Meaningful Use of EHRs to Improve Patient Care

Session Code: A11 & B11

Janice Magno, MPA, Project Manager, NYC REACH
Liraiza Diaz, Clinical Quality Specialist, NYC REACH

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Objectives

- Explain how meaningful use of EHR technology will improve the health of populations served by CHCs in New York City by allowing them to develop and track quality and health outcome measures specific to the local community.

- Discuss strategies for using EHR data to improve quality of care for patients.

- Develop workflows that promote patient engagement and support achievement of Meaningful Use.

Disclosures:
Janice Magno and Liraiza Diaz have no disclosures.
### Agenda

- Introduction
- Overview of Meaningful Use
- Challenges to Achieving Meaningful Use
- Our Approach
- Conclusion

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**Primary Care Information Project and NYC REACH**

**PCIP**, a bureau of NYC DOHMH, was founded in 2005 with the mission to improve the quality of care in medically underserved areas through HIT.

Over **3,200** providers given software and technical support

**NYC REACH**, regional extension center started in 2009 with the main goal EHR adoption & Meaningful Use.

Over **10,000** providers in all 5 boroughs receiving HIT assistance

- 1064 small practices; **31 large practices**
- 63 community health centers
- 54 hospital outpatient clinics
Birth of the Extension Center and Meaningful Use

Pre 2009
A system under equipped to meet the needs

2009
$20 billion to fund EHR Incentive Program & 62 Regional Extension Centers

2014
Widespread adoption and meaningful use of EHRs

Primary Care Information Project

NYC DOHMH: PRIMARY CARE INFORMATION PROJECT

EHR Adoption & Meaningful Use
- Regional Extension Center

Quality Improvement & Pay for Quality
- PCMH
- e-Prescribing
- Pay for Performance

Interoperability
- Health Information Exchange
- Interfaces

Public Health Monitoring
- Disease Surveillance
- Hemoglobin A1C Registry

“Clinical Action Arm” of the NYC DOHMH
What is Meaningful Use?

The American Recovery and Reinvestment Act (ARRA) authorizes CMS to offer financial incentives to physician & hospital providers who demonstrate "meaningful use" of an electronic health record (EHR).

**Meaningful Use is using a certified EHR technology to:**

1) Improve quality, safety, efficiency, and reduce health disparities
2) Engage patients and families in their care
3) Improve care coordination
4) Improve population and public health
5) All the while maintaining privacy & security
Meaningful Use Stages

Each stage gets progressively harder to drive toward the ultimate goal

Three Stages of Meaningful Use

- **Stage 1**: Data capture and sharing
- **Stage 2**: Advanced clinical processes
- **Stage 3**: Improved outcomes

Improved quality of care

Meaningful Use Incentive Programs

Can receive up to $44,000 from Medicare per provider

Can receive up to $63,750 from Medicaid per provider
Sets of measures each provider needs to meet:

- **Core**: has 15 measures; must do all 15
- **Clinical Quality Measures**: must report 6
- **Menu**: has 10 measures; must choose 5, at least 1 public health measure

### Core Set Measures – must meet all 15

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CPOE for Medication Orders</td>
<td>&gt;30%</td>
</tr>
<tr>
<td>2. Drug Interaction Checks</td>
<td>Enabled functionality</td>
</tr>
<tr>
<td>3. Maintain Problem List</td>
<td>&gt;80%</td>
</tr>
<tr>
<td>4. Generate &amp; Transmit Prescriptions</td>
<td>&gt;40% of medications prescribed</td>
</tr>
<tr>
<td>5. Active Medication List</td>
<td>&gt;80%</td>
</tr>
<tr>
<td>6. Active Medication Allergy List</td>
<td>&gt;80%</td>
</tr>
<tr>
<td>7. Record Demographics</td>
<td>&gt;50% (G, DOB, L, R, Eth)</td>
</tr>
<tr>
<td>8. Record Vital Signs</td>
<td>&gt;50% of pts &gt;2 yrs old (Ht, Wt, BP)</td>
</tr>
</tbody>
</table>
### Core Set Measures – must meet all 15 (cont’d)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Record Smoking Status</td>
<td>&gt;50% of pts 13 yrs &amp; older</td>
</tr>
<tr>
<td>10. Clinical Quality Measures (CQMs)</td>
<td>Report on total of 6 CQMs</td>
</tr>
<tr>
<td>11. Clinical Decision Support</td>
<td>1 CDS</td>
</tr>
<tr>
<td>12. Electronic Copy of Health Info</td>
<td>&gt;50% upon request</td>
</tr>
<tr>
<td>13. Clinical Visit Summaries</td>
<td>&gt;50%</td>
</tr>
<tr>
<td>14. Exchange Clinical Information</td>
<td>1 Test</td>
</tr>
<tr>
<td>15. Protect Electronic Health Info</td>
<td>Conduct Risk Assessment</td>
</tr>
</tbody>
</table>

