The Utah Health Information Technology Environment

IC³
A Beacon Community

Improving care • connectivity • collaboration
Objectives

1. Provide insight into the landscape of Health IT adoption in Utah
2. Examine the gaps in technology and resources
3. Highlight progress and achievements
Who is HealthInsight?

• Non-profit, community based organization with local governance in New Mexico, Nevada and Utah

• A recognized leader in:
  – Transparency and public reporting
  – **Health information technology initiatives**
  – Payment reform efforts
  – Human factors science research and application
  – Quality assurance activities

• A Medicare Quality Improvement Organization (QIO); an ONC Regional Extension Center (or subcontractor); an ONC Beacon Community; an AHRQ Chartered Value Exchange; an ATOP care management provider; an AF4Q Community in New Mexico; an EQRO contractor

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Improved System Performance Relationships

- Better Outcomes & Health, and Lower Costs
- Sharing Clinical Data Across Providers & Care Settings
- Using HIT for Care Coordination
- Transparency & Continuous Feedback Support
- Work Flow & Care Process Redesign
- Consumer Engagement

Copyright HealthInsight 2012 update

Engaged Community

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Beacon Community Program: Conceptual Model

Sustainable Quality & Efficiency Improvements

Care Delivery Innovations
- Decision support
- Rx management
- Care coordination
- Discharge planning

Measurement & Provider Feedback
- Quality
- Efficiency
- Population health

Payment Reform
- Accountable care organizations
- Bundled payments
- Advanced medical homes

Foundation of Health IT
Electronic health records and information exchange

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Healthcare Redesign Principles

All gears must be turned to achieve the goals of the ACA and other health reform initiatives.

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Health IT History at HealthInsight

- DOQ-IT Project (Doctor’s Office Quality Information Technology) – EHR Adoption
- Medicare QIO Physician Office and Care Transitions – Prevention Project - Cancer Screenings & Immunizations
- Regional Extension Center for Health IT – support for HIT adoption and Meaningful Use of EHRs by small primary care practices
- Beacon Community Program – demonstrating impact of advance HIT implementation on care management

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e-Healthy Community Initiative

- Looking at HIT Adoption in communities around the state
- Community events
- Inform and educate
- Ensure the Health IT discussion is happening at the local level

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### e-Healthy Community Profiles

**A snapshot look at Health IT adoption**

**Aligned with 12 local health districts geography**

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#### e-Health Community Profile: Salt Lake Health District, Utah

<table>
<thead>
<tr>
<th>Type of Practice</th>
<th>Total #</th>
<th># with EHR</th>
<th>Adoption Rate</th>
<th>State Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>18</td>
<td>16</td>
<td>89%</td>
<td>78%</td>
</tr>
<tr>
<td>Primary Care Clinic</td>
<td>239</td>
<td>133</td>
<td>56%</td>
<td>62%</td>
</tr>
<tr>
<td>Specialty Clinic</td>
<td>387</td>
<td>164</td>
<td>42%</td>
<td>40%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>38</td>
<td>13</td>
<td>34%</td>
<td>42%</td>
</tr>
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</table>

#### Clinical Health Information Exchange (cHIE) Participation

<table>
<thead>
<tr>
<th>Type of Practice</th>
<th>Total #</th>
<th># Using the cHIE</th>
<th>Rate of Participation</th>
<th>State Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>18</td>
<td>8</td>
<td>44%</td>
<td>56%</td>
</tr>
<tr>
<td>Primary Care Clinic</td>
<td>239</td>
<td>72</td>
<td>30%</td>
<td>27%</td>
</tr>
<tr>
<td>Specialty Clinic</td>
<td>387</td>
<td>116</td>
<td>30%</td>
<td>23%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>38</td>
<td>7</td>
<td>18%</td>
<td>22%</td>
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</tbody>
</table>

#### Utilizing Regional Extension Center (REC) Services toward Meaningful Use

<table>
<thead>
<tr>
<th>Primary Care†</th>
<th>Total # of Practices</th>
<th># Working with REC</th>
<th>Percent</th>
<th>State Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>239</td>
<td>66</td>
<td>28%</td>
<td>34%</td>
</tr>
</tbody>
</table>

