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The speaker has no conflict to disclose.



**Meaningful Use
and
Hospital Pharmacy**



ARRA

**American Recovery and
Reinvestment Act (2009)**

- A. Have heard of this act**
- B. Have not heard of this act**



ARRA

\$787 Billion



HITECH

Health Information Technology
for Economic and Clinical
Health

- A. Have heard of this
- B. Have not heard of this



HITECH

\$53.7 Billion



Meaningful Use

Final ruling

July 13, 2010

864 pages

\$35 Billion



<http://healthit.hhs.gov>

U.S. Department of Health &
Human Services



**[https://www.cms.gov/apps/
media/press/factsheet.asp?
Counter=3787&intNumPerP](https://www.cms.gov/apps/media/press/factsheet.asp?Counter=3787&intNumPerP)**

Fact sheets of FAQ
For Meaningful Use



Acronyms Definitions:

ARRA American Recovery and Reinvestment Act (2009)
 AAC Average Allowable Cost (of certified EHR technology)
 AIU Adopt, Implement, Upgrade (certified EHR technology)
 CAH Critical Access Hospital
 CAHPS Consumer Assessment of Healthcare Providers and
 Systems
 CCN CMS Certification Number
 CFR Code of Federal Regulations
 CHIP Children's Health Insurance Program
 CHIPRA Children's Health Insurance Program
 Reauthorization Act of 2009
 CCHIT Certification Commission for Health
 Information Technology
 CMS Centers for Medicare & Medicaid Services



Acronyms Definitions:

CPOE Computerized Physician Order Entry
 CY Calendar Year
 EHR Electronic Health Record
 EP Eligible Professional
 EPO Exclusive Provider Organization
 FACA Federal Advisory Committee Act
 FFP Federal Financial Participation
 FFY Federal Fiscal Year
 FFS Fee-For-Service
 FQHC Federally Qualified Health Center



Acronyms Definitions:

FTE Full-Time Equivalent
 FY Fiscal Year
 HEDIS Healthcare Effectiveness Data and Information Set
 HHS Department of Health and Human Services
 HIE Health Information Exchange
 HIT Health Information Technology
 HIPAA Health Insurance Portability and Accountability
 Act of 1996
 HITECH Health Information Technology for Economic
 and Clinical Health
 HMO Health Maintenance Organization
 HOS Health Outcomes Survey
 HPSA Health Professional Shortage Area



Acronyms Definitions:

HRSA Health Resource and Services Administration
IAPD Implementation Advance Planning Document
ICR Information Collection Requirement
IHS Indian Health Service
IPA Independent Practice Association
IT Information Technology
MA Medicare Advantage
MAC Medicare Administrative Contractor
MAO Medicare Advantage Organization
MCO Managed Care Organization



Acronyms Definitions:

MITA Medicaid Information Technology Architecture
MMIS Medicaid Management Information Systems
MSA Medical Savings Account
NAAC Net Average Allowable Cost
(of certified EHR technology)
NCQA National Committee for Quality Assurance
NCVHS National Committee on Vital and Health Statistics
NPI National Provider Identifier
NPRM Notice of Proposed Rulemaking
ONC Office of the National Coordinator for
Health Information Technology
PAHP Prepaid Ambulatory Health Plan



Acronyms Definitions:

PAPD Planning Advance Planning Document
PFFS Private Fee-For-Service
PHO Physician Hospital Organization
PHS Public Health Service
PHSA Public Health Service Act
PIHP Prepaid Inpatient Health Plan
POS Place of Service
PPO Preferred Provider Organization
PQRI Physician Quality Reporting Initiative
PSO Provider Sponsored Organization



Acronyms Definitions:

RHC	Rural Health Clinic
RHQDAPU	Reporting Hospital Quality Data for Annual Payment Update
RPPO	Regional Preferred Provider Organization
SMHP	State Medicaid Health Information Technology Plan
TIN	Tax Identification Number



EHR

Electronic Health Record

- A. Implemented
- B. Started to implement
- C. On paper



UICMC Time-lines:

11-2009
"Meaningful Use Steering Committee"
 formed to meet
 monthly composed of the "C" suite; physicians;
 and department directors

12-2009
 3 year strategic plan of defined projects to
 meet proposed "stimulus" stage 1 and stage 2



UICMC Time-lines:

5-2010

Meeting with CPOE/EHR vendor
and benchmarked with other institutions

6-2010

Committee structure and name change:
"Meaningful Use Operations Committee"



UICMC Time-lines:

7-13-2010

Final Regulations published to define
Meaningful Use and set standards for
EHR incentives

7-20-2010

Weekly meetings of the Meaningful Use
Operations Committee



UICMC Time-lines:

Tracking of Projects:

Objective

Existing Project(s)

Degree of Difficulty

Operational Owner

IS project Manager

Objective Status

(Planning; Implementation; Adopted)

