

Opportunities and Challenges of Implementing EHR Technology

National Conference of State Legislatures (NCSL)
2011 Legislative Summit
August 11, 2011

The Office of the National Coordinator (ONC)

Regional Extension Center (REC) Initiative

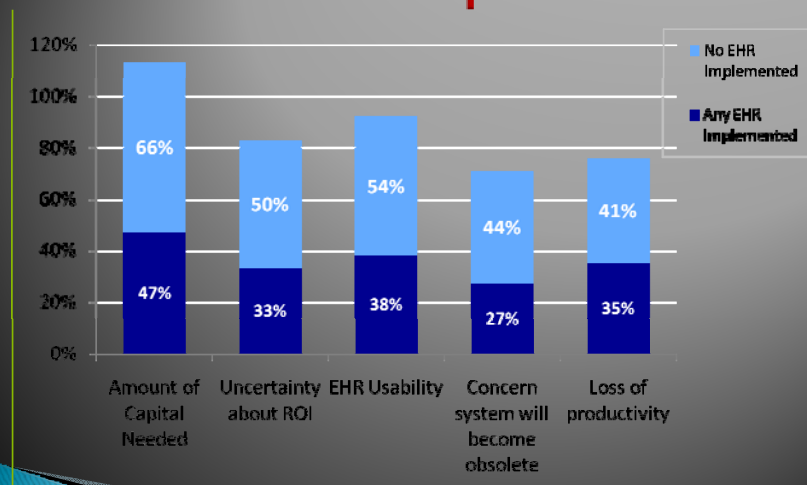
- ▶ 62 REC's Nationwide
- ▶ Target of 100,000 Priority Primary Care Physicians (PPCP's) working with Medicare, Medicaid Beneficiaries and the Underserved
- ▶ PPCP's Include General Practitioners, Family Physicians, Pediatricians, Internists, and OB/GYN Specialists
- ▶ Emphasis on Small Practices (1-10 providers) & Federally Qualified Health Centers (FQHC's)

EHR Adoption Challenges

Financial	<ul style="list-style-type: none"> Expense of system Uncertainty around ROI Provider and staff productivity Uncertainty about financial incentives
Technical	<ul style="list-style-type: none"> Concerns about technically supporting a system Lack of necessary computer skills Finding the right EHR to suit practice needs (“usability”) Having the right IT staff in place Possibility of information overload
Organization Change	<ul style="list-style-type: none"> Disruption of workflow and productivity Privacy and security concerns Maintaining patient centeredness and satisfaction

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Finances and Uncertainty of Usability Lead Physician Barriers to EHR Adoption



DesRoches, C., et al. "Electronic Health Records in Ambulatory Care – A National Survey of Physicians" New England Journal of Medicine 2008;359:50–60. (<http://www.nejm.org/doi/pdf/10.1056/NEJMs0802005>)

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REC Support throughout the Entire EHR Implementation Continuum

1 Plan 2 Transition 3 Implement 4 Operate & Maintain

Readiness
assessment

Practice
workflow
redesign

EHR
implementatio
n

Achieving
meaningful use

EHR system
selection

HIT education
& training

Partnering with
state and local
HIEs

Prepare for
future pay for
performance

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MEDICAID EHR INCENTIVE: Adopt/Implement/Upgrade (A/I/U) Option

- ▶ Adoption – EHR Acquired and Installed
 - Ex: Evidence of installation prior to incentive
- ▶ Implementation – Begin Utilization of EHR
 - Ex: Staff training, data entry of patient demographic information into EHR
- ▶ Upgrading to Certified Version or Expansion
 - Ex.: Upgraded to certified EHR or added new functionality to meet the definition of certified EHR

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EHR INCENTIVE PROGRAM

Meaningful Use: Extension of Stage I

Extension for 3 Years (2011, 2012, 2013)

- 80% of patients must have records in the certified EHR
- EPs have to report on 20 of 25 MU objectives
(Must meet “Core set”/defer 5 from “Menu set”)
- Must Report 3 Core Clinical Quality Measures (CQM);
3 Alternate CQM’s
- Reporting Period
1st yr.: 90 consecutive days and full year
subsequently

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KEY AREAS OF OPPORTUNITY

- ▶ Support National Healthcare Quality Strategy
- ▶ Population/Public Health Impact Studies
- Increased Access and Reduced Health Disparities
- ▶ Enhanced Patient & Family Engagement
- ▶ Development of Content for specific populations
- ▶ Design of HIT-supported Delivery Systems:
 - Patient-Centered Medical Homes
 - Accountable Care Organizations
 - Care Transitions & Patient Safety

