural practices.
- Lack of interoperability between systems, leading to potentially incomplete patient information.



Assess Practice Readiness



Assess Current Practice

- Are admin processes organized, efficient and well-documented?
- Are clinical workflows efficient, clearly mapped and understood by all staff?
- Are data collection and reporting processes well established and documented?
- Are staff computer literate and comfortable with IT?
- Does practice has high-speed internet?
- Does practice have financial capital required to purchase new or additional hardware?
- Are there clinical priorities or needs to be addressed?
- Does the practice have specialty-specific requirements?

Assess Practice Readiness



Future Practice Vision



- What would practice leadership like to see different in the future?
 - What will be different for patients?
 - What will be different for providers?
 - What will be different for the staff?

Assess Practice Readiness



Set & Document Goals & Needs

- Goals meaningful to your practice
 - Clinical
 - Revenue
 - Work Environment

SMART Goals

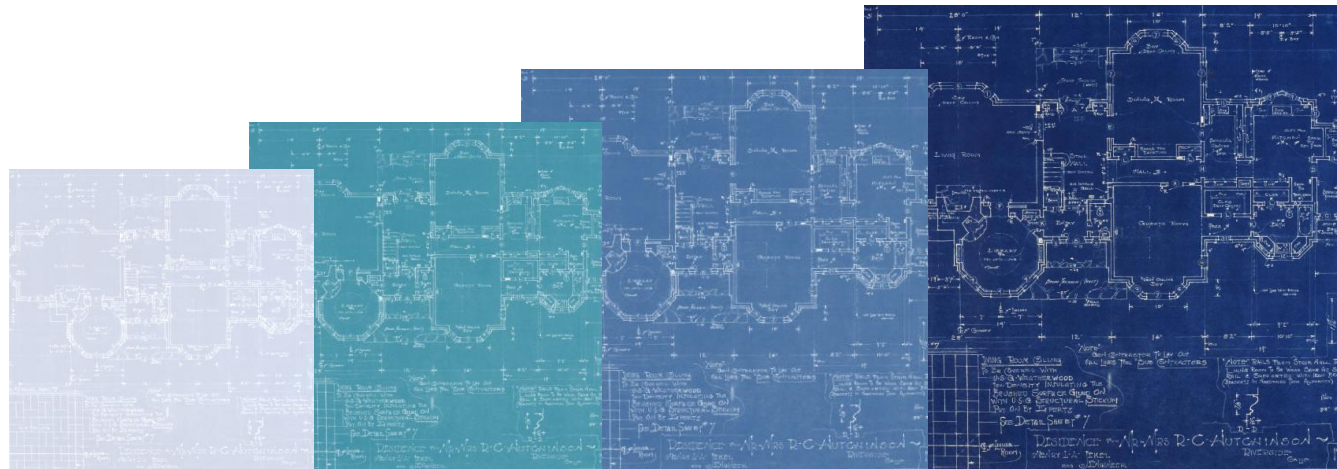
- **Specific**
 - Achieving the goal would make a difference for patients & practice
- **Measureable**
 - Can quantify the current level & target goal
- **Attainable**
 - May be a stretch, but can be achieved
- **Relevant**
 - Worth the effort
- **Time bound**
 - Deadlines and opportunities to celebrate success

Planning



Define Your Needs

- What are you trying to get out of an EHR system?
- What incentive programs are you trying to qualify for?
 - Knowing this will help define what you need
- Consider interoperability with other systems you use or want to use—scheduling, hospital/ASC systems, billing software, etc.



Planning



- Map out existing workflow and clinical data flow at your organization.
- Identify costs of paper information.
- Prepare existing medical records for transition to electronic records.
- Address security and privacy concerns.

Considerations- EHR System Selection



- **Does the EHR package come “as is” or can it be modified to suit your needs?**
 - “As is” may have items you don’t need or don’t work with your workflow
 - Ala carte can allow modifications to suit your needs

Considerations- EHR System Selection



Do you need to incorporate:

- Desktop, mobile or both?
- Medical imaging?
- Devices?
- Electronic prescribing?
- Labs?

Considerations- EHR System Selection



Consider interfaces needed:

- Scheduling software
- Hospital/ASC/other offices
- Billing/practice management software—is an interface needed or does the package include practice management software?
- Medical/imaging devices

Considerations- EHR System Selection



HIPAA:

- Guarantees of functionality consistent with state & federal mandates and HIPAA?
- Can submit & receive HIPAA transactions?

