

Health IT & 'Meaningful Use' in the SBHC Environment

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Objectives

Participants will be able to

1. Describe the National Health IT agenda
2. Describe two steps needed to implement Health IT agenda
3. List two benefits of 'meaningful use' of Health IT

Outline

1. National Health IT Agenda
2. Meaningful Use of Health IT
3. Methodology Overview
 1. Coordinated Health Information Systems
 2. Integration Stages
4. Current State Analysis & EMR (vendor) selection life-cycle
 1. Stakeholder Analysis & Management
 2. Purchasing Lifecycle Overview
 3. The Users Requirements
 4. Value For Money
 5. The Request for Proposal (RFP)
 6. Evaluation Plan
 7. Contract Management
5. Questions

National Health Information Technology Agenda

The American Recovery and Reinvestment Act (ARRA) includes significant funds to support EMR adoption and promote HIE and specifically is intended to:

- improve health care quality, reduce medical errors, reduce health disparities and advance the delivery of patient-centered medical care
- reduce health care costs resulting from inefficiency, medical errors, inappropriate care , duplicative care and incomplete information
- improve the coordination of care and information among hospitals, laboratories, physician offices, and others

Sources: HealthIT.hhs.gov; Louisiana Healthcare Quality Forum

Meaningful Use

The overarching objective of the meaningful use criteria is to improve the overall patient experience, and in doing so reduce health disparities

EMRs & HIEs

- Provide access to comprehensive patient data to the patient care team & across providers

Quality Metrics – Reporting and Responding

- Clinical decision support at the point of care
- Analyze relevant reported data to identify relevant patients for early intervention

Source: Louisiana Healthcare Quality Forum

Meaningful Use – Contd.

As a subset, requires consistent use of*:

- *Certified* EMR

Incorporating:

- Clinical Decision Support System (CDSS)
- Smart Forms
- Computerized Physician Order Entry
- Order Sets
- Quality Reporting (must choose measures)

* Subject to change

healthIT.hhs.gov -> Regulations & Guidance - > Meaningful Use

Meaningful Use...Contd.

(some system options to consider)

- **Electronic Health Exchange**

- Ability to access patient information - securely and on demand
- Ability to run reports on a population level
- Ability to create standard templates, order sets, and structured data

- **Electronic Prescribing**

- Ability to send prescriptions directly to local pharmacies

- **Patient Portal**

- Give patients secure access to their medical record

- **Messenger - Patient Messaging System**

- Send text messages to patients regarding upcoming visits, labs due, etc.

HITECH for Medicaid

- Medicaid HITECH funds will be distributed through State Medicaid programs (Louisiana)
- Different from Medicare because you don't get a higher reimbursement rate, instead you get reimbursed for specific EHR-related expenditures
- Reimbursement level is high the first year to cover initial costs, and continues at a lower level for the next 5 years
- Opportunity to receive as much as \$63,750 per provider during life of the program
- Nurse Practitioners are considered Eligible Providers

* Subject to change

Medicaid Stimulus Reimbursement Table

	Adopt 2011
2011	21250
2012	8500
2013	8500
2014	8500
2015	8500
2016	8500
2017	0
2018	0
2019	0
2020	0
TOTAL	\$63,750

- Higher level for first year is to cover costs of “upgrading” to meaningful use, which can include training, equipment, workflow analysis, implementation expenses, etc.
- EHR-related expenses are reimbursed at 85%- so \$21,250 reimbursement for 2011 is based on a per provider cost of \$25,000
- 2012-2016 reimbursements are 85% of the maximum of \$10,000 (per provider) EHR-related expenses



* Subject to change, all values are **Per Eligible Provider**

Methodology: Coordinated Health Information Systems (the how)

Health Information Services strategies involve taking our partners through the entire systems development life cycle and include following services:

- Information technology strategic planning
- Business & Clinical process analysis
- Selection and assessment of EHR product compliant with national standards
- Workflow redesign
- Change management
- System implementation
- Ongoing Health IT support & training

