

WIREC Update



Washington & Idaho
Regional Extension Center

www.wirecQH.org

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Objectives

Review WIREC perspective several facets of HIT work required for success

- Programs for distributing the incentive
- Meaningful Use
- The WIREC experience to date
 - Enrollment
 - What we're finding the pain points to be
 - How we are working with practices



Medicare Stimulus Money (6/16)

- First payments to hospitals
 - In the US: 36
 - In Washington: 0
- First payments to eligible providers
 - In the US: 284
 - In Washington: 8
 - Among WIREC participants: 0, although several are preparing to attest.

Medicare Incentives for CAHs



2010	2011	2012	2013	2014	2015	2016	2017
	Stage 1 Payment	Stage 1 Payment	Stage 2 Payment	Stage 2 Payment	Stage 3	Stage 3	Stage 3
		Stage 1 Payment	Stage 1 Payment	Stage 2 Payment	Stage 3 Payment	Stage 3	Stage 3
			Stage 1 Payment	Stage 2 Payment	Stage 3 Payment	Stage 3	Stage 3
				Stage 1 Payment	Stage 3 Payment	Stage 3	Stage 3
					Stage 3 Payment	Stage 3	Stage 3
						Stage 3	Stage 3
Penalties for not achieving stage 3: Reasonable cost reimbursement of 101% would be reduced to:					100.66%	100.33%	100%

Incentive payments calculation based on the Medicare Share of the EHR cost

Washington Medicaid Stimulus

- WA Medicaid on-line registration service will be ready in July 2011
- Attestation for AIU will begin in September
- Assistance in determining the numerator for practices to calculate their percent of Medicaid visits will be ready

MU as moving target - definition

- Precise Definitions are constantly refined
- ePrescribing means turning the feature on and being registered with SureScripts
- Many practices are wrestling with who enters what information. Can an MA or a nurse re-order a chronic medication?
- For Medicaid, what is the data definition for a needy patient

MU as moving target – Stage 2

- Meaningful Use Policy Committee voted to postpone Stage 2 until 2014
 - Implication for strategic planning, incentive to postpone is removed
 - Pressure from providers who haven't implemented EHRs yet
 - Pressure from industry for slower pace of feature development and roll out

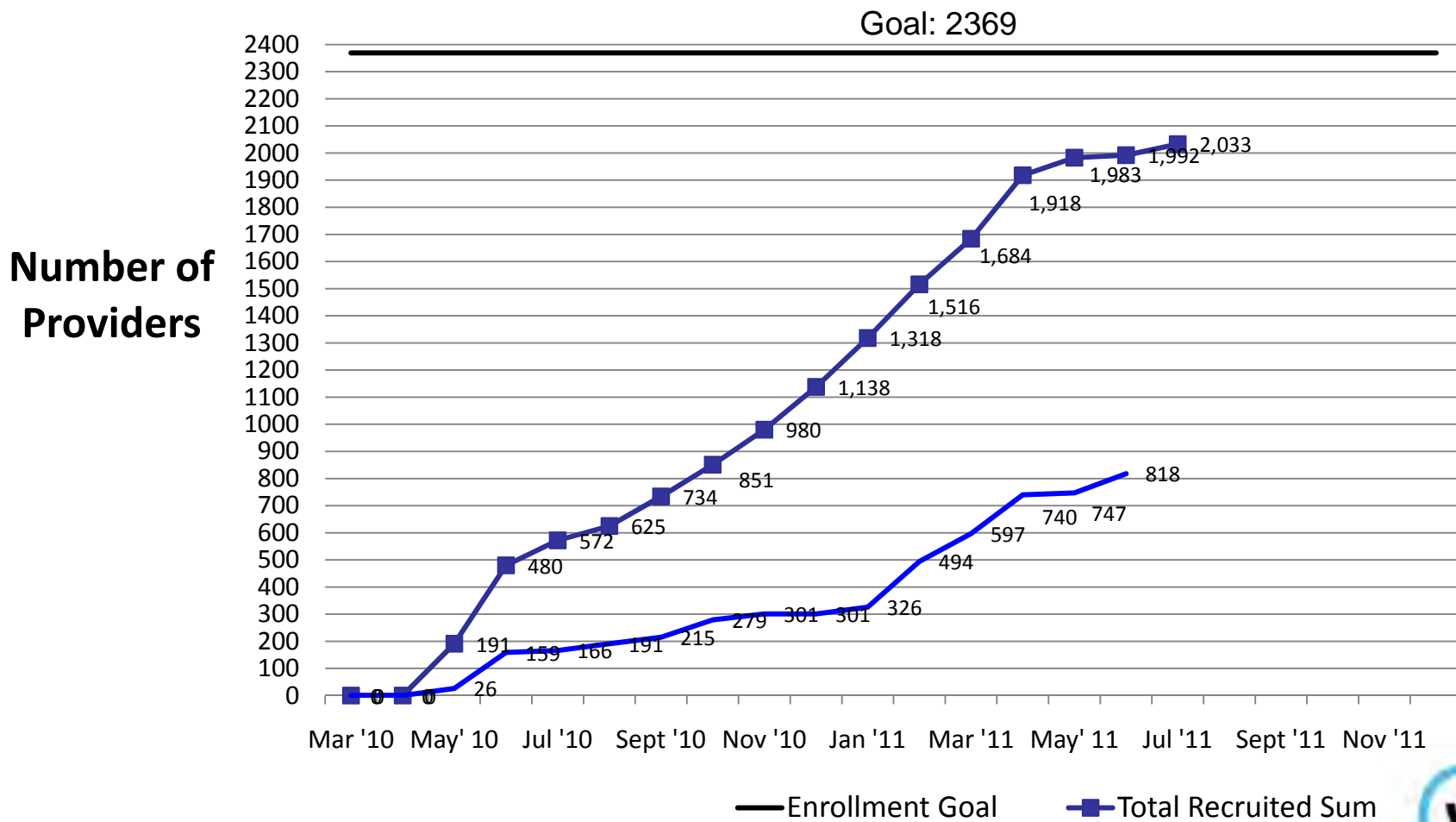
WIREC Structure & Strategy

- Led by Qualis Health with strategic partners including Community Choice
- Goal: 2,369 priority providers in WA & ID
- 8 – 10 consultants across both states
- Strategy:
 - Consulting at no charge to practice
 - Gap analysis to next Milestone: go-live, or MU
 - Workflow redesign workshops offered to all
 - Monthly Webinar series: national content experts
 - Practices near next milestone get intense help

