

Massachusetts eHealth Institute

Behavioral Health eQuality Incentive Program (“eQIP”) Grantees

eQIP BH Introductory Webinar

Solicitation No. RFP 2015-MEHI-04

September 23, 2015

Agenda

- Introductions
- eQIP BH: Overview of Program
- HIMSS Analytics: A-EMRAM Overview
- eQIP BH: Milestone 1 Overview
- eQIP BH: Use Case Overview
- eQIP BH: Program Timeline & Resources
- Questions

■ Massachusetts eHealth Institute

- Olivia Japlon, eHealth Programs Coordinator
- Vivian Chung, eHealth eQuality Grants Coordinator
- Keely Benson, eHealth Community Manager

■ HIMSS Analytics

- John Daniels, Global Vice President, Healthcare Advisory Services, HIMSS Analytics

Please submit all questions to eHeQ@masstech.org

eQIP BH: Overview of Program

- Guide BH Grantees to increasingly sophisticated use of health IT
- Incentive funding – assist Grantees with CEHRT
 - **Adoption**
 - ONC Certified Health IT Product List (“CHPL”)
<http://www.healthit.gov/policy-researchers-implementers/certified-health-it-product-list-chpl>
 - **Implementation**, and
 - **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:
 - Use CEHRT
 - 2011, 2014 or voluntary certification acceptable
 - Goal: to connect to the Hlway – have a critical discussion with your EHR vendor about system capabilities
 - Submit a survey to HIMSS A-EMRAM
 - Purpose: to determine EHR adoption baseline
 - Complete all Grant deliverables
 - Deliverables associated with Milestones 1 through 4 must be completed
 - Commit to achieving all milestones
 - Take care in choosing an EHR system to meet all 4 Milestones
 - Submit reports & attend annual in-person events

- 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 Hlway/HIE to EHR
 - Copy of the HIE/Mass Hlway Participation Agreement
 - Description of approach to operationalize “opt in” patient consent
 - Attestation from Grantee and unaffiliated trading partner

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

eQIP BH: HIMSS A-EMRAM Stage Overview

HIMSS Ambulatory EMR Adoption Model (A-EMRAM)

- Focus on key IT systems that need to be implemented for achieving higher levels of access, quality, efficiency and safety

US Ambulatory EMR Adoption Model SM		
eQIP Milestone	Stage	Cumulative Capabilities
	Stage 7	HIE capable, sharing of data between the EMR and community based EHR, business and clinical intelligence
	Stage 6	Advanced clinical decision support, proactive care management, structured messaging
M-3	Stage 5	Personal health record, online tethered patient portal
	Stage 4	CPOE, Use of structured data for accessibility in EMR and internal and external sharing of data
M-2	Stage 3	Electronic messaging, computers have replaced the paper chart, clinical documentation and clinical decision support
	Stage 2	Beginning of a CDR with orders and results, computers may be at point-of-care, access to results from outside facilities
	Stage 1	Desktop access to clinical information, unstructured data, multiple data sources, intra-office/informal messaging
	Stage 0	Paper chart based

HIMSS Analytics Overview

HIMSS Analytics: Introductions

Patti Harris

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HIMSS Analytics: A-EMRAM

Ambulatory EMR Adoption ModelSM

Stage	Cumulative Capabilities	2012 Q2	2015 Q2
Stage 7	HIE capable, sharing of data between the EMR and community based EHR, business and clinical intelligence	0.00%	7.40%
Stage 6	Advanced clinical decision support, proactive care management, structured messaging	1.20%	9.17%
Stage 5	Personal health record, online tethered patient portal	0.04%	7.93%
Stage 4	CPOE, Use of structured data for accessibility in EMR and internal and external sharing of data	0.41%	0.99%
Stage 3	Electronic messaging, computers have replaced the paper chart, clinical documentation and clinical decision support	10.92%	12.03%
Stage 2	Beginning of a CDR with orders and results, computers may be at point-of-care, access to results from outside facilities	34.10%	26.68%
Stage 1	Desktop access to clinical information, unstructured data, multiple data sources, intra-office/informal messaging	5.29%	33.98%
Stage 0	Paper chart based	48.04%	3.82%

