mountain-pacific quality health
HEALTH TECHNOLOGY SERVICES
3404 Cooney Drive, Helena MT 59602 | www.gotohts.org | 406.457.5897
transforming health care through innovative technology

Team Up to Measure Up
Section 1
May 1, 2017

Presented by:
Sharon Phelps, BSN,
Sarah Leake, MBA,CPHIMS
Deb Anderson, CPHIMS

HTS, a department of Mountain-Pacific
Quality Health Foundation

Welcome!!!

▸ Thank you for spending your valuable time with us today!

▸ Presentation materials will be available at our website.

▸ Your feedback is greatly appreciated and can be provided via the post-session survey that will be emailed after the workshop.

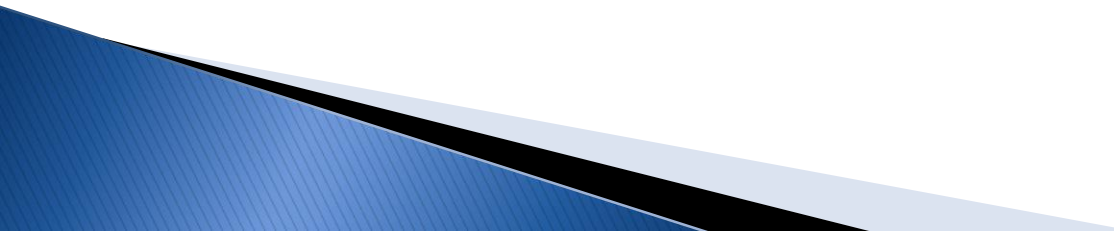# Workshop Funding Sponsor!

MONTANA
RURAL
HEALTH IT
NETWORK

Special Thanks to Cindra Stahl and the Montana Rural Health Workforce Development Grant Advisory Board for coming up with the workshop idea and putting their money where their mouth is – again!

- Health Technology Services (HTS) is a department of Mountain-Pacific Quality Health, the QIN/QIO for MT/WY/AK/HI.
- We can help to:
  - Simplify and streamline quality reporting requirements
  - Stay current on changing regulations for Meaningful Use, PQRS, MACRA, etc.
  - Simplify HIPAA compliance.
  - Leverage your EHR usage to advance care delivery.
  - Enhance patient engagement and satisfaction.
  - Improve health outcomes to maximize value based payments.

Making the Most of Today

▸ Focus on the PROCESS of eCQI which is vendor neutral.

▸ There is a lot that can be learned from each other – share your experiences & ask questions!

▸ Snacks at 2:30 pm

▸ Restrooms are located

▸ Cell phones in the "off" or vibrate position so we can all focus.

Introduction of educator

▸ Sharon Phelps, RN, BSN, CPHIMS, CHTS–CP
  ◦ Sharon has a BSN from Minnesota State University – Mankato.
  ◦ 30+ years experience as an RN in Medical-Surgical, ICU, Cardiac, Education, and Nursing Informatics areas of practice.
  ◦ Sharon has obtained multiple certifications applicable to her areas of practice with current certification in Health Technology – Clinic Practice and the CPHIMS designation.
  ◦ Her current business focus is quality reporting and incentive programs with an emphasis on helping provider succeed in the Quality Payment program.
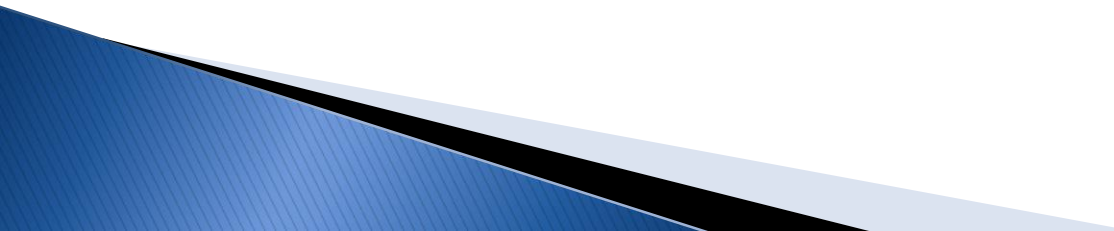
Introduction of educator

- Sarah Leake MBA, CPHIMS
  - Sarah has an Industrial Engineering degree from Montana State, MBA from University of San Diego and Healthcare IT certification from UC San Diego.
  - Assisted with EHR implementations, meaningful use and PQRS program, quality improvement and data informatics/reporting
  - Focus on use of HIT/EHRs and data to improve health outcomes

Introduction of educator

- ## Deb Anderson, CPHIMS
  - Deb has over 30 years of IT experience and the last 16 in Healthcare IT. She has worked at Health Technology Services since 2013 assisting healthcare organizations and providers select and implement Certified EHR Technology and reach Meaningful Use. A HIMSS members since 2005, she is currently President-elect of the Montana Chapter.
  - Email: danderson@mpqhf.org
  - Phone: (307) 772-1096

Your Turn..

