

# CHCI's Electronic Dental Records: A case study of selection, implementation and integration and achieving meaningful use for dentists.



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# Community Health Center, Inc.

**Our Vision:** Since 1972, Community Health Center, Inc. has been building a world-class primary health care system committed to caring for underserved and uninsured populations and focused on improving health outcomes, as well as building healthy communities.

## Three Foundational Pillars

Clinical Excellence

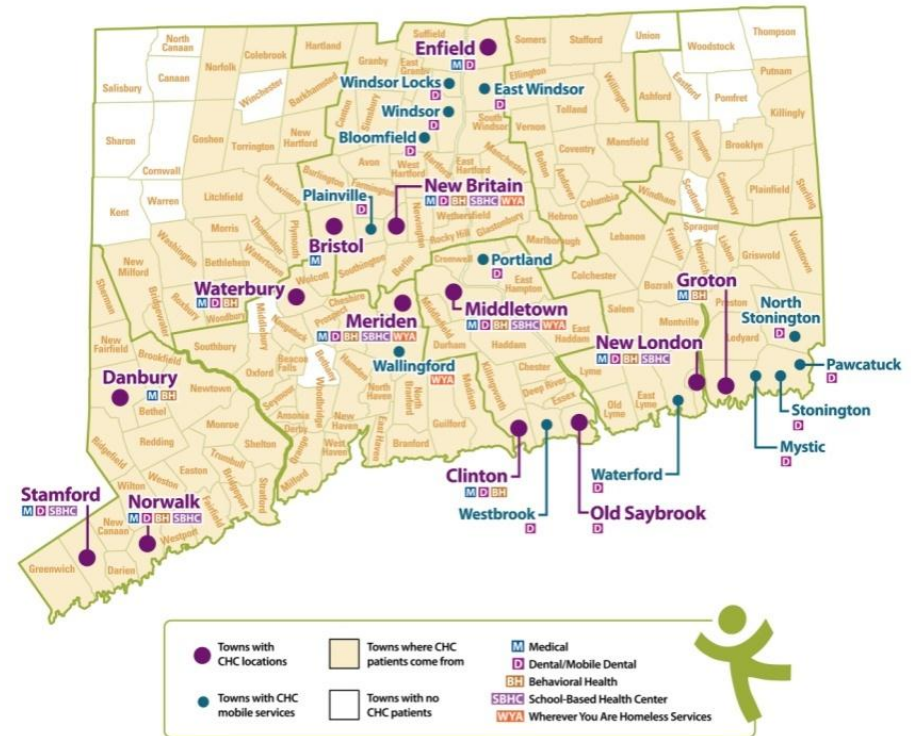
Research & Development

Training the Next Generation

## Innovations

- Integrated primary care disciplines
- Fully integrated EHR
- Patient portal and HIE
- Extensive school-based care system
- “Wherever You Are” Health Care
- Centering Pregnancy model
- Residency training for nurse practitioners
- New residency training for psychologists

## CHC Locations in Connecticut



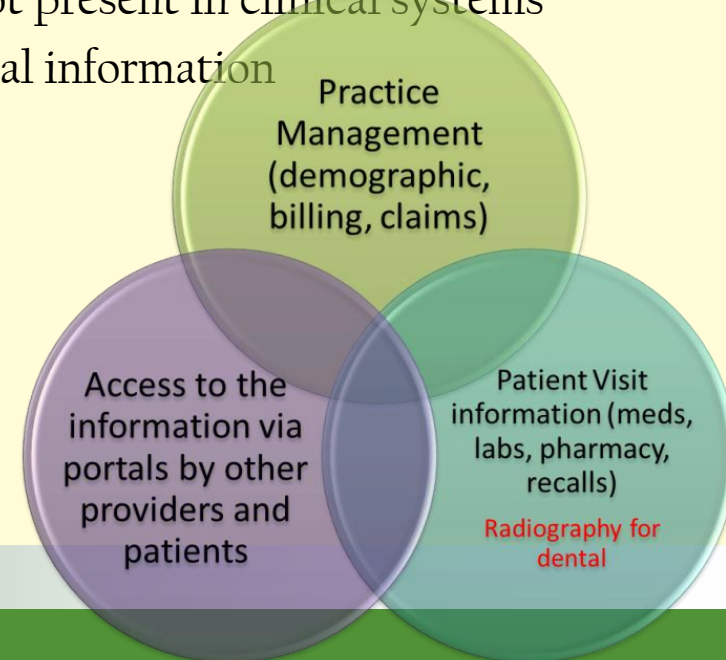
# Objectives

- ✓ Understand an overview of different EDR-EHR integration options and how to utilize the selection tool for EDR adaptation by Health Centers and safety-net clinics
- ✓ Learn about the highlights of the NNOHA HIT White Paper and how it can be used by providers and their teams
- ✓ Understand how integrated systems can improve the overall care for the patients
- ✓ Walk through CHCI process in EDR Selection and Implementation
- ✓ Understand what Meaningful Use means for Dentists

# EMR/EDR integration

The extent to which the Electronic Medical and Dental records converge to form a single patient record and system

- Maintain one billing/collections and A/R system
- Demographic and Patient Care information
- Ability to run UDS and practice management reports from one system
- Limit the amount of training required
- Easily provide clinicians with tools not present in clinical systems
- Ability to view patient's dental/medical information
- One Database or Two? Or Three?

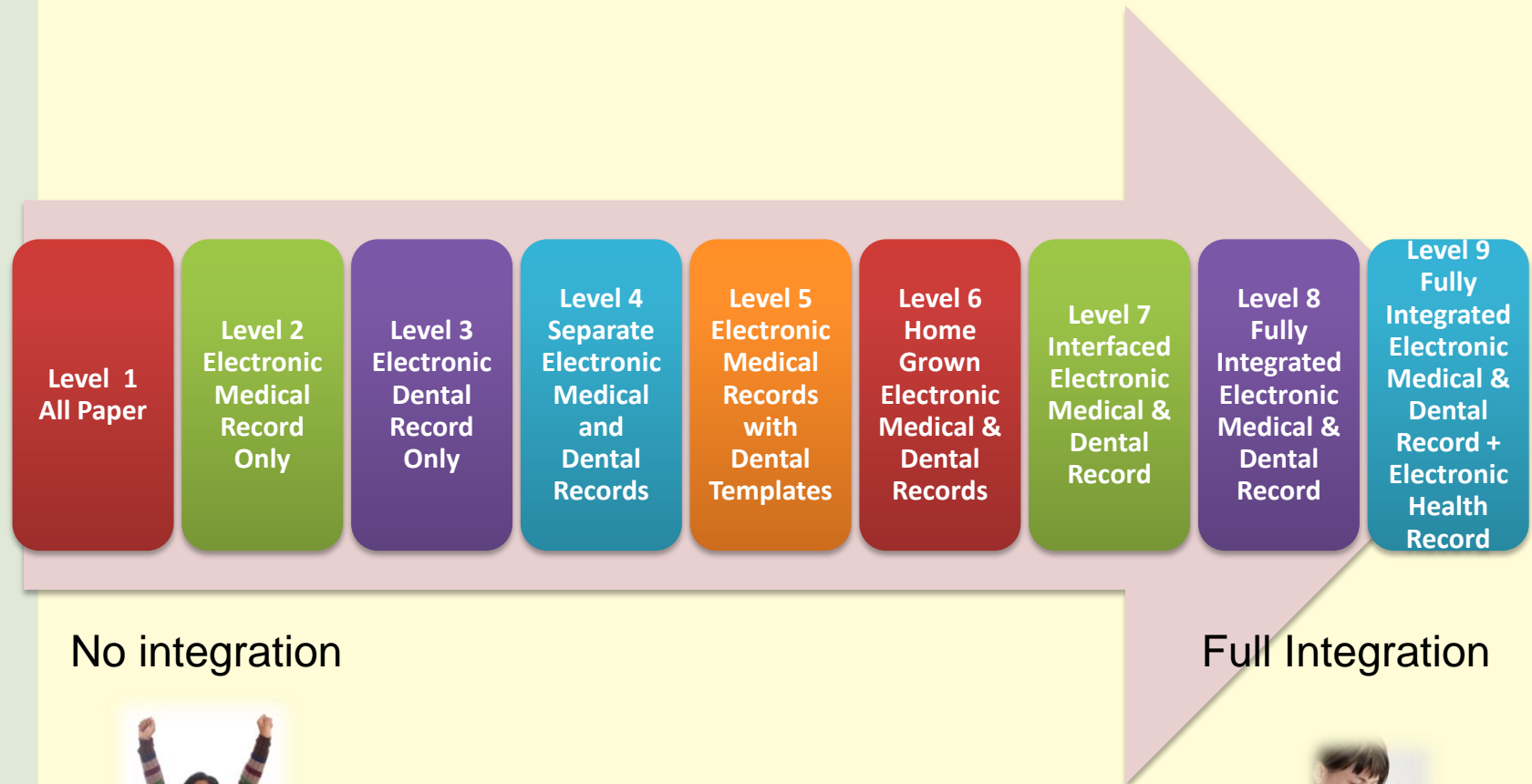




# Benefits of an Integrated EDR/EHR

- Informed clinical practice
  - Reduction in errors, increased availability of records and data, reminders and alerts, e-prescribing/refill automation
- Interconnection of clinicians between disciplines
- Personalized care
- Improvements in population health
- Clinical Decision Support
- Patient Centered Medical Home
- Meaningful Use

# EMR/EDR Levels of Integration



No integration



Full Integration



# 7. Interfaced Electronic Medical and Dental Records

Clinics contract with a Health Center Controlled Network (or other 3<sup>rd</sup> party vendor) and as part of the services, pay for the proprietary HL7 bridge that allows EDR to interface with EMR – 2 separate programs

## Pros

- EDR dental specific
- HL7 messaging is an accepted interoperability standard
- Opportunity to obtain Meaningful Use incentive payments if EMR-EDR solution is ONC certified