Data from HIMSS Analytics® Database © 2014 HIMSS Analytics

N = 9,247 N = 34,115

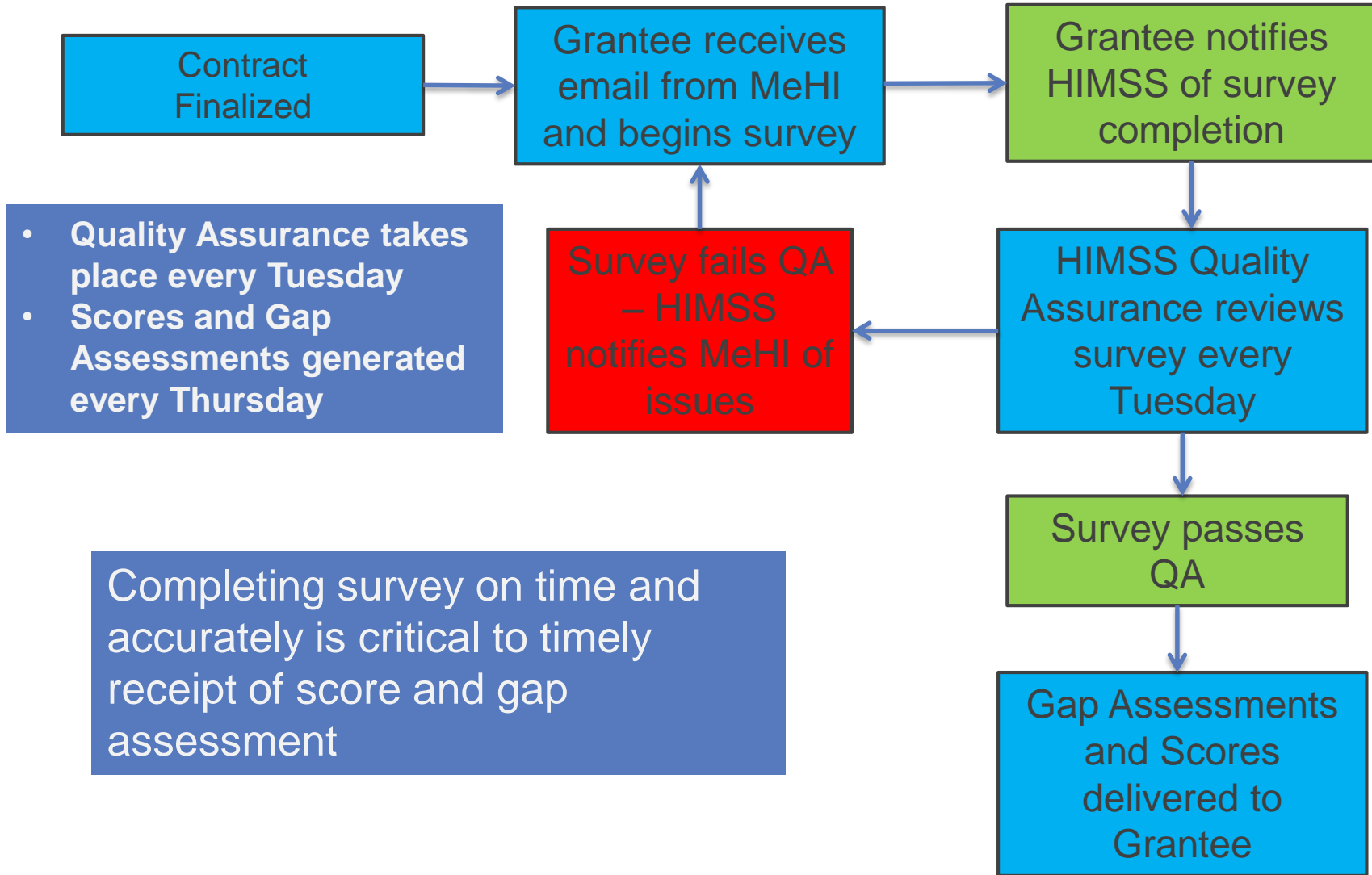
HIMSS Analytics: Timeline and Process

- Data Collection
 - MeHI finalizes grant contracts
 - Grantees receive login details from MeHI and begin to complete the survey (HIMSS will be copied)
 - Grantees notify MeHI and HIMSS when survey is complete

- Generation of Scores and Gap Assessment
 - Quality assurance performed every Tuesday
 - Scores/Gap Assessments generated every Thursday
 - HIMSS sends Scores/Gap Assessments to grantees by end of week (MeHI will be copied)

- MeHI is a certified educator and prepared to answer questions

HIMSS Analytics: Survey Process



HIMSS Analytics: Introduction to Survey Tool

- Sample Survey:

<http://app.staging.himssanalytics.org>

Username: HarrisP40

Password: ds3733

- Key Stakeholders:

- Individuals familiar with systems installed (EMR, Patient Portal)
- Clinicians familiar with documentation and the build out of clinical decision support
- Processes associated with health information exchange

HIMSS Analytics: Survey Dashboard

Study > Allied Health Providers

Allied Health Providers

Delegate Study

IDS Details

IDS: Allied Health Providers
Study: 2015 StudyID 51468 HAEntityID 721485
Address: 1074 Main Street
West Barnstable, MA 02668

[CIO On-Line Instructions](#)

IDS/Corporate Details				Information System		
IDS Name	IDS Type	Beds	% Com	Delegation	Last Updated	
Allied Health Providers	IDS/RHA		0	Michelle Glenn EditDelegate	01/22/15	

