Developing Tools/Best Practices to Address the Most Pressing Issues Facing Providers as They Work To Achieve Meaningful Use of Electronic Health Records (EHR) Systems
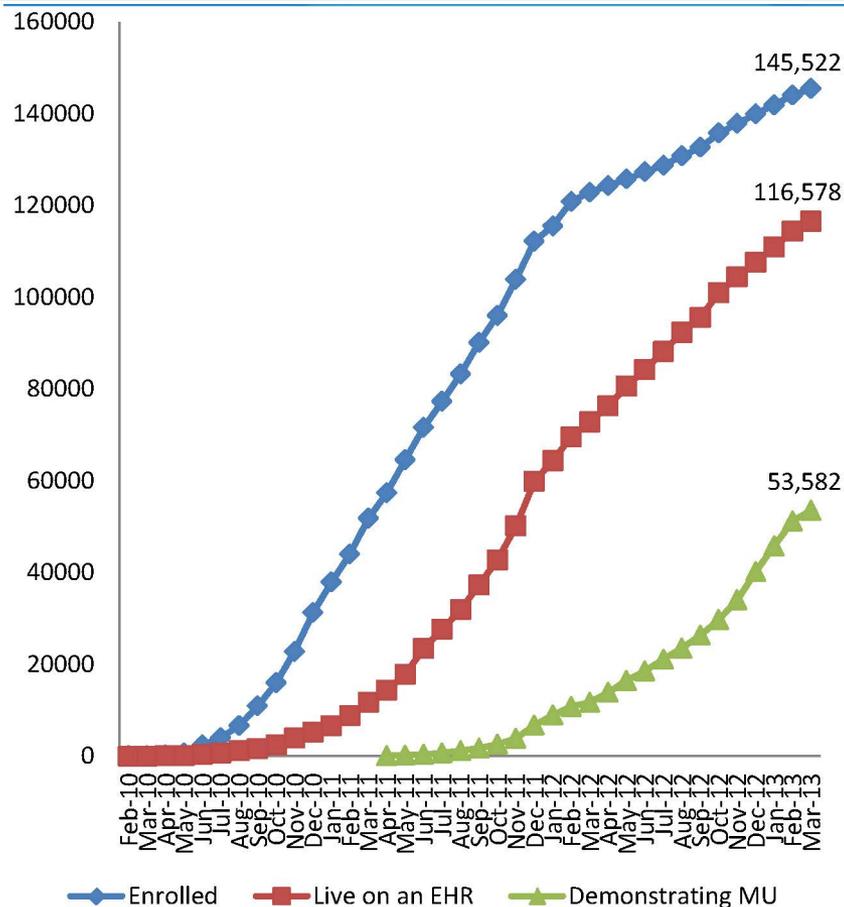
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145,522

116,578

53,582

Enrolled — Live on an EHR — Demonstrating MU

Data Source: ONC CRM Data March 26, 2013

- RECs have worked with over 133,000 primary care providers in more than 50,000 different practices, representing approximately 44% of all the primary care physicians and 49% of all nurse practitioners nationwide[1]. RECs are also working with over 10,000 specialists.

- A GAO report found that Medicare provider working with REC were over 2.3 times more likely to receive an EHR incentive payment then those who weren't working with an REC[2]

- REC are working with over 80% of the nations Federally Qualified Health Centers (FQHCs) an over 73% of the Critical Access Hospitals.

- Since November, 2011 more than 25,000 MU challenges have been documented by RECs at approximately 18,000 sites to help identify common challenges providers are facing

- CRM Tool:
  - <u>Who they are helping</u>: Provider/practice demographics (NPI, Provider specialty, practice type, certain practice demographics
  - <u>How they are doing</u>: Program milestone information (including Vendor information)
  - Challenges/Barriers information:
- CMS Registration/Payment Data
  - Medicare, Medicaid, Registration, Attestation and payment data
- Other Program Information:
  - HRSA FQHC list, List of Comprehensive Primary Care initiative practices, etc.
  - Feedback from Communities of Practices
  - Regional Extension Center input
  - Feedback from federal partners & stakeholders

