EP Meaningful Use Readiness and Attestation:
What Are the Key Ingredients for Success?

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Learning Objectives

Objective 1
- Identify challenges faced during EP MU Attestation strategy and rollout

Objective 2
- Share critical Ambulatory Governance committee roles and explain importance of each

Objective 3
- Explain changes necessary at the user level to capture data for reporting

Objective 4
- Describe how to use a scorecard to promote physician EHR use

Objective 5
- Discuss effective EP training strategies

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Our Roadmap (and "Recipe" for this Session)

Project Overview → Governance → Measure Assessment → Eligibility & Registration → Training → Performance Review & Reporting → Attestation
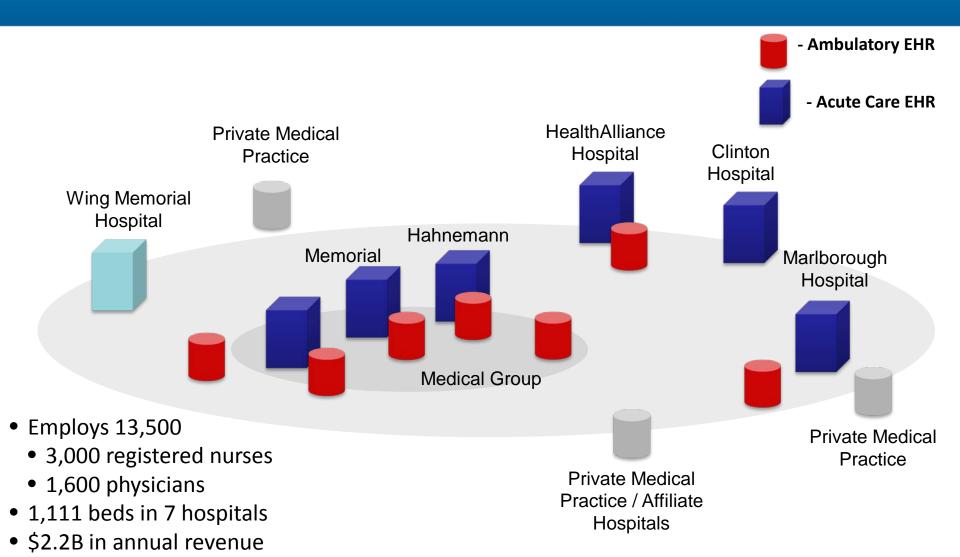
UMass Memorial Health Care
EHR Platform as of January 2012

- Ambulatory EHR
- Acute Care EHR

Private Medical Practice

Wing Memorial Hospital

Memorial

Hahnemann

HealthAlliance Hospital

Clinton Hospital

Marlborough Hospital

Medical Group

Private Medical Practice / Affiliate Hospitals

Private Medical Practice

- Employs 13,500
  - 3,000 registered nurses
  - 1,600 physicians
- 1,111 beds in 7 hospitals
- $2.2B in annual revenue

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UMass Memorial Medical Group

- One of the largest provider communities in Massachusetts with 1,100+ providers:
  - Approximately 2 million ambulatory visits
  - Has 2 distinct groups: community and facility-based
    - Community medical group practices - 80
    - Facility-based practices - 85
    - Rest of membership includes hospitalists, radiologists, pathologists, nurse practitioners, physician assistants, certified nurse midwives, pediatric nutritionists, behavioral health specialists, etc.
  - Includes 40 adult and 18 pediatric specialties

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Project Team

- Project Sponsors (CIO, Associate CIO, President and Executive Director of Medical Group)
- Project Manager/Clinical Analyst (1 FTE)
- EHR Analyst (1 FTE)
- Data Analyst/Report Writer (1 FTE)
- EHR Team Support (IT Management, Vendors) – as needed for support
- Project Coordinator – 1.0 FTE
- Project Support Staff
  - 3 FTEs for 3 months for registration
  - 1 FTE for 8 months to help with registration issues, data analysis, and report distribution
  - 2 FTE for 3 months to assist with attestation
- Reimbursement Analyst

