Massachusetts eHealth Institute

Behavioral Health eQuality Incentive Program ("eQIP") Grantees

eQIP BH Milestone 1 Review Webinar
May 6, 2015

Agenda

- Introductions

- eQIP Grant Review

- Review of Milestone 1
  - Completed A–EMRAM Survey
  - Approved Transformation Plan
  - Approved MeHI Use Case Development Form

- HIMSS Analytics: A-EMRAM Score & Gap Analysis Overview

- Discussion / Questions

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- **Host:** Judith Iwanski, Manager, eHealth eQuality Program

- **MeHI:**
  - Sean Kennedy, Director, eHealth Programs
  - Keely Benson, eHealth Community Manager
  - Olivia Japlon, eHealth Programs Coordinator

- **HIMSS Analytics:**

  - Lorren Pettit, Vice President, Market Research - HIMSS Analytics

Please hold all questions to the end

[May type questions into the "questions" section]

eQIP BH: Grant Goals

- Guide BH Grantees to increasingly sophisticated use of health IT

- Assist grantees with CEHRT through incentive funding
  1) **Adoption**
     - ONC Certified Health IT Product List ("CHPL") http://www.healthit.gov/policy-researchers-implementers/certified-health-it-product-list-chpl
  2) **Implementation**, and
  3) **Interoperability**
     - Connection to the MA Health Information Exchange ("Mass HIway")

- Prepare BH sector for exchange of information to support larger community health state-wide efforts

- **All organizations receiving eQIP grant must:**
  - Complete HIMSS A-EMRAM questionnaire
  - Generate approved Transformation Plan
    - HIway Use case
  - Use CEHRT
    - For the required functionalities described in Milestones 2, 3 & 4
    - Goal: connect to HIway – have a critical discussion with your EHR vendor about system capabilities
  - Commit to achieving all milestones
    - Take care in choosing EHR system to meet all 4 Milestones
  - Submit reports & attend annual in-person events
   - Tentative: Week of October 5th, 2015

eQIP BH:
Milestone 1 Overview

- Milestone 1 – Transformation Plan & HIway Use Case
  - Transformation Plan
    - Organizational action plan to achieve Milestones
    - Comprehensive w/ thorough analysis
      - Use MeHI's **EHR Planning & Procurement Toolkit**
  - Complete MeHI HIE Use Case Development Form

- Focus: implementing required functions (M-2 & M-3)
  - Facilities – received EMRAM score/gap analysis

- Deadline to submit to MeHI for approval:
  - July 1, 2015

- **Incorporate / update / expand on proposal elements**
  - Abstract of approach to objectives
    - How planned IT advancements will support identified outcomes
  - <u>Project Approach</u>: Approach to using health IT to meet each milestone
    - Estimated cost & timeline to reach milestones
  - EHR product update
  - How intend to use HIE/HIway
  - Efforts to integrate BH with other medical care
  - In-Kind Resources to supplement/support incentive payments
  - How Project will achieve long-term benefits / meet policy goals
  - Ways will address anticipated challenges/problems

- **Highlight significant changes**

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eQIP BH: Transformation Plan

- **Transformation Plan shall describe, at a minimum:**
  - Anticipated Outcomes
    - Targeted operational & clinical outcomes
    - Better integration of behavioral with physical health care
  - Current Health IT State & Desired Future IT State
  - Gap Analysis (A-EMRAM findings)
  - Grant Approach
    - Approach to meeting each milestone
    - How will support achieving identified outcomes
    - How organization will protect e–health information

