Understanding EHRs: Common Features and Strategic Approaches for Medicaid/SCHIP

Presented by:

Karen M. Bell – MD, MMS, Director, HIT Adoption

W. David Patterson – PhD, Deputy Chief, Health and Demographics
South Carolina Office of Research and Statistics

Funded by the Agency for Healthcare Research and Quality
Overview

- **Welcome** – Erin M. Grace, MHA, Senior Manager, Health IT, Agency for Healthcare Research and Quality (AHRQ)/National Resource Center

- **Before We Begin** – Erin M. Grace, MHA

- **Introductions**

- **Presentations**
  - **EHRs: 2008**
    - Presented by Karen M. Bell, MD, MMS, Director, HIT Adoption
  - **Electronic Health Records and Health Information Exchange in South Carolina**
    - Presented by W. David Patterson, PhD, Deputy Chief, Health and Demographics, South Carolina Office of Research and Statistics

- **Question and Answer** – Erin M. Grace, MHA

- **Closing Remarks** – Erin M. Grace, MHA
Before we begin...

- Please note all participants were muted as they joined the Webinar.

- If you wish to be un-muted, choose the “raise hand” option to notify the host.

- If you have a question during the presentation, please send your question to *all participants* through the chat. At the end of the presentation, there will be a question and answer period.

- If you would like a copy of the presentation slides please e-mail *nbuchholz@rti.org*
Listserv Registration

- Please register for the listserv to receive announcements about program updates
- To register go to http://healthit.ahrq.gov/Medicaid-SCHIP
- Click on “Medicaid-SCHIP Fast Facts” on the left-hand side of the screen
- There are two ways to register for the listserv:
  1. Click the link “Click here to subscribe to the listserv” which will open a pre-filled e-mail message, enter your name after the text in the body of the message and send.
  2. Send an e-mail message to: listserv@list.ahrq.gov. On the subject line, type: Subscribe. In the body of the message type: sub Medicaid-SCHIP-HIT and your full name. For example: sub Medicaid-SCHIP-HIT John Doe. You will receive a message asking you to confirm your intent to sign up.
EHRs: 2008

Presented by:

Karen M. Bell, MD, MMS Director, HIT Adoption

Funded by the Agency for Healthcare Research and Quality
HIT: A National Vision

Appropriate and immediate access to secure and reliable comprehensive health information by appropriately authorized parties to

- coordinate safer, more effective and timely patient care among providers
- allow clinicians to communicate with and care for patients, wherever they may be
- enable individuals to better manage their own health
- support community health efforts through public health, emergency response, and enhanced research opportunities
HIT Vision: Key Components

- **EHRs** – a record where providers create, import, store, and use comprehensive clinical information for patient care; can include use of “patient portals” to enhance communication; provider controlled

- **PHRs** – a record where individuals create, import, store, and use comprehensive clinical information to support their own health; patient controlled

- **Health Information Exchange** – the electronic movement of health-related data and information among specific providers, patients, and other entities according to agreed upon protocols

- **National Health Information Network** -- standards and specifications which allow health-related data and information to be shared securely and reliably among any authorized parties and entities
Current State EHR Adoption: US Physicians, 2007

- Range up to 28% using some functions
- 14% with electronic note keeping, lab and med orders, and ability to obtain lab results
- 7% of solo physicians
- 28%, 11 or more physicians in practice
- 3X more prevalent in metropolitan areas
Current State EHR Adoption: Hospitals 2007

- 68% with full or partial adoption
- 11% with fully implemented EHRs
- Size matters: 3% (<50 beds) to 23% (>500 beds)
- Full implementation does not represent physician use (fourth of implemented hospitals report 50% MD use.)
CCHIT Certified EHRs

- Founded in 2005
- Multi-stakeholder public/private partnership with a public process
- Criteria for functionality, security, and interoperability (accepted by Secretary, DHHS)
- First ambulatory EHR products certified 2006
- Currently covers 75 to 80% of installed market
- Over 25% of ambulatory EHRs now in use have been certified
- Ongoing process: new functionalities, new interoperability standards, specialty EHRs, new settings, PHRs, interoperable networks
Charges to AHIC Workgroups

- EHR Workgroup: Make recommendations to the Community on ways to achieve widespread adoption of certified EHRs, minimizing gaps in adoption among providers.