An EMR Integration Process

Stage 1 (Analysis and Design) 	Stage 2 (Implementation) 	Stage 3 (Sustainability, Adoption & Optimization)
Infrastructure Setup	System Testing	On site staff support
Design Training Materials	Staff Training	Establish/train Site Super Users
Evaluation Plan design.	Dry Running of Live System	Phone Support
Contracts/Legal Developed	Go Live of System	Enhanced Support for Adoption of EHR/PM System
Workflow and Clinical Analysis	Hardware Support Begins	Optimization of EHR/PM System
Hardware Procurement	Implement Evaluation Plan	Monitor and Report Evaluation plan
System Build/configure		

Current State Analysis & EMR (Vendor) selection life-cycle

1. Stakeholder Analysis & Management
2. Purchasing Lifecycle Overview
3. The Users Requirements
4. Value For Money
5. The Request for Proposal (RFP)
6. The Evaluation Plan
7. Contract Management

SBHC Stakeholder Analysis

Stakeholders

Identify:

1. Direct or indirect relationship
2. Leadership structure
3. Draft Stakeholder matrix, level, influence +/-etc

Prioritize:

1. Understand level of involvement

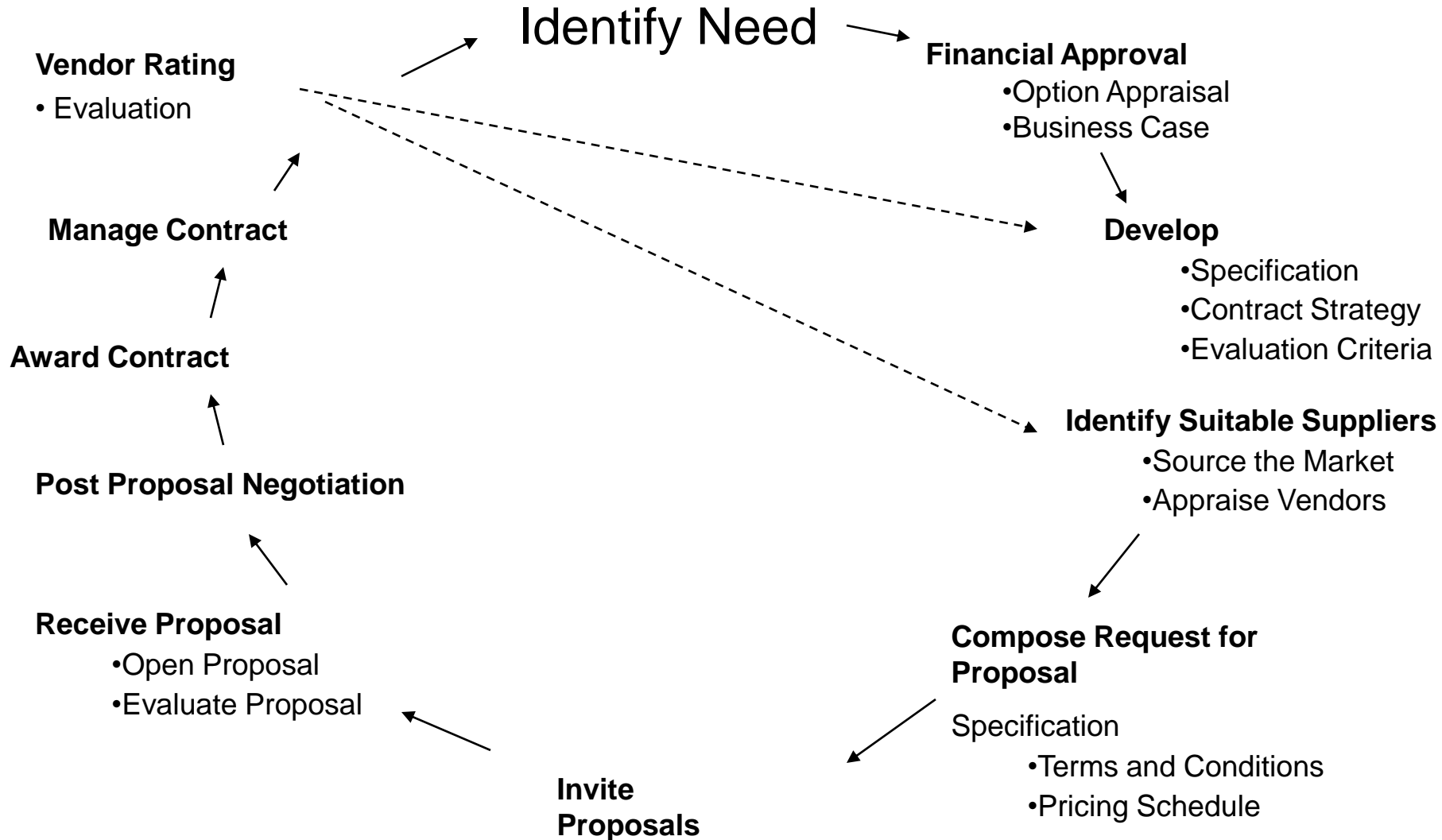
Incentives/Risk

Existing relationships?

SBHC Stakeholder Management

1. Stakeholder profile
2. Engagement strategy – Key Issues
3. Communication/Action plan – Unified Message
4. Support/Project Role
5. Follow-up

Purchasing Cycle



The Users Requirements

1. Is the primary purpose of selection process
2. Should be expressed in terms of outputs, not solutions
3. Must be tested for business fit with existing and strategic business model

Value For Money

The optimum combination of whole life cost and quality to meet the customer's requirements.

Some elements to take into consideration include:

1. status of vendors involved – undertake the necessary due diligence for oversight
2. equipment offered – does it adhere to best industry standards, latest technology not always best solution
3. immediate cost of acquisition
4. delivery method – options to look at include outsourcing delivery, building in-house team
5. operating costs – be aware of any hidden costs over lifetime of product/service, e.g. Product support

Request For Proposal (RFP)

RFP Could Include –

1. Project Overview
2. Software Billing Capability
3. Software ability to Interface with existing/legacy systems
4. Software Reporting Attributes
5. Company Customer Service & Infrastructure -> SLA
