

Meaningful Use in Indian Country

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Topics

- What is Meaningful Use
- Eligibility Requirements
- Patient Volumes
- Incentives/Penalties
- Performance Measures
- RPMS and Meaningful Use

What is Meaningful Use?

- **Meaningful Use is using certified EHR technology to:**
 - Improve quality, safety, efficiency, and reduce health disparities
 - Engage patients and families in their health care
 - Improve care coordination
 - Improve population and public health
 - Maintain privacy and security
- **CMS provides incentive payments to promote adoption and meaningful use of a certified EHR**

Electronic Health Record Incentive Program

Voluntary EHR Incentive Programs established by American Recovery and Reinvestment Act (ARRA)

- Separate incentive programs for Eligible Hospitals and Eligible Professionals (EPs):
 - Federally-run CMS Medicare incentive program
 - State-run Medicaid incentive program
 - Medicare penalties start in 2015 for Hospitals and EPs that do not demonstrate MU; there are no Medicaid penalties
 - EPs must choose between the Medicare and Medicaid programs; they are not eligible for both
 - Hospitals may participate in both programs if meet eligibility requirements
- Must demonstrate adoption, implementation, or upgrade (A/I/U) to certified EHR technology (*Medicaid Year 1*)
- Must demonstrate achievement of MU of a certified EHR (*Medicare Year 1*)

Components of Meaningful Use

ARRA specifies the following 3 components of Meaningful Use:

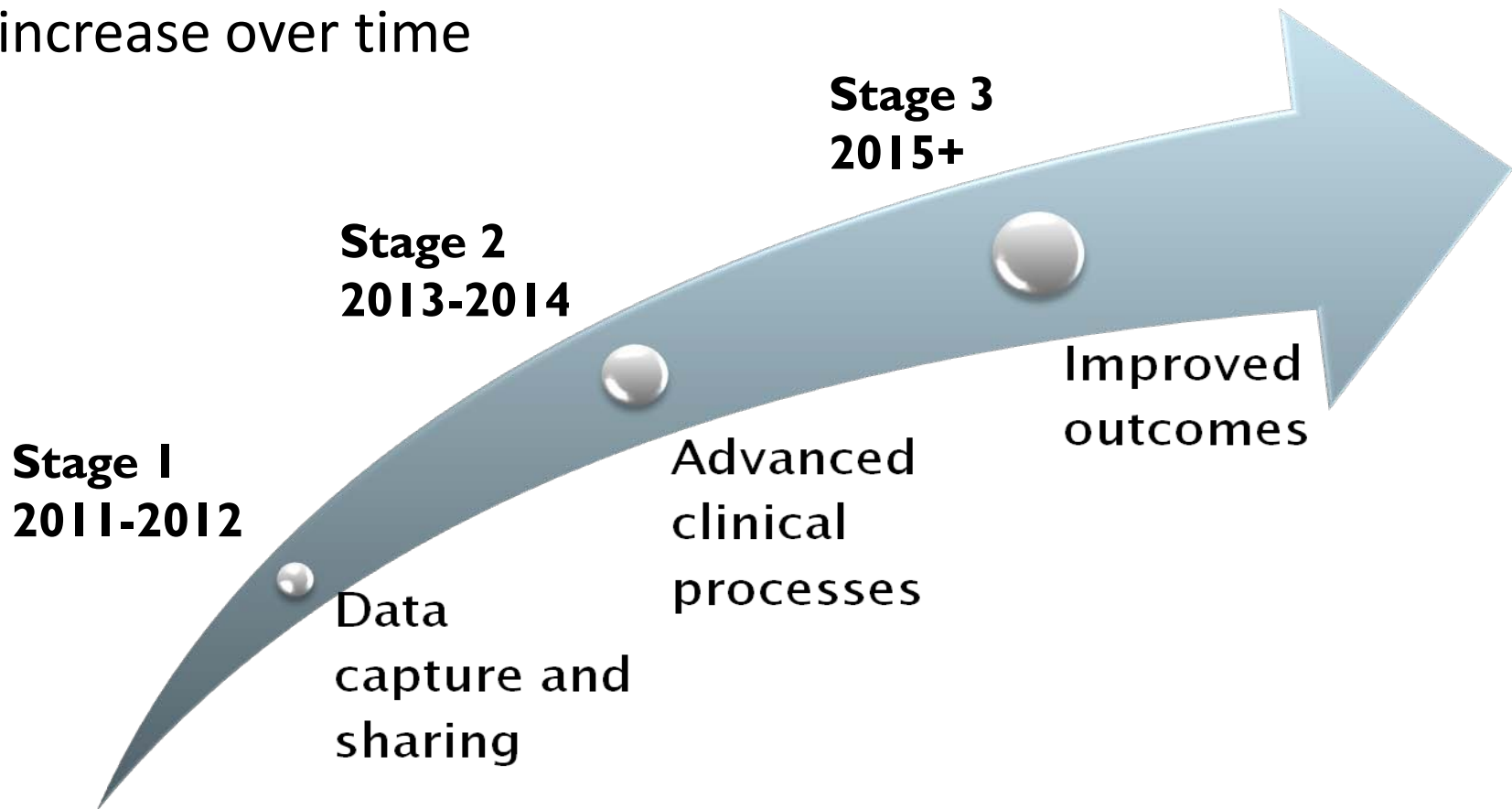
- Use of *certified EHR* in a meaningful manner
- Use of *certified EHR* technology for electronic exchange of health information to improve quality of health care
- Use of *certified EHR* technology to submit clinical quality measures (CQM) and other such measures selected by the Secretary

Certification of RPMS

- OIT modified 20 applications to meet requirements
- 146 total test cases were created from the final NIST scripts to confirm we met requirements
- IHS contracted with InfoGard, an ONC Authorized Testing & Certification Body (ATCB)
- Testing conducted in late February and early March
- All ambulatory and inpatient test cases were performed successfully
- **The IHS RPMS Suite is officially certified as a Complete EHR for both Ambulatory and Inpatient settings for Stage 1 Meaningful Use**

Stages of Meaningful Use

- 3 stages of Meaningful Use
- Certification and meaningful use requirements will increase over time



**ELIGIBLE PROFESSIONALS
AND
ELIGIBILITY FOR MU INCENTIVES**

Overview of Eligible Professionals (EP)

**Must choose the
Medicare OR
Medicaid
incentive
program; not
eligible for both**

**Incentives
are based on
the
individual,
not the
practice**

**Eligibility determined
by law and Eligible
reporting period
based on consecutive
90-day period during
a calendar year
(Medicare)**

**Hospital-
based EPs
are NOT
eligible for
incentives**

EP Medicare/Medicaid Comparison

MEDICARE EHR Incentive Program	MEDICAID EHR Incentive Program
Implemented by the Federal Government and started January 3, 2011	Voluntary for States to implement - Most are expected to start by late summer 2011
Program ends in 2016; must initiate participation by 2014. Must participate by 2012 to receive the maximum incentive payment	Program ends in 2021; must initiate participation by 2016 and still receive maximum incentive payment
Can register now	Can register once state offers the program (check with your state for expected launch date)
Medicare payment reductions begin in 2015 for EPs who cannot demonstrate MU of certified EHR technology	No Medicaid payment reductions
Must demonstrate MU in Year 1 over a consecutive 90-day report period	A/I/U option for Year 1; no report period

Medicare EP Eligibility

- **Medicare Eligible Professionals include:**
 - Doctors of Medicine or Osteopathy
 - Doctors of Dental Surgery or Dental Medicine
 - Doctors of Podiatric Medicine
 - Doctors of Optometry
 - Chiropractors
- Specialties are eligible if they meet one of the above criteria

Medicaid EP Eligibility

- **Medicaid** Eligible Professionals include:
 - Physicians
 - Nurse Practitioners
 - Certified Nurse-Midwives
 - Dentists
 - Physician Assistants working in a Federally Qualified Health Center (FQHC) or rural health clinic (RHC) that is led by a physician assistant

Medicare/Medicaid EP Eligibility Comparison

Medicare	Medicaid
<p>Eligible Professionals under the Medicare Incentive program include:</p> <ul style="list-style-type: none"> • Doctor of Medicine or Osteopathy • Doctor of Oral Surgery or Dental Medicine • Doctor of Podiatric Medicine • Doctor of Optometry • Chiropractor 	<p>Eligible Professionals under the Medicaid Incentive Program include:</p> <ul style="list-style-type: none"> • Physician • Dentist • Certified Nurse-Midwife • Nurse Practitioner • Physician Assistant practicing in a Federally Qualified Health Center (FQHC) or Rural Health Center led by a Physician Assistant

*****Hospital-based EPs are NOT eligible for incentives***

• DEFINITION: 90% or more of their covered professional services in either an inpatient or emergency room (Place of Service codes 21 or 23) of a hospital

Medicare/Medicaid EP Eligibility

Comparison cont.

Medicare	Medicaid
For Medicare, there is not a Patient Volume requirement	To be eligible to receive an incentive under the <i>Medicaid</i> EHR, an eligible professional must meet a minimum patient volume threshold

EP Medicaid Eligibility:

Patient Volume Requirements

Eligible Professional (EP)	If EP does <u>not</u> practice predominantly at FQHC/RHC: Minimum <i>Medicaid</i> patient volume thresholds	If EP <u>does</u> practice predominantly at FQHC/RHC: Minimum <i>needy individual</i> patient volume thresholds
Physicians	30%	30%
- Pediatricians	20%	30%
Dentists	30%	30%
Certified Nurse-Midwives	30%	30%
PAs when practicing at an FQHC/RHC that is led by a PA	30%	30%
NPs	30%	30%

EP Eligibility: Patient Volume – cont'd

Individual EP Calculation: Medicaid

Total Medicaid patient encounters for the
EP in any representative continuous 90-
day period in the preceding calendar year

*100

Total patient encounters for the
EP in that same 90-day period

EP Eligibility: Patient Volume – cont'd

Individual EP Calculation: Needy Individual

Total Needy Individual patient encounters for
the EP in any continuous 90-day period in the
preceding calendar year

*100

Total patient encounters for the EP
in that same 90-day period

NOTE: “Needy individuals” means individuals that meet one of the following:

- Received medical assistance from Medicaid or CHIP (or a Medicaid or CHIP demonstration project approved under section 1115 of the Act).
- Furnished uncompensated care by the provider.
- Furnished services at either no cost or reduced cost based on a sliding scale determined by the individuals’ ability to pay.

EP Eligibility: Patient Volume – cont'd

Group Practice Calculation: Medicaid

Total Medicaid patient encounters for the entire
clinic/group practice in any representative
continuous 90-day period in the preceding
calendar year

*100

Total patient encounters for the entire
clinic/group practice in that same 90-day period

NOTE: To use the Group Practice calculation:

1. The Group Practice patient volume must be appropriate for the EP (e.g., if an EP ONLY sees Medicare, commercial or self-pay patients, this is not an appropriate calculation).
2. There is an auditable data source to support the clinic's patient volume determination.
3. The practice and EPs must use one methodology in each year (i.e. clinics could not have some EPs using individual patient volume while others use the group practice volume).
4. The clinic/group practice uses the entire practice or clinic's patient volume and does not limit it in any way.
5. If EP works inside & outside of the clinic/practice, only those encounters associated with the clinic/practice are included, not the EP's outside encounters.

EP Eligibility: Patient Volume – cont'd

Group Practice Calculations: Needy Individual

Total Needy Individual patient encounters for the entire clinic/group practice in any continuous 90-day period in the preceding calendar year

*100

Total patient encounters in that same 90-day period

EP Eligibility: Patient Volume – cont'd

Patient Panel Calculation (Managed Care/Medical Home Approach): Medicaid

[Total Medicaid patients assigned to the EP's panel in any representative continuous 90-day period in the preceding calendar year when at least one Medicaid encounter took place with the Medicaid patient in the year prior to the 90-day period] + [Unduplicated Medicaid encounters in the same 90-day period]

*100

[Total patients assigned to the provider in the same 90-day with at least one encounter taking place with the patient during the year prior to the 90-day period] + [All unduplicated encounters in the same 90-day period]

EP Eligibility: Patient Volume – cont'd

Patient Panel Calculation (Managed Care/Medical Home Approach): Needy Individual

[Total Needy Individual patients assigned to the EP's panel in any representative continuous 90-day period in the preceding calendar year when at least one Needy Individual encounter took place with the Needy Individual in the year prior to the 90-day period] + [Unduplicated Needy Individual encounters in the same 90-day period]

*100

[Total patients assigned to the provider in the same 90-day with at least one encounter taking place with the patient during the year prior to the 90-day period] + [All unduplicated encounters in the same 90-day period]