- **Comprehensive: demonstrate thorough analysis/extensive detail**
  - MeHI may request revisions/modification prior to approval
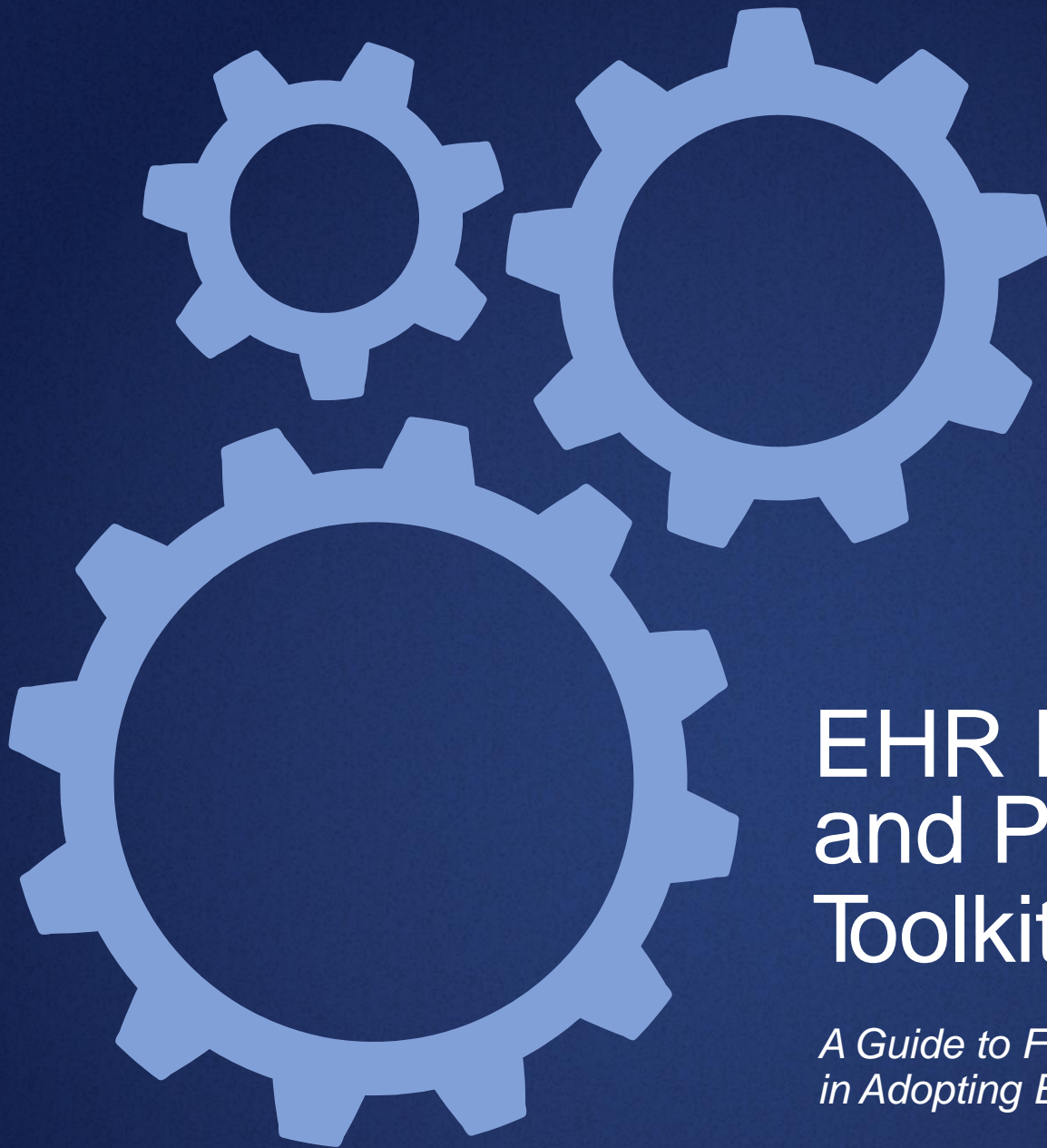
EHR Planning and Procurement Toolkit

A Guide to First Steps
in Adopting Electronic Health Records

eQIP BH:
HIway Use Cases

- ## What is a Use Case?

  - A use case is an easy to understand narrative. It describes how your organization intends to exchange patient information.

  - For Health Information Exchange (HIE) purposes, it identifies a set of "trading partners" and the systems that will be used by these partners (sender and receiver). It also describes how they intend to use the HIE/HIway.

- ## Use Case Benefits

  - Use cases are developed with a goal in mind, which makes them a valuable planning tool.

    - Supports identifying the clinical/business need before solution development, which mitigates rework and delays later.

    - Facilitates initial scoping, project planning and effort prioritization.

    - Supports "selling" your request to management- you have done your due diligence to articulate value, not just functionality.

    - Supports identifying the project team/stakeholders.

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- Use case name
  - A brief summary of your use case (limit to 100 characters)

- Goal
  - What is your end goal?

- Story
  - How do you intend to use the HIE/Mass HIway? This should tell the story of how you intend to use the HIE/HIway, but also support initial project scoping efforts.

- Trading Partners and Systems
  - Who are the sending and receiving organizations? What data systems are involved? (For example, inpatient or outpatient system, the data warehouse?) *eQIP Grant requires that trading partners be unaffiliated.

- Data to Exchange
  - What data do you intend to exchange? (For example, a summary of care record formatted as a Consolidated CDA, or a .pdf)

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REFERRAL REQUEST
FROM PRIMARY CARE PHYSICIAN TO BEHAVIORAL HEALTH SPECIALIST

