CMS eHealth Summit

UW Medicine

David Chou, MD, MS
CTO, IT Services, UW Medicine
Professor, Lab Medicine, University of Washington
Meaningful Use Executive Co-Chair
Baltimore, December 6. 2013

UW Medicine
HEALTH SYSTEM

UW Medicine Health System

(Italics – Shared IT Infrastructure)

- Academic institutions
  - *University of Washington Medical Center (UWMC)*
  - *Harborview Medical Center (HMC–trauma/public hospital)*
  - *Seattle Cancer Care Alliance (SCCA–cancer center)*
- Outpatient clinics
  - *Hospital-based*
  - *Primary Care network (UW Neighborhood Clinics or UWNC)*
  - *Affiliated, wholly-owned*
- Community hospitals
  - *Northwest Hospital (NWH)*
  - Valley Medical Center (VMC)
- Closely affiliated
  - VA Medical Centers
  - Seattle Children's Hospital
  - Peace Health System

UW Medicine
HEALTH SYSTEM

Electronic Medical Record Systems

- Cerner Millennium Powerchart
  - Inpatient UWMC and HMC
  - Ambulatory SCCA
- Epic EpicCare
  - UWMC, HMC, NWH ambulatory
    - Full implementation planned May 2014
  - Inpatient and ambulatory – VMC
- Siemens Soarian
  - Inpatient NWH

- Integration has occurred with academic sites and is in process with community hospitals
- All hospitals and many providers have received AIU

Stage 1 Status

- Eligible hospitals
  - NWH attested 2012
  - VMC, HMC, UWMC attested 2013
- Eligible providers
  - Rolling attestations since not all clinics are implemented
  - 260 providers attested in 2012
  - 300 providers are attesting in 2013
  - Remaining 2000+ providers will attest in 2014

Lessons Learned – Stage 1

- Getting attention of organization takes time
  - MDs did not understand what was needed
  - Money has helped
- It took time to build the team with the right skills
- Our systems had a lot of legacy code which needed to be updated (and reconfigured)
- We had the same trouble spots as everyone else
  - AVS
  - Problem lists
  - Changing workflows
- In retrospect, Stage 1 was relatively easy

Stage 2 Status

- Eligible hospitals
  - Community hospitals plan to attest in 2014
  - Academic hospitals plan to attest in 2015
- Eligible providers
  - 300 will attest in 2014 (mix of primary care and specialists)
  - Most other academic providers will attest in 2016

Lessons Learned – Stage 2

- Transitions of care
  - Requires community infrastructure and cooperation
  - UW Medicine must redefine organizational strategies, processes and workflows for intakes and referrals
- Resource conflicts with MU, ICD10, eRx, PQRS, etc.
- Resource scheduling (e.g., public health reporting requires coordination of three vendors and DOH)
- Required EHR code releases are often late and buggy
- Implementing required technical and organizational infrastructure in time is challenging
- Lack of clarity for many activities (e.g., how do we maintain Direct addresses)
- Skills acquired in Stage 1 are enough, but resources needed are greater

Meaningful Use Status – Stage 3

- Objectives support improved outcomes although will require significant effort to achieve in allowed timeframe
- More organizational, workflow, and implementation challenges with wider requirements
- Increased CQMs challenges workflows and change management, especially with need for discrete data
- MU3 does not consider other organizational needs deferred by MU1/2 (replace obsolete systems, integrate new systems, mergers and acquisitions, etc.)
- Requirements challenge providing care to the underserved
  - Language requirement in patient portals and AVS
  - Access for elderly and rural communities

Key Takeaways

- MU steps are 2 year cycles, but the implementation requires more than 5 years in Stage 2 and possibly more in Stage 3.
  - Vendor: Specifications / Coding / Testing / Certification / Rollout
  - User: Configuration / Testing / Training / Implementation / Adoption
  - Vendors are still developing Stage 2 functionality
- MU requirements dictate “what”; EHR vendors and users must determine “how”, a challenging and transformative process
- Time does not allow for reengineering and hardwiring workflows
- Multiple and conflicting mandates (e.g., ICD-10, CQM and PQRS)
- Expected workflows may be inconsistent with specialty care
- Academic institutions and care teams are inconsistent with the single provider models (e.g., provider communications)

