GE Healthcare

Centricity® Health Information Exchange Services

CHUG BO1: Meaningful Use and the Health Information Exchange

Melissa Cummings, Marketing Director, Interoperability, GE Healthcare
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March 19, 2010

imagination at work

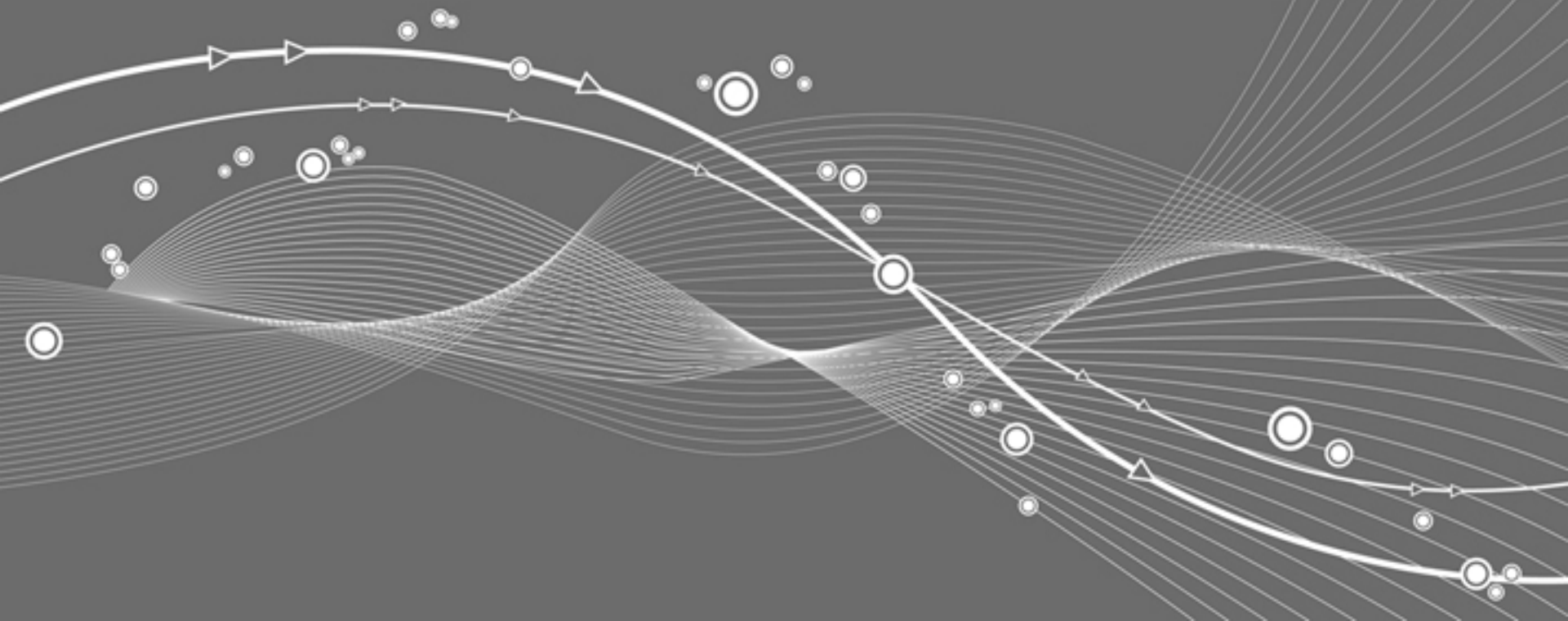<u>DISCLAIMER ON POWER POINT PRESENTATIONS ON PRODUCT FUNCTIONALITY</u>

imagination at work

Objectives and Outline

BO1: Meaningful Use and the HIE

GOAL:

To present an understanding of HIE expectations within the meaningful use guidelines and to show how Centricity EMR is supporting these new requirements within our products.

Objective 1:

Understand meaningful use requirements as they relate to HIE

Objective 2:

Have reviewed real-world examples of current HIE use to share clinical information

Objective 3:

