

Meaningful Use: Stage 1 and Beyond



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National Conference of State Flex Programs
July 13th 2010

Objectives

- Understand the driving forces behind transforming America's Health Care System
- Understand the goals behind the progressive stages of meaningful use
- Be able to recognize the proposed rules and quality measures
- Give you the tools and techniques you need to meet and exceed the meaningful use incentive goals

Outline

- Why we need change
- Framework for the criteria
- Examining the proposed stage 1 criteria
- Review of proposed quality metrics
- Tracking your progress
- How to make this work

We Have a Problem:

The National Academies Reports

- *To Err is Human: Building a Safer Health System (1999)*
 - Identified that at least 44,000 and perhaps as many as 98,000 hospitalized Americans die every year from medical errors
- *Crossing the Quality Chasm (2001)*
 - A concerted national commitment to building information infrastructure is needed to support health care delivery
- *Preventing Medication Errors (2007)*
 - Medication errors injure 1.5M people and cost \$3058 per year (exclusive of lost wages and productivity) in the U.S.
- *Computational Technology for Effective Health Care: Immediate Steps and Strategic Directions (2009)*
 - "Crossing the Health Care IT Chasm:" Even in organizations with advanced HIT, it is rarely used to provide clinicians with evidence-based decision support or for data-driven process improvement

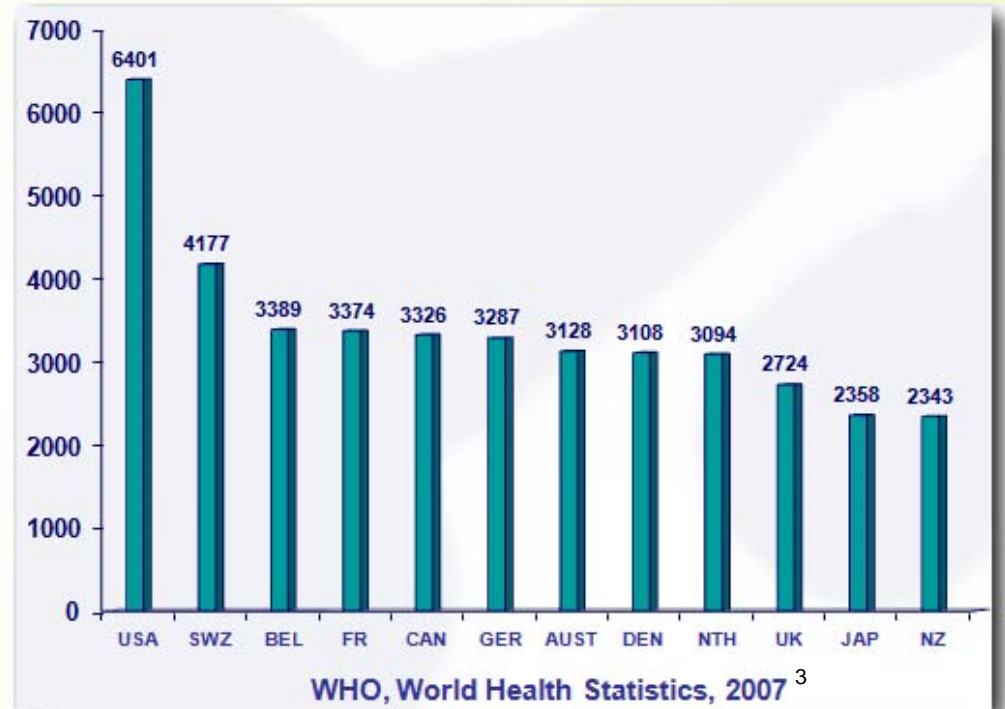
Source: Margret Amatayakul, Health IT Certification, March 15, 2010, used with permission



Are we getting value for our dollar?

Costs vs. Quality

- Per capita health care spending
 - \$2.3T (2008)¹
 - 16.2% GDP
 - \$7,681 per person
- Ranked 37th of 191 in quality²



