

# CMS Multi-State Health IT Collaborative for E-Health Promoting EHR Adoption/Communications/Outreach

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June 16, 2010

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transforming healthcare through IT™

## Agenda

- HIMSS Background
- Meaningful Use
  - Background and Resources
- HIMSS Analytics – EMRAM Tool
- Davies Award
  - Recipient Experiences with Medicaid Populations
- Resources
- Questions



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**HIMSS**

## **HIMSS Strategic Direction**

### **Vision**

- Advancing the best use of information and mgt systems for the betterment of health care.

### **Mission**

- Lead healthcare transformation through the effective use of health information technology.

## Society History

- 1961: Organized as healthcare management engineering society
- 1966: Affiliated with AHA
- 1993: Established as independent organization
- 1995: Created HIMSS Foundation (scholarships)
- 2001 – 2010: Building US Constituencies
- 2006 – 2010: Building Global Constituencies

## Society Today

- 23,000 Individual Members of which 73% work in the field (non-vendors, non-consultants)
- 380 Corporate Members
- 90+ committees, task forces, & work groups
- 47 Chapters in North America
- 3 corporations, over 200 staff
- Offices: Chicago, Arlington VA, Ann Arbor MI, Brussels, Singapore

# Meaningful Use and Users

## **Five Broad Healthcare Goals for “Meaningful Use”**

1. Improve quality, safety, efficiency, and reduce health disparities
2. Engage Patients and Families
3. Improve Care Coordination
4. Ensure adequate privacy and security protections for Personal Health Info
5. Improve Population and Public Health

## Meaningful Use Defined

- An EP and an eligible hospital shall be considered a meaningful EHR user for an EHR reporting period for a payment year if they meet the following three requirements:
  - Use certified EHR in a meaningful manner (ex. E-Prescribing)
  - Utilize certified EHR technology that is connected in a manner that provides for the electronic exchange of health information to improve the quality of healthcare such as promoting care coordination
  - Submit information on clinical quality measures and other measures in a form and manner specified by the Secretary

## Resources

- HIMSS: One stop for all ARRA information  
[www.himss.org/economicstimulus](http://www.himss.org/economicstimulus)
  - Summary, Analysis, Topical Reviews, FAQs
  - RSS Feed, Social Media
  - Tools & Resources
- ARRA Webinar Series on Meaningful Use and Standards/Certification Criteria
  - Healthcare Community Expert Presentations
    - Overview, Standards/Certification Criteria
    - Quality Metrics
    - The Economics of Meaningful Use
    - Workforce Challenges and Solutions

# **HIMSS Analytics – EMR Adoption Model (EMRAM)**

**[www.himss.org/economicstimulus](http://www.himss.org/economicstimulus)**

## US EMR Adoption Model<sup>SM</sup>

Stage	Cumulative Capabilities	2009 Q2	2009 Q3
Stage 7	Complete EMR; CCD transactions to share data; Data warehousing; Data continuity with ED, ambulatory, OP	0.3%	0.5%
Stage 6	Physician documentation (structured templates), full CDSS (variance & compliance), full R-PACS	1.0%	1.2%
Stage 5	Closed loop medication administration	4.5%	4.8%
Stage 4	CPOE, Clinical Decision Support (clinical protocols)	3.6%	4.1%
Stage 3	Nursing/clinical documentation (flow sheets), CDSS (error checking), PACS available outside Radiology	38.4%	40.4%
Stage 2	CDR, Controlled Medical Vocabulary, CDS, may have Document Imaging; HIE capable	31.6%	29.8%
Stage 1	Ancillaries – Lab, Rad, Pharmacy – All Installed	7.2%	7.1%
Stage 0	All Three Ancillaries Not Installed	13.4%	12.1%
	Total Hospitals	n = 5167	n = 5172

# **HIMSS Davies Awards of Excellence**

**[www.himss.org/davies](http://www.himss.org/davies)**



# Davies Awards of Excellence

## Program Objectives

Named in honor of Dr. Nicholas E. Davies, an Atlanta-based practice physician committed to the ideal of improving patient care through better health information management

Encourages and recognizes excellence in the implementation of EHR systems

- Implementation
- Strategy
- Planning
- Project Management
- Governance
- Value and ROI