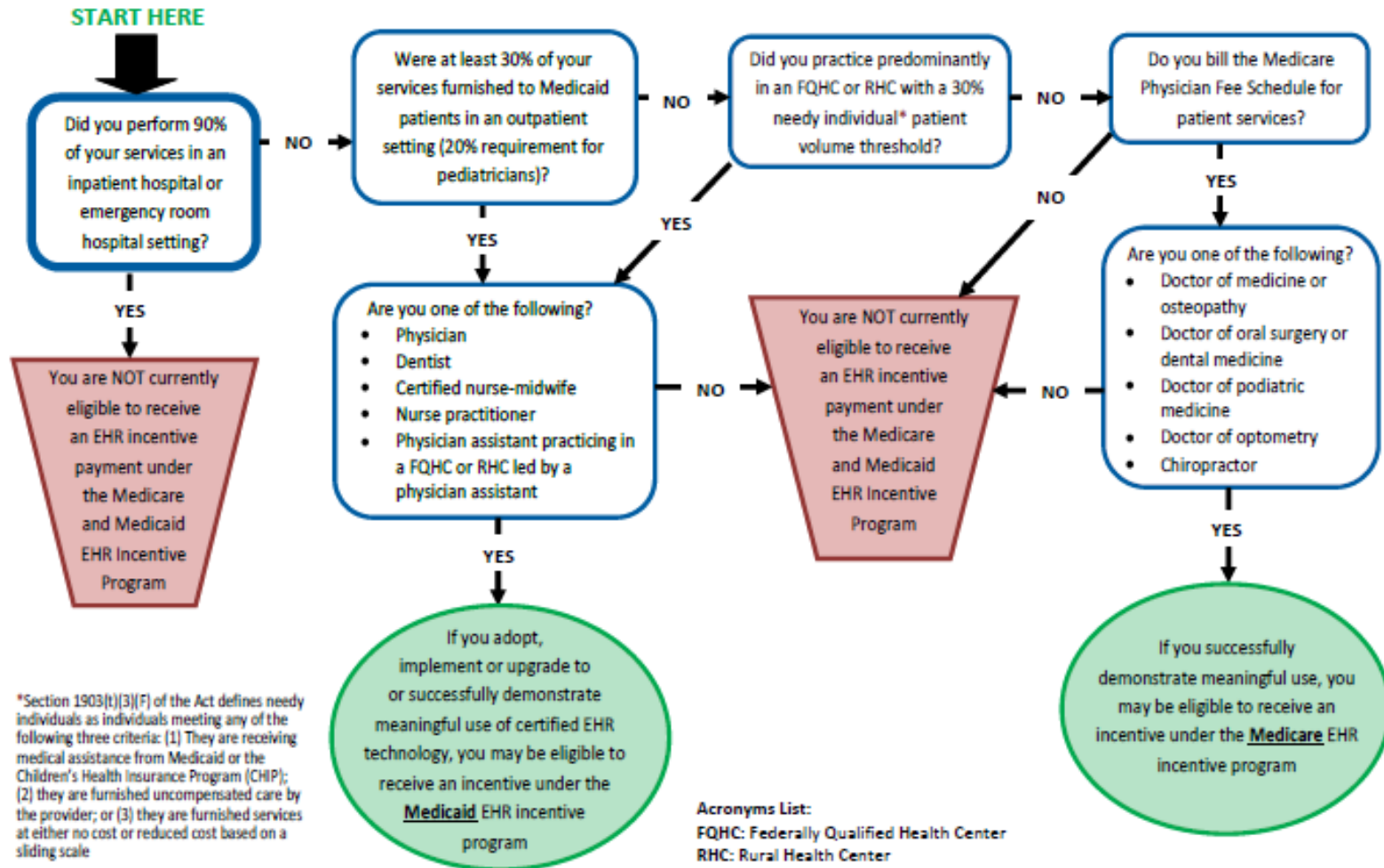
Medicaid Encounter Definitions for EP

- For calculating Medicaid patient volume, a “**Medicaid encounter**” means services rendered to an individual on any one day where Medicaid (or a Medicaid demonstration project approved under section 1115 of the Act) paid for all or part of:
 - The service; or
 - Their premiums, co-payments, and/or cost-sharing
- Can be calculated for the GROUP or the individual EP

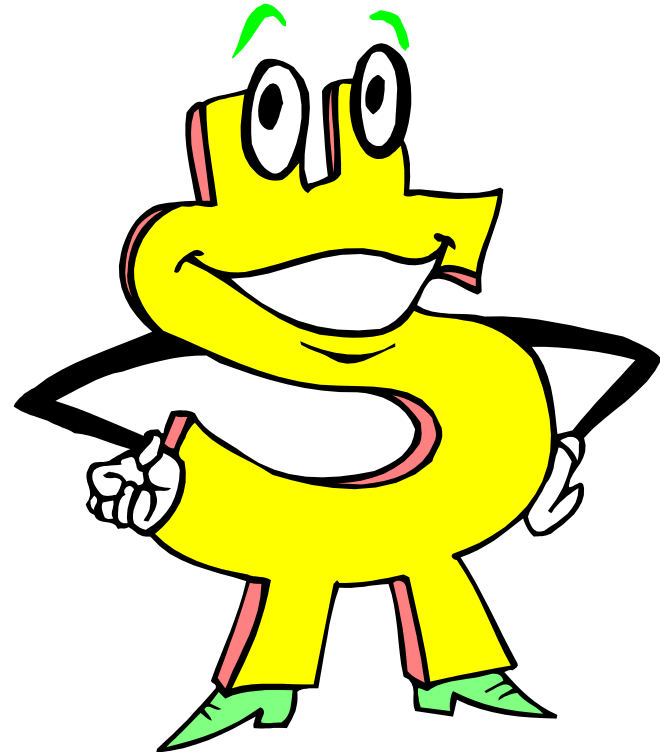
Needy Patient Encounter Definitions for EP

- For calculating needy individual patient volume, a “**needy patient encounter**” means services rendered to an individual on any one day where:
 - Medicaid or CHIP (or a Medicaid or CHIP demonstration project approved under section 1115 of the Act) paid for all or part of:
 - The service; or
 - Their premiums, co-payments, and/or cost-sharing; or
 - The services were furnished at no cost; or
 - The services were paid for at a reduced cost based on a sliding scale determined by the individual’s ability to pay
- Can be calculated for the GROUP or the individual EP

EP Eligibility Flow Chart



EP INCENTIVES



How Much are the EP Incentives Under Medicare?

- **Medicare Incentive Payments Overview**
 - Incentive amounts based on Fee-for-Service allowable charges
 - Maximum incentives are \$44,000 over 5 years
 - Incentives decrease if starting after 2012
 - Must begin by 2014 to receive incentive payments
 - Last payment year is 2016
 - Extra 10% bonus amount available for practicing predominantly in a ***Health Professional Shortage Area*** (HPSA) (identifies, by zip code or county, areas lacking sufficient clinicians to meet primary care needs)
 - Receive one (1) incentive payment per year

How Much are the EP Incentives Under Medicare? (cont'd)

- Medicare Incentive Payments Detail

Amount of Payment Each Year of Participation	Calendar Year EP Receives a Payment				
	CY 2011	CY 2012	CY 2013	CY2014	CY 2015 and later
CY 2011	\$18,000				
CY 2012	\$12,000	\$18,000			
CY 2013	\$8,000	\$12,000	\$15,000		
CY 2014	\$4,000	\$8,000	\$12,000	\$12,000	
CY 2015	\$2,000	\$4,000	\$8,000	\$8,000	\$0
CY 2016		\$2,000	\$4,000	\$4,000	\$0
TOTAL	\$44,000	\$44,000	\$39,000	\$24,000	\$0

How Much are the EP Incentives Under Medicaid?

- **Medicaid Incentive Payments Overview**
 - Maximum incentives are \$63,750 over 6 years
 - Incentives are same regardless of start year
 - The first year payment is \$21,250
 - Must begin by 2016 to receive incentive payments
 - No extra bonus for health professional shortage areas available
 - Incentives available through 2021
 - Receive one (1) incentive payment per year

How Much are the EP Incentives Under Medicaid? (cont'd)

Amount of Payment Each Year if Continues Meeting Requirements	1 st Calendar Year EP Receives a Payment					
	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
CY 2011	\$21,250					
CY 2012	\$8,500	\$21,250				
CY 2013	\$8,500	\$8,500	\$21,250			
CY 2014	\$8,500	\$8,500	\$8,500	\$21,250		
CY 2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
CY 2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
CY 2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
CY 2018			\$8,500	\$8,500	\$8,500	\$8,500
CY 2019				\$8,500	\$8,500	\$8,500
CY 2020					\$8,500	\$8,500
CY 2021						\$8,500
TOTAL	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

Incentives Summary for Eligible Professionals

	MEDICARE	MEDICAID
Incentives Start	CY 2011	CY 2011
Incentives End	CY 2016 (max. 5 years, must start by 2014)	2021 (max. 6 years, must start by 2016)
Incentive Amount	Up to \$44,000 total per provider; based on % Medicare claims (10% bonus for EP's in HPSAs)	Up to \$63,750 total per provider; based on 85% of EHR costs
Reimbursement Reduced	CY 2015	No penalties

First Year Incentive Under Medicaid: Adopt, Implement or Upgrade (A/I/U)

- EP's must meet patient volume thresholds for any consecutive 90-day reporting period within the calendar year.
- EP's receive incentives to adopt, implement, or upgrade (A/I/U) to certified EHR technology in their first year of participation.

EP Incentive Payments

IHS EP's ***must*** re-assign incentive payments to their facility; Tribal EPs should consult with their Tribal/facility leadership.

EP's who achieve MU by combining services from multiple sites or states, may only assign their payment to one entity in one state.

In the first year of demonstrating MU under Medicare, a payment will be made when the EP reaches his/her minimum allowable charges or the end of the year, whichever comes first.

PERFORMANCE MEASURES ELIGIBLE PROFESSIONALS

EP Demonstration of MU

Stage 1

EP Requirements to Demonstrate MU

15 core performance measures*

5 performance measures out of 10 from menu set*

6 total Clinical Quality Measures

- 3 core or alternate core
- 3 out of 38 from menu set

* Most measures require achievement of a performance target

EP Core Set Performance Measures

EP Core Set Performance Measures (1-7 of 15)

**>30%: Computerized physician order entry (CPOE):
Unique patients w/at least 1 medication on medication list have at least 1
medication ordered w/CPOE**

>40%: E-Prescribing (eRx)

Yes/No: Report ambulatory clinical quality measures to CMS/States

Yes/No: Implement one clinical decision support rule

**>50%: Provide patients with an electronic copy of their health information,
upon request**

>50%: Provide clinical summaries for patients for each office visit

**Yes/No: Implement drug-drug and drug-allergy interaction checks during the
entire EHR reporting period**

E-Prescribing in RPMS

- EP using RPMS with internal pharmacy will meet eRx requirement using RPMS EHR along
- RPMS certified for external e-prescribing in 2008 but did not release
- RPMS e-prescribing meets requirements for Certification & Meaningful Use
- Future development to include Formulary and Med History (needed for CMS eRx incentive and possibly for Stage 2 MU)
- Tribal programs will need direct agreement with SureScripts/RxHub

E-Rx – Order Dialog

Medication Order [X]

CAPTOPRIL TAB [Change]

Dosage **Complex**

Dosage	Route	Schedule
25MG	ORAL	TID <input type="checkbox"/> PRN
25MG	ORAL	Q8H
50MG		QAM
		QDAY
		QID
		QPM
		TID

Comments:

Days Supply: 30 Quantity: 90 Refills: 1 Clinical Indication: Unspecified Essential Hyperte ☒ Chronic Med ☐ Dispense as Written Priority: ROUTINE

Pick Up: ☐ Clinic ☐ Mail ☐ Window ☒ Electronic Pharmacy: [...]

☒ FOR BLOOD PRESSURE

CAPTOPRIL TAB 25MG
TAKE ONE (1) TABLET BY MOUTH THREE TIMES A DAY FOR BLOOD PRESSURE
Quantity: 90 Refills: 1 Chronic Med: YES Dispense as Written: NO Indication: Unspecified Essential Hypertension

ADR's Accept Order Quit

E-Rx – Select a Pharmacy

Select a Pharmacy

Select a pharmacy to receive the prescription request.

Pharmacy	Address	City	State	Zip Code	Fax #	Voice #	Distance
HappygoluckyalwaysopenservesallRx	12345 Mountain Road Off St. Patricks Highway	Alexandria	VA	22315	7039212121	2164444380	0
CVS Pharmacy # 2278	6400 LANDSDOWNE CENTER	ALEXANDRIA	VA	22315	7035413565	7033390875	0
Edifact4dot20	321 El Dorado Rd	Woodbridge	VA	22315	7035551234	7035554321	0
SureScripts Test Pharm - Fax	555 tyler st	alexandria	MA	22315	2164455165	7035552121	0
QA Test XML 2.40	111 No Where	No City	CA	22315	7035556677	5555555555	0
QA SureScripts Test 4.20	123 Main St	Alexandria	VA	22315	7035556677	7031555555	0
4X Pharmacy	12345 Mountain Road Suite 400	Alexandria	VA	22315	7039212121	7039212199	0
QA Surescripts Pharmacy	123 Main st	Alexandria	VA	22315	7035555668	7035556579	0
QA EDI Pharmacy	123 Main St	Alexandria	VA	22315	7035556677	7035556677	0
SSQA Pharmacy	123 Main St	Alexandria	VA	22315	7035556677x55	7035556677	0
ICW Training Pharmacy	5972 Kingstowne Village Parkway	Alexandria	VA	22315	7039212126	7039212127	0
CVS Pharmacy # 1398	6436 SPRINGFIELD PLAZA	SPRINGFIELD	VA	22150	9999999999	7039123506	1.984
CVS Pharmacy # 2374	6150 FRANCONIA ROAD	ALEXANDRIA	VA	22310	7033138736	7033139562	2.269
CVS Pharmacy # 2004	7678 RICHMOND HWY, MT VERNON S/C	ALEXANDRIA	VA	22306	7037687253	7037680717	2.889
CVS Pharmacy # 1840	8628 RICHMOND HWY, RTE 1, ENGLSID	ALEXANDRIA	VA	22309	9999999999	7037818340	3.274
CVS Pharmacy # 1408	4606 KENMORE AVENUE	ALEXANDRIA	VA	22304	9999999999	7032127319	3.919
CVS Pharmacy # 1384	259 SOUTH VAN DORN STREET	ALEXANDRIA	VA	22304	7033706815	7033702426	3.919
CVS Pharmacy # 2343	5101 DUKE STREET	ALEXANDRIA	VA	22304	7038237456	7038232762	3.919
CVS Pharmacy # 1405	8928 BURKE LAKE ROAD	SPRINGFIELD	VA	22151	7039788180	7034268154	4.53
CVS Pharmacy # 1387	8330 OLD KEENE MILL RD/CARDINAL FOR	SPRINGFIELD	VA	22152	7035691307	7035699347	4.8
CVS Pharmacy # 1394	1636 BELLE VIEW BOULEVARD	ALEXANDRIA	VA	22307	7037687433	7037681080	4.829
CVS Pharmacy # 1830	6228C N KINGS HWY, SHOPPERS PENN-D	ALEXANDRIA	VA	22303	7036602398	7037210347	4.891
QA Test 13	123 Main St.	Alexandria	OH	22308	7039212121	7035552191	4.999

