



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **RPMS EHR End User Training and Go Live**

Trenton Community Clinic

March 4 -8, 2013

Office of Information Technology  
Albuquerque, New Mexico

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## 1.0 General Information

### 1.1 1.1 Prerequisites

This activity will be oriented towards Clinical Application Coordinators, Pharmacy Informaticist, Laboratory Informaticist, HIM Professionals, Site Managers, EHR Implementation Team Leaders and other EHR Team Members involved with the set-up and implementation of EHR. This advanced activity assumes that participants are Intermediate to Advanced RPMS Users and have experience with RPMS Packages to include:

- Patient Registration
- Scheduling
- Pharmacy
- Laboratory
- Radiology
- Patient Tracking
- Diabetes Management System
- Immunization
- Women's Health
- Clinical Reporting System
- Q-Man
- PCC Management Reports
- TIU

## 2.0 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 healthcare organizations and office-based physicians to adopt electronic health records (EHRs) and other health information technology (HIT) solutions that reduce costs by improving quality, safety and efficiency. The American Recovery and Reinvestment Act contain numerous technology and privacy provisions with aggressive timelines for completion. Many of these ARRA milestones are related to standards and the work of the Healthcare Information Technology Standards Panel.

### 2.1 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 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, benefits from HITECH.

### 2.2 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 could be eligible for between \$2 million to \$8 million. Incentive payments are triggered when an eligible provider (EP) or eligible hospital (EH) demonstrates that it has become a meaningful EHR user. The highest incentive payments will be granted to EPs and EHs that adopt EHR technology in years 2011, 2012 or 2013. Reduced incentive payments are granted to EPs and EHs that adopt EHR technology in years 2014 or 2015, while no incentive payments are granted to EPs and EHs 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.

## 2.3 Meaningful Use

Meaningful Use 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 and EHs 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 began 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. 2011 reporting of clinical quality measures 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.

## 3.0 Learning Objectives

The first health outcomes policy priority specified by the HIT Policy Committee is improving quality, safety, efficiency and reducing health disparities. The HIT Policy Committee has identified objectives and measures for providers to address this priority:

- Provide access to comprehensive patient health data for patient's healthcare team.
- Use evidence-based order sets and computerized provider order entry (CPOE).
- Apply clinical decision support at the point of care.
- Generate lists of patients who need care and use them to reach out to those Patients
- Report information for quality improvement and public reporting.
- Use CPOE – 10%
- Implement drug-drug, drug-allergy, drug-formulary checks.
- Maintain an up-to-date problem list of current and active diagnoses based on ICD-9 CM or SNOMED CT® - 80% of all patients have at least one problem recorded
- Generate and transmit permissible prescriptions electronically (eRx) – 75% of all prescriptions
- Maintain active medication list – 80% of all patients
- Maintain active medication allergy list – 80% of all patients have allergy or no allergy recorded.
- Record the following demographics: preferred language, insurance type, gender, race, and ethnicity, and date of birth. – 80% of all patients
- 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 – 80% of all patients.
- Record smoking status for patients 13 years old or older – 80% of all patients.
- Incorporate clinical lab-test results into EHR as structured data – 50% of all clinical lab results ordered by provider.
- Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, and outreach – Generate at least one list
- Report hospital quality measures to CMS.
- Send reminders to patients per patient preference for preventive/follow-up care to at least 50% of patients with unique conditions.
- Implement five clinical decision support tools.

- Check insurance eligibility electronically from public and private payers – 80% of all patients.
- Submit claims electronically to public and private payers – 80% of all patients.