Top Five Challenges by Practice Type

Rank	CHCs	CAHs	Other Underserved Setting	Practice Consortium	Private Practice 1-10	Private Practice 11+	Public Hospitals	Rural Health Clinic	Rural Hospital	Specialty Practice
1	Practice Administrative	Practice financial issues	Provider engagement	Practice Administrative	Provider engagement	Workflow adoption	Provider engagement	Provider engagement	Workflow adoption	Vendor selection
2	Workflow adoption	Practice Administrative	Practice Administrative	Workflow adoption	Vendor selection	Training	Practice Administrative	Practice Administrative	Practice Administrative	Provider Engagement
3	Vendor delays In Implementation /Installation	Practice staffing	Workflow adoption	Vendor selection	Practice Administrative	Provider engagement	Vendor delays In Implementation /Installation	Practice financial issues	Provider engagement	Workflow adoption
4	Practice staffing	Vendor delays In Implementation /Installation	Vendor delays In Implementation/ Installation	Technical	Workflow adoption	Medicaid	Medicaid	Vendor delays In Implementation /Installation	Vendor delays In Implementation /Installation	Vendor upgrade
5	Technical	Vendor selection	Calculate Patient Volume	Provider engagement	Practice financial issues	Inaccurate Reports/ Data	Vendor selection	Workflow adoption	Technical	Vendor delays In Implementation /Installation

Legend: MU Measures | Attestation Process | Practice Issue | Vendor Issue

Top five based on number of challenges submitted. Data as of March 11th, 2013, pulled from the ONC CRM. Non-priority hospitals did not report any challenges.

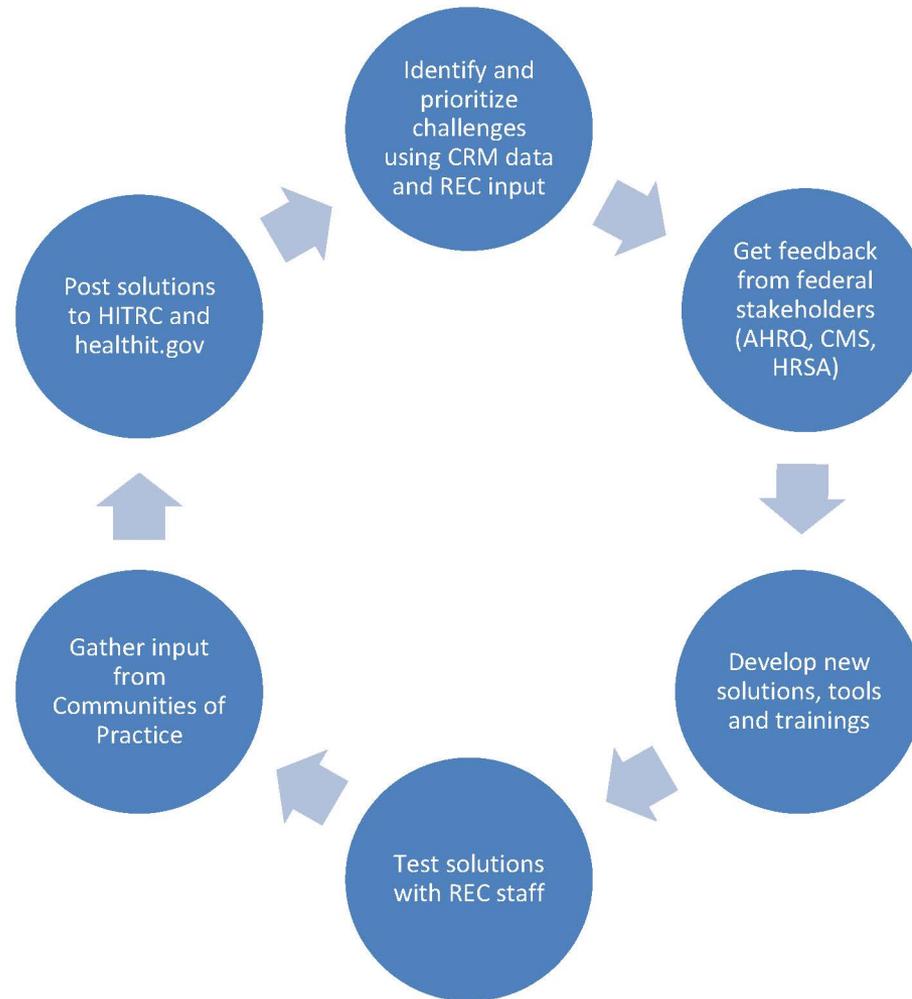# Top Five MU Measures-Specific Challenges by Practice Type