Receive an update on the national and state-level HIE landscape

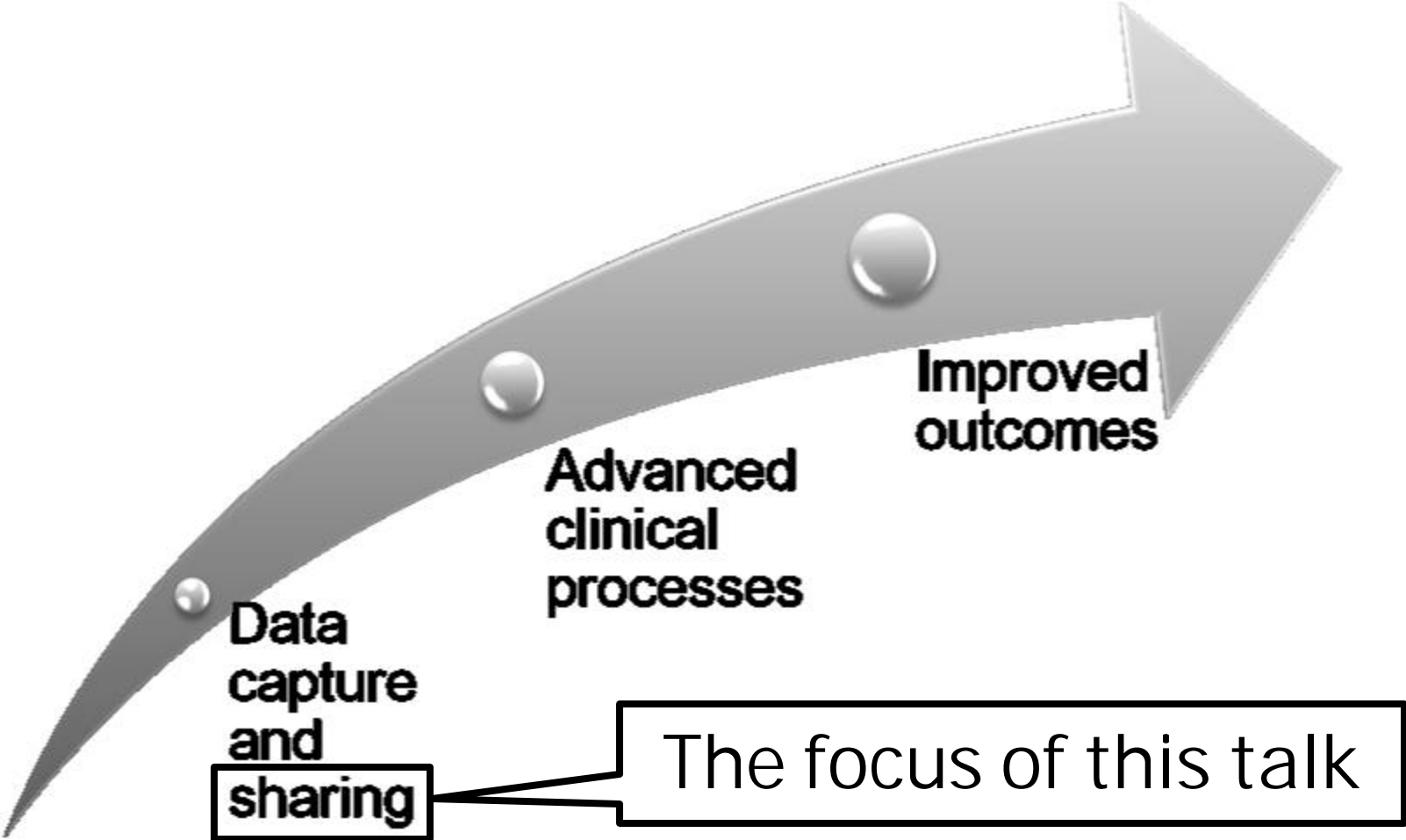# Meaningful Use – EMR Capabilities

Please also attend:

BO2: Meaningful Use Part 2:

Using Centricity EMR to facilitate Meaningful Use

Don Sepulveda, Senior Marketing Manager, GE Healthcare
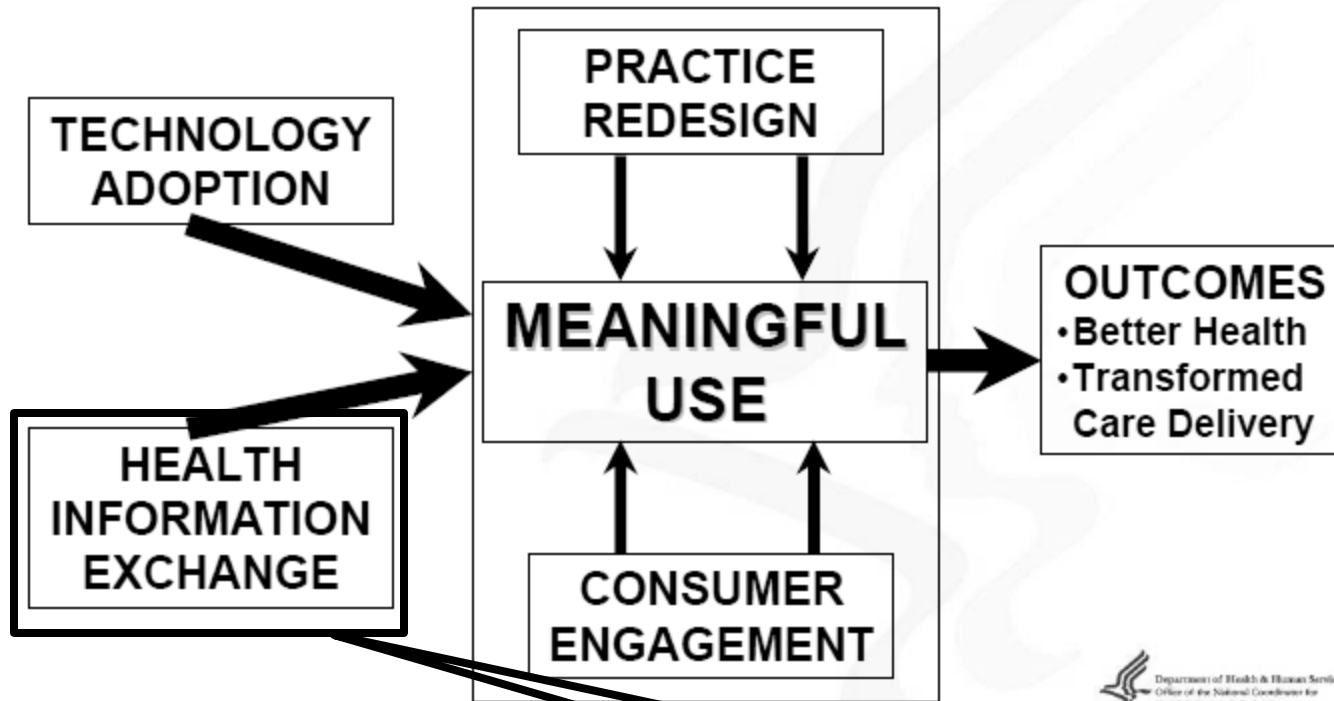
Second of a 2-part series on Meaningful Use. Part two delves into specific product features and ways in which the Centricity EMR suite is able to facilitate your practice's goal of meeting the meaningful use criteria.

Evolution of Meaningful Use

Data capture and sharing

Advanced clinical processes

Improved outcomes

The focus of this talk

imagination at work

Evolution of Meaningful Use

Meaningful Use Division: Assisting Providers Using EHR to Achieve Meaningful Use

The focus of this talk

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Meaningful Use Criteria and HIE

		HIE
Care Coordination	• Exchange key clinical information electronically • Perform medication reconciliation for 80% of encounters • Provide summary care record for 80% of care transitions	✓Publish clinical info
Engage Patients	• Provide patients w/electronic copy of health information • Provide timely electronic access w/in 96 hours • Provide clinical summaries for each office visit	✓Publish clinical info ✓Patient portal
Improve Quality	• Leverage clinical decision support & interaction checking • Send reminders to patients, outreach, reduce disparities • Report ambulatory measures to CMS or states	✓Quality reports ✓Secure messaging
Privacy	• Protect electronic health information through technology • Review security risks and implement security updates	✓Highly secure ✓Consent management ✓Audit trail
Public Health	• Submit electronic data to immunization registries • Electronically submit reportable lab results • Provide syndromic surveillance data to public agencies	✓Registry submission ✓Quality reports

Meaningful Use - Care Coordination

...Provide summary of care record for at least 80% of transitions of care and referrals .