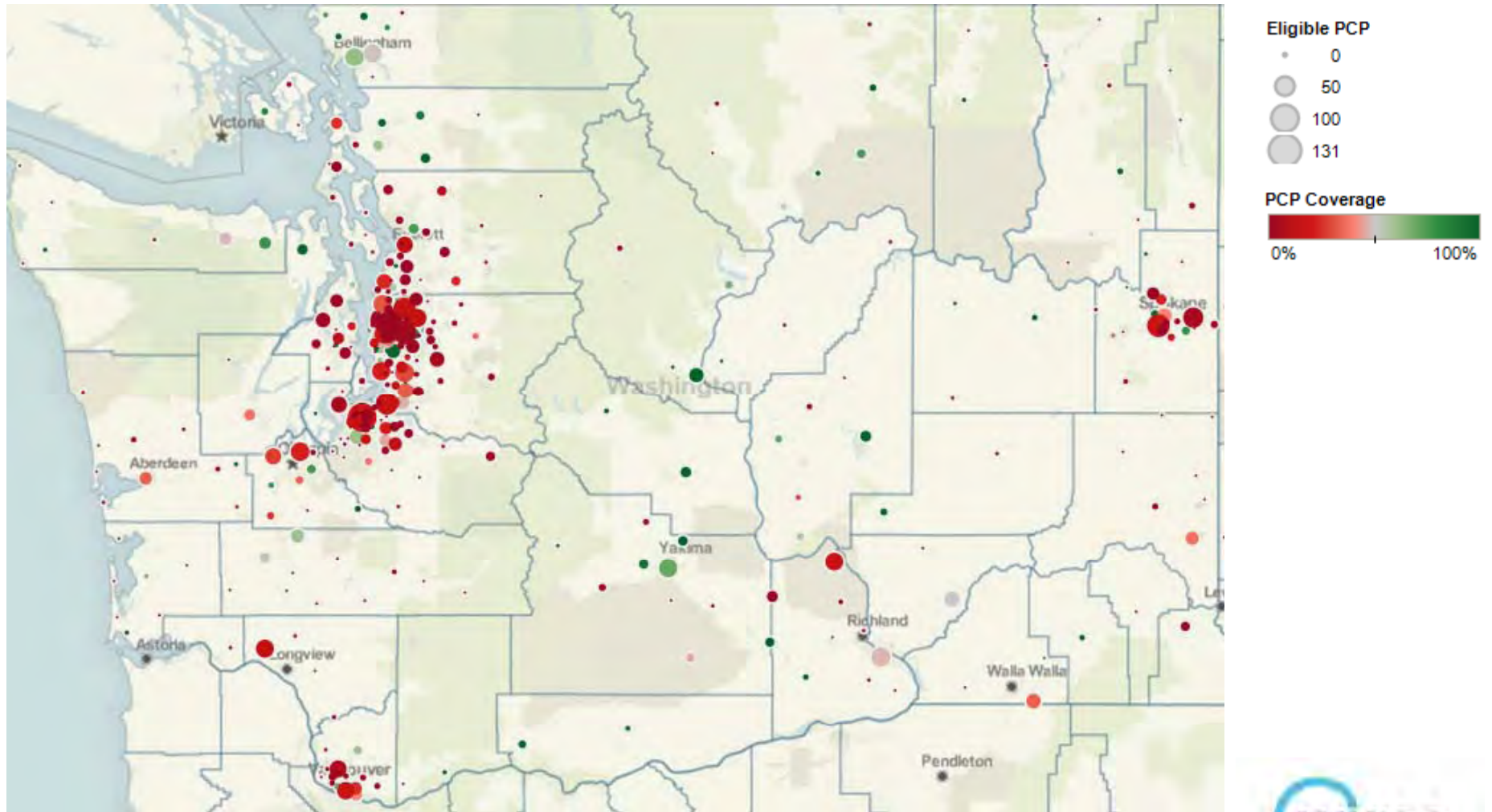


Meeting our enrollment target

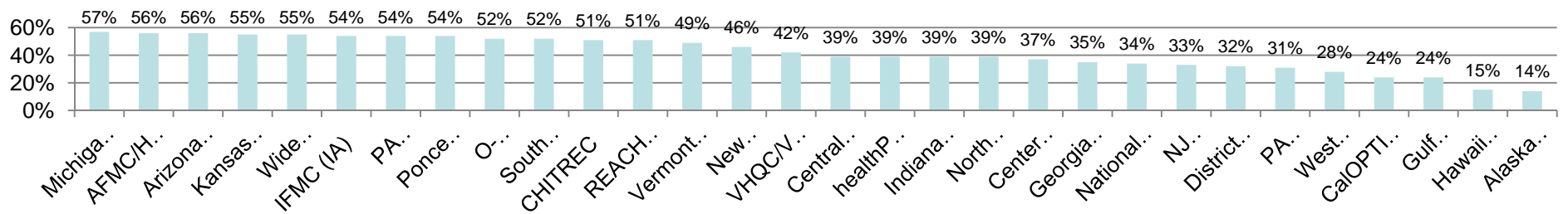
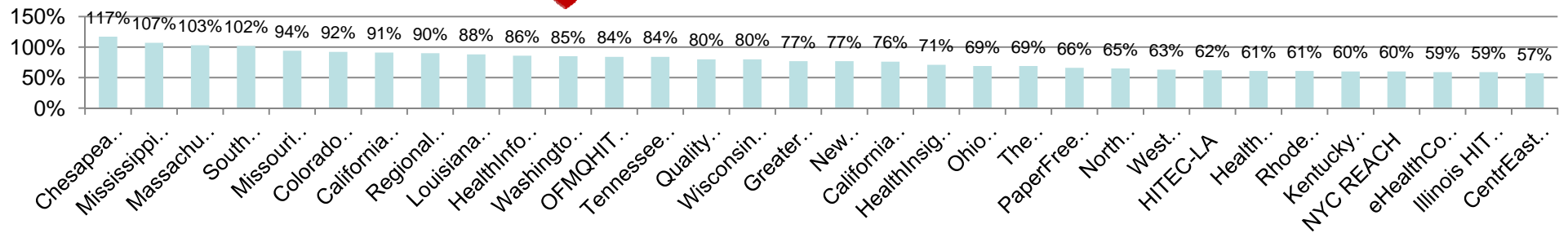
WIREC Recruitment by Month