CMS eHealth Summit

Panel: MU Stage 3

December 6th 2013

Linda Fischetti RN MS

VP Care Delivery

Accountable Care Solutions from Aetna

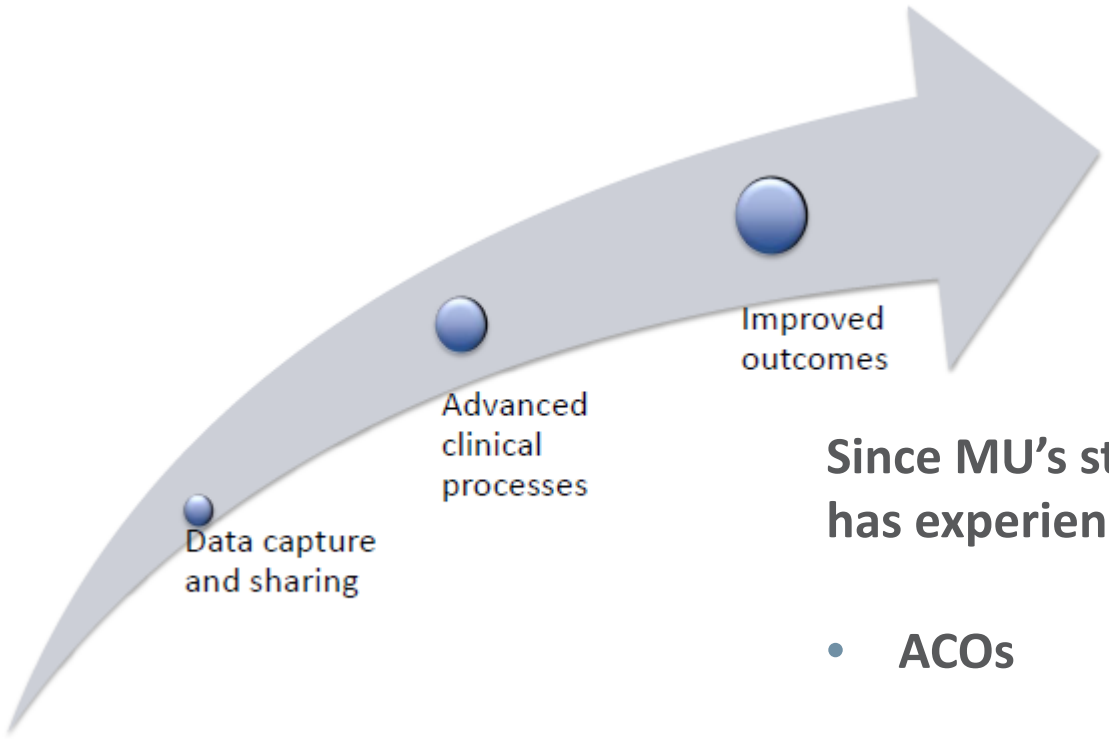
Accountable Care Solutions from aetna

Aetna's values drive ACS strategy.

