# Meeting the Most Challenging PI Measures

*with Sam Ross and Janet Baxter*

- The webinar will begin at 12:30 pm (CT). It is scheduled to last 30 minutes, including Q&A.

- Questions can be submitted via the Q&A box.

- The webinar is being recorded. We will send the slides and recording within two days following the webinar.

- View CHITREC's extensive webinar library here: http://www.chitrec.org/webinars/archive/

# Today's Audience & Speakers





**Speakers:** Sam Ross and Janet Baxter

**Today's audience:**

- Some familiarity with the PI program is expected

  - Eligible Providers
  - PI Coordinators

# About CHITREC

The **Chicago Health Information Technology Regional Extension Center (CHITREC)** is a collaboration between Northwestern University, the Alliance of Chicago Community Health Services, and more than 40 local and national partners focused on HIT adoption and use within the city of Chicago.

- Illinois Department of Healthcare and Family Services (HFS) contracted with CHITREC to operate a Meaningful Use Help Desk (855-MU-HELP-1) for the Illinois Medicaid EHR Incentive Payment Program

Contact the **Illinois Medicaid Promoting Interoperability\* Help Desk** with questions on Attestation, Registration, and Meeting the Measures.

## 1-855-68-HELP-1
(855-684-3571)
Monday – Friday 8:30 a.m. – 5:00 p.m.

*formerly Meaningful Use*

muhelpdesk@chitrec.org

**CHITREC**
CHICAGO HEALTH INFORMATION TECHNOLOGY
REGIONAL EXTENSION CENTER

*A PROGRAM OF*  CHiP

# 2018 Medicaid Promoting Interoperability

- 90 Days reporting period for functional measures

- 365 Days for Quality measures – must report any six

- Choose Stage 2 measures or Stage 3 measures

# 2018 Stage 2

1. Conduct Security and Risk Analysis, including encryption.
2. Implement 5 clinical decision support interventions and drug/drug
3. Use CPOE- >60% medication, >30% lab*, >30% radiology* orders
4. E-Rx for >50% of prescriptions, with formulary queried
5. Electronic summary of care for >10% of transitions of care / referrals
6. Use EHR to provide education to >10% of patients seen
7. Medication reconciliation for >50% of transitions of care
8. Provide online access to health information in 4 days for more than 50% of patients seen and >5% of patients seen view, download or transmit electronic health information
9. Secure message sent to more than 5% of patients seen
10. Engage with Public health- 2 or more from three choices

# Workflow measures



- Patient Education from the EHR- Click the info button

- Patient Access to the portal- PIN and user name

- E Prescribe and CPOE- should be standard

- Medication Reconciliation - documentation


- Prescribed by each EHR
  - Set up as designated by the vendor or your calculations won't work
  - Determine who on the care team will do the work
  - Train and monitor

# Let's be sure to cover these

- Objective 1: Security Risk Analysis

- Objective 5: Health Information Exchange

- Objective 8: Patient Access/VDT

- Objective 9: Secure Messaging

- Objective 10: Public Health Reporting

# Objective 1: Security Risk Analysis

- What this measures:
  - must attest YES to conducting or reviewing a security risk analysis and implementing security updates as necessary and correcting identified security deficiencies to meet this measure.

# SRA: Missed and Misunderstood

- "I checked yes to that during attestation and it was accepted"

- *Did you know what you were being asked?*


- "I assess the risk of all my patients"

- *Of course you do, you're an excellent provider! But this is about protecting their privacy.*


- "My EHR vendor covers that, everything is totally secure in the cloud"

- *Your EHR software is certified for security and the using the cloud can be a wise decision, but that alone doesn't meet the measure.*

# SRA: Advice

- For most: don't try to do it alone!

- For the technically inclined, consider the ONC SRA Tool

- Do it right the first time and annually updates may be easy

- Hire a vendor to provide basic education, conduct the analysis, document results, and develop remediation plans

- Implement safeguards in your plan:
  - ADMINISTRATIVE: no password sticky, no logging in as another user
  - PHYSICAL: alarms, document shredders, privacy windows on monitors
  - TECHNICAL: anti-virus, encrypted devices, device disposal

# Objective 8: Getting Patients to View their Health Information (VDT)

- What this measures:
  - The number of patients seen who view, download, or transmit to a third party their health information.
- This is the hard part of the two part measure, Objective 8
- It's hard because you cannot directly control what your patients do
- The care team can influence patients to view their health information

# VDT Advice: Influence Patients to View Health Information

- Make sure they know that it is important
  - Providers should point out what is there
  - Explain why they should be involved with their own care
  - Don't forget Caregivers & Family
  - Entire care team directs people to the portal

- Make it easy
  - Be sure they know where to go and how to get help
  - Make sure the portal is user friendly

- Direct them to the portal for everything
  - Speaking to the provider
  - Test results
  - Request appointment

# VDT Advice: Move away from Paper and Phone

- Once people recognize where they can get answers, they will go there
  - Lab results
  - Prior lab results
  - Record of last visit
- Hold music for your Call Center can suggest portal or secure message
- CMS will be pushing this more and more to promote patient engagement and interoperability

