

# Meaningful Use of Electronic Records

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# Objectives

At the conclusion of this presentation, attendees should be better able to:

- Identify elements of electronic health record (EHR) implementation and use which can positively impact the care of HIV patients in integrated treatment models
- Apply recommended practices for the use of EHRs to support quality improvement activities

# Disclosures

No disclosures of investigational drugs  
or corporate sponsorship



# Question 1

The description that best fits my current job functions is \_\_\_\_\_

1. Direct Medical Service: Clinical (MD, DO, PA, NP, nurse, mid-wife, mental health)
2. Direct Non-Medical Service: Supportive Services (case manager, harm reduction, counselor, peer)
3. Data Manager/IT
4. Program administrator/management
5. Direct Service and c) or d)
6. Other

# Question 2

At what stage in EHR development is your program?

1. Fully implemented, effectively designed clinical processes, created reporting of all services. . Why am I here?
2. Implemented EHR but not for all programs or services
3. EHR selected but not implemented and working towards “go-live”
4. Currently evaluating EHR systems
5. Considering EHR, but have not begun selection process
6. EHR? . . . What’s EHR?

# Question 3

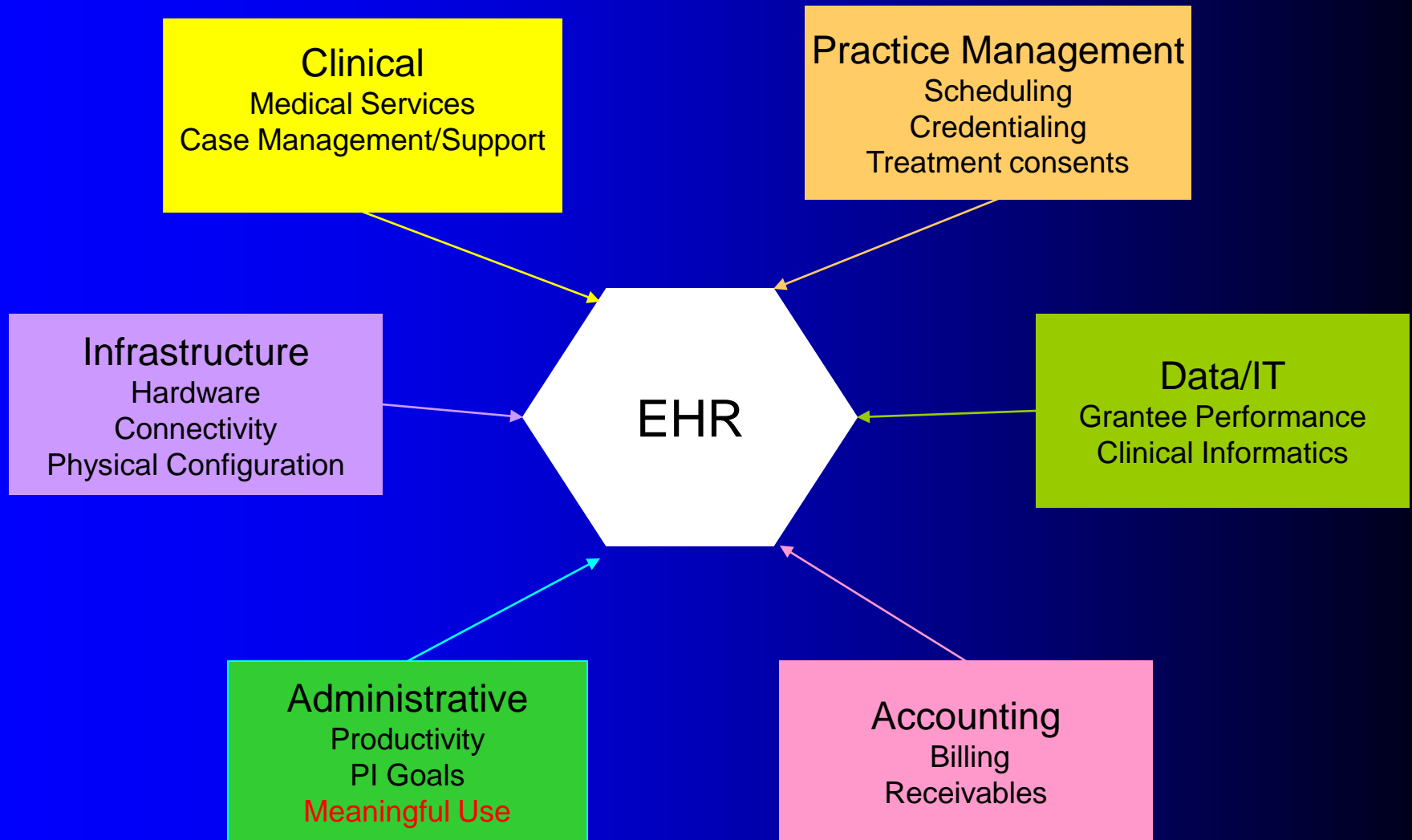
If you are using or are implementing EHR, what has been the most challenging issue to arise?