Accountable Care Solutions from aetna

Our Meaningful Use Journey

Accountable Care Solutions from aetna

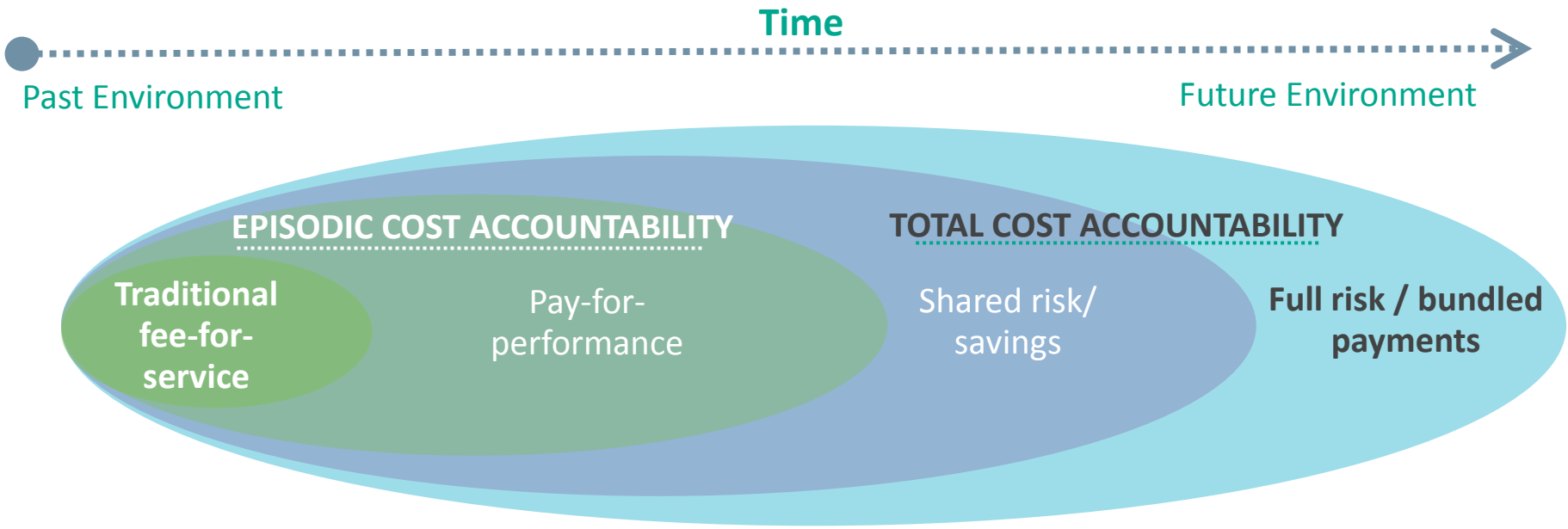


Since MU's start, the healthcare industry has experienced significant changes

- **ACOs**
- **Providers now managing risk for a population**
- **Care Coordination**

Continuing Movement Towards Accountability

Accountable Care Solutions from aetna



Each step brings us closer to controlling costs, increasing quality, and improving the patient experience.

Opportunities to Support Change

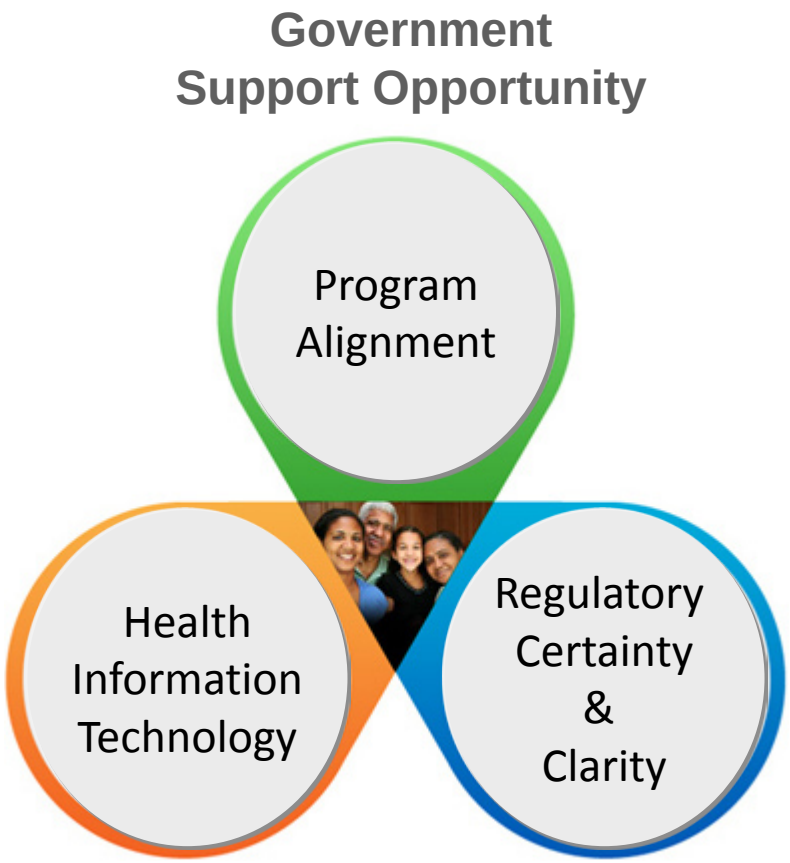
Accountable Care Solutions from aetna

Encourage Payment and Delivery Innovation and Reward Provider Efficiency

- Provide incentives for interoperability
- Improve the financial incentives for ACOs to assume risk. And reward those providers that do share risk.

Improve Quality and Accountability

- Streamline high-value quality measures.
- Offer flexibility to ACOs in meeting Meaningful Use standards.
- Extend Stark Anti-Kickback Safe Harbor exceptions to encourage technology sharing and meaningful provider coordination.



Thank You

Accountable Care Solutions from aetna

Linda Fischetti RN MS

FischettiL@Aetna.com

www.AetnaACS.com

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Meaningful Use Stage 3: EHR Vendor Perspectives

Shiv Gopalkrishnan, General Manager, Health System Solutions, GE Healthcare IT

December 6, 2013

GE imagination at work

Stages 1 and 2: Key learnings

EHR incentive program has driven adoption and we are now in an increasingly digital ecosystem with robust EHR functionality, including enhanced interoperability and patient engagement

ONC and CMS staff and leaders are engaged and responsive

Vendors and providers are focused on MU . . . but also have other HIT and EHR priorities

- ICD-10
- Accountable and integrated care
- Usability
- Other HIT systems
- Other regulatory requirements and desired features/functions