Project Status

Project Start Date

Project Go-Live Date



[illegible]

HITECH:

“seek to improve the health of Americans and performance of their health care system through “meaningful use” of EHR’s to achieve 5 health care priorities”:

1. **improve the quality, safety, and efficiency of care while reducing disparities**



HITECH:

5 health care priorities continued:

2. **engage patients and families in their care**
3. **promote public and population health**
4. **improve care coordination**
5. **promote the privacy and security of EHR's**



OBJECTIVES are divided
into measure groups:

Core = 16

Menu: = 12 (choose 5)



CORE:

Target

- | | |
|--------------------------------------|------------------------|
| 1. CPOE for Medication orders | 30% |
| 2. Drug-Drug & Drug allergy checking | Enabled for entire EHR |
| 3. Problem List | 80% (ED included) |
| 4. E-prescribing (eRx) | 40% (ED included) |
| 5. Medication List | 80% (ED included) |
| 6. Maintain Allergy List | 80% (ED included) |




CORE:

Target

- | | |
|-------------------------------|-----------------------|
| 7. Record Demographics | 50% (ED included) |
| 8. Record Vital Signs | 50% (ED included) |
| 9. Record Smoking Status | 50% (ED included) |
| 10. Record Quality Measures | attest (Hospital: 15) |
| 11. Clinical Decision Support | attest 1 rule |




<u>CORE:</u>	<u>Target</u>
12. Electronic copy of Health Information	50% (ED included)
13. Electronic copy of Discharge instructions	50% (ED included)
14. Clinical summary of each office visit	50% within 3 days
15. Exchange Key Clinical Information	attest 1 test
16. Security and Privacy	attest




CPOE

Computerized Physician Order Entry


A. Have physicians entering orders
B. Have pharmacists entering orders
C. A & B
D. No CPOE




<u>Menu:</u>	<u>Target</u>
1. Drug Formulary Check	attest (check against at least 1)
2. Lab Test Results	40% (ED included)
3. Generate Patient Lists by Specific Condition*	attest (1 report)
4. Identify & Provide Patient Specific Education	10%
5. Medication Reconciliation	50% (ED included)




<u>Menu:</u>	<u>Target</u>
6. Summary of Care Record	50%
7. Electronically Submit Immunization Data*	attest (1 test)
8. Electronically Syndromic Surveillance Data*	attest (1 test)
9. Electronically Submit Reportable Lab Data*	attest (1 test)



<u>Menu:</u>	<u>Target</u>
10. Record Advance Directives	50%
11. Patient Reminders	20%
12. Electronic Access to Health Information	10% (EP 4 days)
*Medicaid can have additional requirements but cannot require additional functionality	
*Must be one of the 5 choices	



<p>Financial Incentives:</p> <p>\$27.3 billion</p> <p>\$2 million per hospital</p> <p>+ \$ for each discharge</p> <p>Average \$6 million</p> <p>per year</p> <p>for a 500 bed hospital</p>



Payment schedule:

2011 – Stage 1 (100%)
 2012 – Stage 1 (75%)
 2013 – Stage 2 (50%)
 2014 – Stage 2 (25%)
 2015 – (0%)
 Penalty schedule (TBD)



First Payment Year			Payment Year			
	2011	2012	2013	2014	2015	2016
2011	Stage 1 (100%)	Stage 1 (75%)	Stage 2 (50%)	Stage 2 (25%)	TBD	TBD
2012		Stage 1 (100%)	Stage 1 (75%)	Stage 2 (50%)	TBD	TBD
2013			Stage 1 (100%)	Stage 1 (75%)	TBD	TBD
2014				Stage 1 (75%)	TBD	TBD
2015+					TBD (50%)	TBD (25%)

CMS

January 2011
 begins the registration



**CMS 1st payment
May 2011**

**Must have demonstrated
“Meaningful Use” of
certified EHR for 90 days**



Pre-certified Vendors

**Cerner
Eclipsys
Epic
GE Healthcare
McKesson
MediTech
NextGen
Siemens**



Take aways:

**Read the HITECH Act
Calculate the financial impact
Do a gap analysis
Be apart of the governance
Ensure your vendor is certified
Develop a time-line
Workflow impact
Monitor progress**



ICHP Annual Meeting 2010

McBride – Technology for Tomorrow Pearls: Meaningful Use and Hospital Pharmacy

121-000-10-046-L04-P

121-000-10-045-L04-T

Post Test Questions

1. How many types of objectives are for Meaningful Use?
2. How many core measures are required for Stage 1 of Meaningful Use?
3. How many menu measures are required for Stage 2 of Meaningful Use?
4. One of the priorities for Meaningful Use of EHR's is: "improve the quality, safety, and efficiency of care while reducing disparities." (True / False)
5. ARRA (American Recovery and Reinvestment Act of 2009) dollar value is \$787 billion. (True / False)