1. Product selection
2. Staff training/buy-in
3. Implementation
4. Billing and coding
5. Reports and performance
6. Cost
7. All of the above
8. Other

# “Meaningful Use” Measures

- The 2009 the American Recovery and Reinvestment Act (aka "Stimulus Bill") authorizes the Centers for Medicare & Medicaid Services to offer a financial incentive to demonstrate EHR "Meaningful Use".
- To get full credit, 25 total measures must be met:
  - 15 from "core set"
  - 5 out of 10 options from "menu set."
  - Plus 6 clinical quality measures
  - <http://www.cms.gov/EHRIncentivePrograms/>
- All Medicare providers will have a payment reduction in 2015 if they are not demonstrating meaningful use.

# EHR Stakeholders and HIV Care



# EHR: Involve HIV Staff Early

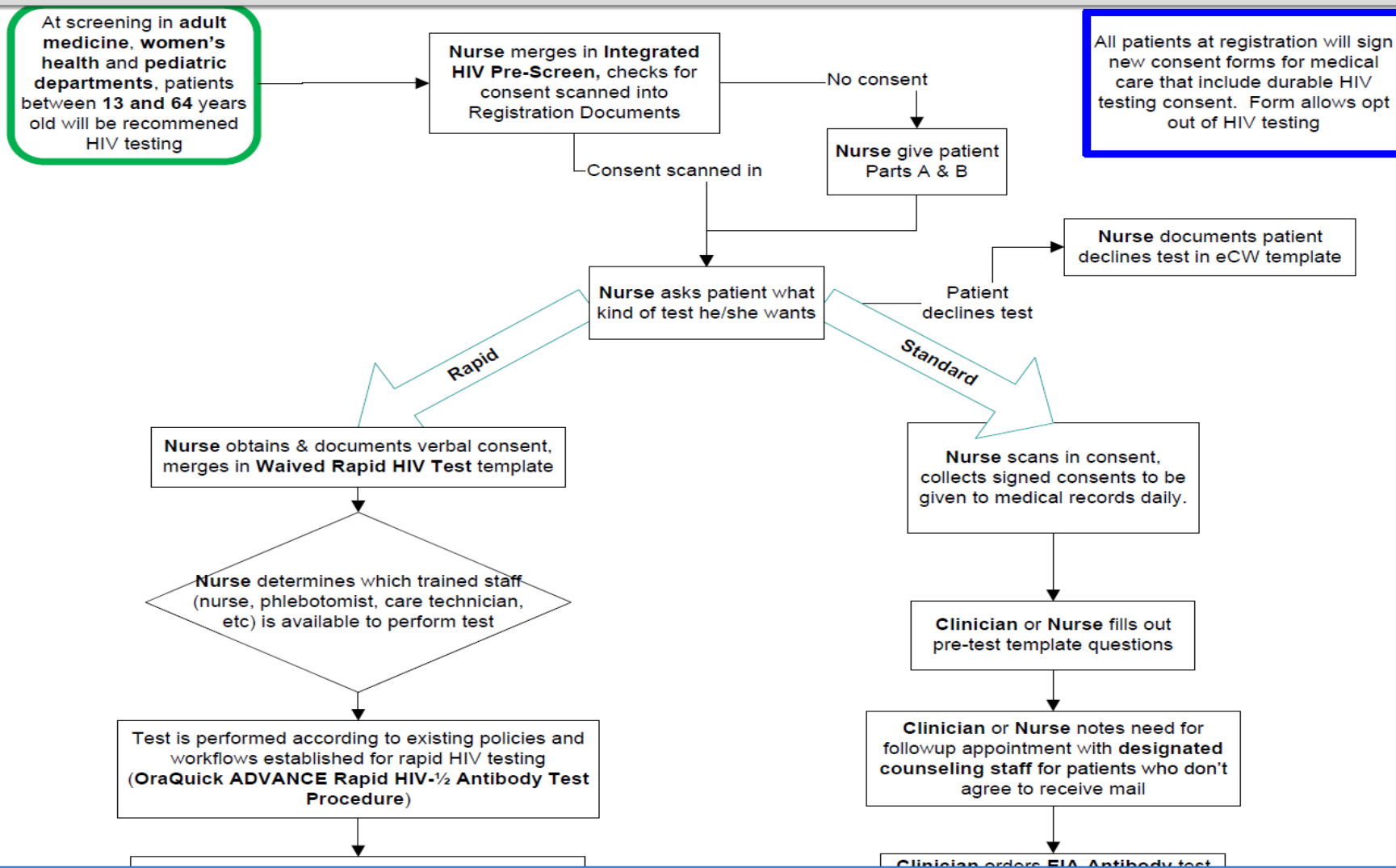
- Include in decision-making process
  - Grant-funded services have unique requirements for data collection
    - Performance measures
    - SMART objectives
  - Workflow development
  - EHR vendor selection
- All staff job functions change as a result of EHR
  - Job description revisions
- Once the train leaves the station . . .