Search Restrictions
☐ Facility ☐ Patient ☒ Other: Radius:

E-Rx – Medication List

Action	Chronic	Outpatient Medications	Status	Issued	Last Filled	Expires	Refills Remaining	Rx #	Provider
	✓	CAPTOPRIL 25MG TAB Qty: 90 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH THREE TIMES A DAY FOR BLOOD PRESSURE	Active	18-Jan-2011	18-Jan-2011	19-Jan-2012	1	X100367	USER,SUPER
		ROSIGLITAZONE 4MG TAB Qty: 180 for 90 days Sig: TAKE ONE (1) TABLET BY MOUTH TWICE A DAY FOR DIABETES	Active	03-Dec-2010	03-Dec-2010	03-Mar-2011	0	100322	USER,SUPER
		TRIAMCINOLONE 75MCG/SPRAY INH Qty: 60 for 30 days Sig: INHALE 2 PUFFS BY MOUTH EVERY 12 HOURS SHAKE WELL	Expired	07-Dec-2010	07-Dec-2010	06-Jan-2011	0	100327	USER,SUPER

C32 Continuity of Care Document

RPMS-EHR USER,SUPER YOU ARE ON **WCORT** YOU ARE ON **WCORT** YOU ARE ON **WCORT** YOU ARE ON **WCORT** YOU ARE ON **WCORT**

User Patient Refresh Data Tools Help eSig Clear Clear and Lock Community Alerts Dosing Calculator Audit Log Universal Client Hasher

PRIVACY PATIENT CHART RESOURCES RCIS

Demo.Father 10002 20-Jan-1950 (61) M ICU ICU-1 USER,SUPER 16-Jul-2010 07:18 Inpatient TEST IHS CARE TEAM / Clinical,Physician Attending: Clinical,Physician

Postings CWA POC Lab Entry Pharm Ed PWH Med Rec eRx Receipt Reviewed/ Updated Visit Summary C32

NOTIFICATIONS COVER SHEET VITALS CC / PROBS MEDS LABS REPORTS ORDERS WELLNESS IMMUNIZATIONS POV SUPERBILL NOTES DC SUMMARY CONSULTS REFERRALS MORE ...

Active Problem List

Problem	Date
Diabetes With Unspecified Complication, Type I [juveni...	24-Aug-2010
Suicidal Ideation	13-Jan-2011
Tuberculous Pleurisy In Primary Progressive Tuberculo...	13-Jan-2011

Medication List

Medication	Status	Issue Date
METHYLDOPA TAB	PENDING	22-Feb-2011 15:17
ERYTHROMYCIN ES 400MG/5...	PENDING	07-Dec-2010 04:11
ERYTHROMYCIN ES 400MG/5...	PENDING	13-Oct-2010 08:35
ACETAMINOPHEN/PROPOXYP...	PENDING	11-Oct-2010 09:16
ACETAMINOPHEN/PROPOXYP...	PENDING	11-Oct-2010 09:13
VANCOMYCIN INJ	PENDING	11-Oct-2010 08:12
MAGNESIUM HYDROXIDE SUSP	PENDING	11-Oct-2010 08:11
NITROFURANTOIN CAP.SA	PENDING	11-Oct-2010 08:11

Status: ☒ All ☐ Active Inpatient/Outpatient: ☒ All ☐ Out ☐ In

Lab Orders

No Lab Orders Found

Appointments/Visits

Appointment/Visit	Date	Status
DEMO IHS CLINIC	07-Jan-2011 09:45	CANCELLED BY CLINIC
DEMO IHS CLINIC	07-Jan-2011 09:30	CANCELLED BY CLINIC
DEMO IHS CLINIC	07-Jan-2011 09:15	CANCELLED BY CLINIC
PEDIATRIC	06-Jan-2011 13:35	IN HOSPITAL
PEDIATRIC	06-Jan-2011 13:30	CANCELLED BY CLINIC
DEMO IHS CLINIC	06-Jan-2011 10:30	
DEMO IHS CLINIC	06-Jan-2011 10:25	IN HOSPITAL
DEMO IHS CLINIC	06-Jan-2011 10:25	IN HOSPITAL
PEDIATRIC	06-Jan-2011 09:30	NO-SHOW
PEDIATRIC	06-Jan-2011 07:53	IN HOSPITAL
DEMO IHS CLINIC	14-Dec-2010 16:28	IN HOSPITAL

Vitals

Vital	Value	Date
TMP	120 F (48.89 C)	01-Sep-2010 06:00
PU	65 /min	01-Sep-2010 06:00
RS	20 /min	13-Aug-2010 07:32
BP	180/60 mmHg	13-Aug-2010 07:32
HT	65 in (165.1 cm)	13-Aug-2010 07:32
WT	130 lb (58.97 kg)	13-Aug-2010 07:32
PA	8	13-Aug-2010 07:32
BMI	21.63	13-Aug-2010 07:32
PA	8	13-Aug-2010 07:32

Activity Time

USER,SUPER

Encounter Time 0 (minutes)

Travel Time 0 (minutes)

Total 0 minutes

Reminders

Reminder	Date
Colon Cancer	DUE NOW
DM Aspirin	DUE NOW
HepA Adult Immunization	DUE NOW
Lipid Profile Male	DUE NOW
NIST Diabetic Microalbumin	DUE NOW
PSA	DUE NOW
TD Immunization	DUE NOW
Tobacco Screen	DUE NOW

Adverse Reactions

Agent	Type	Reaction	Status
RUBBER BELT ADJUST...	Other	ALOPECIA;ANAPHY...	Nonv...
CODEINE	Drug	HIVES	Verified
AMPICILLIN	Drug	RASH	Verified
PENICILLIN	Drug	ANAPHYLAXIS;ALO...	Verified
NITROGLYCERIN	Drug	ANAPHYLAXIS	Nonv...

Alerts

Crisis Alert	Date
CLINICAL WARNING	13-Jan-2011 12:07
CRISIS NOTE	17-Aug-2010 09:24

USER,SUPER DEMO.IHS.GOV DEMO IHS CLINIC 06-Apr-2011 10:37

C32 Continuity of Care Document

http://161.223.91.248:57772/csp/C32WOCRT/BJMD.Prod.Service.DocumentRepository.cls

PrintSave

☒ Show HTML ☐ Show XML Request Status: Complete

Continuity of Care Document - CCD for FATHER DEMO at DEMO IHS CLINIC

Created On: April 6, 2011

Patient:
FATHER DEMO
123 MAPLE STREET
PICKLE STREET, WV, 55555

MRN: 8995_P2, : 10002

Birthdate:
January 20, 1950

Sex: Male

Guardian:

Next of Kin:

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Conditions or Problems

Date	Name	Status	ICD-9
01/13/2011	Suicidal Ideation	Active	V62.84
01/01/2011	Tuberculous Pleurisy In Primary Progressive Tuberculosis, Unspecified Examination	Active	010.10
08/24/2010	Diabetes With Unspecified Complication, Type I [juvenile Type], Uncontrolled	Active	250.93

Allergies and Adverse Reactions

C32 Continuity of Care Document

http://161.223.91.248:57772/csp/C32WOCRT/BJMD.Prod.Service.DocumentRepository.cls
Print
Save

☒ Show HTML
☐ Show XML
Request Status: Complete

09/01/2010	Idiopathic Tarsus Anomaly Progressive Idiopathic, Unspecified Examination	Active	010.10
08/24/2010	Diabetes With Unspecified Complication, Type I [juvenile Type], Uncontrolled	Active	250.93

Allergies and Adverse Reactions

Date	Substance	Reaction	Allergy Type Code	NDC
11/01/2010	RUBBER BELT,ADJUSTABLE	ANAPHYLAXIS		
11/01/2010	RUBBER BELT,ADJUSTABLE	ALOPECIA		
08/17/2010	PENICILLIN	ALOPECIA		
08/17/2010	PENICILLIN	ANAPHYLAXIS		
08/17/2010	CODEINE	HIVES	416098002	
07/27/2010	NTITROGLYCERIN	ANAPHYLAXIS		
07/16/2010	AMPICILLIN	RASH	416098002	

Encounters

Date/Time	Location	Clinic	Description
08/27/2010 12:00:00	DEMO IHS CLINIC	PHARMACY	Service Category: AMBULATORY
08/27/2010 12:00:00	DEMO IHS CLINIC	GENERAL	Service Category: AMBULATORY
08/24/2010 06:28:00	DEMO IHS CLINIC		Service Category: EVENT (HISTORICAL)
08/13/2010 07:34:00	DEMO IHS CLINIC		Service Category: EVENT (HISTORICAL)

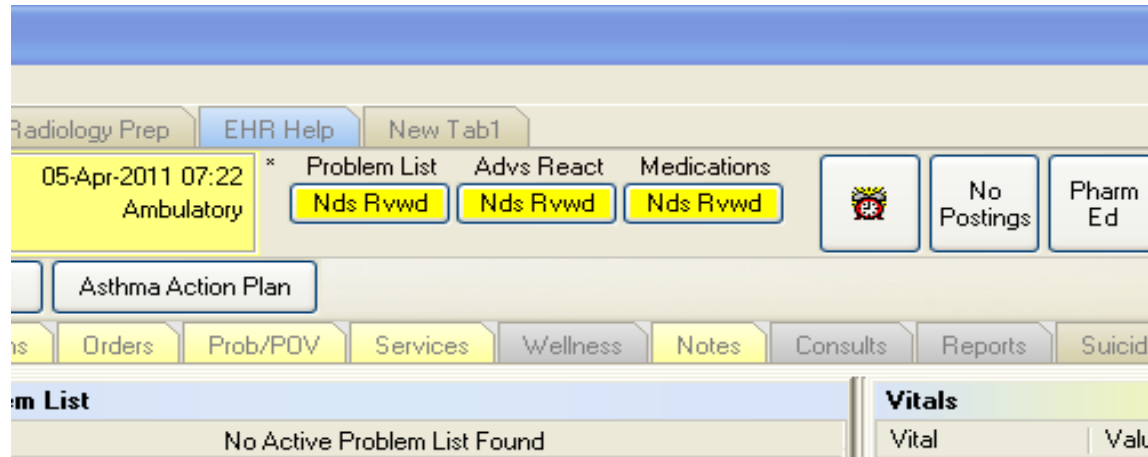
Vitals Signs

Date/Time	Height (in)	Weight (lb)	BP Systolic (mm Hg)	BP Diastolic (mm Hg)	Temperature (deg F)	Head Circumference (in)	Pulse Rate (/min)	Respirations (/min)	O2 Saturation (%)
09/01/2010 06:00:00					120		65		
08/13/2010 07:32:00	65	130	180	60	103		70	20	
07/27/2010	65	130	180	60	103		70	20	

EP Core Set Performance Measures

EP Core Set Performance Measures (8-15 of 15)	
	>50%: Record demographics
>80%: Maintain an up-to-date problem list of current and active diagnoses	
	>80%: Maintain active medication list
>80%: Maintain active medication allergy list	
	>50%: Record and chart changes in vital signs
	>50%: Record smoking status for patients 13 years or older
Test Performed (Yes/No): Capability to exchange key clinical information among providers of care and patient-authorized entities electronically	
Yes/No: Conduct or review a security risk analysis per CFR 164.308(a)(1) and implement security updates as necessary & correct deficiencies	

“Chart Review” Component



VISIT associated review

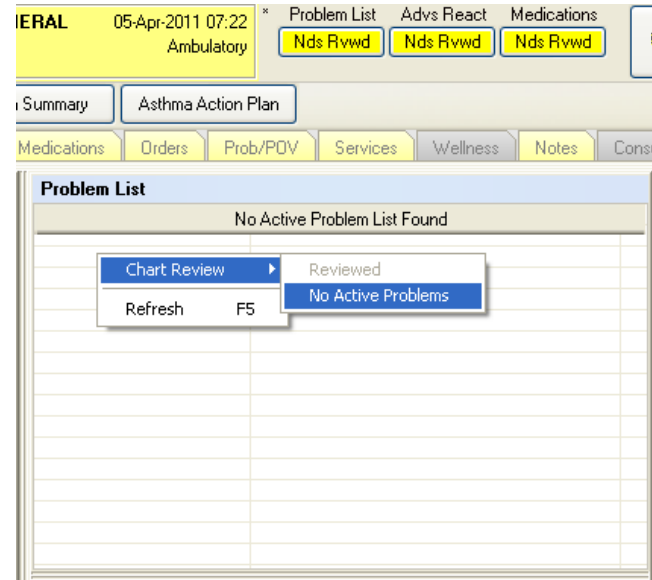
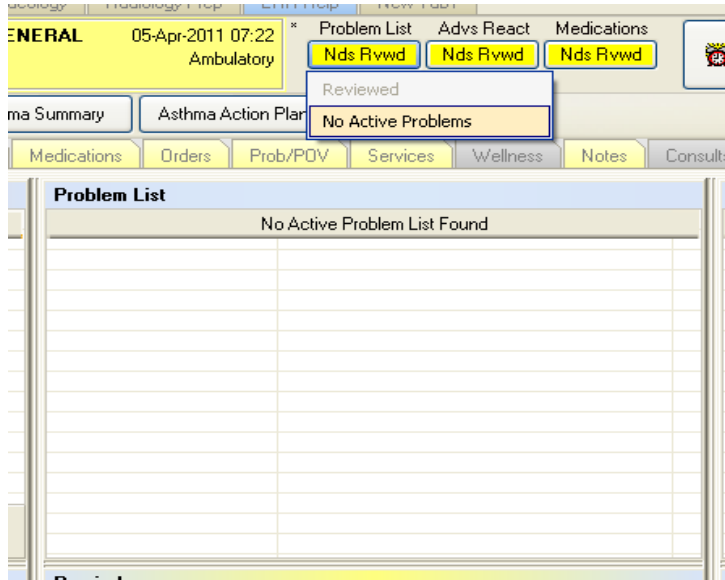
Prompts for review for each user for visit