PCP at Ambulatory Practice sending to
Behavioral Health Organization
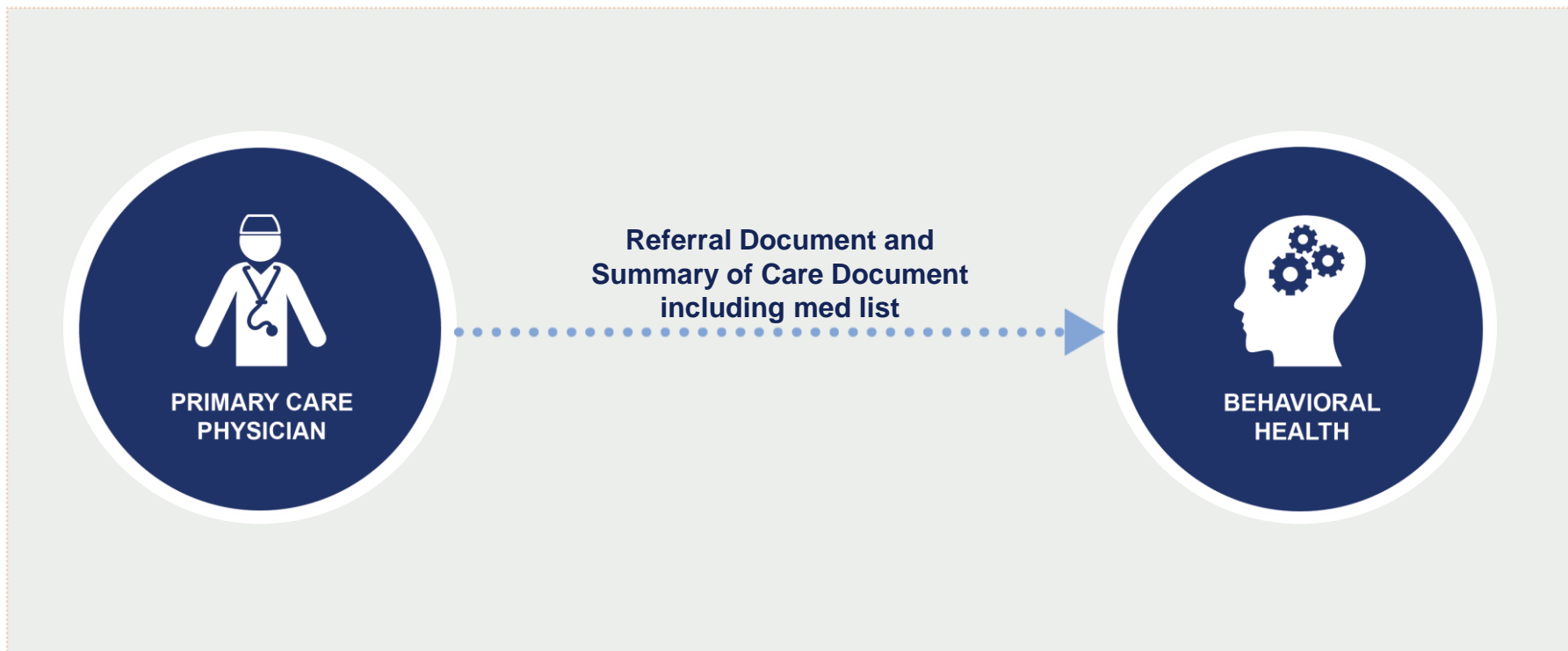
**PRIMARY CARE
PHYSICIAN**

**Referral Document and
Summary of Care Document
including med list**

**BEHAVIORAL
HEALTH**

GOAL	To improve specialty referrals to BH providers by sending the information needed by a BH provider to safely treat the referred patient.

14

REFERRAL REQUEST
FROM PRIMARY CARE PHYSICIAN TO BEHAVIORAL HEALTH ORGANIZATION

ORGANIZATION(S)

Ambulatory Practice A and Behavioral Health Organization B

GOAL

To improve specialty referrals to BH providers by sending the information needed by a BH provider to safely treat the referred patient.

TRADING PARTNERS AND SYSTEMS

Organization A - ambulatory practice; primary care physician (PCP), using a practiced based EHR with a Direct gateway to the Mass HIway
Organization B – behavioral health organization, using an EHR with a Direct gateway to the Mass HIway

DATA TO EXCHANGE

Referral Document (.pdf)
CCD - Summary of Care document

STORY

The PCP provides care to a patient and determines they would benefit from being evaluated for behavioral health services. The PCP discusses this option with the patient and obtains the patient's consent to send their information over the Mass HIway. The PCP sends the referral document and summary of care document via the Mass HIway by searching for the behavioral health organization in the Mass HIway Directory, which is accessible via the practice's EHR, then sends documents to the organization's Mass HIway Direct address.

The behavioral health organization receives the referral and summary of care documents from the PCP. A Social Worker is assigned to meet with the patient to complete an evaluation and determine what services the patient will qualify for.

eQIP BH: Additional Use Case Examples

1. Admission request from a care provider of a BH consumer to an inpatient facility

2. Summary of Care document from a BH Specialist to a PCP

3. Discharge Summary from inpatient facility to BH care provider/social worker

- **MeHI- Use Case Development Guide**

http://mehi.masstech.org/sites/mehi/files/documents/MassHIway_UseCaseGuide_07072014.pdf

- **MeHI- Use Case Development Form (All Grantees are required to complete)**

http://mehi.masstech.org/sites/mehi/files/documents/MassHIway_UseCaseDevelopment%20Form_07072014.pdf

- **MeHI- Use Case Library**

http://mehi.masstech.org/education/resources-tools/hie-toolkit/use-case-library

HIMSS Analytics A-EMRAM Gap Assessment Overview

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- Milestone **1** (25% of total incentive)
  - Transformation Plan
  - Completed HIE Use Case Development Form