# Consider HIV EHR Committee

- Key staff from each discipline
  - Medical
  - Nursing
  - Support services: Case Management, Substance Use, Mental Health
  - HIV testing
  - All locations: mobile units, school-based etc.
- Review of current policy and procedures
- Evaluate each process, service, quality indicator, grant requirement

# Workflows: Key to Process

- Different locations/different workflows
- Follow patient/team/data: Active vs Reactive



# New EHR Consideration



# Training

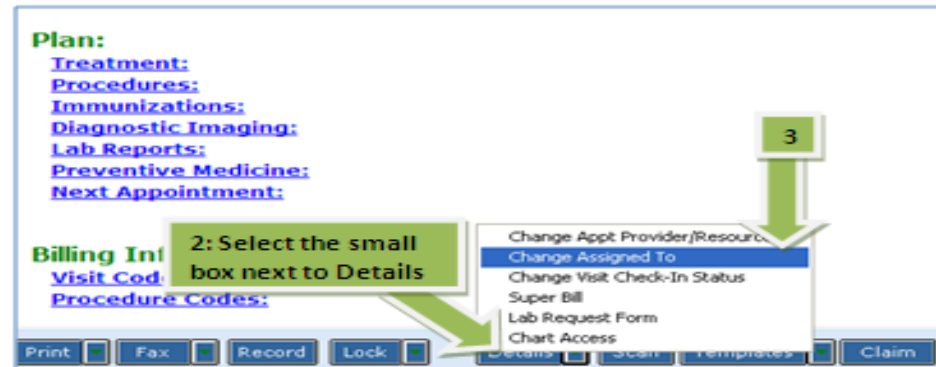
- Permanent addition to staffing issues
  - HR orientation
  - Schedule training sessions
- Vigilance required for system updates
  - Curriculum, workflows, user manuals
  - Increased program start-up time with EHR
  - Software upgrades!?
- Consider HIV staff as certified trainers
  - Intra-departmental EHR expertise
  - Cultivate “Super-Users”
- Training tailored to job functions
  - Clinical: Medical Providers / Nurses / Support
- In a perfect world, staff trained by function. . .