#### Meaningful Use EHR Incentive Attestation

<table>
<thead>
<tr>
<th>Providers (Medicare)</th>
<th># Registered (Community)</th>
<th># Registered (State)</th>
<th># Attested (Community)</th>
<th># Attested (State)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>590</td>
<td>1,407</td>
<td>71</td>
<td>276</td>
</tr>
<tr>
<td>Providers (Medicaid)</td>
<td>106</td>
<td>312</td>
<td>61</td>
<td>170</td>
</tr>
<tr>
<td>Hospitals (Medicare)</td>
<td>21</td>
<td>36</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Hospitals (Medicaid)</td>
<td>3</td>
<td>13</td>
<td>3</td>
<td>13</td>
</tr>
</tbody>
</table>

#### Prescribing

<table>
<thead>
<tr>
<th>Total # of Prescribers</th>
<th>Total Wired Prescribers</th>
<th>% Wired Prescribers</th>
<th>State % Wired Prescribers</th>
<th>Total eRx Utilization **</th>
<th>State Total eRx Utilization **</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,512</td>
<td>1,116</td>
<td>24.7%</td>
<td>29.9%</td>
<td>17.1%</td>
<td>18.7%</td>
</tr>
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</table>

#### Consent Center

<table>
<thead>
<tr>
<th>Consents (Community)</th>
<th>Population (Community)</th>
<th>Consent Rate (Community)</th>
<th>Consents (State)</th>
<th>Population (State)</th>
<th>Consent Rate (State)</th>
</tr>
</thead>
<tbody>
<tr>
<td>31,964</td>
<td>1,027,655</td>
<td>3.1%</td>
<td>62,279</td>
<td>2,817,222</td>
<td>2.2%</td>
</tr>
</tbody>
</table>
# e-Health Community Profile: Weber-Morgan Health District, Utah

## Electronic Health Record (EHR) Adoption

<table>
<thead>
<tr>
<th>Type of Practice</th>
<th>Total #</th>
<th># Has EHR</th>
<th>Adoption Rate</th>
<th>State Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>2</td>
<td>2</td>
<td>100%</td>
<td>70%</td>
</tr>
<tr>
<td>Primary Care Clinic†</td>
<td>44</td>
<td>24</td>
<td>55%</td>
<td>53%</td>
</tr>
<tr>
<td>Specialty Clinic</td>
<td>71</td>
<td>32</td>
<td>45%</td>
<td>38%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>11</td>
<td>2</td>
<td>18%</td>
<td>41%</td>
</tr>
</tbody>
</table>

## Clinical Health Information Exchange (cHIE) Participation***

<table>
<thead>
<tr>
<th>Type of Practice</th>
<th>Total #</th>
<th># Connected to cHIE</th>
<th>Rate of Participation</th>
<th>State Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>2</td>
<td>1</td>
<td>50%</td>
<td>11%</td>
</tr>
<tr>
<td>Primary Care Clinic†</td>
<td>44</td>
<td>1</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Specialty Clinic</td>
<td>71</td>
<td>0</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>11</td>
<td>1</td>
<td>9%</td>
<td>15%</td>
</tr>
</tbody>
</table>

## Utilizing Regional Extension Center (REC) Services toward Meaningful Use

<table>
<thead>
<tr>
<th>Type of Practice</th>
<th>Total # of Practices</th>
<th># Working with REC</th>
<th>Percent</th>
<th>State Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care†</td>
<td>44</td>
<td>9</td>
<td>20%</td>
<td>26%</td>
</tr>
</tbody>
</table>
## e-Health Community Profile:
**Weber-Morgan Health District, Utah**