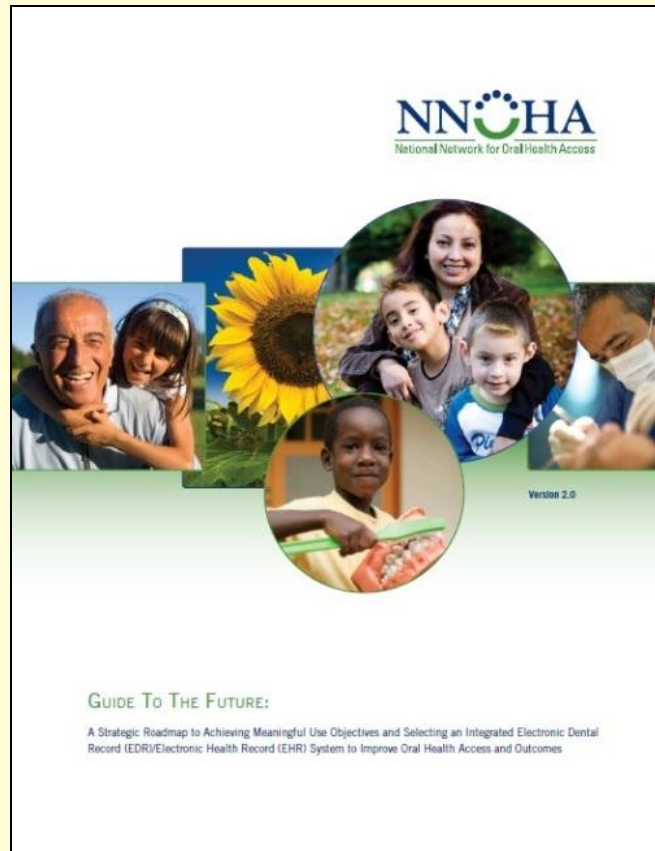
## Cons

- Limited information sharing
- Duplicate information between two systems
- Generally there is an extra cost for HL7 interface set up and any future upgrades



# An Overview of NNOHA's HIT White Paper

VERSION 2.0, AUGUST 2012







# HIT White Paper Version 2.0

- Helps oral health providers select and EDR/EHR and participate in Meaningful Use (MU) incentive programs through an EDR/EHR Selection Tool
- Provides review of MU and requirements applicable to oral health providers
- Identifies 6 Clinical Quality Measures (CQMs) that would be more applicable to Health Center oral health programs than current CQMs included in MU incentive programs

# HIT White Paper Version 2.0 (cont.)

- Interviews four vendors to determine:
  - interoperability between EDR and EHR
  - ability to meet MU objectives
  - capability of reporting NNOHA's proposed CQMs for oral health





# EDR/EHR Selection Tool: Vendors

- Four vendors included in process:
  - QSI/NextGen: QSI EDR and NextGen EHR.
  - Open Dental/eClinicalWorks: Open Dental EDR and eClinicalWorks EHR. Please note eClinicalWorks is a separate corporation.
  - Henry Schein/Vitera (formerly Sage): Dentrax Enterprise and Sage Intergy EHR. Please note Vitera is a separate corporation and has a HL7 interface to Dentrax Enterprise.
  - Mediadent/SuccessEHS: Mediadent EDR and Success EHS EHR.



# EDR/EHR Selection Tool: The Process

Step	Description of Steps
1	Eligible Professional Assessment
2	Vendor Background Information - Request For Information (RFI)
3	Review of Meaningful Use Core & Menu Set Objectives
4	Review of Meaningful Use Clinical Quality Measures (CQMs)
5	Vendor Response to Meaningful Use Certification and Reporting Measures
6	Vendor Response to NNOHA's Proposed Clinical Quality Measures (CQMs) for Oral Health
7	Vendor Response to EDR-EHR Practice-Specific Requirements
8	Vendor Response to Qualitative Requirements
9	Vendor Response to Vendor Solution Cost
10	Vendor Selection Criteria and Summary Ratings

# Vendor Questions beyond MU

- Clinical Care management
- Treatment planning requirements
- Dental specific charting (tooth and perio)
- Dental Lab case tracking
- Productivity Measurement
- Admin functions (form letters, alerts, appt tracking, short list, billing, fee schedules, statements)
- Technical requirements
- Integration ability
- Dental imaging
- JC standards



# How Do I Use the Selection Tool?

- Follow Steps 1-10
- Start by using Eligible Professional Assessment Map for Dentists (Step 1)
  - (to determine eligibility for Medicare or Medicaid EDR/EHR incentive payments)
- Read through vendors' responses to questions about MU objectives, clinical quality measures, certification, etc.



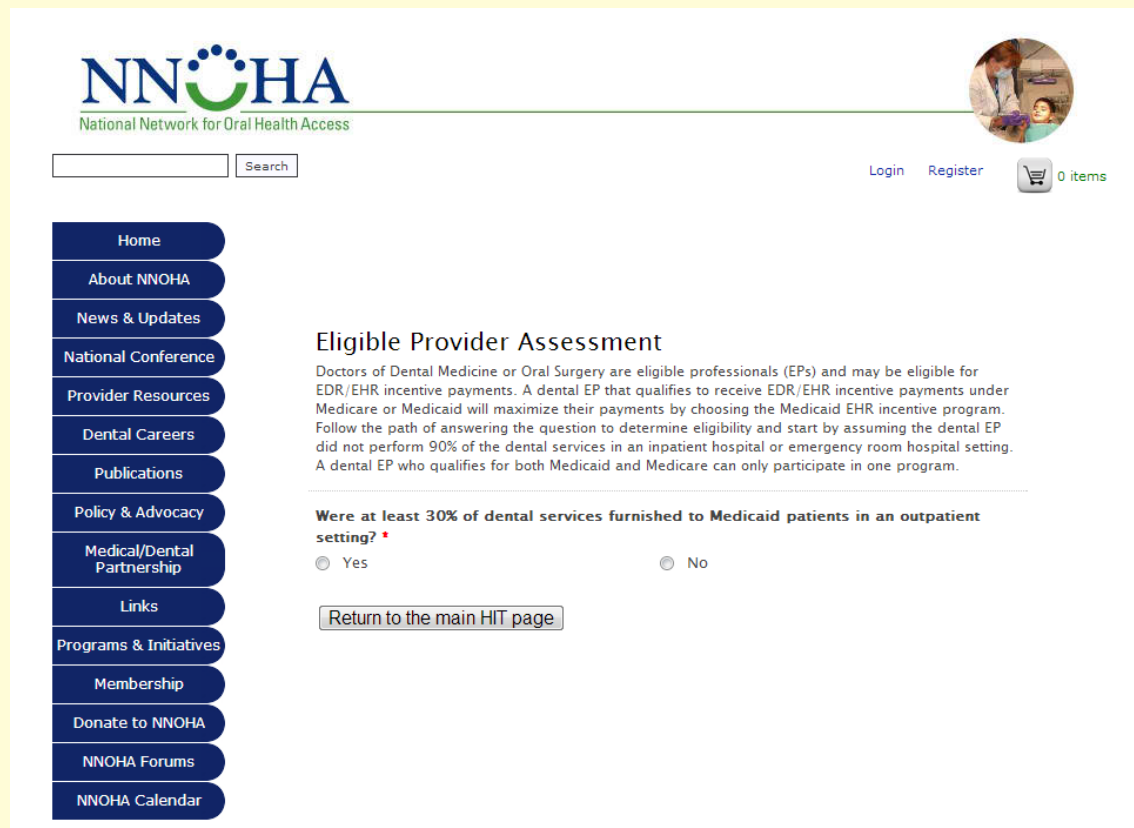
# How Do I Use the Selection Tool? (cont'd)

- Ask vendors for more information, to help with your own assessment
- Use the vendor rating chart (Appendix A.4) to help determine the best EDR/EHR for your Health Center
- View a demo and talk to users



# Eligible Provider Assessment

<http://www.nnoha.org/ehrtool.html>



The screenshot shows the NNOHA website interface. At the top left is the NNOHA logo with the tagline "National Network for Oral Health Access". To the right of the logo is a circular profile picture of a woman. Below the logo is a search bar with a "Search" button. In the top right corner, there are links for "Login", "Register", and a shopping cart icon labeled "0 items".

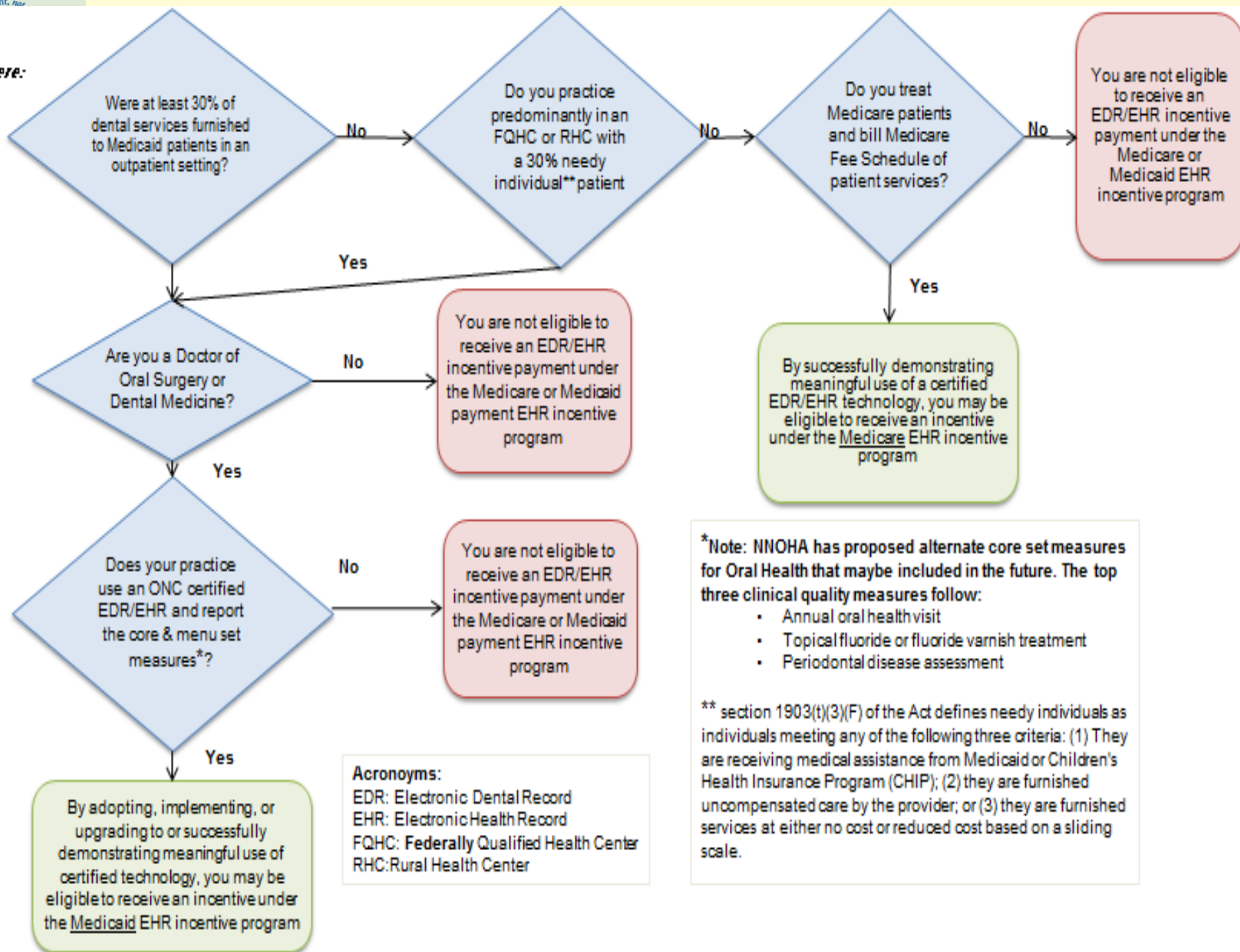
On the left side, there is a vertical navigation menu with the following items: Home, About NNOHA, News & Updates, National Conference, Provider Resources, Dental Careers, Publications, Policy & Advocacy, Medical/Dental Partnership, Links, Programs & Initiatives, Membership, Donate to NNOHA, NNOHA Forums, and NNOHA Calendar.