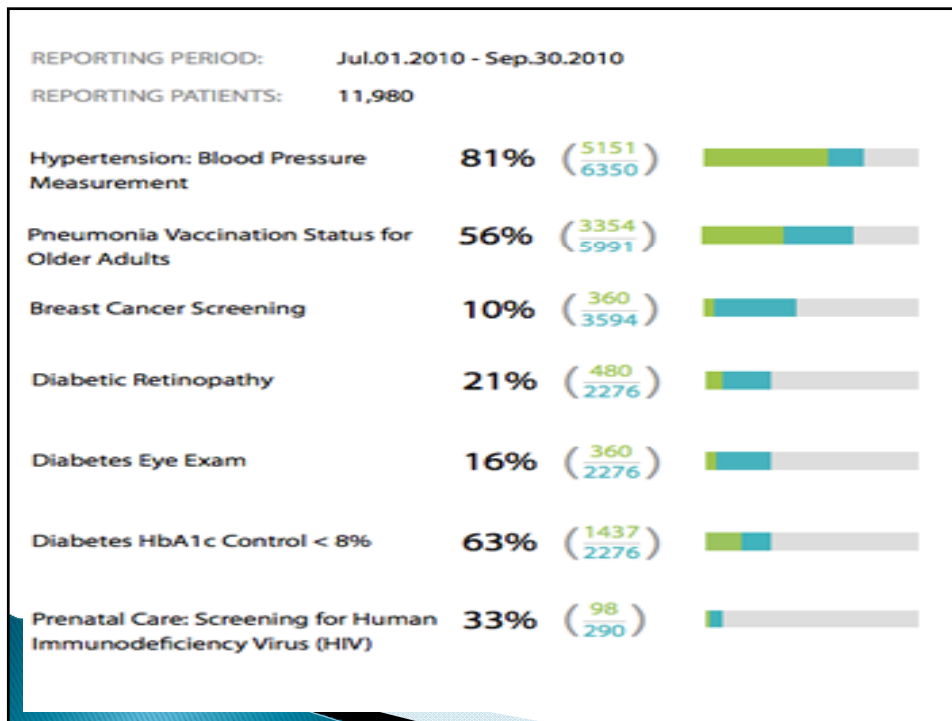
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EHR : Transformative Tool for Public Health

Major Public Health issues that are reflected as meaningful use objectives and goals:

- Obesity
- Asthma
- Cardiovascular Diseases
- Cancer
- Diabetes
- Behavioral Health

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IMPACT ON CLINICAL QUALITY METRICS

- ▶ “PopHealth” Clinical Quality Measures Reporting Tool developed by ONC/MITRE being utilized at the Physician/Provider Level or EHR Level
- ▶ Improvements in CQMs have been reported by Beacon Communities Project such as Bangor Beacon in Maine by implementing similar tools among 102 PCPs

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Overview: REC for PR/USVI

- Eighth largest REC and the only one focusing on Latino and Minority Communities
- Administered by Ponce School of Medicine & Health Sciences (PSM) under Consortium with PR College of Physicians, PR Primary Care Association, & VI Medical Society
- Collaborates with Local DOH, ONC-funded HIE Strategic & Operational Project Plans, CMS, HRSA & Other Federal Programs

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Background in the Islands

- ▶ Low Adoption of EHRs in PR
- ▶ 12,000 Licensed Physicians in PR
- ▶ Less than 5% EHR Adoption
- ▶ Most Practices have Electronic Billing
- ▶ E- Rx not Legal in PR until 2010
- ▶ Few Pharmacies E-Rx-Enabled
- ▶ Less than 100 Physicians E-prescribing in PR
- ▶ 240 Licensed Physicians in USVI
- ▶ Earlier and Higher Levels of EHR Adoption in USVI

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REC PROGRESS AND STATUS

- ▶ >2,500+ PPCP's have been enrolled
- ▶ >1,300 Certified Installations in PR & USV
- ▶ 550 Physicians E-Prescribing
- ▶ 645 Pharmacies registered through SureScripts
- ▶ Goal 4,000 PPCP's by 12/31/2011
- ▶ Strategic Medicare & Medicaid Insurance Plans
- ▶ 100% of FQHC's participating in the REC
- ▶ 7 ONC-ATCB Certified Local Minority Vendors
- ▶ Collaboration with Hospital Systems & HIE's

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REC-HIMSS Latino Collaboration

- ▶ Development of Training and Education Programs
- ▶ Dissemination of EHR Implementation Models
- ▶ Participation in National Conferences
- ▶ Support in Implementation of Pilot Projects
- ▶ Participation in Connectivity Conference in August
- ▶ Organization of HIT Conference in Puerto Rico during in winter 2011/2012
- ▶ Support Workforce Development Initiatives

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CONTACT US:

Ponce School of Medicine & Health Sciences
Health IT Regional Extension Center (REC)

787-840-2575 ext. 2254

afernandez@psm.edu

<http://rec.psm.edu>

ONC.Certification@hhs.gov.

<http://cms.gov/EHRIncentivePrograms>

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Questions

Thanks
Joxel Garcia MD, MBA