Rank	CHCs	CAHs	Other Underserved Setting	Practice Consortium	Private Practice 1-10	Public Hospitals	Rural Hospital	Rural Health Clinic	Specialty Practice
1	Core 15: Security Review	Core 13: Clinical Summary	Core 13: Clinical Summary	Core 13: Clinical Summary	Menu 9: Immunization	Core 13: Clinical Summary	Menu 7: Medication Reconciliation	Core 13: Clinical Summary	Core 9: Smoking Status
2	Menu 9: Immunization	Core 15: Security Review	Menu 4: Patient Reminders	Core 9: Smoking Status	Core 13: Clinical Summary	Core 1: CPOE	Core 13: Clinical Summary	Core CQMs	Core 1: CPOE
3	Core 14: Electronic Exchange	Menu 8: Summary Care Record	Menu 8: Summary Care Record	Core 15: Security Review	Core 15: Security Review	Core CQMs	Menu 4: Patient Reminders	Menu 9: Immunization	Core 15: Security Review
4	Core 4: eRx	Core 14: Electronic Exchange	Menu 7: Medication Reconciliation	Menu 9: Immunization	Menu 6: Educational Resources	Core 9: Smoking Status	Menu 6: Educational Resources	Core 9: Smoking Status	Core # 5: Active Med List
5	Core 13: Clinical Summary	Core 3: Problem List	Menu 6: Educational Resources	Core 14: Electronic Exchange	Menu 8: Summary Care Record	Core 15: Security Review	Menu 8: Summary Care Record	Menu 6: Educational Resources	Core 13: Clinical Summary

Data as of March 11th, 2013 ,pulled from ONC CRM, Private Practices >10 and non-priority hospitals did not report any MU Measures challenges.

Users may select multiple measure-specific issues as challenges within one report, therefore, these numbers may overestimate the total number of challenge reports for Measure-specific issues.

Green arrows indicate measures with significant upward movement in the rankings.

How ONC Develops Best Practices to Address Common Challenges

Cycle diagram (clockwise):

- Identify and prioritize challenges using CRM data and REC input
- Get feedback from federal stakeholders (AHRQ, CMS, HRSA)
- Develop new solutions, tools and trainings
- Test solutions with REC staff
- Gather input from Communities of Practice
- Post solutions to HITRC and healthit.gov

Initial 2013 Challenges Priority List

- Small practices have many competing needs and Meaningful Use isn't always a priority

- Providers have difficulty with smoking status measure

- CAHs and Rural Hospitals Lack Capital to Pay for EHR Infrastructure and Access to Adequate Broadband Connectivity

- Providers are confused by quality reporting requirements of different programs

- Providers and vendors need education on new HIPAA regulation

- RECs and providers need to better understand documentation requirements for MU audits

- Medicaid providers slow to progress from AIU to MU

- RECs need additional education on MU Stage 2 requirements on information exchange

- **Trainings**
  - [Interoperability Basics Training](http://www.healthit.gov/providers-professionals/interoperability-basics-training-course) (http://www.healthit.gov/providers-professionals/interoperability-basics-training-course)
  - Interoperability and Transitions of Care (coming this week!)

- **Provider Handouts**
  - Patient-Centered Medical Home Efforts Can Help Federally Qualified Health Centers to Achieve Meaningful Use (coming in April!)
  - Meaningful Use and the Patient-Centered Medical Home: How Medical Practices Can Achieve Both Goals" (coming in April!)
  - [Making Meaningful Use Meaningful](#)
  - [Meaningful Use Stage 1 to Stage 2 Factsheets](#)

- **Quality Measure Briefs**
  -[CQM Case for Quality Briefs](#)
  -[Clinical Quality Measure (CQM) Quality Improvement Briefs](#)

Spotlight: Interoperability Web-based Training Series

- The new Stage 2 MU Rule has challenged EP's, hospitals, state level health information Exchange entities and vendors to implement new standards to support transitions of care, lab exchange, patient engagement, and public health measures

- The FI-HIE CoP has responded by developing the following workgroups focused on these priority areas

  - **Blue Button/Consumer Engagement workgroup** will support information sharing across REC's about tools and resources that are needed to help provider practices with Blue Button or Population Health reporting and develop a best practices guide by May 31, 2013

  - **Direct Secure Messaging for Transitions of Care workgroup** will develop a best practices guide by June 30, 2013 based on specific instances, use cases, barriers, and solutions of how the Direct protocol is used to support care transitions

  - **Lab Interoperability workgroup** will disseminate its Lab Best Practices Guide which was developed to assist the REC's with implementing electronic laboratory results interfaces in medical practices and will also identify best practices in working with providers to ensure that they have access to lab data to reach MU

  - **Public Health Series:** The FI-HIE CoP also has upcoming meetings beginning on March 26, 2013 with our Public Health Lead, Jim Daniel to discuss best practices, challenges, and solutions to attesting to immunization measures

  - The focus of the FI-HIE CoP aligns perfectly with the recently released Interoperability Web-based trainings in which the REC and HIE program have partnered with Booz Allen and the HITRC team to develop training modules in each of these four areas

Next steps and how you can participate

- Provide input into monthly situational awareness data

- Give us feedback on new tools and resources on healthit.gov

- OPAS can provide monthly resource list to FACA

Contact Reena.Samantaray@hhs.gov with questions