Health Technology Services

Filling the Gaps of Quality Reporting With Your EMR

June 3, 2015

Presented by: Mary Erickson, RN, MSM, HTS Account Manager

HTS, a division of Mountain Pacific Quality Health Foundation

Welcome

- The goal of this and every webinar presented by Health Technology Services and Mountain-Pacific Quality Health is to provide you with timely and accurate information on each of our webinar topics.

- We are here to help you stay focused on what you need and when you need it, so you can stay on track with Meaningful Use, Quality Reporting and other healthcare compliance programs.

Health Technology Services
Regional Extension Center
A division of Mountain-Pacific Quality Health

Health Technology Services

Regional Extension Center

A division of Mountain-Pacific Quality Health

- Health Technology Services is a division of Mountain-Pacific Quality Health.
- HTS has been the Regional Extension Center for Montana and Wyoming since 2010.
- We assist healthcare facilities with utilizing Health Information Technology (HIT) to improve health care, quality, efficiency and outcomes.
- We support the work of Mountain-Pacific Quality Health by providing technical assistance and HIT support.

Mountain-Pacific Quality Health

- Mountain-Pacific is a physician-sponsored organization that first began partnering with providers, practitioners and patients in 1973. With over four decades of expertise, dedication and service, the staff at Mountain-Pacific supports the citizens, providers and health care communities in the four states of Montana, Wyoming, Hawaii and Alaska.
- Mountain-Pacific holds the CMS QIN-QIO Contract for these states.

Health Technology Services
Regional Extension Center
A division of Mountain-Pacific Quality Health

- Thank you for spending your valuable time with us.
- This presentation will be made available to you later today on our website.
- Your input is greatly appreciated and can be provided via the webinar survey today, to your Account Manager or directly to our leadership at your convenience

Speaker Intro

- Mary Erickson

Presentation Agenda

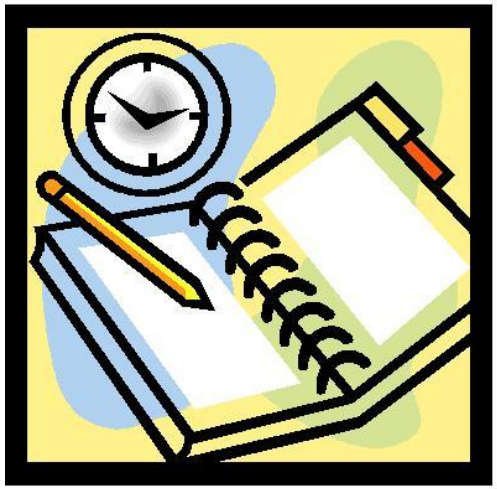
- Basic HIT Concepts and Their Effect on Data Gathering for Quality Improvement
- Management of Clinical Decision Support Functions to Support Quality Improvement
- Data Analytics 101

The Basic "Parts" of an EHR

1. Practice Management System
2. Clinical Management System
3. Patient Portal
4. Reporting System

EHR Functionality Overview

- Practice Management System (PMS) – Scheduling and billing module
  - Registration/check in
  - Demographics
  - Claims
  - Business report generation
  - Sometimes stand alone



EHR Functionality Overview, cont

- Electronic Health Record (EHR) – Clinical and results module
  - Health information and data (clinical documentation)
  - Clinical Decision Support (CDS)
  - Computer Provider Order Entry (CPOE) – procedures, tests, meds, imaging, etc
  - Medication management (drug formulary, allergy, reconciliation)
  - eRX – electronic prescribing (usually a 3rd party application – integrated with E.M.R – eg. Surescripts)
  - Population Health Management – data collection and transmission tools/interface

EHR Functionality Overview, cont.

- Workflow/Messaging – internal communication/task list functionality
  - Create and assign tasks to staff members
  - Electronically send communications or results to staff members
  - Establish “process” or best practices based on configuration (if test result is abnormal, then xxx, etc, can be tied to CDS rules)
  - Provide sign off or authorization process for orders, instructions, etc.

Some Advanced Uses of EHR (for Quality Improvement)

1. CPOE
2. Patient Portals
3. Clinical Decision Support
4. Patient Education
5. Patient Reminders
6. Lab interfaces
7. HIE/Transition of Care /Discharge info/Public Health Registries

EHR Functionality for QI

- CPOE
  - data points can be retrieved from CPOE to effect care improvement
  - CPOE enhances use of clinical decision support rules or guidelines at the point of care
- Patient Portals
  - Can provide direct, “outside the office” access to patients.
  - Use it for patient education
  - Engaging patients in reporting their own measurements for blood pressure or blood sugar online, real time monitoring.

