

Clinical IT tools and training to help physicians

ARE YOU EQUIPPED to qualify for meaningful use? If not, St. John Providence Health System can help. SJPHS can offer the clinical tools and training to qualify for American Recovery & Reinvestment Act (ARRA) stimulus funds, up to \$44,000 over five years, and increase reimbursement from payors. These tools will also put you on the road to Patient-Centered Medical Home (PCMH) designation and improve communication between your practice and system hospitals.

SJPHS will subsidize a significant portion of the cost to purchase electronic medical record (EMR), health information exchange (HIE), patient portal, e-prescribing and disease registry. A detailed pricing model will be available within the

next 60 days. Physicians and their office staff will also receive support to execute operational changes required to implement these tools. Training and ongoing support are key to achieving meaningful use of these tools.

For more information, see our frequently asked questions or call St. John HealthPartners Provider Relations at (586) 753-0926.

FREQUENTLY ASKED QUESTIONS

➔ What clinical IT tools are/will be offered?

The HIE, patient portal and electronic medical record (EMR) will be available to implement in early 2011. E-prescribing and disease registry are currently available to begin your transition. While EMR, HIE and

patient portal are all required to achieve meaningful use, St. John Providence Health System can begin preparing your office for these tools and a patient-centered medical home designation. See figure 1 for an outline of the products and their function and availability.

These tools and vendors were selected based upon feedback from physicians across the system on ease of use, cost, information sharing potential, and preference. The health information exchange (HIE) offered will grant physicians access to the most comprehensive, optimal data available. While other health care systems are offering HIE that is limited to connecting physicians, the HIE available through SJPHS will also link to the State's HIE.

Figure 1. Qualifying Ambulatory IT Products for Meaningful Use

Product	Functionality Provided	Use Qualifies for ARRA	Use Qualifies for PCMH	Available
EMR	Implement a comprehensive ambulatory electronic health record solution, including electronic prescribing, in-office messaging, results viewing Orders (lab, diagnostic testing and referrals) Physician documentation (structured progress notes) Manage your population with these registry functions: Age/gender-specific prompts (pap, mammography, colonoscopy, PSA, etc.), chronic disease prompts (diabetes, CAD, CHF, asthma, etc.) and reporting functions for each	✗	✗	Product available 2011 Webinars & preparation soon available
HIE	Receive clinical results and other information about your patients Connect to a community data interchange	✗	✗	2011
Patient Portal	Securely communicate with your patients Provide online appointment scheduling requests for your patients Collect information prior to visits Manage prescription refill requests Share clinical results	✗	✗	2011
Disease Registry <i>Cielo</i> <i>WellCentive</i> <i>(SJMG-offered)</i>	Manage your patient population using a disease registry Leverage registry prompts to stay on track with needed preventive and chronic disease-related services		✗	Now
e-Prescribing	Electronic prescribing		✗	Now

qualify for meaningful use

Webex presentations, including product demonstrations such as the electronic medical record, will soon be available.

➔ Do I need all of these tools to qualify for meaningful use?

Yes. Electronic medical record (EMR), health information exchange (HIE) and patient portal and associated operational changes are all required to achieve meaningful use. These products can be implemented over a period of time, using one or more products, or fully transitioned with a comprehensive product package. The rate at which you adopt these tools may impact when you will qualify for ARRA funds (final regulations are pending). However, implementing any combination of these tools to capture clinical data will likely support a patient-centered medical home designation. Some of the implementation options include:

- **Full EMR, HIE, and Patient Portal** package to best position your practice for ARRA funds and to support PCMH designation requirements.
- **EMR-Lite or Modular** package to position your practice to be able to adopt EMR at a later date.

This includes disease registry, e-prescribing, HIE and patient portal products. These products could be a viable option if registry vendors become certified (at this time, Cielo has a plan to achieve), the final ARRA rule allows for a modular EHR approach, and/or the dates for ARRA shift one or more years ahead.

- **HIE and/or Patient Portal** package to complete functionality, if your practice already has EMR or modular IT solutions and you only need a HIE connection and patient portal.

A number of practices may have existing hardware and software for one more IT products. If you already have EMR and MISYS, you will be offered the opportunity to convert these products. In fact, your office may have already been contacted about this. If not, you will be contacted about implementation and patient-centered medical home transformation.

➔ How can St. John Providence Health System help my practice get started?

St. John Providence Health System will subsidize a significant portion of the cost to purchase electronic medical record (EMR), health

information exchange (HIE), patient portal, e-prescribing and disease registry. In addition, working through St. John HealthPartners, it will implement these tools into physician practices.

