Taking the Next Step

Implementing an
Electronic Dental Record

and

Achieving Meaningful Use

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Panel Introduction

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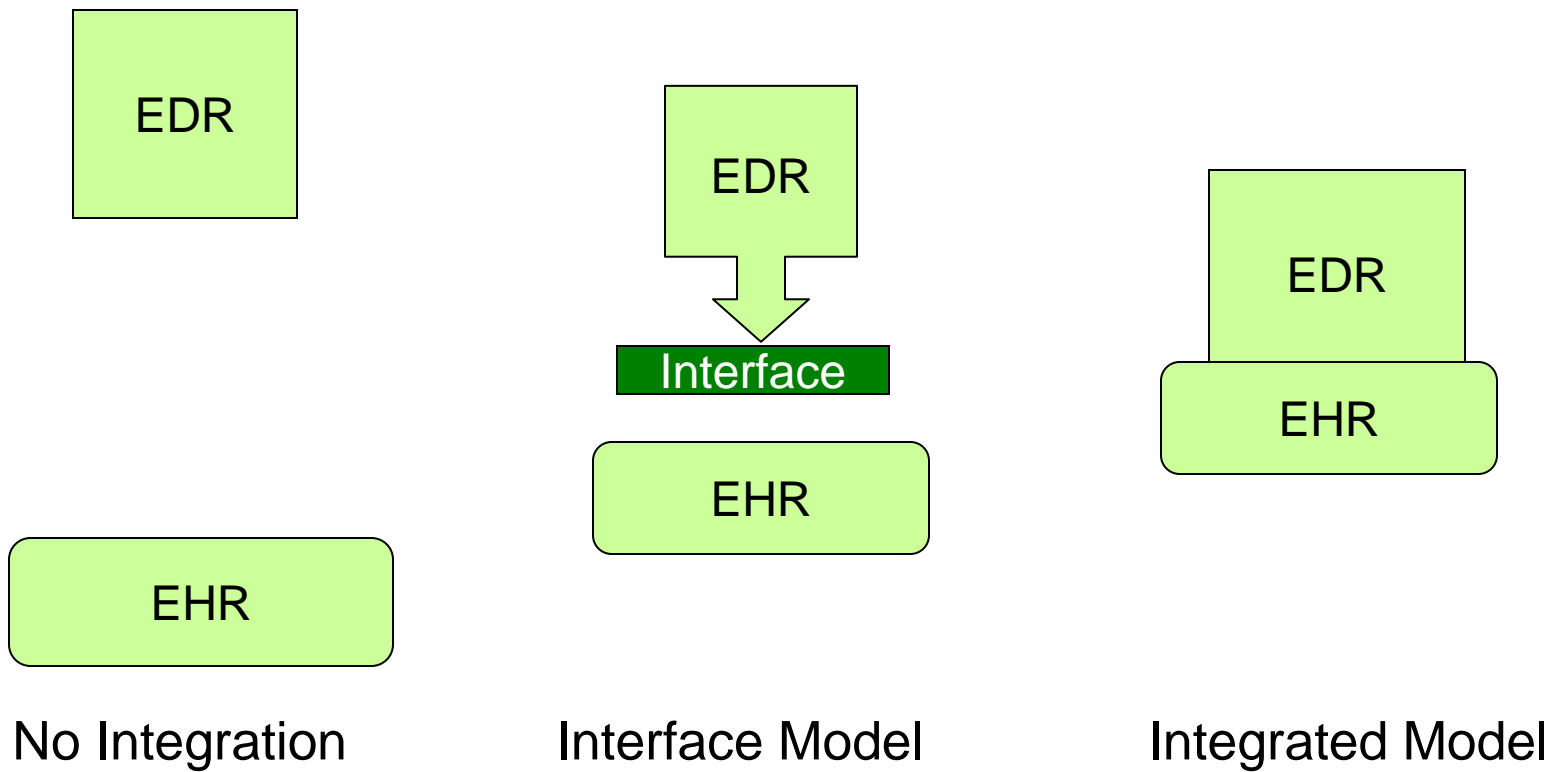CARING FOR OUR COMMUNITIES TOGETHER

Overview

- Integration Options and Impact
- Moving from paper to electronic records
- Impact of a combined medical/dental record
- Meaningful Use for Dentist
- Panel Experts

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HIT Impact

EHR/EDR Models

EDR

EDR

Interface

EHR

EDR

EHR

EHR

No Integration   Interface Model   Integrated Model

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Moving from Paper to Electronic Records

- Billing Impact
- Scheduling
- Workflow

Shared Patient Record

- Allergies, Problems and Medications
- Labs
- Shared Progress Note

Meaningful Use
a.k.a. **EHR Incentive Program**

The CMS Medicare and Medicaid EHR Incentive Programs provide financial incentives for the "meaningful use" of certified EHR technology to improve patient care.