About Boston Medical Center

- Private, not-for-profit, 626-licensed bed, academic medical center
- Primary teaching affiliate for Boston University School of Medicine
- Largest safety net hospital in New England
  - Serve the underserved
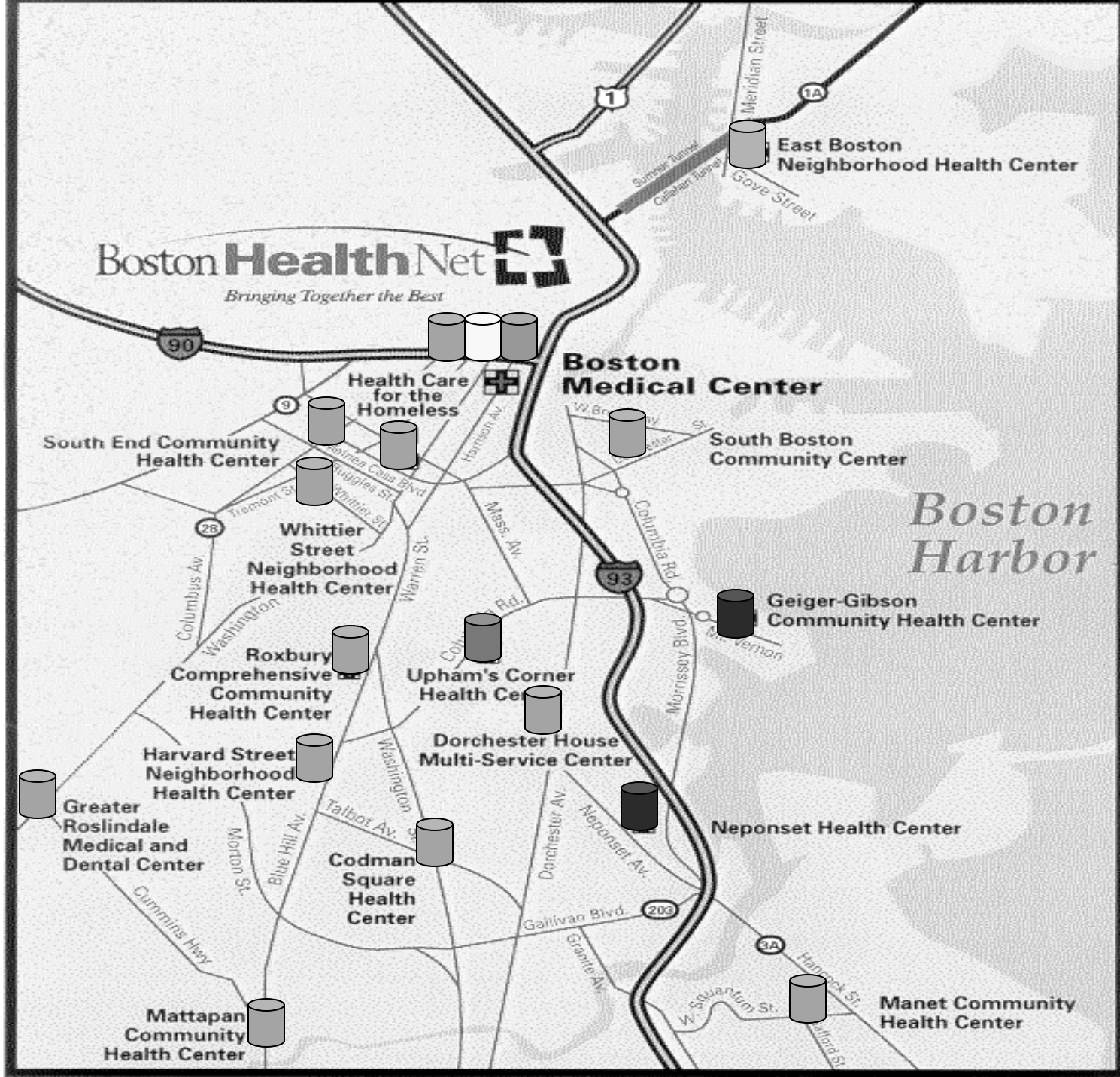 - "Exceptional Care, Without Exception"
- Largest 24-hour Level I trauma center in New England
- 29,471 inpatient discharges
- 985,356 outpatient visits

Centricity

Epic

LMR

NextGen

Eclipsys

Picis

East Boston
Neighborhood Health Center

Boston Health Net
Bringing Together the Best

Boston
Medical Center

Health Care
for the
Homeless

South End Community
Health Center

South Boston
Community Center

Boston
Harbor

Whittier
Street
Neighborhood
Health Center

Geiger-Gibson
Community Health Center

Roxbury
Comprehensive
Community
Health Center

Upham's Corner
Health Center

Dorchester House
Multi-Service Center

Harvard Street
Neighborhood
Health Center

Greater
Roslindale
Medical and
Dental Center

Neponset Health Center

Codman
Square
Health
Center

Mattapan
Community
Health Center

Manet Community
Health Center

eReferral System

Refer

❷ Referral coordinator (RC) uses eReferral Portal to initiate and manage referral process.

❸ Specialist coordinator (SC) receives referral and communicates with RC and retrieves further information from CIE

CHC

BMC

Report

CIE

❶ Patient visits PCP at CHC and receives a Specialist Referral. EMR sends Clinical Summary and Order to CIE.

❹ Patient sees Specialist. Specialist writes note. EMR submits Specialist note into CIE.

❺ Completion of visit is flagged on eReferral and Referring Clinic retrieves referral report from portal and/or additional clinical data from CIE.