## **4.0 RPMS EHR Consultants**

### **4.1 Indian Health Service Office of Information Technology (OIT)**

- Deborah Burkybile RN, OIT EHR Training and Deployment Manager
- Mollie Ayala, MHI, OIT USET EHR Coordinator
- Catherine Whaley, PMP, EHR Project Manager
- Janna Morris, OIT USET Lab Consult
- David R. Taylor MHS, RPh, PA-C, RN -EHR Training and Deployment Manager
- Wil Darwin, PharmD, CDE – Albuquerque Area Pharmacist/Clinical Application Coordinator

### **4.2 Aberdeen Area (ABR):**

- Leslye Rauth, CAC, Aberdeen Area Clinical Application Coordinator
- Jon Schuchardt, PharmD, Aberdeen Area Pharmacy Consultant
- Dr. Cuny, MD, Aberdeen Area Chief Medical Officer
- Mary Lynn Eagle Staff, RN, Aberdeen Area Chief Nursing Officer
- Ron Redwing, Aberdeen Area Tier 2 Support
- Martin Hall, Aberdeen Area Tier 2 Support
- Scott Anderson, Aberdeen Area Meaningful Use Consultant

### **4.3 United South and Eastern Tribes (USET) REC:**

- Kelly Samuelson, CAC Mentor, USET Contractor

## 5.0 Detailed Agenda

**All times are Central Time!  
All Training will be in the Trenton Clinic Conference Room!**

### 5.1 Monday, March 4

Time	Topic
8:30	<p><b>Nursing Training:</b>  <b>Audience:</b> Lilia, Greg, Kristen, Jen, Kayla  <b>Presenter:</b> Deborah Burkybile, MSN, RN, CPC                      Documentation of chief complaint:</p> <ul style="list-style-type: none"> <li>• Vital Signs</li> <li>• Tobacco</li> <li>• Alcohol</li> <li>• Domestic Violence</li> <li>• Depression Screening</li> <li>• Reproductive Factors</li> </ul>
10:00	<b>Break</b>
10:15	<ul style="list-style-type: none"> <li>• Reminder GPRA Dialog</li> <li>• Clinical Reminders</li> <li>• Medication Reconciliation (Medication Management)</li> <li>• Outside Medications</li> <li>• Adverse Reactions</li> <li>• Immunization Update</li> <li>• Ordering Injectable – Wil Darwin, PharmD, CDE</li> <li>• Identify Nursing Orders Needed – To be set up this week</li> <li>• PHN Specific – Greg Bender</li> <li>• DM Coordinator Specific – Jenifer May</li> </ul>
11:30	<b>Adjourn</b>

## 5.2 Tuesday, March 5

Time	Topic
8:30	<p><b>Welcome and Introductions:</b> Opening Words – Melissa Lee</p> <p><b>Remote Team Members:</b></p> <ul style="list-style-type: none"> <li>• David R. Taylor MHS, RPh, PA-C, RN -EHR Training and Deployment Manager</li> <li>• CAPT Deborah Burkybile, MSN,RN,CPC</li> <li>• Kelly Samuelson, CAC Mentor</li> <li>• CDR Wil Darwin, PharmD, CDE</li> <li>• CAPT Leslye Rauth, Aberdeen Area Clinical Application Coordinator</li> <li>• Martin Hall &amp; Ron Red Wing -Aberdeen Area Tier 2 Support</li> <li>• CAPT Scott Anderson, Aberdeen Chief Information Officer</li> </ul> <p><b>Trenton Members To Attend:</b></p> <ul style="list-style-type: none"> <li>• Cheryl Donavon - CEO</li> <li>• Melissa Lee – Clinical Application Coordinator</li> <li>• TJ Forbes – Lab</li> <li>• John Studsrud &amp; Mindy Hove –Pharmacy Department</li> <li>• Greg Bender – Director Nursing</li> <li>• Kirstin - LPN</li> <li>• Lilia – LPN</li> <li>• Kayla - Radiology</li> <li>• Business Office Staff- Alyssa Reynen, Kate Lambert</li> <li>• Dovelina &amp; Mona– Medical Records</li> <li>• Dr. Keating – Medical Director</li> <li>• Shannon Moran – Site Manger</li> <li>• Lisa Tihista – HIM Manager</li> </ul> <p><b>All – staff are welcome</b></p> <p>At the end of this session participants should be able to:</p> <ul style="list-style-type: none"> <li>• Identify Participant Needs and Expectations</li> <li>• Identify Roles and Responsibilities of the Clinical Application Coordinator, Site Manager, Informaticist, EHR, Super End User, EHR User, and EHR Team</li> <li>• Review the Meaningful Use Report</li> <li>• Review the IHS EHR Web Page</li> <li>• Update the Project Management Plan</li> </ul>
10:00	<b>Break</b>
10:15	<p><b>TIU Review Templates &amp; Provider Go Live Review and Set Up Finishing Touches</b></p> <p><b>Audience:</b> Clinical Application Coordinator</p> <p><b>Lead:</b> Deborah Burkybile, MSN,RN,CPC</p> <ul style="list-style-type: none"> <li>• TIU Templates</li> <li>• Pick List – POV, CPT, Education</li> <li>• Medication Reconciliation Super Bill - Wil Darwin, PharmD, CDE</li> </ul>
11:30	<b>Lunch</b>