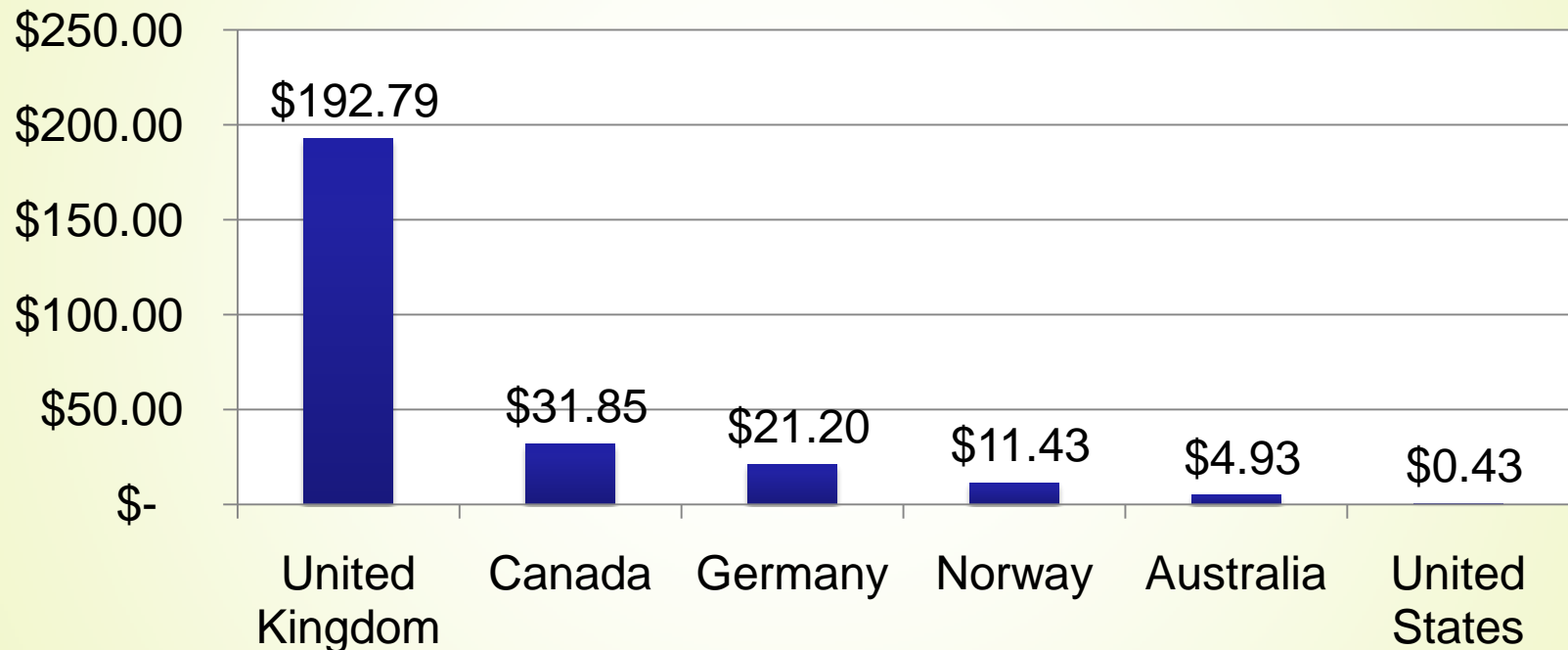
¹ Center for Medicare and Medicaid Services (<http://www.cms.gov/nationalhealthexpenddata/>)

² World Health Organization Data, 2000 (<http://www.who.int/whr>)

³ Figure from: www.cbo.gov/ftpdocs/89xx/doc8948/01-31-HealthcareSlides.pdf

Underinvestment in HIT

Per Capita Spending on Health Information Technology



Source: Anderson, G. F., Frogner, B. K., Johns, R. A., & Reinhardt, U. E. (2006). Health Care Spending And Use Of Information Technology In OECD Countries. Health Affairs, 25(3), 819-831.

Patients Want More Accessible, Coordinated, Well-Informed Care

Percent reporting it is very important/important that:	Total Very important or important
You have easy access to your own medical records	94%
All your doctors have easy access to your medical records	96%
You have information about the quality of care provided by different doctors/hospitals	95%

Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2008.

Parents Want More Access for Their Children

Table 1. Current and Future Online Communication with Children's Health Care Providers

	Currently can do	Would be very helpful to do
Electronic Administrative Action		
Schedule an appointment	9%	40%
Obtain child's immunization record	9%	55%
Complete checklist/screening form prior to a well-child visit	6%	46%
Electronic Clinical Action		
Request prescription refill	11%	55%
Get advice regarding a minor illness or injury	14%	47%
Obtain lab results	6%	53%

Source: C.S. Mott Children's Hospital National Poll on Children's Health, 2010

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Transforming America's Health System

- Embrace Health Information Technology (HIT) to facilitate the transformation
- Incentivize the use of HIT with rewards for achieving goals through its use
- Use the goals from the National Priorities Partnership since they address our major challenges:
 - Eliminating harm
 - Eradicating disparities
 - Reducing disease burden
 - Removing waste