### Meaningful Use EHR Incentive Attestation

<table>
<thead>
<tr>
<th></th>
<th># Registered (Community)</th>
<th># Registered (State)</th>
<th># Attested (Community)</th>
<th># Attested (State)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers (Medicare)</td>
<td>11</td>
<td>507</td>
<td>0</td>
<td>70</td>
</tr>
<tr>
<td>Providers (Medicaid)</td>
<td>3</td>
<td>59</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Hospitals (Dual Eligible)</td>
<td>1</td>
<td>34</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

### e-Prescribing

<table>
<thead>
<tr>
<th></th>
<th>Total # of Prescribers</th>
<th>Total Wired Prescribers</th>
<th>% Wired Prescribers*</th>
<th>State Avg % Wired Prescribers*</th>
<th>Total eRx Utilization **</th>
<th>State Avg Total eRx Utilization **</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>717</td>
<td>188</td>
<td>26.2%</td>
<td>23.9%</td>
<td>8.6%</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

### Patient Consent

<table>
<thead>
<tr>
<th></th>
<th>Total Patient Consents (County)</th>
<th>Total Patient Consents (State)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>514</td>
<td>9,028</td>
</tr>
</tbody>
</table>

† Primary Care Clinic numbers include both primary care and multi-specialty care clinics
* A Wired prescriber is defined as any prescriber that meets any of the following criteria: 1) Has a surescripts connection 2) prescribed at least 1 eRx to medco mail in the time period 3) Has prescribed at least 5 eRx’s to retail in the time period
** eRx Utilization defined as electronic prescriptions/total prescriptions
*** cHIE participation defined as providing data or actively using the cHIE system
### e-Health Community Leaders: Weber-Morgan Health District, Utah

#### Electronic Health Record (EHR) Adoption

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Nursing Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>McKay-Dee Hospital</td>
<td>Wasatch Care Center</td>
</tr>
<tr>
<td>Ogden Regional Med Center</td>
<td>Avalon George E. Wahlen</td>
</tr>
</tbody>
</table>

#### Specialty Clinics

<table>
<thead>
<tr>
<th>Bradley K Summers</th>
<th>Int McKay-Dee Foot &amp; Ankl</th>
<th>Int Radiation Oncology Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caroline R Tadros</td>
<td>Int McKay-Dee Behvl Hlth</td>
<td>Int Skin Cancer &amp; Esthetics</td>
</tr>
<tr>
<td>Charles B Lawton</td>
<td>Int McKay-Dee Critical Care</td>
<td>Int Snowbasin Emergency Clnc</td>
</tr>
<tr>
<td>Heart of Utah</td>
<td>Int McKay-Dee Neonatalg</td>
<td>Radiation Center Oncologists</td>
</tr>
<tr>
<td>Intmtn Allergy &amp; Asthma</td>
<td>Int McKay-Dee Wound</td>
<td>Robert J Alley</td>
</tr>
<tr>
<td>Intmtn Calton-Harrison Orth</td>
<td>Int McKay-Dee Vasculr Inst</td>
<td>Utah Cardiology</td>
</tr>
<tr>
<td>Intmtn Endocrine Diabetes</td>
<td>Int McKay-Dee Rheumatlgy</td>
<td>Utah Hematology Oncology</td>
</tr>
<tr>
<td>Intmtn Instacare N Ogden</td>
<td>Int McKay-Dee Urognynecology</td>
<td>Utah Imaging Associates</td>
</tr>
<tr>
<td>Intmtn Instacare S Ogden</td>
<td>Int Neurology Clinic</td>
<td>Utah Imaging Centers</td>
</tr>
<tr>
<td>Int McKay-Dee Dermatology</td>
<td>Int Northern Utah Surgeons</td>
<td>Weber Human Services</td>
</tr>
<tr>
<td>Int McKay-Dee ENT Clinic</td>
<td>Int Ogden Cardiovasc Assoc</td>
<td></td>
</tr>
</tbody>
</table>