- Milestone **2** (25% of total incentive)
  - Achievement of A-EMRAM Stage 3
  - Description of Certified EHR Technology

- Milestone **3** (25% of total incentive)
  - Achievement of A-EMRAM Stage 5
  - Updated Description of Certified EHR Technology

- Milestone **4** (25% of total incentive)
  - Integration of HIway/HIE to EHR
  - Copy of the HIE/Mass HIway Participation Agreement
  - Description of approach to operationalize "opt in" patient consent
  - Attestation from Grantee and unaffiliated trading partner

*Organizations can meet the HIway Milestone at any time after meeting M-1*

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Ambulatory EMR Adoption Model[SM]

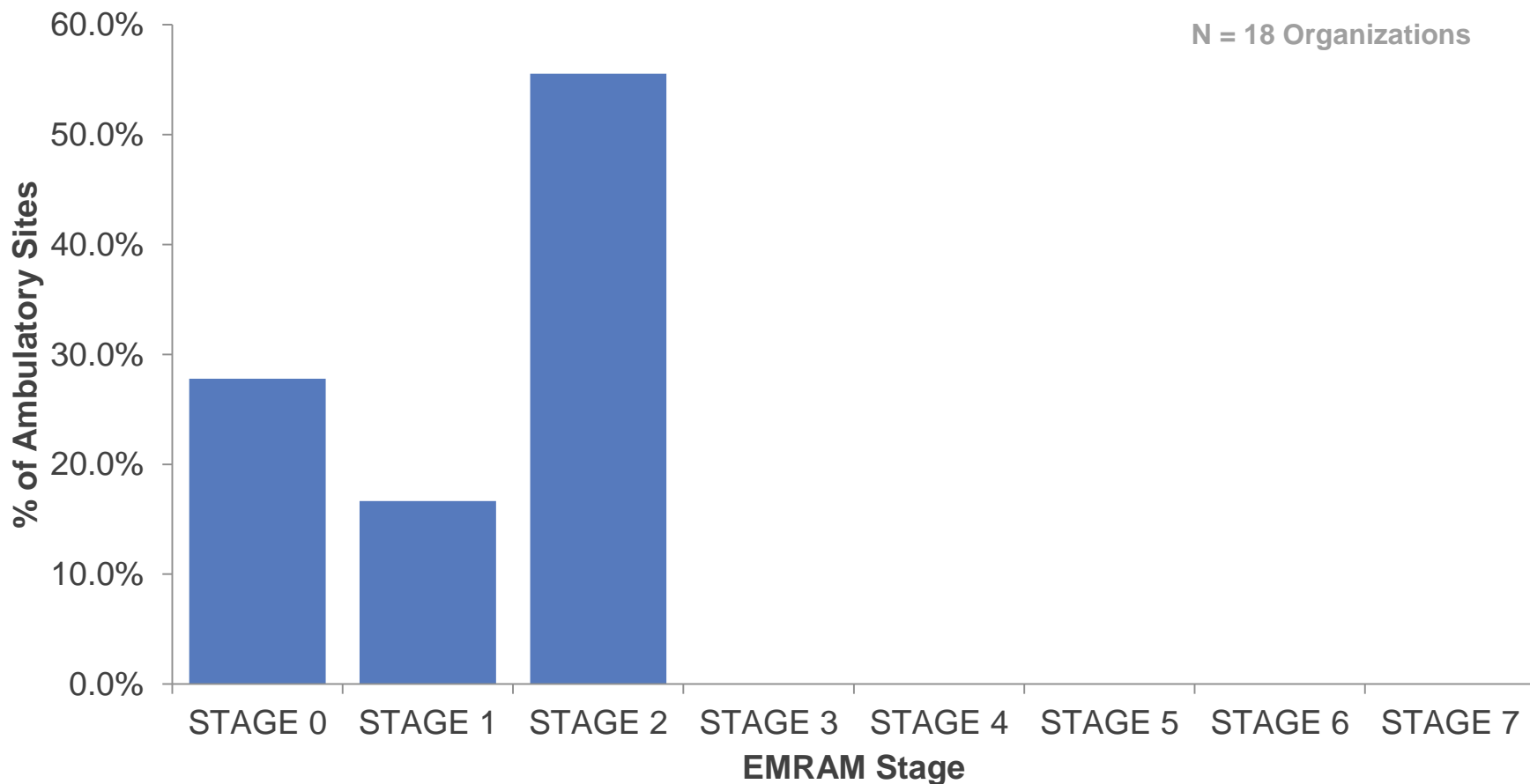| Stage	Cumulative Capabilities	2015 Q1
Stage 7	• HIE capable, sharing of data between the EMR and community based EHR, business and clinical intelligence	7.9%
Stage 6	• Advanced clinical decision support, proactive care management, structured messaging	8.4%
Stage 5	• Personal health record, online tethered patient portal	6.4%
Stage 4	• CPOE, Use of structured data for accessibility in EMR and internal and external sharing of data	1.1%
Stage 3	• Electronic messaging, computers have replaced the paper chart, clinical doc. and clinical decision support	11.8%
Stage 2	• Beginning of a CDR w/ orders & results, computers may be at point-of-care, access to results from outside sites	26.6%
Stage 1	• Desktop access to clinical information, unstructured data, multiple data sources, intra-office/informal messaging	33.6%
Stage 0	• Paper chart based	4.2%