- Local policy determines what should be reviewed and when
- May manually add another review

Document review of the medication, problem and allergy lists

- “No Active ...”
- Reviewed

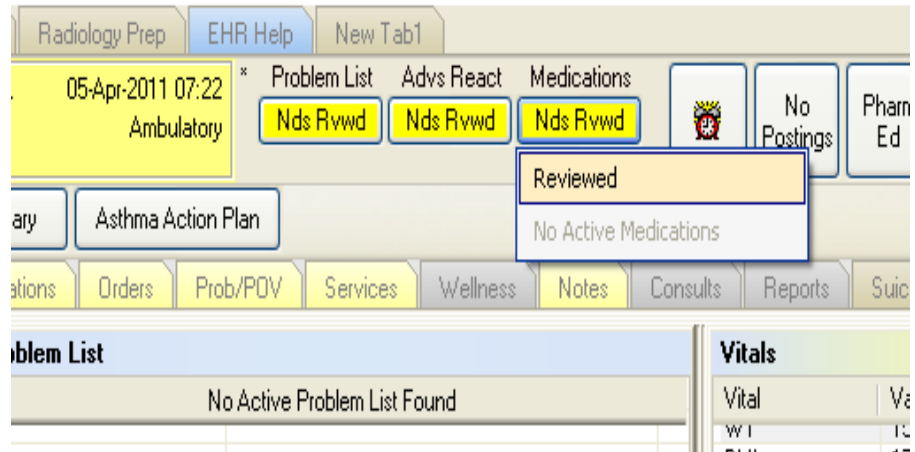
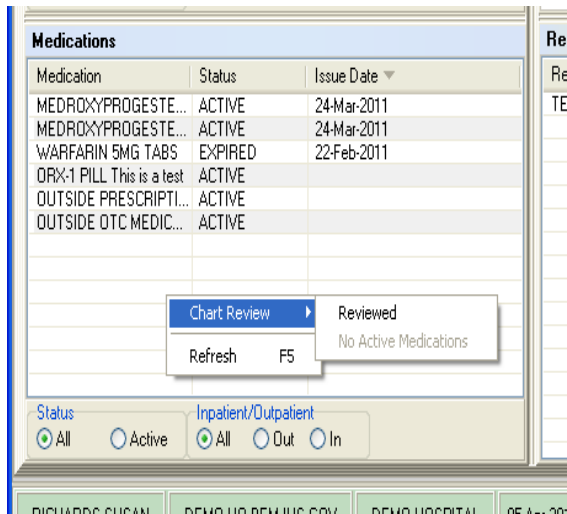
“No Active ...”



When no items exist on Problem list, users may document “No Active Problems”

- Clicking corresponding chart review button
- Right click in Cover Sheet component

“Reviewed”



When items exist on Medication list, users may document “Reviewed”

- Clicking corresponding chart review button
- Right click in Cover Sheet component

Signature box

Review/Sign Changes for Test, Female

Signature will be applied to checked items

Chart Review

- ☒ No Active Problems
- ☒ Problem List - Reviewed
- ☒ Medications - Reviewed

Electronic Signature Code:

xxxxxxxx

ology Prep EHR Help New Tab1

6-Apr-2011 07:22 * Problem List Adv React Medications
Ambulatory R N Nds Rvw R

Asthma Action Plan

Orders Prob/POV Services Wellness Notes Consults Reports

ist

No Active Problem List Found

Vitals

Vital
wt
BMI

- User may uncheck if did not perform action
- Status changes after signature

Health Summary Display

----- CURRENT MEDICATIONS (TWICE DURATION OF RX - MINIMUM 60 DAYS) -----

03/24/11 MEDROXYPROGESTERONE 150MG/ML #1 (90 days)
INJECT 150MG INTRA-MUSCULARLLY NOW

03/16/11 ORX-1 PILL # (30 days)
Dispensed at: OUTSIDE MED
TAKE ONE (1) BY MOUTH (EHR OUTSIDE MEDICATION)

03/16/11 OUTSIDE OTC MEDICATION #1
(EHR OUTSIDE MEDICATION)

03/16/11 OUTSIDE PRESCRIPTION #1
(EHR OUTSIDE MEDICATION)

02/22/11 WARFARIN 5MG TABS #14 (14 days) -- Ran out 03/08/11
TAKE ONE (1) TABLET BY MOUTH DAILY

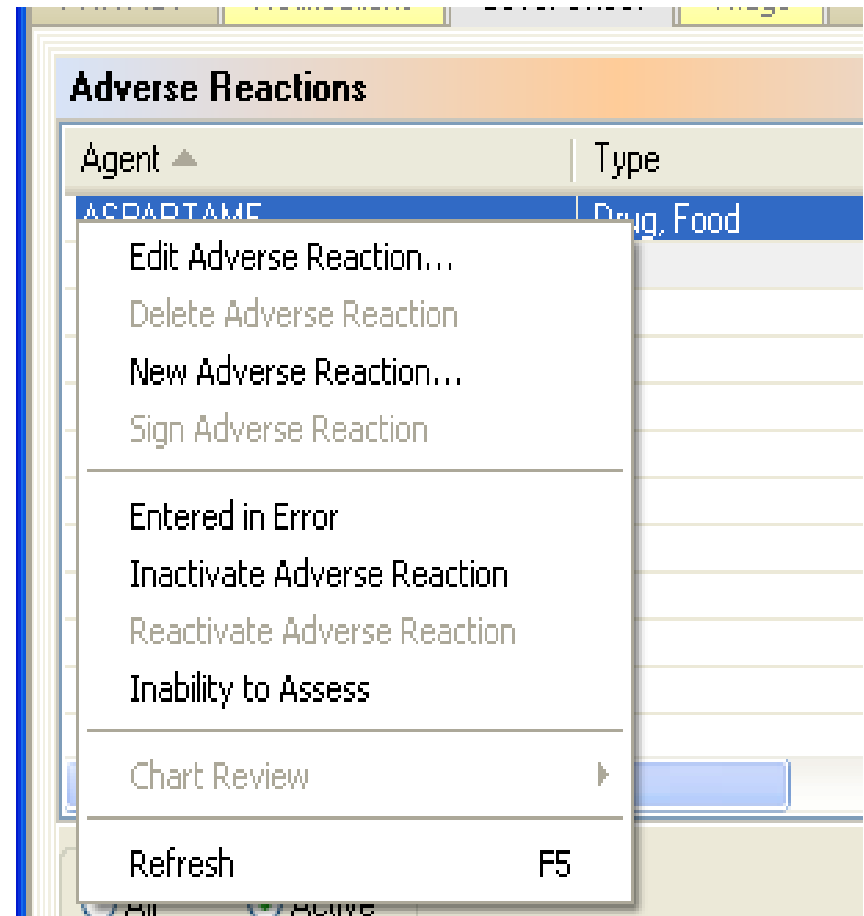
Medication List Reviewed On: Apr 05, 2011 By: RICHARDS,SUSAN

Medication List Updated On: By:

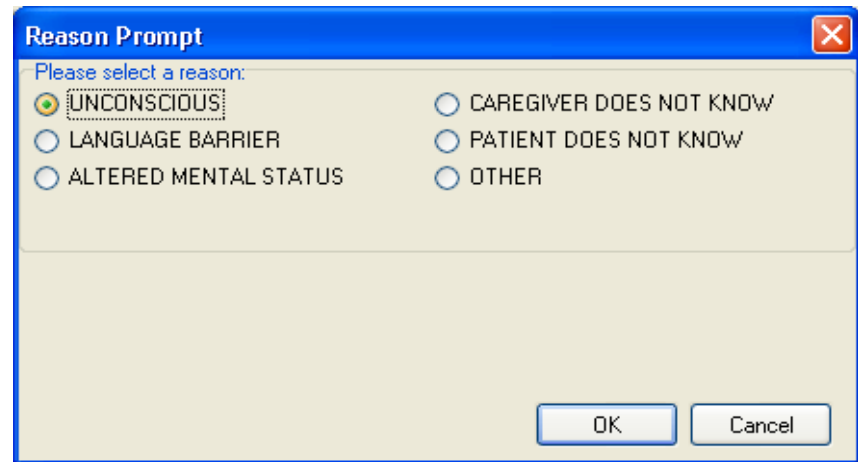
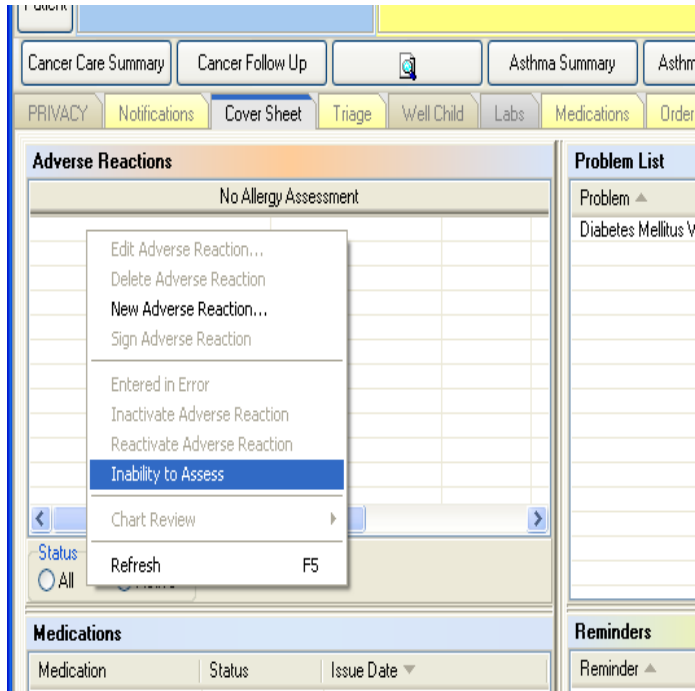
No Active Medications Documented On: By:

Allergies – new menu options

- Entered in error
- Inactivate (and reactivate) allergies
- Inability to assess



Allergies – Unable to Assess



- Right click from Adverse Reaction Component
- RPMS GMRA application

Allergy – Unable to Assess

[illegible]

- If no reactions on list, displays on header bar
- If entries, displays on “agent” list
- Display changes after entry of “no allergies” or “reviewed” or adding adverse reaction (is stored for audit purposes)

Allergy – New/Updated fields

Create Adverse Reaction

Reaction
Causative agent: ASPIRIN
Nature of Reaction: Drug, Food
Event Code:
Source of Information:

Signs/Symptoms
Available: AGITATION, AGRANULOCYTOSIS, ALOPECIA, ANAPHYLAXIS, ANEMIA, ANOREXIA, ANXIETY, APNEA, APPETITE, INCREASED, ARRHYTHMIA
Selected:
Date/Time:
Source:

Comments:
Current

Annotations:

- Observed** (checkbox)
- Observer:** (text field)
- Reaction Date/Time** (text field)
- Severity** (text field)
- Preselected, not editable** (text box)
- Snomed codes, now mapped to mechanism, mandatory field** (text box)
- New mandatory field** (text box)

Create Adverse Reaction

Reaction
Causative agent: ASPIRIN
Nature of Reaction: Drug, Food
Event Code:
Source of Information:

Signs/Symptoms
Available: AGITATION, AGRANULOCYTOSIS, ALOPECIA, ANAPHYLAXIS, ANEMIA, ANOREXIA, ANXIETY, APNEA, APPETITE, INCREASED, ARRHYTHMIA
Selected:
Date/Time:
Source:

Comments:
Current

Annotations:

- Observed** (checkbox)
- Observer:** Richards, Susan
- Reaction Date/Time** (text field)
- Severity** (text field)
- Preselected, not editable** (text box)
- Snomed codes, now mapped to mechanism, mandatory field** (text box)
- New mandatory field** (text box)

Allergies – enhanced detail

The screenshot shows a window titled "Adverse Reaction Detail" with a blue header bar. The window contains a text area with the following information:

Causative agent: ASPARTAME
Event: DRUG ALLERGY 416098002
Signs/symptoms: ANAPHYLAXIS (3/4/11@17:37)
Ingredients: ASPARTAME
Originated: RICHARDS,SUSAN
Origination Date: Mar 04, 2011@17:37:33
Verified: Yes Date: Apr 05, 2011@10:34:46
Verified by: RICHARDS,SUSAN
Observed/Historical: Historical
Source: SPOUSE
Inactivation Date: APR 05, 2011@10:34:19
Inactivation Reason: NO LONGER ALLERGIC
Inactivated By: RICHARDS,SUSAN
Reactivation Date: APR 05, 2011@10:34:34
Reactivated By: RICHARDS,SUSAN
Last Modified: MAR 04, 2011@17:37:33 by RICHARDS,SUSAN

At the bottom of the window, there is a font size selector set to "9" and a "Close" button.