The main content area is titled "Eligible Provider Assessment". Below the title is a paragraph of text: "Doctors of Dental Medicine or Oral Surgery are eligible professionals (EPs) and may be eligible for EDR/EHR incentive payments. A dental EP that qualifies to receive EDR/EHR incentive payments under Medicare or Medicaid will maximize their payments by choosing the Medicaid EHR incentive program. Follow the path of answering the question to determine eligibility and start by assuming the dental EP did not perform 90% of the dental services in an inpatient hospital or emergency room hospital setting. A dental EP who qualifies for both Medicaid and Medicare can only participate in one program."

Below the text is a question: "Were at least 30% of dental services furnished to Medicaid patients in an outpatient setting? \*". There are two radio button options: "Yes" and "No".

At the bottom of the assessment section is a button labeled "Return to the main HIT page".

**1. Start Here:**





# NNOHA Resources

- Download the white paper and access the EDR/EHR Selection Tool at: <http://www.nnoha.org/practicemanagement/hit.html>
- To learn more about NNOHA and becoming a member, visit: [www.nnoha.org](http://www.nnoha.org)

# CHCI Rollout timeline

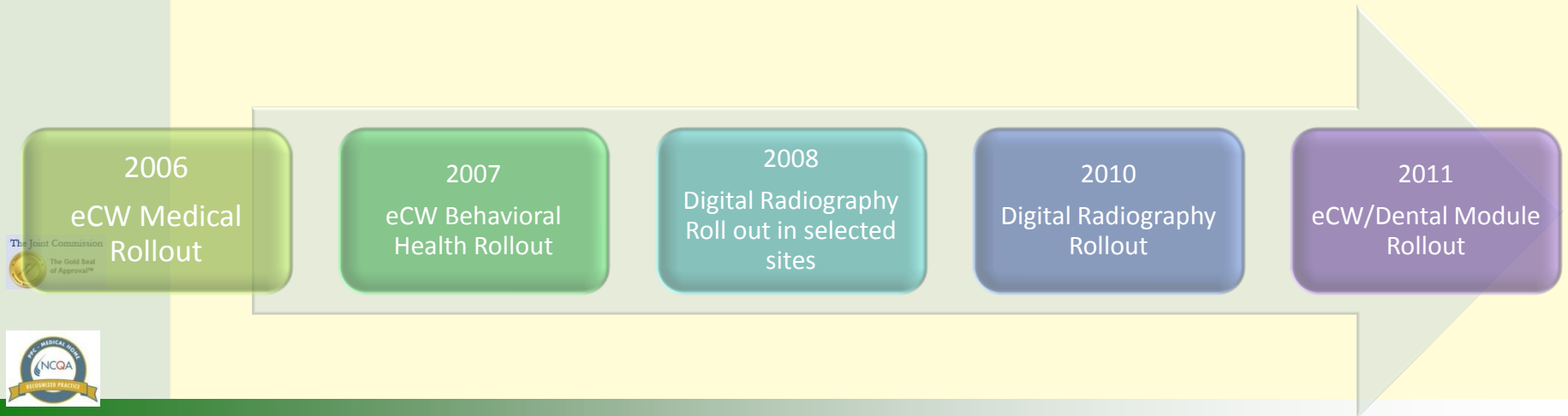
First RPF in 2008 (digital radiography implemented)

Currently using eClinicalWorks and Open Dental

Allows for separation of highly specialized information

- Patient specific information is fully shared
- Dental procedure specific information remains customized in Open Dental
- The patient lives in eCW and the teeth live in Open Dental

MU Adaptation in 2012, Stage 1 set for 2013



# “The Patient lives in eCW, the teeth live in Open Dental”

- All dental visits start in eCW with patient schedule
- The patient lives in eCW but the teeth live in Open Dental
- Share demographics, medications, allergies, problem lists, referrals, labs, imaging, billing charges, patient documents
  - Allows for separation of highly-specialized information
  - Patient specific information is fully shared
  - Dental procedure specific information remains customized in Open Dental
- Right hand panel in Open Dental is the main vehicle for overview of medical information.
- Radiographs are held in a separate database (Apteryx product, XRVision) \*

# "The Patient lives in eCW, the teeth live in Open Dental"

**eClinicalWorks (Drozdowski,Margaret)**

File Patient Schedule EMR Billing Reports CCD Fax ePayment Tools Community Meaningful Use Lock Help

**eClinicalWorks 9.0**

Practice: Progress Notes

TEST, TrainingDental10 , 14 Y, M Sel Info Hub

**2 Balmorth Ave  
Middletown, CT  
H:860-111-1111  
DOB:03/01/1997  
eHX Status:**

**Allergies**  
Billing Alert

Appt(L):09/30/11(PC)  
PCP: **CHC**  
Language: **No**  
Translator: **No**

Ins: **BCBS**  
Acc Bal: **\$0.00**  
Guar: **TrainingA**  
Gr Bal: **\$0.00**

**CLICK TO EDIT** **SECURE NOTES** **ADV DIRECTIVE**

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

SF [ ] Enc << 09/30/2011 TRAINING >>

**Patient:** TEST, TrainingDental10 **DOB:** 03/01/1997 **Age:** 14 Y **Sex:** Male  
**Phone:** 860-111-1111 **Primary Insurance:** BCBS Medical **Payer ID:** 0  
**Address:** 2 Balmorth Ave, Middletown, CT-06457  
**Encounter Date:** 09/30/2011 **Provider:** Provider CHC  
**Appointment Facility:** Middletown Medical

**Subjective:**  
**Chief Complaint(s):**  

- TRAINING ONLY

**HPI:** ▾  
**Current Medication:**  

- Ritalin 5 mg tablet 1 tab(s) 3 times a day
- Strattera 10 mg capsule 1 cap(s) pt states no longer taking med once a day (in the morning)
- Motrin Childrens
- Vicodin 500 mg-5 mg tablet 1 tab(s) every 4 hours

**Medical History:**  

- h/o ADHD

**Allergies/Intolerance:**  
**Surgical History:**  
**Hospitalization:**  
**Family History:**  
**Social History:**  
**ROS:** ▾

View Dental Chart  
Change Appt Provider/Resource  
Change Assigned To  
Change Visit Check-In Status  
Super Bill  
Lab Request Form  
Quick Merge  
Chart Access

**UpToDate® Search:** [ ] [go]

**Overview** DRTLA History CDSS Alerts Labs|DI

**TEST, TrainingDental10 14 Y, M as of 10/01/2011**

**Advance Directive**

**Problem List**  
Problem List has not been verified

**Current Medications** Stop Date

- Ritalin 5 mg tablet
- Vicodin 500 mg-5 mg tablet
- Motrin Childrens
- Strattera 10 mg capsule

**Allergies**

- peanuts - anaphylaxis
- penicillin - rash

**Immunizations**

Print Fax Record Lock Details Scan Templates Claim Letters Ink eHX Options

Registry Referrals Messages Documents Billing

11:54 AM 10/1/2011

# “The Patient lives in eCW, the teeth live in Open Dental”

The screenshot displays the Open Dental software interface. At the top, there is a menu bar with options like 'File', 'Setup', 'Lists', 'Reports', 'Tools', and 'Help'. Below the menu is a toolbar with icons for 'New Rx', 'LabCase', 'Perio Chart', 'Consent', 'Tooth Chart', 'Exam Sheet', and 'Comlog'. The main window is divided into several sections:

- Enter Treatment:** Includes fields for 'Diagnosis' (with a dropdown menu), 'Procedure List', and 'Or Type Proc Code'. There are also buttons for 'Seal' and 'OK'.
- Quick Buttons:** A section with buttons for 'General', 'Exams/Xrays', 'Restorative', 'Hygiene Visit', 'Crowns & Bridges', 'Dentures', and 'Misc'. There are also buttons for 'Tunxis Hygiene'.
- Amalgam:** A section with buttons for 'MO', 'MOD', 'O', 'DO', 'OL', 'OB', 'MODL', and 'MODB'.
- Progress Notes:** A table with columns for 'Date', 'ADA Code', 'Th', 'Surf', 'Dx', 'Description', 'Stat', 'Prov', and 'Amou'. The notes include dates like 09/27/2011, 09/30/2011, and 10/01/2011, with descriptions of appointments and dental procedures.
- Tooth Chart:** A 3D rendering of a patient's teeth, numbered 1 through 16, with various colored markers and symbols indicating dental work or conditions.
- Clinical Overview:** A panel on the right side with tabs for 'Overview', 'DRTLA', 'History', 'CDSS', 'Alerts', and 'Labs | DI'. It shows patient information: 'TEST, TrainingDental10 14 Y, M as of 10/01/2011'. Below this are sections for 'Advance Directive', 'Problem List' (with a note 'Problem List has not been verified'), 'Current Medications' (listing Ritalin, Vicodin, Motrin, and Strattera), 'Allergies' (listing peanuts and penicillin), and 'Immunizations'.



# “The Patient lives in eCW, the teeth live in Open Dental”

**Open Dental {maulem} - TEST, TrainingDental10 - 882115**

Log Off File Setup Lists **Procedure Info**

Date Entry 09/30/2011 (for security) Procedure Status

**Compose Auto Note**

Select Auto Note

- System Down
- NCMH amal no pain & PTPW
- NCMH amal w/pain & PTPW
- NCMH comp no pain & PTPW**
- NCMH comp w/pain&PTPW
- C&B- PFM Delivery
- C&B- PFM, Prep, Temp, and im
- C&B- Prefab Post and Core
- C&B- Stainless Steel Crown
- C&B-Cast Post and Core
- Dental Treatment Not Rendere
- Denture/Partial Adjustment
- Denture/Partial Delivery
- Denture/Partial Repair
- Denture/Partial repair delivery
- Dentures/Partial-Fabrication
- Endo - Pulp/SSC single visit, N
- Endo- Pulp/SSC single visit
- Endo- Pulpotomy
- Endo-multiple canal visit 1 or si
- Endo-multiple canal visit 2 w/ V
- Endo-one canal visit 1 or single
- Endo-one canal visit 2
- ER Visit Palliative
- Exam- Comprehensive
- Exam- Fully edentulous patients
- Exam- Limited or MDE
- Exam- Pedo
- Exam- Periodic
- Hygiene- Adult Routine Prophy
- Hygiene- All inclusive
- Hygiene- Pediatric
- Hygiene- Pedo Mobile Recall V
- Hygiene- Rtn adult pro AFTER
- Hygiene- Scaling and Root Pla
- Miscellaneous visit
- Mouthguard- Delivery
- Mouthguard- First visit impressic
- OS- Extraction
- OS- Pericoronitis
- OS- Post op/Dry socket/infecti
- Restoration- Amalgam
- Restoration- Composite
- Restoration- Other

Text

Patient presents for composite restoration. Patient Identified by name and date of birth. No change in patient's medical history reported, no contraindication to dental treatment. No premedication required.