WA Sites & Opportunity by Zipcode



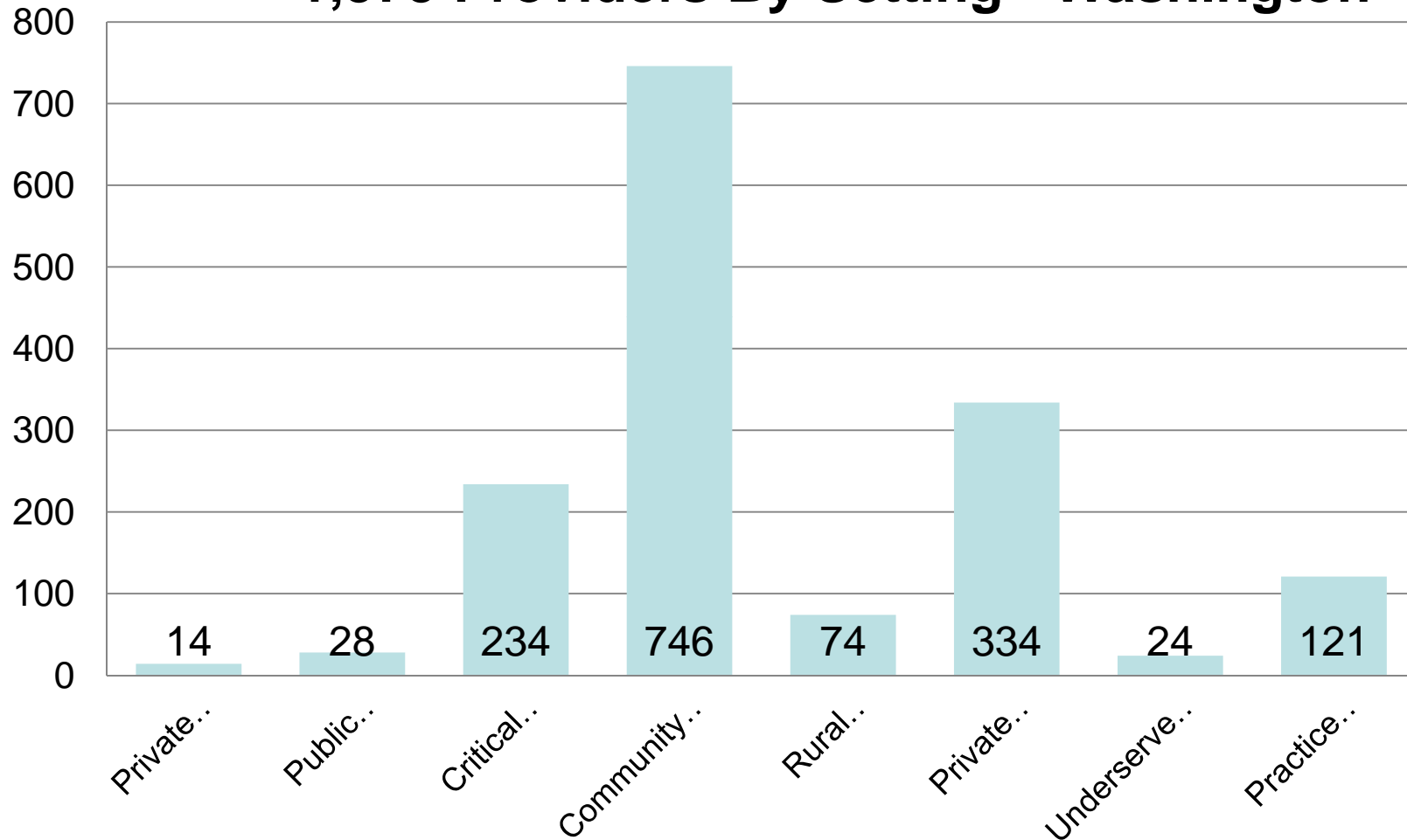
A Respectable Position Nationally



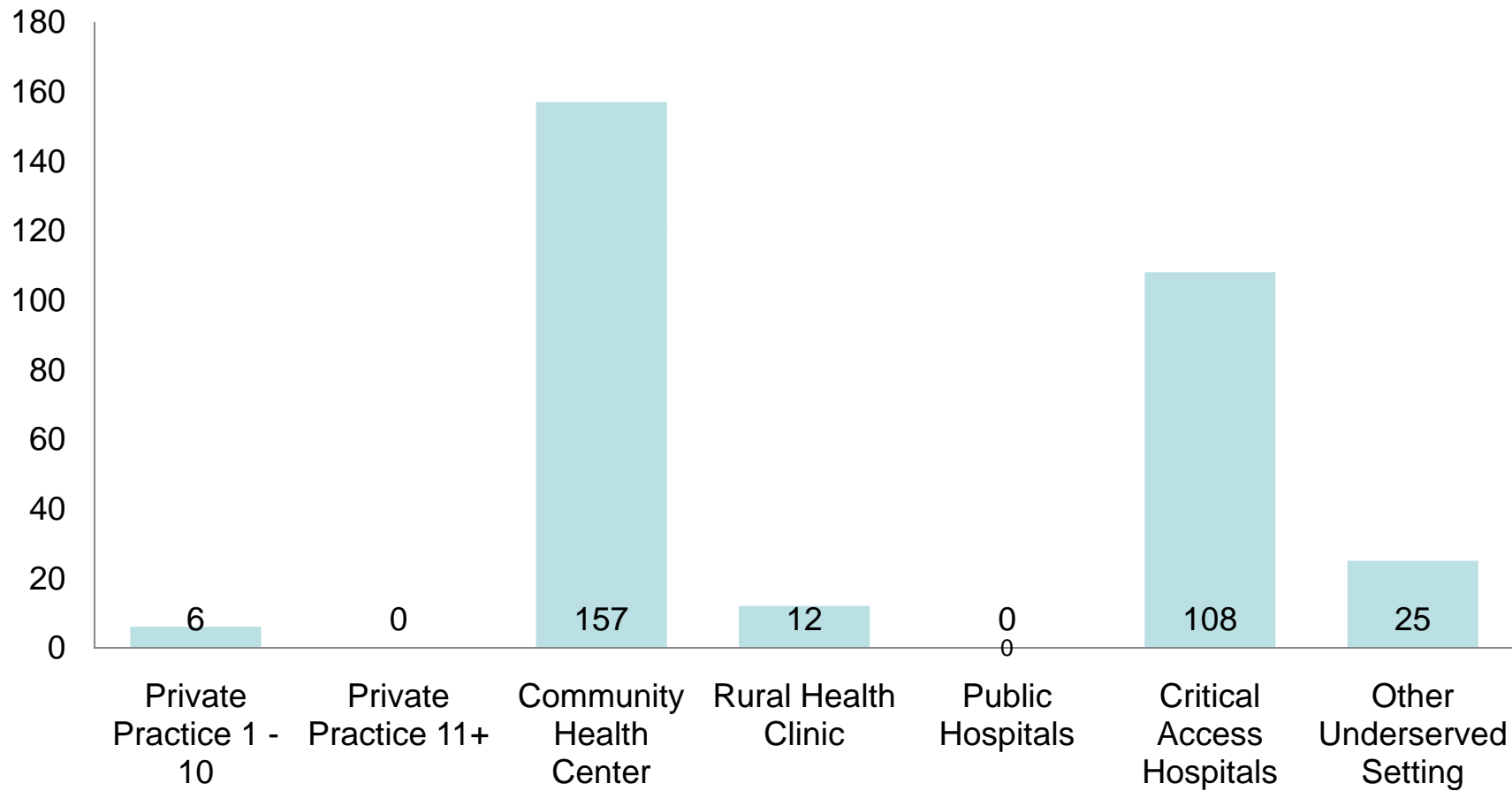
Overview of enrolled practices

- 2,036 individual providers
- 80% in Washington – 20% in Idaho
- 483 practices
- 74% in Washington – 26% in Idaho
- 38% have EHR installed