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Project Overview

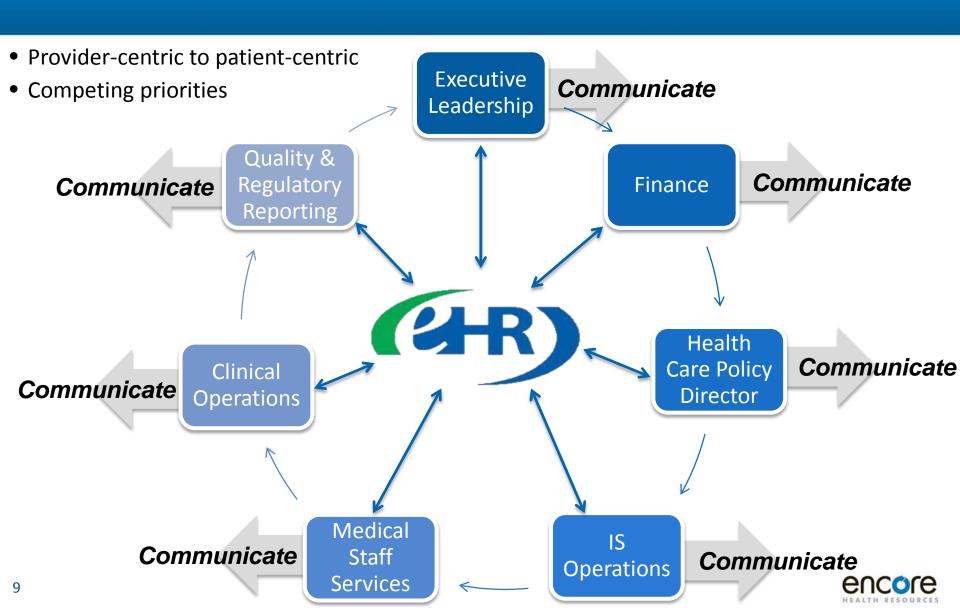| Challenges	Key Ingredients
• Ambulatory EHR already deployed • Wide variance among clinics and office practices	• Develop goals and guiding principles for participation • Hold Clinical Leadership accountable
• Don't "bother the providers" • Don't mess with their workflows *Hint: We did.*	• Honest with what we served: the scorecard

• Same problem, different messaging:
  • No standardization & loved it (facility-based)
  • Loved their standardization (community)
	• Messaging ONLY with project sponsor approval
	• Tailor for each audience
	• Lots of risk analysis and mitigation
	• Added specialists, CMIO into the mix

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Governance

UMMHC EP MU Governance Model

- Provider-centric to patient-centric
- Competing priorities

Communicate — Executive Leadership

Communicate — Finance

Communicate — Quality & Regulatory Reporting

Communicate — Clinical Operations

Communicate — Health Care Policy Director

Communicate — Medical Staff Services

Communicate — IS Operations

(eHR)

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EP Registration

Follow Instructions for Successful Registration

Eligibility

- Know your EP definitions for each program
- Monitor provider status – existing or new members
- What part of AIU definition does each provider meet and in what location?

Proxy

- Find out who manages provider NPPES data
- Determine who will be proxy staff and train them
- Obtain provider authorization
- Keep proxy documentation

Registration

- Need current provider user identification and passcode
- Enter required data into CMS EHR Incentive portal
- Receive acceptance from state
- Document registration and/or denial responses received

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Eligibility Challenges

- "Cooking is an art" and you need to have patience….

- State wasn't ready until October
    - Developed standard processes for determination
    - Worked with multiple data owners to receive and validate data requirements
    - Completed proxy authorization in fewer than 20 days
    in November

- State originally denied registrations
    - Had to justify differences between state claim files and our past year Medicaid claims submissions

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Registration Activities

May need to create your own cooking tools

- Created SharePoint Document Repository for provider data sources to store for 6 years post attestation
  - Provider Names and Contact Information
  - Provider Identification Information
  - Provider Eligibility by Year
  - Provider Claims Amounts by Year End
  - Proxy Authorization Status (received or not) for each provider
  - Specialty and Practice/Clinic Location Assignment
  - System AIU Status of each Practice/ Clinic Location
  - Future Provider Program switches from Medicare or Medicaid Program
  - ONC Certification #s

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Measure Assessment

Measure Assessment

MU gap analysis helped us discover missing ingredients

- No standard build across the ambulatory system

- No provider and staff data entry workflows across and in each setting

- Required keen review of:
  - Vendor and CMS reporting requirements
  - Nomenclature differences between ADT and EHR applications

What We Did

- Reviewed measure requirements with process owners, system analysts, and end-users
- Discussed what really happens during the patient visit and when data is entered.
  - Poll, survey and talk to everyone in the process
- Identified performance issues to expected performance and bring them to the right group for discussion
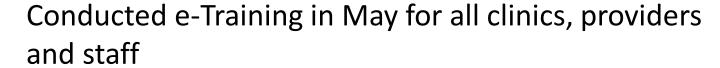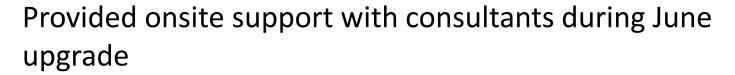- Followed through and monitored for accountability

