



Strategies to Meet Patient Electronic Access Measures

Illinois Health Information Technology Regional Extension Center (ILHITREC)



SUPPORT PROVIDED BY ILHITREC:

The Illinois Health Information Technology Regional Extension Center (ILHITREC), under contract with the Illinois Department of Health and Family Services (HFS) and in partner with ICAHN and CIHIE, is providing education, outreach, EHR, and Meaningful Use support to Medicaid providers for the Electronic Health Record Medical Incentive Payment Program (eMIPP). Contact us at info@ILHITREC.org; Phone: 815-753-5900.



Speaker Biography



Kerri Lanum, MS

Kerri Lanum is a Clinical Informatics Specialist at ILHITREC with over 20 years of experience in the healthcare industry. She is an expert in the design and implementation of innovative technologies to support physician and nursing practice workflows. She is certified in several EMR Products, a Lean Six Sigma green belt and has a passion for educating providers and medical office staff on how to track their quality data to improve patient care. Kerri is an active member of the Medical Group Management Association (MGMA) and Health Information Management and Systems Society (HIMSS).





Disclaimer

- **The target audience of this presentation is Eligible Providers, but some references will be made related to Eligible Hospitals.**
- This webinar is based on official guidance provided by the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator (ONC), experiences from ILHITREC, and other Regional Extension Centers.
- This presentation was prepared as a tool to assist providers enrolled in the EHR Incentive Program administered by CMS. The ultimate responsibility for compliance, submission and response to any remittance from CMS rests with the provider. Medicare policy changes frequently. It is highly recommended that providers and their designee review rules and regulations frequently.
- The focus of this presentation is **the discussion of strategies to meet patient electronic access measures**. The content applies to the Promoting Interoperability program (formerly the Medicaid EHR Incentive Program) through CMS and the ONC.



Acronyms

- CQM-Clinical Quality Measure
- eCQM- Electronic Clinical Quality Measure
- EHR-Electronic Health Record
- EP- Eligible Professional
- MIPS- Merit Based Incentive Payment System
- MU-Meaningful use
- NQF- National Quality Forum
- QPP-Quality Payment Program
- QRDA- Quality Reporting Document Architecture
- PI- Promoting Interoperability
- CEHRT-Certified Electronic Health Record Technology
- EB-Evidence Based

Patient Portal Success Story



Video available at <https://www.youtube.com/watch?v=23rbI1PFkLA>

Learning Objectives



Define Patient Electronic Access & Secure Electronic Messaging Measures

Identify Challenges to Patient Portal Adoption and Usage

Discuss Evidence-Based & Innovative Strategies for Patient Engagement With the Portal

Modified Stage 2 Objectives for Eligible Providers 2018



Objective Measures	Modified Stage 2
Objective 1: Protect Patient Information	Perform Security Risk Analysis
Objective 2: Clinical Decision Support	5 rules related to 4 CQM's Drug-drug + drug-allergy alerts
Objective 3: CPOE meds/labs/rads	>60%/>30%/>30%
Objective 4: E-Prescribing	>50%
Objective 5: Health Information Exchange	>10% < 100 referrals per reporting period exclusion
Objective 6: Patient Education	>10%
Objective 7: Medication Reconciliation	>50%
Objective 8: Patient Electronic Access	>50% Access >5% VDT
Objective 9: Secure Electronic Messaging	>5%
Objective 10: Public Health Reporting	Report on 2 options

Stage 2 Objective Measure Specifications



Objective 8: Patient Electronic Access-Modified Stage 2

Measure 1: More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely (within 4 business days after the information is available to the EP) online access to their health information.

Measure 2: More than 5% of unique patients seen by the EP during the reporting period view, download, or transmit their health information to a third party.

Exclusions: Any EP who neither orders nor creates any of the information listed for inclusion as part of the measures; or the EP practices in a county with less than 4 Mbps broadband.

Objective 9: Secure Electronic Messaging- Modified Stage 2



Measure: More than 5% of unique patients seen by the EP during the reporting period, a secure message was sent using the electronic messaging function to the patient, or in response to a secure message sent by the patient during the reporting period.

Exclusions: An EP has no office visits during the reporting period, or the EP practices in a county with less than 4 Mbps broadband.