# Training and Documentation

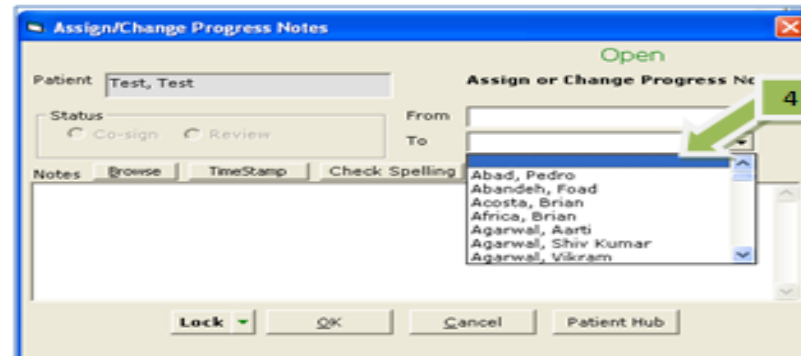
- User's Manual development
  - Institutional memory
- Unique HIV processes
  - Documentation
  - Workflows as key tool

## 12. Assigning, Reviewing and Locking Progress Notes:

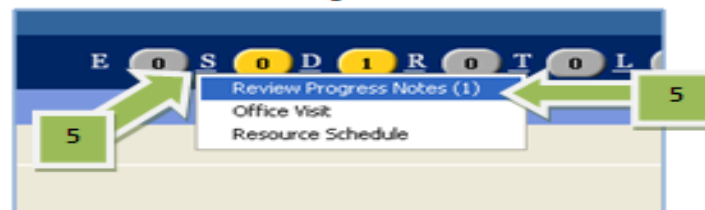
1. When finished with a Progress Note, you must assign the note to your supervisor for review.
2. Select the small box to the right of Details
3. Click **Change Assigned To**.



4. Select the "To" drop-down menu and your Supervisor's name. Click OK when you are finished.



5. Your supervisor will review the information, and if any revisions are necessary, the progress note will be sent back to you. You will see it under the **D**Jellybean. Make the necessary corrections and send back to supervisor. Once finalized, the supervisor will **LOCK** the note, which means it can no longer be modified and the claim will be sent out.



# Reporting

- How can data be retrieved as required for:
  - Performance QI indicators
    - HRSA-HAB indicators
    - HIVQUAL
  - Tracking grant performance
  - Outcome evaluation
  - Provider performance
    - Evidence-based decision tools
    - EHR can manage data but how is it used?
  - EHR reporting capability
    - Additional data reporting software
    - Additional \$ and training

# Reporting

- Reporting variables
  - Lab, visit, procedure, ICD, CPT, etc.
  - Structured vs. non-structured data (requires chart review)
- How will you track performance as required for grant-funded services?
  - Grants treated as insurances
- Consider what is unique about HIV services and ensure those issues are considered from the start

# Template Development

- Structured forms that provide prompts to users for required services, education, etc.
- Basis for many QI and patient care improvement projects
  - HIV-specific clinical visits – physical, monitoring, testing
  - Case management – intakes, assessments
  - Funder mapping
    - Grant data systems communication
    - Tailor templates

# Building Templates

**HPI Notes** [Close]

Free-form | **Structured Text** | Structured

Test Information - Rapid Test 1 [Clear All]

Name	Value	Notes
<input type="checkbox"/> Test Date:		
<input type="checkbox"/> Results:		
<input type="checkbox"/> Confirmatory Sample Provided?	Preliminary Reactive	
<input type="checkbox"/> Results Provided?	Nonreactive	
<input type="checkbox"/> Specimen Type:	Indeterminate	
<input type="checkbox"/> Rapid Test ID Number:	Invalid	
<input type="checkbox"/> Lot Number:	Other	
<input type="checkbox"/> Incentive Provided?		
<input type="checkbox"/> Test Election:		
<input type="checkbox"/> Pre-Test Counseling		
<input type="checkbox"/> -		

[Custom]

**Notes** [Close]

Offsite Registration Form: Delimiter [ ] [Clear] [Spell chk]


The pt. stated that...

[Custom] [OK] [Cancel]

**Unstructured Text**

# Drop-Down Templates: Quarterly Monitoring Visit – Decision Support

Test, Test, 51 Y, F Sel Info Hub



Some Street  
New York, NY 10007  
H:212-222-2225  
DOB:01/01/1960

Allergies

Billing Alert

Wt: 150 lbs.  
Appt(L): 01/05/11  
PCP: Gotlin,  
Language: English  
Translator: No

Ins: GP - PART  
Acc Bal: \$127.00  
Guar: test1 test  
Gr Bal: \$75.00  
Ren: Gotlin,

**CLICK TO EDIT**  
Needs referral for screening colonoscopy.

**SECURE NOTES**

**ADV DIREC**  
1. DNR 2. AMB  
due on : 10/13

Medical Summary | Alerts | Labs | DI | Procedures | Growth Chart | Immunization | Encounters | Patient Docs | Flowsheets | Notes

SF ▼ Rel ▼ Bulleted ▼ Encounters ◀ V /15/2010 AM-MONIT

**Chief Complaint(s):**

- AM-MONITORING

**HPI:** ▼

[Adult MON Visit](#)

Service Provided Service Pro

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General HPI - .

