RESOURCE AND PATIENT MANAGEMENT SYSTEM

RPMS Pharmacy 5/7
E-Prescribing Drug File Training
5 Week
Live WebEx Course

Session 2: Week 2
May 15th, 2012

IHS Office of Information Technology (OIT)
Albuquerque, New Mexico

Resource Patient Management System Electronic Health Record (RPMS-EHR)
"E-Prescribing Drug File Training – Live WebEx Course"
Training Announcement & Agenda

Background

On February 17, 2009, President Barack H. Obama signed into law the American Recovery and Reinvestment Act of 2009 (ARRA). 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 are related 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 Indian tribes. Meaningful use of an approved EHR will be 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. Hospitals that demonstrate meaningful use of certified EHRs and other HIT may be eligible for between $2 million and $8 million. 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 (MU) is a term used by 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.

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.

For the 2011 Medicare incentives, EPs must report on three core measures and a set of specialty measures which vary depending on the EP's specialty. Eligible hospitals must report on a set of 35 measures that includes emergency department, stroke, and VTE, among other measures. Reporting of clinical quality measures in 2011 will be accomplished by attestation. Beginning in 2012 for both Medicare and Medicaid incentives, EPs and hospitals must submit information electronically on both the health IT functionality and clinical quality measures.

Meaningful Use Standards and Measures

As required to achieve MU, eligible hospitals (EH) and eligible providers (EP) must report their performance on two types of measures: (a) functional and interoperability measures and (b) clinical quality measures.

The functional and interoperability measures aim to improve quality, safety, efficiency and reduce health disparities. Reporting periods for measures include (a) a continuous 90 day period for the first year and (b) the entire year for all other years. There are 25 measures for EPs: eight measures require a "Yes" or "No" answer while 17 measures require both a numerator and denominator. Eligible Hospitals require 23 measures: ten measures requiring a "Yes" or "No" answer and 13 requiring a numerator and denominator.

Table 1: Summary Overview of Meaningful Use Core Set Objectives

Core Set	Objectives to be achieved by all Eligible Professionals, Hospital, and Critical Access Hospitals in order to qualify for incentive payments
Record patient demographics (sex, race, ethnicity, date of birth, preferred language, and in case of hospitals, date and preliminary cause of death in the event of mortality).	More than 50% of patient's demographic data recorded as structured data.
Record Vital Signs and chart changes (height, weight, blood pressure, body mass index, growth charts for children).	More than 50% of patients 2 years of age or older have height, weight, and blood pressure recorded as structured data.
Maintain up-to-date problem list of current and active diagnoses.	More than 80% of patients have at least one entry recorded as structured data.
Maintain active medication list.	More than 80% of patients have at least one entry recorded as structured data.
Maintain active medication allergy list.	More than 80% of patients have at least one entry recorded as structured data.
Record smoking status for patients age 13 or older.	More than 50% of patients age 13 or older have smoking status recorded as structured data.
For individual professionals, provide patients with clinical summaries of each office visit; for hospitals, provide an electronic copy of hospital discharge instructions upon request.	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days. More than 50% of all patients who are discharged from the inpatient department or emergency department of an eligible hospital or critical access hospital and who request an electronic copy of their discharge instructions are provided it.

Core Set	Objectives to be achieved by all Eligible Professionals, Hospital, and Critical Access Hospitals in order to qualify for incentive payments
Upon request, provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, and for hospitals, discharge summary and procedures).	More than 50% of requesting patients receive electronic copy within 3 business days.
Generate and transmit permissible prescriptions electronically (does not apply to hospitals).	More than 40% are transmitted electronically using certified EHR technology.
Computer provider order entry (CPOE) for medication orders.	More than 30% of patients with at least one medication in their medication list have at least one medication ordered through CPOE.
Implement drug-drug and drug-allergy interaction checks.	Functionality is enabled for these checks for the entire reporting period.
Implement one clinical decision support rule and the ability to track compliance with that rule.	One clinical decision support rule implemented.
Implement systems to protect privacy and security of patient data in the EHR.	Conduct or review security risk analysis, implement security updates as necessary, and correct identified security deficiencies.
Report clinical quality measures to CMS or states.	For 2011, provide aggregate numerator and denominator through attestation. For 2012, electronically submit measures.