1,575 Providers By Setting - Washington



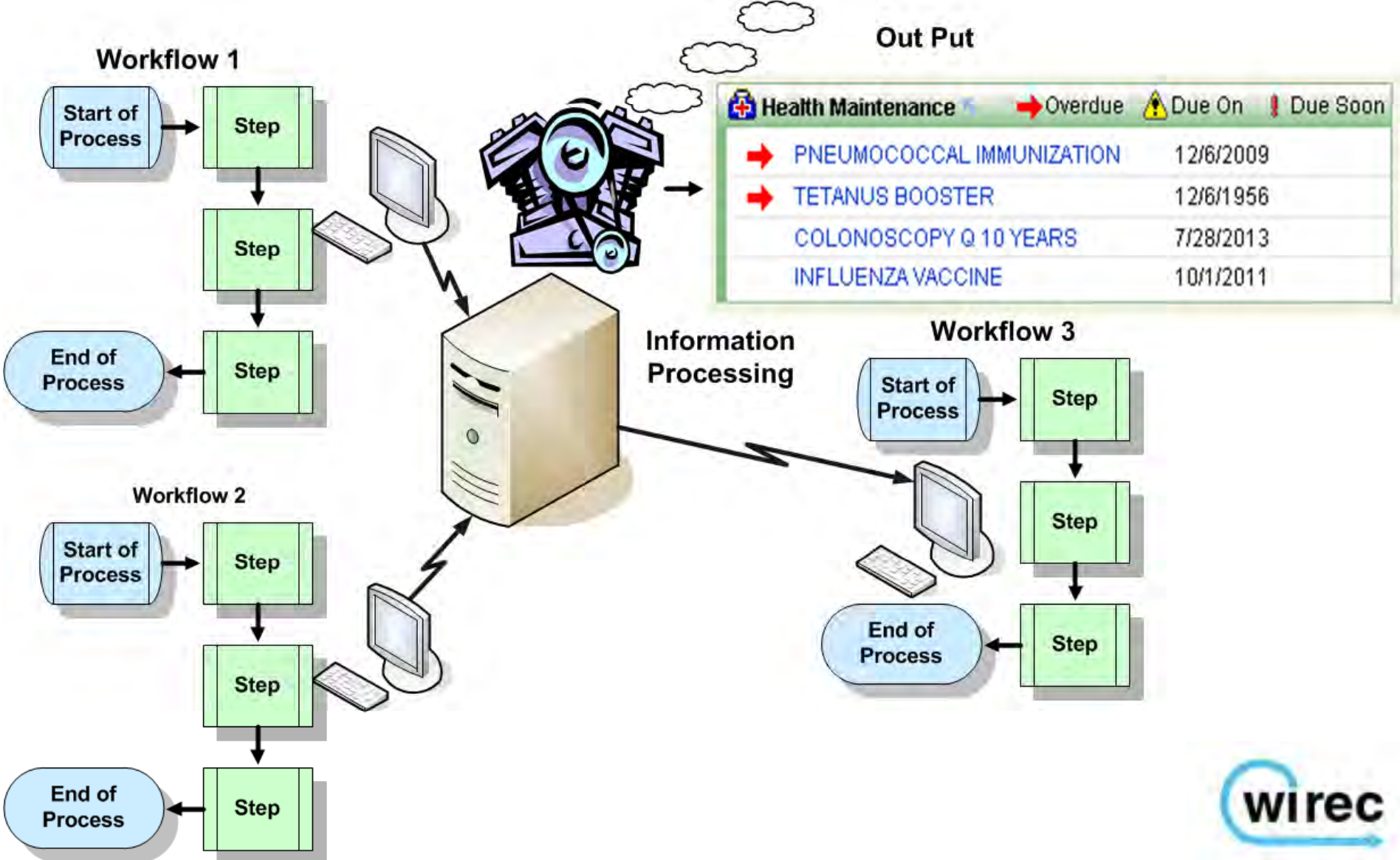
Community Choice - Enrolled Providers By Setting



Challenges on the Front Lines

MU Type	MU element	Workflow	Feature set-up	Receiving capacity	Data definition	Report Writing
Data Gathering	Demographics VS, Smoking Meds & Allergies	✓				✓
Clinical Decisions	CPOE, Problem List	✓				✓
Decision support	Med-Med/Allergy alerts, CDS, Patient Lists, AVS, Clinical Reminders	✓	✓			✓
Data sharing	Reports to Public Health, Immunization registry, Quality Reporting, Pt copy of record, eRx, Transmit key data set, CCR, Med reconciliation	✓	✓	✓	✓	✓