St. John HealthPartners Partner and Transform teams can help to identify the right products for your office, provide technical support and train you and your office staff to use the new IT tools. A Partner team member assigned to your practice will assess your current tools and help you identify which product package is right for you. Once you are ready to proceed, the Transform team will facilitate implementation by:

1. Helping to set roles and responsibilities, milestone tracking, project management and eliminate barriers
2. Assessing office technical, interface and workflow
3. Assisting with office infrastructure (hardware and network) adequacy
4. Selecting office subject matter expert(s) and physician champion(s)
5. Conducting gap analyses, develop implementation and training plans, and create office communication plans

(continued on page 6)

Figure 2. Medicare Incentives for Meaningful Use

Adoption Year	Maximum Payment							PFS Penalty
	2011	2012	2013	2014	2015	2016	Total	
2011	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$0	\$44,000	
2012		\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$44,000	
2013			\$15,000	\$12,000	\$8,000	\$4,000	\$39,000	
2014				\$12,000	\$8,000	\$4,000	\$24,000	
2015							\$0	1%
2016							\$0	2%
2017+							\$0	3%

Clinical IT tools and training to help physicians qualify for meaningful use

(continued from page 5 – frequently asked questions)

6. Implementing workflow transformation to optimize utilization and adoption of new systems
7. Deploying tools, test and train staff
8. Implementing and providing on-site support during module go-lives for electronic medical record (EMR)
9. Training and executing results reporting
10. Providing Post-live support

The ongoing maintenance and upgrade of the central data server, including hardware disaster recovery, security, remote access, testing, standard's compliance will be centrally controlled and inclusive in the EMR package.

➔ How much will it cost?

St. John Providence Health System will subsidize a significant portion of the cost to purchase the electronic medical record (EMR), health information exchange (HIE), patient portal, e-prescribing and disease registry. A detailed pricing model will be available within the next 60 days.

➔ Can I get this in time for Meaningful Use?

To be eligible for the CMS incentive payments, physicians must implement and use certified electronic medical record (EMR), health information exchange (HIE) and Patient Portal tools in compliance with the "meaningful use" definition. To achieve meaningful use and qualify for maximum incentives, physicians must become meaningful users in starting in either 2011 or 2012. Participating physicians will receive the largest payment in the first year of the program and ongoing funds for demonstrating meaningful use during each of five subsequent years (see figure 2).

Physicians who do not adopt EMR technology or achieve meaningful use by 2015 will be subject to financial penalties under Medicare. We encourage early adoption since the regulations may change.

➔ Other Incentive Opportunities

Several commercial payers, including HAP, BCN, Priority Health, and Blue Cross through its PGIP program offer Primary Care incentives based on completion of HEDIS® measures. Adopting clinical IT tools helps with population management, can improve your level of success in these programs and offers another return on investment. It is expected that the incentive opportunities expand within these payers as well as to other payers.

➔ Is this available to employed and non-employed physicians?

Yes. St. John Providence Health System will make subsidization and technical support for implementation and training for electronic medical record (EMR), health information exchange (HIE), Patient Portal, e-prescribing and disease registry available to physicians that are credentialed at any of its hospitals. Local physician organizations will help identify which practices are phased in as resources for subsidization and support services are available. You can expect further communications about these and other activities via email, mail, and other means.

GLOSSARY

Health Information Exchange (HIE)

Secure delivery of electronic health information across separate health care providers and organizations,

including hospitals, physicians, office staff, patients, pharmacies and health plans, community agencies, etc.

Patient Portal

A web-based program that lets patients and doctors communicate easily, safely, and securely over the Internet. Patients are given secure passwords that allow them to log into their Personal Health Record (PHR) to see their own private set of documents including labs, diagnostics, and messages. Doctors can automatically remind patients for their health maintenance reminders, procedure due dates and ask patients to update their demographic information before visiting the office.

Electronic Medical Record (EMR)

An electronic version of a patient's medical history, that is maintained by the provider over time, and may include all of the key administrative clinical data relevant to that persons care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports.

E-Prescribing

A web-based program that allows clinicians to generate and transmit prescriptions through an automated data entry process to participating pharmacies.

Disease Registry

A database or system to capture and track key clinical data on patients to assist care team members in proactively managing patients/ populations with chronic diseases (diabetes, asthma, CHF, hypertension, etc.) or keeping track of preventive services (pap smears, mammograms, immunizations, etc.).