



NATIONAL
RURAL HEALTH
RESOURCE CENTER

Meaningful Use and Transitions of Care

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The Center's Purpose

The National Rural Health Resource Center (The Center) is a nonprofit organization dedicated to sustaining and improving health care in rural communities. As the nation's leading technical assistance and knowledge center in rural health, The Center focuses on five core areas:

- Performance Improvement
- Health Information Technology
- Recruitment & Retention
- Community Health Assessments
- Networking



Value Formula

HIE Health Information Exchange	EHR Electronic Health Records		
	Templates	Clinical Decision Support	Quality Reporting
	CPOE Computerized Provider Order Entry		

Patient Portal

$$\text{Patient Value} = \frac{\text{Quality}}{\text{Cost}}$$

HIE	Quality Reporting	Materials Management	Improved Processes
	EHR		



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A Personal Story



What was inside the envelope?

Worksheet

medication monographs

What NOT inside the envelope?

Medication list (8 medications)

Summary

- Lab results
- Radiology reports
- Care plan or goals



Care Transitions are Critical!

Transitions of care where appropriate information is sent to the receiver had (caretransitions.org):

- Significantly less likely to be readmitted
- Saved money (\$300,000 for 350 patient panel over 12 months)

Meaningful Use Stage 1: Try something!

Meaningful Use Stage 2: Do something!



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Meaningful Use Requirements 2016

- Measure 1:

“The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must use CEHRT to create a summary of care record.”

Note: This is about “creating” the record...every time!



Meaningful Use Requirements 2016

- Measure 2:

“...and electronically transmit such summary to a receiving provider for more than 10% of transitions and care referrals.”

Note: Here is where the teeth are!





Transitions of Care: What is it?

“Transition of Care – The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another. At a minimum this includes **all discharges from the inpatient department** and after admissions to the emergency department when follow-up care is ordered by an authorized provider of the hospital.”

Note: Internal transitions will usually not count...



Summary of Care Record

The summary of care record is clearly defined:

- Patient Name
- Procedures
- Encounter diagnosis
- Immunizations
- Lab results
- Vitals (height, weight, BP, BMI)
- Smoking Status
- Functional Status
- Demographic Information
- Care plan w/ goals
- Care team
- Discharge Instructions
- Current problem list
- Current medication list
- Current allergy list

What is the big deal?

- Who really understands this in your network?
 - This is a technical, clinical, and medical records, workflow issue!
- How will this be done for all referral partners?
 - Many do not know about this or participate in meaningful use
 - Can start with the larger referral partners, but need to include all eventually
- Who is leading this effort?
 - It will take IT, clinical, care coordinators, others



Where do you start?

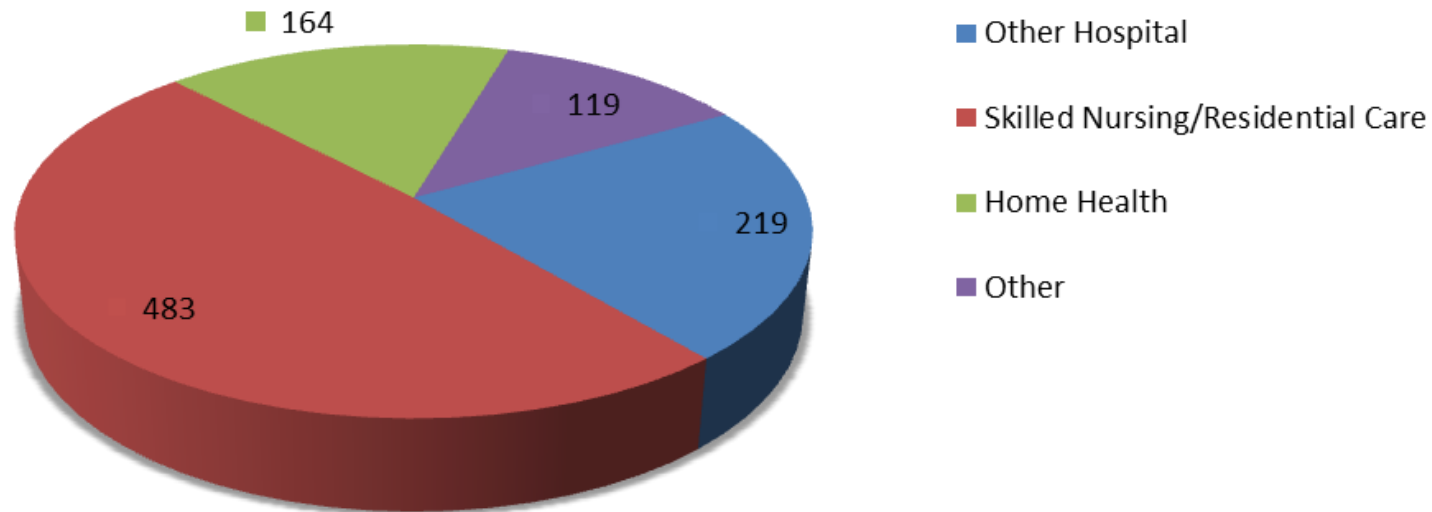
- Engage referral network
 - Can you analyze your referral patterns?
- Understand the communication needs
 - Direct
 - HIE
 - Secure email
- Focus on workflow
- Use an incremental approach
 - Three Fs: Face-to-face, Fax, Phone
 - Begin piloting Direct
 - Work with your HIE



Understand Your Referral Network!

Annual Discharges from a Critical Access Hospital
(discharge to home not included)

Summary of Discharges



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Communication and Direct

- Direct Secure Messaging is a secure communication method designed for healthcare
- Just secure email with verification
- Relies on a HISP (Health Information Service Provider)
- Certificates for trust
 - “Trust Bundles”
- We are getting better, but not all HISPs trust each other!



Communication

- Evaluate the capabilities of your referral partners
 - Do their EHRs have Direct capabilities?
 - If so, what HISP (Health Information Service Provider) do they use
- Implement Direct secure messaging
 - Consider trust bundles/DirecTrust
- Pilot test import/export of C-CDAs
 - To and from your EHR
 - To and from referral partner EHRs



Challenges

- Many members of your referral network are not participating in Meaningful Use!
 - Long Term Care
 - Homecare
 - Hospice
- HIE is not widely adopted
 - Technical reasons
 - Cost
 - “Critical Mass”
- Not everyone is on your EHR!



Resources

(These are Google Search terms)

- [CCHIT ACO Framework](#)
 - An excellent IT framework for Accountable Care Organizations or any organization seeking to exchange information
- [Meaningful Use Tip Sheets](#)
 - CMS website with the very best detail on meaningful use
- [HIE Toolkit](#)
 - Includes Direct Guide



Summary

- 2016 Meaningful Use attestation is ALL YEAR. You are being measured now!
- Understand your referral network
 - Use 80/20 rule
 - Avoid knee-jerk assumptions
- Implement Direct secure messaging
 - This will need to be a team effort with your partners to ensure trust is in place
- Test import and export of C-CDA data
- Plan for HIE and query based exchange



Don't Forget why we are doing this!



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