

Get MU'VING: Meeting Stage 1 MU in 2013

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National Indian R.E.C. | CA
A CRIHB, IHS & NIHB Partnership

Presentation Goals

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1. Why should we engage in Meaningful Use
2. CA Tribal/Urban Clinic Progress towards Stage 1 MU
3. Changes to Stage 1 MU effective January 1, 2013
4. National Indian REC-CA services will begin to wind down Sep. 2013. (Closeout by Dec. 2013)



1. Data Collection: INEVITABLE in this changing

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"This is your wake-up call—change or die."



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Regina Holliday
73 Cents

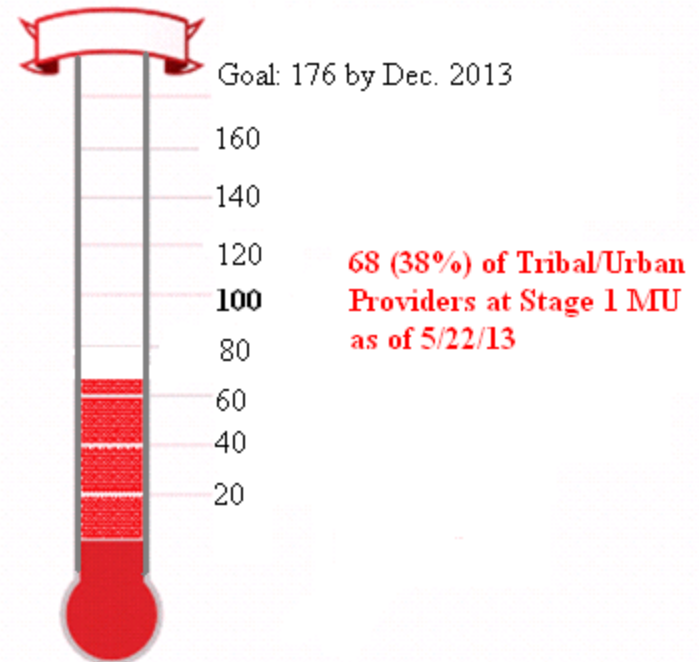
Dark and difficult
times lie ahead. Soon
we must all face the
choice between what
is right and what is
easy.

~ Harry Potter and The Goblet of Fire
by J.K. Rowling

2. First CA Tribal Health Programs Achieve Stage 1 Meaningful Use

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- Congratulations for Achieving Stage 1 Meaningful Use:
 - American Indian Health Services (Santa Barbara)
 - Chapa De Indian Health Program
 - K'ima:w Medical Center
 - MACT Health Board
 - Northern Valley Indian Health
 - Riverside/San Bernardino County Indian Health
 - San Diego American Indian Health Center
 - Sonoma County Indian Health Project
 - Southern Indian Health Council
 - Toiyabe Indian Health Project, Inc.
 - Tuolumne Me-Wuk Indian Health Center



Two-thirds (2/3) of Tribal & Urban providers still need to meet Stage 1 MU by Dec. 2013

Important Components of Stage 1 MU in 2013

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- ❑ E-prescribing in use (no faxing of Rx)
- ❑ Privacy and Security Risk Assessment
- ❑ Meaningful Use Reports: 13 Core Measures, 5 Menu Set Measures, and 6 Clinical Quality Measures



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*** IHS 2011 Stage 1 Meaningful Use Performance Report for EPs ***
Provider Name: USER,SUPER
Report Period: Jan 01, 2010 to Mar 31, 2010

STAGE 1 EP MEANINGFUL USE PERFORMANCE REPORT SUMMARY

Performance Measures	Excl ?	# Den	# Num	Current Period	Preu Period	Stage 1 Target	Attest ?
CORE MEASURES							
1. CPOE (Medication Only)	No	0	0	0.0%	0.0%	>30%	N/A
2. e-Prescribing	No	0	0	0.0%	0.0%	>40%	N/A
3. Demographics	N/A	1	0	0.0%	0.0%	>50%	N/A
4. Problem List	N/A	1	0	0.0%	0.0%	>80%	N/A
5. Medication List	N/A	1	0	0.0%	0.0%	>80%	N/A

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Major Barriers to Achieving Stage 1 MU

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- Many providers not meeting two key measures:
 - ▣ **E-prescribing (>40%)**
 - More than 40 % of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.
 - ▣ **Clinical summaries (>50%)**
 - You may deliver the summary through an electronic health record (EHR) patient portal, secure e-mail, electronic media (such as a CD or USB flash drive), or as a printed copy.(within 3 days of visit)
 - Clinical summary is the one paper document you should continue using, as it is an invaluable communication tool.