Stages 1 and 2: Key learnings

Complex program: each measure has detailed specifications, spawning many vendor/provider questions and FAQ iterations

Timing tight for vendors & providers: reflected in concerns with Stage 2 certified product availability and implementation timing

- Final rules issued Q3:2012, but critical supplementary materials not final until late Q4:2012, and some needed information unavailable until early 2013, with critical tools being revised throughout 2013
- In release planning, key levers are scope, resources, and timing

Sources of provider burden and uncertainty include “all or nothing” scoring, measurement challenges, audit concerns

- Uncertainty and complexity can undermine program success

High level recommendations

Stage 3 should start no sooner than 3 years after Stage 2 start

CMS and ONC should provide clear Stage 3 timetable to providers and vendors *ASAP*: the industry is working on 2016/17 EHR-related planning

- Customers need to know vendor plans well in advance

All required materials - including final CQM specifications and certification test scripts/data - should be available no later than 18 months before the start of Stage 3

- Still very tight given development and implementation timing
- Final Rules only *start* needed guidance - FACA recommendation and proposed rules are not solid basis to start software development

High level recommendations

Stage 3 should focus on helping providers further use robust Stages 1 & 2 capabilities to improve outcomes and reduce costs, emphasizing: Interoperability, Care Coordination, Quality.

Do not add many new MU requirements *or* certification criteria

Consider impact of new requirements, including measurement, on (1) usability and (2) development & implementation costs

Avoid adding (into MU or certification) emerging functionalities not well-defined or standardized by the market or typically in EHRs, such as advanced population health management tools

- Market forces will increasingly drive product functionality as providers seek to succeed in VBP and integrated and accountable care

High level recommendations

Reconsider “all or nothing” approach to attestation

Consider three-month reporting period for first year of Stage 3

HIT Policy Committee MU measure consolidation promising . . . but, “just put in certification” has costs for providers & vendors

HITPC’s alternate “deeming” path worth consideration, but should not add to complexity or vendor development burden and must align with realistic assessment of eCQM readiness

Continue with progress to align quality measures and reporting across federal and other quality programs

CMS eHealth Summit
Stage 3 Meaningful Use Panel
Dec. 6, 2013

Robert M. Tennant
Senior Policy Advisor
MGMA Government Affairs
Washington, DC
rtennant@mgma.org

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Lessons Learned-the Good

- Medical groups are, in general, very supportive of the adoption of EHRs as they have the ability to improve both the clinical and administrative side of the practice
- Although not covering all the cost of a typical EHR install, the incentive payments are a clear “sweetener”
- A significant percentage of EPs have attested under Stage 1 of the MU program
- MGMA applauds CMS for its provider outreach and education resources and encourages a continuation of these efforts for the second stage of the program and beyond

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Concerns

Challenging current environment for EPs and vendors (HIX, ICD-10, Admin Simp, Payer ID, Privacy, SGR, etc)

- Redundant requirements (i.e., security risk assessment-already required since 2005)
- MU criteria weighted toward primary care (i.e., “smoking status,” referrals, reminders)
- “All or nothing” approach
- All year reporting

Concerns

- Reliance on patient actions and costly technology to meet a measure (i.e., secure messaging, portals)
- New criteria must not act as a disincentive to participate (i.e., of the $44k total: $38k for Stage 1…$6k for Stages 2/3)
- Insufficient time for software developers and EPs to move from one stage to another

Certified 2011 “Complete” Ambulatory EHRs

Certified Health IT Product List

The Office of the National Coordinator for Health Information Technology

Selected Attestation : **2011 Edition - Ambulatory**

STEP 3: SEARCH FOR CERTIFIED EHR PRODUCTS

Search for certified complete EHR products or EHR modules by browsing all products, searching by product name, CHPL product number, vendor name, product classification, and criteria met.

Browse All Ambulatory Products — Browse

Search by Name or CHPL Product Number: Select search type: Product Name — Search for: — Search

Search by Criteria Met — Search

Your Search Results: Showing 1-25 of 1831 Products Found

STEP 4: ADD PRODUCTS TO YOUR CART

To add certified complete EHR product or EHR module(s) to your cart, click the “Add to Cart” link in the far-right column of the table below. You can add multiple products to cart. After adding product(s) to your cart, you will be directed to the cart page. The cart page displays the certification criteria that are met by the product(s) in your cart. Once the product(s) in your cart meet 100% of the required criteria, you can obtain a CMS EHR Certification ID.

You can sort on any column in the table below. To sort, click on the column header and the arrow ( ) will confirm the ascending or descending sorting order.