Added to detail:

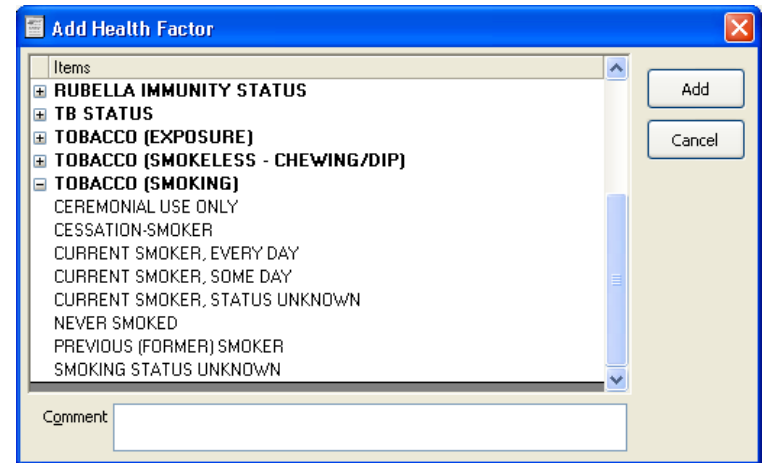
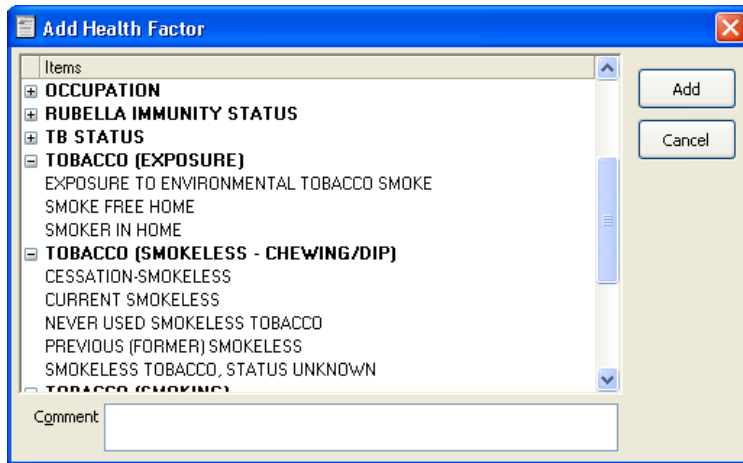
Ingredients

Inactivation info

Reactivation info

Last modified info

Tobacco – 3 categories



Verify site is using most recent National Reminder (IHS-TOBACCO SCREEN 2009).

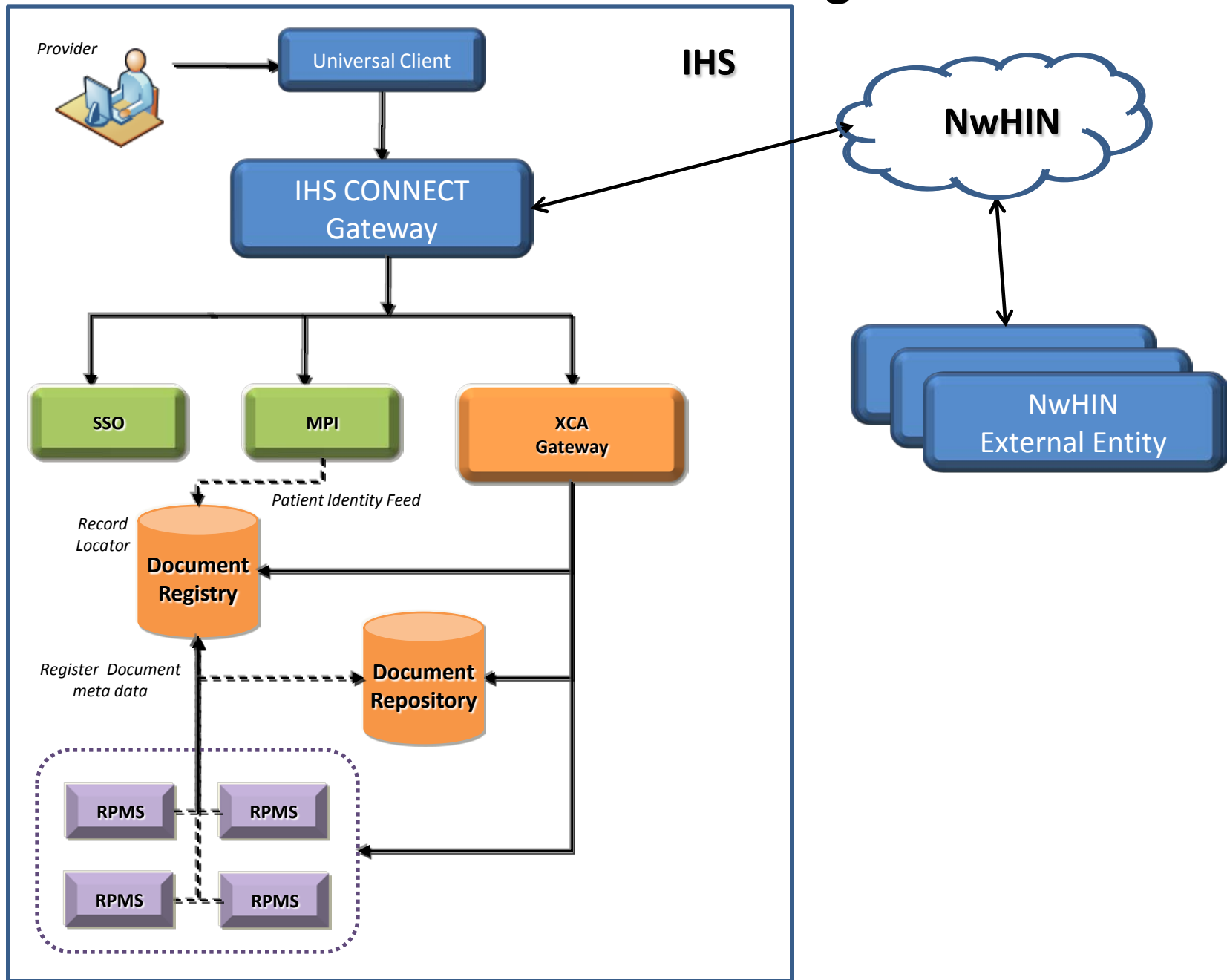
- This reminder uses a computed finding to resolve the reminder using the data found in the PCC Health maintenance reminder that was updated in BJPC 2.0p5 and there is no manual update required

Clinical Reminders Dialog will be updated in PXR 1.5p1008 due out later this year

- Sites with Tobacco Reminder Dialog (s) in use should manually update these to store the correct health factor

Health Information Exchange

Health Information Exchange from IHS



HIE Query Result

HIEOS DocViewer - Mozilla Firefox

File Edit View History Bookmarks Tools Help

http://localhost:5050/DocViewer/

Most Visited Getting Started Latest Headlines CONNECT HIEOS DocViewer

HIEOS DocViewer

HIEOS DocViewer Find Patients Show Documents Patient Consent Find Documents Logout

AMOS, Sarah Elisabeth PRINTUP, Yvonne

PRINTUP, Yvonne Born: 15-Feb-1984 (ddy) Gender: Female SSN: N/A EUID: 27418

Documents

Creation Date	Title	Institution	Type Code	Zoom	Mime Type
07-Feb-2011	Continuity Of Care Document	External Agency	Patient Summary	🔍	text/xml
07-Feb-2011	Continuity of Care Document		Patient Summary	🔍	text/xml

Double-click to open document in new tab (8991)

Options
C32 Template: IHS Template

Title:	Continuity Of Care Document
Creation Date:	07-Feb-2011
Mime Type:	text/xml
EUID:	444555
Assigning Authority:	82.16.840.1.113883.3.455.0&ISO
Home Community ID:	urn:oid:2.16.840.1.113883.3.455
Repository ID:	2.16.840.1.113883.3.455.2.003
Document ID:	129.6.58.92.2031849
Author Name:	^Dopplemeyer^Sherry^AA
Author Institution:	External Agency
Class Code:	Patient Summary
Format Code:	XDS-MS
Type Code:	Patient Summary

Done

10:05 AM 2/21/2011

CCD Retrieved from HIE

HIEOS DocViewer - Mozilla Firefox

File Edit View History Bookmarks Tools Help

http://localhost:5050/DocViewer/

Most Visited Getting Started Latest Headlines CONNECT HIEOS DocViewer

HIEOS DocViewer

HIEOS DocViewer Find Patients Show Documents Patient Consent Find Documents Logout

AMOS, Sarah Elisabeth PRINTUP, Yvonne

PRINTUP, Yvonne Born: 15-Feb-1984 (ddy) Gender: Female SSN: N/A EUID: 27418

Documents Continuity Of Care Document

Patient: PRINTUP, YVONNE | Birthdate: 02/15/1984 (Age 26) | Gender: Female | MRN: 444555

Contents
PRINTUP, YVONNE

tel:+1-555-555-9761
Address/City:
872 Stillwell Branch Rd
SOMEPLACE, NC, 28719
Gender: Female
Birthdate: 02/15/1984

Conditions or Problems (1)
Allergies and Adverse Reactions (3)
Immunizations (1)
Insurance Payors (1)
Results (81)
Encounters (0)
Vitals Signs (0)
Procedures (0)
Medications (0)
Report Generation Criteria (0)
Provenance (3)

DEPRESSION SCREENING	12/19/2007 16:14:58	NORMAL/NEGATIVE
INTIMATE PARTNER VIOLENCE	12/19/2007 16:14:52	NORMAL/NEGATIVE

Report Generation Criteria

HealthCare Providers: Extract the Cancer, Chemical Dependency, Diabetes, HIV, Home Care, Mental Health, OB Care, Public Health Nurse, Prim For Laboratory, extract the last 10 test results for each atomic lab test for inpatient visits, the last 10 test results for each atomic lab test for ou For Radiology, extract the last 10 results for each radiology test for inpatient visits and the last 10 results for each radiology test for outpatient For Diagnostic Procedures, extract the last 10 results for each diagnostic test for inpatient visits and the last 10 results for each diagnostic test For Skin tests, extract the last 10 results for each skin test for inpatient visits and the last 10 results for each skin test for outpatient visits goin For Exams, extract the most recent exam result for Alcohol Screening, Depression Screening, and Intimate Partner Violence.
For Measurements, extract the most recent Best Peak Flow, Cardiac Ejection Fraction, Edema, FEF 25-75, FEV1/FVC, Peak Flow, Cervix Dilatation

Provenance

Name	Value
Created On	02/8/2011
Electronically Generated By	External Agency - DEMO HOSPITAL on 02/8/2011
Originating Organization	External Agency - DEMO HOSPITAL

Done










10:05 AM 2/21/2011

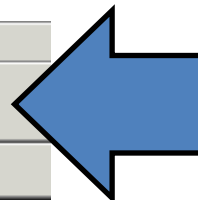
EP Menu Set Performance Measures (choose 5 of 10)

EP 10 Menu Set Performance Measures (1-6 of 10)	
Yes/No:	Implement drug-formulary checks for entire EHR reporting period
>40%:	Incorporate clinical lab test results as structured data
Yes/No:	<i>Generate lists of patients by specific conditions</i>
>10%:	Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate
>50%:	Medication reconciliation at transitions of care
>50%:	Summary of care record for each transition of care/referrals

Patient-Specific Education Resources

NLM Info Button

File View Action		
       		
Active Only Chronic Only 180 days Print... Process... New... Check		
Action	Chronic	Outpatient Medications
		AMOXICILLIN 250MG CAP Qty: 10 for 4 days Sig: TAKE ONE (1) CAPSULE BY MOUTH EVERY 12 HOURS
		CLONIDINE 0.2MG TAB Qty: 60 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH TWICE A DAY FOR BLOOD PRESSURE
		TRIAMCINOLONE 75MCG/SPRAY INH Qty: 60 for 30 days Sig: INHALE 2 PUFFS BY MOUTH EVERY 12 HOURS SHAKE WELL
		ROSIGLITAZONE 4MG TAB Qty: 180 for 90 days Sig: TAKE ONE (1) TABLET BY MOUTH TWICE A DAY FOR DIABETES



Patient-Specific Education Resources

NLM Info Button

File View Action

Active Only Chronic Only 180 days Print... Process... New... Check

Action Chronic Outpatient Medications

AMOXICILLIN 250MG CAP Qty: 10 for 4 days
Sig: TAKE ONE (1) CAPSULE BY MOUTH EVERY 12 HOURS

Rosiglitazone: MedlinePlus Drug Information

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Health Topics Drugs & Supplements Videos & Cool Tools ESPAÑOL

Rosiglitazone

(roe si gli' ta zone)

[Why is this medication prescribed?](#)
[How should this medicine be used?](#)
[Other uses for this medicine](#)
[What special precautions should I follow?](#)
[What special dietary instructions should I follow?](#)
[What should I do if I forget a dose?](#)

[What side effects can this medication cause?](#)
[What storage conditions are needed for this medicine?](#)
[In case of emergency/overdose](#)
[What other information should I know?](#)
[Brand names](#)
[Brand names of combination products](#)

Notice:

[UPDATED 02/04/2011] FDA notified healthcare professionals and patients that information on the cardiovascular risks (including heart attack) of rosiglitazone has been added to the physician labeling and patient Medication Guide. This information was first announced by FDA on September 23, 2010 as part of new restrictions for prescribing and use of this drug.