6. Software capability in areas of Clinical Care Protocols, Behavioral Health, Patient Management

Vendor evaluation

1. Create an RFP
2. Have a demo scripted to give each vendor (easier comparison)
3. Video tape demos (review later)
4. Visit sites that currently use product
5. Ask for trial software for hands-on comparison
6. Interview vendor leadership/support team
7. Negotiate contract (enhancement requirements/payment terms)

Some Cost considerations

1. Data conversion
2. Interfaces
3. Upgrade costs

	weight	Software related				Company related								
		30%	25%	30%	15%		20%	20%	25%	35%				
	Interface capability (i.e. Clinical Fusion)	Billing capability (overall)	User Interface	Software scalability	SOFTWARE SCORE (weighted average)	Company stability	Company scalability	Vendor relationship potential	Affordability	COMPANY SCORE (weighted average)		OVERALL SCORE (out of 10)		
Vendor 1	4	3	3	2	3.15	1	2	4	4	3		6.15		
Vendor 2	3	3	3	2	2.85	3	2	4	3	3.05		5.9		
Vendor 3	3	4	5	5	4.15	4	4	3	3	3.4		7.55		
Vendor 4	3	3	4	4	3.45	5	4	3	1	2.9		6.35		
Vendor 5	3	3	3	3	3	3	3	5	3	3.5		6.5		
Vendor 6	3	3	3	1	2.7	4	2	3	5	3.7		6.4		
Vendor 7	4	4	5	4	4.3	4	4	5	2	3.55		7.85		
Vendor 8	4	3	2	1	2.7	1	2	4	5	3.35		6.05		
definitions:														
Interface capability - assessing what interfaces each vendor currently offers and their ability to create new interfaces														
Billing capability - ability of billing system to handle Medicaid, method of transmission (clearinghouse), scrubbing, sliding fee availability, etc.														
User interface - ease of user navigation through the software, how many clicks/screens are necessary to complete certain tasks														
Software scalability - ability of the software platform and design to allow for expansion, upgrades, and customization														
Company stability - assessment of vendor history, size, market share, capitol sources, etc.														
Company scalability - assessment of vendor growth potential in general as well as ability to grow with School Health Connection														
Vendor relationship potential - gauge of vendor willingness to become a strategic partner with School Health Connection (determined through testimonials, etc.)														
Affordability - overall assessment of cost, including up-front costs as well as sustainability costs														
Top 3 Scores														