Broad Goals for Meaningful Use

Vision

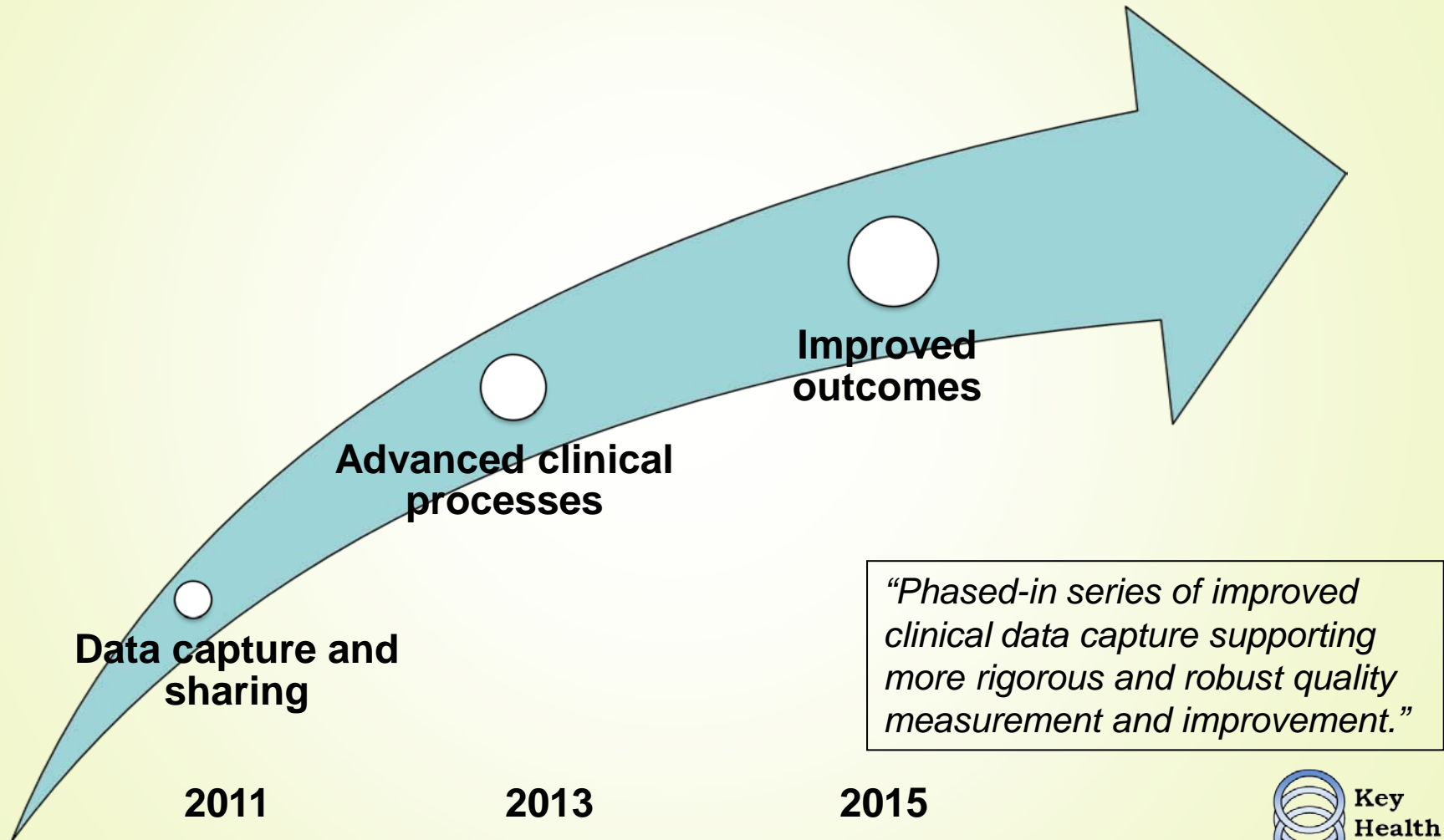
Enable significant and measurable improvements in population health through a transformed health care delivery system

Goals*

1. Improve quality, safety, efficiency and reduce health disparities
2. Engage patients and families
3. Improve care coordination
4. Improve population and public health
5. Ensure adequate privacy and security protections for personal health information

*Adapted from National Priorities Partnership. National Priorities and Goals: Aligning Our Efforts to Transform America's Healthcare. Washington, DC: National Quality Forum; 2008.

Bending the Curve Towards Transformed Health



Source: Connecting for Health, Markle Foundation “Achieving the Health IT Objectives of the American Recovery and Reinvestment Act” April 2009

Meaningful Use Stage by Payment Year

First Payment Year	Payment Year				
	2011	2012	2013	2014	2015 + *
2011	Stage 1	Stage 1	Stage 2	Stage 2	Stage 3
2012		Stage 1	Stage 2	Stage 2	Stage 3
2013			Stage 1	Stage 2	Stage 3
2014				Stage 1	Stage 3
2015					Stage 3

* Stage 3 criteria of meaningful use or a subsequent update to the criteria if one is established through rulemaking.

Source: Federal Register/ Vol. 75, No. 8 / Wednesday, January 13, 2010 / Proposed Rules, Table 1, p.1854

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Provide Clinical Summaries (CS) for at least 80% of all office visits

- Technical Issues:

- Vendor

- Ability to print a CS

- Build

- Configure the CS with the facilities logo and contact information
 - Put printers in a convenient place so these can be retrieved and given to the patient
 - Configure the CS to have the appropriate information populated in it
 - Ability to retrieve the production of the CS for tracking purposes

- Workflow Issues

- Nursing

- Verify and enter the current meds
 - Enter the vitals signs
 - Ideally: Review and update the problems, allergies and preventative screening

- Providers

- Enter the visit diagnosis, medications and follow-up instructions into the EHR before the patient leaves the office
 - Update the problem list as appropriate
 - Ideally: Review the document with the patient in the room at the end of the visit

Improve Quality, Safety, Efficiency

Stage 1 Objectives		Stage 1 Measures
Eligible Professionals	Hospitals	
Use CPOE	Use of CPOE for orders (any type) directly entered by authorizing provider (MD, DO, RN, PA, NP)	For EPs, CPOE is used for at least 80% of all orders For eligible hospitals, CPOE is used for 10% of all orders
Implement drug-drug, drug-allergy, drug formulary checks	Implement drug-drug, drug-allergy, drug-formulary checks	The EP/eligible hospital has enabled this functionality
Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT ®	Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT	At least 80% of all unique patients seen by the EP or admitted to the eligible hospital have at least one entry or an indication of none recorded as structured data
Generate and transmit permissible prescriptions electronically (eRx)		At least 75% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology



Improve Quality, Safety, Efficiency

Stage 1 Objectives		Stage 1 Measures
Eligible Professionals	Hospitals	
Maintain active medication list	Maintain active medication list	At least 80% of all unique patients seen by the EP or admitted to the eligible hospital have at least one entry (or an indication of “none” if the patient is not currently prescribed any medication) recorded as structured data
Maintain active medication allergy list	Maintain active medication allergy list	At least 80% of all unique patients seen, by the EP or admitted to the eligible hospital have at least one entry or (an indication of “none” if the patient has no medication allergies) recorded as structured data
Record demographics <ul style="list-style-type: none"> • Preferred language • Insurance type • Gender • Race • Ethnicity • Date of birth 	Record demographics <ul style="list-style-type: none"> • Preferred language • Insurance type • Gender • Race • Ethnicity • Date of birth • Date and cause of death 	At least 80% of all unique patients seen by the EP or admitted to the eligible hospital have demographics recorded as structured data



Improve Quality, Safety, Efficiency

Stage 1 Objectives		Stage 1 Measures
Eligible Professionals	Hospitals	
Record and chart changes in vital signs: <ul style="list-style-type: none"> • Height • Weight • Blood pressure • Calculate and display BMI • Plot and display growth charts for children 2-20 years, including BMI. 	Record and chart changes in vital signs: <ul style="list-style-type: none"> • Height • Weight • Blood pressure • Calculate and display BMI • Plot and display growth charts for children 2-20 years, including BMI. 	For at least 80% of all unique patients age 2 and over seen by the EP or admitted to eligible hospital, record blood pressure and BMI; additionally plot growth chart for children age 2-20
Record smoking status for patients 13 years old or older	Record smoking status for patients 13 years old or older	At least 80% of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital have “smoking status” recorded
Incorporate clinical lab-test results into EHR as structured data	Incorporate clinical lab-test results into EHR as structured data	At least 50% of all clinical lab tests ordered whose results are in a positive/negative or numerical format are incorporated in certified EHR technology as structured data



Improve Quality, Safety, Efficiency

Stage 1 Objectives		Stage 1 Measures
Eligible Professionals	Hospitals	Generate at least one report listing patients of the EP or eligible hospital with a specific condition.
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach	
Report ambulatory quality measures to CMS or the States	Report hospital quality measures to CMS or the States	For 2011, provide aggregate numerator and denominator through attestation as discussed in section II(A)(3) of this proposed rule For 2012, electronically submit the measures as discussed in section II(A)(3) of this proposed rule
Send reminders to patients per patient preference for preventive/ follow up care		Reminder sent to at least 50% of all unique patients seen by the EP that are age 50 or over



Improve Quality, Safety, Efficiency

Stage 1 Objectives		Stage 1 Measures
Eligible Professionals	Hospitals	Implement 5 clinical decision support rules relevant to the clinical quality metrics the EP/Eligible Hospital is responsible for as described further in section II(A)(3).
Implement 5 clinical decision support rules relevant to specialty or high clinical priority, including diagnostic test ordering, along with the ability to track compliance with those rules	Implement 5 clinical decision support rules related to a high priority hospital condition, including diagnostic test ordering, along with the ability to track compliance with those rules	
Check insurance eligibility electronically from public and private payers	Check insurance eligibility electronically from public and private payers	Insurance eligibility checked electronically for at least 80% of all unique patients seen by the EP or admitted to the eligible hospital
Submit claims electronically to public and private payers.	Submit claims electronically to public and private payers.	At least 80% of all claims filed electronically by the EP or the eligible hospital



Engage Patients and Families

Stage 1 Objectives		Stage 1 Measures
Eligible Professionals	Hospitals	
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies), upon request	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies, discharge summary, procedures), upon request	At least 80% of all patients who request an electronic copy of their health information are provided it within 48 hours
	Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request	At least 80% of all patients who are discharged from an eligible hospital and who request an electronic copy of their discharge instructions and procedures are provided it



Engage Patients and Families

Stage 1 Objectives		Stage 1 Measures
Eligible Professionals	Hospitals	
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies) within 96 hours of the information being available to the EP		At least 10% of all unique patients seen by the EP are provided timely electronic access to their health information
Provide clinical summaries for patients for each office visit		Clinical summaries are provided for at least 80% of all office visits



Improve Care Coordination

Stage 1 Objectives		Stage 1 Measures
Eligible Professionals	Hospitals	
Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Performed at least one test of certified \ EHR technology's capacity to electronically exchange key clinical information
Perform medication reconciliation at relevant encounters and each transition of care	Perform medication reconciliation at relevant encounters and each transition of care	Perform medication reconciliation for at least 80% of relevant encounters and transitions of care
Provide summary care record for each transition of care and referral	Provide summary care record for each transition of care and referral	Provide summary of care record for at least 80% of transitions of care and referrals

Improve Population and Public Health

Stage 1 Objectives		Stage 1 Measures
Eligible Professionals	Hospitals	
Capability to submit electronic data to immunization registries and actual submission where required and accepted	Capability to submit electronic data to immunization registries and actual submission where required and accepted	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries
	Capability to provide electronic submission of reportable lab results (as required by state or local law) to public health agencies and actual submission where it can be received	Performed at least one test of the EHR system's capacity to provide electronic submission of reportable lab results to public health agencies (unless none of the public health agencies to which eligible hospital submits such information have the capacity to receive the information electronically)
Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice	Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies (unless none of the public health agencies to which an EP or eligible hospital submits such information have the capacity to receive the information electronically)