Pain: 0/10

Diagnosis prior to treatment: secondary decay under the restoration, pit and fissure caries. Rubber Dam Isolation: no.

Local anesthetic administered: applied topical anesthetic and , 1 carpule [Prompt:"local anesthetic administered"] [Prompt:"location of local injection"]. [Prompt:"Additional anesthesia needed"]

Decay removed. Cavity prep finalized. Restored with: [Prompt:"Restoration Liner"], 37% phosphoric acid, Prime and Bond NT, [Prompt:"Restoration type"]. [Prompt:"Shade"]. Occlusion checked and polished. Instructions given to patient.

Patient dismissed: Patient tolerated procedure well

Next visit: [Prompt:"Next Visit"]

**Prompt Multi Response**

local anesthetic administered

- . 2% lidocaine with 1:100K epi
- . 3% mepivacaine
- . 4% articaine with 1:100K epi
- patient declined local anesthetic
- used oraquix
- applied hurricane spray

Buttons: OK, Skip, Preview, Cancel

Buttons: OK, Cancel

Buttons: OK, Cancel

Buttons: Delete

Buttons: All, BWs, FMxs, Panor, Photos

# Key Decisions in Implementation

- How many systems rolling out at once
- How much time do you have to implement
- How much \$\$\$ do you have
- RFP process
- Evaluate I.T. and Medical Departments
  - What systems are currently in use
  - Can they integrate with a new dental software
  - Are all department rolling out at once
- Estimate the projected loss of patient visits
  - How to ensure your patients are able to receive care
  - How to compensate for loss revenue

# Key Decisions in Implementation

- Determine complexity of systems change
- Digital Radiography Options (plates vs. sensors)
- Computer literacy of staff
  - “test” users
  - Provide general training
- Create and empower Champions at each site
- Change doesn't happen overnight
- Division of tasks between dental team members
  - Front desk/DA/RDH/DMD
- Do your homework
- Jump or Wade



# Pre-Rollout Homework

- Generate excitement about the process
- Identify Champions
- Identify what changes with electronic documentation
- Develop workflows for current systems ROLE PLAY
  - By procedure (restorative vs. dentures)
  - By provider and setting (mobile vs. fixed)
  - Determine process for historical data load
- Establish sound I.T. infrastructure
  - Wiring
  - Wi-Fi access points
  - Support team
  - Storage needs for images
- Determine mobile needs

*Tell your patients!!*

*Things will feel different for them during their visits.*

# Dental Providers Perspective

- Uniqueness of each provider
- Many overwhelmed initially
  - Graphical charting
  - Autonotes
  - Dental Lab case tracking
- Supervision of students and residents
- Challenge to complete notes in time
- Adjusting operator to new technology

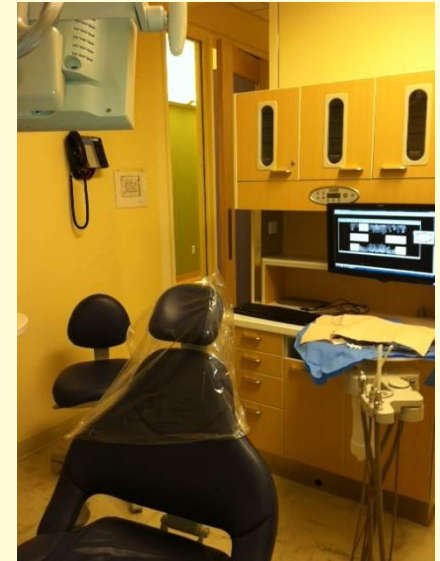


The daydreams of cat herders

# The dental operator is a busy place with sharp and dirty things that need to be disinfected.



- Who is standing/sitting?
- Where?
- Left/right?
- Height adjustable?
- Able to be wiped?
- Privacy
- Patient education
- Consent forms?



# Training Recommendations

- Hands-on training
- Use the system immediately after training
- Provide written manuals
- Typically 4 hours followed by shadowing...varies by facility
- Length of shadowing 2-3 weeks
- Should be back to 90% of expected productivity in 4 weeks





# Actual Rollout at a Site

## Day 1

- Train staff on use of system
- 4 hour training on open dental
- Roll out 1-2 people (clinical teams) at a time

## Day 2-3

- Additional time per each appointment (50%)
- Provide support
- Allow time at end of each session

## Day 4-7

- Gradually increase patient schedule
- By day 7 most providers are up to previous speed
- Keep support person on site for 2 weeks after initial roll out

## Day 25 or so...

- Post roll out meeting to address systemic issues
- Any workflow “work-arounds” unintentionally developed? Are they better than current workflow?

# Lessons Learned



- Operatory Design
- Identify the needs of your staff before starting
  - Staff computer skills assessment followed by training if needed
  - Identifies strong IT users as potential super users
- Need a strong I.T. team and dedicated staff for the roll-out process
- Need an engaged core clinical superusers group to develop workflows
- Need a strong dental director or designee as the “cheerleader” to manage the upcoming change positively
- Need to engage with medical colleagues regarding joint issues such as medication reconciliation and referrals
- Ensure enough time is available for training
- Provide one-on-one shadowing when rolling out
- Establish policies and guidelines for treatment by students, consents, medical histories
- Develop training manual for all staff and establish new provider training protocols
- Utilize all your resources and ask questions

# Recommendations

- Determine the complexity of change
- Evaluate digital radiography options
- Choose system that is fully integrated with your other services
- Start with introduction of computers
- Division of tasks between dental team members
  - Front desk
  - DA/RDH/DMD
- Evaluate computer literacy for all staff
- Develop and engage champions in design
- Evaluate needs for a mobile dental component for both imaging and records

# Recommendations

- Develop reports that would identify missing documentation and unlocked notes
- Balance flexibility with standards
- Allows for identification of workflow improvements
- Engage in systematic and scaled up roll out time table
- Allow for remote access into patient records
  - On call and completion of notes off site
- Start small and work out the bugs
- Identify orientation and training process for newly hired employees

# Recommendations

- Standardize as much as possible
  - Creation of “Autonotes”
  - Keep them as living documents
  - Allows for adherence to policies (pain assessment, informed consent, medication reconciliation)
  - Engage champions in design
- Have a plan for down time
- Develop a plan for removing of paper records
  - Scanning of entire record? Selected portions?
  - Fate of radiographic film

# ORAL HEALTH AND MEANINGFUL USE





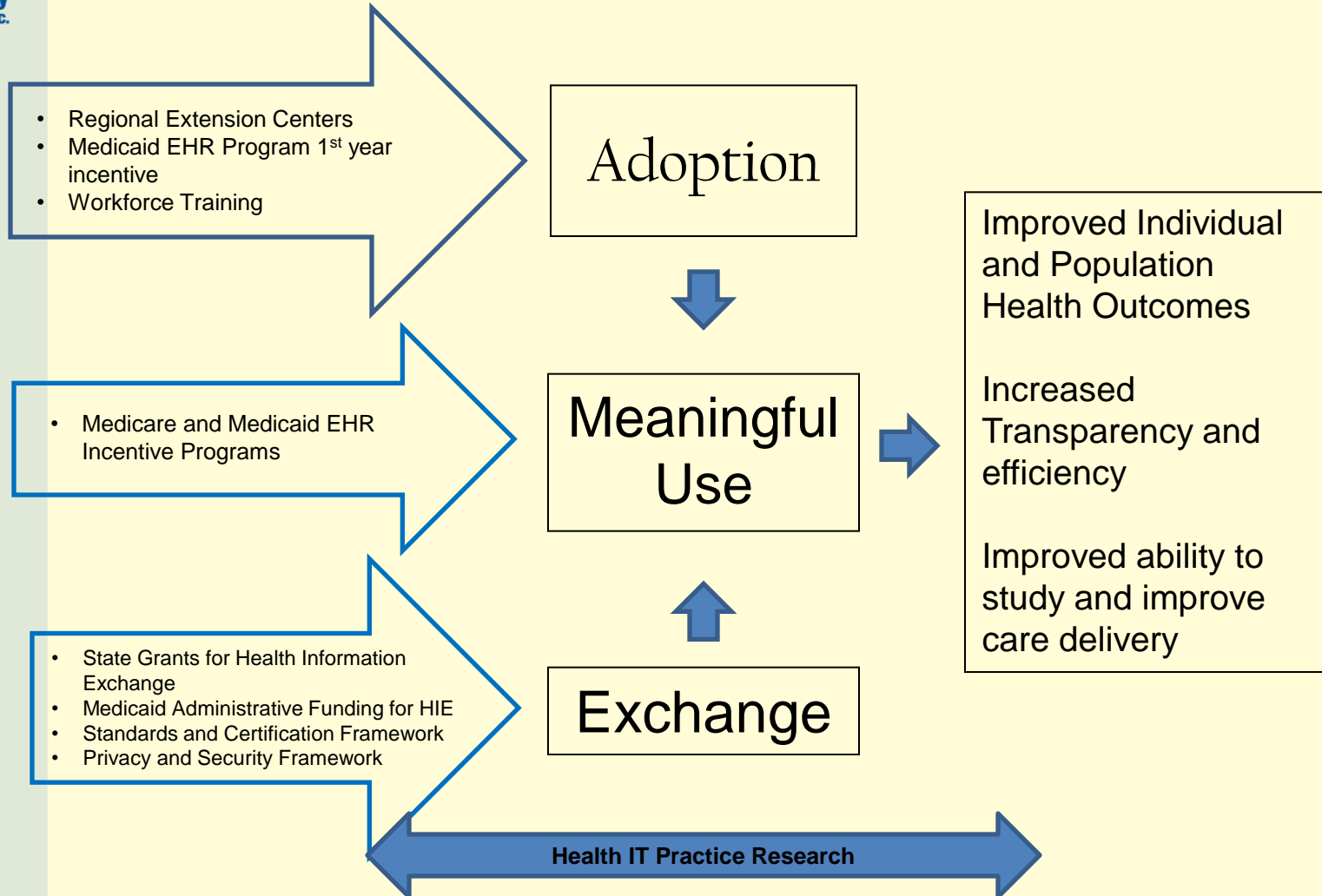
# EHR Incentive Programs Overview

- The American Recovery and Reinvestment Act of 2009 authorizes CMS to provide incentive payments to eligible professionals (EPs) and hospitals who adopt, implement, upgrade or demonstrate meaningful use of certified electronic health record (EHR) technology.
- Providers have to meet specific requirements in order to receive incentive payments: Meaningful Use Objectives