### Clinical Quality Measures

#### Core:

<table>
<thead>
<tr>
<th>NQF Measure Number &amp; PQRI Implementation Number</th>
<th>Clinical Quality Measure Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>NQF 0013</td>
<td>Hypertension: Blood Pressure Measurement</td>
</tr>
<tr>
<td>NQF 0028</td>
<td>Preventive Care and Screening Measure Pair: a) Tobacco Use Assessment, b) Tobacco Cessation Intervention</td>
</tr>
<tr>
<td>NQF 0421 PQRI 128</td>
<td>Adult Weight Screening and Follow-up</td>
</tr>
</tbody>
</table>

#### Alternate:

<table>
<thead>
<tr>
<th>NQF Measure Number &amp; PQRI Implementation Number</th>
<th>Clinical Quality Measure Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>NQF 0024</td>
<td>Weight Assessment and Counseling for Children and Adolescents</td>
</tr>
<tr>
<td>NQF 0041 PQRI 110</td>
<td>Preventive Care and Screening: Influenza Immunization for Patients 50 Years Old or Older</td>
</tr>
<tr>
<td>NQF 0038</td>
<td>Childhood Immunization Status</td>
</tr>
</tbody>
</table>

*Must choose 3 Core or Alternate CQMs*
### Additional Clinical Quality Measures – must choose 3 out of 38

<table>
<thead>
<tr>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Diabetes Hemoglobin A1c Post-Control</td>
</tr>
<tr>
<td>2. Diabetes Low Density Lipoprotein (LDL) Management and Control</td>
</tr>
<tr>
<td>3. Diabetes Blood Pressure Management</td>
</tr>
<tr>
<td>4. Heart Failure (HF) Angiotensin-Converting Enzyme (ACE) Inhibitor or</td>
</tr>
<tr>
<td>Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular</td>
</tr>
<tr>
<td>Systolic Dysfunction (LVSD)</td>
</tr>
<tr>
<td>5. Coronary Artery Disease (CAD) Beta-Blocker Therapy for CAD Patients</td>
</tr>
<tr>
<td>with Prior Myocardial Infarction (MI)</td>
</tr>
<tr>
<td>6. Pneumococcal Vaccination Status for Older Adults</td>
</tr>
<tr>
<td>7. Breast Cancer Screening</td>
</tr>
<tr>
<td>8. Colorectal Cancer Screening</td>
</tr>
<tr>
<td>9. Coronary Artery Disease (CAD) Oral Anticoagulation Therapy for CAD</td>
</tr>
<tr>
<td>with Prior MI</td>
</tr>
<tr>
<td>10. Heart Failure (HF) Beta-Blocker Therapy for Left Ventricular</td>
</tr>
<tr>
<td>Systolic Dysfunction (LVSD)</td>
</tr>
<tr>
<td>11. Anti-Aggregant medication management (a) Effective Atrial Fibrillation</td>
</tr>
<tr>
<td>(EAF)/Effective Continuation Phase Treatment (ECP)</td>
</tr>
<tr>
<td>12. Primary Open Angle Glaucoma (POAG) Optic Nerve Evaluation</td>
</tr>
<tr>
<td>13. Diabetic Retinopathy: Documentation of Presence or Absence of</td>
</tr>
<tr>
<td>Vascular Edema and Level of Severity of Retinopathy</td>
</tr>
<tr>
<td>14. Diabetic Retinopathy: Communication with the Physician Managing</td>
</tr>
<tr>
<td>Ongoing Diabetes Care</td>
</tr>
<tr>
<td>15. Adverse Pharmacologic Therapy</td>
</tr>
<tr>
<td>16. Adverse Assessment</td>
</tr>
<tr>
<td>17. Appropriate Testing for Children with Pharyngitis</td>
</tr>
<tr>
<td>18. Oncology Breast Cancer: Hormonal Therapy for Stage I-IV Hercept</td>
</tr>
<tr>
<td>Receptor Positive Breast Cancer</td>
</tr>
<tr>
<td>19. Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer</td>
</tr>
<tr>
<td>20. Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low</td>
</tr>
<tr>
<td>Risk Prostate Cancer Patients</td>
</tr>
<tr>
<td>21. Smoking and Tobacco Use Cessation, Medical Assistance to Advise</td>
</tr>
<tr>
<td>Smokers and Tobacco Users to Quit</td>
</tr>
<tr>
<td>22. Discussing Smoking and Tobacco Use Cessation Medications, a</td>
</tr>
<tr>
<td>b) Discussing Smoking and Tobacco Use Cessation Strategies</td>
</tr>
<tr>
<td>23. Diabetes Eye Exam</td>
</tr>
<tr>
<td>24. Diabetes Urine Screening</td>
</tr>
<tr>
<td>25. Diabetes Foot Exam</td>
</tr>
<tr>
<td>26. Coronary Artery Disease (CAD) Drug Therapy for Lowering LDL–Cholesterol</td>
</tr>
<tr>
<td>27. Heart Failure (HF) Warfarin Therapy for Patients with High Risk of</td>
</tr>
<tr>
<td>Major Stroke</td>
</tr>
<tr>
<td>28. Ischemic Vascular Disease (IVD) Blood Pressure Management</td>
</tr>
<tr>
<td>29. Ischemic Vascular Disease (IVD) Use of Aspirin or Another Antiplatelet</td>
</tr>
<tr>
<td>30. Initiation and Engagement of Alcohol and Other Drug Dependence</td>
</tr>
<tr>
<td>Treatment, a) Initiation b) Engagement</td>
</tr>
<tr>
<td>31. Prenatal Care: Screening for Human Immunodeficiency (HSV, HIV)</td>
</tr>
<tr>
<td>32. Prenatal Care: Artificial Insemination</td>
</tr>
<tr>
<td>33. Controlling High Blood Pressure</td>
</tr>
<tr>
<td>34. Cervical Cancer Screening</td>
</tr>
<tr>
<td>35. Chlamydia Screening for Women</td>
</tr>
<tr>
<td>36. Use of Appropriate Medications for Asthma</td>
</tr>
<tr>
<td>37. Low Back Pain: Use of Imaging Studies</td>
</tr>
<tr>
<td>38. Ischemic Vascular Disease (IVD) Complete Uterine and L2D Control</td>
</tr>
<tr>
<td>39. Diabetes Hemoglobin A1c Control (&lt;8.5%)</td>
</tr>
</tbody>
</table>