Workflows and Information



Specific Pain Points

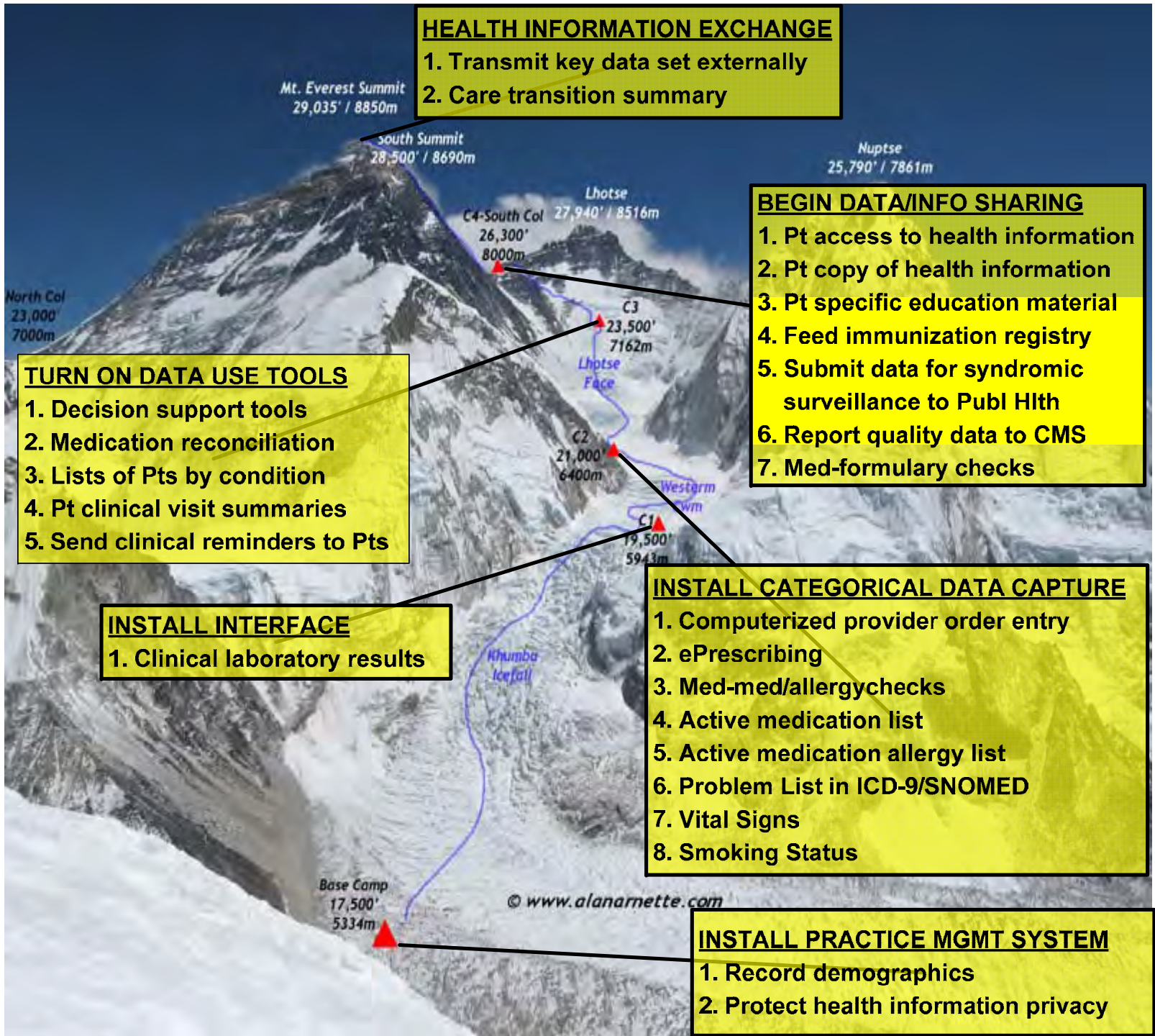
- Smoking Status:
 - workflow change
 - Plan for intervention for smoking & BMI
- Medications
 - Pt & MA knowledge
 - Delegation & oversight
- Providers entering structured data
 - eRx, CPOE & Problem Lis
 - Other data on ad hoc basis – teaching others
- Clinical Summaries & After Visit Summaries

More Specific Pain Points

- HIE
 - lack of clarity about what meets the measure
 - lack of infrastructure,
 - misinformation from vendors
- Immunization Registry –
 - some vendors have more difficulty than others
 - state registry priorities (childhood vs adult)
 - Additional costs charged by vendors to clinics to set up interface versus ability to use State HIE
 - VARS lacking interfacing capability capacities,

More Specific Pain Points

- Lab interfaces
- Barriers to upgrading to certified EHR products
 - certified EHRs requiring add'l hardware for upgrades
 - Rip & Replace decisions
- Organizational priorities
 - CAHs prioritizing inpatient MU work primary care
 - Multispecialty groups decide to delay features
- Reporting
 - Calculate patient volumes for Medicaid incentive
 - Non-transparent data definitions



HEALTH INFORMATION EXCHANGE

- 1. Transmit key data set externally
- 2. Care transition summary

BEGIN DATA/INFO SHARING

- 1. Pt access to health information
- 2. Pt copy of health information
- 3. Pt specific education material
- 4. Feed immunization registry
- 5. Submit data for syndromic surveillance to Publ Hlth
- 6. Report quality data to CMS
- 7. Med-formulary checks

TURN ON DATA USE TOOLS

- 1. Decision support tools
- 2. Medication reconciliation
- 3. Lists of Pts by condition
- 4. Pt clinical visit summaries
- 5. Send clinical reminders to Pts

INSTALL INTERFACE

- 1. Clinical laboratory results

INSTALL CATEGORICAL DATA CAPTURE

- 1. Computerized provider order entry
- 2. ePrescribing
- 3. Med-med/allergychecks
- 4. Active medication list
- 5. Active medication allergy list
- 6. Problem List in ICD-9/SNOMED
- 7. Vital Signs
- 8. Smoking Status

INSTALL PRACTICE MGMT SYSTEM

- 1. Record demographics
- 2. Protect health information privacy

WIREC Expedition Guide Service:
Provisioning route-finding and crevasse rescue

“We’ll make sure you have every thing you need, but you do have to climb the mountain yourself.”

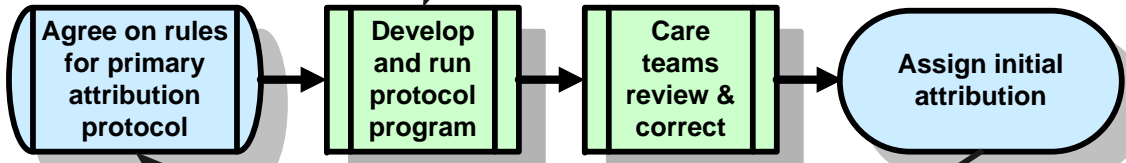


Conceptual Framework

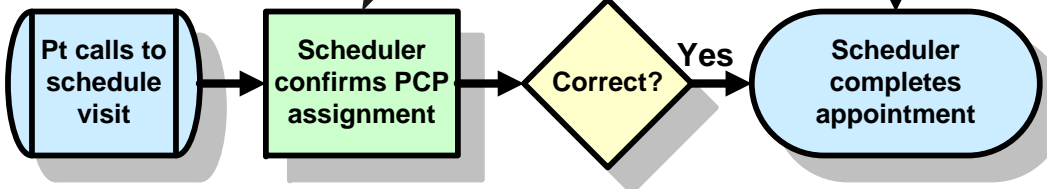
- The PCMH is our best vision for a resilient and sustainable model to deliver high-value healthcare at an affordable cost
- An EHR, used correctly (meaningful use) is the information management infra-structure for *powering the workflows* in a PCMH
- “Meaningful use” is simply an operational definition of the information management requirements for supporting a PCMH