Respond

BMC Demonstration

- http://www.technologyreview.com/video/?vid=428

BMC Results
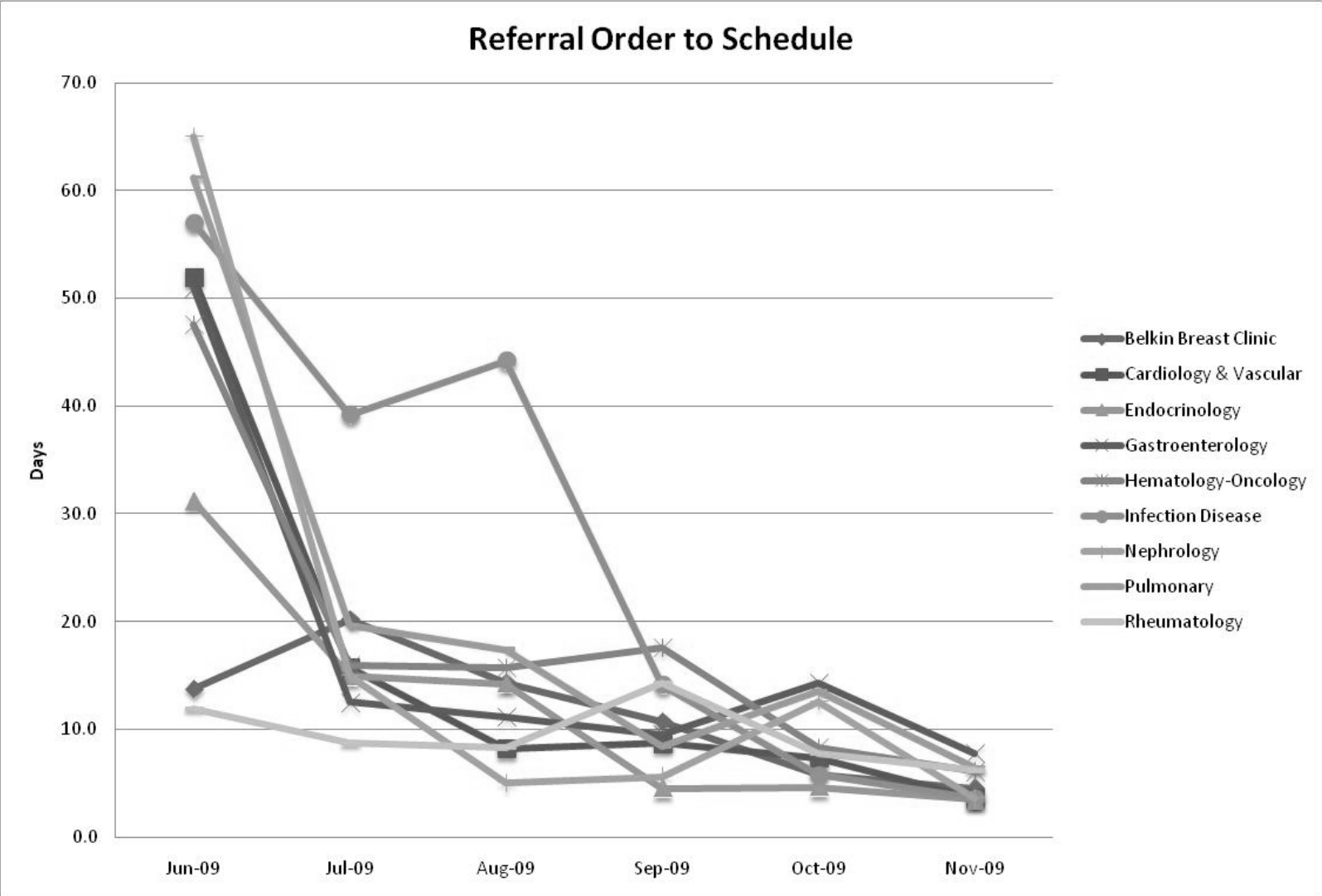

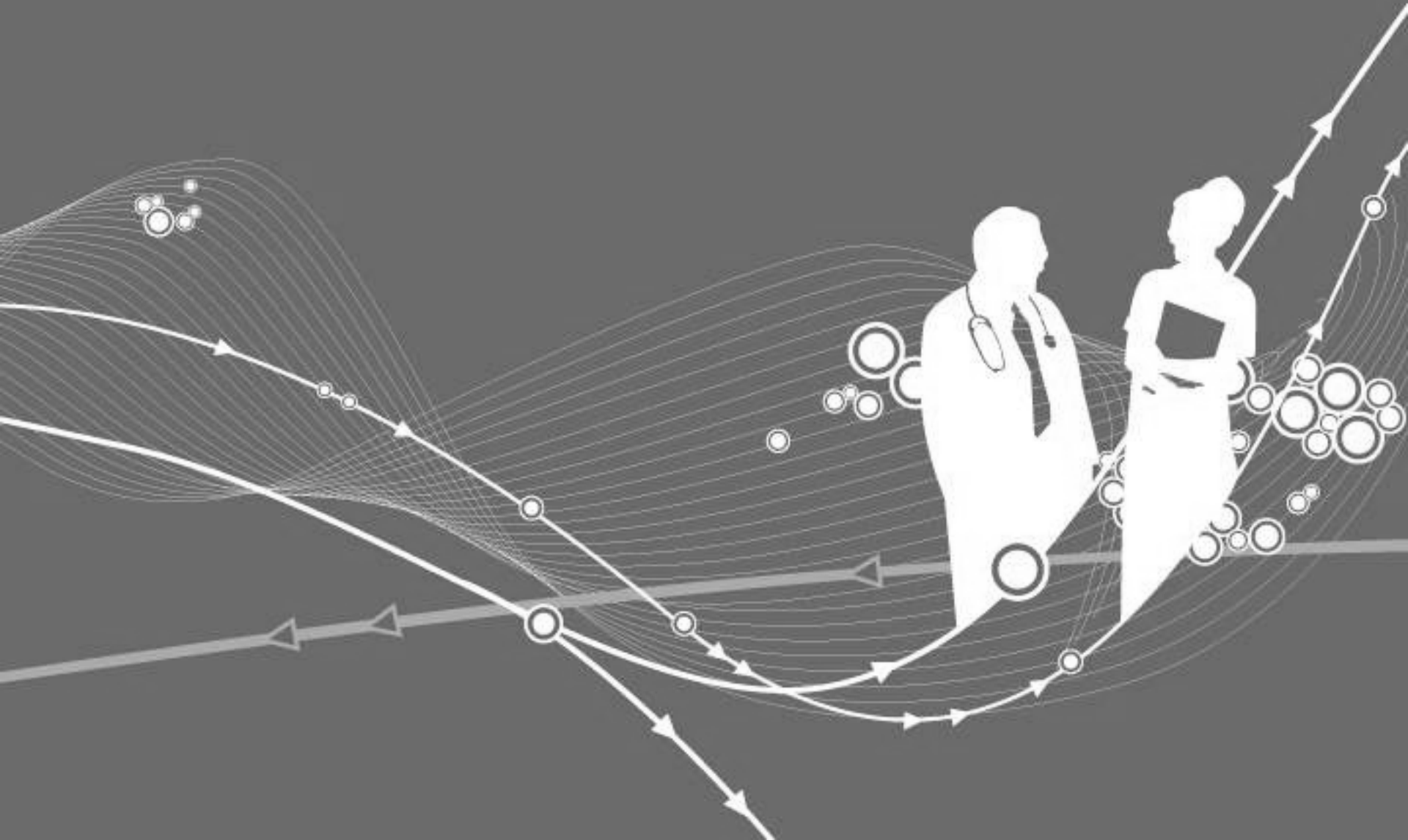Referral Order to Schedule

Meaningful Use - Care Coordination

...Perform medication reconciliation for at least 80% of relevant encounters and transitions of care.