Ensure Privacy and Security

Stage 1 Objectives		Stage 1 Measures
Eligible Professionals	Hospitals	
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary



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Quality Measures

- Relate to healthcare quality aims such as effective, safe, efficient, patient-centered, equitable, and timely care.”
- Includes “measures of processes, experience, and/or outcomes of patient care, observations or treatment
 - Draws primarily from PQRI and NQF endorsed measures
 - NQF is modifying existing quality measures to meet MU requirements
- Quality reporting will be done by attestation in 2011
 - Reporting not limited to Medicare or Medicaid patients
- CMS is reviewing comments on the clinical utility of the measures, as well as their readiness for use in the incentive programs

35 Proposed Eligible Hospital (EH) Quality Measures

- ED Throughput – admitted patients
Median time from ED arrival to ED departure for admitted patients
- ED Throughput – admitted patients
Admission decision time to ED departure time for admitted patients
- ED Throughput – discharged patients
Median Time from ED Arrival to ED Departure for Discharged ED 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
- Ischemic or hemorrhagic stroke – Antithrombotic therapy by day 2
- Ischemic stroke – Discharge on statins
- Ischemic or hemorrhagic stroke – Stroke education
- Ischemic or hemorrhagic stroke – Rehabilitation assessment
- VTE prophylaxis within 24 hours of arrival
- ICU VTE prophylaxis
- Anticoagulation overlap therapy
- Platelet monitoring on unfractionated heparin
- VTE discharge instructions
- Incidence of potentially preventable VTE
- Primary PCI Received Within 90 Minutes of Hospital Arrival
- Blood Cultures Performed in the ED Prior to Initial Antibiotic Received in Hospital
- Aspirin Prescribed at Discharge

Source: Federal Register / Vol. 75, No. 8 / Wednesday, January 13, 2010 / Proposed Rules, Table 20, pp.1896-99

35 Proposed EH Quality Measures (Cont.)

- Angiotensin Converting Enzyme Inhibitor(ACEI) or Angiotensin Receptor Blocker (ARB) for Left Ventricular Systolic Dysfunction (LVSD)
- Beta-Blocker Prescribed at Discharge
- Hospital Specific 30 day Risk-Standardized Readmission Rate following AMI admission
- Hospital Specific 30 day Rate following AMI admission
- Hospital Specific 30 day Risk-Standardized Readmission Rate following Heart Failure admission
- Hospital Specific 30 day Rate following Heart Failure admission
- Hospital Specific 30 day Risk-Standardized Readmission Rate following Pneumonia admission
- Hospital Specific 30 day Rate following Pneumonia admission
- Infection SCIP Inf-2 Prophylactic antibiotics consistent with current recommendations
- Ventilator Bundle
- Central Line Bundle Compliance
- Ventilator-associated pneumonia for ICU and high-risk nursery (HRN) patients
- Urinary catheter-associated urinary tract infection for intensive care unit (ICU) patients
- Central line catheter-associated blood stream infection rate for ICU and high-risk nursery (HRN) patients
- All-Cause Readmission Index (risk adjusted)
- All-Cause Readmission Index

Source: Federal Register/ Vol. 75, No. 8 / Wednesday, January 13, 2010 / Proposed Rules, Table 20, pp.1896-99

Proposed Quality Measures for Eligible Providers (EP)

- EPs would be required to submit clinical data on 2 measure groups:
 - A core set of measures
 - A subset of measures appropriate to the EP's specialty

Proposed Core Measures

Core for All EPs, Medicare or Medicaid

Measure Number	Clinical Quality Measure Title
PQRI 114 NQF 0028	Preventive Care and Screening: Inquiry Regarding Tobacco Use
NQF 0013	Blood pressure measurement
NQF 0022	Drugs to be avoided in the elderly: a. Patients who receive at least one drug to be avoided. b. Patients who receive at least two different drugs to be avoided

Proposed Specialty Measures

All EPs will need to select one or more of the following specialties:

Cardiology	Obstetrics and Gynecology
Pulmonology	Neurology
Endocrinology	Psychiatry
Oncology	Ophthalmology
Proceduralist/Surgery	Podiatry
Primary Care	Radiology
Pediatrics	Gastroenterology
Nephrology	

Source: CMS presentation January 20, 2010

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Meaningful Use Dashboard

Requirements 1-4:
CPOE, Drug Checks,
Problem List, Medication
List

Requirements 5-8:
Allergy List, Record
Demographics, Vital Signs,
Smoking Status

Requirements 9-12:
Lab Results, Patient Lists,
Quality Measures, 5 Clinical
Support Rules

Requirements 13-16:
Insurance Eligibility,
Electronic Claims,
Electronic Health
Information, Electronic
Discharge Instructions

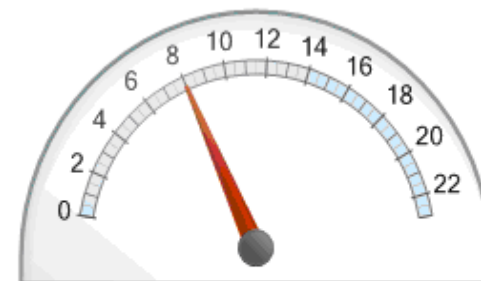
Requirements 17-20:
Exchange Clinical
Information, Medication
Reconciliation, Transitions
of Care, Immunization
Registries

Requirements 21-23:
Electronic Lab Results,

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Numerator: The number of Meaningful Use requirements at or exceeding the measure requirement.