The five goals of Meaningful Use are:
1) Improve quality, safety & efficiency
2) Engage patients and their families
3) Improve Coordination of Care
4) Improve population & public health (improving any disparities of care)
5) Ensure privacy and security of data

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Meaningful Use Framework

Two EHR Incentive Programs – *slightly different rules, same objectives*

- Medicare (FQHCs are not eligible)

➢**Medicaid**

Two program tracks – *objectives differ*

- Eligible Hospitals

➢**Eligible Professionals**

- – Physicians (MD, DO)
- – Nurse Practitioners
- – Certified Nurse-Midwives
- – Dentists
- – Physician Assistants working in PA-led FQHC or RHC

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Graduating "Stages" of Requirements

In the first year of the _provider's participation_ in the Medicaid EHR Incentive program, providers must legally **attest** that they have successfully adopted, implemented or upgraded (<u>A/I/U</u>) certified EHR technology.

Adopt: Acquire, purchase, or secure access to certified EHR technology

- Requires either installation of the certified EHR technology

OR

- Financial commitment to purchasing or using the EHR

Does NOT require that the technology be in use in the clinical setting.

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Stage of Meaningful Use Criteria By First Payment Year

First Payment Year	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	1	1	1	2	2	3	3	TBD	TBD	TBD	TBD
2012		1	1	2	2	3	3	TBD	TBD	TBD	TBD
2013			1	1	2	2	3	3	TBD	TBD	TBD
2014				1	1	2	2	3	3	TBD	TBD
2015					1	1	2	2	3	3	TBD
2016						1	1	2	2	3	3
2017							1	1	2	2	3

- **Stage 1**: Data Capture and Sharing
  - Begins in participation year 2 of the NY Medicaid EHR Incentive Program and continues to participation year 3.
- **Stage 2**: Advanced Clinical Processes
  - Begins in participation year 4. Final requirements were published in August 2012.
- **Stage 3**: Improved Outcomes

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Stage 1 Objectives and Measures Reporting

Eligible Professionals must complete:

- ❑ 14 core objectives *(reflects 2013 revision)*

- ❑ 5 objectives out of 10 from menu set

- ❑ 6 total Clinical Quality Measures

  3 core or alternate core, and 3 out of 38 from additional set

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Meaningful Use Requirements

- Same as Medical Providers

Core - Must Do All 15			Menu - Must do 5 out of 10	
CPOE	☆		Lab	
Problem List			Patient Reminders	
Electronic Prescribing	☆		Portal	
Medication List			Education	
Medication Allergy			Medication Reconciliation	
Demographics			Summary of Care Provided	
Vitals	☆☆		Drug Formulary Checking	Attestation
Smoking			List of Patients	Attestation
Elec Copy of Health Info			Immunization Registry	Attestation
Visit Summary			Syndromic Registry	Attestation
DUR Checking	Attestation			
CDSS	Attestation			
Report Quality Measures	Attestation			
Test Clin Exchange	Attestation			
Security Risk Assessment	Attestation			

☆ Exclusion available if prescribe less than 100 prescriptions per reporting period.

☆☆ Exclusion available if height, weight and blood pressure (all 3) are not clinically relevant

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Meaningful Use Challenges

- Documentation
  - Must be documented in the system that you are reporting out of for Meaningful Use
    - may not be the EDR.

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Meaningful Use Challenges

- CPOE
  - Tend to have a lower reported volume since the standard calculation uses patients with medications, regardless of who prescribed them.

- Problem List
  - Not traditionally maintained by dental providers
  - Concern over adding problems reported by the patient outside the scope of their practice

- Visit Summary
  - Must contain allergies, problems, medications and lab results if available
  - May not contain any dental related information

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Meeting Meaningful Use

- Include Meaningful Use in the new workflow
- Training
  - Meaningful Use
  - Coding
- Templates/Favorites
- Visit Summary
- Metric Review

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Dental Panel

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