Welcome on behalf of the TNA/TONE Health IT Task Force!

A 4-Part Educational Series Sponsored by TNA & TONE
February 29, 2012

Acknowledgement: Contribution by TNA/TONE HIT Task Force members

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TNA/TONE Health IT Task Force

• Charge: Determine implications of health care informatics for nursing practice and education in Texas

• Include nationally-based Technology Informatics Guiding Education Reform (TIGER) initiative

TNA = Texas Nurses Association
TONE = Texas Organization of Nurse Executives
HIT Taskforce Membership

Composed of TNA and TONE Member from practice and academia

Task Force Members

- David Burnett
- Nancy Crider
- Susan McBride
- Mary Anne Hanley
- Molly McNamara
- Mary Beth Mitchell
- Elizabeth Sjoberg
- Mari Tietze

TNA

- Clair Jordan
- Joyce Cunningham
- Laura Lerma
Why Does HIT Matter
Deep in the Heart of Texas?

Environmental Forces:
- Health Care Reform/ARRA
- Advanced Practice Nurse Roles
- EHR Incentives
- IOM/RWJF Report Advancing Health Care
- Informatics Nurse Standards by ANA

CNE for Practicing Nurses
Educational Content Dissemination
Awareness Campaign
Nursing HIT Curriculum Development

Embrace the Technology
Preserve the Art
For 300,000 Texas Nurses

Advisory Committee: Practice, Administration, Education and Vendors/Suppliers
“Drivers of Health Information Technology: what is the sense of urgency about,…?”

February 29, 2012

Susan McBride, PhD, RN
Texas Tech University Health Sciences Center
Objectives

• Define Health Information Technology (HIT) & the role in organizations
  • IT role in healthcare settings
  • Nursing role in HIT
  • Health IT policy
• Explain the purpose and requirements for “Meaningful Use” for hospitals and ambulatory practices
  • American Reinvestment and Recovery Act (ARRA)
  • Provider requirements
  • Hospital and practice setting requirements
• Discuss impact of regulatory requirements on managing within HIT
  • Core measures, SCIP, other regulatory documentation
  • ICD10 and SNOMED
  • ePrescribing
  • CPOE-computer provider order entry
Definitions of HIT

• Health information technology (HIT) is “the application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making” (Brailer, & Thompson, 2004).

• HIT includes a variety of integrated data sources, including (but not limited to):
  – Electronic Medical Records,
  – Electronic Health Records,
  – Personal Health Records,
  – Decision Support Systems,
  – ePrescribing, and
  – Computerized Physician Order Entry.
# Important definitions

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<th><strong>Electronic Medical Record</strong></th>
<th><strong>Electronic Health Record</strong></th>
<th><strong>Personal Health Record</strong></th>
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<td>An electronic record of health-related information on an individual that can be created, gathered, managed, and consulted by authorized clinicians and staff within one health care organization.</td>
<td>An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization.</td>
<td>An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be drawn from multiple sources while being managed, shared, and controlled by the individual.</td>
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<th><strong>Health Information Exchange</strong></th>
<th><strong>CPOE/ePrescribing</strong></th>
<th><strong>Clinical Decision Support</strong></th>
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<td>The electronic movement of health-related information among organizations according to nationally recognized standards.</td>
<td>Computer Provider Order Entry (CPOE) is an electronic system for inputting orders into an electronic health record, ePrescribing is a specific form of CPOE. ePrescribing is an electronic transmission of a prescription—not an electronically transmitted fax.</td>
<td>Clinical Decision Support (CDS) is a computerized mechanism based on rules coded within the system to trigger alerts to clinicians on such things as drug-drug interactions, over dosage, diagnosis and management, etc.,..</td>
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*The National Alliance for Health Information Technology Report to the Office of the National Coordinator for Health Information Technology on: Defining Key Health Information Technology Terms*, April 28, 2008.
To work effectively these features need to work in tandem and be well designed by effective multi-disciplinary teams.