Empanelment

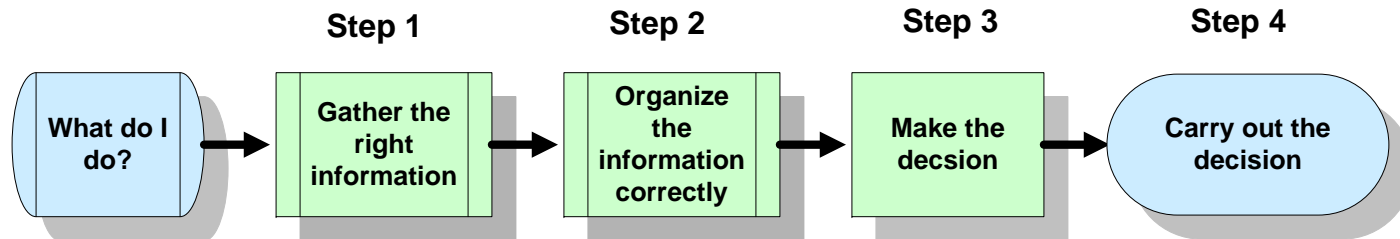
Initial Empanelment Process



PCP Verification Process



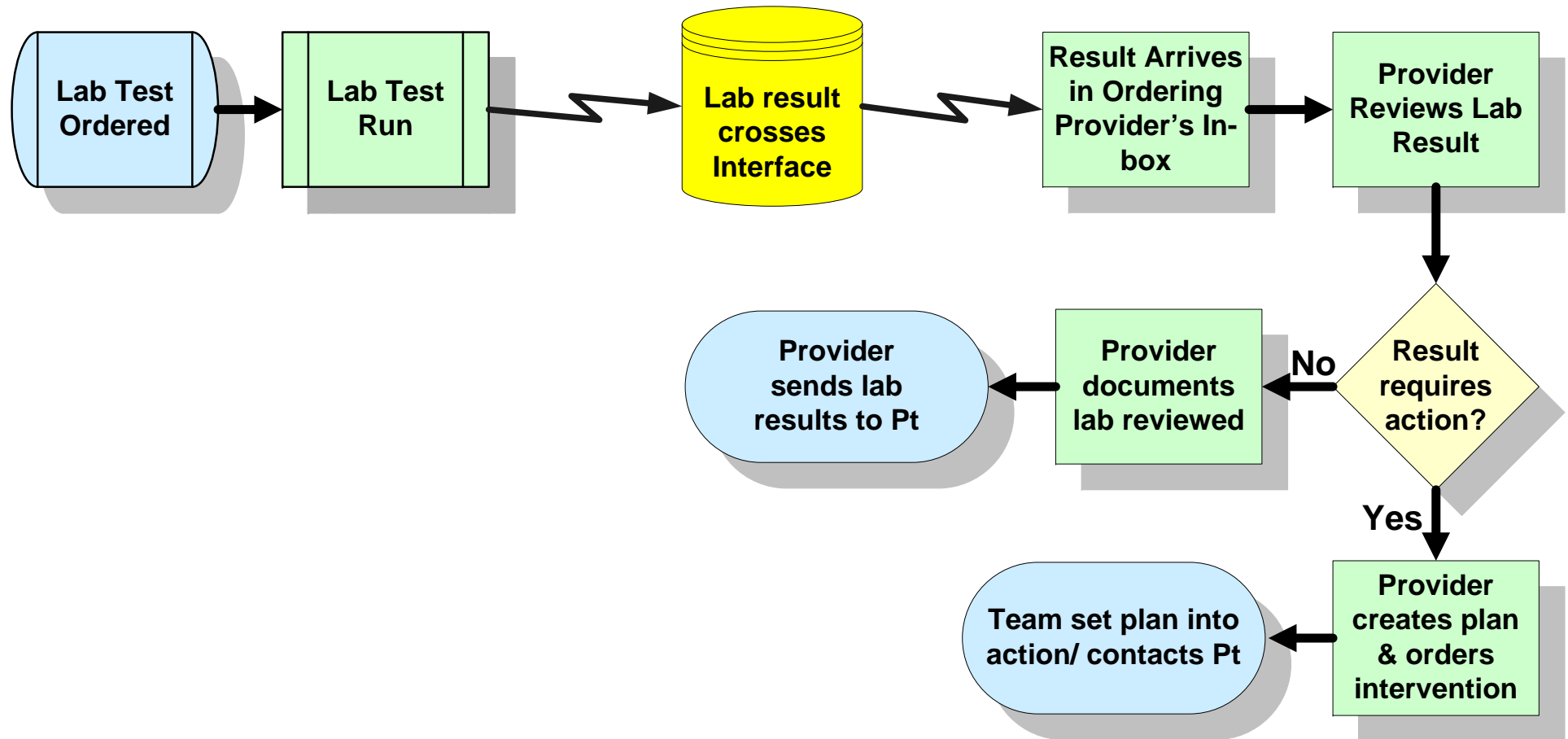
Team-based Care & role definition



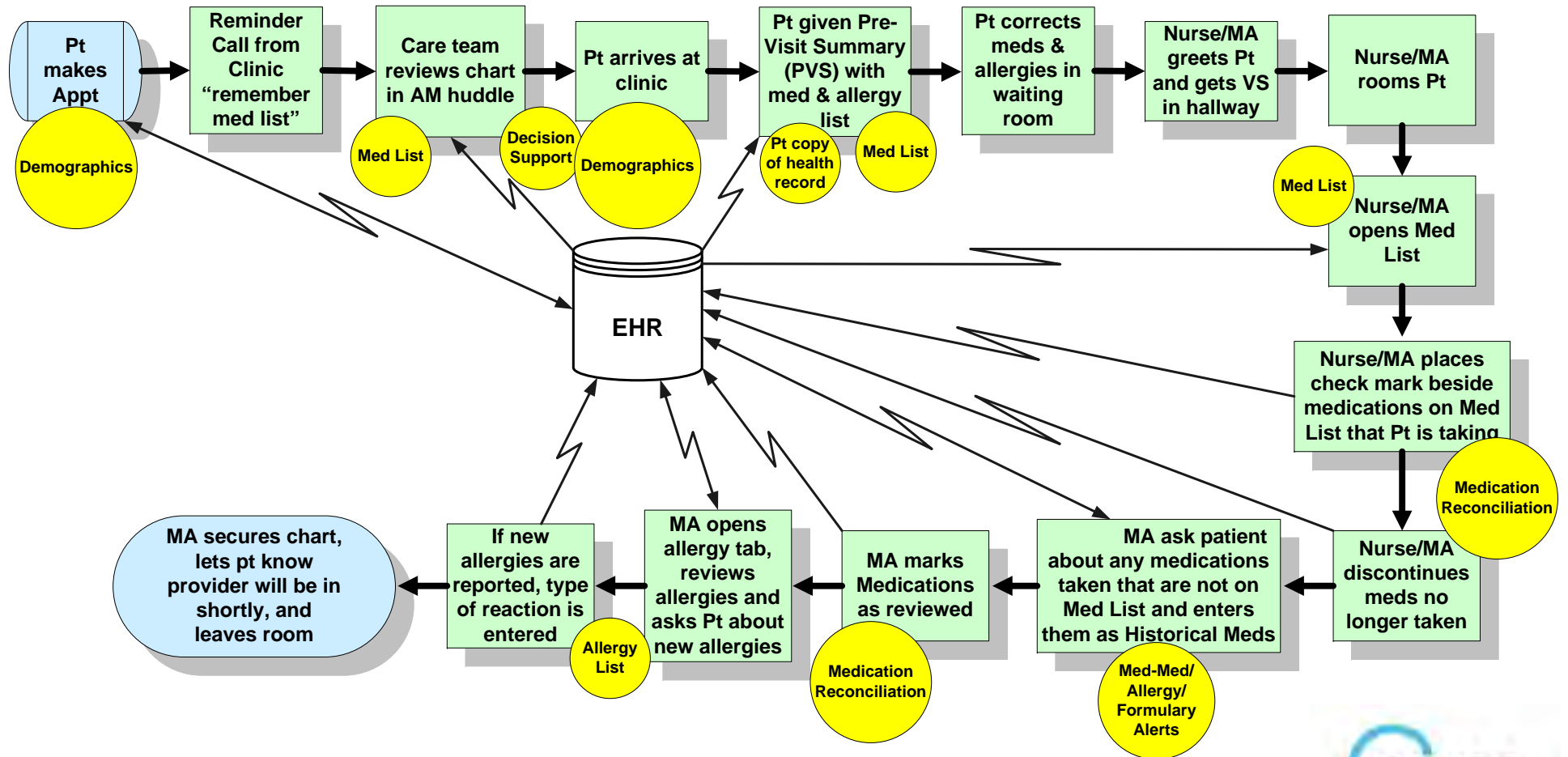
Teams are defined by how they handle this sequence