Rosiglitazone is sold as a single-ingredient product under the brand name Avandia. Rosiglitazone is also sold as a combination product under the brand name Avandamet (contains rosiglitazone and metformin) and under the brand name Avandaryl (contains rosiglitazone and glimepiride).

Patient-Specific Education Resources

NLM Info Button

File View Action

Active Only Chronic Only 180 days Print... Process... New... Check

Action	Chronic	Outpatient Medications
		AMOXICILLIN 250MG CAP Qty: 10 for 4 days Sig: TAKE ONE (1) CAPSULE BY MOUTH EVERY 12 HOURS
	✓	CLONIDINE 0.2MG TAB Qty: 60 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH TWICE A DAY FOR BLOOD PRESSURE
		TRIAMCINOLONE 75MCG/SPRAY INH Qty: 60 for 30 days Sig: INHALE 2 PUFFS BY MOUTH EVERY 12 HOURS SHAKE WELL
		ROSIGLITAZONE 4MG TAB Qty: 60 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH EVERY 12 HOURS

Add Patient Education Event

Education Topic: Medications-Literature (Medications)

Type of Training: ☒ Individual ☐ Group

Comprehension Level: GOOD

Length: 4 (min)

Comment:

Provided By: USER,SUPER

Readiness to Learn: RECEPTIVE

Status/Outcome: ☐ Goal Set ☐ Goal Met ☐ Goal Not Met

Add

Cancel

☐ Historical

Display Outcome & Standard

Patient's Learning Health Factors

RCIS - Print C32 for Referral

IHS - EHR **TUCSON DEVELOPMENT SYSTEM**

User Patient Tools Help

Patient Chart	Communication	RPMS	CIBA Intranet	Micromedex	E-Mail	RCIS
---------------	---------------	------	---------------	------------	--------	------

Demo Patient Referral
 323289 22-Feb-1970 (41) M

Visit not selected

Primary Care Team Unass

CWAD

[Add Mini Referral](#)
 [Add Referral](#)
 [Edit Referral](#)
 [Add Secondary Referral](#)
 [Print C32 for Referral](#)

Referral Date From: Sunday , February 28, 2010 To: Monday , February 28, 2011

Referral Date	Purpose	Referring Provider	Referral Number	CHS Status	Facility Referred To	Appointr
FEB 22, 2011	EVALUATION/TESTING	DEMO.PROVIDER A	5059011100105	PENDING	CARDIOLOGY ASSOC. I...	
FEB 22, 2011	Call-In		5059011100105 - A1	PENDING	LABORATORY MEDICI...	
FEB 22, 2011	EVALUATION/TESTING	DEMO.PROVIDER A	5059011100105 - A2	PENDING	RADIOLOGIC SPECIAL...	
FEB 22, 2011	EVALUATION/TESTING		5059011100105 - A3	PENDING	CARDIOLOGY ASSOC. I...	
FEB 22, 2011	EVALUATION/TESTING	DEMO.PROVIDER A	5059011100105 - A4	PENDING	CARDIOLOGY ASSOC. I...	
FEB 23, 2011	Call-In	DEMO.PROVIDER A	5059011100110	PENDING	<UNKNOWN>	
FEB 28, 2011	CT SCAN	HISTIA,AMANDA	5059011100118	PENDING	<UNKNOWN>	

Privacy WCM ASQ Suicide **Referrals** Notes Orders Medications Labs Prob/POV Services Reports D/C Summ Consults

RCIS – C32 Continuity of Care Document

Clinical Document

Continuity of Care Document - CCD for GENERATELIST PATIENT ONE at DEMO IHS CLINIC

Created On: March 11, 2011

Patient: GENERATELIST PATIENT ONE **MRN:** 8995_P49, : 20046

Birthdate: ** **Sex:** Female

Guardian: March 15, 1970 **Next of Kin:**

Table of Contents

- [Conditions or Problems](#)
- [Allergies and Adverse Reactions](#)
- [Encounters](#)
- [Vitals Signs](#)
- [Immunizations](#)
- [Insurance Payors](#)
- [Procedures](#)
- [Medications](#)
- [Results](#)
- [Report Generation Criteria](#)

[Conditions or Problems](#)

Date	Name	Status	ICD-9
01/19/2011	Coronary Atherosclerosis Of Unspecified Type Of Vessel,native Or Graft	Active	414.00
08/04/2010	Exercise Induced Bronchospasm		493.81

[Allergies and Adverse Reactions](#)

No Allergy Information for the report generation criteria. However, some allergy information may come from the problem list and may be included in the Condition module

[Encounters](#)

Date/Time	Location	Clinic	Description
02/10/2011 16:52:00	DEMO IHS CLINIC	GENERAL	Service Category: AMBULATORY
02/09/2011 10:31:00	DEMO IHS CLINIC	GENERAL	Service Category: DAY SURGERY
01/19/2011 19:14:00	DEMO IHS CLINIC	GENERAL	Service Category: AMBULATORY
01/19/2011 12:00:00	DEMO IHS CLINIC	PHARMACY	Service Category: AMBULATORY

Print

Close

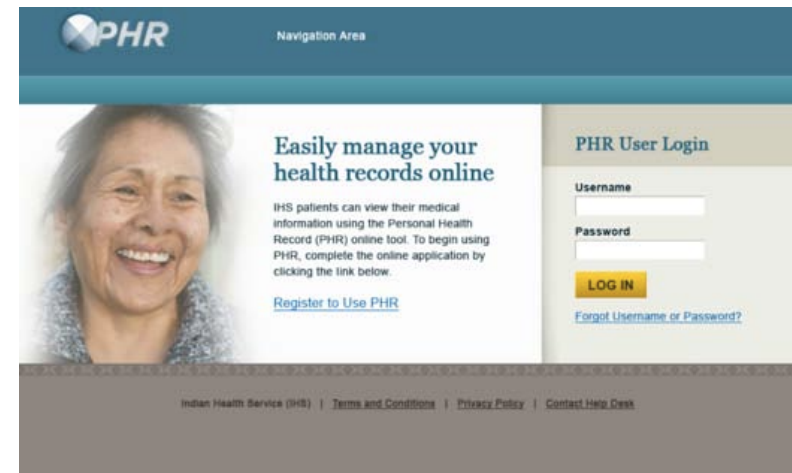
EP Menu Set Performance Measures (choose 5 of 10)

EP 10 Menu Set Performance Measures (7-10 of 10)
<i>Performed Test (Yes/No): Capability to submit electronic data to immunization registries/systems*</i>
<i>Performed Test (Yes/No): Capability to provide electronic syndromic surveillance data to public health agencies*</i>
>20%: Send reminders to patients per patient preference for preventive/follow up care
>10%: Provide patients with timely electronic access to their health information (within 4 business days)

**At least 1 public health measure must be selected*

NOTE: States have the option to require one or more of the items shown in italic font as core measures

Personal Health Record



- Provides patients with online access to medical record information
- Integrates with RPMS and can collect information from all I/T/U sites that are using RPMS to display
- Version 0.5 to be released late winter to meet the Meaningful Use requirements to display patient medications, recent lab results, allergies, and problem list
- Thorough review with various program, especially security, HIM, and Privacy

EHR Certification

- ADM. 22 Demonstrate how a patient can obtain online access to their clinical information including, at a minimum, lab test results, problem list, medication list, medication allergy list, immunizations, and procedures.

Meaningful Use 2011

Care Goals	2011 Objectives <i>Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions</i>	2011 Measures	2013 Objectives <i>Goal is to guide and support care processes and care coordination</i>	2013 Measures	2015 Objectives <i>Goal is to achieve and improve performance and support care processes and on key health system outcomes</i>	2015 Measures
Provide patients and families with access to data, knowledge, and tools to make informed decisions and to manage their health	Provide patients with electronic copy of- or electronic access to- clinical information (including lab results, problem list, medication lists, allergies) per patient preference (e.g., through PHR) [OP, IP]	<p>% of all patients with access to personal health information electronically [OP, IP]</p> <p>% of all patients with access to patient-specific</p>	<p>Offer secure patient-provider messaging capability [OP]</p> <p>Provide access to patient-specific educational resources in common</p>	Additional patient access and experience reports using NQF-endorsed HIT-enabled quality measures [OP, IP]	<p>Access for all patients to PHR populated in real time with data from EHR [OP, IP]</p> <p>Patients have</p>	<p>NPP quality measures related to patient and family engagement [OP, IP]</p> <p>% of patients with full access to PHR</p>
	<p>Provide access to patient-specific education [OP, IP]</p> <p>Provide clinical information to patients for each [OP, IP]</p>					

Provide patients with electronic copy of or electronic access to clinical information (including lab results, problem list, medication lists, allergies) per patient preference (e.g. Through PHR) [OP,IP]

Meaningful Use

By FY11, view data:

- Medications
- Allergies
- Laboratory Results
- Discharge Summaries
- Problem list
- Procedure Information

By FY2013:

- Reporting
- Patient Preferences
- Secure Messaging
- Device Data Upload
- Family Health History
- Languages

Meaningful Use 2015

Care Goals	2011 Objectives <i>Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions</i>	2011 Measures	2013 Objectives <i>Goal is to guide and support care processes and care coordination</i>	2013 Measures	2015 Objectives <i>Goal is to achieve and improve performance and support care processes and on key health system outcomes</i>	2015 Measures
Provide patients and families with access to data, knowledge, and tools to make informed decisions and to manage their health	Provide patients with electronic copy of- or electronic access to- clinical information (including lab results, problem list)	% of all patients with access to personal health information electronically [OP, IP]	Offer secure patient-provider messaging capability [OP]	Additional patient access and experience reports using NQF-endorsed HIT-enabled measures [OP]	Access for all patients to PHR populated in real time with data from EHR [OP, IP]	NPP quality measures related to patient and family engagement [OP, IP] % of patients with full access to PHR populated in real time with EHR data [OP, IP]
				<p>of patients with secure messaging</p> <p>Educational in common languages</p> <p>all patients preferences [OP]</p> <p>monitoring devices [OP]</p> <p>% of transitions where summary care record is shared [OP, IP]</p> <p>Implemented</p>	<p>Patients have access to self-management tools [OP]</p> <p>Electronic reporting on experience of care [OP, IP]</p>	

Access for all patients to PHR populated in real time with data from EHR [OP,IP]

PHR Login

User Name

Password

Log In

[Forgot password?](#)

Have More Questions?

To learn more about the benefits of PHR, ask a care provider at an IHS facility during your next visit, or [contact IHS Help Desk](#) for details.

Manage Your IHS Health Records Online

To begin using PHR, click the 'Register to Use PHR' link below to create an account and apply to view your IHS records.

Register to Use PHR



What is PHR?



IHS patients can use PHR to view and manage personal, family and community health information. Track medicines, lab results, allergies and more from the privacy of your personal computer.

Who can use PHR?



Only an IHS patient who registers to use PHR and verifies their identity at an IHS facility can view their records. If you have questions about this process, [Contact IHS Help Desk](#).

Create Your Account

Create Username

Your User Name Must:

- be 6 to 12 characters in length
- ONLY contain letters and numbers
- be unique
- NOT contain spaces
- is not case-sensitive

Create Password

Re-type Password

Security Question

Security Answer

Save & Continue

[Cancel Registration](#)

Personal & Contact Information

Information entered on this page is for your PHR account only. It is not transmitted to your official IHS medical record. To update your official IHS medical record, contact the appropriate office at your IHS medical facility, or, after logging into your PHR, select the link, 'Request Change of Information,' complete the request form, and submit it. **Bold labels indicate required information.**

Title

Select One ▾

First Name**Last Name**

Middle Name

Suffix

Select One ▾

Other Name

Choose Your Preferred Contact Method

Select one of the three options below as your preferred method of contact. You are required to enter the information for your preferred method of contact. *NOTE: We suggest that you provide your email address, so if you forget your username, it can be easily retrieved using PHR.*

☒ **Email Address**☐ Telephone

Select Type ▾

()- ☐ Postal Address Provided Above

Enter Your HRN
or Chart Number
(if known)

[this text is visible when this field has focus]
Providing your Health Record Number (HRN) will help IHS verify your identity and link to your IHS medical record. If you have more than one HRN, enter the one you use most.

[Save & Continue](#)[Back to Last Step](#)[Cancel Registration](#)

Complete Registration

Please review your information below. To change information that is not correct, click the "EDIT" button. Then read and accept the PHR Privacy Policy and the IHS Terms and Conditions. Click "Register" at the bottom when you are done.

Account Details

[EDIT](#)

Username: CaptainZ
Password:
Secret Question: What is your favorite food?
Answer:

Personal Information

[EDIT](#)

Full Name: Mr. John M. Doe
Address: 1500 Washington Ave.
Suite 201
Alexandria, VA 12345

Gender: Male
Date of Birth: June 15, 1975
Marital Status: Married
Email Address: captainz123@gmail.com

- ☐ I have read and understand the [PHR Privacy Policy](#).
- ☐ I have read and accept the [IHS Terms and Condiitons](#).

[Register](#)[Go Back to Last Step](#)[Cancel Registration](#)

Your Application to Use PHR Was Sent!

The Next Steps

Before you can see your medical records in PHR, you must verify your identity in person. To do this, please follow the steps below.

Step 1: Visit your local IHS Facility.

