

* NAVAGATING
THROUGH
ELECTRONIC
HEALTH
RECORDS



* HEALTH INFORMATION TECHNOLOGY SECTION

- * Started as a task force in 2010
- * Evolved to a section of DOSP
- * Manages the HIT portion of the webpage
- * Webinars, ACNM sessions
- * EHR listserv.

*** ACNM and Electronic Health Records**

- * What's working well or needs improvement?
- * Am I accomplishing the vision/mission I intended in patient care?
- * Do I want to stay connected to my practice once I leave the office?
- * Assess: practice clinical goals, needs, financial & technical readiness.

* Why Electronic Records?

- * EHR = Electronic Health Record
- * (previously EMR / Electronic Medical Record)
- * EP = Eligible Provider
- * HIT = health information technology
- * CMS = Center for Medicare and Medicaid Services
- * ONC = Office of the National coordinator for Health Information Technology

* **DEFINITIONS**

- * Do I only need Electronic Health Records?
- * Do I also need Practice Management??
- * What's the benefit of a Certified system? - New certification rules will help ensure that electronic health records meet providers' needs and that systems are secure.

* Criteria for Decision

1. Organized, efficient flow of processes?
2. Workflow efficient, clearly understood by staff?
3. Data collection & reporting documented?
4. Staff computer literate & comfortable?
5. Access to high-speed connection?
6. Financial capital available for purchase?

*** Are you ready? 1st**
Assess

- A. Easy navigation
- B. Easy to integrate into a practice.
- C. Meaningful use
- D. ERX
- E. On site vs. Off site servers
- F. Cost
- G. Training.
- H. Patient portals.

*** Features to consider**

You May have a choice in picking your system or it may be chosen for you

Either way its time to move ahead.



1. Training, training, training never enough!!!

- ❖ On site is the best, as many days as needed.
- ❖ Expect to cut back on the number of patients you see.
- ❖ Elect a super user.
- ❖ Make sure every providers has bought into the system.
- ❖ EVERYONE needs to move at the same pace in terms of navigating records.

* You have a system
now what?

You have 3 Options:

1. Have all charts scanned into the system from the very beginning
 - * Either extract data from the charts at the time of scanning. (Consider contracting this job out.)
 - * Or extract data when the patient comes for the next scheduled visit or a few days prior
2. Partially scan charts into the system, extract the most important information, labs for the last 3 yrs etc. Send chart to storage.
3. No chart abstraction. Take a full history and treat the patient as a brand new patient

* **Migrating Charts**

Try to mimic your current work flow.

- * If your medical assistants/nurses screen patients, have them start the visit
- * Everyone should work to the top of their license
- * If they start the HPI have them start the HPI
- * History, medication review, pharmacy phone number, preview visit
- * Indicate patient is ready
- * Chart to provider
- * Orders placed electronically
- * Chart to checkout.

*** Work flow and time
management**

1. Option #1: Lab interface??
 - * Directly adds data
 - * Must be reviewed
 - * Will flag abnormal
 - * Easiest way to import data.
 - * Often the lab will pay the cost
 - * Directly upload patient orders
2. Option #2: Scan all documents
 - * Have to be sorted to the proper chart
 - * Someone needs to monitor for abnormal
 - * Manually need to add the data

* Labs, Diagnostics,
Consults

- * Created to promote the use of electronic health records
- * Set of standards defined by the Centers for Medicare & Medicaid Services (CMS) Incentive Programs that governs the use of electronic health records and allows eligible providers and hospitals to earn incentive payments by meeting specific criteria.
- * CNM's only qualify for Medicaid funds
- * <http://www.healthit.gov/policy-researchers-implementers/meaningful-use>(the office of the National Coordinator for Health Information Technology)

* **“Meaningful Use”**

* Meaningful Use Benefits

1. *Complete and accurate information* before they walk into the examination room.
2. *Better access to information* to diagnose health problems earlier and improve the health outcomes of their patients,. Information sharing with other health team members, hospitals, health care systems, leading to better coordination of care.
3. *Patient empowerment* of patients to take a more active role in individual & family health. Patients can receive electronic copies of their medical records and share their health information securely over the Internet with their families.