---

Stability Status - .

---

Treatment Adherence - - .

---

Psychosocial Update - - .

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Appetite Assessment - - .

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HIV Prevention & Education - - .

---

Treatment Plan - - .

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[Depression Screening](#)

PHQ-2 In last 2 weeks have yo  
things No, Feeling down depressed or

**HPI Notes** ✕

Free-form Structured

Treatment Adherence Clear All

Name	Value		Notes
<input checked="" type="checkbox"/> Is patient on ARV Therapy?	* Yes	✕	
<input type="checkbox"/> Can patient name or identify		✕	
<input type="checkbox"/> How many doses has patient		✕	
<input type="checkbox"/> How many doses has patient		✕	
<input type="checkbox"/> Is the patient taking medic		✕	
<input type="checkbox"/> Approximate monthly adhe		✕	
<input type="checkbox"/> -	<div style="border: 1px solid black; padding: 2px;">           90-100%            80-89% <span style="color: blue;">▶</span>            70-79%            &lt;70%         </div>	✕	

eClinical Works software: Used with permission of the William F. Ryan Health Network.

Custom
Close

# Template: Treatment Adherence Visit

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DOB:01/01/1960

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Gr Bal: \$75.00  
Ren: Gotlin,

CLICK TO ED  
Needs referral for  
screening colono

Medical Summary | Alerts | Labs | DI | Procedures | Growth Chart | Immunization | Encounters | Patient Docs | F

SF

Rel

Bulleted

## Subjective:

### Chief Complaint(s):

- NURSE-PATIENT ED

### HPI:

#### Brief HIV Adherence Education Service / ARV Medications

Visit -. ARV Medications -. .

#### For Patients Getting Ready for Initial or Changed ARV Regimen

Readiness Assessment (TA-70/445):

1. What changes will you need to make in your everyday life to continue to take your medications correctly? N/A
2. What do you think is good /bad about the HIV medications? What have you heard? N/A
3. What challenges will you have when taking this medication? N/A

#### For Patients Currently Taking ARV Medication

Quantitative Assessment (TA-160/610): -. Barriers to Adherence (TA-197/12 and TA-4/14) -. .

#### For All Patients Being Evaluated

Education and Adherence Actions Provided: -. .

#### Other Relevant Information

Additional Comments: -. .

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# Template: Care Planning

Test, Test, 51 Y, F Sel Info Hub



Some Street  
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DOB: 01/01/1960

- Allergies
- Billing Alert

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Appt(L): 01/05/11  
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Language: English  
Translator: No

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Acc Bal: \$127.00  
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Gr Bal: \$75.00  
Ren: Gotlin,

CLICK TO EDIT  
Needs referral for  
screening colonoscopy.

SECURE NOTES

ADV DIRECTIVE  
1. DNR 2. AMB form  
due on : 10/13/2010

Medical Summary | Alerts | Labs | DI | Procedures | Growth Chart | Immunization | Encounters | Patient Docs | Flowsheets | Notes

SF

## Subjective:

### Chief Complaint(s):

- SS-CARE PLANNING-ICP

### HPI:

[HIV Interdisciplinary Care Planning](#)

Encounter: -.

Care Planner (Name, Extention): -. PCP: -.

Patient Information: -.

ARV Treatment Status: ARV Treatment Status: Unstable,

Medical Provider Update: -.

Care Planner Update / Treatment Plan: -.

