The American Recovery and Reinvestment Act 2009 (ARRA) (Pub. L. 111–5) provide incentive payments to eligible professionals (EPs), eligible hospitals and critical access hospitals (CAHs) participating in Medicare and Medicaid programs that adopt and successfully demonstrate meaningful use of certified electronic health record (EHR) technology.
What is Meaningful Use?

American Recovery and Reinvestment Act 2009 identified 3 main components:

- Use of a certified EHR in a meaningful manner, such as e-prescribing
- Use of certified EHR technology for electronic exchange of health information to improve quality of health care
- Use of certified EHR to submit clinical quality and other measures
Vision of Meaningful Use

“Ultimately…meaningful use of certified electronic health record technology should result in health care that is patient centered, evidenced-based, prevention-oriented, efficient and equitable”

Federal Register, DHHS CMS, Medicare and Medicaid Programs: Electronic Health Record Incentive Program Final Rule July 28, 2010, vol 75, no 144 p 44321
To receive an EHR incentive payment in the Medicaid EHR Incentive Program, providers have to meet certain requirements.

**First year of participation**

- In their first year of participation, providers can:
  - Adopt
  - Implement
  - Upgrade

- or demonstrate meaningful use of certified EHR technology.

**Second year and subsequent years of participation:**

- In their second year of participation and subsequent participation years, providers must show that they are using their EHRs in a meaningful way by meeting thresholds for a number of objectives.
Why do we care?

Patient Safety
To err is human
eRx
Exchange of health information

Financial implications
Penalties on professional services
ePrescribing
2012 1% penalty
Increases by 0.5% each year
eHR
1% penalty begins Jan 2015
Increases each year to total of 5%

Efficiency
Writing prescriptions on readmission, pass meds, discharge meds
Accessible information
Facilitate communication
What does this mean for LHH?

Eligible Providers (physicians and NP)

Group registration
   Facilitated by finance
   Group Practice must meet criteria (>30% Medi-Cal visits)
   Each Provider must have at least one Medi-Cal visit
   Contract with EHR that meets criteria - eCW

Incentive Money available for
   Year 1 Adoption – Implementation – Upgrade
       $21,250/provider
   Year 2-6 Meet Meaningful Use criteria
       $8,500/provider if they meet meaningful use criteria

Incentive funds to support EHR:
   Purchase
   Training
   Support
   Enhancement
   Maintenance
Laguna Honda’s Current State

Infrastructure Alignment
- existing Clinical Informatics Team widening role
- CMIO appointment – Michelle Fouts
- integration of IT Services

Multitude of Software Applications
- Invision (Siemens)
  - LCR (results, MD charting, VS and Immunization entries by Nursing)
  - Resource Scheduling (for LHH clinics scheduling)
- ADT
- Billing
- eReferral
- SFGGetCare (RTZ)
  - Discharge Planning, Placement Tracking
- ADL for Minimum Data Set (MDS)
- Homegrown Rehab Database (Access Db)
Laguna Honda’s Current State

Report Generation
- Frequent need to reconcile data from various sources/applications
- Time consuming, duplication of efforts
- Need for dashboard development

Technology Enhancements Needs
- Bar Coding for medication administration (patient safety)
- Glucometer results uploaded to LCR (data sharing, patient safety)
- Equipment such as computers on wheels (COWs) and tablets (provider accessibility to electronic health info)
- Network stability and upgrades, including wifi
Conceptual Approach to Meaningful Use

Stage 1
Data Capturing & Sharing
Builds on Stage 1

Stage 2
Advanced Clinical Processes
Builds on Stage 1

Stage 3
Improve Outcomes
Builds on Stage 2
LHH’s Plan for Reaching Stage 1
Meaningful Use

1. Implement eCW (CareLink SF) by September 2014
   a. Vital signs entry
   b. Quality measures reporting
   c. E-prescribing
   d. CPOE

2. Implement Mobile MD
   a. To meet timely electronic access to patients’ health information
   b. Ability to view online, download and transmit health information
 Timeline for CareLink SF (eCW) Implementation

**Fall 2013**
- Medical staff engagement
- Consultant evaluation and recommendations
- Identify Physician Champions and Super Users
- Training for LHH eCW Trainers
- Kick-Off Event

**November 2013 – Summer 2014**
- Eligible Provider Attestation – by January 2014
- Gap analysis
- Project planning and implementation
- New workflow development
- Hardware and equipment planning
- Timeline oversight
- Budget and resource planning
- Training

**Fall 2014 - Go Live**
- Implementation support
Anticipated Opportunities and Challenges

Opportunities

Within a year, LHH will achieve Stage 1 Meaningful Use goals
One step closer to preparing LHH providers and community for implementing a department and network-wide electronic health record
Can begin planning for Stage 2 Meaningful Use goals in late 2014
Builds on teamwork values embraced by LHH interdisciplinary staff

Challenges

Planning and timeline parallels ICD-10 implementation
Resource intensive
Interdependencies with SF Health Network branches
Concurrent budget monitoring during training periods
Will need to plan budget and resource needs for FY 13-14
Summary

Exciting 2014!

Laguna Honda’s goals and requirements include:
1. Meet Stage 1 Meaningful Use Milestones by September 2014
2. Meet Stage 2 Meaningful Use Milestones by January 2015
3. Participation and inclusion with department-wide:
   a. electronic health record planning and implementation
   b. IT network and applications discussions, planning and installs
Thank You

meaningful use