



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **RPMS EHR Onsite Optimization, Configuration & Test**

## **Agenda**

May 29 – June 1 , 2012

Office of Information Technology (OIT)  
Division of Information Resource Management  
Albuquerque, New Mexico  
&

Denver Indian Health & Family

Denver, CO

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# **Resource Patient Management System Electronic Health Record Clinical Application Coordinator & Implementation Team Onsite “RPMS EHR Setup”**

## ***Background***

On February 17, 2009, President Barack H. Obama signed the ARRA into law. ARRA provides incentives to encourage hospitals and office-based physicians to adopt EHRs and other health information technology (HIT) solutions that reduce costs by improving quality, safety, and efficiency. ARRA contains numerous technology and privacy provisions with aggressive timelines for completion. Many of these ARRA milestones relate to the standards and work of the Healthcare Information Technology Standards Panel.

## ***Health Information Technology for Economic and Clinical Health Act***

The Health Information Technology for Economic and Clinical Health Act (HITECH) is a focal point of ARRA and represents an investment of more than \$19 billion towards healthcare information technology (IT)-related initiatives. The \$19 billion dedicated to HITECH is divided into two portions: (a) \$17 billion toward a Medicare/Medicaid incentive reimbursement program for both healthcare organizations and providers who can demonstrate “meaningful use” of an approved EHR; and (b) \$2 billion available to providers located in qualifying rural areas, providers serving underserved urban communities, and providers serving underserved Indian tribes. Meaningful use of an approved EHR is required in order for providers to qualify for, and continue to receive, incentives.

## ***Incentive Payments***

ARRA will provide incentive payments through Medicare and Medicaid reimbursement systems to encourage providers and hospitals to adopt EHRs and HIT. Incentive payments are triggered when a provider or hospital demonstrates that it has become a “meaningful EHR user.” The highest incentive payments will be granted to hospitals that adopt EHR technology in the years 2011, 2012, or 2013. Reduced incentive payments are granted to hospitals that adopt EHR technology in the years 2014 or 2015, while no incentive payments are granted to hospitals that adopt EHR technology after 2015. Providers and hospitals that fail to meet this time limit will be subject to penalties in the form of reduced Medicare reimbursement payments beginning in 2017.

## ***Meaningful Use***

Meaningful use is a term used by the Centers for Medicare and Medicaid Services (CMS) to ensure that providers and hospitals that have adopted certified EHR are using the technology to further the goals of information exchange among health care professionals. EPs (eligible providers) and EHs (eligible hospitals) will achieve meaningful use if they: (a) demonstrate use of certified EHR technology in a meaningful manner, (b) demonstrate the certified EHR technology provides for electronic exchange of health information to improve quality of care, and (c) use certified EHR technology to submit information on clinical quality and other measures.

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Achieving meaningful use will be accomplished in three stages. Stage 1 will begin in 2011, Stage 2 will begin in 2013, and Stage 3 will begin in 2015. The criteria for achieving meaningful use will increase with each stage and will build upon the prior stage. Medicare and/or Medicaid incentives are available to providers and hospitals who become meaningful users of certified EHR technology, with the maximum incentives being given to EPs and hospitals that become meaningful users in Stage 1. Hospitals may be eligible for both Medicare and Medicaid incentives but EPs must choose between the two incentive programs.

# Tentative Schedule, Goals, and Objectives

## EHR Outpatient Setup Tentative Schedule

Day 1	Day2	Day 3	Day 4
<p><b>9:00 AM - 11:00 AM</b>                      Introductions and EHR Team                      Presentations of Site Tracking                      Record Progress                      Meaningful Use Overview</p> <p><b>11:00 AM - 12:00 PM</b>                      Begin Walk-Through</p> <ul style="list-style-type: none"> <li>• Demo Patient Check-In</li> </ul>	<p><b>9:00 AM - 12:00 PM</b>                      Basic EHR Setup</p> <ul style="list-style-type: none"> <li>• Meaningful Use Assessment</li> <li>• Accreditation Assessment</li> <li>• Pharmacy Assessment</li> <li>• TIU User Classes</li> <li>• Security Keys OE/RR</li> <li>• Note Titles</li> <li>• Business Rules</li> <li>• TIU Parameters</li> </ul>	<p><b>9:00 AM - 12:00 PM</b>                      Continue EHR Setup</p> <ul style="list-style-type: none"> <li>• Meaningful Use Assessment (cont)</li> <li>• Accreditation Assessment (cont)</li> <li>• Pharmacy Assessment (cont)</li> <li>• Review Templates</li> <li>• Review Picklists and Superbills</li> <li>• Vuecentric Template</li> <li>• Health Summaries and Reports</li> <li>• Conclude Residual Setup Tasks</li> </ul>	<p><b>9:00 AM - 12:00 PM</b>                      Continue EHR Setup</p> <ul style="list-style-type: none"> <li>• Complete unfinished tasks</li> </ul>
<b>12:00 PM - 1:00 PM LUNCH</b>	<b>12:00 PM - 1:00 PM LUNCH</b>	<b>12:00 PM - 1:00 PM LUNCH</b>	<b>12:00 PM - 1:00 PM LUNCH</b>