### Current Medication:

- Multi Vit/FI 0.25 MG 1 tablet Once a day
- Lisinopril
- Clonidine HCl 1 tablet Twice a day
- Lisinopril

## HPI Notes

Free-form

Structured

Medical Provider Update:

Name	Value	Notes
<input type="checkbox"/> Needs to be Addressed:		
<input type="checkbox"/> Notes to Care Planner:		
<input type="checkbox"/>		

- No Issues - Continue Treatment
- Missed Medical Appointments
- Treatment Education/Adherence
- Food Assistance
- Benefits/Insurance
- Substance Use
- Mental Health
- Housing Assistance

Add

Cancel

Custom

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# Optimal EHR Use

## Example: Drug-Drug Interactions

- Evaluation and alerting
- Differ based upon:
  - System functionality
  - Network-defined customization
  - User-defined customization
- Option turn-on ≠ Meaningful Use

**Drug Interaction**

Drug 1	Drug 2	Severity	Drug To Drug Interaction Description
Geodon Oral Capsule 40 MG	Azithromycin Oral Tablet 250 MG	Major	Prolonged QT interval and cardiac arrhythmias are a potential when Azithromycin Oral Tablet 250 MG and Geodon Oral Capsule 40 MG are used concurrently.
Lisinopril Oral Tablet 40 MG	Aspirin Rectal Suppository 600 MG	Moderate	Inhibition of prostaglandin synthesis by Aspirin Rectal Suppository 600 MG may impair the beneficial effects of Lisinopril Oral Tablet 40 MG in heart failure and hypertension.
Lisinopril Oral Tablet 40 MG	GlyBURIDE-MetFORMIN Oral Tablet 5-500 MG	Moderate	Hypoglycemia may occur when using Lisinopril Oral Tablet 40 MG with GlyBURIDE-MetFORMIN Oral Tablet 5-500 MG.

----- Drug To Allergy Interaction - NONE -----

Drug	Condition	Severity	Precaution Description
GlyBURIDE-MetFORMIN Oral Tablet 5-500 MG	Type 1 Diabetes Mellitus	Contraindicated	GlyBURIDE-MetFORMIN Oral Tablet 5-500 MG is contraindicated in Type 1 Diabetes Mellitus.
12 Hour Nasal Oral Tablet Extended Release 12 Hour 6-120 MG	Asthma	Not recommended	12 Hour Nasal Oral Tablet Extended Release 12 Hour 6-120 MG is not recommended in Asthma.
Albuterol Inhalation Aerosol Solution 90 MCG/ACT	Atrial Fibrillation	Not recommended	Albuterol Inhalation Aerosol Solution 90 MCG/ACT is not recommended in Cardiac Arrhythmia. Since Atrial Fibrillation is a more specific form of Cardiac Arrhythmia, the same precaution may apply.
Geodon Oral Capsule 40 MG	Atrial Fibrillation	Not recommended	Geodon Oral Capsule 40 MG is not recommended in Cardiac Arrhythmia. Since Atrial Fibrillation is a more specific form of Cardiac Arrhythmia, the same precaution may apply.
Aspirin Rectal Suppository 600 MG	Asthma	Not recommended	Aspirin Rectal Suppository 600 MG is not recommended in Asthma.
Metoprolol			

Notes | Time Stamp | Browse ... | Check Spelling |

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Print Preview | Print | Close

# AmeriCorps VISTA

- National service program designed to fight poverty through ‘capacity building’ at non-profits
  - Volunteers serve for 12 months and receive a modest living stipend
  - Build host organization’s infrastructure
  - Expanding EHR is a major VISTA objective
  - AmeriCorps is growing rapidly and looking for new host sites
- VISTA projects: develop templates & EHR manuals, train staff, create data reports, etc.
- [http://www.americorps.gov/for\\_individuals/choose/vista.asp](http://www.americorps.gov/for_individuals/choose/vista.asp)

# EHR Challenges

- Vendor management skills to ensure functional needs of special programs are met.
- All new services require additional development and coordination time with IT to configure the system.
- Access/security issues: Every staff member can see chart in “real-time”.
- Workflow challenges
- New job duties: training, in-box overflow, report/data management
- Costs: System changes require \$ / IT / EHR vendor support

# Advantages of EHR

- No more searching for charts
- Every staff member can see chart in “real-time”.
  - Remote care planning/conferencing
- No lost labs
- Decision support – templates, order sets, alerts
- Data collection improvements
- Service staff can view/manage their own schedules and communicate immediately within the EHR.
- Documentation at every step
- “Meaningful use” provides an opportunity.

Best of Luck  
and  
Thank You

