Principles of Meaningful Use: Making Sense of the Alphabet Soup

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Goals

- Focus on patient-centered care
- Highlight key provisions of the HITECH Act
- Examine Meaningful Use & its relation to PCMH
- Explore a road map for building practices
- Introduce resources available

HITECH = Health Information Technology for Economic and Clinical Health Act 2009

Patient-Centered Medical Home
Health Care Home
Person-Centered Health Care Home
Meaningful Use
Certified EHR Technology
Complete EHRs
EHR Modules
Accountable Care Organizations
Affordable Care Act (PPACA, ACA)
Maintenance of Certification
Physician Quality Reporting Initiative - PQRI
HITECH
E-prescribing Incentive Program
What is Patient-Centered Care?

• One of IOM’s six domains of quality
• “Nothing about me without me”
• The right care, the right way, at the right time
• Providing the care that the patient needs in the manner the patient desires at the time the patient desires

IOM Definition of Patient-Centered Care

Healthcare that establishes a partnership among practitioners, patients, and their families (when appropriate) to ensure that decisions respect patients’ wants, needs, and preferences and that patients have the education and support they need to make decisions and participate in their own care.

Health 2.0 – Who is Using the Internet?

• 74% of Americans go online
• 61% of adults look online for health information
• For health/medical issues:
  – 86% of all adults ask a health professional
  – 68% of all adults ask a friend or family member
  – 57% of all adults use the internet
  – 54% use books or other printed reference material

Source: Pew Internet & American Life Project
Health 2.0 – Impact on Decisions/Actions

- Of the 60% who use online health information (e-patients):
  - 60% say the information affected a decision about how to treat an illness or condition
  - 53% say it led them to ask their physician new questions or to get a second opinion
  - 49% say it changed the way they think about diet, exercise, or stress management
  - 60% say they or someone they know has been helped

Source: Pew Internet & American Life Project

The Joint Principles of the PCMH

- Personal physician
- Physician directed medical practice
- Whole person orientation
- Care is coordinated and/or integrated
- Quality and safety
- Enhanced access to care
- Payment to support the PCMH

Team-based care:
NP/PA
RN/LPN
Medical Assistant
Office Staff
Care Coordinator
Nutritionist/Educator
Pharmacist
Behavioral Health Case Manager
Social Worker
Community resources
DM companies
Others...

Strengths

- Patient-centered model
- Emphasizes use of evidence-based medicine
- Reason to expect that it will improve quality & bend the curve on costs
- Payment model
- Volume and/or practice change

Weaknesses

- Requires considerable change in practice
- Data pending on practicality
- Unknown return on investment
- May disenfranchise small practices
- Workforce projections for primary care

The PCMH SWOT

Opportunities

- Demonstration projects including public & private payers
- Collaboration with other professions and across specialties
- Health information technology
- Modeling of different payment models and organizational structures

Threats

- Perception that this is a zero-sum game
- Depends on primary care workforce
- Consumers may not understand/accept the model (or name)
- Unintended consequences
**Strengths**
- Patient-centered model
- Emphasizes use of evidence-based medicine
- Reason to expect that it will improve quality & bend the curve on costs
- Payment models decrease incentive for volume and encourage investment in practice changes

**Weaknesses**
- Requires considerable change in practice
- Data pending on practicality
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**Opportunities**
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**Quality Pyramid**

- Service
- Workflow/Logistics
- Organization/Infrastructure
- Personnel/Training/Competency
- Technology

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**Don’t Pave the Cow Path**
Front Desk = Link to the “World”

**Strategy** without tactics is the slowest route to victory. **Tactics** without strategy is the noise before defeat.

Sun Tzu – Chinese Military General

**Strategy**

- Reduce Per Capita Costs
- Improve Health of Populations
- Improve the Experience of Care

Berwick, Nolan & Whittington; Health Affairs 2008
Tactics

PCMH

ACO
Health IT

Culture
Payment

Berwick, Nolan & Whittington; Health Affairs 2008

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Bending the Curve Towards Transformed Health

Achieving Meaningful Use of Health Data

Advanced clinical processes
Improved outcomes
Data capture and sharing

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Focus on “Capabilities” of EHR Systems