- If the team is defined as “people standing around waiting to do what I tell them” ...
 - This process doesn’t start until the doctor walks into the exam room
 - Only the 4th step is delegated
- In a PCMH care team:
 - Many “What do I do?” questions can be decided in the team huddle
 - Gathering the right information is delegated to other team
 - The provider-lead educates and supports team members in what information to gather and how to gather it
 - Organizing the information can be greatly enhanced with HIT

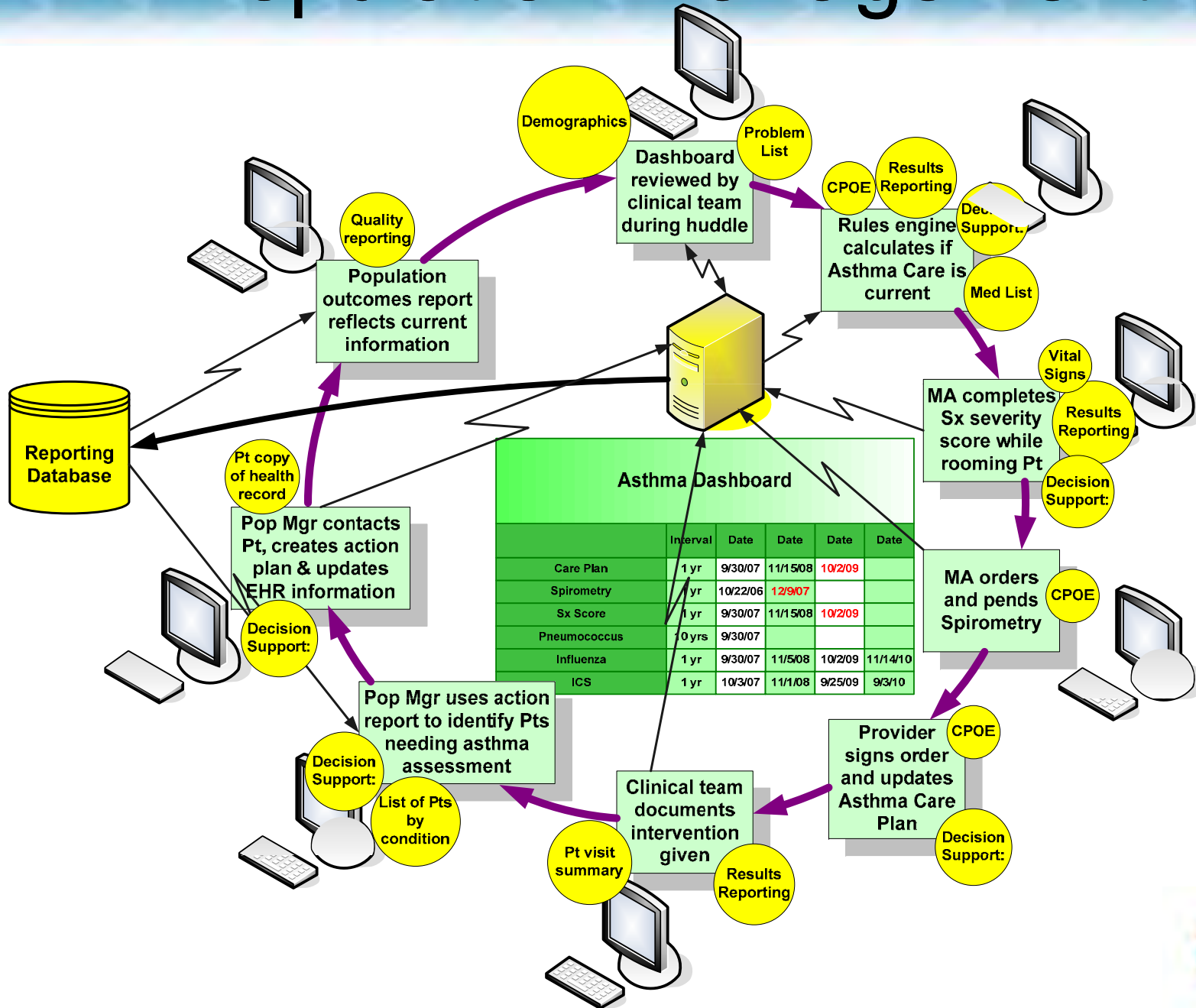
Getting lab results to patients



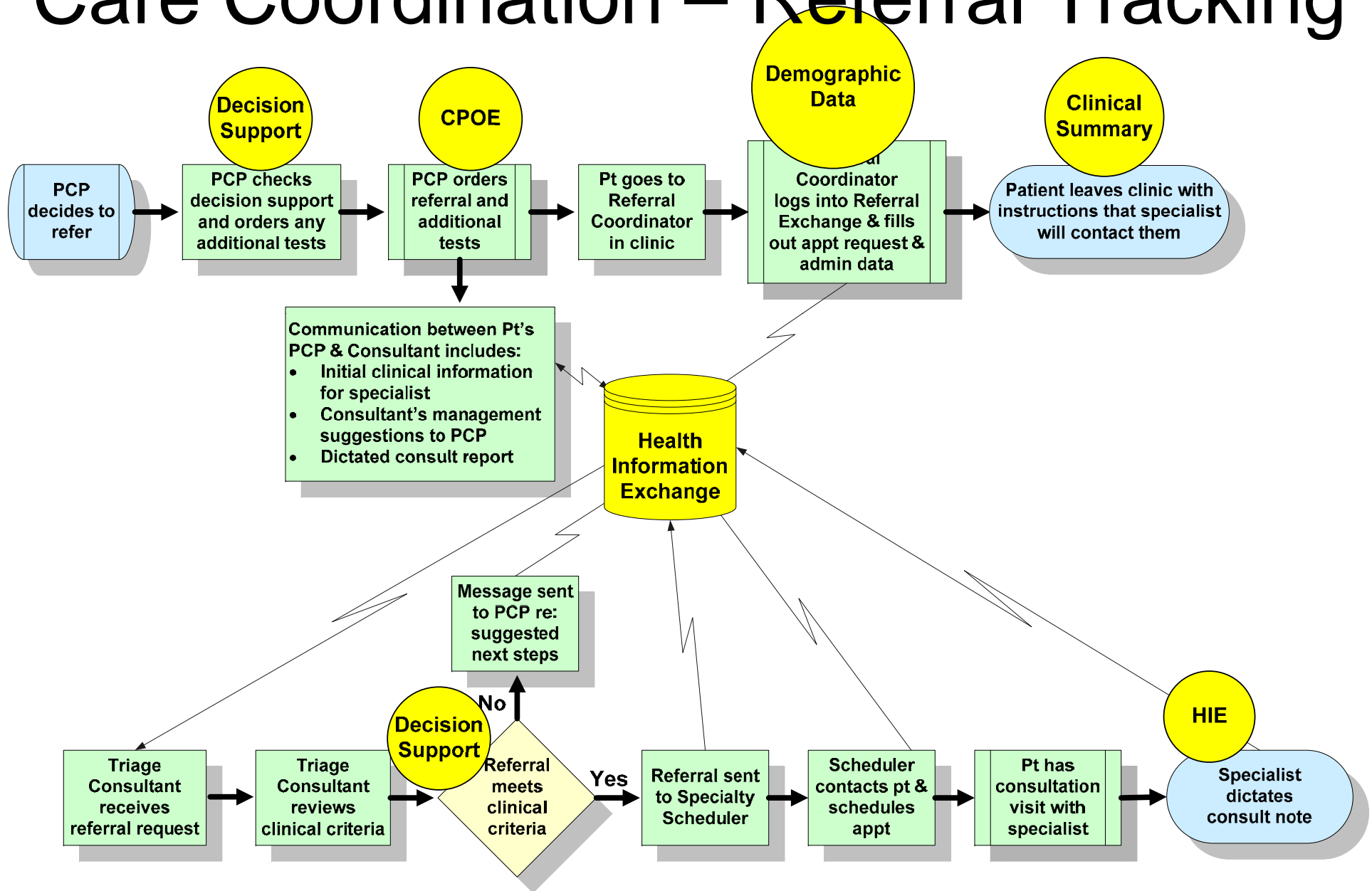
Med List Mgmt in Ambulatory Practice