#### Primary Care Clinics†

<table>
<thead>
<tr>
<th>A Patrick Rose</th>
<th>Int McKay-Dee Internal Med</th>
<th>Midtown Comm Health (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elena Goncharova</td>
<td>Int McKay-Dee Porter Family</td>
<td>Ogden Clinic (6 sites)</td>
</tr>
<tr>
<td>Gregory L Gochnour</td>
<td>Intermtn North Ogden</td>
<td>Ogden Womens Clinic</td>
</tr>
<tr>
<td>Health Clinics of Utah</td>
<td>Intermtn South Ogden</td>
<td>Rock Run Medical</td>
</tr>
<tr>
<td>Intermtn Herefordshire</td>
<td>Intermtn Wasatch OB/GYN</td>
<td>South Ogden Ctr for Family</td>
</tr>
<tr>
<td>Int McKay-Dee Pediatrics</td>
<td>Intermtn Workmed Ogden</td>
<td></td>
</tr>
</tbody>
</table>
e-Health Community Leaders:
Weber-Morgan Health District, Utah

| Clinical Health Information Exchange (cHIE) Participation** |
|-----------------|-----------------|-----------------|
| Hospitals       | Nursing Homes   | Specialty Clinics |
| Ogden Regional Med Center | Avalon George E. Wahlen | |
| **Primary Care Clinics†** |                     |                   |
| Health Clinics of Utah   |                     |                   |
| **Successful Meaningful Use Attesters*** |                   |                   |
| **Eligible Providers** |                     |                   |
| **Patient Consent for cHIE** |                   |                   |
| **Facilities Collecting Patient Consent** |                   |                   |
| Health Clinics of Utah   | Utah Spine Care (Ogden) |                   |

† Primary Care includes both primary care and multi-specialty care clinics
* Providers working with the REC that have successfully attested for the Medicare Meaningful Use EHR Incentive Program. Does not necessarily represent all providers that have attested.
** cHIE participation defined as providing data or actively using the cHIE system
Health IT Learning & Action Network

• Invitation to all providers in Utah
• Live, in-person events, along with webinars
• Focused on effective use of Health IT:
  • Patient engagement
  • Clinical decision support (patient-specific clinical alerts)
  • Clinical quality improvement
  • Population health (patient registries by condition)

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## Learning & Action Network

### Calendar of Events

<table>
<thead>
<tr>
<th>Event</th>
<th>Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health IT Privacy &amp; Security Webinar</td>
<td>June 12, 2013 12:00-1:00pm</td>
</tr>
<tr>
<td>Patient Centered Medical Home Webinar</td>
<td>July 18, 2013</td>
</tr>
<tr>
<td>Physician Quality Reporting System (PQRS) Webinar</td>
<td>Aug 8, 2013</td>
</tr>
<tr>
<td>Stage 2 Meaningful Use Webinar</td>
<td>Sep 19, 2013</td>
</tr>
<tr>
<td>Physician Office Quality Award Celebration</td>
<td>Nov 14, 2013</td>
</tr>
</tbody>
</table>

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Gaps in Health IT Adoption

Technology, Training & Resources

• Technology: Meaningful Use is Closing the Gap
• Health Information Exchange
• Privacy & Security Risks
• Staff & Provider Training
# Health IT Adoption Challenges

| Financial          | • Expense of system  
|                   | • Uncertainty around ROI  
|                   | • Provider and staff productivity  
|                   | • Uncertainty about financial incentives  |
| Technical         | • Concerns about technically supporting a system  
|                   | • Lack of necessary computer/technical skills  
|                   | • Finding the right EHR to suit practice needs  
|                   | • Having the right IT staff in place  |
| Org/Culture Change| • Disruption of workflow and productivity  
|                   | • Privacy and security concerns  
|                   | • Maintaining patient centeredness and satisfaction  |
American Recovery and Reinvestment Act (ARRA) - Stimulus Package

• Includes $34B in incentives for **Physicians**:  
  – Up to $44,000 over five years – Medicare  
  – Up to $63,750 over six years – Medicaid  

• Coined the term “Meaningful Use” of HIT

• Meaningful Use includes:
  – **Using certified EHR technology** in a meaningful manner  
  – Exchanging health information to improve the quality of care  
  – **Reporting** on clinical quality measures

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http://www.thehealthcareblog.com/the_health_care_blog/2010/03/its-not-about-meaningful-use-.html

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Meaningful Use Priority Areas

• Improve **quality, safety, efficiency, and** reduce health **disparities**
• Engage **patients** and families in their health care
• Improve **care coordination**
• Improve **population and public health**
• Ensure adequate **privacy and security** protections for PHI
Meaningful Use (Conceptually)

- **2011 Stage 1**: Data capture and sharing
- **2014 Stage 2**: Advanced clinical processes
- **2016 Stage 3**: Improved outcomes

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Federal EHR Incentives?

