

# CMS 2010 Regional PACE Conference

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## TRANSCRIPT

### Electronic Health Records for PACE Organizations – Panel Discussion

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Good afternoon, everybody. Is that too loud? It is true, I am officially, on a medical note, one in a million. I was summoned my first week in nursing school down to student health and was greeted with six specialists. Never had A&P, Anatomy and Physiology course, to learn that I had abdominal situs inversus, a reverse azygas vein, and a extra long duodenum. So, the medical record became an important part of my life early on in my education in health care and it became more important on a personal note when I had to bring my mother into the picture to find out what she did when she was pregnant with me. And it became, the medical record was so important in helping clarify for my mother that I was not going to be lopsided because what inversus is is the Latin term for reversal of organ so my abdominal organs are reversed but my heart's on the normal side and this vein is reversed. So, um, it was very comforting and clarifying to her that I wasn't going to be lopsided and that all her motherly intuition that I was highly unusual was definitely confirmed with the medical record. So it did serve a great purpose and very importantly so as far as medical records. So I want to thank everybody for coming today to share with us this panel discussion on electronic health records for PACE organizations. And we hope that we can engage some thought as well as some reality to some of the challenges that face us with electronic health records.

The way that we've organized this panel discussion is in three parts. I'm going to do the regulatory components as far as considerations and some tips to apply to your organization, and the second and third are we were very happy to get the support of our PACE organizations who both have our different forms in their electronic health record.

Okay. Now. Everybody's had lunch so we're going to do, see if everyone is awake and we're going to see how smart we are all after getting our blood sugars and so forth in check. When in, what is the background on medical records? Does anyone have kind of an idea like when and why did we start using medical records? Can I see anybody? Okay. So, well. The answer. I think you're not going to be surprised with the answer. Hypocrites, who in 500 B.C., who is our father of medicine, developed the first known medical record. What were his goals? To accurately reflect the course of disease and secondly indicate the probable cause of disease. These two goals are definitely apropos, appropriate for today. But with the electronic health systems we provide an additional level of functionality, such as efficiencies in interactive alerts with IDT flow of the work activity among the teams is definitely efficiencies which cannot be done with, you know, paper record systems.

Another important point is that during the time Hypocrites developed the medical record it was during a time in history that he was dispelling myths and superstitions and probably the first recorded of providing holistic care. So that, to me, is awesome because that is definitely the importance in words of the PACE model is to provide a holistic, you know, approach to the care, and we are challenged and honored and it gives us a chance to, to see how resourceful we are

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when we care for the chronic illnesses and social milieu that encompasses the care of this frail and elderly population. So we can thank Hypocrites for that.

If I could see a show of hands, which the light, I need some sunglasses to see, but just to get an idea first in the group who has a paper record currently? Okay. I'm seeing about a quarter would I say? Okay. Second, who has a hybrid record currently. Okay, so another quarter. And how about who has a fully functional single electronic health record? Wow. So we're, it looks like we have fourths if I can see correctly. So this, this brings me to the point of our objectives which, because we have a spectrum of where everyone is from regulatory standpoint as far as implementation, but importantly with the PACE participant with electronic health records the sustaining the compliance, the PACE compliance with the use of a electronic health record. And further through this discussion we'll see how from the panelists how that is key.

The other is from the perspective of a fully functional electronic health record to provide PACE participants which efficient, safe and quality care.

Okay. Some of the key components of this to sustain PACE compliance with the use of electronic health records, it is very important to understand the definition and concepts to assure a fully functional electronic health record to provide PACE participants with efficiencies and quality care.

I'm going to skip down to the fully functional and as we know that the privacy and the HIPPA and PACE compliance are, you know, key as far as saying yes it is fully functional chart. And we're defining hybrid as a chart that is basically the goal is to have it electronic but currently there is paper involved in maintaining that singular medical record.