Considerations- EHR System Selection



Data:

- Are you clearly identified as the data owner?
- Where does data reside (off-site or on-site) and what are the tech requirements to support it?
- Vendor should identify everyone who will have access
- How does vendor access data and do they have adequate security?
- How do you extract your data if you choose to no longer work with vendor?
 - Contracts should specify when vendor is required to return or destroy data and in what timeframe and under what circumstances

Considerations- EHR System Selection



Paper Conversion:

- Will the vendor offer conversion services?
- Or will staff have to manually transfer paper or electronic records?
- Cost?
- How long will transfer take?

Considerations- EHR System Selection



- Plans for back-up/disaster recovery
- Affordability
- Usability/user friendliness
 - How easy is it to move on the EHR system from task to task
- Easy adaptability to your specialty

Considerations- Vendor Selection



Vendor Certification?

- The Office of the National Coordinator for Health Information Technology (ONC) Certification Program provides a defined process to ensure that EHR technologies meet adopted standards and certification criteria to help providers and hospitals achieve Meaningful Use objectives and measures established by CMS.
- Is your vendor certified?
- If a vendor is certified, do they plan to maintain certification for future program stages?

Considerations- Vendor Selection



- How long has the vendor been in business? Size?
- Support and sales staff available in your geographic area in adequate numbers?
- Number of currently live sites?
- What % of a vendor's customers are in your specialty area?

Considerations- Vendor Selection



- Cost Considerations
 - Software & licensing
 - How many licenses will be needed to use the software? Per physician or per user? Part-time vs. full-time user calculations?
 - Other per user fees?
 - Hardware needed?
 - Costs for data conversion and staff training?
 - Including reduced productivity during conversion and training
 - Office upgrades—space, furniture, electrical?

Considerations- Vendor Selection



- Cost Considerations
 - Are there liability caps for performance or data security?
 - What services, changes or add-ons are provided free of charge vs. for a fee?
 - Some vendors charge for any type of change once implemented
 - Support costs—updates & troubleshooting
 - Part of package? Or pay as you go?
 - How often will updates be needed?
 - How many programming hours are included and what happens when you exceed those hours?
 - If remote maintenance is not possible, will you be charged for vendor visits to the site?

Considerations- Vendor Selection



- Cost Considerations
 - System Failure
 - Examine damages, disclaimers and limitations on liability. Vendor should “make the practice whole,” but will likely try to limit liability. This doesn’t reflect scope of practice potential loss.
 - Indemnity for Medicare/Medicaid fraud & abuse investigation if coding component fails and there is a negative finding?
 - Indemnity for software failures that result in harm to a patient?

Considerations- Vendor Selection



- Meaningful Use (MU)
 - Guarantees incentive payments for eligible providers that follow its guidance
 - Training & support on how to fulfill MU measures & monitor results
 - Updates client software continuously to include new measures & workflow changes at no extra cost
 - Provides free, real time reporting to track and assess provider performance on measures

Considerations- Vendor Selection



- Meaningful Use (MU)
 - Builds all MU clinical quality measures into a workflow whether can be captured more easily
 - Provides required interfaces for free and without interruption
 - Provides free attestation support and guidance when its time to attest

Considerations- Vendor Selection



- Training
 - What type of training and training materials are provided?
 - How many hours of training are provided in the agreement?
 - Is training off-site or on-site?
 - Will you allow training during office hours?
 - If so, what changes to practice schedules are required?
 - How will new staff be trained?
 - Support for ongoing training
 - User groups
 - Training for new upgrades & features

Considerations- Vendor Selection



- Software Testing
 - Can you test the software before buying for a period of time and speak with others who use it?
 - Hands on trials are important to inform buying decisions. On average, a physician may spend \$54,000 on an office system, with roughly \$10,000 in annual maintenance.
 - RNs, advance practice RNs and PAs spend more time online than doctors and should test the system too.

Considerations- Vendor Selection



- Customer Support
 - Many complaints originate with customer support
 - Are there guarantees of how fast a vendor will respond?
 - Is the technical support qualified?
 - Reputation for customer support should be an important consideration.