Multi-disciplinary team’s Role is Critical to the Success of these Systems

Nursing’s Role is Critical to the Success of these Systems
Driving Forces for HIT

• Mandate for electronic health records is tied to:
  • Transparency
  • Pay for performance
  • Increases in quality = decreases in healthcare cost
  • Economic strain on healthcare industry
    – Uninsured population of 46 million [2004]
    – Aged population growth
    – Expanded Medicaid enrollment under the Accountable Healthcare Act

• Workforce issues:
  – Shortages such as nursing, physicians, PT and Pharmacy
“To lower health care cost, cut medical errors, And improve care, we’ll computerize the nation’s health records in five years, saving billions of dollars in health care costs and countless lives.”

ELECTRONIC HEALTH RECORDS: A NATIONAL PRIORITY
EHR for All Americans by 2014, a Promise of the HITECH Act

Let the whole word know that the American healthcare system has entered the 21st century

No one in the history of healthcare or any other sector has tried to do something as complicated, as difficult.

Congress has provided my office with very powerful tools so we are bringing those tools to life in support of your work.

David Blumenthal, M.D., M.P.P.
Former National Coordinator for Health Information Technology
U.S. Department of Health & Human Services

HITECH = Health Information Technology Economic and Clinical Health
HITECH: Catalyst for Transformation

Pre 2009

A system plagued by inefficiencies

2009

EHR Incentive Program and 60 Regional Extension Centers

2014

Widespread adoption and meaningful use of EHRs
THE ROLE OF HIT

Building an Interconnected, Patient-Centric Care System
Resulting in Improved Quality, Safety and Efficiency

Better Communication and care coordination

Safer Treatment via e-Prescribing

Faster Delivery of information and results

More efficient Coding and billing
OVERVIEW OF MEANINGFUL USE

The American Recovery and Reinvestment Act (ARRA) authorizes the Centers for Medicare & Medicaid Services (CMS) to offer a financial incentive to physician and hospital providers who demonstrate the “meaningful use” of an electronic health record (EHR).

According to the CMS, a provider uses an EHR “meaningfully” when he or she:

1) Improves quality, safety, efficiency, and reduce health disparities
2) Engages patients and families
3) Improves care coordination
4) Improves population and public health
5) Ensures adequate privacy and security protections for personal health information
Five Pillars of Meaningful Use with Implications to Nursing Practice

1) Improve quality, safety, efficiency, and reduce health disparities
   ▪ Provide access to comprehensive patient health data for patient’s health care team
   ▪ Use evidence-based order sets and CPOE
   ▪ Apply clinical decision support at the point of care
   ▪ Generate lists of patients who need care and use them to reach out to patients

2) Engage patients and families
   ▪ Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health

3) Improve care coordination
   ▪ Exchange meaningful clinical information among professional health care team

4) Improve population and public health
   ▪ Submit immunization, syndromic surveillance and reportable disease data to public health agencies

5) Ensure privacy and security protection for personal health information
   ▪ Protect confidential information through operating policies, procedures, and technologies
   ▪ Provide transparency of data sharing to patient
THE VISION FOR MEANINGFUL USE: Each stage gets progressively harder to drive toward the ultimate goal

3 Stages of Meaningful Use

Stage 1
Data capture and sharing

Stage 2
Advanced clinical processes

Stage 3
Improved outcomes

Improved quality of care
HITECH Act: “A Carrot and Stick Approach”

The Stick

- E-prescribing and quality reporting disincentives—currently reduced reimbursement for lack of technology and reporting
- HITECH Act stipulates disincentives by further reductions in Medicare claims payment for “non-EHR users” starting in 2015

The Carrot

- Unprecedented funding opportunity of $17.2 billion for HIT funding
- Financial incentives for early adoption and meaningful use
  - Medicare: achieve meaningful use
  - Medicaid: adopt, implement or upgrade “a certified EHR”
**EHR Financial Incentives Driving Changes: Do you feel? “A Sense of Urgency”**

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<td><strong>Incentives Start</strong></td>
<td>CY 2011</td>
<td>FY 2011</td>
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<td><strong>Incentives End</strong></td>
<td>CY 2016 (max. 5 years)</td>
<td>FY 2015 (max. 4 years)</td>
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<td><strong>Incentive Amount</strong></td>
<td>Up to $44,000 total per provider; based on % Medicare claims</td>
<td>Varies, depending on % Medicare inpatient bed days. CAHs paid based on EHR costs and % Medicare inpatient bed days</td>
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<td>Up to $63,750 total per provider; based on 85% of EHR costs</td>
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<td><strong>Reimbursement Reduced</strong></td>
<td>CY 2015</td>
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Financial Incentives for Eligible Professionals