N = 32,502

Ambulatory EMR Adoption Model^SM

All US Ambulatory Sites in HA Database – Q1 2015
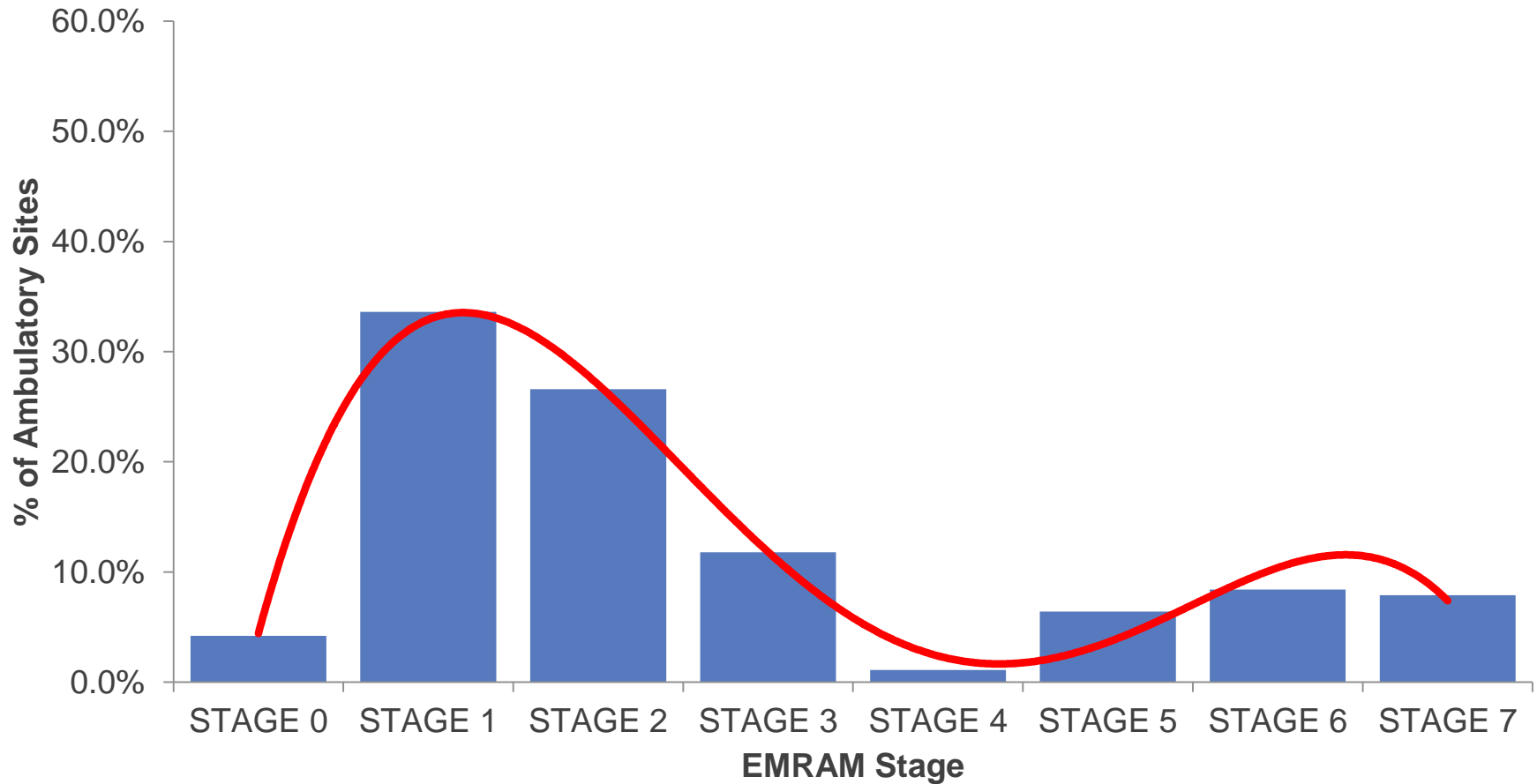
N = 32,502