[Show / Hide Search Criteria](#) ▼

Information System				Information System		
Facility Name	Facility Type	Beds	% Com	Delegation	Last Updated	
Allied Health Providers[Addition]	Ambulatory		100	Michelle Glenn EditDelegate	02/12/15	

Rows: 1-1 of 1 Page 1 of 1

- Scores are facility specific

HIMSS Analytics: Survey EMR System Questions

Software Installations | EMR Function | Software Plans

Application Category: Ambulatory(2)

Application Definition

Application	Software Vendor/ Product/ Contract Date / Contract Term/Duration	Status	Characteristics/ Details	Check if Correct	Actions
Ambulatory EMR	ALLSCRIPTS Not Reported Contract Date: Not Reported Contract Term/Duration: Not Reported	Live and Operational	Not Reported	<input type="checkbox"/>	Add Edit
Practice Management	ALLSCRIPTS MYWAY Contract Date: 2014 Contract Term/Duration: Not Reported	Live and Operational	Not Applicable	<input type="checkbox"/>	Add Edit

Edit products:
Please Edit product details below

Selected Application:

Current status *

Software Vendor *
Other (please specify)

Software Product
Other (please specify)

Software contract date Year

Contract Term/Duration:

Is this Ambulatory EMR product specially designed for a specialty practice? Yes No [\[Clear Selection\]](#)

Do you have plans to upgrade your current system to a new, more recent version? Yes No [\[Clear Selection\]](#)

[Save](#) [Cancel](#)

HIMSS Analytics: Gap Assessment

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%

eQIP BH: Milestone 1 Overview

- Milestone 1 – Transformation Plan & Hiway Use Case
 - How Grantee will prepare/transform its practice to maximize the potential of health IT in order to achieve identified outcomes
 - **Transformation Plan**
 - Organizational action plan to achieve Milestones
 - Focus: implementing required functionalities and addressing gaps outlined in EMRAM gap analysis
 - Facilities – received ERAM score/gap analysis
 - **MeHI HIE Use Case Development Form**
 - How you intend to connect to – and use- the Mass Hiway
- Deadline to submit to MeHI for approval:
 - HIMSS A-EMRAM survey: **October 15, 2015**
 - Transformation Plan and Use Case: **December 17, 2015**

- In the Transformation Plan, highlight any significant changes or updates from your project narrative submitted with your original application, such as:
 - Project approach to meeting Milestones
 - Estimated cost & timeline to reach milestones
 - How planned IT advancements will support identified outcomes
 - EHR product update
 - Efforts to integrate behavioral health with other medical care
 - In-Kind resources to supplement / support incentive payments
 - How grant will support achieving long-term benefits / meet policy goals
 - Ways in which you will address anticipated challenges/problems

- Transformation Plan shall describe, at a minimum:
 - I. Anticipated Outcomes
 - Targeted operational & clinical outcomes
 - Include at least one outcomes measure to be tracked monthly
 - How you will use health IT to integrate behavioral health with physical health care
 - No tracked measures required
 - II. Grant Approach
 - Approach to meeting each milestone
 - How IT will support achieving identified outcomes
 - How your organization will protect e–health information