[https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/MU\\_Stage1\\_ReqOverview.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/MU_Stage1_ReqOverview.pdf)



# Goal





# Notable Differences Between Medicare and Medicaid Programs

Medicare	Medicaid
Federal Government will implement (will be an option nationally)	Voluntary for States to implement (may not be an option in every State)
Payment reductions begin in 2015 for providers that do not demonstrate Meaningful Use	No Medicaid payment reductions
Must demonstrate MU in Year 1	A/I/U option for 1 <sup>st</sup> participation year
Maximum incentive is \$44,000 for EPs (bonus for EPs in HPSAs)	Maximum incentive is \$63,750 for EPs
MU definition is common for Medicare	States can adopt certain additional requirements for MU
Last year a provider may initiate program is 2014; Last year to register is 2016; Payment adjustments begin in 2015	Last year a provider may initiate program is 2016; Last year to register is 2016
Only physicians, subsection(d) hospitals and CAHs	5 types of EPs, acute care hospitals (including CAHs) and children's hospitals

[https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/MU\\_Stage1\\_ReqOverview.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/MU_Stage1_ReqOverview.pdf)

# Certified EHR Technology

- To meet meaningful use, providers must attest to the use of EHR technology that is certified by the Office of the National Coordinator Authorized Testing and Certification Body (ONC-ATCB)
- A list of the latest certified technology can be found on the ONC website <http://onc-chpl.force.com/ehrcert>

HealthIT.gov

## Certified Health IT Product List™

The Office of the National Coordinator for Health Information Technology

Selected Attestation : **Combination of 2011 and 2014 Edition - Ambulatory**

**STEP 3: SEARCH FOR CERTIFIED EHR PRODUCTS**

Search for certified complete EHR products or EHR modules by browsing all products, searching by product name, CHPL product number, vendor name, product classification, and criteria met.

Browse All Ambulatory Products

Search by Name or CHPL Product Number:

Select search type:

Product Name

Search for:

Search by Criteria Met

# Components of Meaningful Use

1. Use of certified EHR in a meaningful manner (e.g., e-prescribing)
2. Use of certified EHR technology for electronic exchange of health information to improve quality of health care
3. Use of certified EHR technology to submit clinical quality measures (CQM) and other such measures selected by the Secretary



# Meaningful Use

- Meaningful Use is using certified EHR technology to meet 15 specific measures that will:
  - Improve quality, safety, efficiency, and reduce health disparities
  - Engage patients and families in their health care
  - Improve care coordination
  - Improve population and public health
  - All the while maintaining privacy and security



# AIU & MU

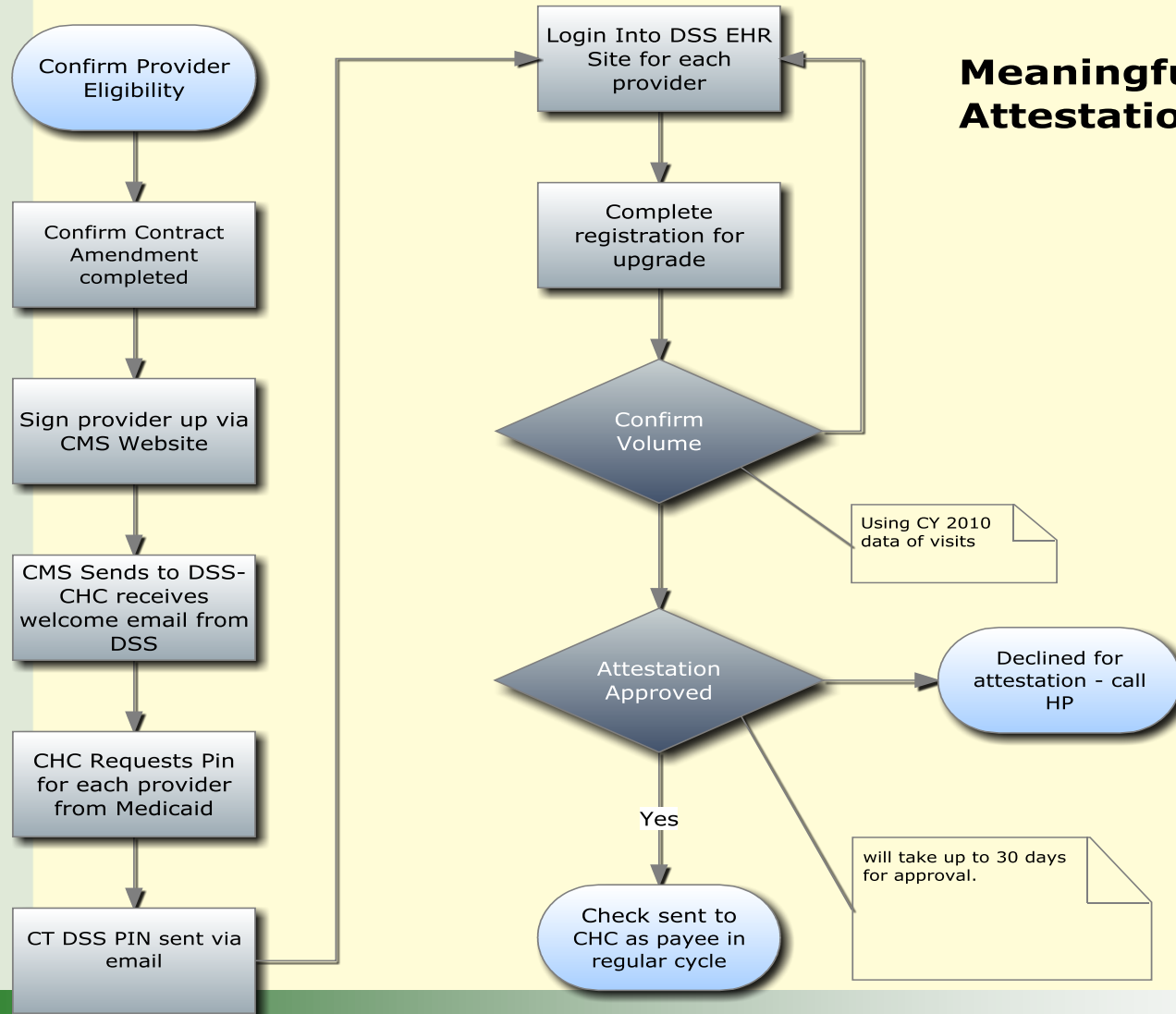
- Adopt, implement, upgrade (AIU)
  - First participation year only
  - No EHR reporting period
- Meaningful use (MU)
  - Successive participation year; and
  - Some dually-eligible hospitals in year 1
- Medicaid Providers' AIU/MU does not have to be over six consecutive years
  - Medicaid MU implemented through the states
  - Medicare MU through Federal Guidelines

# Adopt/Implement/Upgrade for Incentives

- MEDICAID – Only for first participation year
- Adopt and have purchase agreement
- Implement -- Acquire and Install, Commence Utilization of EHR
  - Eg: Staff training, data entry of patient demographic information into EHR
- Upgrade – Expand
  - Upgrade to certified EHR technology or added new functionality to meet the definition of certified EHR technology
- Must be certified EHR technology capable of meeting meaningful use
- No EHR reporting period

# Sample timeline for a Health Center (from CHCI)

## Meaningful Use Upgrade Attestation Process





# Core and Menu Sets

## Stage 1

- 15 Core: Data entry, demographics, vital, problem list, smoking status
- 5 out of 10 menu: Drug formulary checks, lab results, patient education

## Stage 2

- Clinical Quality Measures
  - Processes, experience, and/or outcomes of patient care
  - Measured through observation and treatment
  - Addressing 1 or more of 6 Aims for Improvement of Health Care
  - Should be NQF approved
- Oral Health Specific measures will be ready for Stage 2
  - 2 approved
  - 4 proposed and being tested

Stage 3: Demo that quality of care has been improved

# Meaningful Use Calculations

- **Denominator** (*bottom*) describes the eligible cases for a measure or the eligible patient population. This includes all patients seen or admitted during the EHR reporting period. The denominator is all patients regardless of whether their records are kept using certified EHR technology.
- **Numerator** (*top*) describes the specific clinical action required by the measure for performance. This includes actions or subsets of patients seen or admitted during the EHR reporting period or actions taken on behalf of those patients, whose records are kept using certified EHR technology.

# Meaningful Use Calculations

## *(Continued)*

- Reporting rate (dividing the numerator by the denominator) identifies the percentage of a defined patient population that was reported for the measure
- Exclusions: some patients may be excluded from the denominator based on medical, patient or system exclusions allowed by the measure.