Ambulatory EMR Adoption Model^SM
MeHI Grantee Organizations – May 2015

N = 18 Organizations

Ambulatory EMR Adoption Model^{SM}
MeHI Grantee Sites – May 2015
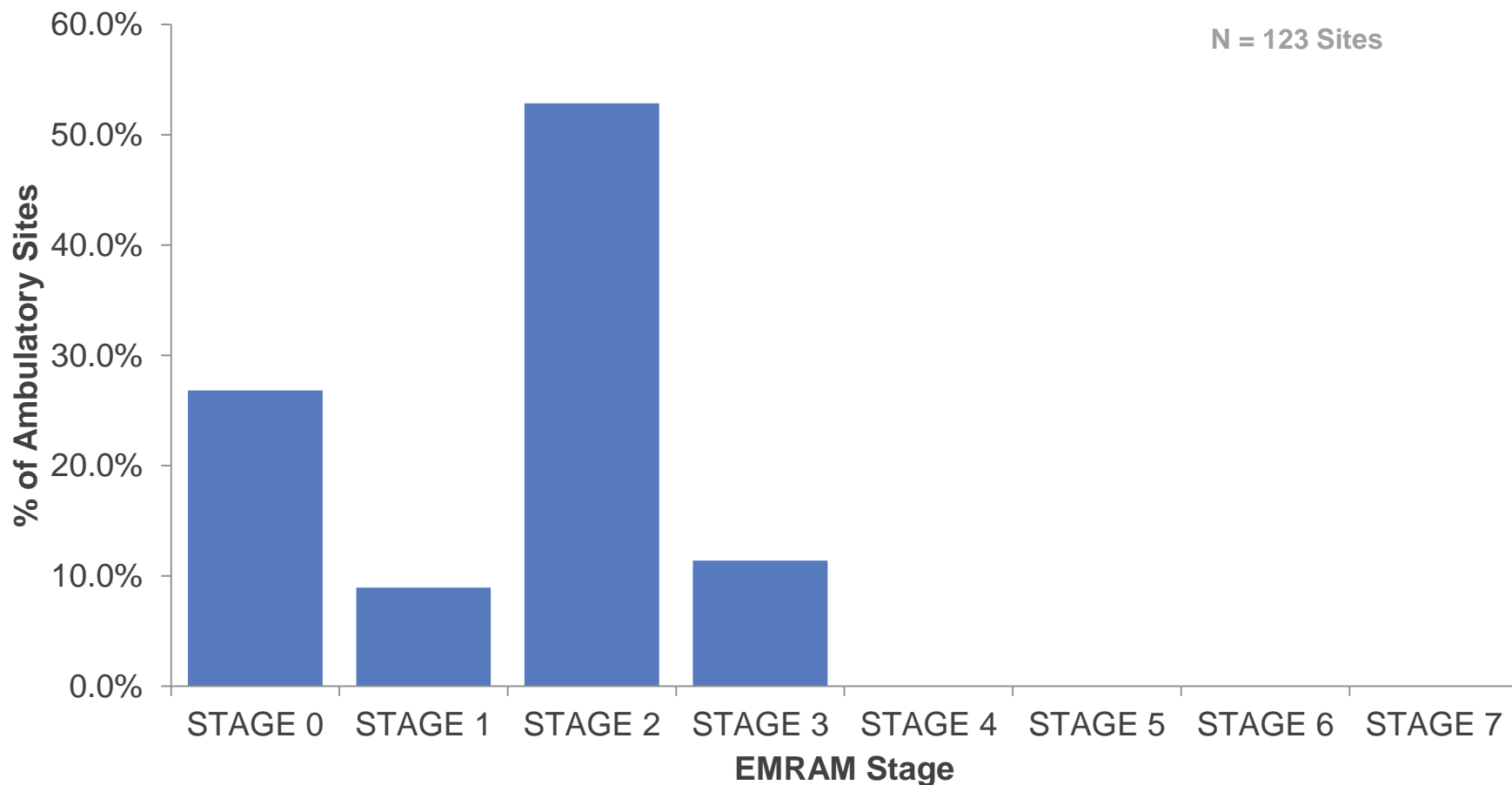
N = 123 Sites

Chart: % of Ambulatory Sites vs EMRAM Stage
- STAGE 0: ~26.8%
- STAGE 1: ~9.0%
- STAGE 2: ~53.0%
- STAGE 3: ~11.4%
- STAGE 4: 0%
- STAGE 5: 0%
- STAGE 6: 0%
- STAGE 7: 0%

STAGE 1

Desktop access to clinical information, unstructured data, multiple data sources, intra-office/informal messaging

- The first use of computers for access to information, but the information is not yet stored in a patient centric Clinical Data Repository (proxy for EMR)
- Multiple data sources searched with no permanent patient record stored electronically – paper based
- Electronic storage of chart notes after transcription, but notes are only free text, not structured
- Access to hospital's EMR for viewing
- Electronic access on physician and/or nurse desktops to online reference material (e.g. eligibility information, lab results)

STAGE	CATEGORY	REQUIREMENT	% MEETING REQUIREMENT MET
1.1 OR	Information Exchange	Web browser on physician/nurse desktops for access only to online reference material, eligibility information, lab results, etc.	89%
1.2 AND	Information Exchange	Web access only to hospital's clinical information	25%
1.3	Physician Documentation	Transcribed reports are stored electronically	78%

STAGE 2

Beginning of a CDR with orders and results, computers may be at point-of-care, access to results from outside facilities

- The first appearance of a patient centric CDR for core EMR functionality and data storage Electronic access to data for results review is available within the EMR,
- Computers may be at point-of-care for use by nurses in charting or order entry (O/E), but use is partial or optional
- Most nurse charting and O/E is at a central location, not in exam room