### Menu Set Measures – must choose 5

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Drug Formulary Checks</td>
<td>Enabled functionality</td>
</tr>
<tr>
<td>2. Clinical Lab Test Results</td>
<td>&gt;40% entered</td>
</tr>
<tr>
<td>3. Patient Lists</td>
<td>1 List generated</td>
</tr>
<tr>
<td>4. Patient Reminders</td>
<td>&gt;20%</td>
</tr>
<tr>
<td>5. Timely Electronic Access</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>6. Patient Education Resources</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>7. Medication Reconciliation</td>
<td>&gt;50% of transition of care</td>
</tr>
<tr>
<td>8. Transition of Care Summary</td>
<td>&gt;50% of referrals</td>
</tr>
<tr>
<td>9. Immunization Registry Data*</td>
<td>1 Test</td>
</tr>
<tr>
<td>10. Syndromic Surveillance Data*</td>
<td>1 Test</td>
</tr>
</tbody>
</table>
“The True Meaning of Meaningful Use”

http://www.youtube.com/watch?v=isbPnLxKqul

Challenges...Despite the incentives

- Lack of Engagement
  - Incentive $ is not enough
  - Buy-in from providers and leadership
  - Competing priorities

- Infrastructure & Lack of Resources
  - Staffing/Project Management
  - Funding
  - EHR Issues – upgrades, etc
  - Time

- Diverse Patient Population
  - Socio-economic, Cultural
  - Patient Buy-in
Challenges with MU measures

• Provider Buy-In
  • Too busy
  • Lack of face to face interaction
  • Patient Confidentiality

• EHR/Workflow issues
  • Too many clicks
  • Checkbox – Null Value
  • Workflow around MU reports
  • System slow downs
  • Lack of Technical Support

• Patient Engagement
  • Patient Portal email access
  • Language/Cultural/Religion

Let’s look at “Clinical Visit Summaries”

The measure:
Clinical summaries provided to patients for more than 50 percent of all office visits within 3 business days

What is a Clinical Visit Summary?
An after-visit summary that provides a patient with relevant and actionable information and instructions containing the

• patient name
• provider’s office contact information
• date and location of visit
• an updated medication list
• updated vitals
• reason(s) for visit
• procedures & instructions
• problem list
• immunizations
• medications
• summary of topics covered/considered,
• appointments
• lab & other diagnostic tests orders/results
Let's look at an example of EHR Documentation

Up to Date Problem List

Our Approach

Learning Collaborative

Data Trending & Analysis

Quality Improvement Support
Our Approach

- **A Clinical Quality Specialist (CQS) is assigned to every NYC REACH member practice**