- Provides financial incentives
- Beginning with CY 2011
- For eligible professionals who are meaningful EHR users
- If physicians are using a certified EHR in 2011 or 2012, they can receive up to $44,000 through Medicare over a five year period.
- Medicaid incentives up to $63,750 with eligibility for Nurse Practitioners and Physician Assistants (PAs) leading rural clinics or FQHCs
HITECH Priority Programs Driving the Efforts Nationally:

1. Regional Extension Centers
2. State Grants to Promote Health Information Technology
3. Information Technology Professionals in Health Care
1. **Regional Extension Centers (RECs)** ($667 million total for the next 2 years—62 centers. 100,000 providers)
   - To establish a collaborative consortium of Health Information Technology Regional Extension Centers (Regional Centers) facilitated by the national Health Information Technology Research Center (HITRC).
   - To offer providers across the nation technical assistance in the selection, acquisition, implementation, and meaningful use of an EHR to improve health care quality and outcomes.

2. **State Grants to Promote Health Information Technology**
   - To promote health information exchange (HIE) that will advance mechanisms for information sharing across the health care system.
   - Texas Health Services Authority (THSA) received ONC grant dollars ($28 million) to build the HIT exchange across Texas and to connect to the national hub (NHIN)

3. **Information Technology Professionals in Health Care (Workforce Program):**
   - To fund the training and development of a workforce that will meet short-term HITECH Act programmatic needs.
Regional Extension Centers in Texas

- North Texas Regional Extension Center
- West Texas Regional Extension Center
- CentrEast Regional Extension Center
- Gulf Coast Regional Extension Center
Texas at a Glance,…

Texas Integration Strategy

TEXAS HEALTH SERVICES AUTHORITY (THSA)

Data elements
HIE Standards
Security/Privacy Policies
State-Level HIE Services
Record locator services
White space coverage

HEALTH & HUMAN SERVICES (HHSC)

Medicaid data
Regulatory issues
Population health
e-Health

REGIONAL EXTENSION CENTERS (RECs)

(Covers all of Texas)
Technical Consulting
Vendor Selection
Provider interface
Driving Meaningful Use
Provider Support

HEALTH INFORMATION EXCHANGE (HIE)

Coalitions
Vendors
Community Records
Medicaid HIE

Workforce Development/Research

• National
  • ONC
  • CoPs

• Weekly Meetings
  • ONC
  • State
  • RECs
  • Vendors
  • PPCPs

• HIE
  • Engaged w/ THSA Planning
  • HIE Coalition
  • Independent HIEs
  • Rural & Critical Access Hospitals
  • Rural Clinics & FQ HCs

For more information on THSA & Texas HIE go to: http://www.thsa.org/
The IOM Report Indicates Significant implications for Nursing Practice related to HIT

The report indicates:

• Given the nature of patient data collection, nurses will be integral to proper collection of meaningful use data.”

• Shifts in time and place of care have significant implications for nursing suggesting that nursing may be delivered remotely--as EHRs, CPOE systems, lab results, imaging systems, and pharmacies are linked in the exchange networks.

• HIT will fundamentally change the way nurses plan, deliver, document and review clinical care.

• HIT will refocus nursing on “high touch” tasks that these technologies cannot readily or appropriately accomplish

• HIT will lower cost and improve efficiency, effectiveness and quality of care.

• Care will be provided in “an interoperable digital commons” requiring more effective multidisciplinary teams.
Nursing Implications

• Practitioner who effectively interacts with electronic resources for patient care, rather than relying on memory, gains more complete and timely access to information.

• Rapid access to databases such as formularies, drug references, and other decision-making support tools, improves the quality of care.

• Nurses at all levels must be prepared to function in all aspects of HIT:
  • Leadership
  • Development
  • Support
  • Multi-disciplinary Team members
  • Nursing Informatics Specialists

http://www.medrecinst.com/pages/libArticle.asp?id=39
Questions

Please submit via electronic chat function