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Training

Training - The What

Initially we used a "layer cake" training approach

Shared upcoming changes with video messages from the CMIO and Associate CIO

Taped provider MU videos that spoke of benefits

Conducted e-Training in May for all clinics, providers and staff

Provided onsite support with consultants during June upgrade

Provided "circle back" training to locations in August

Incorporated provider feedback into educational materials
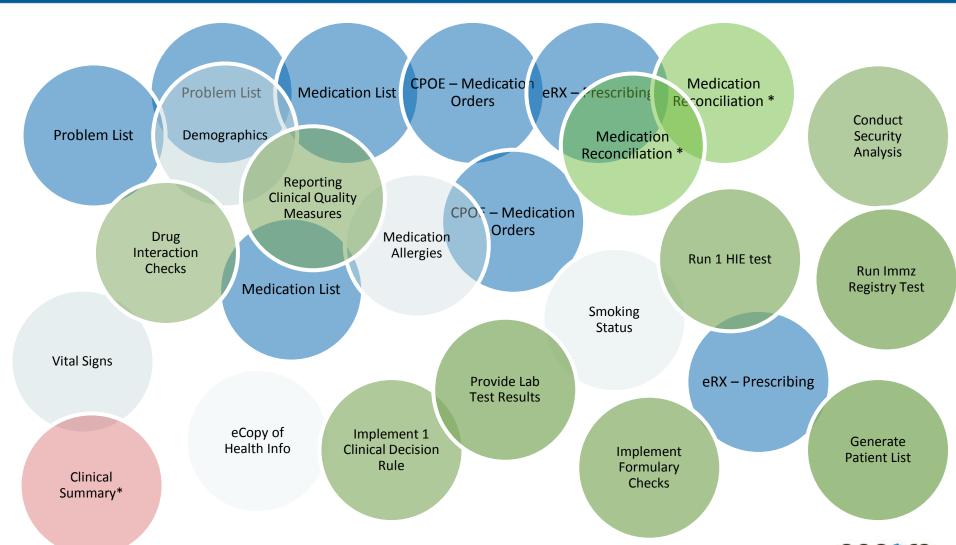
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Training: The Who

We held MU training sessions for community and facility-based providers and clinics. These are some of the groups we trained:
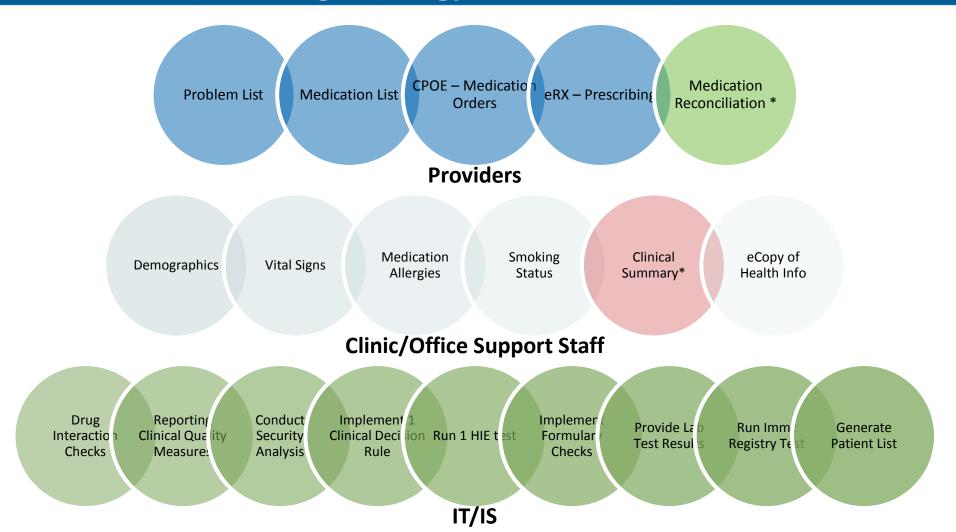
- Executive Chairs and Executive Leadership
- Academic Physician Leadership
- Academic Faculty, Administrators, Practice Leads
- Community Medical Group Executives and Practice Leads
- Ambulatory Executive Team and EHR Committee
- Ambulatory Providers, Clinic Staff
- HIM Executives and Staff
- IT Executives and Staff

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Revised Training Strategy: Who Owns the Bubbles?