Collaborative Charting

- "Many EMR Systems, One Chart"
  - Key clinical data
    - Problems, Medications, Allergies
    - Immunizations, Advance Directives
    - Additional Chart Elements
  - Structured data, open standards
    - Data conversion to open standards (RxNorm, SNOMED)
  - Clinically focused user interface
    - No additional workflow
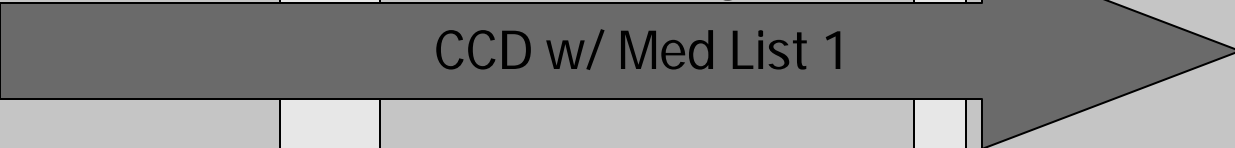   - No required direct visibility into the HIE
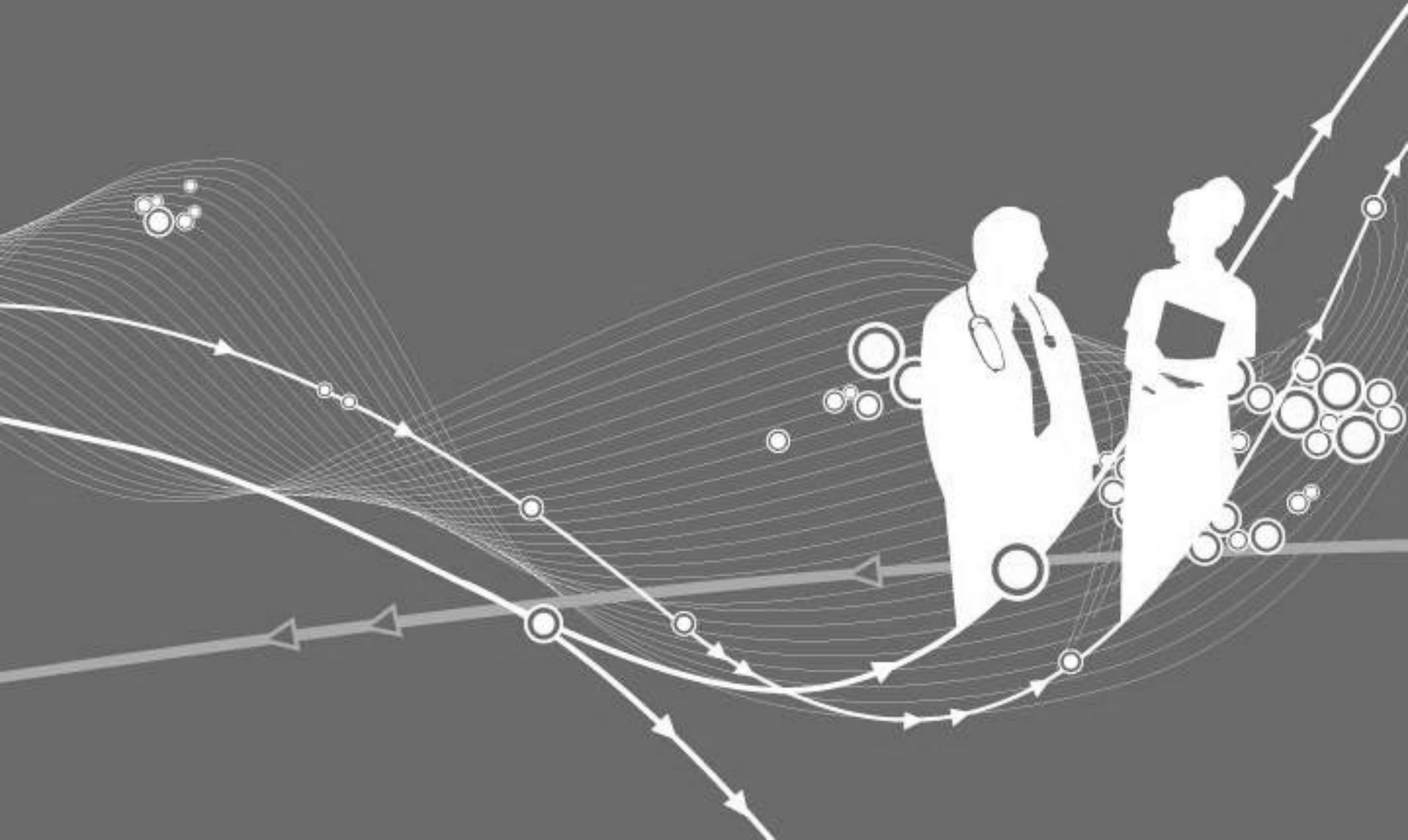
Collaborative Charting

Collaborative Charting

Show Providence Movie Here

As people of Providence, we will provide a connected experience of care based on a foundation of clinical excellence.

Meaningful Use - Care Coordination
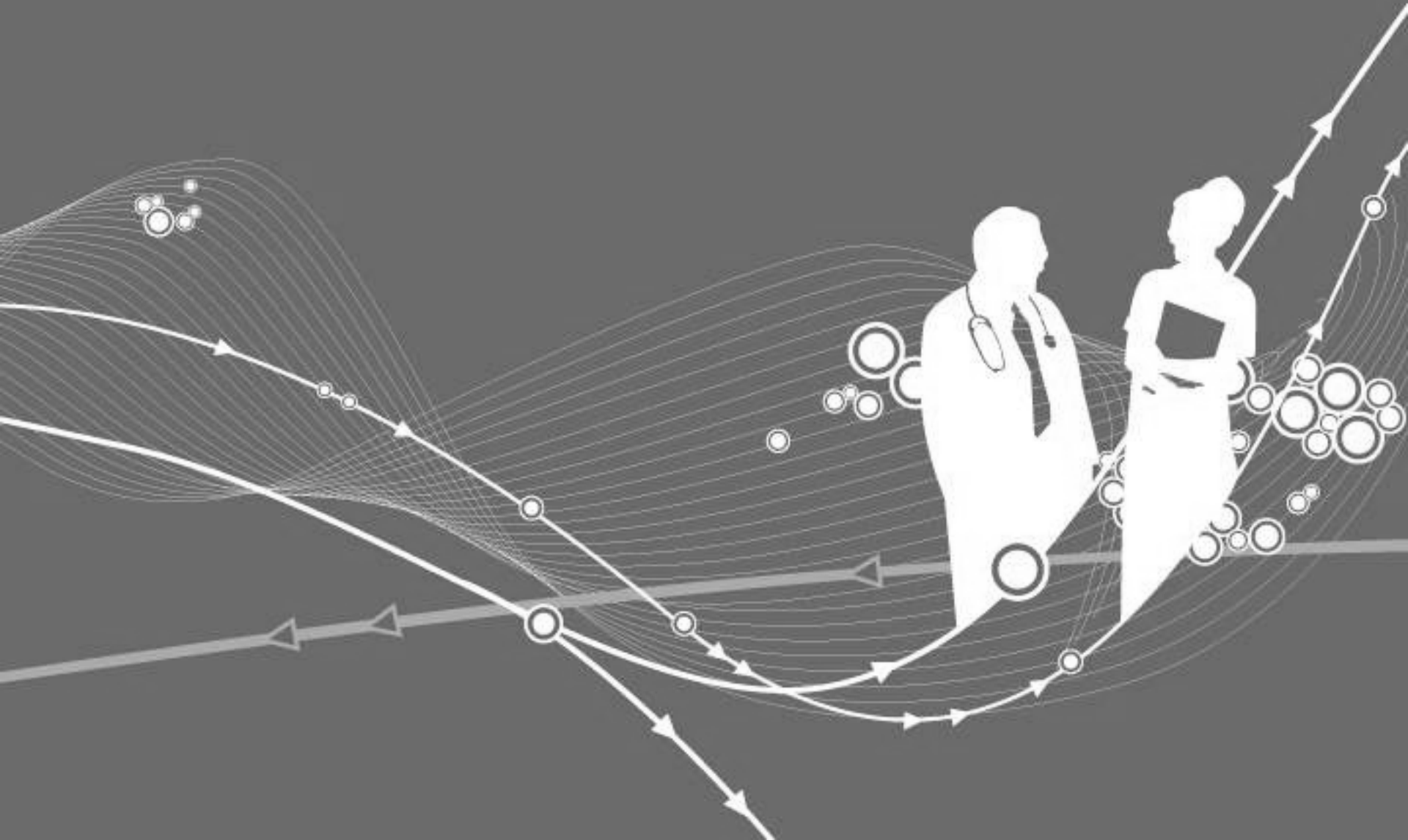
...Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.