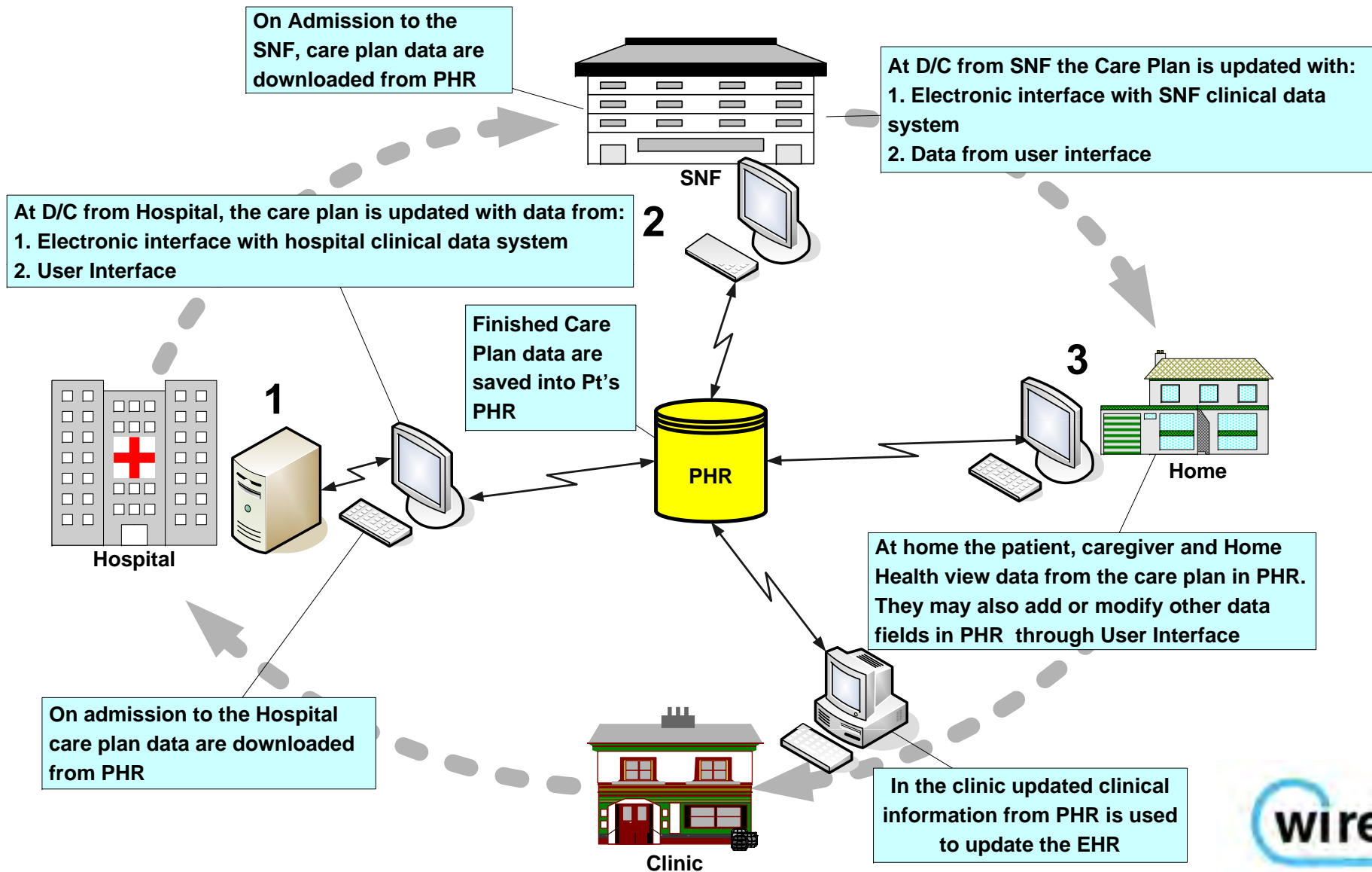
Population Management



Care Coordination – Referral Tracking



Health Information Exchange



Conclusion

- HIT is necessary, but insufficient for a PCMH
- Without HIT, the burden of work-arounds to get the right information to the right person at the right time become the limiting factor
- Without a vision for practice transformation, HIT becomes just one more expensive not-so-magic bullet that won't fix our broken healthcare system
- The optimal planned HIT implementation strategy is ideally suited for staged conversion to a PCMH



Questions

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