2011-2014 – Incentives available (carrot)

2015 and later – Penalties of up to 3% payment adjustment on Medicare reimbursement (stick)

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## Medicare EHR Incentives

<table>
<thead>
<tr>
<th>Year of Services</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$18,000</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>2012</td>
<td>$12,000</td>
<td>$18,000</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>2013</td>
<td>$8,000</td>
<td>$12,000</td>
<td>$15,000</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>2014</td>
<td>$4,000</td>
<td>$8,000</td>
<td>$12,000</td>
<td>$12,000</td>
<td>-----</td>
</tr>
<tr>
<td>2015</td>
<td>$2,000</td>
<td>$4,000</td>
<td>$8,000</td>
<td>$8,000</td>
<td>$0</td>
</tr>
<tr>
<td>2016</td>
<td>-----</td>
<td>$2,000</td>
<td>$4,000</td>
<td>$4,000</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Max</strong></td>
<td><strong>$44,000</strong></td>
<td><strong>$44,000</strong></td>
<td><strong>$39,000</strong></td>
<td><strong>$24,000</strong></td>
<td><strong>$0</strong></td>
</tr>
</tbody>
</table>

- Based on yearly “Medicare Allowed” charges
- Maximum assumes $24,000+ in allowed charges

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Medicaid EHR Incentives

<table>
<thead>
<tr>
<th>Year 1 2011-2016</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Year 6</th>
<th>Total Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>$21,250</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$63,750</td>
</tr>
</tbody>
</table>

- An eligible professional, not hospital-based, with at least 30% patient volume attributable to Medicaid
- Providers practicing predominantly in a FQHC or RHC with at least 30% of patient volume attributable to *needy individuals*
## Total Objectives

### Stage 1

<table>
<thead>
<tr>
<th>Eligible Professionals</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15 core objectives</td>
<td></td>
</tr>
<tr>
<td>5 of 10 menu objectives</td>
<td></td>
</tr>
<tr>
<td>20 total objectives</td>
<td></td>
</tr>
</tbody>
</table>

### Stage 2

<table>
<thead>
<tr>
<th>Eligible Professionals</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17 core objectives</td>
<td></td>
</tr>
<tr>
<td>3 of 6 menu objectives</td>
<td></td>
</tr>
<tr>
<td>20 total objectives</td>
<td></td>
</tr>
</tbody>
</table>

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Health IT Regional Extension Center for Utah & Nevada (REC)

• *HealthInsight* was named as HIT REC for Utah & Nevada
  – ONC Grant Funding = $6.7 Million
  – February 2010 – January 2014

• Provide Technical Assistance to 1,500 clinical providers to:
  – Adopt Electronic Health Record systems
  – Implement “Meaningful Use” and qualify for the Medicare/Medicaid EHR Incentive Programs
Health IT Regional Extension Center for Utah & Nevada (REC)

• General Education and Outreach
  – Tools and resources on our website
  – In-office Meaningful Use education
  – Education thru Seminars and Webinars

• Direct technical support services
  – EHR Selection and Adoption
  – Meaningful Use Attainment and Attestation
  – Privacy & Security Support

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Bi-State NV/UT REC Milestones
Sign-up, Go-Live, Meaningful Use

Goal: 1463 providers

100% of Goal Met
100% of Goal Met
48% of Goal Met

Sign-Ups: Milestone 1
EHR Go-Live: Milestone 2
Meaningful Use: Milestone 3

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Utah’s Health IT Regional Extension Center

- Direct technical support services
  - Over 1,000 Providers (~180 Practices/Hosp.)
    - EHR Selection and Adoption
    - System and Process Improvements
    - Meaningful Use Attainment and Attestation

- Reaching Meaningful Use
  - Over 560 Providers (~119 Practices/Hospitals)

- REC Support Services still available to both Primary Care and Specialty Providers

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Minimize the Valley of Despair

Why the Emphasis on the Front End?