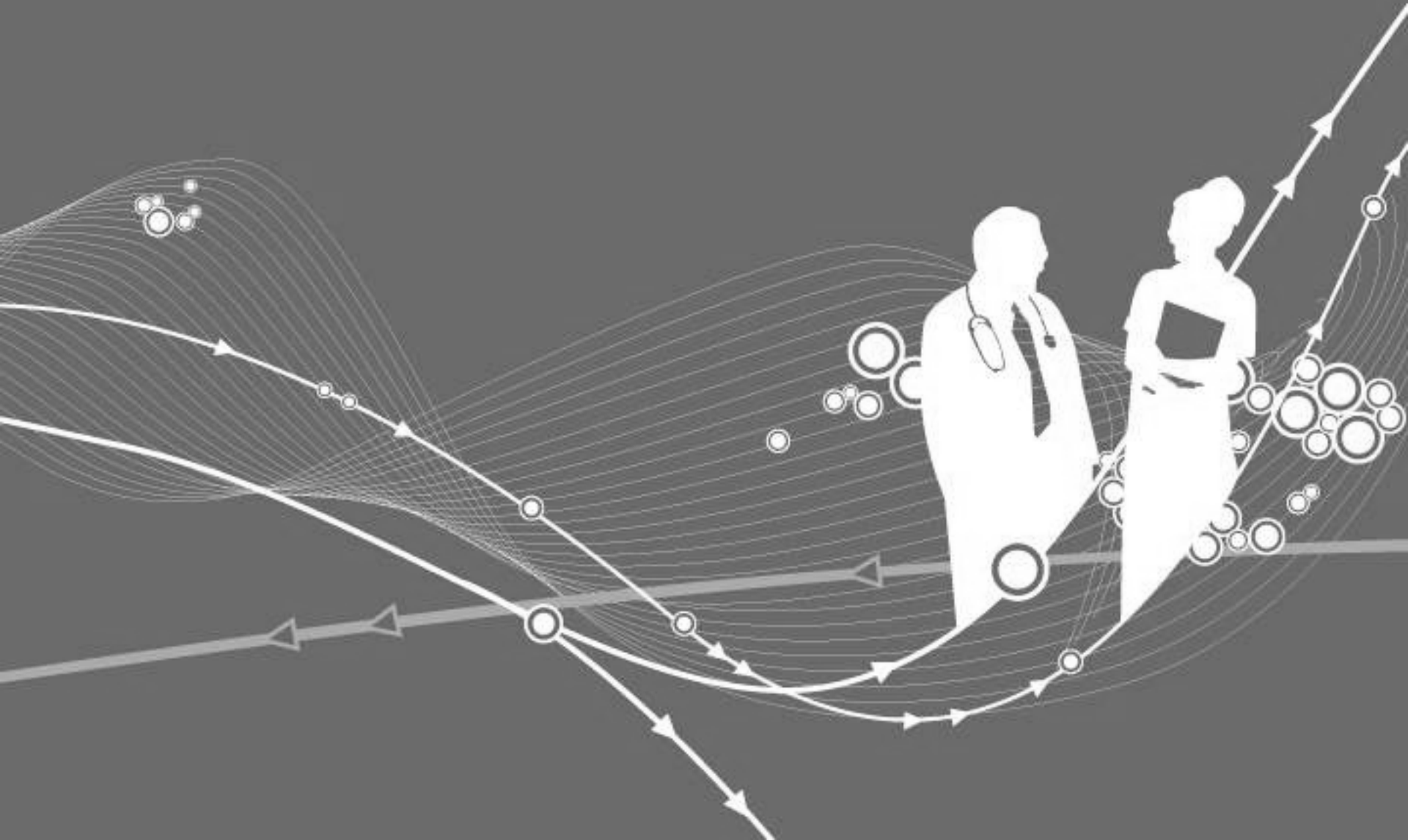# DEMO: Kryptiq Secure Messenger w/ HIE
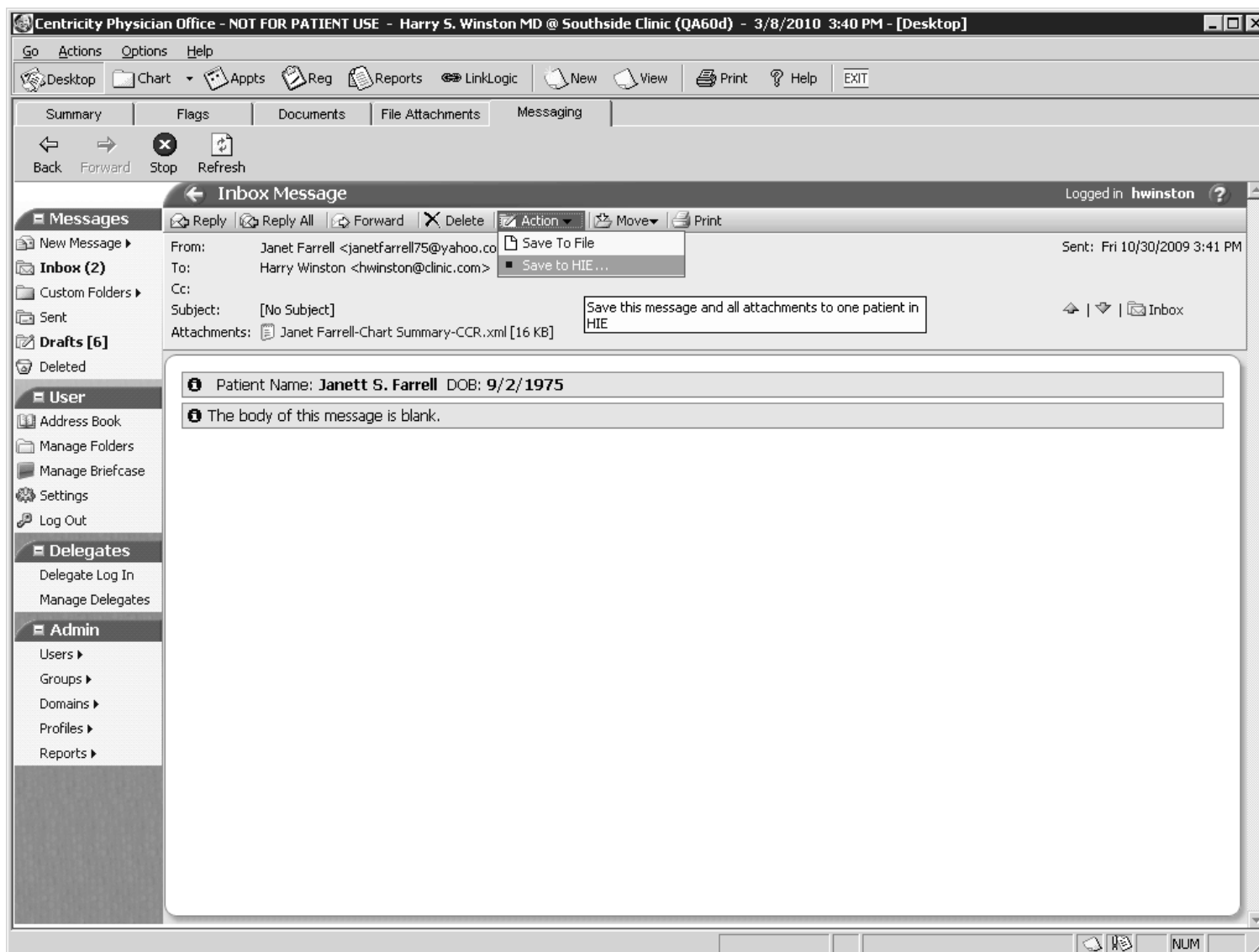
Engage Patients

