

Introduction to QI and HIT

Unit 1b: Health Care Quality and Meaningful Use

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Objectives

- Describe quality improvement as a goal of meaningful use

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2

Meaningful Use and QI

- The American Reinvestment and Recovery Act of 2009
 - "...authorizes the Centers for Medicare & Medicaid Services (CMS) to provide reimbursement incentives for eligible professionals and hospitals who are successful in becoming "meaningful users" of certified electronic health record technology"
<http://healthit.hhs.gov>
- The HITECH (*Health Information Technology for Economic and Clinical Health*) Act establishes programs under CMS in coordination with the Office of the National Coordinator (Dr. David Blumenthal) to accomplish this charge.

"Computerize all health records within 5 years."

President Barack Obama, speech at
George Mason University, January 12, 2009

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3

Goals of Meaningful Use



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4

Meaningful Use Stages

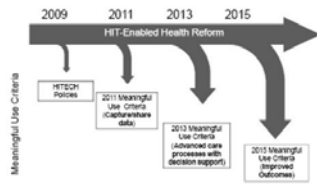


Image: ONC Policy Committee Slides, July 16, 2009

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5

Meaningful Use: Stage 1

- Priority:
 - Improve quality, safety, efficiency & equity (reduce health disparities)
 - Begins in 2011
- Goals:
 - Electronically capture health information in a coded format
 - Use that information to track key clinical conditions
 - Communicate that information for care coordination
 - Initiate the reporting of clinical quality measures and public health information

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6

Meaningful Use Stage 1 Hospitals/Eligible Providers, CORE Set

- Record patient demographics
- Record vital signs and chart changes
- Maintain up-to-date problem list
- Maintain active medication and medication allergy lists
- Record smoking (age 13 years and older)
- Generate & transmit electronic prescriptions (providers)
- Use computerized provider order entry (CPOE) for medication orders
- Implement drug-drug & drug allergy interaction checks

<http://healthit.nhs.gov/>

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7

Meaningful Use Stage 1 Hospitals/Eligible Providers, CORE Set

- Provide patients with clinical summaries (each office visit) & e-copy of hospital discharge instructions on request
- On request, provide patients with e-copy of health information
- Implement capability to electronically exchange key clinical information among providers and patient-authorized entities
- Implement one clinical decision support rule & ability to track compliance with that rule
- Implement systems to protect privacy & security of patient data
- Report clinical quality measures to CMS or states

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8

Meaningful Use Stage 1 Hospitals/Eligible Providers, MENU Set

- Implement drug-formulary checks
- Incorporate clinical laboratory test results into EHR as structured data
- Generate lists of patients by specific conditions to use for QI, reduction of disparities, research, or outreach
- Use EHR technology to identify patient-specific education resources and provide them to patients as appropriate
- Perform medication reconciliation between care settings

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9

Meaningful Use Stage 1 Hospitals/Eligible Providers, MENU Set

- Provide summary of care record for patients referred or transitioned to other provider or setting
- Submit electronic immunization data to immunization registries or immunization information systems
- Submit electronic syndromic surveillance data to public health agencies

Blumenthal and Tavenner, (2010)

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10

Meaningful Use Stage 1 Hospitals Only, MENU Set

- Record advance directives for patients 65 years of age or older
- Submit electronic data on reportable laboratory results to public health agencies

Blumenthal and Tavenner, (2010)

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11

Meaningful Use Stage 1 Eligible Providers Only, Menu Set

- Send reminders to patients (per patient preference) for preventive and follow-up care
- Provide patients with timely electronic access to their health information
 - Laboratory results
 - Problem list
 - Medication list
 - Medication allergy list

Blumenthal and Tavenner, (2010)

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12

Meaningful Use and QI Eligible Providers, 2011 and 2012

- Must report on 3 core QI measures
 - Blood pressure level
 - Tobacco status
 - Adult weight screening and follow-up
 - Alternates if these do not apply
- Must also choose 3 other measures from lists of metrics ready for incorporation into EHRs

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13

Meaningful Use and QI Hospitals, 2011 and 2012

- Must report on 15 core QI measures
- Required measures include
 - Emergency department throughput
 - 2 measures
 - Ischemic or hemorrhagic stroke
 - 7 measures
 - Venous thromboembolism
 - 6 measures

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14

Meaningful Use and QI

“Even hospitals with fully functioning EMRs still make extensive use of digitized scans of manually completed forms and textual checklists. With no forms or screens to capture data in a structured way, hospitals fail to report quality measures as a routine byproduct of the practices, relying instead on a retrospective chart abstracting process.”

Holland, M. (2010)

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15

Summary for Unit 1b

- When used in a meaningful way, HIT can
 - Improve safety, effectiveness, efficiency, equity, timeliness, and patient-centeredness of care
 - Work to accomplish the best care for the whole population at the lowest cost