STAGE	CATEGORY	REQUIREMENT	% MEETING REQUIREMENT MET
2.1 AND	System Installed	EMR Live and Operational	58%
2.2 OR	Clinician Charting	At point of care	56%
2.3 OR	Clinician Charting	At clinician station	55%
2.4 OR	Clinician Order Entry	At clinician station	32%
2.5	Clinician Order Entry	At point of care	36%

STAGE 3

Electronic messaging, computers have replaced the paper chart, clinical documentation and clinical decision support

- Electronic charting includes vitals, nursing intake assessment, encounter procedures, etc. completed in exam room
- Problem lists, e-prescribing for new & refill required
  - o ePrescribing supported by CDSS for new medications and refills
  - o All medications on-line to support Med Reconciliation
- Reminders to staff pertaining to patients (not to patients directly)
- Physician notes are dictation/ transcription or VR with text results scanned to chart with link

STAGE	CATEGORY	REQUIREMENT	REQUIREMENT MET
3.1 AND	Clinical Data Repository	For nursing documentation	46%
3.2 AND	Clinical Data Repository	For current encounter vital signs including height, weight, blood pressure, temperature, etc.	40%
3.3 AND	Clinical Decision Support	Basic medication screening (drug/drug, drug/allergy)	38%
3.4 OR	Clinician Charting	At point of care	56%
3.5 AND	Clinician Charting	At clinician station	55%
3.6 OR	Clinician Order Entry	At point of care	36%
3.7 AND	Clinician Order Entry	At clinician station	32%
3.8 AND	Electronic Messaging	Internal clinic communications	67%
3.9 AND	Medication Management	Medication lists on-line for all patients	42%
3.10 AND	Medication Management	e-Prescribing for refill medication requests	56%
3.11 AND	Medication Management	e-Prescribing for new medications	56%
3.12 AND	Medication Management	Medication reconciliation	25%
3.13	Physician Documentation	Problem lists	26%

STAGE 4

CPOE, Use of structured data for accessibility in EMR and internal and external sharing of data

- CPOE and physician documentation with the use of structured templates required; appropriate CDS for health maintenance alerts, pharmaceuticals, Dx to order logic,
- Inbound lab results stored as discrete data
- Clinical charting of vitals can lead to electronic growth charts
- Textual/data results returned electronically in formats such as PDF, CCR, and CCD, and then attached to patient record
  - o Links to in-office results such as EKG waveform, images
- HIE & external reporting to state/regional immunization registries and for syndromic surveillance data in the format required by the agency
- Ability to manage drug recalls

STAGE	CATEGORY	REQUIREMENT	REQUIREMENT MET
4.1 AND	Clinical Data Repository	For physician documentation	64%
4.2 AND	Physician Documentation	Structured document templates (e.g. diabetic workup, annual physical, etc.) creating discrete data	33%
4.3 AND	Current Encounters	Ability to create growth charts from the capture of structured data (vital signs, immunizations, BMI, etc.)	18%
4.4 AND	Electronic Messaging	Consult communications	12%
4.5 AND	Electronic Messaging	Referral communications	12%
	CPOE - % of Medical Orders Entered by Physicians:		
4.6 OR		1-25% of orders	10%
4.7 OR		26-50% of orders	8%
4.8 OR		51-75% of orders	13%
4.9 OR		76-94% of orders	2%
4.10 AND		>94% of orders	13%
4.11 AND	Medication Management	Medication lists on-line for all patients	42%
4.12 AND	Exam Results	All lab reports are electronically imported and stored in discrete structured form.	8%
4.13 AND	Exam Results	Textual/data results may be returned via HL 7 transactions and stored directly into patient records	16%
4.14 AND	Exam Results	Textual/data results returned electronically in formats such as PDF, CCR, and CCD, and then attached to patient record	17%
4.15 AND	Information Exchange	With hospitals for clinical information	9%
4.16 AND	Information Exchange	With governmental agencies (e.g. local, county, state)	13%
4.17 AND	Information Exchange	With reference laboratories	8%
4.18 AND	Information Exchange	With hospitals for demographic and insurance information	5%
4.19 AND	Information Exchange	With the CDC	5%
4.20 AND	Information Exchange	With external registries for reporting of patient data (e.g. immunization, disease or	5%
4.21	Summary Reporting for Transitions in Care	Ability to transmit standardized format (e.g. CCD, CCR) or other standardized individual components of patient's electronic record	21%

STAGE 5

Personal health record, online tethered patient portal

- Offering a Patient Portal; secure communication with provider available
- Portal offers some of the following:
  - o PHR
  - o Bill pay
  - o Schedule request
  - o Patient specific educational content
  - o Ability to take personal action on health based on provider initiatives
  - o Summary record electronically upon request