# 15 Core Objectives

Objective	Measure	Exclusion	Dentist Routine
<b>Record patient demographics (sex, race, ethnicity, date of birth, preferred language)</b>	More than 50% of patients' demographic data recorded as structured data	None	Yes
<b>Record vital signs and chart changes (height, weight, blood pressure, body-mass index, growth charts for children)</b>	More than 50% of patients 2 years of age or older have height, weight, and blood pressure recorded as structured data	An EP who either sees no patients 2 years or older, or who believes that all three vital signs of height, weight, and blood pressure of their patients have no relevance to their scope of practice	Yes: Blood pressure No: Other vitals
<b>Maintain up-to-date problem list of current and active diagnoses</b>	More than 80% of patients have at least one entry recorded as structured data	None	Yes
<b>Maintain active medication list</b>	More than 80% of patients have at least one entry recorded as structured data	None	Yes
<b>Maintain active medication allergy list</b>	More than 80% of patients have at least one entry recorded as structured data	None	Yes
<b>Record smoking status for patients 13 years of age or older</b>	More than 50% of patients 13 years of age or older have smoking status recorded as structured data	An EP who sees no patients 13 years or older	Potential
<b>Provide patients with clinical summaries for each office visit</b>	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days	An EP who has no office visits during the EHR reporting period	Potential
<b>On request, provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies)</b>	More than 50% of requesting patients receive electronic copy within 3 business days	An EP that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period	Potential



# 15 Core Objectives... continued

Objective	Measure	Exclusion	Dentist Routine
<b>Generate and transmit permissible prescriptions electronically</b>	More than 40% are transmitted electronically using certified EHR technology	An EP who writes fewer than 100 prescriptions during the EHR reporting period	Potential
<b>Computer provider order entry (CPOE) for medication orders</b>	More than 30% of patients with at least one medication in their medication list have at least one medication ordered through CPOE	An EP who writes fewer than 100 prescriptions during the EHR reporting period	Potential
<b>Implement drug-drug and drug-allergy interaction checks</b>	Functionality is enabled for these checks for the entire reporting period	None	Yes
<b>Implement capability to electronically exchange key clinical information among providers and patient-authorized entities</b>	Perform at least one test of EHR's capacity to electronically exchange information	None	Yes
<b>Implement one clinical decision support rule and ability to track compliance with this rule</b>	One clinical decision support rule implemented	None	Yes
<b>Implement systems to protect privacy and security of patient data in the EHR</b>	Conduct or review a security risk analysis, implement security updates as necessary, and correct identified security deficiencies	None	Yes
<b>Report clinical quality measures (CQMs) to CMS or states</b>	For 2011, provide aggregate numerator and denominator through attestation; for 2012, electronically submit measures. Note: NNOHA has proposed additional CQMs for consideration that are relevant to oral health.	None	Potential



# Select 5 out of 10 menu objective

Objective	Measure	Exclusion	Dentist Routine
<b>Implement drug formulary checks</b>	Drug formulary check system is implemented and has access to at least one internal or external drug formulary for the entire reporting period	None	Yes
<b>Incorporate clinical laboratory test results into EHRs as structured data</b>	More than 40% of clinical laboratory test results whose results are in positive/negative or numerical format are incorporated into EHRs as structured data	An EP who orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period	Potential
<b>Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach</b>	Generate at least one listing of patients with a specific condition	None	Yes
<b>Use EHR technology to identify patient-specific education resources and provide those to the patient as appropriate</b>	More than 10% of patients are provided patient-specific education resources	None	Yes
<b>Perform medication reconciliation between care settings</b>	Medication reconciliation is performed for more than 50% of transitions of care	An EP who was not the recipient of any transitions of care during the EHR reporting period	Potential
<b>Provide summary of care record for patients referred or transitioned to another provider or setting</b>	Summary of care record is provided for more than 50% of patient transitions or referrals	An EP who neither transfers a patient to another setting nor refers a patient to another provider during the EHR reporting period	Potential



# Select 5 out of 10 menu objectives continued

Objective	Measure	Exclusion	Dentist Routine
<b>Send reminders to patients (per patient preference) for preventive and follow-up care</b>	More than 20% of patients 65 years of age or older or 5 years of age or younger are sent appropriate reminders	An EP who has no patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology	Potential
<b>Provide patients with timely electronic access to their health information (including laboratory results, problem list, medication lists, medication allergies)</b>	More than 10% of patients are provided electronic access to information within 4 days of its being updated in the EHR	An EP that neither orders nor creates any of the information listed at 45 CFR 170.304(g) during the EHR reporting period	Potential
<b>*PH* Submit electronic immunization data to immunization registries or immunization information systems</b>	Perform at least one test of data submission and follow-up submission (where registries can accept electronic submissions)	An EP who administers no immunizations during the EHR reporting period or where no immunization registry has the capacity to receive the information electronically	No
<b>*PH* Submit electronic syndromic surveillance data to public health agencies</b>	Perform at least one test of data submission and follow-up submission (where public health agencies can accept electronic data)	An EP who does not collect any reportable syndromic information on their patients during the EHR reporting period or does not submit such information to any public health agency that has the capacity to receive the information electronically	Potential

# Recording Patient Demographics

**Patient Information (Test, Jaci J)**

**Personal Info**

Account No 321466 Prefix |  PCP  ... Clear

Last Name\* Test Referring Provider  ... Clear

First Name\* Jaci MI J Rendering Provider/Primary Care Giver Franco, Cathy

Previous Name Stevens Date Of Birth\* 05/19/2011 Age: 11M 6D  
(mm/dd/yyyy)

Address Line 1\* Need New Address Gestational Age 32

Address Line 2 123 Bad Address Alley Sex\*  Male  Female  Transgender

City\* Orlando Marital Status Married

State\* FL \*Zip 32808 Country US .. Social Security 123-45-6789 Parent Info

Home Phone 407-532-0080 Cell No 407-532-0080 Employer Name  ... Clear

Work Phone - - Ext  Emp Status  ... (None Selected)

(statements will be addressed to responsible party) Student Status  ... (None Selected)

**Responsible Party\***   Family Hub

Name Test, Jackson Emergency Contact Test, Jackson  
DOB:10/15/2004 Age:7Y 6M Sex:M Relation: Life partner  
Tel:407-777-9311 Address: NEED NEW ADDRESS

Relation 1 ... Self - patient is the insured Acct Balance 105.00 Details Gr. Bal

Last Appt 03/31/2012 08:00 AM Patient 0.00 Acc Inquiry

Next Appt

**Insurances**

Sliding Fee Schedule Fee Schedule FULL FEE SCHEDULE  Self Pay

	Name	State	Subscriber No	Rel	Insured	Co Pay	Group No
	MEDICARE FQHC	WI		1	Test, Jaci J		
	AETNA	KY	123456789	1	Test, Jaci J		
	DENTAL - ADI	MA		1	Test, Jaci J		
	HEALTHCARE MCAID LIND	FL		1	Test, Jaci J		

Release of Information\*  Y ...

Rx History Consent\*  U ...

Signature Date / /

Advance Directive YES ... (07/14/2011)



# CPOE Medication Orders

- (1) Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

# Record smoking status

Patients 13 years old or older

# Smoking Smart Form



## Westborough Medical Group

2810 heritage walk  
woodstock GA 30188  
Ph: 123-456-7890 Fax:

### Tobacco Control

Name:

Date:

#### Are you a:

- current smoker
- former smoker
- never smoker
- current every day smoker
- current some day smoker
- Smoker, current status unknown
- unknown if ever smoked

## Using Smart Forms from the CDSS

The screenshot shows the UpToDate® Search interface. At the top, there is a search bar and a 'GO' button. Below the search bar are tabs for 'Overview', 'DRTL', 'History', 'CDSS', and 'Labs | D'. The patient information is displayed as '46 Y, F as of 03/28/2013'. A list of 'CDSS Alerts' is shown, including 'Alcohol use screening', 'Body Mass Index', 'Breast cancer screening', 'Cervical cancer screening', 'Depression screening', 'HIV screening', 'Sexual history taken', and 'Smoking status'. The 'Smoking status' alert is highlighted in yellow, and a red arrow points to its plus sign. At the bottom of the interface, there is a 'Tobacco Control' button, which is circled in red. Other buttons include 'Other Actions', a save icon, and a stop icon.

- Click the **+** (**plus**) sign to access the Smart Form (SF), then click the **arrow** to open the **Tobacco Control SF**.

# Completing the Smart Form

- Depending on the responses, additional questions may appear.
- Once completed, click the **Save** button, then **OK** to close the window.

Are you a:

current smoker

former smoker

never smoker

current every day smoker

current some day smoker

Smoker, current status unknown

unknown if ever smoked

If 'current smoker': How often do you smoke?

every day

some days, but not every day

If 'current smoker': How many cigarettes a day?

5 or less

4-10

11-20

21-30

31 or more

If 'current smoker': How soon after you wake up do you smoke?

within 5 min

6-30 min

31-60 min

after 60 min

If 'current smoker': Are you interested in quitting

Ready to quit

Print Preview... Print... **Save** Close

Message from webpage

Form Data Saved Successfully.

OK

## Completing the Sn

Smart Forms - Patient : ( Reichert, Dawn ) -

Pt. Info Encounter Physical

Meriden Medical  
134 State Street 340B00493600ME  
Meriden CT 06450  
Ph: 203-237-2229 Fax:203-686-1677

**Tobacco Control**

Name:  Date:

Are you a:

current smoker

former smoker

never smoker

current every day smoker

current some day smoker

Smoker, current status unknown

unknown if ever smoked

Powered By eClinicalWorks LLC.

Ask the patient if they are a **Current smoker**, **Former smoker**, or **Never smoker**.

# Why It's Called a Smart Form

- The answers from the **Smart Forms** automatically populate different portions of the **Progress Note**. The **Smoking Status** answers are populated in the **Social History**.

[Surgical History:](#)

[Hospitalization:](#)

[Family History:](#)

[Social History:](#)

Smoking Are you a: current smoker, How often do you smoke? every day, How many cigarettes a day? 11-20, How soon after you wake up do you smoke? 31-60 min, Are you interested in quitting Not ready to quit.

[ROS:](#) ▾

On the **Right Panel**, the **CDSS** measure for the **Smoking Status** has been met and will automatically be suppressed for one year based on it's frequency.

Measure	Status	Help
CDSS Alerts	-	?
Body Mass Index	+	?
Breast cancer screening	+	?
Cervical cancer screening	+	?
Depression screening	+	?
HIV screening	+	?
Sexual history taken	+	?

# Record Vitals

Vitals (Test, Jaci J - 04/15/2010 12:30 PM, ADJUNC 45)

Pt. Info Encounter Physical Hub

Pop Up

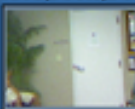



Date	Temp(F)	Route	BP(mm Hg)	BP Pos	Ht(in)	Wt(lbs)	Pain scale(1
03/22/2012							
03/22/2012							
01/05/2012							
12/28/2011							
10/31/2011							
09/11/2011							
06/11/2011			120/80		78	100	
11/18/2010					78	441.36	
08/11/2010	98.6	Oral:	120/80	RA Sitting:	78	59lbs	7
05/31/2010	98.6		120/80, 134	RA Supine:	21	11lbs 2oz	
05/07/2010					78	440.92	
04/15/2010	98.6	Oral:	120/75	LA Sitting:	5 ft 6 in	100	2
04/23/2009			125/80	unable			
01/18/2009							
01/18/2009							

Notes Browse... Spell check Clear

ROS  Vitals Taken Growth Charts Graph Ht/Wt Physical Exam

# E-Prescribing

Test, Jaci , 11M 4D, F [Sel](#) [Info](#) [Hub](#)

	Need New Address Orlando, FL 32808 H: 407-532-0080 M: 407-532-0080 DOB: 05/19/2011 l.blankenship@chcfl.c	<input checked="" type="checkbox"/> Allergies <input checked="" type="checkbox"/> Billing Alert	Wt 04/13/12: 15 lbs. Appt(L): 03/31/12(JW) Language: English Translator: No	Ins: MEDICARE Acc Bal: \$105.00 Guar: Jackson Gr Bal: \$105.00 Ref: Franco,	CLICK TO EDIT 	SECURE NOTES 	ADV DIRECTIVE Info not on file. Information requested (07/14/2011) 
---	---	--	--	---	---	--	---

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

SF  Life partner - Jackson Tes  Bulleted  Enc  04/15/2010 JEG

**Assessment:**  
**Assessment:**  





- DENTAL EXAMINATION - V72.2 (Primary)
- Dental abscess - 522.5
- Caries of mastoid - 383.1

 Always use V72.2 as primary. Add additional diagnosis as wish.

