


Implementation and Usability of Meaningful Use Hearing

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THANK YOU!

My Background

- Board Certified Practicing Family Physician
 - “Full time job”
- Among the first to certify for Stage 1 MU
- HIT fellow using the EHR and practice innovations to increase participation in the Million Hearts Initiative and improve performance on the Million Hearts goal

Meaningful Use

- I have always been a strong proponent of the MU criteria
- MU criteria in general, create the opportunity to provide better care...but they have to be used appropriately!
- Progression from
 - Data capture and patient access
 - Information exchange and care coordination
 - Improved outcomes
- Stage 2 will be much more difficult from an EP's perspective

As you assess your readiness for stage 2, what objectives pose the greatest challenge?

- Core Measures

- Patient Electronic Access 50%
 - Hard to do in a rural area with “Edge coverage” for mobile and dial up for internet.
 - Large geriatric practice
 - We are trying to engage family as well but takes a great deal of time and effort especially with security concerns
- 5% View, Download or Transmit
 - I think we can do this...at least 10% of those signed up

As you assess your readiness for stage 2, what objectives pose the greatest challenge?

- Core Measures
 - Summary of Care Record for Referrals
 - 50% for all
 - 10% Electronic (this is the tough one)
 - 1 Exchange
- Referral not like Lab
- What we need
 - Ability to search for the secure, encrypted DIRECT email address would facilitate usage of this capability
 - We can do this with NPI and faxes now

As you assess your readiness for stage 2, what objectives pose the greatest challenge?

- Menu Items
 - Not really a menu since we are not able to do three of them
 - Imaging Results
 - Cancer Registry
 - Syndromic Surveillance
- Only with the help of our vendor are we able to meet specialized registry

What do you believe are the main reasons why certain eligible providers may be electing not to participate in the program?

- I hear from my colleagues many are not trying because of a couple of reasons
 - The pain of changing and implementing is greater than the reward. (I disagree, but this is what I hear)
 - In moving from Stage 1 to Stage 2 many providers have said their vendor can't supply them with the needed tools. We are glad we chose a national vendor with ASP support

How best might ONC and CMS encourage their participation?
What guidance or actions by HHS may be most conducive to increased adoption of the public health reporting standards including transport standards?

- Standards are the key.
 - Standardized CCD
 - Standardized Communication
 - i.e. Direct Addresses like NPI numbers
 - Standardized Quality Reporting

Stage 3

- Should be all about outcomes
 - Very receptive to idea of alternate pathway to fulfill a subset of functional objectives through deeming
- As I understand this if one can document (primary care) Diabetes Control, Ischemic Vascular Disease Control, and/or Health Maintenance then the EP does not need to fulfill as many specific requirements
 - This is what it's all about!

Long Term Care

- We can send secure messages, but outside of EMR
- LTC in our area does not have the resources to connect

Audits

- With the advent of electronic submission, how much value do audits provide?
- They need to be transparent and reasonable.
- If there are reports that could be generated through the EMR and then submitted, that would be best.
- REC's may be helpful here! What can we do to preserve our RECs? They are our best resource!!!