Matching Product — See Complete Products Only

Certifying Body	Original Practice Type	Vendor	Product	Product Version#	Product Classification	Additional Software Required	
Drummond Group Inc.	Inpatient	Claydata® LLC	+Putty Health™ v2.0: Secure Complete Inpatient & Secure Ambulatory EMR/EHR Telem	v2.0	Complete EHR		Add to Cart
InfoGard	Ambulatory	Darena Solutions LLC	1 Connect HePoEx EHR	3.0	Complete EHR	Microsoft Online Services, Microsoft InfoPath 2010; all applicable requirements	Add to Cart
InfoGard	Ambulatory	Viztek, LLC	20/20 Pod-Practice EHR	3.4	Complete EHR	N/A	Add to Cart
InfoGard	Ambulatory	VIZTEK LLC	20/20-EHR	3.2	Complete EHR	N/A	Add to Cart
InfoGard	Ambulatory	Doctor Office Management, Inc.	2011 PhysicianXpress	1.0	Complete EHR	N/A	Add to Cart
CCHIT	Ambulatory	Pulse Systems	2011 Pulse Complete EHR	2011	Complete EHR		Add to Cart
Drummond Group Inc.	Ambulatory	Systemedx Inc.	2011 Systemedx Clinical Navigator	2011.03	Complete EHR	Email for exchanging patient summary records	Add to Cart

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Certified 2014 “Complete” Ambulatory EHRs

Certified Health IT Product List

The Office of the National Coordinator for Health Information Technology

Selected Attestation : **2014 Edition**

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Browse All Products — Browse

Search by Name or CHPL Product Number: Select search type: Product Name — Search for: — Search

Search by Criteria Met — Search

Search by Clinical Quality Measures (CQMs) Met — Search

Your Search Results: Showing 1-25 of 57 Products Found

STEP 3: ADD PRODUCTS TO YOUR CART

To add a certified complete EHR product or EHR module(s) to your cart, click the “Add to Cart” link in the far-right column of the table below. You can add multiple products to cart. After adding product(s) to your cart, you will be directed to the cart page. The cart page displays the certification criteria, clinical quality measure (CQM) domains, inpatient CQMs, and ambulatory CQMs that are met by the product(s) in your cart. Once the product(s) in your cart meet 100% of the required certification criteria, CQM domains, and either inpatient or ambulatory CQMs, you can obtain a CMS EHR Certification ID.

You can sort on any column in the table below. To sort, click on the column header and the arrow ( ) will confirm the ascending or descending sorting order.

You can use the ‘Practice Type’ filter below to narrow down your search results:

(•) Ambulatory ( ) Inpatient ( ) Both

Matching Product — See Complete Products Only

Certifying Body	Original Practice Type	Vendor	Product	Product Version#	Product Classification	Additional Software Required	
Drummond Group Inc.	Ambulatory	Agastha, Inc.	Agastha Enterprise Healthcare Software	Version 10.2	Complete EHR		Add to Cart
Drummond Group Inc.	Ambulatory	Allscripts	Allscripts Enterprise EHR	Version 11.4.1	Complete EHR	Allscripts Meaningful Use Package – 2014 Edition, MedAllies Direct Solutions v1.0, Allscripts FollowMyHealth v2.0	Add to Cart
Drummond Group Inc.	Ambulatory	Allscripts	Allscripts Enterprise EHR	Version 11.4.1	Complete EHR	Allscripts Meaningful Use Package – 2014 Edition, MedAllies Direct Solutions v1.0, Allscripts Patient Portal Powered by Intuit	Add to Cart

oncchpl.force.com/ehrcert/ehrproductsearch#

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Suggested Program Modifications-General

- Allow group MU reporting as is done with PQRS
- Avoid multiple reporting of the same quality data
- Permit flexibility in achieving MU (criteria/ time)
- Avoid measures that require action by 3rd parties (patients, other care settings)
- Permit the “unforeseen circumstances” hardship category to include vendor-related problems
- No penalties for Stage 1 attesters

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Suggested Program Modifications-Stage 2

- To ease the transition to Stage 2:
  - Extend the reporting period for Stage 2 incentives
  - Extend the reporting period for Stage 1 incentives
  - Conduct a comprehensive vendor survey
  - Build additional flexibility into the Stage 2 reporting requirements

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Suggested Program Modifications-Stage 3

- Fully evaluate Stages 1/2 to before developing Stage 3 requirements
- “Engage” patients, don’t force them
- Consider usability criteria instead of additional functionality
- Expand funding for the RECs and allow them to assist for Stage 2/3 and in other HIT areas