<b>Time</b>	<b>Topic</b>
12:00	<p><b>Provider Training – Dr. Keating and Pat Blomquist</b></p> <p><b>Audience</b> : All staff are welcome</p> <ul style="list-style-type: none"> <li>• Select Demo Patient - Document entire Encounter</li> <li>• Review EHR – for patient Assessment (REVIEW TAB)</li> <li>• Chief Complaint – Vital Signs (TRIAGE TAB)</li> <li>• Medications – Medication Reconciliation</li> <li>• Allergies</li> <li>• Laboratory</li> <li>• Problem List and Purpose of Visit (POV)</li> <li>• Orders – Nursing, Laboratory, Pharmacy and Radiology</li> <li>• Medication Orders (Medication Management):                             <ul style="list-style-type: none"> <li>– Medication Administered in Clinic</li> <li>– Printing a Prescription</li> <li>– Special Problems</li> </ul> </li> <li>• Patient Care Note – Beginning to End</li> <li>• Patient Education</li> <li>• E&amp;M and CPT</li> </ul>
2:30	<b>Break</b>
2:45	<p><b>Provider Training - Continued</b></p> <p>Additional Topic</p> <ul style="list-style-type: none"> <li>• Quick Notes</li> <li>• Clinical Reminders</li> <li>• RCIS</li> </ul>
4:30	<b>Adjourn</b>

### 5.3 Wednesday, March 6

Time	Topic
8:30	<b>Trenton Clinic EHR Go LIVE</b> <b>Lead:</b> Melissa Lee, Deborah Burkybile & Kelly Samuelson Review Previous Day's Activities Go Live all Patients – Dr. Blomquist Dr. Keating – Goal 4 patient visits documented in EHR – during Wednesday Clinic
9:00	<b>Pharmacy – CDR Wil Darwin, PharmD, CDE</b> <b>Audience:</b> Pharmacy Staff CPOE – Review Site Specific Pharmacist Informatics Delineation
10:00	<b>Break</b>
10:15-11:30	<b>Pharmacy – CDR Wil Darwin, PharmD, CDE</b> <b>Audience:</b> Pharmacy Staff Order Entry – Provider perspective RPMS Med Review and Finish Pharmacy Work Flow
11:30	<b>Office Hours – What’s new: EHR Prenatal Issues and Problem List component (PIP)</b> Office Hours will provide an overview of the new features with time allowed for Q&A. <b>Topic:</b> Prenatal <b>Host:</b> Susan Richards <a href="http://ihs.adobeconnect.com/prenatalofficehours/">http://ihs.adobeconnect.com/prenatalofficehours/</a>
12:30	<b>Late Lunch</b>
2:00	<b>Medication Reconciliation</b> <b>Audience:</b> All Staff that provide patient care <b>Lead:</b> CDR Wil Darwin, PharmD, CDE <ul style="list-style-type: none"> <li>• Understand this presentation is an overview of Medication Reconciliation (Med Rec)</li> <li>• An overview of the necessary Components and required Documentation for meeting the Med Rec Performance Measure</li> <li>• Integrate the use of the Patient Wellness Handout in the Med Rec Process</li> <li>• Compare/Contrast and Explain why Outside Medications and Unknown Drug Misc data population is important in maintaining a complete Medication Profile</li> <li>• Utilize the principles, practices, and techniques for documenting patient reported medications</li> </ul>
2:45	<b>Wrap-up and Evaluation of Daily Activity:</b> <b>Needs Assessment</b>
4:00	<b>Adjourn</b>