- Promote the vision of EHR systems through concrete examples
- Understand and share documented value of EHR systems
- Provide visibility and recognition for high-impact EHR system
- Share successful EHR implementation strategies
- 1995 – First Organizational Awards
  - 27 recognized to date
- 2003 – First Ambulatory Awards
  - 19 recognized to date
- 2004 – First Public Health Awards
  - 13 recognized to date
- 2008 – First Community Health Organization Awards
  - 6 recognized to date





# Davies – Resources

## Resources

- Past recipients applications  
[http://www.himss.org/davies/pastRecipients\\_org.asp](http://www.himss.org/davies/pastRecipients_org.asp)
- Davies white paper series      <http://www.himss.org/davies/resources.asp>
- Davies book  
“Improving Quality and Reducing Cost with Electronic Health Records: Case Studies from the Nicholas E. Davies Awards”  
<http://www.himss.org/bookstore>
- Davies podcast episodes  
<http://www.himss.org/ASP/physicianCommunityPodcast.asp>

# Davies 2010 Finalists Announced

## **HIMSS Davies Public Health finalists :**

- Wisconsin Division of Public Health (DPH), Wisconsin Immunization Registry (WIR)
- Florida Department of Health, Florida SHOTS (State Health Online Tracking System), statewide immunization registry

## **HIMSS Ambulatory Practice Finalists:**

- Family Practice Associates, Wilmington, Del.
- Grove Medical Associates, Worcester, Mass.
- The Diabetes Center, Ocean Springs, Miss.
- Miramont Family Medicine, Fort Collins, Colo.

**Davies Award Recipients:  
Exploring the Possible**

# Valdez Family Clinic - 2007 Davies Ambulatory

## Setting Specific Business Objectives

1. Return to pre-implementation patient flow capacity within 90 days
2. See the same number of patients in a 4-day rather than 4.5-day work week
3. Improve office processes efficiency. *Metric for success: decreased overtime labor costs*

## Measuring & Achieving Business Objectives

1. The patient flow metric was surpassed two weeks after the conclusion of on site training
2. *Pre-EHR: 40-45 patients. In the 3-months post-EHR, low 45 patients and high 57.*
3. *Pre-EHR: 10 hr/day M-Thurs, half-day Fri, paid at 1.5x. Post-EHR: 10 hours Mon-Thurs, cutting back overtime*

# Valdez Family Clinic - 2007 Davies Ambulatory

## Setting Specific Business Objectives

4. Increase the accuracy of coding.  
*Metric for success: anticipated increase in billing*
5. Move billing in-house without adding to staff
6. Submit claims electronically to THIN, a free, all-payer clearing house developed by Blue Cross Blue Shield of Texas

## Measuring & Achieving Business Objectives

4. Pre-EHR: 948 patient visits, \$91,904 was billed  
Post-EHR (by 3-months): 772 visits, \$94,175 was billed
5. Billing has been moved in-house:  
Svgs: \$31k/yr - the avg of yrly cost 3rd-party billing company; Offset the cost of software
6. Not achieved

# Heart of Texas Community Health Center

## 2009 Davies Community Health Organization Award

- Health maintenance reminders – childhood immunizations
  - Less than one-year, rate increased from 67% to over 80%
  - Residency program received one of four national AAFP/F Wyeth Immunization "Best Practices" awards
- ROI – Attributable to the EHR
  - 1999 - Near bankruptcy-low of reserves at its worst point (five days of reserves remaining at the very end of the 3-year decline) to now
  - 2009 - A remarkable 180 days (six months) of operating reserves.
    - The center has not had a single deficit year for the past ten years (since the end of the 3-year decline).

Annual Conference & Exhibition  
March 1-4, 2010 | Atlanta | Georgia World Congress Center  
[www.himssconference.org](http://www.himssconference.org)

# HimSS<sup>®</sup>10

change is everywhere...opportunity is here

Be at the **now** of healthcare reform in Atlanta, March 1-4.  
HIMSS10 – the one place to get it all: education, insight and technology!