**Plan:**  
**Treatment:**  
Others  
 Start Keflex Capsule, 250 MG, 1 capsule, Orally, every 6 hrs, 10 day(s), 40, Refills 0

[Procedures](#)  
[Immunizations](#)  
[Diagnostic Imaging](#)  
[Lab Reports](#)  
[Preventive Medicine](#)  
 Health Maintenance: Counseling: Smoking Cessation Discussed: 02/01/2012.  
[Next Appointment](#)

**Billing Information:**  
[Visit Code](#)  
[Procedure Codes](#)

Print  Fax  Record  Lock  Details  Scan  Templates  Claim  Letters  Ink     

Refusal to Vaccinate Peds\_20110616\_001 Assistance letter 031711 Dental Clearance 031711



# Current Medications / Drug to Drug interactions

Test, Jaci , 11M 4D, F Sel Info Hub

Need New Address  
 Orlando, FL 32808  
 H: 407-532-0080  
 M: 407-532-0080  
 D-OB: 05/19/2011  
 J.Blankenship@chcf.c

Allergies  
 Billing Alert

Wt: 04/13/12: 15 lbs.  
 Appt(s): 03/31/12 (JW)  
 Language: English  
 Translator: No

Ins: MEDICARE  
 Acc Bal: \$105.00  
 Guan: Jackson  
 Gr Bal: \$105.00  
 Ref: Franco.

CLICK TO EDIT

SECURE NOTES

ADV DIRECTIVE  
 Info not on file.  
 Information requested  
 (07/14/2011)

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

SF [ ] Life partner - Jackson Tes [ ] Bulleted [ ] Enc [ ] 04/15/2010 JEG [ ]

**Chief Complaint(s):**

- Reason Patient is Here to See the Dentist
- can add additional by using browse button

**HPI:**

Dental Visit

**Current Medication:**

- Errin 0.35 MG Tablet 1 tablet Once a day
- Prevident 5000 Sensitive 1.1-5 % Paste as directed
- Lisinopril 20 MG Tablet 1 tablet Once a day, stop date 02/01/2012

**Medical History:**

- Date taken/updated 04/15/2010
- Any additional Medical Conditions identified by the Patient

**Allergies/Intolerance:**

- Browse Rx for Drug Allergies - Patient reaction
- Add button for non drug allergies - Patient reaction

**Surgical History:**

- Complete as per patient history and provider will verify

**Hospitalization:**

- Complete as per patient history and provider with verify

**Family History:**

**Social History:**

Adult Patient History Date Hx Completed/Latest Update: 01/09/2012, How do you learn best? Hearing, Any religion or cultural beliefs to be considered with medical care/education? No.

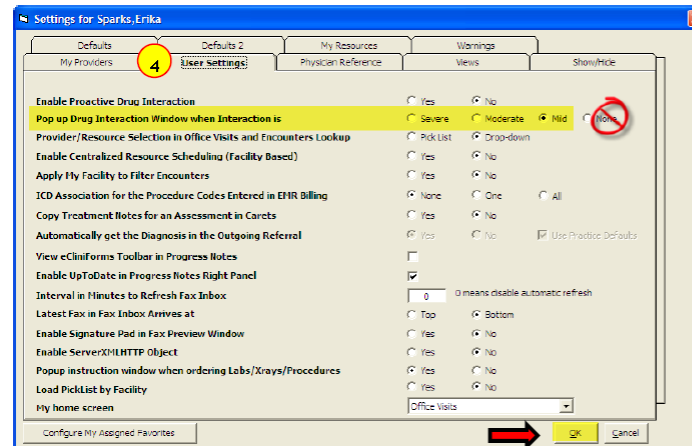
Pediatric Patient History Date Hx Completed/Latest Update: 02/06/2012, What type of water do you have at home? City water, How do you learn best? Hearing.

Print [ ] Fax [ ] Record [ ] Lock [ ] Details [ ] Scan [ ] Templates [ ] Claim [ ] Letters [ ] Ink [ ]

Refusal to Vaccinate Peds\_20110616 001  
 Assistance: ether.031711  
 Dental Clearance: 031711

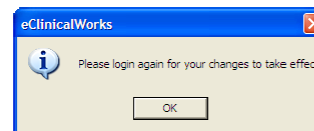
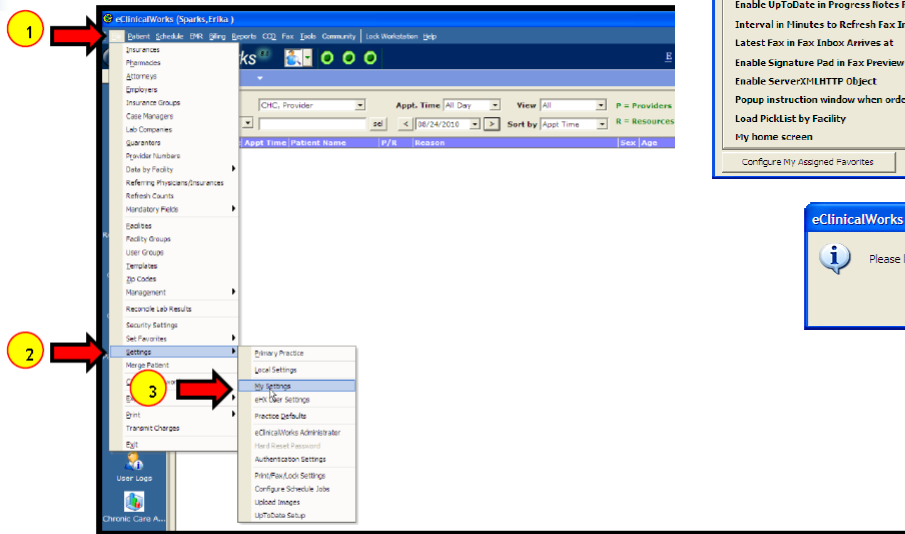
# Selecting the Drug Interaction Alert Preference

4. Click the **User Settings** tab.



- Select one of the following for the option: Pop up Drug Interaction Window when Interaction is:
  - **Severe**
  - **Moderate**
  - **Mild**
- ⚠ Please do not choose **None**.
- Click the **OK** button when finished.

## Accessing the User Settings



- Exit eCW and log back in for the changes to take affect.

- To access the **User Settings** window:
  1. Click the **File** menu
  2. Select **Settings**,
  3. Click **My Settings** to open the **Settings** window.

# Right Chart Panel

## Problem List

- V72.2 is automatic
- Can add dental DX

Overview | DRTL | History | Labs|DI | ★ Templates

Test, Jaci 11M 8D, F as of 04/27/2012

[-] Advance Directive

• YES Info not on file. Information requested

[-] Problem List

+	←	250.00	Diabetes mellitus type II
+	←	401.9	Hypertension
+	←	522.5	Dental abscess
•	←	521.00	Caries

[-] Medication Summary

Group by:

Medication	Action
[-] Medications as of: Today (04/27/2012)	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Actos 15 MG Tablet	Start
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Erythromycin Powder	Start
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lisinopril-Hydrochlorothiazide 10-12.5 MG Tablet	Start
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> One Daily Adults 50+ Tablet	Start
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Keflex 250 MG Capsule	Start
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ibuprofen	Taking
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tylenol	Taking

# Provide patients with an electronic copy of their health information

Including:


diagnostics test results

problem list

medication lists

medication allergies

# Patient Portal



community health centers  
FAMILY CARE

Portal Home | Help | Policies | Our Doctors | Working Hours | Directions | Sign out

**Questions/Concerns**

- Ask Doctor

**Messages**

- Inbox
- Sent Messages
- Deleted Messages

**Account Information**

- Personal Information
- Additional Information
- Reset Password

**Intake Forms**

- Child Social History
- Child Family History
- Your Medical History
- Your Social History
- Your Medical History
- Surgical and Allergies
- Immunizations

**Review**

- Lab / Diagnostic Reports

**Visit Summaries**

Date	Time	Facility	Provider	Reason
04/13/2012	01:30 PM	Leesburg Community Health Center	Theresa Palomeque	
03/31/2012	08:00 AM	Community Health Centers, Inc	Jonathan Ware	<a href="#">bellyache</a>
03/31/2012	08:00 AM	Leesburg Community Health Center	Roger Wray	<a href="#">bellyache</a>
03/28/2012	09:00 AM	Leesburg Community Health Center	Jonathan Ware	
03/25/2012	08:00 AM	Leesburg Community Health Center	Dr. External	<a href="#">bellyache</a>
03/24/2012	08:00 AM	Leesburg Community Health Center	Jonathan Ware	
03/13/2012	02:15 PM	South Lake Dental	Catalin Teodoru	<a href="#">fq/create in error.test</a>
02/16/2012	11:00 AM	Eatonville Family Health Center	Sandra Laurencin	
02/13/2012	10:00 AM	Winter Garden Dental	Gregg Stewart	<a href="#">Recall exam</a>
02/07/2012	03:00 PM	Apopka Dental	Roger Wray	
01/30/2012	04:15 PM	Winter Garden Childrens	Santiago Jimenez	



# Patient Portal

Once the Patient Portal account is created, the patient can access it from the following website: <https://yourchc.com>.

1. The patient will receive a generic email from the **Patient Portal Administrator**:

**Patient Hub (Test, Algebra)**

Home: [Redacted]  
 Work: [Redacted]  
 Cell: [Redacted]  
 Email: [shanti@chc1.com](mailto:shanti@chc1.com)

MA-02139  
 DOB: 01/01/1967  
 Age: 43 Y Sex: F  
 Advance Directive: [Redacted]  
 WebEnabled: Yes  
 Account No: **761443** (indicated by a red arrow)

Patient Balance: \$0.00  
 Account Balance: \$0.00

Last Appt: 11/04/2010 11:00 AM  
 Next Appt: [Redacted]  
 Bumped Appts: NONE

Facility: 138:New Britain Medical  
 Facility: [Redacted]  
 Case Manager Hx: [Redacted]

Buttons: New Appt, New Tel Enc, Print Label, Billing Alert, Patient Docs, Letters, Encounters, Medical Summ., Rx, Progress Notes, eClinForms, Devices, Problem List, Medical Record, Send eMsg, Account Inquiry, Guarantor Bal., Consult Notes, Letter Logs, Fax Logs

WELCOME TO YOURCHC.COM. Your instant access to your records.