Table 2: Summary Overview of Menu Set Meaningful Use Objectives

Menu Set	Additional objectives: eligible professionals, hospitals, and critical access hospitals may choose to defer any five from the menu set.
Implement drug formulary checks.	Drug formulary check system is implemented and has access to at least one internal or external drug formulary for the entire reporting period.
Incorporate clinical laboratory test results in EHRs as structured data.	More than 40% of clinical laboratory test results whose results are in positive/negative or numerical format are incorporated into EHRs as structured data.
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.	Generate at least one listing of patients with a specific condition.
Use EHR technology to identify patient-specific education resources and provide those to the patient as appropriate.	More than 10% of patients are provided patient specific education resources.
Perform medication reconciliation between care settings.	Medication reconciliation is performed for more than 50% of transitions of care.
Provide summary of care record for patients referred or transitioned to another provider or setting.	Summary of care record is provided for more than 50% of patient transitions or referrals.

Menu Set	**Additional objectives: eligible professionals, hospitals, and critical access hospitals may choose to defer any five from the menu set.**
Submit electronic immunization data to immunization registry or immunization information systems.	Perform at least one test of data submission and follow-up submission (where registries can accept electronic submissions).
Submit electronic data on reportable laboratory results to public health agencies.	Perform at least one test of data submission and follow-up submission (where public health agencies can accept electronic data).
Additional Menu Set for Eligible Professionals	
Send reminders to patients (per patient preference) for preventive and follow-up care.	More than 20% of patients age 65 or older or age 5 or younger are sent appropriate reminders.
Provide patients with timely electronic access to their health information (including laboratory results, problem list, medication lists, and medication allergies).	More than 10% of patients are provided electronic access to information within 4 days of its being updated in the EHR.

Resource Patient Management System Electronic Health Record (RPMS-EHR)
"E-Prescribing Drug File Training – Live WebEx Course"
Training Announcement & Agenda

Course Description and Objectives

Pharmacy informatics is the scientific field that focuses on medication-related data and knowledge within the continuum of healthcare systems - including its acquisition, storage, analysis, use and dissemination - in the delivery of optimal medication-related patient care and health outcomes *(HIMSS October 2006).* The pharmacy informaticist focuses on application of technology and pharmaceutical care in (a) supporting, (b) streamlining, (c) improving interactions between people and their workflow, and (d) increasing patient safety with best practices and reliable systems.

This five-week course will prepare pharmacy informaticist and sites for the implementation of Resource Patient Management System Electronic Health Record (RPMS EHR) E-Prescribing functionality within the Outpatient Setting through optimization of the Version 5/7 Pharmacy Package. At the end of this intensive training, participants should be able to:

- Provide an overview of RPMS Version 5/7 Outpatient Pharmacy Package
- Utilize Pharmacy Data Management (PDM) to maintain:
  - drug files
  - drug names
  - routes
  - schedules
  - dosages
  - patient instructions
  - orderable items
  - synonyms
  - NDF matching
  - Nouns
  - Verbs
  - application packages
- Generate RPMS Outpatient Pharmacy management reports
- Identify necessary and most recent pharmacy application patches needed for optimization
- Delineate "best practices" for integrating technology and pharmaceutical care improving interactions between technology, people, and workflow, and increasing patient safety.
- Configure CPRS and OE/RR to include (a) standard nomenclature, (b) quick orders, (c) order sets, and (d) order menus
- Obtain troubleshooting skills
- Review the intent of American Recovery and Reinvestment Act of 2009 and use of high technology in the Outpatient Pharmacy Package.