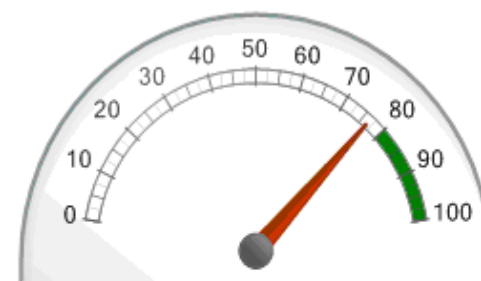
Denominator: The denominator is 23 - the number of Meaningful Use requirements.



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Numerator: The total number of patients that were compliant for the measureable requirements during the reporting period. The measureable requirements are currently requirements:

- 4 - Maintain Active Medication List
- 5 - Maintain Active Medication Allergy List



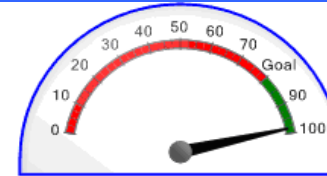
Meaningful Use Dashboard

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4. Maintain Active Medication List

Measure: 80% of admitted patients have at least one entry or an indication of "none" recorded as structured data on medication list.

Numerator: The number of unique admitted patients that have at least one such entry or an indication of "none" during the reporting period.



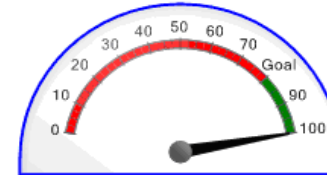
Active Medication List

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5. Maintain Active Medication Allergy List

Measure: 80% of admitted patients have at least one entry or an indication of "none" recorded as structured data on allergy list.

Numerator: The number of unique admitted patients that have at least one such entry or an indication of "none" during the reporting period.



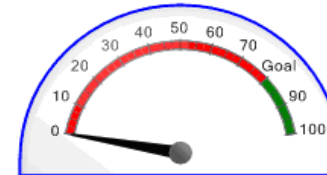
Medication Allergy List

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6. Record Demographics

Measure: 80% of admitted patients have these recorded demographics

1. Preferred language
2. Insurance type



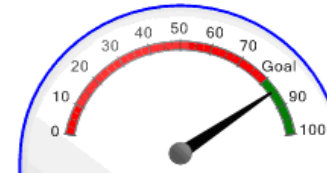
Demographics Recorded

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7. Vital Signs

Measure: 80% of admitted patients have these vital signs recorded:

1. Height
2. Weight



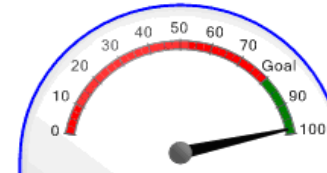
Vital Signs

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8. Smoking Status

Measure: 80% of admitted patients have smoking status recorded:

Numerator: The number of unique admitted patients that have their smoking status recorded in their electronic record during the reporting period



Meaningful Use Dashboard

Meaningful Use - Patient Detail - 6 Demographics					
File Edit View Options Window Help					
History#	Patient#	Patient Name	Admit Date	Discharge Date	Missing Data
999999999	9999999	XXXXXXXXXXXXXXXXXXXX	1/1/2010	1/1/2010	Missing Cause of Death
999999999	9999999	XXXXXXXXXXXXXXXXXXXX	1/18/2010	1/20/2010	Missing Cause of Death
999999999	9999999	XXXXXXXXXXXXXXXXXXXX	1/10/2010	1/14/2010	Missing Ethnicity
999999999	9999999	XXXXXXXXXXXXXXXXXXXX	2/8/2010	2/8/2010	Missing Ethnicity
999999999	9999999	XXXXXXXXXXXXXXXXXXXX	12/31/2009	1/1/2010	Missing Language
999999999	9999999	XXXXXXXXXXXXXXXXXXXX	1/1/2010	1/1/2010	Missing Language
999999999	9999999	XXXXXXXXXXXXXXXXXXXX	1/4/2010	1/5/2010	Missing Language
999999999	9999999	XXXXXXXXXXXXXXXXXXXX	12/31/2009	1/5/2010	Missing Language
999999999	9999999	XXXXXXXXXXXXXXXXXXXX	1/4/2010	1/5/2010	Missing Language
999999999	9999999	XXXXXXXXXXXXXXXXXXXX	1/4/2010	1/5/2010	Missing Language
999999999	9999999	XXXXXXXXXXXXXXXXXXXX	1/4/2010	1/6/2010	Missing Language
999999999	9999999	XXXXXXXXXXXXXXXXXXXX	1/6/2010	1/7/2010	Missing Language
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999999999	9999999	XXXXXXXXXXXXXXXXXXXX	1/5/2010	1/8/2010	Missing Language
999999999	9999999	XXXXXXXXXXXXXXXXXXXX	1/11/2010	1/12/2010	Missing Language
999999999	9999999	XXXXXXXXXXXXXXXXXXXX	1/11/2010	1/12/2010	Missing Language
999999999	9999999	XXXXXXXXXXXXXXXXXXXX	1/9/2010	1/13/2010	Missing Language
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999999999	9999999	XXXXXXXXXXXXXXXXXXXX	1/14/2010	1/15/2010	Missing Language
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999999999	9999999	XXXXXXXXXXXXXXXXXXXX	1/16/2010	1/17/2010	Missing Language
999999999	9999999	XXXXXXXXXXXXXXXXXXXX	1/17/2010	1/19/2010	Missing Language
999999999	9999999	XXXXXXXXXXXXXXXXXXXX	1/18/2010	1/20/2010	Missing Language
999999999	9999999	XXXXXXXXXXXXXXXXXXXX	1/21/2010	1/22/2010	Missing Language
999999999	9999999	XXXXXXXXXXXXXXXXXXXX	1/21/2010	1/24/2010	Missing Language
999999999	9999999	XXXXXXXXXXXXXXXXXXXX	1/23/2010	1/26/2010	Missing Language
999999999	9999999	XXXXXXXXXXXXXXXXXXXX	1/25/2010	1/27/2010	Missing Language
999999999	9999999	XXXXXXXXXXXXXXXXXXXX	1/26/2010	1/28/2010	Missing Language