Okay. The last piece of the mapping index to navigate the electronic health record, this is, and this is for both paper and a singular electronic health record. This is an important concept, especially I guess from the side of compliance and navigating or, you know, providing that, like we said, sustaining the level of care for the PACE participants during this transition of record. It's really important to have a mapping index and a tool that says where those pieces of the paper chart are as well as the mapping index can be the core component of developing your guidance, your transition guidance, which through, if you're going, you are in the process of a hybrid, as well as the policies that you would need to assure that all of your staff is on board with this and everyone is, you know, able to participate. And these are fluid. And a mapping index, if you do that can be used across those parts of the implementation as well as it can help systems improvements as well as we'll see through the presentation, can be used for quality improvement initiatives.

Okay. Unfortunately we cannot walk into the computer to find the care plan or say you know, I know it's in there somewhere, which is, you know, another point to a mapping index, but importantly is is that what you have done on paper has to be translated then into the computer world. So again mapping and defining, you know, where you want to be through transitional guidance, the necessary training that needs to occur which through assessing your staff, where they are, you know as far as electronic means for documenting their care. We see a lot of times that, you know, perhaps nursing, because they have maybe multiple roles they tend to not put

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all of the information in and then somehow they think oh, I'm going to put it in at the end of the day and more of a bionic role, so that's, that's really important to know that your paper system is only as good as what you'll get, you know, electronically. So. It doesn't fix all the things you had, you know, with the paper form. In fact we probably could hear stories that it could make matters worse and we, you know, our goal is to provide that high-level quality of care for PACE participants.

Okay. Back to the terminology. The electronic medical record and the electronic health record are used interchangeably. The Office of the National Coordinator of Health Information Technology, here's an acronym for you, ONC, they do make the distinction whereby the electronic medical record is the legal document and that is created in a hospital or ambulatory setting. And the data source for that is the electronic health record. The electronic health record is the system that gives patients, physicians, etc., the access to a patient's medical record across facilities.

Okay. I know you love this slide, right. You just, this is, uh, I did try to make it colorful so it – it – you could see it after lunch. This is, this is the PACE medical record regulation at 460.210, and that URL that you see there is actually the electronic version of the regulation so please feel free to bookmark that and that should be in your favorites, we recommend, so I just wanted to point that out. And you have access to it at all times.

So exactly what does the regulation stipulate at 460.210 medical records? It starts out with maintenance of the medical record. It says that a PACE organization must maintain a single comprehensive medical record for each participant according to acceptable standards of care. And we all know this that it's supposed to be complete, it's supposed to be accessible, it's supposed to be timely and comprehensive, and it's supposed to be housed at the PACE site, so we can do all that, right? That's not a problem. Okay. So, how do we get started with all this paper? How do we streamline this to a legal document, electronic medical record, all this electronic health information? Okay. Does anybody have any ideas? Okay. Well, we'll keep going. We, like we said, first is to maintain a single comprehensive medical record. It may be paper, electronic, or hybrid, and to adhere to professional health information standards, the PACE regulations and HIPPA.

Okay. So the contents are also listed under this regulation which goes through all the areas that we're all familiar with and through the migration if you are at a hybrid point all these pieces eventually are to be placed into the singular medical record.

Okay. So we have some complexities and rewards of serving, as we know, the aging population, so it is really important that through all this that you stop and talk to each other as far as, you know, is this working and is through techniques of perhaps self-auditing or doing case presentations to see, you know, are we able to provide care in an accurate, timely and accessible, you know, fashion so that the PACE participant, we're meeting every high level of standard of care.

So. As far as questions, we are waving those until the end and we hope that the presentations that will be going forward will answer the questions, so we'll hold those until the end and to

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maintain the pulse of the electronic health record, I'll be discussing, as I said earlier, two distinct PACE organizations, different in demographics as far as it's, one is located in the city of Philadelphia, St. Agnes Mercy Life, and Centra, located in Virginia, Lynchburg, Virginia. So we hope that that will answer your questions.