

ARRA Readiness Assessment

Reaching Meaningful Use with LSS Data Systems



Note: This document was last updated on November 4, 2009. The standards, requirements and interpretations referenced below are likely to change. Please contact your LSS Sales or Service Representative for an updated copy of this document.

On February 17, 2009, President Barack Obama signed into law the American Recovery and Reinvestment Act of 2009 — more simply known as the Federal Stimulus Package — a mix of government spending and tax measures totaling \$789 billion intended to stimulate the economy through investments in infrastructure, unemployment benefits, transportation, education and healthcare. The law incorporates the Health Information Technology for Economic and Clinical Health (HITECH) Act, aimed specifically at improving the nation's healthcare by fostering the use of electronic health records (EHR) via \$46.8B of incentives. LSS Data Systems, a MEDITECH partner and developer of ambulatory solutions, is committed to helping your organization successfully utilize our software to improve care, and as a result, benefit from these incentives.

To take advantage of stimulus incentives, you must be able to demonstrate "Meaningful Use" of a certified electronic health record. The focus on Meaningful Use is a recognition that better healthcare will not necessarily result from the mere adoption of technology but through effective use at the point of care. Meaningful Use criteria are still being finalized by the federal government and the Department of Health and Human Services, but the initial recommendations are outlined in detail below. LSS recommends that organizations begin to plan for ARRA readiness now in order to qualify for the full incentives available to eligible professionals. Meaningful Use of a certified EHR is not something that can be "purchased" but must be reached through organizational leadership, strategic planning, physician engagement and ultimately successful adoption and use.

LSS customers are well-positioned to achieve their goals of providing high quality, high value care while meeting the requirements of the incentive programs. We recognize the importance of having a strong EHR vendor partner who can make the following commitments:

1. Meeting and exceeding industry standards for a **Certified, Qualified Electronic Health Record**, providing you with the instruments to improve patient care and outcomes.
2. Enhancing patient safety and compliance through clinical decision support tools, like **E-Prescribing, Computerized Physician Order Entry (CPOE) and Health Maintenance/Disease Management**.
3. Providing comprehensive reporting functions with the necessary **Quality Reporting** capabilities to evaluate patient and organizational performance.
4. **Employing dedicated service and implementation staff** eager to help your organization realize the benefits of an integrated EHR.

Incentive Program Timeline*

- **Not later than December 31, 2009** – Initial set of standards, implementation specifications and certification criteria for Meaningful Use and Incentive Programs
- **Beginning Q2 2010** - Final Meaningful Use and Incentive Programs Rules
- **No sooner than October 2010** - CMS begins paying hospital incentives for the Medicare Incentive Program
- **No sooner than January 2011** - CMS begins paying eligible professional incentives for the Medicare and Medicaid Programs (CMS also begins paying hospital incentives for the Medicaid Incentive Program)
- **2011 - 2016** - Continue paying hospital and eligible professional incentives through the Medicare Program
- **2011 - 2021** - Continue paying hospital and eligible professional incentives for the Medicaid Program
- **2015 and beyond** - Begin payment reductions to hospitals and eligible professionals who fail to adopt EHRs

**From Centers for Medicare and Medicaid Services Fact Sheet*

By starting ARRA planning early, your organization will be better positioned to implement the required functionality and train users on any added functionality.

If you have questions after reviewing this document or would like to discuss any portion of it, please contact your LSS Sales or Service Representatives.

Preparing Your Practice to Demonstrate Meaningful Use

LSS Data Systems recommends that customers put the following functionality into “live” use by 2011 or 2012 in order to meet initial 2011 criteria for Meaningful Use of the MPM Suite (and to achieve maximum incentives). The functions listed below are available in both the Client/Server and MAGIC platforms.

Electronic Ambulatory Record

Implementing the Electronic Ambulatory Record provides your organization with required functions, including electronic documentation of progress notes, problem lists, medication lists, allergy lists and health maintenance/disease management tracking. Each of these functions is required for 2011 Meaningful Use. The Electronic Ambulatory Record also provides clinical decision support tools like evidence-based health maintenance alerts and documentation templates through our relationship with Zynx Health, the leading provider of evidence-based clinical decision support.

Ambulatory Order Management & E-Prescribing

Computerized Physician Order Entry (CPOE) and e-prescribing are two critical pieces of the Meaningful Use requirements. The recommendations for Meaningful Use as they stand today require all clinic-based eligible professionals to use full CPOE. LSS Data Systems, in collaboration with DrFirst, provides the necessary CPOE e-prescribing functions through a comprehensive approach to medication and order management. Fully embedded within Ambulatory Order Management, our integrated e-prescribing solution provides medication claim histories, drug formulary checks and the ability to exchange medication details through a secure network for transmitting prescription and prescription refill data. It also incorporates other required decision support tools such as drug-allergy interaction checking.