Go To: <https://yourchc.com>

Click On: Registration/Forgot Password to create your login

**Please Note:** User Name is in this format:  
 FirstnameLastnameYYYY (YYYY= birth year)  
 example DavidSmith1967

2. This is the login webpage for the **Patient Portal**:

Community Health Center, Inc. Health care is a right, not a privilege.

Welcome to Patient Portal

HealthCare Support Portal facilitates better communication with your physician's office by providing convenient 24 x 7 access from the comfort and privacy of your own home or office.

Using your secure portal you will be able to:

- Communicate with practice, securely and efficiently.
- View your Personal Health Records.
- Review your lab results.
- View date and time of upcoming appointments.
- Request a prescription refill from pre-populated list of currently refillable prescriptions.
- Manage your personal information.

Please Enter your Login Credentials

Username:   
 Password:

**SIGN IN** | **VIEW PORTAL DIRECTIONS**

[Reset Password](#) | [Registration /Forgot Password?](#) (indicated by a red arrow)



3. The patient will need to click the link **Registration/Forgot Password?**, the **First-time** accessing the portal.





# Requirements of CQM Reporting

Provider	Before 2014	2014 and Beyond
<b>EPs</b>	Complete 6 out of 44 CQMs .3 core or 3 alternate core .3 menu Selected CQMs must cover at least 3 of the National Quality Strategy (NQS) domains	Complete 9 out of 64 CQMs Choose at least 1 measure in 3 NQS domains Recommended core CQMs include: .9 CQMs for the adult population .9 CQMs for the pediatric population .Prioritize NQS domains
<b>Eligible Hospitals and CAHs</b>	Complete 15 out of 15	Complete 16 out of 29 .Choose at least 1 measure in 3 NQS domains

- Reporting period is 90 days for first year and 1 year subsequently
- All providers must report on CQMs to demonstrate meaningful use, even though CQM reporting was removed as a core objective



# Approved Stage 2 CQM: Oral Health

## Measure 1: Children who have dental decay or cavities

Description: Percentage of children ages 0-20, who have had tooth decay or cavities during the measurement period.

## Measure 2: Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists

Description: Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period.





# NNOHA's Proposed CQMs

<b>Proposed Top Three Alternate Core Set Measures for Dentists (substitute when any of the current CQMs do not apply)</b>	<b>Dentist Routine</b>
Annual Oral Health Visit	Yes
Topical Fluoride or Fluoride Varnish Treatment	Yes
Periodontal Disease Assessment	Yes
<b>Proposed Other Alternate Core Set Measures for Dentists</b>	<b>Dentist Routine</b>
Dental Sealant	Yes
Oral Cancer Risk Assessment & Counseling	Yes
Completed Comprehensive Treatments Plan	Yes



# DQA Proposed Oral Health Measures

- Prevention: Sealants for 6 – 9 years
  - Measure Concept: Children aged 6-9 years who receive sealants in the first molar
  - Aligned Administrative Measure: Percentage of enrolled children aged 6-9 years at elevated risk who accessed [dental/ oral health] care (received at least one service) who received a sealant in the first molar within the reporting year.
- Prevention: Sealants for 10 – 14 years
  - Measure Concept: Children aged 10-14 years who receive sealants in the second molar
  - Aligned Administrative Measure: Percentage of enrolled children at elevated risk aged 10-14 years who accessed [dental/ oral] health care (received at least one service) who received a sealant in the second molar within the reporting year



# DQA Proposed Oral Health Measures – cont'd

- Care Continuity
  - **Measure Concept:** Children who received a comprehensive or periodic oral evaluation in two consecutive years
  - **Aligned Administrative Measure:** Percentage of enrolled children who accessed [dental/ oral health] services (received at least one service) who received a comprehensive or periodic oral evaluation in the year prior to the measurement, who also received a comprehensive or periodic oral evaluation within the reporting year.



# DQA Proposed Oral Health Measures – cont'd

- Dental caries
  - Measure Concept: Children who have new caries or untreated caries
  - Aligned administrative measure: NA.
- Prevention: Topical Fluoride
  - Measure Concept: Children who receive topical fluoride
  - Aligned Administrative Measure: Percentage of enrolled children at elevated risk who accessed [dental/ oral] health care (received at least one service) who received topical fluoride within the reporting year.

# Requirements for MU Reporting

## Stage 1

### Eligible Professionals

15 core objectives

5 of 10 menu objectives

20 total objectives

### Eligible Hospitals & CAHs

14 core objectives

5 of 10 menu objectives

19 total objectives



## Stage 2

### Eligible Professionals

17 core objectives

3 of 6 menu objectives

20 total objectives

### Eligible Hospitals & CAHs

16 core objectives

3 of 6 menu objectives

19 total objectives

## From Stage I To Stage II

- Stage I: 70% of physicians who achieved stage 1 requested an exclusion to the requirement that practices needed to provide, to 50% of patients who requested them, an electronic copy of their records within three days, according to CMS data. They qualified for exemptions because no patients asked for the records
- Stage II: require at least 5% of patients to download their records — with few exceptions.



# Stage II Mandates

- Physicians who earned EHR bonuses in 2011 and 2012 would be required to meet stage 2 requirements starting in 2014.
- Doctors who start achieving meaningful use in 2013 or later would report under stage 1 rules for two years before moving onto stage 2, regardless of whether they incur any noncompliance penalties for being lateadopters
- Please note, however, that you would not meet these Stage 2 requirements until you have met the Stage 1 requirements of the EHR Incentive Programs for a 90-day period in your first year of participation and a full year in your second year of participation.

# Stage III

- Public comment period opened in January 2013
- Mystery as only a handful of proposed measures
- AMA is asking to delay
- No date has been set
- Likely to follow the same format with a divide core (mandatory) and menu (optional) requirements, with continuation of stage I and II and some new ones





# Payments: EP Adoption Timeline

	2011	2012	2013	2014	2015	2016
2011	\$21,250					
2012	\$8,500	\$21,250				
2013	\$8,500	\$8,500	\$21,250			
2014	\$8,500	\$8,500	\$8,500	\$21,250		
2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
2018			\$8,500	\$8,500	\$8,500	\$8,500
2019				\$8,500	\$8,500	\$8,500
2020					\$8,500	\$8,500
2021						\$8,500
TOTAL	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750



# Stage I Payments

- More than 350,000 eligible health care professionals and more than 4,200 hospitals have registered for the program.
- Over 106,000 EPs have received Medicare payments and over 69,000 have received Medicaid payments since it began in January 2011.
- 9,404 Dentists registered as of December 2012
  - 4,912 Dentists have been paid under Medicare and Medicaid



## Medicaid Incentive Payments

	Adopt/Implement /Upgrade (AIU) December 2012		Meaningful Use (MU) December 2012		AIU Program to Date		MU Program to Date		Total Program to Date	
	Providers	Payment	Providers	Payment	Providers	Payment	Providers	Payment	Providers	Payment
Physicians	2,125	\$ 44,030,044	870	\$ 7,421,930	50,337	\$ 1,052,898,738	3,742	\$ 31,757,467	54,079	\$ 1,084,656,205
Nurse Practitioners	542	\$ 11,517,500	164	\$ 1,391,167	11,766	\$ 249,836,506	877	\$ 7,562,167	12,643	\$ 257,398,673
Dentists	332	\$ 7,055,000	12	\$ 102,000	4,809	\$ 102,085,000	47	\$ 399,500	4,856	\$ 102,484,500
Certified Nurse - Midwives	72	\$ 1,530,000	35	\$ 297,500	1,453	\$ 30,876,250	131	\$ 1,113,500	1,584	\$ 31,989,750
Physicians Assistants practicing in FQHC or RHC led by a PA	36	\$ 765,000	17	\$ 144,500	798	\$ 16,872,500	43	\$ 365,500	841	\$ 17,238,000
<b>Eligible Professionals Total</b>	<b>3,107</b>	<b>\$ 64,897,544</b>	<b>1,098</b>	<b>\$ 9,357,097</b>	<b>69,163</b>	<b>\$ 1,452,568,994</b>	<b>4,840</b>	<b>\$ 41,198,134</b>	<b>74,003</b>	<b>\$ 1,493,767,128</b>
Acute Care Hospitals (including CAHs)	93	\$ 90,773,439	296	\$ 169,855,593	2,738	\$ 2,243,698,679	817	\$ 490,610,100	3,555	\$ 2,734,308,779
Children's Hospitals	1	\$ 1,357,043	5	\$ 11,917,342	51	\$ 137,072,366	11	\$ 25,551,389	62	\$ 162,623,755
Medicare Advantage Hospitals	1	\$ 505,931	-	\$ -	1	\$ 505,931	-	\$ -	1	\$ 505,931
<b>Eligible Hospitals Total</b>	<b>95</b>	<b>\$ 92,636,412</b>	<b>301</b>	<b>\$ 181,772,935</b>	<b>2,790</b>	<b>\$ 2,381,276,975</b>	<b>828</b>	<b>\$ 516,161,489</b>	<b>3,618</b>	<b>\$ 2,897,438,465</b>
<b>Grand Total</b>	<b>3,202</b>	<b>\$ 157,533,956</b>	<b>1,399</b>	<b>\$ 191,130,032</b>	<b>71,953</b>	<b>\$ 3,833,845,970</b>	<b>5,668</b>	<b>\$ 557,359,623</b>	<b>77,621</b>	<b>\$ 4,391,205,593</b>

**NOTES:**

- 49 States and Puerto Rico are disbursing payments as of December 2012
- 1,612 hospitals have received payments under both Medicare and Medicaid (of those, 197 were CAHs).
- Medicaid EHR Incentive payments began in January 2011.



# Recap: Three Stages

- Stage 1: The basic functionalities electronic health records must include such as capturing data electronically and providing patients with electronic copies of health information.
- Stage 2: (Will begin in 2014) Increases health information exchange between providers and promotes patient engagement by giving patients secure online access to their health information.
- Stage 3: (Rule will be released in 2014) Will continue to expand meaningful use objectives to improve health care outcomes.

## Recap: (Cont'd)

- Stage 2 of the program will begin in 2014. No providers will be required to follow the Stage 2 requirements outlined today before 2014.
- Outline the certification criteria for the certification of EHR technology, so eligible professionals and hospitals may be assured that the systems they use will work, help them meaningfully use health information technology, and qualify for incentive payments.
- Modify the certification program to cut red tape and make the certification process more efficient.

## Recap: (Cont'd)

- Allow current “2011 Edition Certified EHR Technology” to be used through 2013. Providers have the option of using 2014 certification in 2013 but they **MUST** use the 2014 certification starting in 2014.
- The CMS final rule also provides a flexible reporting period for 2014 to give providers sufficient time to adopt or upgrade to the latest EHR technology certified for 2014

# Thank you