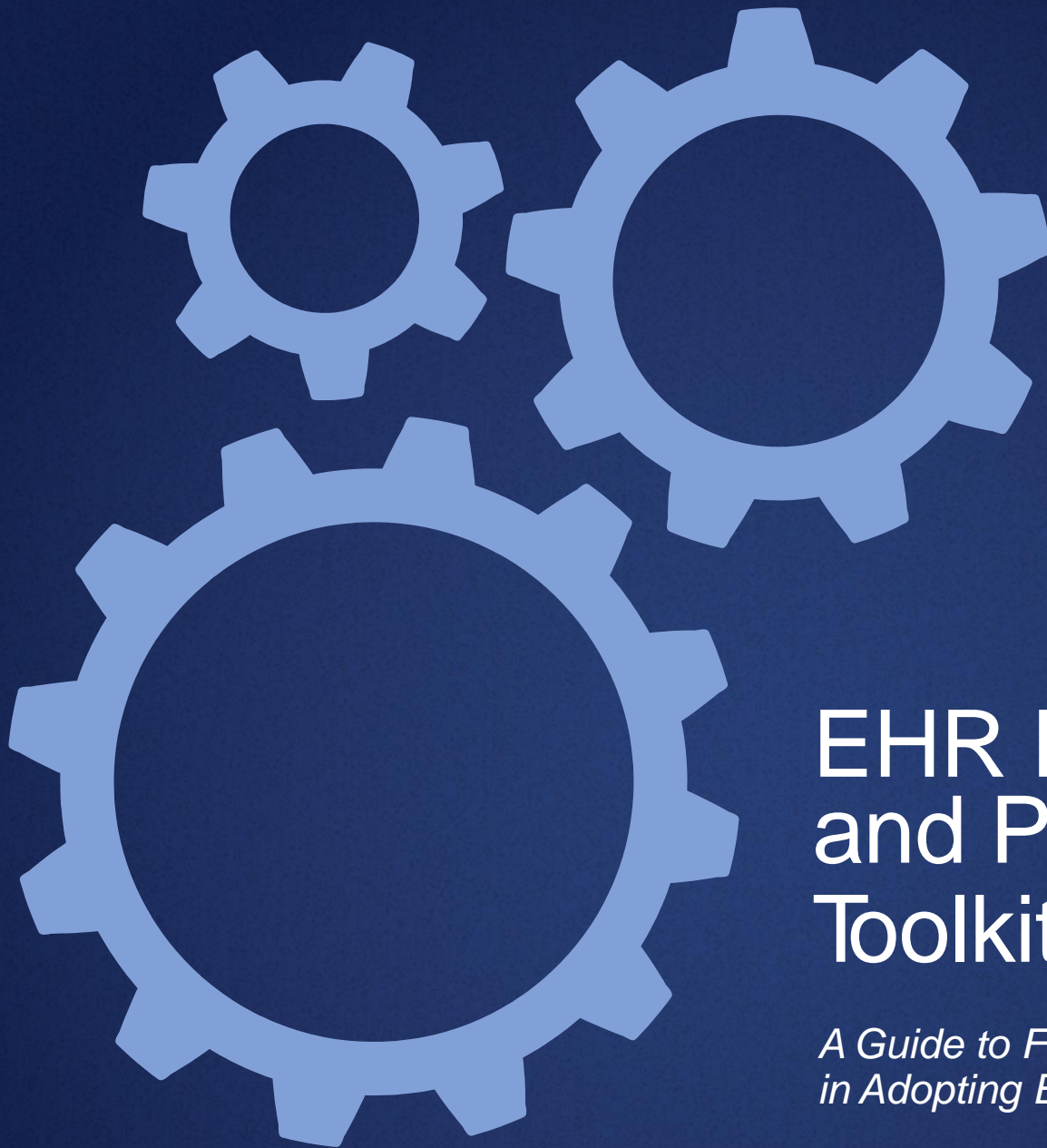
III. Current Health IT State & Desired Future IT State

IV. Gap Analysis (A-EMRAM findings)

V. Timeline:

- Major activities to achieve future state/identified outcome
- Include dates to meet M-2, M-3 and M-4

- The Transformation Plan must be comprehensive, demonstrating thorough analysis and extensive detail.
 - Plan must be approved by MeHI order to meet Milestone 1
 - MeHI may request revisions / modifications prior to approval



EHR Planning and Procurement Toolkit

*A Guide to First Steps
in Adopting Electronic Health Records*

eQIP BH: Hlway 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.

eQIP BH: Use Case Elements

- 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 Hlway? This should tell the story of how you intend to use the HIE/Hlway, 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)

REFERRAL REQUEST FROM PRIMARY CARE PHYSICIAN TO BEHAVIORAL HEALTH SPECIALIST

PCP at Ambulatory Practice sending to
Behavioral Health Organization



GOAL

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

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 Hlway

Organization B – behavioral health organization, using an EHR with a Direct gateway to the Mass Hlway

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 Hlway. The PCP sends the referral document and summary of care document via the Mass Hlway by searching for the behavioral health organization in the Mass Hlway Directory, which is accessible via the practice's EHR, then sends documents to the organization's Mass Hlway 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>

eQIP BH: Program Timeline and Resources

eQIP BH: Timeline

Task	Date
eQIP Period of Performance Begins	September 1, 2015
Introductory Webinar	September 23, 2015
Deadline: Submit baseline survey to HIMSS	October 15, 2015
Grantee (in-person) forum	December 2015
Deadline: Submit Transformation Plan & Use Case Development Form to MeHI	December 17, 2015
Period of Performance	September 1, 2015 – June 30, 2017

eQIP BH: Meet your Grant Team!



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eQIP BH: Grantee Resources

- Program Manager: Judy Iwanski
 - Program Administrator: Olivia Japlon
 - Grant Coordinator: Vivian Chung
- eQIP Program questions: submit to the MeHI eHealth eQuality inbox: eHeQ@masstech.org
 - Was this welcome webinar helpful?
 - Was there additional information that was not covered?
 - What would you like to see in future webinars?
- MeHI Website: <http://mehi.masstech.org>
 - Visit the 'Education' page - upcoming events, presentations, Toolkits, and other resources
 - Visit the 'EHR Toolkit' page to view the on-demand webinar recording of the EHR Planning & Procurement Toolkit

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Thank you!