...At least 80% of all patients who request an electronic copy of their health information are provided it within 48 hours.
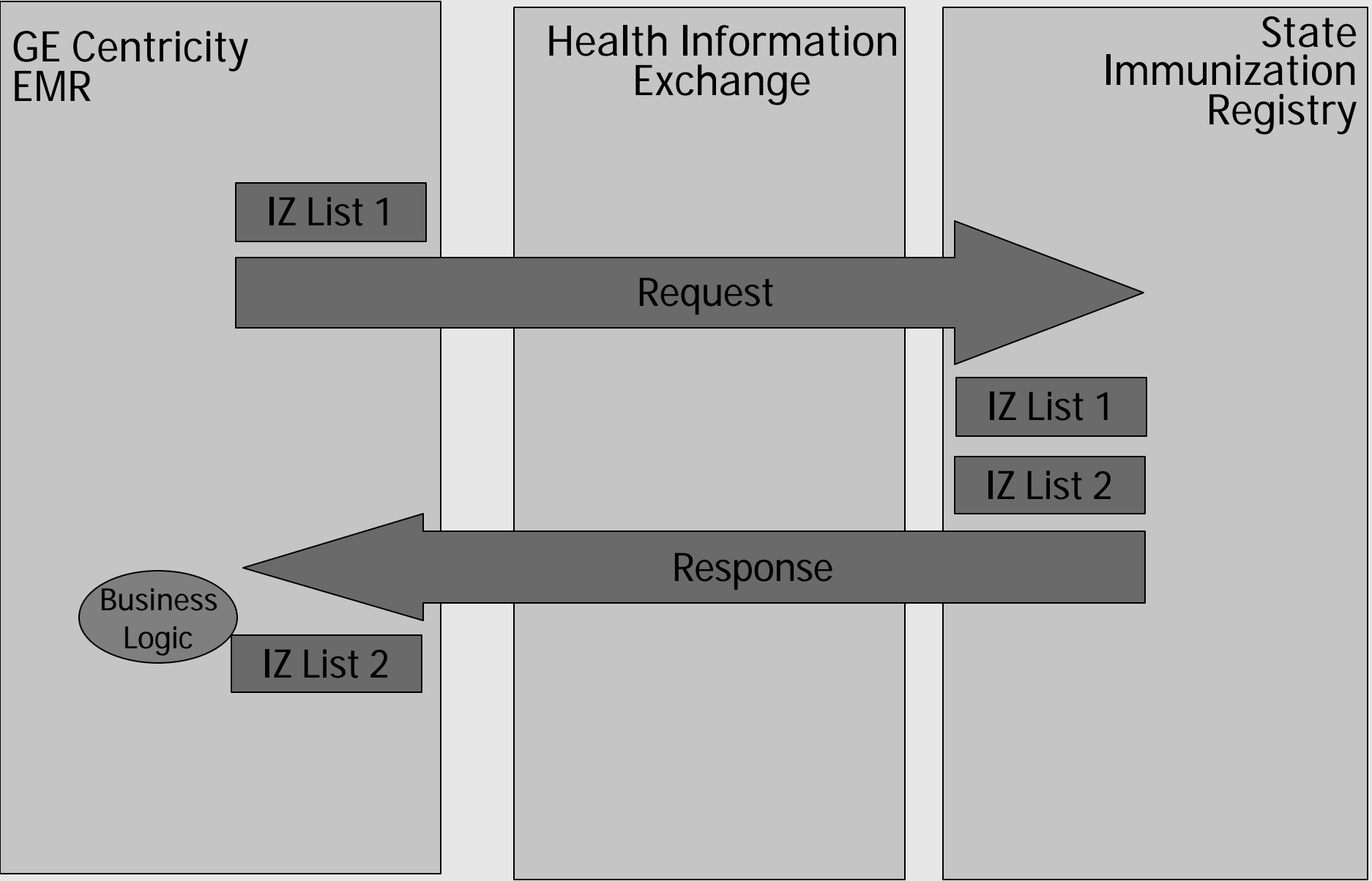
DEMO: Personal Health Record w/ HIE

Public Health

...Capability to submit electronic data to immunization registries and actual submission where required and accepted.

