Testimony before the HIT Policy Committee Meaningful Use Workgroup

"Stage 3 of Meaningful Use"

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Montefiore ACO and EHR Adoption Background

In 2011, Montefiore was designated as a Pioneer Accountable Care Organization (ACO). The program provides certain beneficiaries of the original Medicare program access to enhanced care coordination programs with a focus on illness prevention and wellness. For its ~ 28,000 ACO members, Montefiore is responsible for coordinating all aspects of care, as well as reporting to CMS.

In addition to Montefiore's hospitals, primary and specialty care sites and physicians, the Montefiore ACO includes non-employed providers from other healthcare organizations in the Bronx, Brooklyn and Staten Island. These community providers are outside of Montefiore's IT network, making the capture of relevant patient data for care coordination and reporting an extensive manual processes with significant lag time.

Montefiore employed vs. Community EHR/Meaningful Use Adoption

- 100% of employed ACO providers are undergoing infrastructure changes to adapt to Stage 2 Meaningful Use
- ~42% of Bronx/Westchester community ACO practices have yet to implement an EHR
- Existing Bronx/Westchester community EHR Users: 69 variation of EHRs

Stage 2 Successes and Challenges

Stage 2 – Registries updates

Stage 2 calls for ongoing submissions to an immunization registry, which triggered an assessment of your ability to submit to registries. Improved data exchange, has had a positive impact in immunization measures and our ability to accurately report performance for ACO.

Stage 2 – Patient Engagement

For Stage 2, has set patient portal and data exchange requirements, requiring ACOs to find the most effective way to not only register our patients onto a patient portal, but encourage them to access their medical summaries to better understand their health as well as to begin creating a wellness dialogue with the practice. This will also aid in meeting patient engagement measures. There is a general concern among providers in meeting the 5% of unique patient threshold; ACOs must provide processes and tools that go beyond the Meaningful Use guidelines to motivate patient engagement enough for at least 5% of patients to use most patient portals.

Stage 2- Transition of Care/Summary of Care

The Stage 2 requirement of providing a summary of care document during each referrals/transition of care, ensures patient care data is being exchanged among both ACO and out-of-network providers, PCPs and specialists, where often the need for care coordination is challenged.

Attestation process

Understanding the attestation process continues to be a challenge, especially among our community providers. Due to limited administrative resources, lack EHR implementation and challenges in upgrading and working with vendors often leaves providers without the opportunity to benefit from financial incentives.

Competing demands

Stage 2 MU, ACO and ICD-10 is requiring the use of similar if not same resources, not to mention the impact in patient care and practice workflows in the a very short timeframe. Physicians will be impacted with workflow changes and system configuration requirements to maintain a current problems list for each patient for ICD-10, in addition to extensively adapting to EHRs to meet ACO and Stage2 MU requirements. A multiyear strategic plan and framework is required in order to chart a course to address ACO, ICD-10 and Stage 2 requirements across the healthcare enterprise.

Stage 3 recommendations

From an ACO Quality perspective, Stage 3 must be supportive of improved outcomes in the following areas:

- Levels of performance on quality, safety and efficiency measures
- Clinical decision support for national high-priority conditions
- Access comprehensive data from all available sources
- Experience-of-care reporting
- Medical device interoperability
- Dynamic/ad hoc quality reports
- Multimedia support (e.g., X-rays)
- Patients have access to self-management tools
- Use of epidemiologic data
- Clinical dashboards
- Provide patients with accounting of treatment, payment, and healthcare operations disclosures (upon request)

Federal and Stage Quality Programs Support

Collaboration with groups such as the NYC Regional Electronic Adoption Center for Health (NYC REACH) has played and will continue playing key role in the achieving standardization of

implementation, adoption and use of EHRs across practices and infrastructures. Along with measures and EHR upgrades, quality programs bring a major administrative burden often reduced through training, education, and links to funding sources.

Prioritization and Timeline

Stage 3 requirements should focus on further developing standards and infrastructure set during Stages 1 and 2. This will allow time for organizations to better adapt to implemented standards and manage resources allocated to support IT and quality functions. There should also be careful consideration of the timing between upgrading to the next certified version and when providers need to actively use the enhanced technology.

Standards alignment

Ensure alignment of quality measure reporting across CMS programs. Setting a unified set of quality measures which meet the requirements of multiple programs, such as PQRS, Physician Value-Based Modifier and ACO in addition to meeting EHR Incentive Program requirements, ensures continuing improvement in processes, program alignment, facilitation of interoperability and feedback to providers, and focus on the strategic use of health IT to drive quality improvement in our health care system and better outcomes for patients.

Quality Measures Selection

CMS must ensure measures and definitions that have been field tested, reflect the latest validation standards, and align with the National Quality Strategy, which outlines improvement goals for health care. Also, consider revisiting existing standards and functionality requirements worth expiring.

Benefits of EHR and Stages 1 and 2 MU Implementation:

Best Practices set for Stages 1 and 2 Meaningful Use, have set the foundation for implementation of quality measures and HIT enhancements and reporting. Significant impact noted on the following areas:

Quality measures alignment

Meaningful use has been an essential foundation of emerging healthcare delivery and payment models. Its measures are increasingly being aligned with those of patient centered medical home, accountable care, value based medicine and many other quality reporting programs.

Resources and Process improvement

As similarly developed for MU, an essential part of our ACO Quality improvement program has been the ability to integrate optimal workflows, staffing and patient needs into menu items and clinical quality measure selections benefiting patient care and clinical documentation.

Reporting dashboard and reports

In particular, for our Montefiore employed population, MU reports shared with practices and providers in early phases of stage 1 MU, has set the expectations and use of benchmarks and targets to monitor and attain optimal reductions in costs and improved quality. Also, providers' understanding and abilities to track clinical quality measures has facilitated alignment with ACO preventive and chronic conditions related measures.

EHR Incentive program ACO Measure

This measure requires ACOs to report the percentage of primary care providers who successfully qualify for an EHR Incentive Program Payment. This measure supports the concept that in order for ACO's to operate optimally it requires the use electronic health records, data management, personal health records and health information exchange. Private/commercial ACOs will rely heavily on health IT to coordinate care and increase quality.

Certified Electronic Health Records (EHR) Requirement

The implementation of EHR and capture of data, has enabled the ability to identify participating patients, provide registry capabilities to track care and patient management, include communication tools and functions to support multi provider, team oriented care.

Data Management, PHR and HIE

As we implement sophisticated systems to capture and manage quality and performance data and track costs and efficiency within our hybrid network, PHRs will assist in actively engaging patients in their own care. PHRs will allow patients to track health indicators, office appointments, and personal health data. HIEs allow providers to share clinical data with each other in order to increase the coordination of care and increase a patient's health outcome. HIEs can also track important patient events and send messages about patient alerts.