EHR Functionality for QI (cont)

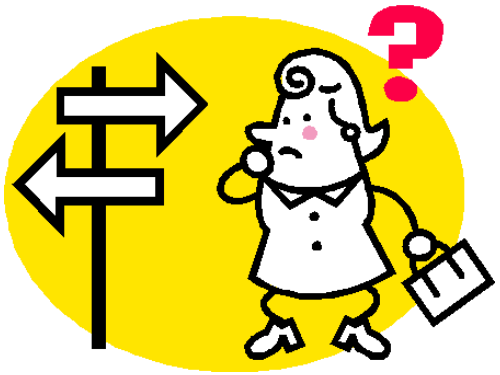
- Patient Education
  - Provide credible source of information
  - Encourage patient engagement
- Patient Reminders
  - Proactive preventative care
  - Follow up and care coordination
- Lab interfaces (or lab results as structured data)
  - data points can be retrieved from lab results to effect care improvement
  - Lab results (structured data) enhances use of clinical decision support rules or guidelines at the point of care

EHR Functionality for QI (cont)

- HIE/Transition of Care /Discharge info/Public Health Registries
  - Improve communication between providers and/or facilities.
  - Provide and enhance continuity of care delivery.
  - Data collection and analytics
  - Population health data

EHR Functionality: Key Point

The components of an EHR may be built from several different databases, which may impact the information flow as well as how data is collected from & between systems.



Clinical Decision Suport

What is Clinical Decision Support?

- It's not just a MU requirement, the tools have always been there…
- **Definition**: CDS is an interactive part of an application that assists clinicians with decision-making tasks
- **Active** CDS rules –require user action
- **Passive** CDS rules do not require user action.
- Not just pop-up alerts!

Different Types of CDS

- **Data Display:** data review tools – flow sheets, patient data reports, graphic displays, search tools
- **Workflow Assistance:** task lists, integrated clinical and financial tools, and instant messaging / internal communication tools
- **Data Entry:** templates to guide documentation and structured data collection
- **Decision Making**: resource access from within the EHR, rule based alerts, clinical guidelines or pathways, patient / family preferences, and diagnostic decision support

CDS Set Up Considerations

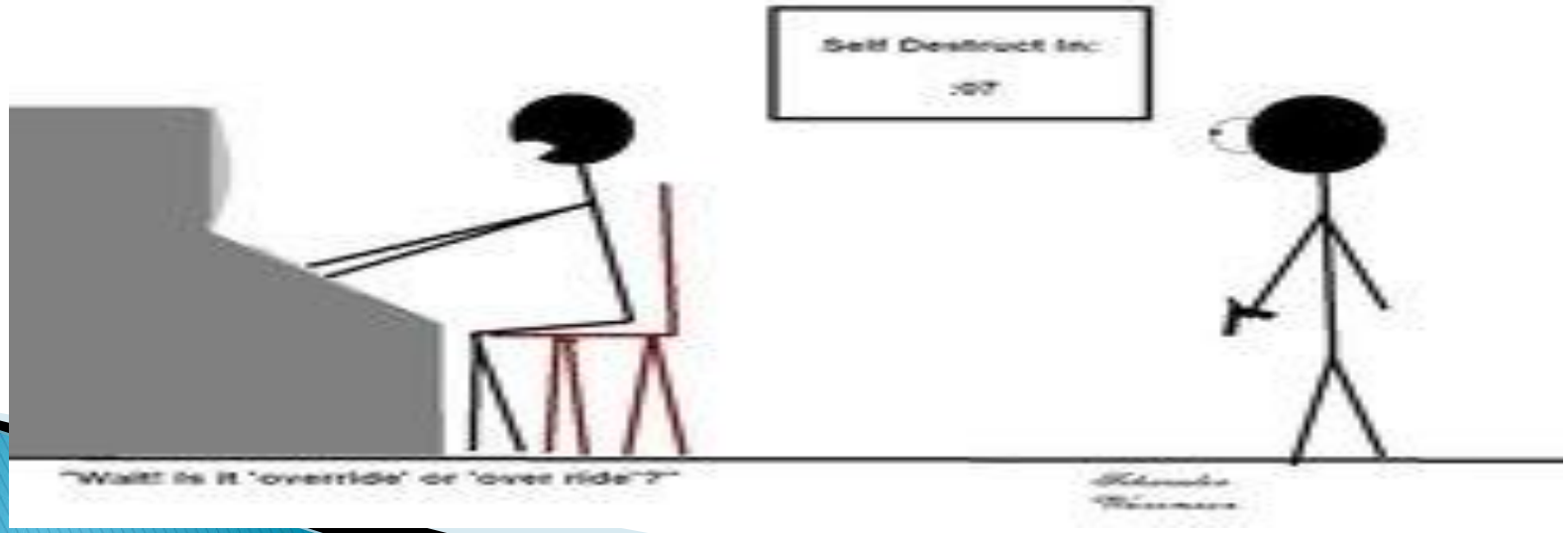
- Evaluate rules for:
  - Specificity
    - Relevance to the patient
    - Accurate information
    - Consistent with standard of care
    - Promote action, or alternative actions
  - Sensitivity and workflow
    - Directed to the right person/role based user
    - Directed to the right situation