Contract Management Objectives

1. ensuring the contract requirements are met within timescales and budget
2. maintaining a positive relationship between parties to the contract
3. measuring and assessing performance (ours and the contractor's) against the contract requirements
4. providing constructive feedback to the contractor and/or your own staff involved in the contract
5. being proactive about problem solving
6. resolving contract disputes should they arise
7. contracts should include agreement about how customer/vendor relationship is to be managed e.g.
 - a. decision points - could be linked to payment
 - b. quality reviews
 - c. changes to requirements, associated costs

advocacy

basics

evaluation & quality

financing

mental health

press center

publications

technical assistance

job bank

SBHC road map

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Advanced Search

*NASBHC's mission is to
improve the health status
of children and youth
by advancing and advocating
for school-based health care*

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Health Information Technology (HIT) and Electronic Medical Records (EMRs)

As health information technology continues to expand and improve, many health care settings are being "left behind" in the revolution, including school based health centers. This resource page offers information on how SBHCs can continue to be relevant and current in this trend. The research that has been conducted by NASBHC includes: how to evaluate the opportunities and challenges when exploring the adoption of health information technology and how to approach sponsoring organizations with the results of the evaluation.

What is an EMR

If you analyze the progress made of by human beings on this planet, you'll find an impressive record of inventing sophisticated machines and of progress in understanding the world around us. From airplanes to space travel, from scientific achievements to the management of infrastructures, humans have developed complex systems of knowledge management. However, when one looks at the management of health issues, there seem to be gaps. That is where the EMR comes into play.

Planting your EMR

The world of electronic medical records can be very difficult to navigate. Unless you are a technical expert, most of the jargon used to explain how a system works or what is required to operate it, you will find yourself confused and lost. The number one failure of electronic medical records in most organizations is the lack of homework the administration performs. Implementing an EMR is not an easy task, nor one that should be taken lightly. There are many things to consider and prepare well before you even select the "right" product.

10 Questions all organizations should ask EMR vendors

The following are sample question to ask any potential EMR vendors during your pre-screening process. These will help you get a quick and overall idea if the product offered is right for you. In addition, you will be able to pin point certain areas you may need to revisit within your organization in preparation for any EMR implementation.

Changing the Face of SBHCs Integrating an EMR into a SBHC Setting

Understand the opportunities and challenges for SBHCs to convert to Electronic Health (Medical) Record (EHR) and determine the basic requirements for an EHR system within the SBHC.

Additional resources:

<http://www.hrsa.gov/healthit/>

The Health Resources and Services Administration promotes the widespread availability and use of digital networks to improve access to health care services for people who are uninsured, isolated or medically vulnerable

History of EMR

2010 National School-Based Health Care Convention

Seminar at 2010 Convention in Arlington, VA

June 20, 2010 , 9am - 12pm

Health Information Technology for Economic and Clinical Health (HITECH) Act and its “Meaningful Use” for SBHCs.

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Objective 1:

Participants will have broad understanding of implementing Health IT in SBHCs.

Objective 2:

Participants will be able to link the National Health IT agenda with the challenges and unique opportunities for meaningful HIT integration & adoption in SBHCs.

Objective 3:

Participants will be able to create a high-level plan for integrating & adopting Health IT in SBHCs.

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QUESTIONS

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