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consin
operative

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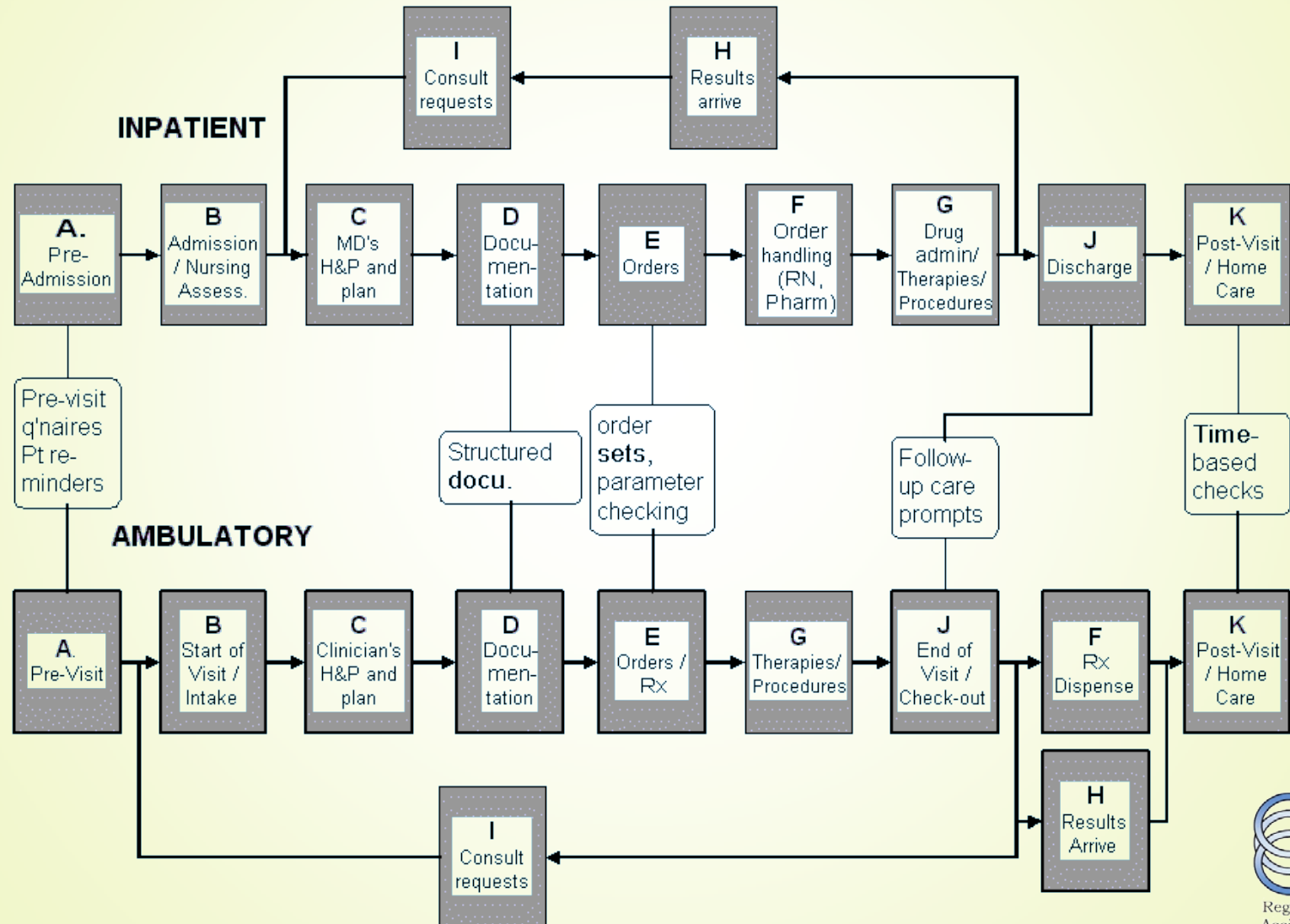
So How can we make this work?