## 5.4 Thursday, March 7

Time	Topic
8:30	<b>Review Previous Day's Activities</b> <b>All</b>
9:00	<b>Patient Registration &amp; Scheduling</b> <b>Audience:</b> Patient Registration Staff – Krystal, Monique and Cassandra <b>Lead:</b> Melissa Lee, Deborah Burkybile & Kelly Samuelson Patient Registration & Check In Clinic Set Up
10:00	<b>Break</b>
10:15	<b>Patient Registration &amp; Scheduling - continued</b> <b>Audience:</b> Patient Registration Staff: Krystal, Monique, and Cassandra Patient Registration & Check Out
12:00	Lunch
12:30-2:00	<b>Patient Clinical Encounter EHR Chart Review</b> <b>Audience:</b> Dr. Keating Review patients from Wednesday and Thursday patients
3:00 To 4:30	<b>Patient Clinical Encounter EHR Chart Review</b> <b>Audience:</b> Pat Blomquist, PA Review patients from Wednesday and Thursday patients
4:00	<b>All</b> <b>Wrap-up and Evaluation of Daily Activity:</b> <b>Questions and answers</b> <b>Discuss where do we go from here</b>
4:30	<b>Adjourn</b>

## 5.5 Friday, March 8

Time	Topic
9:00	<p><b>Coding Queue and Third Party Billing</b>  <b>Audience:</b> Medical Records &amp; Third Party Billing Staff: Dove, Mona, Lisa, Kate, Alyssa, and Melissa  <b>Lead:</b> Kelly Samuelson &amp; Deborah Burkybile</p> <ul style="list-style-type: none"> <li>• Coding Queue and Third Party Billing</li> </ul>
12:00	<p><b>Close Out</b>  <b>Trenton Members:</b></p> <ul style="list-style-type: none"> <li>• Cheryl Donavon - CEO</li> <li>• Melissa Lee, Clinical Application Coordinator</li> <li>• TJ Forbes, Lab</li> <li>• John Studsrud &amp; Mindy Hove, Pharmacy Department</li> <li>• Greg Bender, Director Nursing</li> <li>• Kirstin, LPN</li> <li>• Lilia, LPN</li> <li>• Kayla, Radiology</li> <li>• Business Office Staff, Alyssa Reynen, Kate Lambert</li> <li>• Dovelina &amp; Mona, Medical Records</li> <li>• Dr. Keating, Medical Director</li> <li>• Shannon Moran, Site Manger</li> <li>• Lisa Tihista, HIM Manager</li> </ul> <p><b>Remote Team Members:</b></p> <ul style="list-style-type: none"> <li>• David R. Taylor MHS, RPh, PA-C, RN, EHR Training and Deployment Manager</li> <li>• CAPT Deborah Burkybile, MSN,RN,CPC</li> <li>• Kelly Samuelson, CAC Mentor</li> <li>• CDR Wil Darwin, PharmD, CDE</li> <li>• CAPT Leslye Rauth, Aberdeen Area Clinical Application Coordinator</li> <li>• Martin Hall &amp; Ron Red Wing, Aberdeen Area Tier 2 Support</li> <li>• CAPT Scott Anderson, Aberdeen Chief Information Officer</li> </ul> <p><b>Aberdeen Area Staff: As available</b></p>