Detailed information on CMS website.

- * Paid to a provider annually if criteria met
- * EPs can qualify for EHR incentive payments totaling as much as \$44,000 through the Medicare EHR Incentive Program, or as much as \$63,750 through the Medicaid EHR Incentive Program.

* **\$Incentives for
Meaningful Use**

- * Meaningful use includes both a core set and a menu set of objectives that are specific to eligible professionals or eligible hospitals and CAHs.
- * To become “eligible”, the provider meets 25 meaningful use objectives. To qualify for an incentive payment, 20 of these 25 objectives must be met:
 - * 15 required core objectives
 - * 5 objectives chosen from a list of 10 menu set objectives
- * **see handout** for stage 1

* Requirements for Stage 1

- * Sure scripts or ?? -help
- * Transmit electronically or through fax
- * Works in both directions
- * Some systems can upload all of patients prescriptions
- * Easy to use
- * Narcotics excluded
- * Alerts for drug allergies and drug interactions
- * One of the meaningful use core measures

* ELECTRONIC PRESCRIBING

- * You can also print your electronic prescriptions
- * Must meet the requirements for each state
 - * i.e. in Virginia Rx must be on paper that when photocopied has a background indicating it is an illegal Rx.
- * You need to know the patient's pharmacy
- * You need someone to monitor incoming Rx.

* Electronic Prescribing

1. Look closely at the system you may use
2. Try to get time to really test the system
3. Ask about upgrades
 1. Upgrades have been a nightmare
 2. If I knew now what I did then I would have chosen differently
4. IT IS VERY IMPORTANT TO REDUCE YOUR SCHEDULE AHEAD OF TIME
5. The more super-users the better
6. ****Everyone needs to be onboard

* Lessons learned

- * Better communication between care providers
- * Better ability to review of prescriptions between providers.
- * New Orleans taught us a lesson
 - * If we only had electronic records Medications unknown, drug doses, medical history.
- * Long term goals is better health care
- * More patient empowerment - the ability to review and have copies of their records.

* Long term

- * The ability to interact with other users
- * Exchange of ideas and what works and what does not.
- * The ability to give feedback on future development and fixes.
- * See what's coming up in the future.

* **User groups**

- * ACNM website HIT page
- * HIT section of ACNM
- * ACNM EHR listserv is a way to network with other CNM's using electronic records.
- * CMS site has a lot of information about meaningful use.
- * ONC - The office of the National Coordinator for Health Information Technology - there is a lot of information here
- * State Regional Extension Center - created to help providers every step of the way in implementing EHR. <http://www.healthit.gov/providers-professionals/regional-extension-centers-recs>

* **HELP!!**

* Resources

Practice Assessment:

<http://www.healthit.gov/providers-professionals/ehr-implementation-steps/step-1-assess-your-practice-readiness>

<http://www.healthit.gov/providers-professionals/ehr-implementation-steps/step-1-assess-your-practice-readiness>

<http://www.healthit.gov/policy-researchers-implementers/meaningful-use>

- * How to Implement EHR (from Heath IT.gov)
 - * <http://www.healthit.gov/providers-professionals/ehr-implementation-lessons-field>
- * EHR incentives and Certification
 - * <http://www.healthit.gov/providers-professionals/ehr-incentives-certification>
- * Meaningful use
 - * http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms/10_PathtoPayment.asp
- * Meaningful use FAQ's
 - * <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/FAQ.html>
- * Stories from the Road from ONC
 - * http://healthit.hhs.gov/portal/server.pt?CommunityID=1958&spaceID=5&parentname=&control=SetCommunity&parentid=&in_hi_userid=11673&PageID=0&space=CommunityPage

* Resources

DON'T FORGET

THIS IS REALLY
WHAT ITS ALL
ABOUT