- **CQS consultation support includes:**
  - On-site/Virtual visits and Calls
  - Individualized MU planning/support
    - Working with the QI Team on how to include MU in their initiatives
    - Follow the Improvement Model (PDSAs)
  - Data Analysis
  - Meaningful Use Education
  - Technical Assistance
  - Liaison between practices and NYS Medicaid/CMS
QI Support Model: Practices with more technical assistance visits showed greater improvement

Our Message: Meaningful Use is a Team Sport
Other Support

**Specialized Support**
- Privacy & Security Support
- Immunization and Syndromic Surveillance Submission/Testing
- Lab Interface
- Billing and Coding Optimization*
- Template Customization*
- PCMH Recognition*

**Online Resource Library**
- How-to guides for Meaningful Use registration and attestation
- Step-by-step instructions for State and CMS websites
- Privacy and Security toolkits

**Newsletters & Email Digests**
- Important deadlines
- Updates on EHR Incentives
- Hot Topics

*Fees apply

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Our Approach

- Learning Collaborative
- Data Trending & Analysis
- Quality Improvement Support
Our Approach

Data we currently have:
- Patient de-identified MU data
- CMS and NYS Medicaid MU registration & attestation data

How do we get data:
- Encrypted automatic transmission from practices
- Submission through SFTP from practices
- Reports from CMS & NYS Medicaid

What we do with data:
- Measure quality, utilization & syndromic data
- Analyze & benchmark Meaningful Use data
- Create feedback reports - individual provider dashboards and large practice aggregate reports

How do we get data?

Relationships with Staff and Technical Assistance motivate practices to share data with PCIP

Feedback to doctors for Quality Improvement

Public Health Research & Policy Development

Aggregated Data

NYC Health

Communication Centers

Hospitals

Private Practices
Take Care NY Dashboard

- Criteria to receive TCNY dashboard:
  - the provider had transmitted data for at least 3 months;
  - the provider had at least 20 office visits And 4 Quality Measures in the last month

Provider Dashboards led to scalable overall improvement across measures

- Introduction of dashboards led to overall improvement across measures displayed on the dashboard
- Improvement across all quality measures was observed for low and higher performing practices
- Low performers improved BP control rates from 41 to 53%, one year post-dashboad receipt.
Incorporates State and Fed data feeds to see where our providers are in the attestation process – allows targeted efforts and strategic resource allocation.
Our Approach

- Quarterly EHR vendor-neutral in-person sessions on meaningful use related topics
- Based on IHI model for achieving breakthrough improvement
- Purpose: To engage practice leaders and foster partnerships, sharing of best practices
- We’ve held 11 sessions since 2012, attended by up to 80 people
- The format of the sessions contain presentations and facilitated small group discussions
May 9, 2012 – First Collaborative Session

Topics Discussed at the Learning Collaborative Sessions

- **MU updates** (deadline, penalties, audits, changes and taxation issues)
- **Aggregate MU data across NYC REACH large practices**
- **Panel Presentations**
  - Problem measures and barriers
  - Best practices/workflows and lessons learned
  - Use of MU data to strengthen grant funding proposals
- **Small Group Discussions**
  - Sharing of workflows and issues
  - EHR specific topics
- **Content from other bureaus of DOHMH**
Feedback from the Learning Collaborative Sessions

“Love group breakouts”

“Very Informative”

“This training has been very helpful. The smaller setting served for questions and answers.”

“Great Sessions”

“Helpful to hear how other people/groups have garnered buy in, developed tools, overcome barriers. Address areas/processes where we are all falling short.”

“Second time held I have learned so much”

“Great ideas today to engage staff & develop buy in”

“The information I gleaned from this one session is immeasurable”

“Very insightful. Helped me gain knowledge & put PCIP in better perspective. Thank you!”

How do we know our approach is effective?
Medication Reconciliation

Providers Achieving Meaningful Use – to date
“The True Meaning of Meaningful Use”

- Higher Quality
- Safer Care
- Coordinated Care
- Patient-Centered Care

Looking Ahead

- MU is a stepping stone/framework
  - Other quality and reporting programs
  - Alignment with other programs

- Challenges ahead…..It’s only getting more complicated for practices
  - Meaningful Use Stage 2 & 3
  - ICD-10
  - Penalties
  - Health Information Exchange
Thank you!

Questions?

Janice Magno, MPA
Project Manager, PCMH
jmagno@health.nyc.gov
347-396-4952

Liraiza Diaz
Clinical Quality Specialist
ldiaz@health.nyc.gov
347-396-4949

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