- Examine your organizational goals
- Examine the workflow
- Design the workflow so that all work at the top of their license
- Build an attitude of excellence and cooperation
- Involve all staff in the process

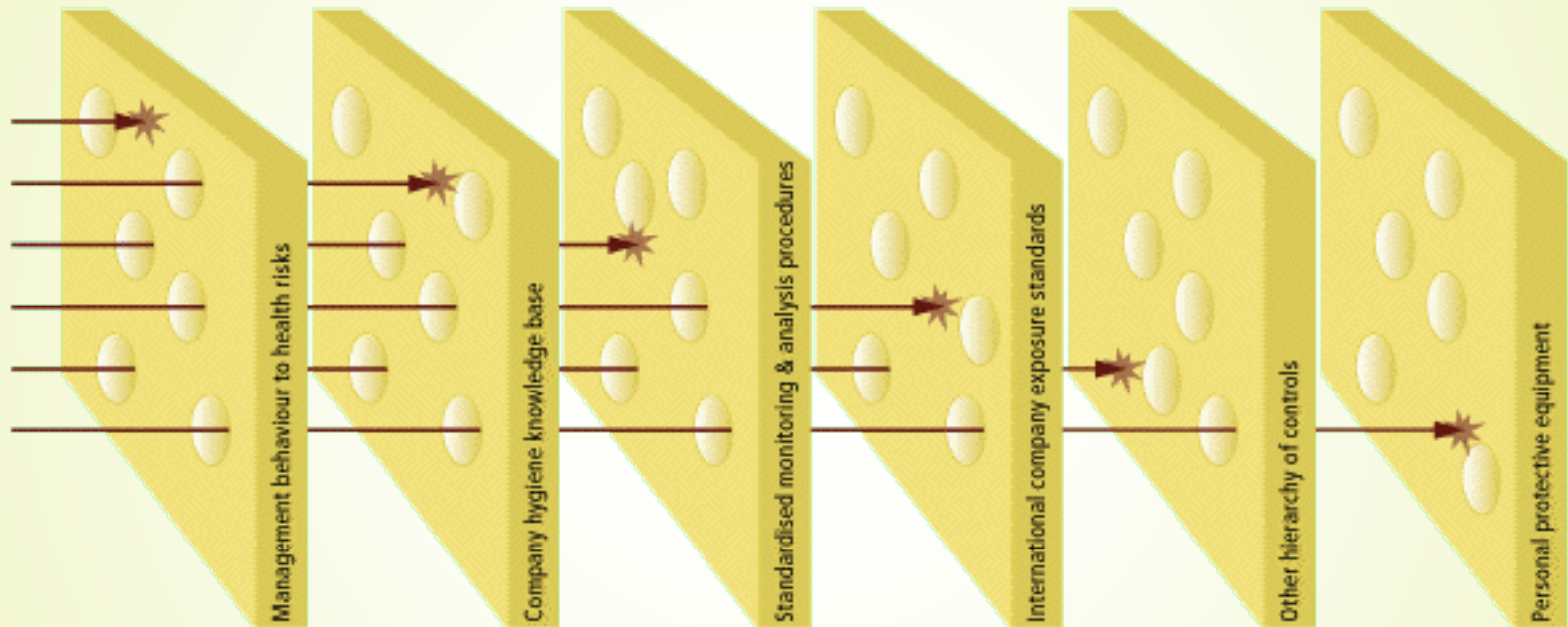
Examine Your Organizational Goals

- Do you just want to pass the test? Or do your best?
- Would you be satisfied in telling your patients that we did not fail in providing care to you, or that you provided *exceptional* care?
- To truly use EHRs effectively, we must not just “pass” the stage 1 meaningful use criteria, but surpass it by a wide margin.

Examine the workflow



The earlier in the workflow the better



Six Opportunities for CDS During an Ordering Session*

- When the ordering session is initiated
- When selecting the patient from the census or list
- When opening the patient's chart
- When initiating orders
- When completing an order
- When signing an order

* Miller RA, Waitman LR, Chen S, Rosenbloom ST. The anatomy of decision support during inpatient care provider order entry (CPOE): empirical observations from a decade of CPOE experience at Vanderbilt. J Biomed Inform. 2005 Dec;38(6):469-85.

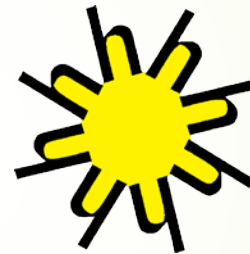
In Conclusion

- Our health system requires transformation
- Health information technology is a tool to facilitate that transformation
- Stage 1 Meaningful use criteria are the first step in this transformation
- Examine each measure and determine all the components required to meet it
- Preparing for meaningful use will require examination of the workflow and tracking progress
- Start now – whether or not you have an EHR or whether it is fully installed

Resources

- Meaningful Use
 - <http://healthit.hhs.gov/meaningfuluse>
- Regional Extension Assistance Center for Health Information Technology (REACH)
 - <http://www.khaREACH.org>
- Stratis Health HIT Toolkits
 - <http://www.stratishealth.org/expertise/healthit/>
- Louis' blog on ARRA from a rural perspective
 - <http://www.worh.org/hit/>

Meaningful Use: Stage 1 and Beyond



**Rural Wisconsin
Health Cooperative**

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