Prerequisite

Indian Health Care System Pharmacy Informaticist directly involved with the implementation and maintenance of the RPMS Inpatient Pharmacy Suite of Applications and RPMS EHR within the outpatient setting. Clinical Application Coordinators and other multidisciplinary Informaticist will be permitted to participate on a space available basis.

As this is both a training and deployment activity, participants are expected to connect to their site's RPMS database throughout the course and configure the Outpatient Pharmacy Drug File. Please maintain communication with your Site Manager throughout the course. He or she may need to assign you the necessary keys for your RPMS system as we go through the hands on exercises and configuration. Please alert your providers and pharmacy staff (if applicable) that change will be occurring in the pharmacy file. These changes can cause temporary inactivation of medication orders from the EHR side. If a change occurs please inform them to contact you regarding any issues that may have occurred. These changes can quickly be resolved once the drug file manager has been alerted.

Facilitators and Instructors

Office of Information Technology (OIT)

- Lori Moore, PharmD, ARRA EHR Pharmacy Consultant, IHS Office of Information Technology.
- Carla Stearle, PharmD, IHS OIT ARRA EHR Pharmacy Consultant
- Mary Ann Niesen, PharmD, ARRA OIT Pharmacy Consultant
- Mike Allen, MIS, RPh, ARRA EHR Pharmacy Consultant, IHS Office of Information Technology

Resource Patient Management System Electronic Health Record (RPMS-EHR)
"E-Prescribing Drug File Training – Live WebEx Course"
Training Announcement & Agenda

Detailed Agenda

ALL TIMES ARE MOUNTAIN TIME!

Week 2 – Tuesday 5/15/12 **Instructor:** **Carla Stearle, PharmD, IHS OIT EHR Pharmacy Consultant** **Lori Moore, PharmD, IHS OIT EHR Pharmacy Consultant**	
12:00	Welcome and Introductions: At the end of this session participants should be able to: • Navigate WebEx sessions
12:10	Open Discussion: At the end of this session participants should have an understanding of the E-Prescribing needs regarding: • Standard Drug File Names • Standard DEA Special Holding Field requirements
1:00	Overview of Pharmacy Drug File Reports: At the end of this session participants should be able to: • Generate VA Fileman reports to review o Order Unit o Dispense Unit o Dispense Unit/Order Unit o NCPDP o NDC o National Drug File (NDF) Matching
2:00	**Adjourn**