## HIMSS10 Keynote Speakers:



Dan  
Hesse



David  
Blumenthal, MD, MPP



Sanjay  
Gupta, MD



Harry  
Markopolos, CFA



Chesley B. "Sully"  
Sullenberger, III

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## Contact Information

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# BACKGROUND

## Examples of Tools & Resources at [himss.org/economicstimulus](http://himss.org/economicstimulus)

- **HIMSS10 Sessions on ARRA**  
[www.himssconference.org/MeaningfulUse/default.aspx](http://www.himssconference.org/MeaningfulUse/default.aspx)
- **Basic Facts about health IT, ARRA, and MU**
- **Topical Reviews on: Hospital Incentive Payments, Emergency Departments, Quality Metrics, Medicaid & Eligible Professionals, HIEs, and much more**
- **MU Stage 1 Hospital Readiness Assessment Tool**  
<http://www.himss.org/ASP/ContentLogin.asp?ContentId=72885&loggedIn=>
- **IHE (Integrating the Healthcare Enterprise)**  
[www.ihe.net](http://www.ihe.net) and [www.himssconference.org/exhibition/interop.aspx](http://www.himssconference.org/exhibition/interop.aspx)

# **Patient Safety & Quality Outcomes Resources**

**[http://www.himss.org/ASP/topics\\_patientSafety.asp](http://www.himss.org/ASP/topics_patientSafety.asp)**

Task Force	Tools
E-Prescribing	<p><b>Wiki</b> <a href="http://www.himssprescribingwiki.pbwiki.com">www.himssprescribingwiki.pbwiki.com</a></p> <ul style="list-style-type: none"> <li>• A dynamic forum to learn the latest on e-prescribing and share tools</li> </ul> <p><b>“How To” Tip Sheet Series</b> <a href="http://www.himss.org/ASP/topics_FocusDynamic.asp?faid=266">http://www.himss.org/ASP/topics_FocusDynamic.asp?faid=266</a></p> <ul style="list-style-type: none"> <li>• Electronic Prescribing Federal Incentive Programs – Ambulatory Practice Tip Sheet</li> <li>• How To" Maximize Patient Safety When Handling E-Prescriptions in the Pharmacy –</li> <li>• “How To” Implement the Medicare E-Prescribing Incentive Program</li> <li>• “How To” Educate Consumers on the Value of E-Prescribing</li> <li>• E-Prescribing Tips for Rural and Independent Pharmacies</li> </ul>
Clinical Decision Support (CDS)	<p><b>Wiki</b> <a href="http://himssclinicaldecisionsupportwiki.pbworks.com/">http://himssclinicaldecisionsupportwiki.pbworks.com/</a></p> <ul style="list-style-type: none"> <li>• A dynamic forum to learn implementation pearls related to meaningful use               <ul style="list-style-type: none"> <li>○ Venous Thromboembolism (VTE)</li> <li>○ Creating and maintaining problem lists</li> <li>○ Beers Criteria for Potentially Inappropriate Medication Use in Older Adults</li> <li>○ Determining five CDS rules to implement</li> </ul> </li> </ul>
<i>Stories of Success!</i>	<p><b>Case studies:</b> <a href="http://www.himss.org/storiesofsuccess">www.himss.org/storiesofsuccess</a> Leveraging health IT to fulfill national patient safety goals and national priorities</p>
Medical Devices & Patient Safety	<p><b>“Integrating Medical Devices with Clinical Documentation Systems: A Quick-Start Guide”</b> <a href="http://www.himss.org/content/files/TSQQ/MedDev%20SafetyQuickStartGuide.pdf">http://www.himss.org/content/files/TSQQ/MedDev%20SafetyQuickStartGuide.pdf</a></p>

# Healthcare Information Exchange

## Initiatives

- HIE Volunteer Workgroups
- HIMSS HIELights monthly enewsletter
  - *Subscribe Now !*  
[http://www.himss.org/ASP/topics\\_FocusDynamic.asp?faid=156](http://www.himss.org/ASP/topics_FocusDynamic.asp?faid=156)
- HIMSS HIE Chapter Liaison Roundtable Monthly Educational webinars
  - [http://www.himss.org/ASP/topics\\_FocusDynamic.asp?faid=235](http://www.himss.org/ASP/topics_FocusDynamic.asp?faid=235)
- 2010 HIMSS Annual Conference – HIE Symposium: The Meaningful HIE
  - <http://www.himssconference.org/education/SympHIE.aspx>
- Tools and Resources:
  - 2010 HIMSS HIE Toolkit for Providers  
[http://www.himss.org/ASP/topics\\_FocusDynamic.asp?faid=141](http://www.himss.org/ASP/topics_FocusDynamic.asp?faid=141)

**Healthcare  
Information  
Exchange  
Steering Committee**

**HIE Portfolio  
Task Force**

**HIE Open Source  
Task Force**

**HIELights  
Newsletter Task  
Force**

**AHIMA/HIMSS  
HIE P & S  
Workgroup**

**HIMSS HIE  
Chapter  
Liaison  
Roundtable**

## **Ambulatory Steering Committee**

- **Purpose:**  
The Ambulatory Information Systems Steering Committee leads the Society by creating pragmatic resources, tools, and education, on health information technology adoption to improve the quality of care in the ambulatory care setting.