Step 2: Bring one form of identification with you (see examples below).

Step 3: Show identification to the PHR Registration Clerk at the IHS facility.



Example Forms of Identification:

- driver's license
- tribal identification card
- employment identification card/badge
- military identification card
- passport

If you have questions about this process, please [Contact Help Desk](#).

You can [log in to PHR now](#) or [go back to homepage](#).

Current Medications *

Below is a list of medicines you are taking, including non-prescription medicines, and/or herbal, dietary, and traditional supplements. Let your IHS Healthcare Provider know if this list is not complete. Click on a row to view information for each medicine.

Medicine Name ▾	Prescription Good Until ▾	Dose ▾	Refills Left ▾	Last Filled ▾	Status ▾
Metaformin XR Tab	05/17/2010	500 mg	2	02/10/2010	Active
Metaformin	05/17/2010	500 mg	2	02/10/2010	Active
Metaformin	05/17/2010	500 mg	2	02/10/2010	Active
Metaformin	05/17/2010	500 mg	2	02/10/2010	Active
Metaformin	05/17/2010	500 mg	2	02/10/2010	Active

Expired Medications

The following prescriptions have expired. Talk to your physician to have them refilled.

Medicine Name ▾	Prescription Expired On ▾	Prescriber ▾	Pharmacy ▾
Metaformin	05/17/2010	Doctor Name	Facility Name
Metaformin	05/17/2010	Doctor Name	Facility Name

* **This medicine information was last updated on [date]**
Changes to your medicines (such as a new prescription) occurring after this date will NOT be visible in the table above. Check again in 1-2 days.

Your Medicines*

Current Medicines

Below is a list of medicines you are taking, including non-prescription medicines, and/or herbal, dietary, and traditional supplements. Click on a medicine name to view information.

Medicine Name

Name 1

Name 2

Name 3

Medicine Details

Close Window

Metformin XR Tab

Print Medicine Details

Status: Hold

Reason for Hold: Verification is required from Physician

Dose: 500 mg

Good Until: 01 Apr 2011

Refills Left: 2

Prescriber: MD name

Pharmacy: San Xavier Service Unit

Last Filled: 17 Nov 2009

Quantity: 80 Tablets

Status ▾

On Hold

Active

Active

Expired Medicines

The following medicines have expired:

Medicine Name	Expiry Date	Quantity
Name 1		
Name 2		
Name 3	Date 3	#

* This medicine information was last updated on [date]
Changes to your medicines (such as a new prescription) occurring after this date will NOT be visible in the table above. Check again in 1-2 days.



Allergies

Patient Allergies

Below is a list of allergies we have in our files for you. Please let your healthcare provider know if this list is not complete.

Allergen	Allergen Type	Reaction	Severity	Reaction Date
PENICILLINS	OTHER	RASH		1/1/1
	OTHER			1/1/1

* This allergy data was last updated on 08/30/2010. Changes to this data after this date will NOT show in the table above. Check again in 1-2 days.



Laboratory Results

Patient Laboratory Results

Below is a list of laboratory test results that we have in our files for you. Please let your healthcare provider know if this list is not complete. Click on the rows to view information for each laboratory result.

Laboratory Test Name	Test Date	Result	Unusual Result?	
LIPID PROFILE DEMO	12/20/2004		No	
LIPID PROFILE DEMO - CHOLESTEROL	12/20/2004	135 mg/dL	No	
LIPID PROFILE DEMO - TRIGLYCERIDE	12/20/2004	150 mg/dL	No	
LIPID PROFILE DEMO - HDL	12/20/2004	40 mg/dL	No	
LIPID PROFILE DEMO - calculated:	12/20/2004		No	
LIPID PROFILE DEMO - LDL	12/20/2004	65 mg/dL	No	
LIPID PROFILE DEMO - CHOL/HDL RATIO	12/20/2004	1.0	No	
METABOLIC PROFILE	12/20/2004		No	
METABOLIC PROFILE - RANDOM GLUCOSE	12/20/2004	90 mg/dl	No	
METABOLIC PROFILE - UREA NITROGEN	12/20/2004	20 mg/dL	Yes	
LIPID PROFILE DEMO - CHOL/HDL RATIO	12/20/2004	3.4 mg/dL	Yes	
METABOLIC PROFILE - SODIUM	12/20/2004	140 mmol/L	Yes	
METABOLIC PROFILE - POTASSIUM	12/20/2004	5 mmol/L	Yes	

* This laboratory result information was last updated on 08/30/2010. Changes to your laboratory results (such as a new laboratory result) occurring after this date will NOT be visible in the table above. Check again in 1-2 days.

EP Clinical Quality Measures

- **Core Set for Eligible Professionals**
 - If any measure has denominator = 0, must report on the Alternate Core measures

NQF Measure Number & PQRI Implementation Number	Clinical Quality Measure Title
NQF 0013	Hypertension: Blood Pressure Measurement
NQF 0028	Preventive Care and Screening Measure Pair: a) Tobacco Use Assessment, b) Tobacco Cessation Intervention
NQF 0421 PQRI 128	Adult Weight Screening and Follow-up

EP Clinical Quality Measures (cont'd)

- **Alternate Core Set for Eligible Professionals**
 - If any measure has denominator = 0, will still report the measure

NQF Measure Number & PQRI Implementation Number	Clinical Quality Measure Title
NQF 0024	Weight Assessment and Counseling for Children and Adolescents
NQF 0041 PQRI 110	Preventive Care and Screening: Influenza Immunization for Patients 50 Years Old or Older
NQF 0038	Childhood Immunization Status

EP Clinical Quality Measures (cont'd)

Additional set CQM for EP – must report 3 of 38

Diabetes: Hemoglobin A1c Poor Control



Diabetes: Low Density Lipoprotein (LDL) Management and Control



Diabetes: Blood Pressure Management



Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)



Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)



Pneumonia Vaccination Status for Older Adults



Breast Cancer Screening

EP Clinical Quality Measures (cont'd)

Colorectal Cancer Screening



Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD



Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)



Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment



Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation



Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

EP Clinical Quality Measures (cont'd)

Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care



Asthma Pharmacologic Therapy



Asthma Assessment



Appropriate Testing for Children with Pharyngitis



Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer



Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients



Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

EP Clinical Quality Measures (cont'd)

Smoking and Tobacco Use Cessation, Medical Assistance: a) Advising Smokers and Tobacco Users to Quit, b) Discussing Smoking and Tobacco Use Cessation Medications, c) Discussing Smoking and Tobacco Use Cessation Strategies



Diabetes: Eye Exam



Diabetes: Urine Screening



Diabetes: Foot Exam



Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol



Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation

EP Clinical Quality Measures (cont'd)

Ischemic Vascular Disease (IVD): Blood Pressure Management



Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic



Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a) Initiation, b) Engagement



Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)



Prenatal Care: Anti-D Immune Globulin



Controlling High Blood Pressure



Cervical Cancer Screening



Chlamydia Screening for Women

EP Clinical Quality Measures (cont'd)

Use of Appropriate Medications for Asthma



Low Back Pain: Use of Imaging Studies



Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control



Diabetes: Hemoglobin A1c Control (<8.0%)

1st Release

- 9 EP measures (3 core/3 alternate core/3 menu set (breast cancer screening, cervical cancer screening, and colorectal cancer screening))
- CRS v11.0 Patch 2

2nd Release

- All 15 hospital measures
- CRS v11.0 Patch 3

3rd Release

- Remaining EP menu set measures identified as priority for Stage 1 development
- CRS v11.1

EP Medicare/Medicaid Comparison

Medicare	Medicaid
<input type="checkbox"/> Demonstrate MU of a certified EHR in all participation years.	<input type="checkbox"/> In the first year of Stage 1, adopt, implement, or upgrade (AIU) to a certified EHR. <input type="checkbox"/> After the first year , demonstrate MU of a certified EHR as noted in the next three rows.
<input type="checkbox"/> For Stage 1, report on 15 core measures and five measures from a menu set of 10.	<input type="checkbox"/> For Stage 1, report on 15 core measures and five measures from a menu set of 10.
<input type="checkbox"/> Meet performance targets on most measures.	<input type="checkbox"/> Meet performance targets on most measures.
<input type="checkbox"/> For Stage 1, report on a total of 6 clinical quality measures (3 core, 3 menu set). If the denominator for any of the 3 measures is zero, must report on the 3 alternate core measures. If all 6 of the measures have a denominator of zero, the eligible professional must still report on any 3 menu set measures shown in the menu set. Note: There are no performance targets.	<input type="checkbox"/> For Stage 1, report on a total of 6 clinical quality measures (3 core, 3 menu set). If the denominator for any of the 3 measures is zero, must report on the 3 alternate core measures. If all 6 of the measures have a denominator of zero, the eligible professional must still report on any 3 menu set measures shown in the menu set. Note: There are no performance targets.

ELIGIBLE HOSPITALS

Overview of Hospital

I/T hospitals are eligible to participate in both the Medicare and Medicaid incentive programs

For Medicaid, must meet a 10% Medicaid patient volume requirement; no patient volume requirement for Medicare

Eligible IHS Hospitals include:

- Subsection-D/Acute Care Hospitals
- Critical Access Hospitals

Eligible reporting period based on consecutive 90-day period during a fiscal year (Medicare)

Hospital Medicare/Medicaid Comparison

MEDICARE EHR Incentive Program	MEDICAID EHR Incentive Program
Implemented by the Federal Government starting in 2011	Voluntary for States to implement - Most are expected to start by late summer 2011
Program ends in 2016; must initiate participation by 2015. Must participate by 2013 to receive the maximum incentive payment	Program ends in 2021; must initiate participation by 2016 and still receive maximum incentive payment.
Can register now	Can register once state offers the program (check with your state for expected launch date)
Medicare payment reductions begin in 2015 for hospitals that cannot demonstrate MU of certified EHR technology	No Medicaid payment reductions
Must demonstrate MU in Year 1 over a consecutive 90-day report period	A/I/U option for Year 1; no report period

ELIGIBILITY FOR HOSPITALS

Medicare/Medicaid EH Eligibility Comparison (cont'd)

Medicare	Medicaid
For Medicare, there is not a Patient Volume requirement	To be eligible to receive an incentive under the <i>Medicaid</i> EHR, an eligible hospital must meet a minimum patient volume threshold

Medicaid Eligibility: Patient Volume - Hospitals

Eligible Hospitals	Minimum Medicaid patient volume threshold
Acute care hospitals, including Critical Access Hospitals	10%

Patient Volume for Hospitals – cont'd

Hospital Medicaid Patient Volume Calculation

Total Medicaid encounters in any
representative continuous 90-day
period in the preceding fiscal year

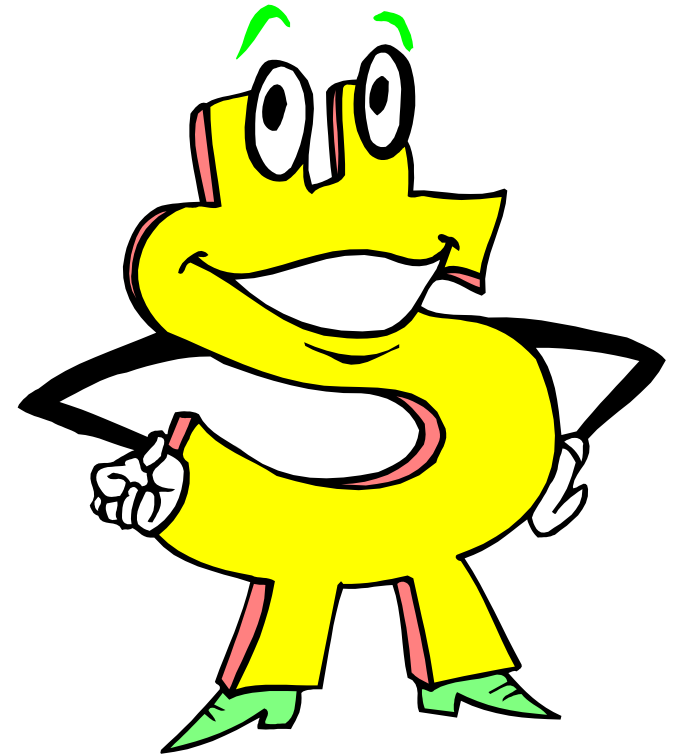
$$\frac{\text{Total Medicaid encounters in any representative continuous 90-day period in the preceding fiscal year}}{\text{Total encounters in the same 90-day period}} * 100$$

Medicaid Encounter Definition

- For calculating Medicaid patient volume, a “**Medicaid encounter**” means services rendered to an individual where Medicaid (or a Medicaid demonstration project approved under section 1115 of the Act) paid for part or all of:
 - Service per inpatient discharges,
 - Premiums, co-payments, and/or cost-sharing per inpatient discharge
 - Service in an emergency department* on any one day, or,
 - Their premiums, co-payments, and/or cost sharing in an emergency department* on any one day.

*An emergency department must be part of the hospital under the qualifying CCN.