## Tentative Schedule, Goals, and Objectives

<p><b>1:00 PM - 5:00 PM</b> Continue Walk-Through</p> <ul style="list-style-type: none"> <li>• Demo Patient Screening</li> <li>• Medical Visit</li> <li>• Laboratory Services</li> <li>• Radiology Services</li> <li>• Pharmacy Services</li> <li>• Identify Ancillary Services - PT, Diabetes, Specialty Clinics, CHS</li> <li>• Medical Records &amp; Data Entry</li> <li>• Third Party Billing - Patient Business</li> <li>• Evaluate Off-Site Services</li> </ul>	<p><b>1:00 PM - 5:00 PM</b></p> <ul style="list-style-type: none"> <li>• Meaningful Use Assessment (cont)</li> <li>• Accreditation Assessment (cont)</li> <li>• Pharmacy Assessment (cont)</li> <li>• Review PCC Master Index Control, all package links activated</li> <li>• Notifications Configuration</li> <li>• Order Check Configuration</li> <li>• Remaining Master EHR Parameter Configuration</li> <li>• Identify In-house Consult Services, teams, and network printer names</li> </ul>	<p><b>1:00 PM - 5:00 PM</b></p> <ul style="list-style-type: none"> <li>• Meaningful Use Assessment (cont)</li> <li>• Accreditation Assessment (cont)</li> <li>• Pharmacy Assessment (cont)</li> <li>• Meaningful Use Assessment - Recommendations</li> <li>• Accreditation Assessment - Recommendations</li> <li>• Pharmacy Assessment - Recommendations</li> <li>• Review Walk-Through Recommendations</li> <li>• EHR Team and Consultants Develop EHR Implementation Plan and Closeout</li> <li>• Review After Action Plan for EHR and Meaningful Use</li> </ul>	<p><b>1:00 PM - 5:00 PM</b></p> <ul style="list-style-type: none"> <li>• EHR Close Out &amp; Recommendations</li> </ul>
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# Tentative Schedule, Goals, and Objectives

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## *Meaningful Use Standards and Measures*

In order to achieve Meaningful Use, an EP must report on 15 core performance measures and 5 out of 10 menu set performance measures simultaneously. One of the EP’s chosen menu set measures must be a designated Public Health Objective. Eligible hospitals must report on 14 core performance measures and 5 out of 10 menu set performance measures simultaneously. One of the selected menu set performance measures must be a designated Public Health Objective.

For demonstrating Meaningful Use through the Medicare EHR Incentive Program, the reporting period for the first year is any continuous 90-day period. In subsequent years, the EHR reporting period is the entire year. Under the Medicaid program, performance measures and incentive payments may be awarded for merely adopting, implementing or upgrading certified EHR technology. Consequently, there is no Medicaid reporting period for year one – all subsequent reporting periods are a full year.

As required to achieve MU, eligible hospitals and EPs must report their performance on two types of measures:

- Performance Measures
- Clinical Quality Measures

The performance measures aim to improve quality, safety, efficiency and reduce health disparities. There are two types of performance measures: 1) Rate measures are numerically calculated with numerator and denominator data, 2) Attestation measures must be answered with a yes or no question.

Table 1: Summary Overview of Meaningful Use Core Set Measures

<b>Short Name</b>	<b>Objective:</b>	<b>Measure:</b>
Demographics	Record demographics: preferred language, gender, race and ethnicity, date of birth, and date of death and preliminary cause of death in the event of mortality in the eligible hospital or CAH.	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) have demographics recorded as structured data. ( <i>EPs, EHs &amp; CAHs</i> )