- Your name – or what you LIKE to be called...
- Your role at your facility or where you are an HCI certificate student
- What EHR are you on?
- Briefly, why are you attending the workshop today?
- Commitment – Think about what you will bring back to your organization?

Workshop Outline

eTEAM
- A look at the eTEAM – How is it unique?
- Team Exercise

HIT
- Certified EHR Technology – What is important, Where to find it and How to apply it in 2017
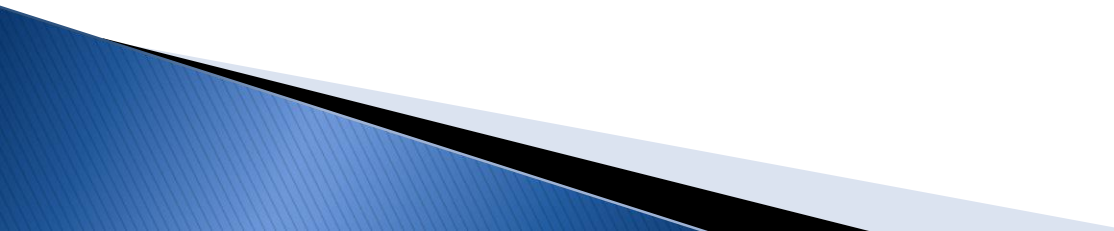
eCQI
- Managing and Implementing the eCQI Process
- Applying eCQI Exercise

Quality
- Quality Program Alignment for Hospital and Provider

Goals for today

- A look at the team approach for Quality and Technology success.
- Learn to leverage your Electronic Health Record for clinical quality improvement.
- Provide practical information for you to apply health technology and tools for alignment of today's Quality Programs.
- Peer interactions for expanding the frame of reference.

Creating the eTeam

Collaboration towards a Shared Vision and Successful Outcomes

Why a team?

- "None of us is as smart as all of us." -- Ken Blanchard

Synergy: "The whole is greater than the sum of the parts."

A laminated beam is an example of synergy. If 10 boards had a breaking point of 10 pounds each; when you laminated them together, the breaking point of the 10 boards together far surpasses 100 pounds (the sum of the parts).

The Bottom Line!

Technology is actually creating a need for healthcare departments to work more closely together. We can no longer operate independently from one another or our organizations will be left in the dust trying to transition to value based purchasing.

In fact, healthcare organizations increasingly need to work as an integrated whole internally as well as with community entities externally.
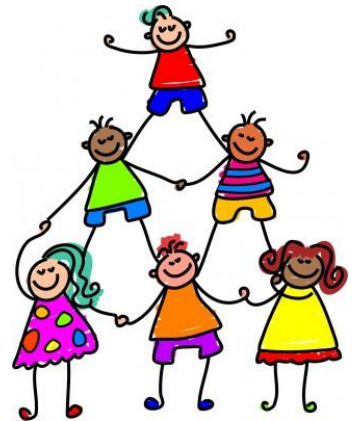
Purpose of the team

- Define your goals
  - First step for every team
    - What is the purpose of this team?
    - Are you solving a problem or leveraging an opportunity
  - Revisit the goals ongoing and if the environment changes
    - Has the mission changed
    - Are the goal-posts still the same?
  - Allow you to demonstrate your progress, success, and determine when the team is no longer needed

The trouble with not having a goal is that you can spend your life running up and down the field and never score. (Bill Copeland)
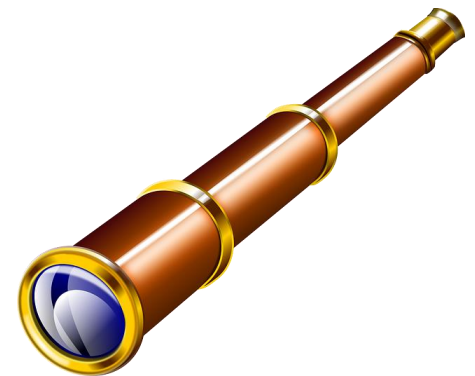
Skills needed