Considerations- Vendor Selection



- Customer Support
 - How are system upgrades scheduled and installed?
 - Can upgrades and maintenance be done on off-practice hours?
 - How long will the system be down?
 - If upgrades negatively affect your system, will vendor return it to its previous state?

Considerations- Vendor Selection



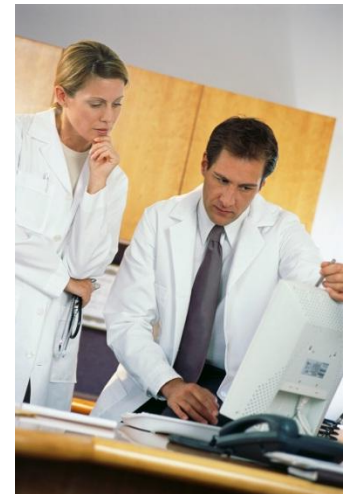
Implement a progressive payment plan that incorporates vendor milestones

EHR Implementation



Who will implement the system?

- Will the vendor set it up? Software & hardware?
- How much staff time will be needed?
- Can it be done in a way that doesn't affect patient flow?



EHR Implementation



Who will implement the system?

- Can parallel systems be run to ensure there are no problems before fully converting to a new system?
 - Especially if connecting with a practice management system



EHR Implementation



Will you be held liable if your system is not ready for (up to standards) to receive new software/system when the vendor is ready?



American Medical Association. 15 questions to ask before signing an EMR/EHR agreement. www.ama-assn.org/go/hit.

EHR Implementation



What are the technical requirements needed to receive new software?



American Medical Association. 15 questions to ask before signing an EMR/EHR agreement. www.ama-assn.org/go/hit.

Resources:

Regional Extension Centers



- Located in every region of the country, serve as a support & resource center to assist providers in EHR implementation and HealthIT needs.
- Trusted advisors that “bridge the technology gap” helping providers navigate the EHR adoption process from vendor selection and workflow analysis to implementation and meaningful use.

Resources:

Regional Extension Centers



- Focus on providing on-the-ground technical assistance for individual and small provider practices, medical practices lacking resources to implement and maintain Electronic Health Records (EHRs), and those who provide primary care services in public and critical access hospitals, community health centers, and other settings that mostly serve those who lack adequate coverage or medical care.
- RECs have established themselves as trusted advisors for primary care and are helping providers face challenges to achieve meaningful use and leverage those criteria to support quality improvement and transform healthcare.

Resources: HealthIT.gov

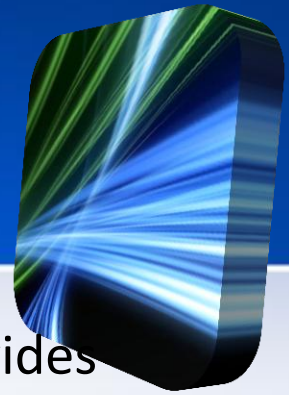


Government website that provides advice on health information technology for providers, patients and researchers. Outlines the adoption process and provides templates for vendor selection, pricing and evaluation.

www.healthit.gov.

Resources:

Certified Health IT Product List



- The Certified Health IT Product List (CHPL) provides an authoritative, comprehensive listing of Complete Electronic Health Records (EHRs) and EHR Modules that have been tested and certified under the ONC HIT Certification Program, maintained by The Office of the National Coordinator for Health Information Technology (ONC).
- Each Complete EHR and EHR Module listed has been tested and certified by an authorized testing and certification body against applicable standards and certification criteria adopted by the HHS Secretary.

Resources:

Certified Health IT Product List



- EHR technologies that have been certified under the ONC HIT Certification Program are eligible to be used for the Centers for Medicare and Medicaid (CMS) EHR Incentive Programs. The CHPL provides CMS EHR Certification ID for qualified products to be used in the CMS EHR Incentive Programs.
- <http://oncchpl.force.com/ehrcert>

Resources:

AmericanEHR Partners



- Developed by Cientis Technologies and the American College of Physicians, provides free online necessary tools to identify, implement, and effectively use EHRs and other healthcare technologies.



