RESOURCE AND PATIENT MANAGEMENT SYSTEM

EHR, Meaningful Use & NIHB REC MU Stage 1 & Milestone 3 Strategic Planning Web Conference

Announcement and Agenda

November 28, 2012

Office of Information Technology (OIT)
Albuquerque, New Mexico
&
National Indian Health Board Regional Extension Center (NIHB REC)
United South and Eastern Tribes (USET)
Alaska Native Tribal Health Care Consortium (ANTHC)
California Rural Indian Health Board (CRIHB)
Northwest Portland Area Indian Health Board (NPAIHB)

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1.0 General Information

1.1 Background

In April 2010, the National Indian Health Board (NIHB) received approval for a cooperative agreement award from the Office of the National Coordinator for Health IT (ONC) to establish the NIHB American Indian/Alaska Native National REC (NIHB AI/AN National REC). The terms of this award include a four year scope of work and only two years of funding. NIHB will need the teamwork assistance of the Indian Health Service (IHS), Tribes and Tribal Organizations, and urban Indian organizations to make this project a success.

The NIHB AI/AN National REC must work with Providers in IHS, Tribal and Urban Indian (I/T/U) health facilities to gain access to $14.1 million in REC direct support funds. The $14.1 million must be earned by meeting three ONC-mandated milestones:

- **Milestone 1 -** Secure signed agreements from up to 3,000 providers in the Indian Health System to work with the AI/AN National REC = $4.7 million.
- **Milestone 2 -** Verify implementation of certified EHR software among those 3,000 providers = $4.7 million.
- **Milestone 3 -** Verify the meaningful use of certified EHRs among those 3,000 providers = $4.7 million.

The direct support funds earned by the NIHB AI/AN National REC will be used to support EHR adoption and Meaningful Use support activities in I/T/U facilities. The NIHB AI/AN National REC support activities will be provided mostly by Area sub-recipient awardees that have capacity and experience.

1.2 Intended Participants

- OIT Meaningful Use Team
- OIT EHR Deployment Team
- OIT USET EHR Clinical Consultants
- Area Meaningful Use Coordinators
- Area Meaningful Use Consultants
- Area Clinical Application Coordinators
- National Indian Health Board Regional Extension Center (NIHB REC)

- United South & Eastern Tribe Regional Extension Center (USET REC)
- California Rural Indian Health Board Regional Extension Center (CRIHB REC)
- Alaska Native Tribal Health Care Consortium Regional Extension Center (ANTHC REC)
- Northwest Portland Area Indian Health Board Regional Extension Center (NWPAIHB REC)

1.3 References

1.3.1 At the NIHB http://www.nihb.org/rec/rec.php Website

- Course Agenda (this document)

1.3.2 At the USET http://www.usetinc.net/ehr/default.aspx Website

2.0 Meeting Objectives

The purpose of this strategic planning meeting is to develop strategies for demonstrating Meaningful Use Stage 1 to meet the Meaningful Use Milestone 3 Acceleration Plan.

Key Ingredients for successful MU Stage-1 Milestone 3 Acceleration

A. Identify 1st Wave of MU Achievers (Lowest Hanging Fruit):
1. Identify PPCPs that have achieved M2 - EHR Go-Live (REC will provide this information)
2. Run PCC Management and CRS CQM reports for all PPCPs that have meet EHR Go-Live
3. Produce MU Gap Analysis – **HIGH PRIORITY**
4. Identify "1st wave" of PPCPs that meet all Stage 1 MU requirements

B. Identify 2nd Wave of MU Achievers:
1. Identify PPCPs that are only missing 2-5 MU measures and are close (50%) of target goal)
2. Provide focused MU end-user training to these PPCPs (need Area CAC and facility participation)
3. Re-run PCC Management and CRS CQM reports for these providers
4. Perform MU Gap Analysis
5. Identify "2nd wave" of MU Stage 1 achievers

C. Identify 3rd Wave of MU Achievers:
1. Identify remaining PPCPs that are only missing 2-5 MU measures and are close (50%) of target goal)
2. Provide focused MU end-user training (need Area CAC and facility participation)
3. Re-run PCC Management and CRS CQM reports for these providers
4. Perform MU Gap Analysis
5. Identify "3rd wave" of MU Stage 1 achievers

Provider End User Training Ideas - (MU targeted training to be coordinated through Area ACAC, MU Consultant/Coordinator and Facility CAC)

- Conduct targeted “MU Office Hours” on specific MU measures (audience: PPCPs and facility CACs)
- Utilize "1-on-1" or "Cohort" training concept for facilities with similar MU training needs. to provide training and/or technical assistance?
- Develop additional MU videos, tool-kits, etc.
- Do we incorporate MU “Training-the-Trainer” strategies?
- Do we deploy specific types of RPMS-EHR Clinical Consultants to provide training and/or technical assistance?

Q/A's: At what intervals does one "re-run" MU reports on PPCPs, who have yet to meet all MU Stage 1 measures? **Answer**: 2-3 month intervals depending on how close a provider is to

achieving MU for all measures. If a provider is within 5% of meeting a measure or multiple measures...then suggest a 2 month interval following some training intervention, etc.

3.0 Detailed Agenda

NIHB-REC & IHS MU Team Strategic Planning Meeting

(Web Conference – Mountain Time)

Date: Wednesday, November 28, 2012

Time	Topic	Presenter/Facilitator
9:00 - 9:30 am	Welcome and Introductions Overview of ThinkTank	David Taylor, Mollie Ayala & Catherine Whaley
9:30 -10:00 am	NIHB-REC Statement of Work for MU Stage 1 Acceleration (Milestone 3)	Jason Heinecke & Tom Kauley
10:00 - 10:45 am	An Example of REC Technical Support - Billings Area	Carol Smith & Karen Pinto
11:00 - 12:00 pm	USET MU Stage 1 Acceleration Plan (M3)	Vicki French & Byron Jasper
12:00 - 1:00 pm	Lunch	
1:00 - 4:00 pm	MU Stage 1 Acceleration Plan Strategy - Group Discussion – Think Tank	Katie Johnson & Area CAC (TBA) & David Taylor
4:00 - 5:00 pm	A Win-Win MU Stage 1 Acceleration Plan for Indian country	Byron Jasper & David Taylor