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Short Name	Objective:	Measure:
Vital signs	Record and chart changes in the following vital signs: Height, weight and blood pressure and calculate and display body mass index (BMI) for ages 2 and over, plot and display growth charts for children 2-20 years, including BMI.	For more than 50% of all unique patients age 2 and over seen by the EP or admitted to eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23), height, weight, and blood pressure are recorded as structured data. <i>(EPs, EHs &amp; CAHs)</i>
Problem List	Maintain up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data. <i>(EPs, EHs &amp; CAHs)</i>
Medication List	Maintain active medication list.	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data. <i>(EPs, EHs &amp; CAHs)</i>
Medication Allergy List	Maintain active medication allergy list.	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data. <i>(EPs, EHs &amp; CAHs)</i>
Smoking Status	Record smoking status for patients age 13 or older.	More than 50% of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) have smoking status recorded as structured data. <i>(EPs, EHs &amp; CAHs)</i>
Clinical Summaries	Provide clinical summaries for patients for each office visit.	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days. <i>(EPs Only)</i>
Electronic Copy of Health Information	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures) upon request.	More than 50% of all patients seen by the EP or of the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days. <i>(EPs, EHs &amp; CAHs)</i>
ePrescribing	Generate and transmit permissible prescriptions electronically.	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology. <i>(EPs Only)</i>

## Tentative Schedule, Goals, and Objectives

Short Name	Objective:	Measure:
CPOE Medication	Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period have at least one medication order entered using CPOE.  NOTE: In Stage 2, the measure target increases to 60%. ( <i>EPs, EHs &amp; CAHs</i> )
Drug-Drug & Drug-Allergy Checks	Implement drug-drug and drug-allergy interaction checks.	Functionality is enabled for these checks for the entire reporting period. ( <i>EPs, EHs &amp; CAHs</i> )
Clinical Decision Support	For EPs, implement one clinical decision support rule relevant to specialty or high clinical priority. For eligible hospital or CAH implement one related to a high priority hospital condition along with the ability to track compliance with that rule.	Implement one clinical decision support rule. ( <i>EPs, EHs &amp; CAHs</i> )
Privacy/Security	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) of the certified EHR technology, and implement security updates and correct identified security deficiencies as part of its risk management process. ( <i>EPs, EHs &amp; CAHs</i> )
CQM	Report ambulatory and hospital clinical quality measures to CMS or, in the case of Medicaid, to the States.	Successfully report to CMS (or, in the case of Medicaid, to the States) ambulatory and hospital clinical quality measures selected by CMS in the manner specified by . ( <i>EPs, EHs &amp; CAHs</i> )
Exchange of Key Clinical Information	Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient's authorized entities electronically.	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information. ( <i>EPs, EHs &amp; CAHs</i> )

# Tentative Schedule, Goals, and Objectives

Table 2: Summary Overview of Menu Set Meaningful Use Measures

Short Name	Objective:	Measure:
Drug-Formulary Checks	Implement drug formulary checks.	The EP, eligible hospital/CAH has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period. <i>(EPs, EHs &amp; CAHs)</i>
Lab Results into EHR	Incorporate clinical laboratory test results in EHRs as structured data.	More than 40% of all clinical lab test results ordered by an EP or authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency departments (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data. <i>(EPs, EHs &amp; CAHs)</i>
Patient List	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.	Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition. <i>(EPs, EHs &amp; CAHs)</i>
Patient-Specific Education	Use EHR technology to identify patient-specific education resources and provide those to the patient as appropriate.	More than 10% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) are provided patient-specific education resources. <i>(EPs, EHs &amp; CAHs)</i>
Medication Reconciliation	The EP, EH or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23). <i>EPs, EHs &amp; CAHs)</i>
Summary of Care	The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The EP, EH or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals. <i>(EPs, EHs &amp; CAHs)</i>

## Tentative Schedule, Goals, and Objectives

Short Name	Objective:	Measure:
*Immunization Registries	Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice.	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 (unless none of the immunization registries to which the EP, EH or CAH submits such information have the capacity to receive the information electronically.) ( <i>EPs, EHs &amp; CAHs</i> )
Patient Reminders	Send reminders to patients per patient preference for preventive/follow-up care.	More than 20% of all unique patients 65 years old or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period. ( <i>EPs Only</i> )
Timely Electronic Access to Health Information	Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four (4) business days of the information being available to the EP.	At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four (4) business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information. ( <i>EPs Only</i> )
*Submit Lab Results to Public Health Agencies	Capability to submit electronic data on reportable (as required by state or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically.) ( <i>Hospitals Only</i> )
*Syndromic Surveillance	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Perform at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which EP, EH or CAH submits such information have the capacity to receive the information electronically.) ( <i>EPs, EHs &amp; CAHs</i> )
* All EPs, EHs and CAHs must choose at least one of these populations and public health measures to demonstrate as part of the menu sets.		