Problem List

Problem List

Demographics

Medication List

CPOE – Medication Orders

eRX – Prescribing

Medication Reconciliation *

Medication Reconciliation *

Conduct Security Analysis

Reporting Clinical Quality Measures

Drug Interaction Checks

Medication Allergies

CPOE – Medication Orders

Run 1 HIE test

Run Immz Registry Test

Medication List

Vital Signs

Smoking Status

eRX – Prescribing

Clinical Summary*

eCopy of Health Info

Implement 1 Clinical Decision Rule

Provide Lab Test Results

Implement Formulary Checks

Generate Patient List

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Training: Challenges

Even if you have the right recipe… cakes can fall:

- Physician leaders did not make training mandatory
  - Many providers did not watch eLearning until they received their first scorecard results
- Some clinics do not have right tools for the measures
  - Lack of blood pressure cuffs in many specialty clinics
  - Many providers were concerned that if they took the vitals, they had no clear processes to manage the patient
- Process owners must take responsibility for ensuring that clinics have what they need to meet the requirements

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Performance Review & Reporting

Corporate Mandates for Performance Reporting

Everyone eats cake….

- Decided all ambulatory providers would be measured against the MU requirements

- Developed own provider scorecard to evaluate baseline performance

- Made the results of the provider scorecards transparent to all

- Paid compensation bonus to passing providers

Recipe for Reporting Process

Provider and clinic staff complete office visit and enter data into system

Extract and load data from certified system to our analytics tool for the internal scorecard
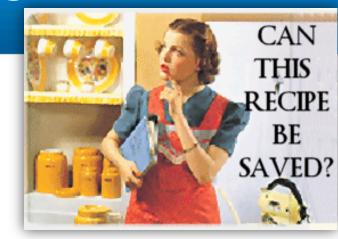
Generate and analyze reports

Distribute and store reports with tailored message for stakeholders

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Reporting Challenges

- Certified vendor reporting tool was not ready for attestation, so we changed the ingredients to meet our goals
  - Modified our provider scorecards from internal performance review to attestation
  - Contracted with second, ONC-certified vendor for clinical quality measure reporting requirements
- We anticipate transitioning to our vendor reporting solution in payment year 2

Provider Scorecard Example

MU PROVIDER PROGRESS REPORT

Department(s): Primary Care

Time Period: 06/11, 7/11, 8/11, 9/11

Provider: Provider A

NPI: 1093932576

Qualifies for 9 Meaningful Use

Unique Pt Enc (June 2011): 167   *Measures:*   *YES*

Unique Pt Enc (July 2011): 164

Unique Pt Enc (Aug 2011): 143

Unique Pt Enc (Sept 2011): 146

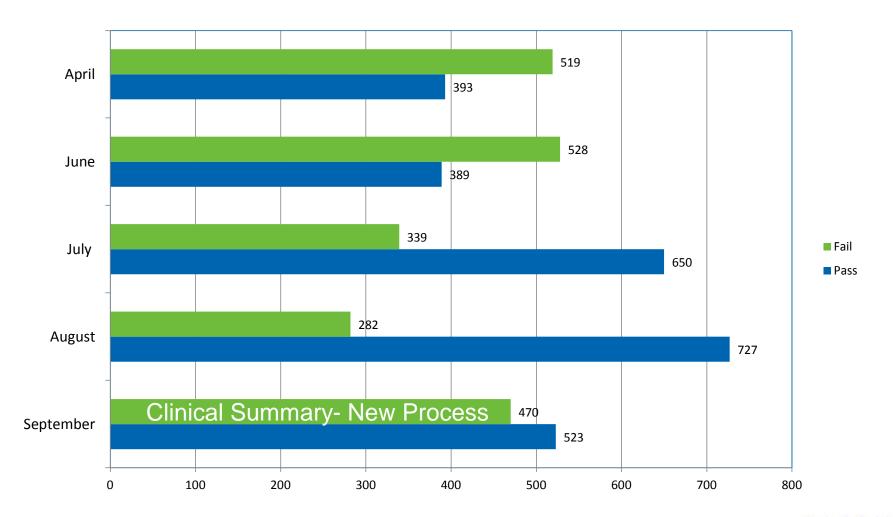| Meaningful Use Measure	Goal	Individual Jun-11	Jul-11	Aug-11	Sep-11	Individual Trend	Enterprise Comparison
Active Problem List	*80%*	94.61%	92.68%	94.41%	94.52%	0.11%	90.66%
Active Allergy List	*80%*	89.82%	98.78%	97.20%	100.00%	2.80%	94.40%
Active Med List	*80%*	82.63%	96.34%	97.90%	95.89%	-2.01%	94.20%
Lab Results	*40%*	pending	pending	pending	pending	pending	pending
Smoking Status (Pts 13+)	*50%*	68.99%	95.48%	98.47%	100.00%	1.53%	88.45%
CPOE Med Orders	*30%*	99.26%	100.00%	98.53%	98.96%	0.43%	96.19%
eRX (permissible scripts)	*40%*	100.00%	99.18%	97.73%	97.66%	-0.07%	89.53%
Medication Reconciliation	*50%*	pending	pending	pending	pending	pending	pending
Clinical Summaries	*50%*	0.00%	0.00%	67.1%	100.00%	32.90%	57.07%
Vital Signs (BP & BMI - Pts 2+)	*50%*	92.73%	97.47%	97.81%	98.63%	0.82%	84.13%
eCopy of Health Information	*50%*	pending	pending	pending	pending	pending	pending
Demographics	*50%*	pending	98.17%	98.60%	97.95%	-0.66%	95.21%