STAGE	CATEGORY	REQUIREMENT	REQUIREMENT MET
5.1 AND	Patient/Consumer Functions	Patient Health Record (PHR)	0%
5.2 AND	Patient/Consumer Functions	A patient portal allowing the patient to see personal health information, pay bills, request a schedule, request an appointment, etc.	2%
5.3 AND	Patient/Consumer Functions	Patient specific medical education content	8%
5.4 OR	Electronic Messaging	Patient communications	12%
5.5	Patient/Consumer Functions	Email communications with physicians or nurses	0%

STAGE 6

Advanced clinical decision support, proactive care management, structured messaging

- Advanced CDSS support
  - o Protocols
  - o Preventive care reminders based on diagnoses, results
  - o Orders
  - o Immunization reminders
- Follow-up notices sent to patients based on rules
- Population health analytics present
- Diagnostic results can trigger rules and alerts
- Final approval of Stage 6 upon phone validation

STAGE	CATEGORY	REQUIREMENT	REQUIREMENT MET
6.1 AND	Clinical Decision Support	Receipt of diagnostics results trigger relevant clinical alerts and clinical guidance/ recommended care	7%
6.2 AND	Clinical Decision Support	Clinical guidelines or protocols	18%
6.3 AND	Clinical Decision Support	Preventive medicine (e.g. immunizations, follow-up testing)	10%
6.4 AND	Information Exchange	With internal disease registries for case management	5%
6.5 AND	Patient follow-up care reminders	Follow-up notices sent to the patients are initiated by flags set by provider	5%
6.6	Patient follow-up care reminders	EMR suggests recommended follow-up based on date, patient problem list and procedures rendered by current provider and others.	0%

STAGE 7

HIE capable, sharing of data between the EMR and community based EHR, business and clinical intelligence

- *Capability* for an interconnected multi-vendor community of physicians, hospitals, lab companies, health plans, imaging companies and patients to easily share and
    - o Some HIE expected
- ≥95% CPOE, including protocol orders
- Data mining capability with compliance reporting
- Capability for medical device recall management
- Objective data will be derived from the survey which will point to "Stage 7 candidates"
    - Final approval of Stage 7 upon on-site validation
    - Please reference the Stage 7 Reviewers guide

STAGE	CATEGORY	REQUIREMENT	REQUIREMENT MET
7.1	Clinical Data Repository	For clinical research data analysis	13%
7.2	CPOE - % of Medical Orders Entered by Physicians	>94% of orders	13%
7.3	Patient Monitoring	Output from diagnostic and intelligent medical devices are incorporated directly into patient's EMR when appropriate.	0%
7.4	Information Exchange	Capable of exchanging data across multiple vendor platforms for the purpose of health information exchange	31%
7.5	Patient follow-up care reminders	Capable of comparing patient follow-up recommendations to care rendered by all providers with access to the community-based EHR and variance and compliance alerts are generated	0%
7.6	Summary Reporting for Transitions in Care	Ability to update the patient's EHR where there is a community-based HIE	13%

BONUS

STAGE	CATEGORY	REQUIREMENT	REQUIREMENT MET
BONUS	Are you using a certified EMR product?	Yes	77%
BONUS	Clinical Decision Support	Data from the community based EHR is incorporated into the EMR's rules engine and triggers alerts	1%
BONUS	Clinical Decision Support	Remote device monitoring process alerts clinician when clinically significant changes in data are detected	0%
BONUS	Clinical Decision Support	Genomics profiling is incorporated into the EMR and could result in a suggested order or order change	0%
BONUS	Electronic Messaging	Disease management communications	7%
BONUS	Medication Management	Ability to find and modify orders for all patients on a specific medication	25%

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eQIP BH: Grantees

Organization	Primary Location
Behavioral Health Network, Inc.	Springfield
Child & Family Services, Inc.	New Bedford
Clinical & Support Options, Inc.	Northampton
Cutchins Programs for Children & Families	Northampton
The Edinburg Center	Lexington
Gandara Mental Health Center, Inc.	Springfield
High Point Treatment Center	New Bedford
The Home for Little Wanderers	Boston
Lowell House, Inc.	Lowell
L.U.K. Crisis Center, Inc.	Fitchburg
MA Society for the Prevention of Cruelty to Children	Boston
Mental Health Association of Greater Lowell, Inc.	Lowell
Multicultural Wellness Center, Inc.	Worcester
Northeast Center for Youth & Families, Inc.	Easthampton
Riverside Community Care, Inc.	Dedham
South Shore Mental Health Center, Inc.	Quincy
Spectrum Health Systems, Inc.	Worcester
Stanley Street Treatment & Resources, Inc.	Fall River

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- **eQIP Program Manager: Judy Iwanski**
  - Program Coordinator: Olivia Japlon

- **eQIP Program:**
  - MeHI eHealth eQuality inbox: eHeQ@masstech.org
    - Questions
    - Suggestions for future webinars

- **MeHI Website: mehi.masstech.org**
  - Education page
    - Upcoming events, presentations, other resources
  - On-demand webinars:
    - EHR Planning & Procurement Toolkit overview

Behavioral Health eQuality Incentive Program ("eQIP") Grantees

Milestone 1 Webinar
May 6, 2015

Thank you