CDS Set Up Considerations (cont)

- Safe/efficient handling
  - Overrides should not be easy or frequent in use
  - Reasons for noncompliance should be requested
  - Consider screen design, size
  - Minimize scrolling, keystrokes, typing, clicks, steps and screen changes

CDS Challenges

- "Starter set" was just implemented for MU, no other evaluation has taken place
- Overrides of alerts are too common
- Staff & providers complain there are too many pop-ups – not useful in practice



Managing CDS Challenges

- Who is in charge of CDS rules in your facility?
  - IT Staff
  - Nursing
  - Providers
  - Medical Staff
  - QI Team
- How often are they evaluated or updated for relevance to workflow/practice?
- Who can request the build of a CDS rule/tool?
  - Review/approval process?

CDS Examples

- Tdap reminder / screening tool
- Coumadin regimen documentation templates
- Links to clinical guidelines/pathways within the EMR Chlamydia screening tools
- Tobacco cessation counseling triggers & templates
- Weight counseling for elevated BMI
- Documented use of aspirin or anti-thrombolytic in ER patients
- Standing orders for pneumonia admissions
- Chronic disease self-management education materials and documentation templates

EHR Data 101

- What kind of data should you have access to?
- What to ask your vendors if you can't find what you want or get reports you need
- How to use data that is available
- How to collect more accurate data
- Understanding what can and can't be changed in an EMR

THE DATA CONUNDRUM!!!

The Friendly Computer

I have ALLL their data!!!

We sure would like some data…

I CAN'T GET THE DATA OUT OF THIS THING!

The Frustrated QI Coordinator

The Staff

We put data in the EMR…what's the problem?

WHERE'S THE DATA? WE SPENT $$$$$ ON THIS THING FOR DATA**!**

The CEO/CFO & other "O" types…

The Customer

They're collecting data about me? Can I get it?

CEHRT Standards????

- Certified
- Electronic
- Health
- Record
- Technology

Health Technology Services

CEHRT Standards

=

- Criteria by which a EMR Software is accredited too which indicates their software has met the **functional requirements** necessary to assist a facility or provider in meeting Meaningful Use.

CEHRT Standards

- Use of standardized language for certain functions:
  - LOINC (Logical Observation Identifiers Names & Codes)
  - ICD 9
  - 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 basic necessary criteria for achieving meaningful use. The outcome is that software differs greatly in workflow between companies.

CEHRT Standards and Reports

Percentage-based Core & Menu measures:

- Electronically record the numerator and denominator and create a report including the numerator, denominator, and resulting percentage associated with each applicable meaningful use measure.
- *Unofficial Recitations of Portions of 42 CFR Part 495 and 45 CFR Part 170

Health Technology Services

CEHRT Standards and Reports

Clinical Quality Measures:

- **Capture**: electronically record all of the data identified in the standard necessary to calculate the CQM.
  - Do not have to certify to every measure
  - Exclusions or exceptions must be codified entries.
- **Calculate**: Electronically calculate each CQM that is presented for certification

*Unofficial Recitations of Portions of 42 CFR Part 495 and 45 CFR Part 170

Health Technology Services

CEHRT Standards and Reports

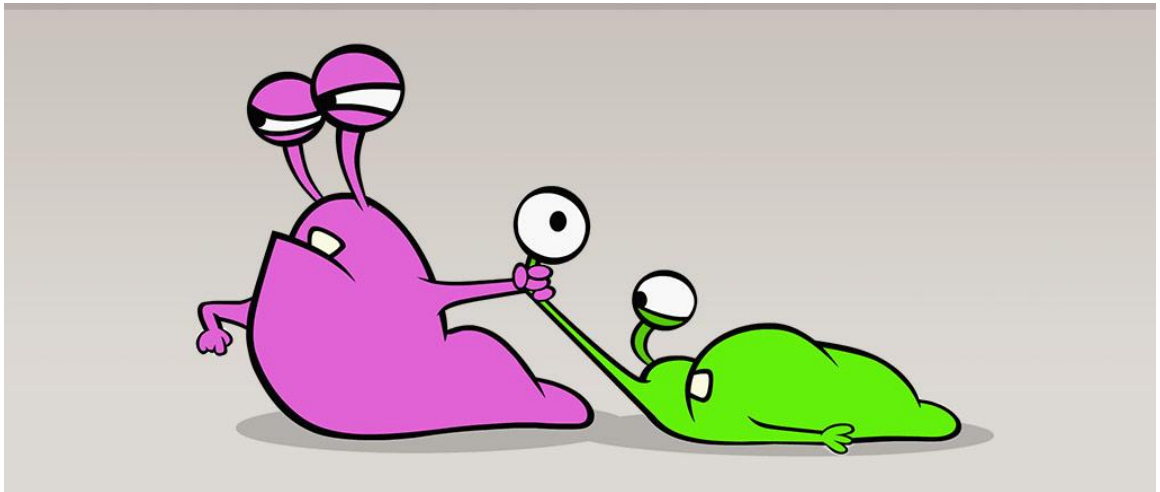
Clinical Quality Measures (cont):

