Get MU’VING:
Meeting Stage 1 MU in 2013

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Presentation Goals

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
1. Data Collection: INEVITABLE in this changing

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

Screenplay by Steve Kloves
2. First CA Tribal Health Programs Achieve Stage 1 Meaningful Use

- 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

- 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
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

- **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

- “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
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

- 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?

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

- 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 Tim Campbell (707) 880-0009 or via email tim.campbell@ihs.gov
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