HOSPITAL INCENTIVES



Medicare Incentives for Eligible Hospitals

Eligible hospitals must adopt and successfully demonstrate Meaningful Use of a certified EHR

Year One- Hospitals will have to demonstrate MU for consecutive 90 days*

All Subsequent Years-Hospitals will have to demonstrate MU for the entire reporting year

Incentives Summary – Eligible Hospitals

	MEDICARE	MEDICAID
Incentives Start	FY 2011	FY 2011
Incentives End	FY 2016 (max. 4 years, must start by 2015)	2021 (max. 6 years, must start by 2016)
Incentive Amount	Varies, depending on % Medicare inpatient bed days. CAHs paid based on EHR costs and % Medicare inpatient bed days.	Varies, depending on % Medicaid inpatient bed days.
Reimbursement Reduced	FY 2015	No penalties

PERFORMANCE MEASURES ELIGIBLE HOSPITALS

Hospital Demonstration of MU

Stage 1

Hospital Requirements to Demonstrate MU
14 core performance measures*
5 performance measures out of 10 from menu set*
15 Clinical Quality Measures
*Most measures require achievement of a performance target

Hospital Core Performance Measures

CORE SET TARGETS AND MEASURES

Eligible Hospitals (1-7 of 14)

**>30%: Computerized physician order entry (CPOE):
Unique patients w/at least 1 medication on medication list have at least 1
medication ordered w/CPOE**

Yes/No: Report hospital clinical quality measures to CMS or States

Yes/No: Implement one clinical decision support rule

**>50%: Provide patients with an electronic copy of their health information,
upon request**

**>50%: Provide patients with an electronic copy of their discharge instructions
at time of discharge, upon request**

**Yes/No: Implement drug-drug and drug-allergy interaction checks during the
entire EHR reporting period**

>50%: Record demographics

Hospital Core Performance Measures

CORE SET TARGETS AND MEASURES

Eligible Hospitals (8-14 of 14)

>80%: Maintain an up-to-date problem list of current and active diagnoses

>80%: Maintain active medication list

>80%: Maintain active medication allergy list

>50%: Record and chart changes in vital signs

>50%: Record smoking status for patients 13 years or older

Test Performed (Yes/No): Capability to exchange key clinical information among providers of care and patient-authorized entities electronically

Yes/No: Conduct or review a security risk analysis per CFR 164.308(a)(1) and implement security updates as necessary & correct deficiencies

Hospital Menu Set Measures

(choose 5 of 10)

MENU SET TARGETS AND MEASURES	
Eligible Hospitals (1-6 of 10)	
Yes/No:	Implement drug-formulary checks for entire EHR reporting period
>40%:	Incorporate clinical lab test results as structured data
Yes/No:	Generate lists of patients by specific conditions
>10%:	Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate
>50%:	Medication reconciliation at transitions of care
>50%:	Summary of care record for each transition of care/referrals

Hospital Menu Set Measures

(choose 5 of 10)

MENU SET TARGETS AND MEASURES	
Eligible Hospitals (7-10 of 10)	
Performed Test (Yes/No):	Capability to submit electronic data to immunization registries/systems*
Performed Test (Yes/No):	Capability to provide electronic syndromic surveillance data to public health agencies*
>50%: Record advanced directives for patients 65 years or older	
Performed Test (Yes/No):	Capability to provide electronic submission of reportable lab results to public health agencies*

**At least 1 public health measure must be selected*

NOTE: States have the option to require one or more of the items shown in italic font as core measures

Hospital Clinical Quality Measures

Emergency Department Throughput – admitted patients – Median time from ED arrival to ED departure for admitted patients



Emergency Department Throughput – admitted patients – Admission decision time to ED departure time for admitted patients



Ischemic stroke – Discharge on anti-thrombotics

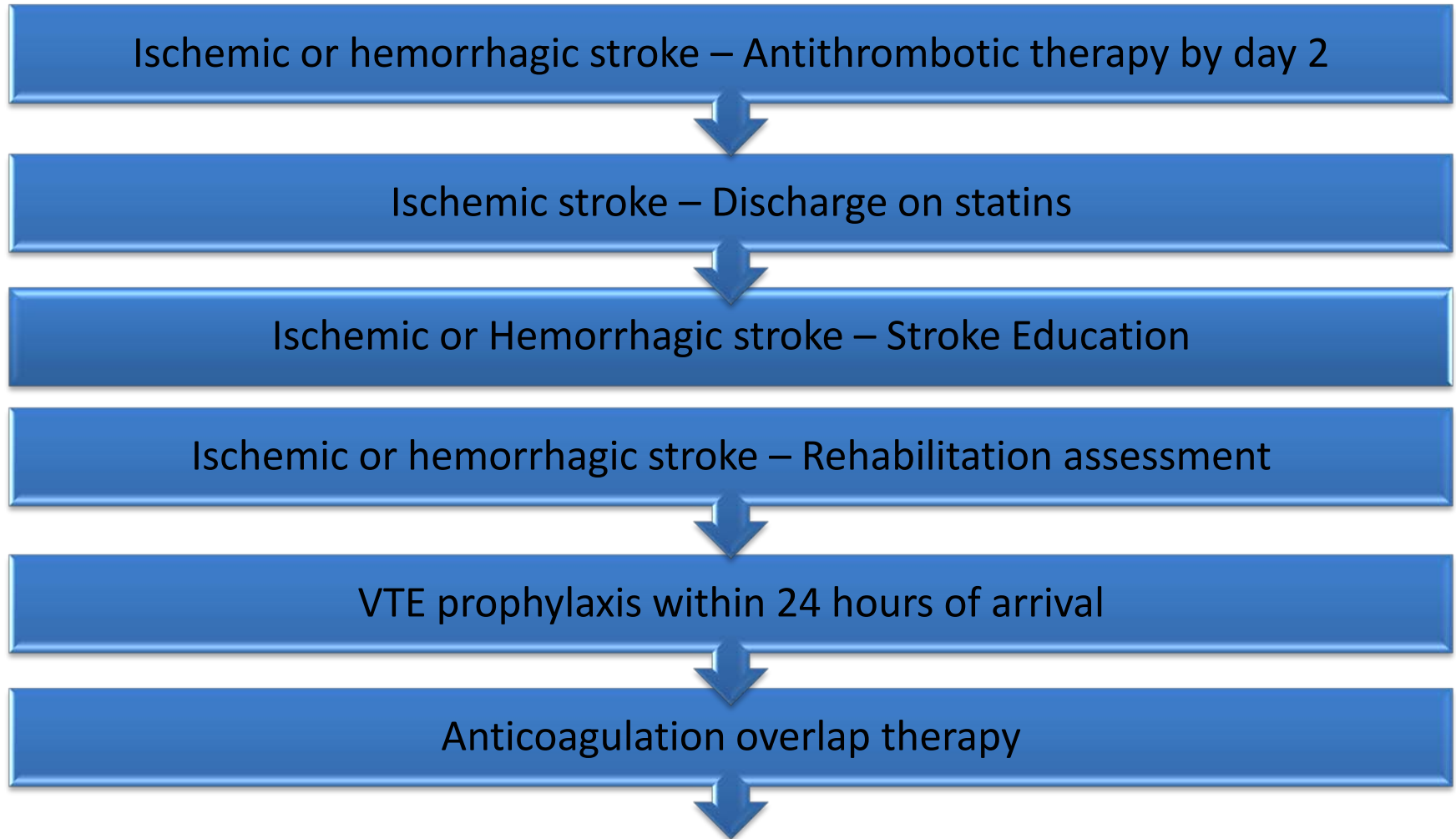


Ischemic stroke – Anticoagulation for A-fib/flutter

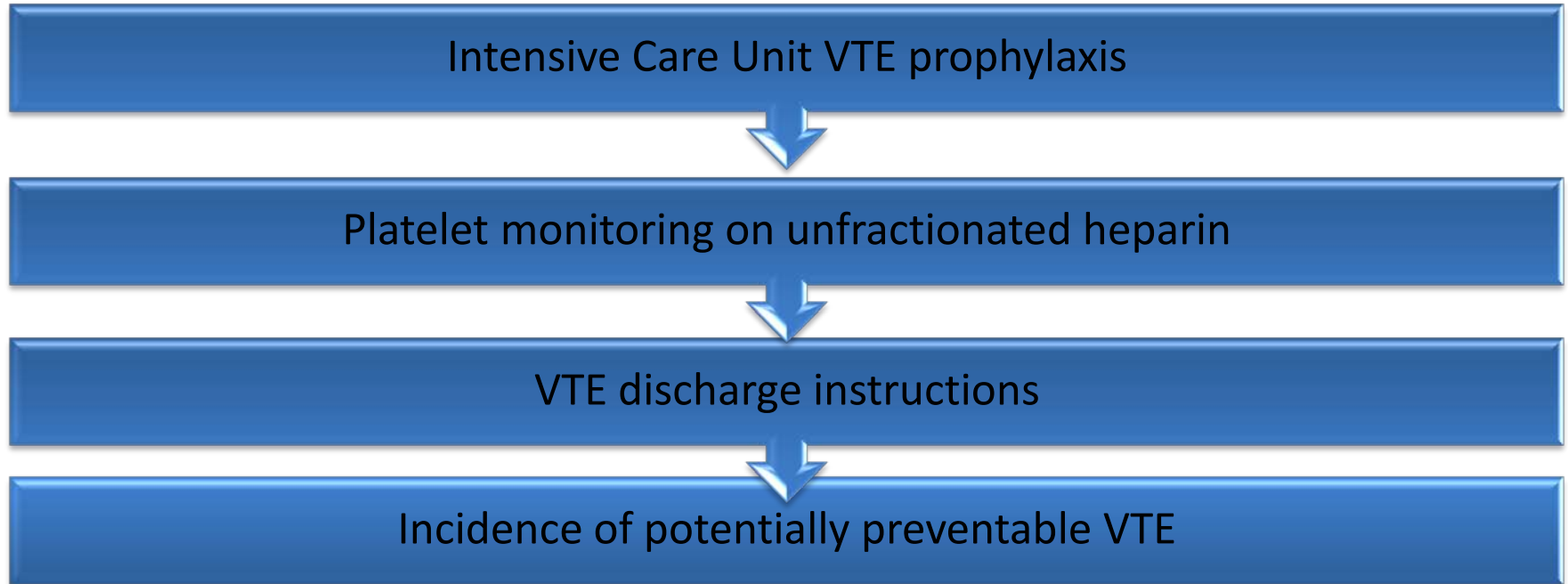


Ischemic stroke – Thrombolytic therapy for patients arriving within 2 hours of symptom onset

Clinical Quality Measures for Hospitals and CAHs Continued (6-11)



Clinical Quality Measures for Hospitals and CAHs Continued (12-15)



1st Release

- 9 EP measures (3 core/3 alternate core/3 menu set (breast cancer screening, cervical cancer screening, and colorectal cancer screening))
- CRS v11.0 Patch 2

2nd Release

- All 15 hospital measures
- CRS v11.0 Patch 3

3rd Release

- Remaining EP menu set measures identified as priority for Stage 1 development
- CRS v11.1

Medicare/Medicaid Comparison for Hospitals

Medicare	Medicaid
<input type="checkbox"/> Demonstrate MU of a certified EHR in all participation years.	<input type="checkbox"/> In the first year of Stage I, adopt, implement, or upgrade (AIU) to a certified EHR. <input type="checkbox"/> After the first year , demonstrate MU of a certified EHR as noted in the next three rows.
<input type="checkbox"/> For Stage I, report on 14 core measures and 5 measures from a menu set of 10.	<input type="checkbox"/> For Stage I, report on 14 core measures and 5 measures from a menu set of 10.
<input type="checkbox"/> Meet performance targets on most measures.	<input type="checkbox"/> Meet performance targets on most measures.
<input type="checkbox"/> For Stage I, report on all 15 hospital clinical quality measures. Note: There are no performance targets.	<input type="checkbox"/> For Stage I, report on all 15 hospital clinical quality measures. Note: There are no performance targets.

Timeline for Incentive Payments

January 1, 2011	– Reporting year begins for EPs
January 3, 2011	– Registration for the Medicare EHR Incentive Program begins – Registration for Medicaid EPs and hospitals in 11 states begins
April 2011	– Attestation for the Medicare EHR Incentive Program begins.
Spring-Summer 2011	– Other states expected to open registration for Medicaid EPs and hospitals
July 3, 2011	– Last day for eligible hospitals to begin their 90-day reporting period to demonstrate meaningful use for the Medicare EHR Incentive Program.

Timeline for Incentive Payments – cont'd

September 30, 2011	– Last day of the federal fiscal year. Reporting year ends for eligible hospitals and CAHs.
October 1, 2011	– Last day for EPs to begin their 90-day reporting period for calendar year 2011 for the Medicare EHR Incentive Program.
November 30, 2011	– Last day for eligible hospitals and critical access hospitals to register and attest to receive an Incentive Payment for Federal fiscal year (FY) 2011.
December 31, 2011	– Reporting year ends for EPs.
February 29, 2012	– Last day for EPs to register and attest to receive an Incentive Payment for calendar year (CY) 2011.

Registering for the CMS Incentive Program

- To participate in the CMS EHR Incentive Program, you must register with CMS and your respective State, if you will participate in the Medicaid program
- **Registration open now**
 - Alaska
 - Iowa
 - Kentucky
 - Louisiana
 - Oklahoma
 - Michigan
 - Mississippi
 - North Carolina
 - South Carolina
 - Tennessee
 - Texas
- **Registration for other states will launch during spring and summer 2011**

<http://www.cms.gov/apps/files/medicaid-HIT-sites/>

Registering (cont'd)

- Currently must register each EP separately.
- CMS estimates batch registration available in April for Medicare program – STAY TUNED FOR MORE INFORMATION
- Not required to provide information on which certified EHR you are using when you register.
- First register on the CMS website and then with your respective State, if applying for Medicaid incentives.
- EPs may switch between the two programs anytime prior to first payment; after that, may only switch once before 2015.
- CMS recommends hospitals register for both programs, even if you don't know yet if you meet the Medicaid patient volume requirements.
- Other requirements must be met. Visit CMS website for more information:
 - http://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.aspx#TopOfPage

Area MU Coordinators

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