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Management Report Example

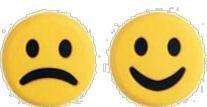| Performing Provider	Department	Unit Leader	VP	Unique Patient Count	Qualifying Provider	Problem List	Allergy List	Med List	Vitals List	Smoke Status
Dr A	CMG Clinic	Dr John	Patty New	248	N	99%	98%	97%	92%	99%
Dr B	CMG Clinic	Dr John	Patty New	235	Y	100%	98%	97%	94%	82%
Dr C	CMG Clinic	Dr John	Patty New	161	Y	99%	99%	96%	99%	94%
Dr D	CMG Clinic	Dr John	Patty New	122	Y	69%	75%	92%	78%	39%
Dr E	CMG Clinic	Dr John	Patty New	123	N	100%	98%	97%	86%	92%
Dr F	CMG Clinic	Dr John	Patty New	122	Y	97%	97%	98%	91%	68%
Dr G	CMG Clinic	Dr John	Patty New	159	N	100%	99%	100%	87%	99%
Dr H	CMG Clinic	Dr John	Patty New	352	Y	66%	99%	89%	97%	97%
Dr I	CMG Clinic	Dr John	Patty New	238	Y	96%	100%	100%	99%	99%
Dr J	CMG Clinic	Dr John	Patty New	244	Y	99%	100%	100%	99%	98%

Overall EP Performance

Reactions to Transparent Reports

- Providers and management weren't happy with transparency at first but now they want regular reports to compete

- First reaction was: "This data cannot be correct" or "Prove these numbers"
  - Be prepared to spend time and resources to validate the data
  - Develop a schedule for report distribution and stick to it

- It is hard to change bad workflow – "I've always done it this way."
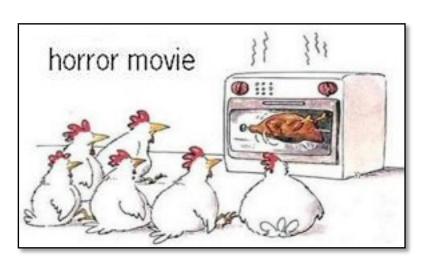
Attestation

Attestation Activities

We reached our final recipe for 2011 by:

- Developing a clear process, training, and sample attestation scorecard for error free data entries

- Holding regular meetings with report writer to address issues to promote smooth attestation and analysis activities

- Completing manual data reviews using approved MU workflows as the gold standard

- Creating individual provider files to house all attestation reports according to submission year

- Submitting attestation status to finance so payment could be reconciled against payment expected

Attestation Challenges

- Experienced state MAPIR system access issues initially
  - Each provider needed authorizing official in MMIS before EHR Incentive functionality appeared in MAPIR portal

- Incentive money in payment year 1 did not meet early projections (needed to use a range)

- Year 2 program activities include performance management
  - Some EPs repeat year 1
  - Some EPs move to year 2

Cooking Tips

This experience is not just an "just add water" recipe.

Decide who catches the hot potato.

- Establish a solid governance structure

Determine the missing ingredients.

- Measure your readiness
- Identify gaps

Make sure you understand the recipe.

- Have a clear attestation plan and process
- Expect eligibility and registration successes and challenges

Be prepared to alter your recipe.

- Have creative back-up plans for training and provider support

Everyone eats cake!

- Make performance review and reporting across the board and not just the eligible providers

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Thank you!