- Collect, store, and exchange health info
- Facilitate team care
- Collect & report on the processes, outcomes and quality of care
- Provide clinical decision support
- Engage patients/consumers in their health care

Collect, Store and Manage Data

- Collect standardized, accurate and essential data elements and exchange externally:
  - Demographic and clinical data
  - Results reporting to ordering or covering physician
  - Patient notification of lab results
  - Forward appropriate clinical information
  - Online order entry and tracking
  - Identify patients receiving care in another facility

Facilitate Team-Based Care

- Care Coordination
  - Medication reconciliation
  - E-Prescribing
  - Evidence-based flowsheets
  - Track referrals and labs
  - Send/receive health summary information
  - Structured documentation
  - Create/maintain list of consultants
Report on Quality of Care

- Registry-like reporting and linking to community resources
  - Identify practice-specific important conditions, frequent diagnoses
  - Recommend patient-specific care: chronic conditions, immunizations, preventive health
  - Maintain list of community resources
  - Risk stratification by age appropriate measures

Clinical Decision Support

- Incorporate clinical guidelines into flow sheets, standing order sets, training ...
- Medication selection and dosing support
- Prompts/reminders for preventative care services
- Simple, effective alerts

HITECH Act (Medicare Provisions)

- Provides monetary incentives for adoption of health IT ($44,000 per physician over 5 years)
- Introduced concept of “meaningful use”
- Decreasing incentives if start after 2012
- Must begin by 2014 to receive any payment
- Reimbursement Penalty begins 2015

HITECH = Health Information Technology for Economic and Clinical Health Act 2009
What are the Requirements/ Meaningful Use?

- The Recovery Act specifies the following 3 components of Meaningful Use:
  1. Use of certified EHR in a meaningful manner (e.g., e-prescribing)
  2. Use of certified EHR technology for electronic exchange of health information to improve quality of health care
  3. Use of certified EHR technology to submit clinical quality measures (CQM) and other such measures selected by the Secretary

How Much Are the Incentives?

- Medicare Incentive Payments Detail
  - Columns = first calendar year EP receives a payment
  - Rows = Amount of payment each year if continue to meet requirements

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**Final EHR Incentive Program**

- Core Set has 15 measures – need to meet all
- Menu Set has 10 measures of which 5 have to be met
  - At least 1 of the measures needs to be:
    - Test of reporting to an immunization registry
    - Test of reporting to a public health agency for syndromic surveillance

Blumenthal, D: NEJM, online July 13, 2010; in print, August 4, 2010

**Meaningful Use in Practice**

Use the EHR (and staff) for the following 6 things:
1. Create problem lists
2. Enter allergies
3. Keep track of vaccinations and preventive care
4. Collect basic demographic data (date of birth, gender, race, ethnicity, and preferred language)
5. Check height, weight and blood pressure
6. E-prescribing


**And You Can...**

Satisfy 8 Core Set and 3 Menu Set Measures:
- **Core Set:** 1) Computerized Physician Order Entry; 2) Drug-drug/Drug allergy interactions; 3) Maintain up-to-date problem list; 4) E-prescribing; 5) Active medication list; 6) Active allergy list; 7) Recording of demographics; 8) Record/chart vital signs.
- **Menu Set:** 1) Drug-formulary check (at least 1); 2) Generate list of patient with a specific condition; 4) Send reminders for preventive/follow-up care.

Quality Measure Reporting

- Six (6) total Clinical Quality Measures
  - 3 Core or Alternate Core, and...
  - 3 out of 38 from menu set
- Align with PQRS quality measurement set

Quality Measure Reporting

What are the Requirements/ Clinical Quality Measures

- Details of Clinical Quality Measures
  - 2011 – Eligible Professionals seeking to demonstrate Meaningful Use are required to submit aggregate CQM numerator, denominator, and exclusion data to CMS or the States by ATTESTATION.
  - 2012 – Eligible Professionals seeking to demonstrate Meaningful Use are required to electronically submit aggregate CQM numerator, denominator, and exclusion data to CMS or the States.

Core Set/Alternate Core

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