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
Introduction

- **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
eQIP BH: Grant Goals

- Guide BH Grantees to increasingly sophisticated use of health IT

- Incentive funding – assist Grantees with CEHRT
  - **Adoption**
    - ONC 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 Hiway – 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
**eQIP BH: Milestones**

- **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*
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

<table>
<thead>
<tr>
<th>eQIP Milestone</th>
<th>Stage</th>
<th>Cumulative Capabilities</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Stage 7</td>
<td>HIE capable, sharing of data between the EMR and community based EHR, business and clinical intelligence</td>
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<tr>
<td></td>
<td>Stage 6</td>
<td>Advanced clinical decision support, proactive care management, structured messaging</td>
</tr>
<tr>
<td>M-3</td>
<td>Stage 5</td>
<td>Personal health record, online tethered patient portal</td>
</tr>
<tr>
<td>M-2</td>
<td>Stage 4</td>
<td>CPOE, Use of structured data for accessibility in EMR and internal and external sharing of data</td>
</tr>
<tr>
<td></td>
<td>Stage 3</td>
<td>Electronic messaging, computers have replaced the paper chart, clinical documentation and clinical decision support</td>
</tr>
<tr>
<td></td>
<td>Stage 2</td>
<td>Beginning of a CDR with orders and results, computers may be at point-of-care, access to results from outside facilities</td>
</tr>
<tr>
<td></td>
<td>Stage 1</td>
<td>Desktop access to clinical information, unstructured data, multiple data sources, intra-office/informal messaging</td>
</tr>
<tr>
<td></td>
<td>Stage 0</td>
<td>Paper chart based</td>
</tr>
</tbody>
</table>
HIMSS Analytics Overview
Patti Harris
Senior Director, Data Collection and Quality
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John H. Daniels, CNM, FACHE, FHIMSS, CPHIMS
Global Vice President, Healthcare Advisory Services Group
John.Danniel@himssanalytics.org
(312) 805-5006
### Ambulatory EMR Adoption Model®

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

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

- Contract Finalized
- Grantee receives email from MeHI and begins survey
- Grantee notifies HIMSS of survey completion
- Survey fails QA – HIMSS notifies MeHI of issues
- HIMSS Quality Assurance reviews survey every Tuesday
- Survey passes QA
- Gap Assessments and Scores delivered to Grantee

• Quality Assurance takes place every Tuesday
• Scores and Gap Assessments generated every Thursday

Completing survey on time and accurately is critical to timely receipt of score and gap assessment
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
• Scores are facility specific
<table>
<thead>
<tr>
<th>Application</th>
<th>Software Vendor/Product/Contract Date/Contract Term/Duration</th>
<th>Status</th>
<th>Characteristics/Details</th>
<th>Check if Correct</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory EMR</td>
<td>ALLSCRIPTS Not Reported</td>
<td>Live and Operational</td>
<td>Not Reported</td>
<td></td>
<td>Add</td>
</tr>
<tr>
<td>Practice Management</td>
<td>ALLSCRIPTS MYWAY Contract Date: 2014 Contract Term/Duration: Not Reported</td>
<td>Live and Operational</td>
<td>Not Applicable</td>
<td></td>
<td>Add</td>
</tr>
</tbody>
</table>

### Edit products:
- Please Edit product details below

**Selected Application:**
- Current status: Live and Operational
- Software Vendor: ALLSCRIPTS
- Software Product: Other (please specify)
- Software contract date: Year
- Contract Term/Duration: 
- Is this Ambulatory EMR product specially designed for a specialty practice? Select Yes or No.
- Do you have plans to upgrade your current system to a new, more recent version? Select Yes or No.
### 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)

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

### 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

<table>
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<th>CATEGORY</th>
<th>REQUIREMENT</th>
<th>% MEETING REQUIREMENT MET</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 AND</td>
<td>System Installed</td>
<td>EMR Live and Operational</td>
<td>58%</td>
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<tr>
<td>2.2 OR</td>
<td>Clinician Charting</td>
<td>At point of care</td>
<td>56%</td>
</tr>
<tr>
<td>2.3 OR</td>
<td>Clinician Charting</td>
<td>At clinician station</td>
<td>55%</td>
</tr>
<tr>
<td>2.4 OR</td>
<td>Clinician Order Entry</td>
<td>At clinician station</td>
<td>32%</td>
</tr>
<tr>
<td>2.5</td>
<td>Clinician Order Entry</td>
<td>At point of care</td>
<td>36%</td>
</tr>
</tbody>
</table>
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**

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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: 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.
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 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)
REFERRAL REQUEST
FROM PRIMARY CARE PHYSICIAN TO BEHAVIORAL HEALTH SPECIALIST

PCP at Ambulatory Practice sending to Behavioral Health Organization

Referral Document and Summary of Care Document including med list

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

- **MeHI- Use Case Development Guide**
  

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

- **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

<table>
<thead>
<tr>
<th>Task</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td><strong>Period of Performance Begins</strong></td>
<td>September 1, 2015</td>
</tr>
<tr>
<td><strong>Introductory Webinar</strong></td>
<td>September 23, 2015</td>
</tr>
<tr>
<td><strong>Deadline: Submit baseline survey to HIMSS</strong></td>
<td>October 15, 2015</td>
</tr>
<tr>
<td><strong>Grantee (in-person) forum</strong></td>
<td>December 2015</td>
</tr>
<tr>
<td><strong>Deadline: Submit Transformation Plan &amp; Use Case Development Form to MeHI</strong></td>
<td>December 17, 2015</td>
</tr>
<tr>
<td><strong>Period of Performance</strong></td>
<td>September 1, 2015 – June 30, 2017</td>
</tr>
</tbody>
</table>
eQIP BH: Meet your Grant Team!

Keely Benson
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Joe Kynoch
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Kevin Mullen
Contractor.Mullen@masstech.org
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
Behavioral Health eQuality Incentive Program ("eQIP") Grantees

BH Introductory Webinar
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Thank you!