Transition to Stage 3

Objective Measures	Modified Stage 2	Stage 3
Objective 1: Protect Patient Information	Perform Security Risk Analysis	<u>No change</u>
Objective 2: Clinical Decision Support	5 rules related to 4 CQM's	<u>No change</u>
Objective 3: CPOE meds/labs/rads	>60% >30% >30%	>60%>60%>60%
Objective 4: E-Prescribing	>50%	>60%
Objective 5: Health Information Exchange	>10% < 100 referrals per reporting period exclusion	>50% send summary of care >40% receive summary of care for new patients & Clinical info reconciliation for new patients >80%
Objective 6: Patient Education	>10%	Removed and Incorporated into the electronic access
Objective 7: Medication Reconciliation	>50%	removed
Objective 8: Patient Electronic Access	>50% Access >5% VDT	>80% Patient electronic access to pt. education material >35%
Objective 9: Secure Electronic Messaging	>5%	Changed to Coordination of care >5% messaging, >5% VDT, >5% patient entered info incorporated into CEHRT
Objective 10: Public Health Reporting	Report on 2 out of 3 options	Report on 2 out of 5 measures



Challenges Opportunities

Lack of Awareness/Training

Privacy/Security Concerns

- **CIN: Computers, Informatics, Nursing** November 2017, Volume 35 Number 11 , p 565 - 573

EMR Issues

Lack of time and resources to dedicate to implementing a patient portal

Patients do not want to sign up/participate



Potential Solutions to Challenges

Challenges/Barriers	EB Potential Solutions	Best practices/Innovations
Lack of Awareness/Training	Provider engagement and buy-in, patient login at the visit	Educate staff
Privacy/Security Concerns		Verbiage used, HIPAA consents
EMR Issues	Work with a third party vendor	Work with vendor, change EHR vendors
Disengaged patients	Educating patients	Marketing, functionality & convenience
Lack of employee time/resources for implementing portal	Patient self-service, kiosks, tablets, etc. Incorporate into workflow	Use of volunteers

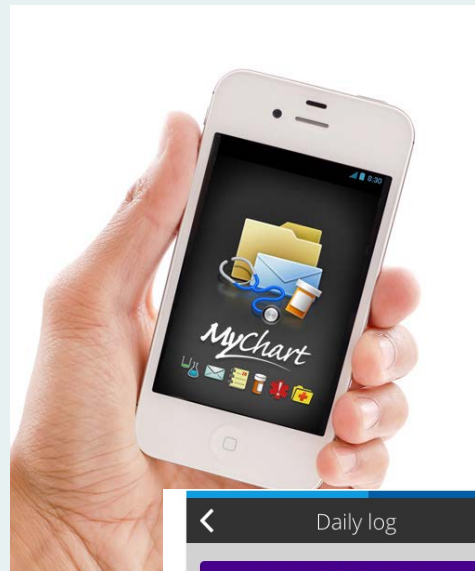
The Office of the National Coordinator for
Health Information Technology
Patient Engagement Playbook

[Patient Engagement Playbook](#)

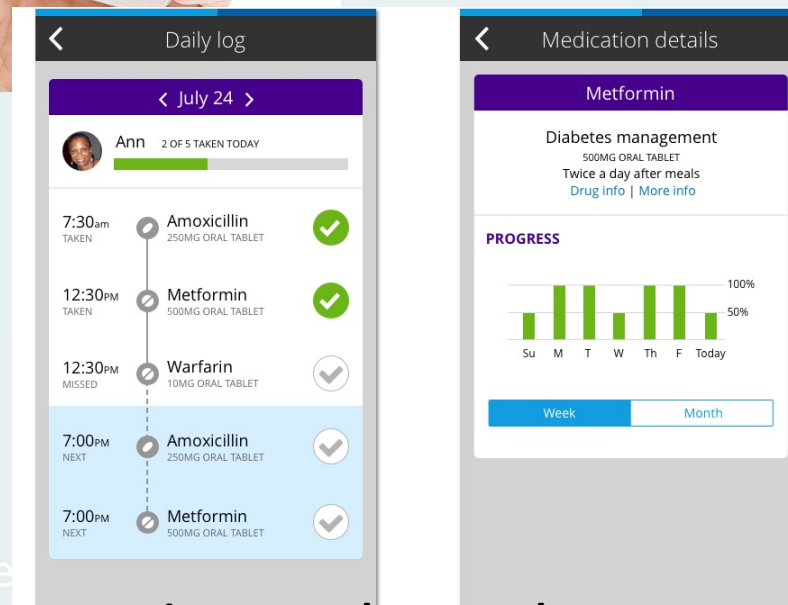
Potential Solutions to Challenges-Devices



Patient kiosk



Patient Engagemen



Patient portal smart phone apps



Potential Solutions to Challenges- Patient Portal functions

Allow online booking and prescription refills.