- Before actually putting names on the team, what are those critical skills to make the team succeed?
- You can nurture a collaborative environment but you can't necessarily nurture the missing skills
- Are some of these skills outside your doors? (vendors, consultants)
- Are there skills needed to support the team itself?
- Revisit skills if your goals change

Defining scope

- What's in scope
  - Scope can help you determine who is needed on the team
  - Too narrow – the team is unable to meet their goals
  - Too broad – the team is at risk of taking on more than they can accomplish or
- What's out of scope
  - What is not within the expectations for the team?
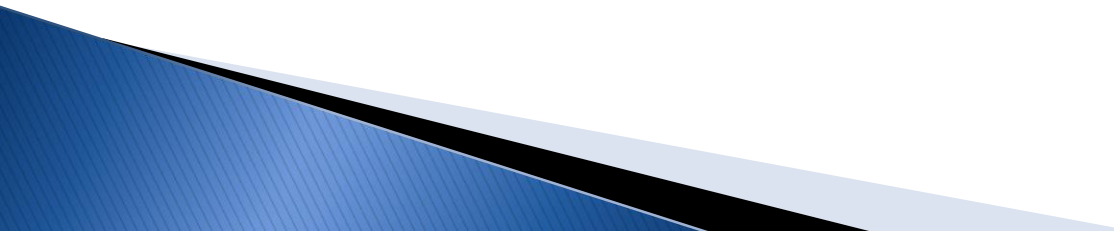- Defining project deliverables can clarify scope and boundaries

Identify the rules and expectations

▸ Defines how you will treat each other, work together, communicate, plan, meet, etc

▸ Garner commitment – are you willing to be a part of this?

a.bacall

"This really is an innovative approach, but I'm afraid we can't consider it. It's never been done before."

Factors to consider for a team focused on Quality Improvement

- Who "owns" quality?
  - Owning does not mean "does all the work"!
  - Executive sponsor
- Who has created your quality plan or roadmap? Which departments/areas does the plan cover (inpatient, outpatient, clinics, other areas)?
- How is your data tracked and monitored (ie, manually? on a dashboard?)
- Who can answer the tough questions?

More factors to consider

▸ To whom does the team report?

▸ Do the 10 busiest folks in the place need to be on the team?

▸ Is there a staff member who wants to be more involved?

▸ What can be done to help lift the load of the team?

Team Exercise

Team Building Exercise

- What was your first plan of attack?
- What problems did you encounter in this exercise?
  - Did you have all the pieces you needed?
    - Did you have enough pieces to get a sense of what final picture?
  - Were there any extra pieces?
    - What impact did they have on the process?
- What things did you do well?
- What is one take-away?

The IT / Quality Gap

- IT: Knows the technical aspects
  - Who has what access
  - What standard reports or custom reports are available?
  - What dashboard option may be available
  - Knows how to engage the vendor
- Quality:
  - Knows the measure specifications
  - Knows the reporting programs
  - Knows how to manually abstract
- Working together IT and QI can ensure accurate and correct collection, classification storage and retrieval of data contained in EHR (field mapping, workflows, functionality, etc)

Qual IT y

When to include each other?

- Always!
- Quality will always need data collection, data collection will always be dependent on EHRs, EHR workflows will affect data collection.
- Make IT a consistent part of QA teams and QI a consistent part of IT teams
- Have regular IT/QI contact to update on projects from both sides
  ◦ Changing documentation workflows will change how the QI person abstracts/collects/reports data
- Pay attention to upgrades or new releases, QI can be a good check/balance of what it might affect downstream

Certified Electronic Health Record Technology (CEHRT)

What does it really mean?

HEALTHIT.GOV

https://www.healthit.gov/

26

EHRs and why they are important

▸ EHRs are, at their simplest, digital (computerized) versions of patients' paper charts. But EHRs, when fully up and running, are much more:

- EHRs are real-time, patient-centered records. They make information available instantly, "whenever and wherever it is needed". And they bring together in one place everything about a patient's health.

- Contain information about a patient's medical history, diagnoses, medications, immunization dates, allergies, radiology images, and lab and test results

What Are Certified EHRs?

What are certified electronic health records or certified health IT?