- **Electronic Submission**: Enable a user to electronically create a data file for transmission of clinical quality measurement data

*Unofficial Recitations of Portions of 42 CFR Part 495 and 45 CFR Part 170

Health Technology Services

Reporting beyond Meaningful Use…



Types of Reports: Standard

- Basic level of reporting that allows generation of required or commonly used reports:
  - Meaningful Use, Clinical Quality Measures and Physician Quality Reporting
  - Department reports – pharmacy, payroll, lab, accounting, nursing (ie, census)
  - Executive reports – revenue cycle/operations
- May be generated by a 3rd party software
- Access defined by user role

Types of Reports: Standard (cont)

- Requires vendor specific training to use & understand!
- The “mapping” of these reports cannot be changed!
  - The fields they pull data from are programmed into the code of the EMR. You literally must change the software to change the report.
  - Will not typically pull data from facility specific templates/forms

Types of Reports: Customized

- Vendor controlled customization:
  - May need to be specifically requested from the vendor via ticket system
  - May be a cost associated with them
  - Turn around time may >48 hrs
- Internal customized reports:
  - Only certain user roles will have access, determined by facility
  - Not all fields are available to pull from
  - **Very specific training required!**

Reporting from the EHR at your facility

- Who currently can access standard reports?
- How do YOU get access to the standard reports?
- How does your software handle customized reports?
- Where do you get Core/Menu/CQM specifications and workflow documentation?
- Which CQMs is your software certified for?
  - Why were those chosen?
  - When will others be released?
  - How do you report to CMS electronically from your EMR?

You need report TRAINING!

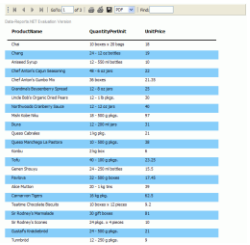
- **Find out what report training is available!**
- Make sure you leave the training knowing:
  - What fields pull into the measures of standard reports?
  - What fields are available to pull data into customized reports?
  - How do you get to patient level data?
  - How do you export data into excel or a “workable” format (not just pdf)?
  - Who has access to what kinds of reports (all departments specific reports)?
  - Who do I call for support if I have difficulty with a report?
  - Is there a user group that shares report templates?

Reports Generated…Now What?

- Validate your report data by:
  - Working backwards from a report to ensure the data that is being collected is the data you want for your metric
  - Get patient level data and find the field that is "supposed" to be populated
  - Once you find the right fields, ensure this is where staff are actually being trained to document
  - Ensure there are not other areas where the same item is being documented

Talk to people about what and where they are documenting!

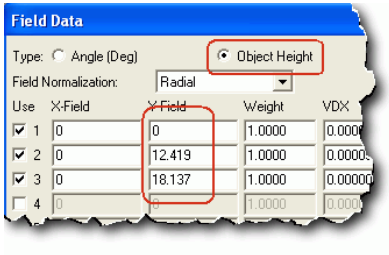
Validating your data



1. Run Report

2. Run Patient List – who met the denominator? Who met the numerator?

3. Review patient chart



4. Find data field

5.Talk to staff, do they usually document there?

6. Does the report reflect what you found?

Collecting more accurate data by:

- Consider what reports you already have access to when defining metrics
- Very specifically define your metrics
- Validate/understand what is collected with standard reports
- Use standardized/discrete data fields, limit your use of free text fields in data collection
- If possible, limit the use of customized templates
- Train staff where you want them to document!

Work with the EMR, not against it!

Putting it all together!

1. Clearly define goals
2. What data is already available?
3. Collect baseline data
4. Validate the data
5. Optimize point of care documentation
6. Determine interventions
7. Utilized Clinical Decision Support functions to support / document interventions
8. Collect post-intervention data
9. Provide feedback to staff/patients

"We need to learn to use our EMRs as tools to provide better care and make improvements to the delivery of care, it is not intended to simply be a record of what we did today."
– Dr. Allen Gee

Support Materials

For more support, check out the resources on our web page:

www.healthtechnologyservice.com

Health Technology Services

Discussion

Questions or comments about today's presentation?

Health Technology Services

Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Health Technology Services
Regional Extension Center for Montana and Wyoming

To contact us or find out more information:

Mary Erickson, RN, MSM
(406) 521 – 0488
merickson@mpqhf.org

Health Technology Services