APPENDIX A

EHR v1.1 Patch 9 Dependencies

EHR v1.1 patch 6

- APSP patch 1008

EHR v1.1 patch 7

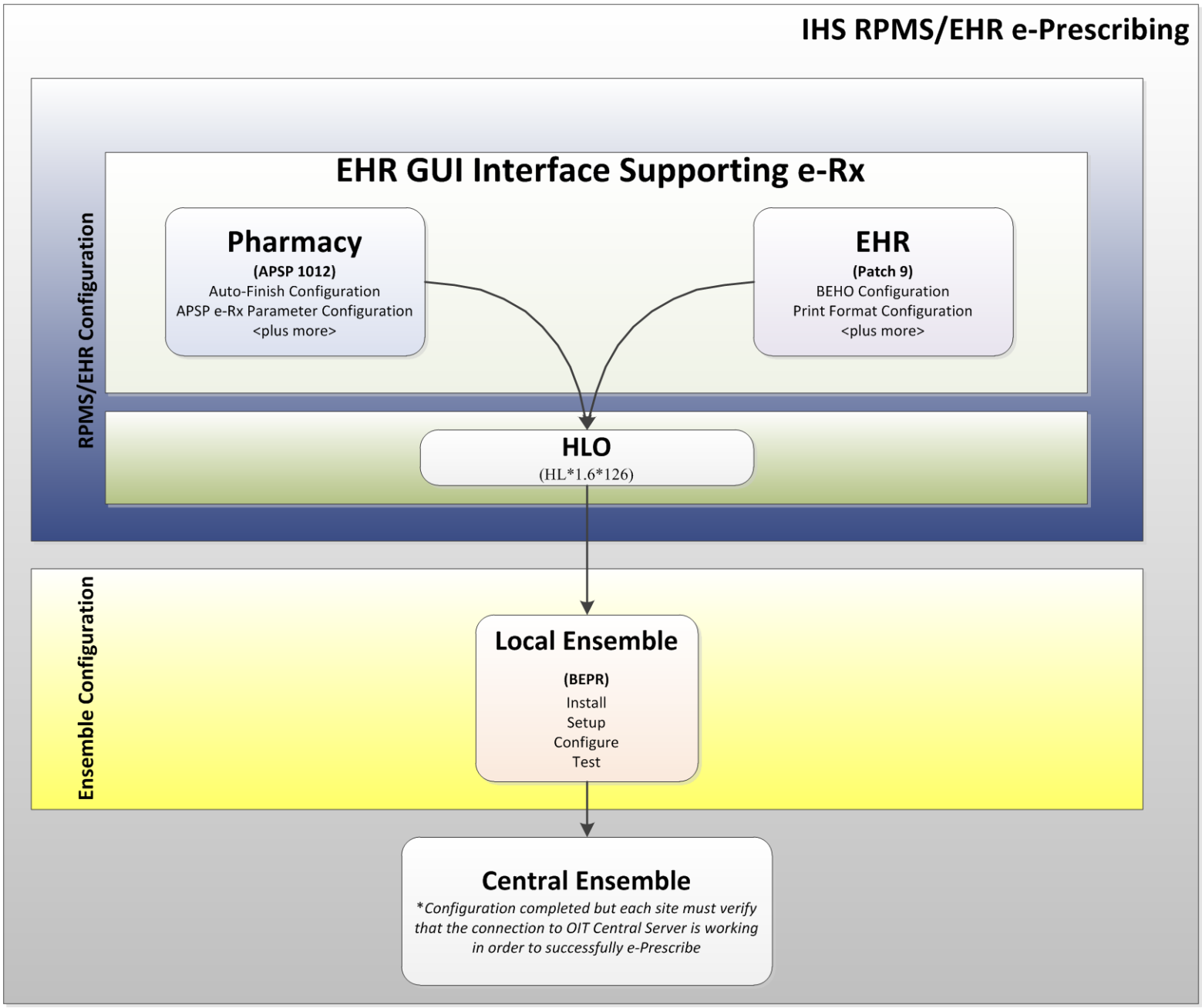
- APSP patch 1009
- USR Patch 1002 and 1003
- TIU patch 1007

EHR v1.1 patch 8

- TIU patch 1008
- APSP 1010
- Cimmaron – Lab patch 1027
- Vangent Registration patches 7 and 8
- Cimmaron – BJPC patch 5
- Cimmaron – BJPC patch 6
- Vangent – C32 patch
- Vangent eRX build
- GMRA*4.0*1001
- GMRA*4.0*1002
- GTMS patch 1004
- Cimmaron – APCH patch

EHR v.1.1 patch 9

- APSP 1011/1012
- BHS v1.0 p6


IHS RPMS/EHR e-Prescribing
RPMS/EHR Configuration
EHR GUI Interface Supporting e-Rx
Pharmacy
(APSP 1012)
Auto-Finish Configuration
APSP e-Rx Parameter Configuration
<plus more>
EHR
(Patch 9)
BEHO Configuration
Print Format Configuration
<plus more>
HLO
(HL*1.6*126)
Ensemble Configuration
Local Ensemble
(BEPR)
Install
Setup
Configure
Test
Central Ensemble
*Configuration completed but each site must verify that the connection to OIT Central Server is working in order to successfully e-Prescribe