3. Changes to Stage 1 MU Effective January 1, 2013

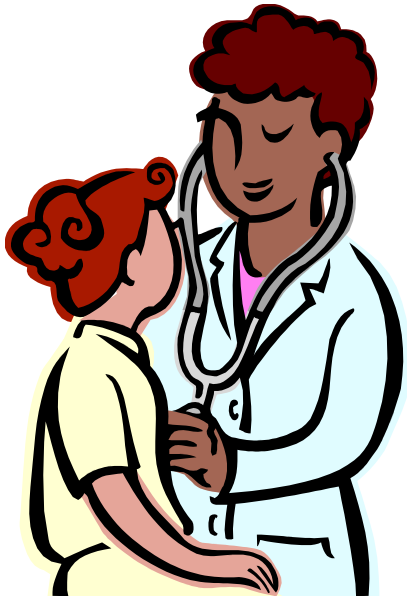
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- **13 EP Core Objectives (instead of 15)**
 - Removed: Electronic exchange of key clinical information (moved to Stage 2)
 - Removed: Ability to report clinical quality measures (already in certified EHR requirements)
- **Computerized Provider Order Entry (CPOE)**
 - Option to choose between # of unique patients with a medication list med entered via CPOE, or
 - total # of medication orders created during the EHR reporting period
- **E-Rx exclusion**
 - for providers who are not within a 10 mile radius of a pharmacy that accepts e-Rx or with less than 100 patients visits
- **Vital signs exclusion**
 - Record and chart changes in vital signs based on relevance to scope of work



Medi-Cal EHR Incentive Program Changes to Definition of PA-led Eligibility

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- “PA-led” for the **entire day** that the PA submitted the attestation into the State Level Registry.
- PA is Clinic Director, or
- Compared to other providers:(check at least one)
 - ▣ PA assigned the most patients
 - ▣ PA with the most patient encounters
 - ▣ PA with the most practice hours



Medi-Cal EHR Incentive Program Attestation Deadline Extended to *May 31, 2013*

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- The deadline for groups and providers to apply for the **2012 program year** (*using MU data up to 12/31/12*) has been extended to **May 31, 2013**.
- Please note: If using Stage 1 MU data from on or after January 1, 2013 on, you will have **until March 31, 2014** to attest to the State.
- <http://medi-cal.ehr.ca.gov>



4. National Indian REC-CA Project Begins closeout September 2013

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- ❑ REC services will begin to wind down September 2013. (Closeout by December 2013)
- ❑ Please take advantage of free technical assistance to help your clinic achieve Stage 1 MU.
- ❑ Unused funds will be returned to ONC



How can we work together to achieve Stage 1 MU in 2013?

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- ☑ Run MU Reports and CQM Reports at least monthly
- ☑ Send us an email with name(s) of new providers and their NPI
- ☑ Take advantage of FREE consultant services available through REC
 - ☑ Schedule a site visit if you have not already
 - ☑ Contact Tim Campbell, MU Consultant tim.campbell@ihs.gov for free resources and assistance
- ☑ Participate in weekly RPMS EHR Office Hours & THNC Monthly Calls
- ☑ Have a TEAM working towards MU, not just IT or the EHR Manager



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CORE MEASURES							
1. CPOE (Medication Only)	No	0	0	0.0%	0.0%	>3%	N/A
2. e-Prescribing	No	0	0	0.0%	0.0%	>4%	N/A
3. Demographics	N/A	1	0	0.0%	0.0%	>5%	N/A
4. Problem List	N/A	1	0	0.0%	0.0%	>8%	N/A
5. Medication List	N/A	1	0	0.0%	0.0%	>8%	N/A

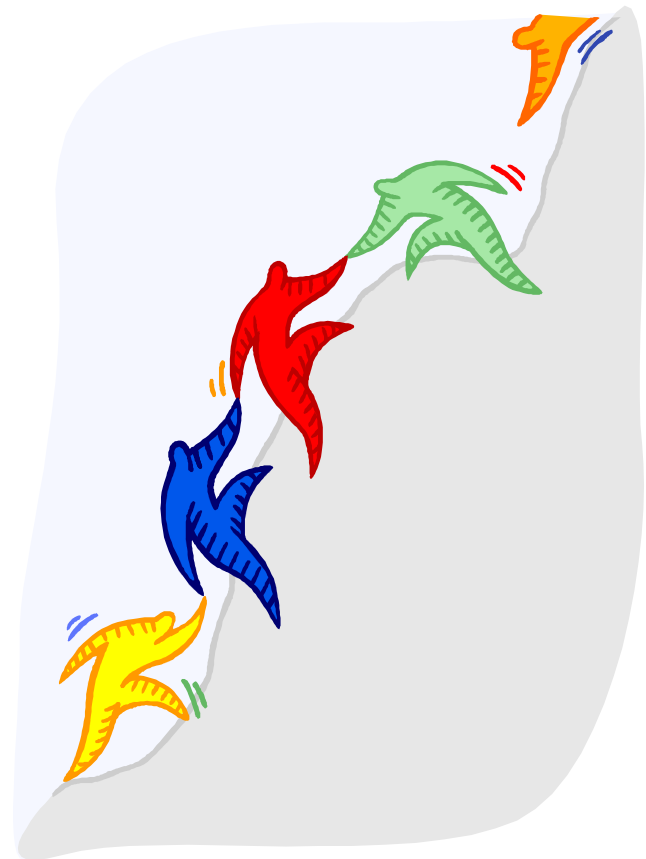
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Free National Indian REC-CA MU Consultants Available Through Sep. 2013

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- Privacy and Security Risk Analysis (InfoGard)
- Lab Consultants
- Pharmacy Optimization
- Practice workflow & redesign
- Clinical Application Coord. Mentors
- Go-Live Assistance
- RPMS EHR
- NextGen and other commercial EHRs

For more information, please contact
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via email tim.campbell@ihs.gov



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