? **What are certified electronic health records or certified health IT?**

a Certification of health IT assures purchasers and other users that an electronic health record (EHR) system, or other relevant technology, offers the technological capability, functionality, and security to help them meet the meaningful use criteria established for a given phase. To learn more visit Office of the National Coordinator for Health Information Technology (ONC)'s Certification Programs.

Related FAQs from Other Topics

? What is Health IT?

Health IT Basics

Certification of HIT

- Assures purchasers and other users that EHR system or other relevant technology offers technological capability, functionality and security to help meet MU criteria established for given phase

- To learn more, visit Office of the National Coordinator for Health Information Technology (ONC)'s Certification Programs

Office of the National Coordinator

https://www.healthit.gov/

For Providers & Professionals

Health IT Basics

What Are EHRs?

Benefits of EHRs

Privacy & Security

What is Meaningful Use?

Information Exchange

eCQI Resource Center

Implementation

Eligibility & Registration

Demonstrate Meaningful Use of EHRs

EHR Implementation Support

Resource Center

Getting Started

Assess Your Practice Readiness

Get Financial Support

Listing of Regional Extension Centers (RECs)

For Patients & Families

Protecting Your Privacy & Security

Better Health Care

Greater Convenience

More Patient Involvement

Tools & Resources

For Policy Researchers & Implementers

Standards & Interoperability

Federal Advisory Committees (FACA)

Health IT Rules & Regulations

Meaningful Use

HIT Certification Program

Health IT Dashboard

Consumer eHealth Program

HIT Standards

https://www.healthit.gov/policy-researchers-implementers/standards-and-certification-regulations

HealthIT.gov > For Policy Researchers & Implementers > ONC Health IT Certification Program > Standards and Certification Regulations

ONC Health IT Certification Program

About the ONC Health IT Certification Program

Certification and EHR Incentives

Certified Health IT Product List (CHPL)

Standards and

Standards and Certification Regulations

Announcing the Enhanced Oversight Proposed Rule

ONC Issued the Health IT Certification Program: Enhanced Oversight and Accountability proposed rule. The proposed rule would modify the ONC Health IT Certification Program ("Program") and focuses on three areas:

- ONC Direct Review of Certified Health IT

- Oversight of ONC-Authorized Testing Laboratories

- Transparency and Availablity of Surveillance Results

Standards and Certification Criteria

- 2015 Edition Final Rule
- 2014 Edition Release 2
- 2014 Edition
- 2011 Edition
- Certified EHR Technology Definition
- Certification Programs for Health IT

2015 CEHRT – October 2016

- Final rule focuses on increasing interoperability, secure but seamless flow of electronic health information, and improving transparency and competition in HIT marketplace

- 2 Page FAQ – https://www.healthit.gov/sites/default/files/factsheet_draft_2015-10-06.pdf

2015 CEHRT Final Rule

"This rule is a key step forward in our work with the private sector to realize the shared goal of making actionable electronic health information available when and where it matters most to transform care and improve health for the individual, community and larger population. It will bring us closer to a world in which health care providers and consumers can readily, safely and securely exchange electronic health information."

Karen B. DeSalvo, M.D., M.P.H., M.Sc.
National Coordinator for HIT

Final Rule Addresses

- Interoperability
- Accessibility and Exchange of Data
- Health IT Across the Care Continuum
- EHR Incentive Program Requirements
- Health Disparities
- Data Segmentation of Sensitive Information
- Privacy and Security
- Patient Safety
- Reliability and Transparency
- Flexibility and Innovation

Program Updates (04/28/2017)

▶ Test Method Updates

▶ § 170.315(f)(7) Transmission to public health agencies – health care surveys

▶ New ONC Regulation FAQ (#51)

▶ Edge Test Tool Update

▶ Certified Health IT Product List (CHPL) Updates

▶ [ONC Regulations FAQs](#)

CEHRT Standards

▶ Use of standardized language for certain functions:

◦ LOINC (Logical Observation Identifiers Names & Codes)
◦ ICD 9 or ICD 10
◦ SNOMED CT (Systematized Nomenclature of Medicine – – Clinical Terms)
◦ HL7 (Health Language Seven)
◦ NCPDP SCRIPT Standards (National Council for Prescription Drug Programs)