- This website provides EHR and vendor rankings based on satisfaction surveys submitted by member organizations comprised of more than 700,000 members. The database can be queried by product, vendor, practice size and eventually by specialty.
- <http://www.americanehr.com/find-an-ehr.aspx>

Resources: Best in KLAS



- Independently owned & operated research firm that provides ratings of healthcare technology to help providers make informed decisions.
- KLAS conducts over 1,900 healthcare provider interviews per month, working with over 4,500 hospitals and over 3,000 doctor's offices and clinics. KLAS has ratings on over 250 healthcare technology vendors and over 900 products and services.
- Snapshots of reports are available free. Full reports and memberships may be purchased.

www.klasresearch.com

Resources:

Privacy/Security Training Games



Government website that provides security training using a game format that requires users to respond to privacy and security challenges often faced in a typical small medical practice.

<http://healthit.gov/providers-professionals/privacy-security-training-games>

Resources:

EHR Lessons from the Field



EHR implementation lessons learned compiled from the Regional Extension Centers and their EHR Implementation and Project Management Community of Practice. These lessons capture their collective experience in working with physician practices throughout the country.

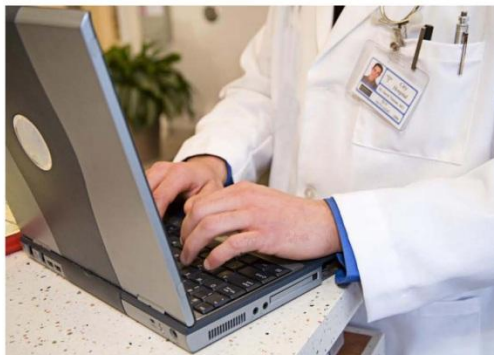
<http://www.healthit.gov/providers-professionals/ehr-implementation-lessons-field>

Navigating CMS Quality Initiatives: Avoiding Penalties



NORTH AMERICAN SPINE SOCIETY

Navigating CMS Quality Initiatives



Navigating CMS Quality Initiatives: Avoiding Penalties

Physician Quality Reporting System (PQRS)

Physician Feedback Program

Value-Based Payment Modifier

CMS QUALITY REPORTING

IN THIS GUIDE

Avoiding Medicare Payment Adjustments

2013 is the first Medicare quality reporting year that involves a penalty.

The Centers for Medicare and Medicaid Services (CMS) implemented several reporting initiatives in an effort to assess the quality of health care. The Physician Quality Reporting System (PQRS), formerly the Physician Quality Reporting Initiative (PQRI), is a reporting program that uses a combination of incentive payments and payment adjustments to promote reporting of quality measures by eligible professionals.

PQRI was first implemented as a voluntary bonus payment reporting program for eligible healthcare professionals in 2007. Under the 2008 Medicare Improvement for Patients and Providers Act (MIPPA), PQRI was established as a permanent program. With the passage of the 2010 Affordable Care Act, CMS enacted several changes to PQRI including the passage of program penalties. In its 2012 Medicare Physician Fee Schedule Final Rule, CMS finalized that 2015 program penalties will be based on 2013 performance. Therefore, those physicians who elect not to participate or are found

unsuccessful during the 2013 program year, will receive a 1.5 percent payment penalty in year 2015 and 2 percent thereafter.

In an effort to begin moving away from traditional fee-for-service payment models and towards pay-for-performance, CMS is aligning PQRS with a value-based payment modifier (VBPM) for physicians. The VBPM will be a budget neutral payment modifier based on quality and cost of care metrics; thus, programs with higher value will get higher payment and programs deemed as having lower value may receive lower payment. Medicare plans to adjust physician payments using quality data from PQRS and cost data from Medicare claims for fee-for-service patients. Physicians in groups of 100 or more eligible professionals will be subject to the value modifier in 2015, based on performance year 2013. It is anticipated that the value modifier will expand to all eligible physicians by year 2017. Future rule-making will provide guidance on future program requirements.

PQRS- The Basics

Page 2

This section will provide the basic steps for determining eligibility and enrolling in the Physician Quality Reporting System (PQRS)

Physician Feedback/Value Based Payment Modifier Program

Page 6

This section will provide background information and guidance on how to enroll and successfully participate.

PQRS Measures Relevant to Spine

Page 8

This section provides a list of individual PQRS measures and measures groups most applicable to spine care providers.

Resources/Links

Page 14



This document is provided for information and education only. It is the provider's responsibility to know and understand the parameters of the reporting programs in which they participate as well as the resulting consequences.