Patient Portal

Engaging patients and families is another core element of Meaningful Use. LSS Data Systems recommends that customers implement the LSS Patient Portal as a means to providing timely electronic access to patient health information, including lab results, problem list, medication lists, allergies and visit summaries.

Quality Reporting

Capturing the appropriate data is the focus of the 2011 Meaningful Use definition, but equally important to quality improvement is the *reporting* of quality measures. In addition to the standard and selection reports available to help accommodate your reporting needs, the Medical and Practice Management (MPM) Suite works hand in hand with MEDITECH's Data Repository (DR) solution to provide customers with a centralized location for reviewing and analyzing dynamic operational and quality data. LSS also works with the Institute for Health Metrics (IHM) to provide data analysis tools which can automate the data extraction process directly from the MPM Suite. IHM provides solutions that facilitate PQRI Reporting and successful reimbursement. For more information, please contact these organizations directly, or speak with your LSS Sales or Service Representatives.



2011 Meaningful Use Requirements

Eligible professionals applying for incentives in 2011 or 2012 must comply with the following Meaningful Use requirements specified by the Health Information Technology Policy Committee in July of 2009.

Improve Quality, Safety, Efficiency, and Reduce Health Disparities

- Use CPOE for all orders
- Implement drug-drug, drug-allergy and drug-formulary checks
- Maintain an up-to-date problem list of current and active diagnoses based on ICD-9 or SNOMED
- Generate and transmit permissible prescriptions electronically (eRx)
- Maintain active medication list
- Maintain active medication allergy list
- Record demographics:
 - Preferred language
 - Insurance type
 - Gender
 - Race
 - Ethnicity
- Record advance directives
- Record vital signs:
 - Height
 - Weight
 - Blood pressure
 - Calculate and display:
 - BMI
- Record smoking status
- Incorporate lab-test results into EHR as structured data
- Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities and outreach
- Report ambulatory quality measures to Centers for Medicare & Medicaid Services (CMS)
- Send reminders to patients per patient preference for preventive/ follow up care
- Implement one clinical decision rule relevant to specialty or high clinical priority
- Document a progress note for each encounter
- Check insurance eligibility electronically from public and private payers, where possible
- Submit claims electronically to public and private payers



Engage Patients and Families

- Provide patients with an electronic copy of their health information (including lab results, problem list, medication lists, allergies) upon request
- Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies)
- Provide access to patient-specific education resources
- Provide clinical summaries for patients for each encounter

Improve Care Coordination

- Capability to exchange key clinical information (e.g., problem list, medication list, allergies, test results), among providers of care and patient authorized entities electronically
- Perform medication reconciliation at relevant encounters and each transition of care

Improve Population and Public Health

- Capability to submit electronic data to immunization registries and actual submission where required and accepted
- Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice

Ensure Adequate Privacy and Security Protections for Personal Health Information

- Comply with HIPAA Privacy and Security Rules
- Comply with fair data sharing practices set forth in the Nationwide Privacy and Security Framework

2011 Quality Reporting Measures

Starting in 2011, eligible providers will be required to report the following quality measures to CMS to qualify for the incentive funding.

- % diabetics with A1c under control
- % hypertensive patients with BP under control
- % of patients with LDL under control
- % of smokers offered smoking cessation counseling
- % of patients with recorded BMI
- % of orders (for medications, lab tests, procedures, radiology, and referrals) entered directly by physicians through CPOE
- Use of high-risk medications (Re: Beers criteria) in the elderly
- % of patients over 50 with annual colorectal Cancer screenings
- % of females over 50 receiving annual mammogram
- % patients at high risk for cardiac events on aspirin prophylaxis
- % of patients who received flu vaccine
- % lab results incorporated into EHR in coded format
- Stratify reports by gender, insurance type, primary language, race ethnicity
- % of all medications, entered into EHR as generic, when generic options exist in the relevant drug class
- % of orders for high cost imaging services with specific structured indications recorded
- % claims submitted electronically to all payers
- % patient encounters with insurance eligibility confirmed
- % of all patients with access to personal health information electronically
- % of all patients with access to patient specific educational resources
- % of encounters for which clinical summaries were provided
- % of encounters where med reconciliation was performed
- Implemented ability to exchange health information with external clinical entity (specifically labs, care summary and medication lists)
- % of transitions in care for which summary care record is shared (e.g., electronic, paper, e-Fax)
- Report up-to-date status for childhood immunizations
- Full compliance with HIPAA Privacy and Security Rules
- Conduct or update a security risk assessment and implement security updates as necessary