▶

CEHRT Standards

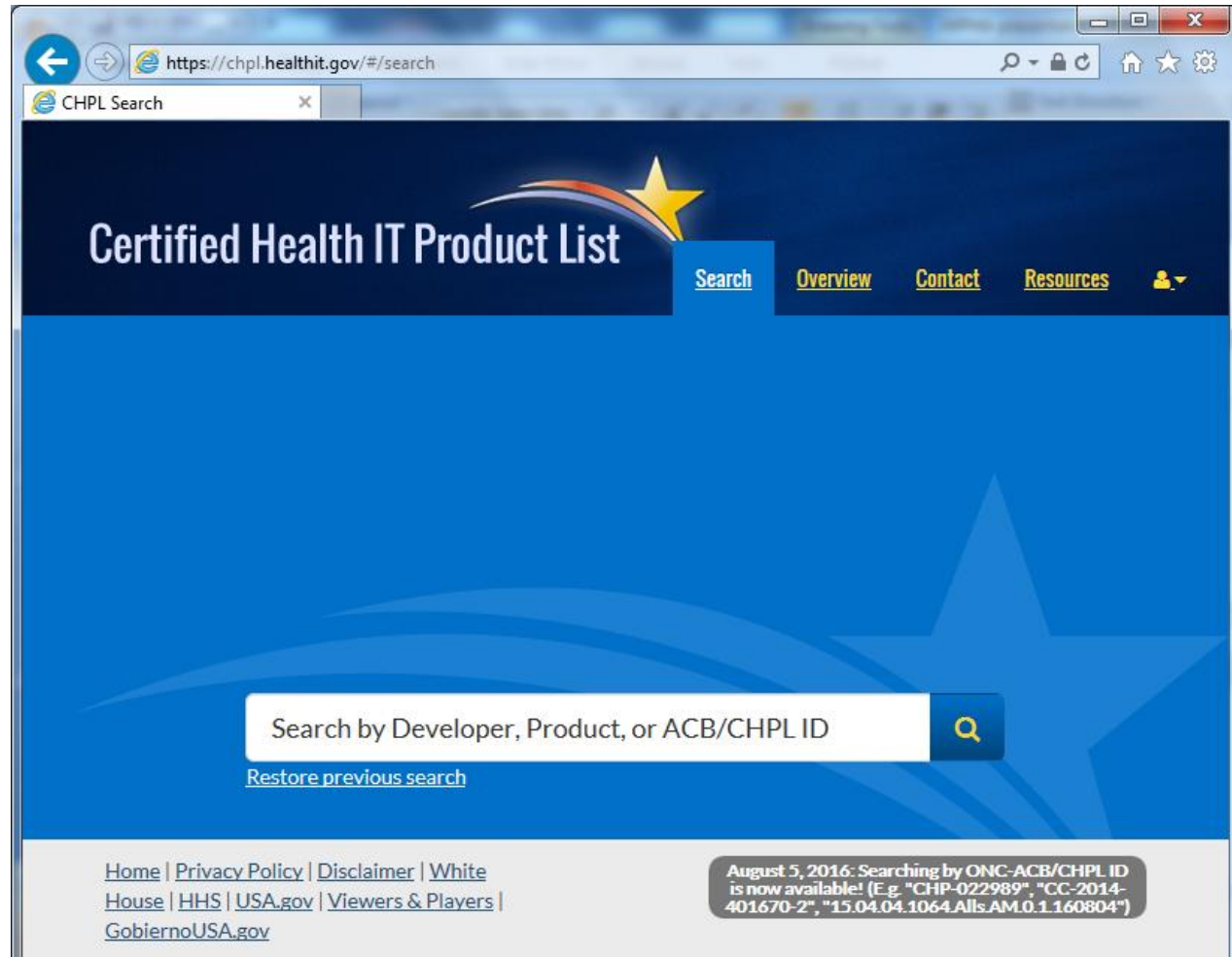- Certification does not equal standardized workflows or accessibility.
- Certification simply indicates that software has met the necessary specifications.

The bottom line is that software differs greatly in design, workflow, usability and output.

EHR: Key Point(s)

▸ Even for standardized programs like Meaningful Use, PQRS, IQR, etc, EHR vendors handle functionality & reporting in different ways.

