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Leading Source for Outpatient Solutions



ASCs and Meaningful Use

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Today's Discussion

- ◆ Review of Meaningful Use and implications for ASCs
- ◆ How can ASCs take advantage of Meaningful Use using a certified product?
- ◆ Why full inpatient certification?

Meaningful Use Goals

- ◆ Improve quality, safety, efficiency, and reduce health disparities
- ◆ Engage patients and families
- ◆ Improve care coordination
- ◆ Ensure adequate privacy and security protections for PHI
- ◆ Improve population and public health

Scope

- ◆ CMS estimates 624,000 US hospitals and EPs will be impacted
- ◆ CBO estimates, on average:
 - EPs: \$54K to purchase/implement certified EHR technology and \$10K annually to maintain it
 - Hospitals: \$5M (range of \$1M-\$100M) to purchase/implement, and \$1M for maintenance

2011 Meaningful Use Dates

- ◆ **January 3:** Registration begins
- ◆ **February 25:** Stage 2 comment period ends
- ◆ **May 2011:** EHR incentive payments expected to begin
- ◆ **July 3:** Last day for eligible hospitals to begin the 90-day reporting period (hospital program based on federal fiscal year ending 9/30/11)
- ◆ **September 30:** Last day of the federal fiscal year. Reporting year ends for eligible hospitals and CAHs
- ◆ **October 3:** The final day for eligible professionals (EPs) to begin the 90-day reporting period (EP program based on calendar year)
- ◆ **November 30:** Last day for eligible hospitals and CAHs to register for an incentive payment for the 2011 federal fiscal year
- ◆ **December 31:** Reporting year ends for EPs
- ◆ **February 29, 2012:** Last day for EPs to register and attest to receive an incentive payment for CY2011

Stage 1

- ◆ Focus on electronically capturing health information in a coded format, using that information to track key clinical conditions, communicating that information for care coordination purposes, and initiating the reporting of clinical quality measures and public health information
- ◆ Hospitals have 24 objectives
 - Core Set: 14 items
 - Menu Items: May defer up to 5. Must include at least 1 public health item
- ◆ **Providers must implement a CERTIFIED EHR that accommodates for ALL measures, EVEN THOSE THEY ELECT TO DEFER IN STAGE 1**

Stage 2

- Proposed measures to HHS in late summer 2011; Final measures by late 2011
- Expands on Stage 1 in disease management, clinical decision support, med management, patient access to health information, transitions of care, quality measurement, research
- Bi-directional communication with public health agencies
- More core objectives
- *Pushback: Too aggressive in given timeframe*

Stage 3

- Final by late 2013
- Improved quality, safety, and efficiency
- Decision support for national high priority conditions
- Patient access to self management tools
- Access to comprehensive patient data
- Improving population health outcomes
- *Pushback: Infrastructure not in place to support measures*

Meaningful Use and ASCs

- ◆ ASCs are not eligible to receive Meaningful Use incentive payments at this time
 - *Reminder – If / when ASCs are eligible, Source Medical guarantees that we will meet the applicable standard so our customers can directly benefit*
- ◆ Today, EPs can count their ASC cases toward Meaningful Use
 - This gives ASCs an incentive to adopt certified EHR technology since MDs will want the option to count their ASC cases
 - As requirements increase in stages 2 & 3, the ability to count all possible cases will be more important to MDs so they can qualify for incentive payments

Meaningful Use and ASCs

- ◆ What are the details?
 - To be eligible for MU incentive payments, EPs must demonstrate Meaningful Use for at least 50% of patient encounters
 - EPs must use a certified EHR for all cases in order to count them
 - If certified EHR technology is available in the ASC, then ASC cases can be included in the EPs MU calculations, and towards the threshold for eligibility
- ◆ CMS working to ensure ASCs can use EITHER a certified Ambulatory or Inpatient EHR and aims to finalize this before the end of the current reporting period

“CMS is aware that there is no functional difference between inpatient and ambulatory certified EHR technologies for many meaningful use objectives. We are currently exploring ways to remove regulatory and operational barriers to allow an EP who uses inpatient certified EHR technologies in outpatient settings to include that use in their meaningful use attestation.”

Certification Process



- ◆ Vision 4.1 received Full Inpatient Certification by Drummond Group
- ◆ Full inpatient is the most rigorous certification process
- ◆ Source Medical continues to stand by our ASC guarantee (visit our website at sourcemed.net/sourceplus/vision-ehr to learn more)

Vision 4.1 Areas of Certification

General Criteria

- ◆ Drug-drug, drug-allergy interaction checks
- ◆ Drug formulary checks
- ◆ Maintain up-to-date problem list
- ◆ Maintain active medication list
- ◆ Maintain active medication allergy list
- ◆ Record and chart vital signs
- ◆ Smoking status
- ◆ Incorporate laboratory test results
- ◆ Generate patient lists
- ◆ Medication reconciliation
- ◆ Submission to immunization registries
- ◆ Public health surveillance
- ◆ Patient specific education resources
- ◆ Automated measure calculation
- ◆ Access control
- ◆ Emergency access
- ◆ Automatic log-off
- ◆ Audit log
- ◆ Integrity
- ◆ Authentication
- ◆ General encryption
- ◆ Encryption when exchanging electronic health information
- ◆ Accounting of disclosures (optional)

Vision 4.1 Areas of Certification

Inpatient Clinical Quality Measures (NQFs)

- ◆ NQF 0371 Venous Thromboembolism prophylaxis within 24 hours
- ◆ NQF 0372 Intensive Care Unit Venous Thromboembolism prophylaxis
- ◆ NQF 0373 Overlapping Anticoagulation therapy
- ◆ NQF 0374 Platelet Monitoring on Unfractionated Heparin
- ◆ NQF 0375 Venous Thromboembolism discharge instructions
- ◆ NQF 0376 Incidence of potentially preventable Venous Thromboembolism
- ◆ NQF 0435 Stroke: Discharge on anti-thrombotics
- ◆ NQF 0436 Ischemic Stroke- Anticoagulation for A-fib/flutter
- ◆ NQF 0437 Ischemic Stroke - Thrombolytic therapy
- ◆ NQF 0438 Ischemic or Hemorrhagic stroke- Antothrombotic therapy
- ◆ NQF 0439 Ischemic stroke- Discharge on statins
- ◆ NQF 0440 Ischemic or Hemorrhagic Stroke- Stroke education
- ◆ NQF 0441 Ischemic or Hemorrhagic Stroke- Rehabilitation assessment
- ◆ NQF 0495 Emergency Department Throughput - Arrival to Departure
- ◆ NQF 0497 Emergency Department Throughput - Admission to Inpatient

Vision 4.1 Areas of Certification

Inpatient Criteria

- ◆ Computerized provider order entry (CPOE)
- ◆ Record demographics
- ◆ Clinical decision support
- ◆ Electronic copy of health information
- ◆ Electronic copy of discharge instructions
- ◆ Exchange clinical information and patient summary record
- ◆ Reportable lab results
- ◆ Advance directives
- ◆ Calculate and submit clinical quality measures

Buying a Certified Product

- ◆ **When shopping, be sure to ask vendors:**
 - What level of certification did they achieve?
 - Why did they select the certification path they did?
 - What are their future plans for certification?
 - What is their plan to help your facility meet all necessary requirements?
- ◆ Check the product listing on the ONC website (<http://onc-chpl.force.com/ehrcert>) to ensure the product is certified as described by the vendor
- ◆ Remember, to be eligible for MU, providers must implement a **CERTIFIED EHR that accommodates for ALL measures, EVEN THOSE THEY ELECT TO DEFER IN STAGE 1**

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