On average, it takes staff a little **more than 8 minutes** to schedule an appointment over the phone.

- Your staff will gain valuable time by not having to deal with booking and refills on the phone — potentially hours every week.

Set up secure information sharing

Sharing information — **such as lab results or emails** — with patients through a secure patient portal can:

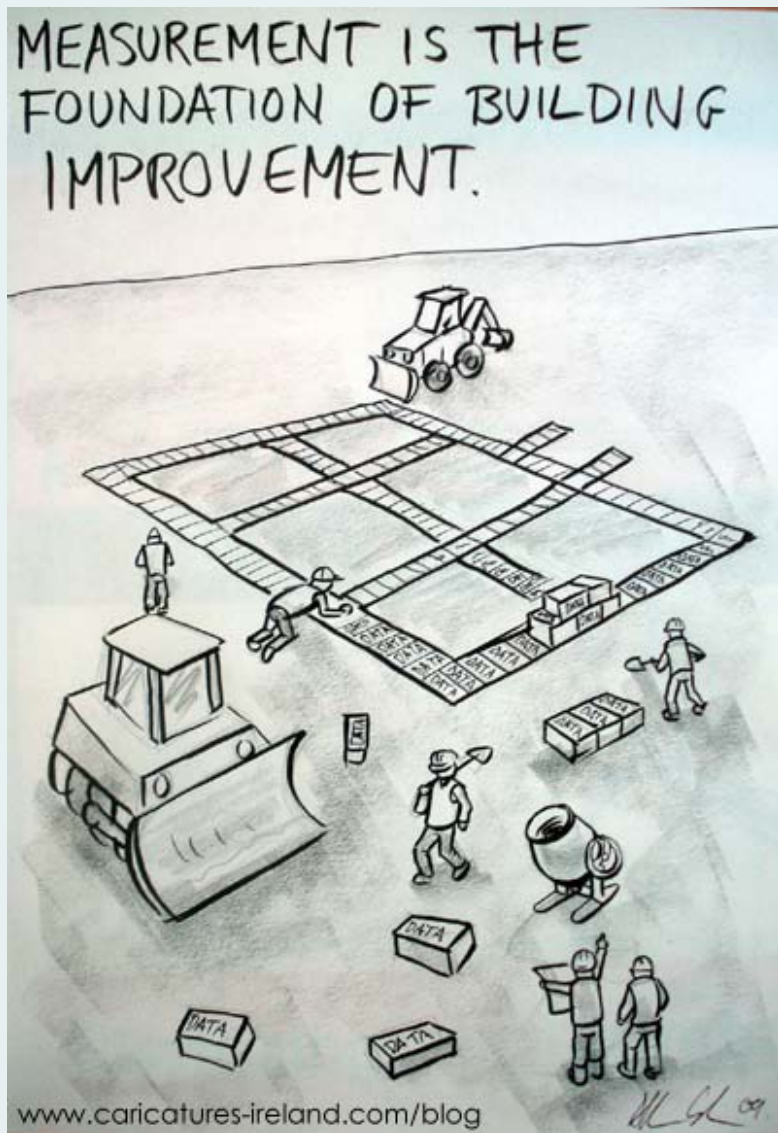
- Reduce phone calls
- Allow you to respond to patient questions in your own time
- Reflect well on your office, demonstrating your accessibility and openness

Provide credible educational resources

Providing credible educational resources — like **evidence-based health and wellness tools** — makes your patient portal more:

- Useful
- Effective
- Engaging for patients

Measurement of Outcomes & Processes



- Review EHR Reports regularly
- Measure/Track processes



Additional References

- [2019 IPPS Proposed Rule Fact Sheet](#)
- [CMS Promoting Interoperability Program](#)
- [2018 Medicaid Requirements](#)
- [IDPH Public Health Objectives Registration](#)
- [2018 Medicaid EHR Incentive Program \(Promoting Interoperability\) Toolkit](#)
- Mhealth 2017 12;3:23. Epub 2017 Jun 12. Division of General Internal Medicine, Medical College of Georgia, Augusta University, Augusta, Georgia.
- **CIN: Computers, Informatics, Nursing** November 2017, Volume 35 Number 11 , p 565 - 573
- Snyder, E. & Oliver, J. (2014). Evidence based strategies for attesting to Meaningful Use of electronic health records: An integrative review. Available in the [Online Journal of Nursing Informatics \(OJNI\), 18 \(3\)](#).

Thank you!

Questions?



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