- Consumer Empowerment: Make recommendations to the Community to gain widespread adoption of a personal health record that is easy to use, portable, longitudinal, affordable, and consumer-centered.
Areas of Focus

- Business Case
- Technical Considerations
- Privacy and Security Concerns
- Medical Legal Issues
- Organizational/Cultural Issues (Workflow, Workforce, Public Expectations, etc.)
Business Case: Barriers

- Physician office average cost: $20,000/user of software, installation, loss of productivity – hardware additional

- Recent findings suggest no financial ROI to physician providers in today’s environment

- ROI accrues to payers of health care
Business Case: Enablers

- Certification of products, decreased risk of failed investment
- Stark amendment and anti-kickback relief allowing hospital donations to physicians
- HRSA grants to rural and community-based federally qualified health centers
- Malpractice fee credits
- Selected private and public (CMS demonstration project) insurer incentives based on adoption and effective use of EHR functions, leading to improved performance on specified metrics
Technology: Barriers

- Usability and functionality
- Automation of paper processes
- Lack of interoperability (cost of interfaces with multiple other providers -- labs, hospitals, radiology centers, etc.)
- Updates and enhancements
Technology: Enablers

- Improved data organization; clinical supports; decreased administrative burden; enhanced administrative functions (e-scheduling)

- Harmonized interoperability standards prioritized for key clinical data

- Development of Health Information Exchange organizations

- Quality reporting -- both internal to practice and for added reimbursement
Privacy and Security Concerns

- Control of information and flow
- Consequences of breach (loss of insurance, work, or other forms of discrimination)
- Secondary uses of data
- Genomic and family history affect family members
Privacy and Security: Work in Progress

- Authorization; Authentication
- Patient Identity Proofing and Linkage
- Principles and Policies for Secondary Uses of Information
- Protection from Discrimination Based on Genetic Information (GINA)
- Health Information Portability and Accountability Act
- Principles, Policies, Procedures, and Protections for all forms of electronic health information use and exchange
Organizational Concerns

- Limited Workforce (development, implementation, use, research)
- Leadership
- Staff redeployment
- “Legal” EHRs and liability
- Redefined patient/clinician roles
The (not too distant) Future

- Expanded interoperability
- Patient access to clinical information
- Pre-populated EHRs and PHRs
- Point-to-point information exchange
- Multi-stakeholder Health Information Exchange
Electronic Health Records and Health Information Exchange in South Carolina

Presented by:

W. David Patterson, PhD, Deputy Chief, Health and Demographics, SC Office of Research and Statistics

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Overarching Themes

- Electronic Health Records versus Electronic Medical Records
- The role of Health Information Exchanges in creating an EHR
- The utility of claims records
South Carolina Office of Research and Statistics

- SC Budget and Control Board, Office of Research & Statistics is a Service Agency in South Carolina
- Neutral, no programmatic responsibilities
- Statistical and Research focused
- Experienced in gathering, integrating, and disseminating data
SC Data Warehouse

- Build off of existing systems (legacy systems from state agencies and private sector)
- Create a Unique ID (not related to any other number)
- Identifiers are pulled off of the statistical data. Use only the statistical data
- Data is always “owned” by the originating agency. Must have permissions to use and/or link any data
HIE Precursors Developed by ORS

The Medicaid EPHR System
Version 1.0
HIE HeadStart

**Who**
- Technology Background and Principals involved
  - AccessNET Consortium
  - ORS, SC Budget and Control Board, South Carolina
  - CareEvolution Inc.

**How**
- Leverage the existing Data Warehouse
- Partnerships in Funding and Development
HIE HeadStart

Phase I leverages administrative claims data warehoused at the SC Office of Research and Statistics (ORS) to establish a Record Locator Service (RLS) for the region as well as longitudinal record for over 4 million residents of the state. Specifically, the data will include

- all Medicaid (including pharmacy and physician office visits)
- UB-92 inpatient, ambulatory surgery and ED claims

As such, this warehouse will provide a nearly comprehensive record of all providers who have served a given patient or client since 1996

- Diagnoses
- Procedures
- Prescription History

Platform allows inclusion of data from other sources such as:

- Clinical data from provider EMRs
- Reference labs
- Department of Health and Environmental Control (DHEC)
Guiding Principles For Our Current Solution
Connecting for Health Model – National Leader
Design Principles of the Model

1. Builds on existing systems (“incremental”) and creates early value for doctors and patients
2. Leverages both “bottom-up” and “top-down” strategies
3. Designed to safeguard privacy—imposed the requirements and then designed the solution
4. Consists of an interoperable, open standards-based “network of networks” built on the Internet
2 Stage Data Exchange - Scenario

Discover Location of Records

Patient arrives in Clinic B
Clinic B “pings” the record locator service (RLS)
RLS returns list of locations of records

Retrieve the Record

Clinic B contacts peer organizations and retrieves clinical records

Stage 1

Stage 2

Courtesy: Connecting For Health, Markle Foundation
Lakelands Rural Health Network
RHIO

- The First Live Pilot of the State HIE Infrastructure
- A Potential Model for Future Expansion
Lakelands Rural Health Network

1. Abbeville County Memorial Hospital
2. Abbeville County Health Department
3. Calhoun Falls Family Practice Center
4. Savannah Lakes Medical Center
5. McCormick County Health Department
6. McCormick Family Practice Center
7. Edgefield County Hospital
8. Edgefield County Health Department
9. Ridge Springs Family Practice
10. Saluda County Health Department
11. Saluda Family Practice
12. Montgomery Center For Family Medicine
13. Elysee Medical Care of Self Regional
14. Uptown Family Practice Center
15. Ware Shoals Family Practice
16. Ware Shoals Center for Family Medicine
17. The Self Family Foundation
18. Greenwood County Health Department
19. DHEC Region 1 Public Health
20. Carolina Health Centers
21. Self Regional Healthcare
22. Laurens County Health Care System
Building Massive Caregiver Appeal