▸ Even the **SAME** EHR Vendor can have different installations at different sites. Differences could include:
  ◦ Not all functionality may be active for all sites
  ◦ Different access or permissions may be set
  ◦ Customization may be added or limited
  ◦ Different reporting access or data collection

Certified EHR Technology

https://chpl.healthit.gov/

CEHRT Details

Certified Health IT Product List

← Return to search results

Practice Fusion EHR

CHPL Product Number: CHP-028526

Certification Date: Dec 3, 2015 | Last modified Date: May 23

ONC-ACB Certification ID: 12032015-0458-1

☐ See all Certification Criteria / Clinical Quality Measures

Developer

Practice Fusion

http://www.practicefusion.com

Address

Line 1: 650 Townsend
Line 2: Suite 500
City: San Francisco
State: CA
Zip: 94102
Country: USA

Contact information

First name: Jake
Last name: Castro
Title:
Email: jcastro@practicefusion.com
Phone: 415-346-7700

▶ Certification Criteria   (41 met)

▶ Clinical Quality Measures   (27 met)

▶ Additional Information

▶ Non-conformities   (1 found)

Certification Criteria

Certification Criteria (41 met)

- ☑ 170.314 (a)(1): Computerized provider order entry — View details
- ☑ 170.314 (a)(2): Drug-drug, drug-allergy interactions checks — View details
- ☑ 170.314 (a)(3): Demographics — View details
- ☑ 170.314 (a)(4): Vital signs, body mass index, and growth Charts — View details
- ☑ 170.314 (a)(5): Problem list — View details
- ☑ 170.314 (a)(6): Medication list — View details
- ☑ 170.314 (a)(7): Medication allergy list — View details
- ☑ 170.314 (a)(8): Clinical decision support — View details
- ☑ 170.314 (a)(9): Electronic notes — View details
- ☑ 170.314 (a)(10): Drug formulary checks — View details
- ☑ 170.314 (a)(11): Smoking status — View details
- ☑ 170.314 (a)(12): Image results — View details
- ☑ 170.314 (a)(13): Family health history — View details
- ☑ 170.314 (a)(14): Patient list creation — View details
- ☑ 170.314 (a)(15): Patient-specific education resources — View details
- ☑ 170.314 (b)(1): Transitions of care - receive, display and incorporate transition of care/referral summaries — View details
- ☑ 170.314 (b)(2): Transitions of care - create and transmit transition of care/referral summaries — View details
- ☑ 170.314 (b)(3): Electronic prescribing — View details
- ☑ 170.314 (b)(4): Clinical information reconciliation — View details

Clinical Quality Measures

▼ Clinical Quality Measures		(27 met)
Version	**Quality Measure**	
v3	CMS2: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	
v2	CMS22: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	
v2	CMS50: Closing the Referral Loop: Receipt of Specialist Report	
v3	CMS68: Documentation of Current Medications in the Medical Record	
v2	CMS69: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	
v3	CMS90: Functional Status Assessment for Complex Chronic Conditions	
v2	CMS122: Diabetes: Hemoglobin A1c Poor Control	
v2	CMS123: Diabetes: Foot Exam	
v2	CMS124: Cervical Cancer Screening	
v2	CMS125: Breast Cancer Screening	
v2	CMS126: Use of Appropriate Medications for Asthma	
v2	CMS127: Pneumonia Vaccination Status for Older Adults	
v2	CMS130: Colorectal Cancer Screening	
v2	CMS131: Diabetes: Eye Exam	

43

Additional Information

Additional Information

Test Results Summary

https://www.drummondgroup.com/images/ehr_pdf/PracticeFusionEHR3.6_CompAMB_12032015-0458-1.pdf ↗

Non-conformities   (1 found)

Closed 170.314 (b)(7) Non-Conformity. Date of Determination: Mar 4, 2016   View details

CHPL Refining the Search

Refine search by

Developer
Product
Version
Certification Body
Certification Status
Certification Edition
Practice Type
Certification Criteria
Clinical Quality Measure
Nonconformity

CHPL Compare EHR Products

	athenaClinicals	eClinicalWorks	NextGen Ambulatory EHR
Version	16.5	V10	5.8.2
Certification Edition	2014	2014	2014
Practice Type	Ambulatory	Ambulatory	Ambulatory
Certifying Body	ICSA Labs	Drummond Group	ISCA Labs
Certification Date	5/13/2016	7/31/2014	6/3/2015
CHPL Product Number	14.07.07.2880.ATA 1.02.1.1.160513	CHP-023394	CHP-027128
Certification Criteria	45 met	42 met	44 met
Clinical Quality Measures	64 met	64 met	64 met