## Topics &amp; Tools

Ambulatory Practice IS

EMR Adoption

HIT Resources and Tools

The Digital Office  
eNewsletterAIS Committee, Task  
Forces, Work Groups

Partnerships

HIMSS Physician  
CommunityCommunity Health  
Organizations

News

# Ambulatory Practice IS



## Our Dedication to Patient Care and Health IT Transformation

HIT Adoption is an indispensable factor in providing better care for patients. HIMSS is at the forefront of HIT Adoption, and its Ambulatory Information Steering Committee (AISC) community is active and constantly developing new tools. Learn more about HIT Adoption.

Find out how HIMSS helps bring transformation to health IT for:

- [Physician Community](#)
- [Community Health Centers](#)

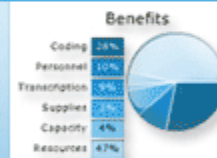
### Plug into Ambulatory Practice IS:

- [Join the HIMSS LinkedIn group](#)
- [Twitter: Follow @HIMSS and @mgriskewicz](#)
- [Listen to the Physician Podcast Series](#)
- [Subscribe to the Ambulatory RSS Feed](#)
- [Ambulatory Practicum Flyer](#)

### Latest News:

### EMR/ROI Calculator

Use the **FREE** EMR/ROI Calculator Right Now!



### Subscribe to the Digital Office eNewsletter



ARRA HITECH Medicare Incentive Provider Calculator With permission of HIMformatics



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Charlotte Weaver, Connie White Delaney, Patrick Weber and Robyn L. Carr.

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for the  
21<sup>st</sup> Century

An International  
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HIMSS



# The Digital Office

Connecting your practice with the Electronic Medical Record

May 2010 – Vol. 5, No. 5

[SUBSCRIBE](#) | [MEMBERSHIP](#)

### Featured Story

#### Shopping for EMR Usability

by Rebecca Grayson

Presently, most healthcare organizations do not include a usability assessment as part of their electronic medical record vendor selection process. However, adding usability as criteria in the purchasing process may result in greatly increased physician adoption, better quality outcomes data and more rapid achievement of “meaningful use.”

[Read More >>](#)

### Funding Update

Advice Delayed on US Health Insurer Spending  
WASHINGTON, May 24 (Reuters) - State insurance regulators say they will need more time to produce their recommendation on an issue at the center of the debate over how U.S. health insurance companies spend their customers' dollars. Insurance spending proposal had been expected June 1. [Read more.](#)

### Already There...Implemented Health IT

Heart Center of the Rockies Case Study

While many medical practices are just now realizing the potential that an

HIMSS Dictionary of Health  
Information Technology Terms,  
Acronyms and Organizations,  
Second Edition



# Financial Systems

## Initiatives

- FS Volunteer Workgroups
- HIMSS *Financial Edge* monthly enewsletter
  - *Subscribe Now !*  
[http://www.himss.org/asptopics\\_FocusDynamic.asp?faid=251](http://www.himss.org/asptopics_FocusDynamic.asp?faid=251)
- 2010 HIMSS Annual Conference: FS Symposium: *Follow the Money in 2010 – Understanding the Pressures and Impacts on Financial Systems*  
<http://www.himssconference.org/education/SympFinancialSystems.aspx>
- FS Oriented Tools and Resources:
  - 5010/ICD10 Resources  
[http://www.himss.org/ASP/topics\\_FocusDynamic.asp?faid=220](http://www.himss.org/ASP/topics_FocusDynamic.asp?faid=220)

Financial Systems  
Steering  
Committee

Revenue Cycle  
Task Force

ICD 10  
Task Force

*Financial Edge*  
Newsletter Task  
Force

FS & PS/Q  
Collaboration  
Task Force

NUBC  
Workgroup

NUCC  
Workgroup