- Implement EHR
  - Leadership and management determine how long you’re in the valley of despair
  - Good choices and management determine level of productivity and satisfaction

- Possible Future

- Preferred Future

- Little or No HIT
  - Choices, planning, and execution determine extent of slide

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REC Support for Meaningful Use

• All about managing the change in the clinic
• Establish MU team in the clinic/hospital
• MU Reports – Driving to the Gaps
• Goals & Milestones
• Implementing Best Practices
• PDSA cycles
Out-Patient System Improvement Lifecycle

Assessment
- quantitative
- practice specific
- structured
- Staff inclusive

Report card development and analysis
- GAP analysis
- RCA
- practice specific

Implementation
- Practice specific
- Cultural needs met
- Staff buy in achieved

WKF / SOP / P&P
- Practice / software specific

Development
- P8P / SOP / P&P

Implementation
- SOP / P&P

Assessment
Lessons Learned
Stage 1

- Do start early tracking and monitoring measures
- Do consider other initiatives PQRS, Medical Home, etc...
- Do have an EHR Champion
- Do incorporate quality goals in training
- Do conduct audits
- Do question data

- Don’t wait – incentives decrease and objectives take time
- Don’t depend on vendor to achieve MU
- Don’t assume privacy and security are handled
Barriers in Meeting MU

- Failure to provide patient summaries at the end of the visit
- Electronic Exchange of Information
- Participation in PQRS and e-Rx meets MU requirements
- Vendor Delays
- Workflow Process Related
- Financial or Resource Related
What is a Health Information Exchange (HIE)?

Getting the information where it needs to be...

- Secure Clinical Data
- Enhanced Collaboration
- Decision Support
- Real time data
- Continuum of Care

...to provide the knowledge to improve care and reduce costs.

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Barriers to HIE

- Patient Consent – Opt-in Model
- Vendor Connections – data flow through EHR Systems
- Provider & System Adoption
Privacy & Security of ePHI

- HITECH Act of 2009 is more stringent and adds to the HIPAA Act of 1996
- Meaningful Use requires a Security Risk Assessment be performed
- Three broad areas:
  
  * Physical
  * Administrative
  * Technical

  People
  Processes
  Policies

  Hardware
  Software

  Storage
  Breaches

  Loss and Recovery

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Objective:
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.

Measure:
Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.
Privacy & Security of ePHI

• You are responsible to maintain systems and processes that ensure privacy and security of patient health information

• Penalties for violations could be $100K-$1.5 million

• Costs to mitigate the risks are significantly lower than the potential costs of a violation
Utah Health IT Adoption

Progress & Achievements

• EHR Adoption – national perspective
• Meaningful Use Attestations
• e-Prescribing Progress – Wired Providers & Utilization
• Beacon Community Progress
HealthIT.gov Dashboard

EHR Adoption

Source: [http://dashboard.healthit.gov/HITAdoption/?view=0](http://dashboard.healthit.gov/HITAdoption/?view=0)
HealthIT.gov Dashboard - EHR Incentives

Source: http://dashboard.healthit.gov/meaningfuluse/

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Meaningful Use EHR Incentives*
Utah Providers & Hospitals

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- Over $13.5 billion paid out across the country

* January 2011-March 2013

Data source: [https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/DataAndReports.html](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/DataAndReports.html)
Utah Wired Prescribers

Source data: Summary of Surescripts data provided to ONC

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Utah e-Prescribing Utilization*

* eRx Utilization defined as electronic prescriptions/total prescriptions
Source data: Medco & ONC Surescripts Summary

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Questions?

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