- Target something real and concrete that is a pain-point or irritation for practitioners
  - Operational effectiveness: business impact
    - Referrals, pre-certifications, co-pays, collections
    - Records management
    - Prescription management
    - Risk management
  - Efficacy and safety: clinical impact
    - Timely results and notification: ending the paper-chase
    - Patient reminders
    - Access to health history for new patients
    - Emergency care
  - Patient satisfaction and e-health
Medicaid EPHR Project Version 2.0

- Uses the same technology platform and participates in the same policy development process
- Purpose: to provide the clinical viewer to all primary care providers who accept Medicaid
- Invaluable in forging additional partnerships
  - Reference labs
  - DHEC Immunization Registry
Overarching Vision for SCHIEx
### Patient Data Viewer

**Demographics**

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**Census Search Criteria**

- Last Name: Demoski
- First Name: Stan
- Middle Name: V.

**My Census Definitions**

- Medicaid Demo

**Terms of Use**

**Privacy Policy**

- User: CEUser
- Sign Out | Change Password
### Helen Demoski

**Age:** 56 yr  
**DOB:** 4/21/1950  
**SSN:** 998-98-9919  
**Medicaid:** 123456789

#### Common Problems

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#### Providers

- Lovelace Family Med Ctr
- CVS Pharmacy #3542
- Lorex
- Palmetto Bone & Joint PA
- Other

#### Procedures

- E/M Office/OP Serv Est Patien
- Vital Capacity Total
- Clinical Visit/Encounter, All-I
- RN Services Upto 15 Minutes
- Noninvasive Ear Pulse Oximeter
- E/M Office/OP Serv Est Patien
- Radio Exam Elbow Comp Minimum
- E/M Office/OP Serv Est Patien
- Treat Clostridial Bacillus Peritonitis
- Determination of Refractive S
- Ophthalmological SVC Comprehe

#### Medications

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### Cardiac

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Note: Dates and values are illustrative and not actual data.
History and Physical

Dr. John Smith
University Hospital
1001 Medical Center Drive
Columbia, SC 29201
Patient: Helen Demoski
DOB: 4/21/1950
SSN: 998-88-9919
Medicaid: 123456789
Ref#: 56 yo

This is an example of a History and Physical. A review of systems and a history of the present illness would be displayed here. Additional information may be summarized about the patient. The physician will likely include an assessment and plan. This note will be dictated by the physician and received as an electronic transaction from the dictation system.

Signed,
John Smith, MD
Web-based Patient View

My Family Health Records

My Record
- Morticia Frump-Addams

My Family's Records
- Grandmama Frump
- Gomez Addams
- Bugsley Addams
- Wednesday Addams
- Eliza Peterson

Important Information
- Bronchitis
  - What is it
  - When to seek medical attention
  - Prevention
- Kidney Failure
  - What is it
  - Self Care
  - Treatment
  - Overview
  - Prevention
  - Treatment
  - Alternative Medicine

Message Center
- Dr. Jack Lemmon: Your Aspirin Dosage
  - Date: 11/20/2006 7:08 PM
- Dr. Era Monroe: Appointment is changed
  - Date: 11/10/2006 7:08 PM
- Grundy Adams: Grundy Adams accepted your invitation to join
  - Date: 11/9/2006 5:02 PM

Provider Listings
- Search for Providers

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<th>Speciality</th>
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<th>Rating</th>
<th>Message</th>
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<tbody>
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<td>Cardiology</td>
<td>734-555-1234</td>
<td>85%</td>
<td>Send Message</td>
</tr>
<tr>
<td>Dr. Walter Mothu</td>
<td>Internal Medicine</td>
<td>734-555-6139</td>
<td>90%</td>
<td>Send Message</td>
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<tr>
<td>Dr. George Lassenby</td>
<td>Orthopedic Surgeon</td>
<td>734-555-9876</td>
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Appointment Manager

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<td>St Lawrence Clinic</td>
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<td>Dentist appointment</td>
<td>Bugsley Addams</td>
<td>St Lawrence Clinic</td>
</tr>
</tbody>
</table>

Add Remove Selected
W. David Patterson, PhD
Deputy Chief, Health and Demographics
SC Office of Research and Statistics
David.Patterson@ORS.SC.Gov
Comments and Recommendations for Future Sessions

Please send your comments and recommendations for future sessions to the project’s e-mail address:

Medicaid-SCHIP-HIT@ahrq.hhs.gov
Project Information

Please send comments and recommendations to:
Medicaid-SCHIP-HIT@ahrq.hhs.gov

or call toll-free:
1-866-253-1627

Medicaid-SCHIP-HIT@ahrq.hhs.gov
http://healthit.ahrq.gov