Immunization Registry (Lost Creek)

Immunization Registry Integration (LostCreek)

From EMR

From IZ Registry

LCC Immunization Reconciliation

LCC | Reconciliation | Forecast | Commit List | Communications Log and Status

EMR Patient Information   P

70-TEST001, Erickson, David, 6/8/1952, M,

Drag a column header here to group by that column

	Select	Sou...	Name	Date	Code	Nam...
>		E	DPT #1	12/11/...	CPT-9...	DPT #1
		E	DTAP #1	12/11/...	CPT-9...	DTAP #1
		E	DTP/H...	12/11/...	CPT-9...	DTP/HI...
		E	FLU VAX	12/11/...	CPT-9...	FLU VAX
		E	HEMIN...	12/11/...	CPT-9...	HEMIN...
		E	HEPBV...	12/11/...	CPT-9...	HEPBV...
		E	IPV #1	12/11/...	CPT-9...	IPV #1
		E	MEASL...	12/11/...	CPT-9...	MEASL...
		E	MMR #1	12/11/...	CPT-9...	MMR #1
		E	PNEU...	12/11/...	CPT-9...	PNEUM...
		E	TD #1	12/11/...	CPT-9...	TD #1
		E	VARIC...	12/11/...	CPT-9...	VARIC...

Select All | Deselect All | Reset

Registry data complete

Registry Information   Debug
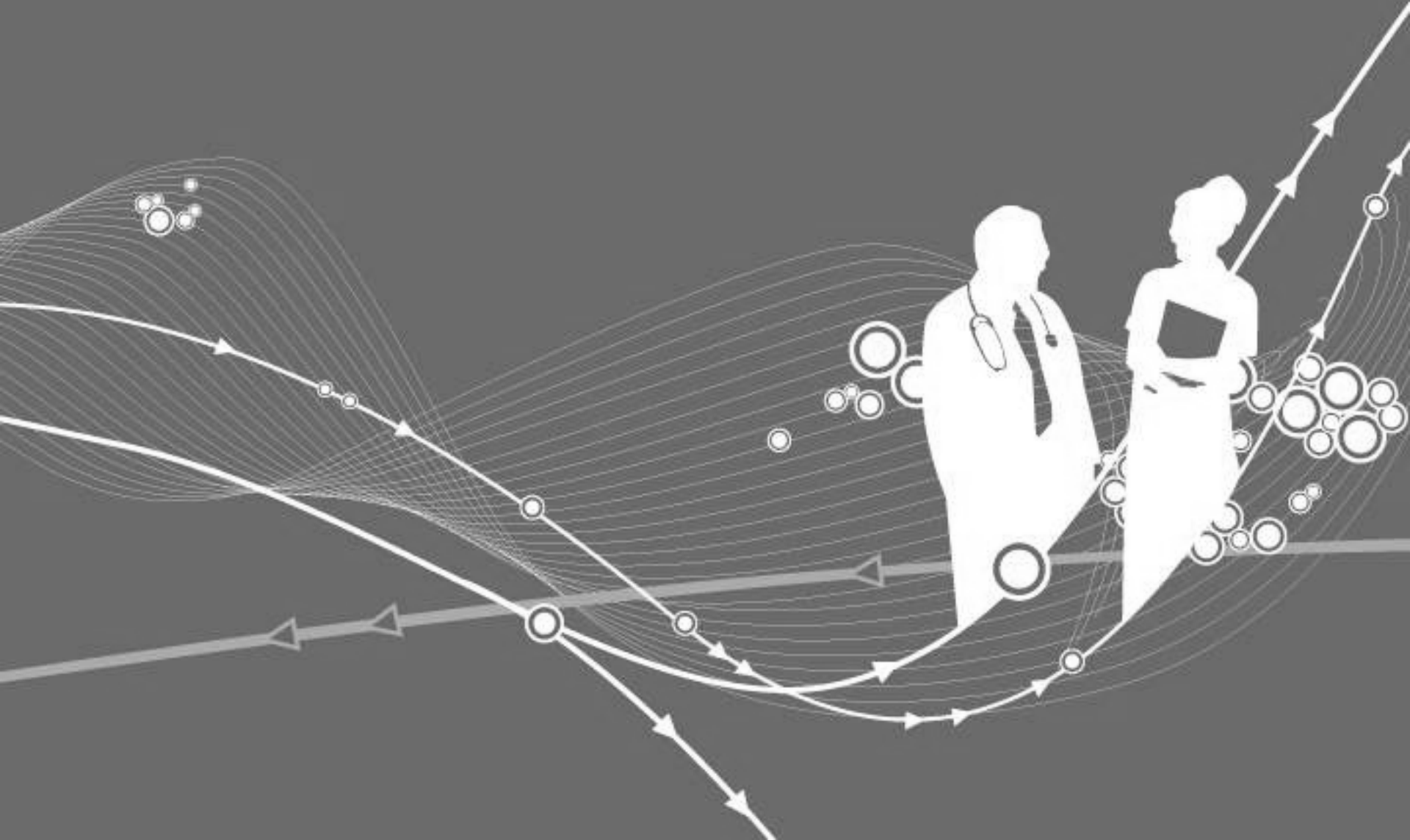
5063958, ERICKSON, DAVID, M, 6/8/1952

Drag a column header here to group by that column

	Select	Name	Date	Code
>	✓	Hep A 2 dos...	10/19/2004	CPT-90633
	✓	Hep A 2 dos...	11/18/2006	CPT-90633
	✓	Hepatitis B--...	2/1/2000	CPT-90744
	✓	Hepatitis B--...	3/1/2000	CPT-90744
	✓	Hepatitis B--...	4/1/2000	CPT-90744
	✓	MMR	1/4/2006	CPT-90707
	✓	MMR	2/16/2007	CPT-90707
	✓	Novel Influe...	10/5/2009	CPT-90663
	✓	OPV	10/19/2004	CPT-90712
	✓	OPV	1/4/2006	CPT-90712

Select All | Deselect All | Reset

Get Registry | Reconcile | Return

CONCLUSION

Meaningful Use Criteria and HIE

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Questions?