# Objective 5: Health Information Exchange

- What this measures:
  - The EP that transitions or refers their patient to another setting of care or provider of care must—(1) use certified electronic health record technology (CEHRT) to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

- Exclusion: Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the Promoting Interoperability (PI) reporting period

# HIE: Promoting Interoperability

- CMS on changing MU to PI: "a new phase of EHR measurement with an increased focus on interoperability and improving patient access to health information"

- PI participants: "I'm finally getting the hang of the old phase of EHR measurement and sharing data in useful ways isn't as intuitive as fax"

- Illinois has no statewide "physical HIE," which limits most "workflow HIE" to:
  - Data shared within an organization
  - Data shared point-to-point within and across organizations using same EHR system

- Can't succeed if referral partners aren't ready or cooperative

# HIE: Advice

- Get the denominator right:
  - Learn to track outbound transitions of care/referrals every time
  - Take the exclusion if under 100 over 90 day period

- Survey your partner network:
  - Anyone using the same EHR?
  - Anyone participating in Medicaid PI or Medicare MIPS?
  - Any affiliated hospital system partners using electronic exchange?

- Learn EHR workflow for creating partner directory, sending referral with SoC attached, try it once and see if they receive it/find it beneficial

- Internal referrals can be included

- Last resort: make note of penalties for information blocking

# Objective 9: Secure Messaging

- What this measures:
  - For more than 5% of patients seen during the PI reporting period, a secure message was sent to the patient

- Message must come from the care team
  - Not necessarily from the EP

- Message must be sent during the calendar year
  - Not necessarily during the reporting period

- Some EHRs require an email to set up a portal account.  Many do not.
  - Once the patient has the right URL, they just need their own user name and password to access a secure message
  - You can notify them of a secure message  by email, text, phone or via snail mail.

# Secure Messaging: Advice

**Unplug the phone!**

- Encourage providers and patients to start corresponding via message
    - No phone tag
    - No waiting on hold
    - Better security and safety
    - More comfortable in situations, like the office where you don't want to be overheard
    - Allows patients to review – what did he say?
        - Which pill am I supposed to stop taking?
- Messages direct patients to the portal
    - Might meet the view information measure when they go there

# Secure Messaging: Strategies for Success

- Flu shot campaign
  - Send everyone a message to come in for your flu shot

- Targeted – get list if patients seen by the EP and message each one

- Send patient education – meet two measures at once!

# Objective 10: Public Health Reporting

What this measures:

- Measure 1: Immunization Registry Reporting – The EP is in active engagement with a PHA to submit immunization data.

- Measure 2: Syndromic Surveillance Reporting – The EP is in active engagement with a PHA to submit syndromic surveillance data.

- Measure 3: Specialized Registry Reporting – The EP is in active engagement to submit data to a specialized registry.

# Public Health: So Many Options, So Little Time

- One objective, three measures, three active engagement options, four Illinois sponsored registries, countless other specialized registries

- Which measures should I pick?

- How do I find registries?

- What is "due diligence" for specialized registries?

- What is active engagement?
    - Register intent
    - Testing
    - Production

- Is the data actually going to the registry?

- How do I confirm I'm compliant?

# Public Health: Advice

- Know the entire set of options from which you must pick two:
  - Give any immunizations? Engage with ICARE
  - Work in urgent care setting? Engage with ISSS
  - Specialized registries
    - Practicing in Illinois? Engage with ILPMP
    - Directly treating cancer patients? Engage with ILSCR
    - Belong to any specialty societies? Engage with IBFM PRIME, AOA MORE, etc.
- Register intent early! This alone can meet the measure
- Talk to your vendor about whether/how they support moving data from EHR to the registry
- Respond to registry requests to move from registration of intent to testing/production, ensure they provide letter supporting compliance

# Questions?
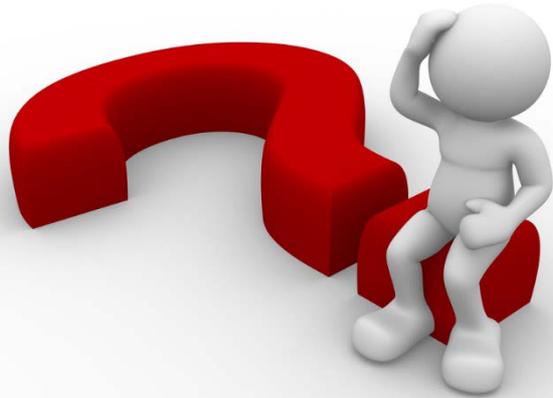
Contact the **Illinois Medicaid Promoting Interoperability\* Help Desk** with questions on Attestation, Registration, and Meeting the Measures.

# 1-855-68-HELP-1
(855-684-3571)

Monday – Friday
8:30 a.m. – 5:00 p.m.

*formerly Meaningful Use

muhelpdesk@chitrec.org

CHITREC

CHICAGO HEALTH INFORMATION TECHNOLOGY
REGIONAL EXTENSION CENTER

A PROGRAM OF CHiP

CHITREC
A PROGRAM OF CHiP

# CHITREC

## The Chicago HIT Regional Extension Center

Collaboration | Trust | Leadership | Service | Community

*Bringing Chicago together through health IT*

**www.chitrec.org**

CHITREC
A PROGRAM OF CHiP