

How to Put Your Meaningful Use Program Into AutoPilot

AMGA

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Presenters

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Intermountain Healthcare

- ***Integrated healthcare system***
 - ***Employed Medical Group Physicians***
 - ***Hospitals***
 - ***Insurance plan***
- ***Intermountain Medical Group***
 - ***Nearly 1100 physicians and 275 mid-level providers***
 - ***Multi-specialty group of 35 different specialties***
 - ***223 clinics, including urgent care***



SA Ignite

- **MU Assistant®** - automates, accelerates and simplifies MU management and reporting for Eligible Providers
- Key **Milestones**
 - 5,000+ MU attestations
 - \$70M+ MU incentives captured
 - 50+ clients using 13 different EHR brands
- 2013 **Fierce Healthcare Innovation Award** for cloud computing



Presentation Overview

- A. What does “auto pilot” mean?
- B. Why is it important?
- C. “Auto pilot” dimensions
 - Organization and roles
 - Change Management
 - Role Clarity
 - Attestation Process
 - Audit Preparedness
- D. Results
- E. Lessons Learned



A. What does Auto-Pilot Mean?

Two key dimensions:

- ① Everyone **understands what their role is** in meeting MU Requirements
- ② Everyone **knows where to find the information** needed to monitor performance and understand 'what counts'



① Everyone **understands what their role is** in meeting MU Requirements

- **Physicians** review their performance and document in coded fields
- **Staff** support physicians with documentation whenever possible
- **Clinic Managers** monitor performance and help staff modify workflows to improve underperforming areas



Role Definition

Physicians	Staff	Clinic Managers
<p>Example</p> <ul style="list-style-type: none">• Self-monitoring• Using system correctly (e.g., data in the right place)• Adapt clinical workflows as needed	<p>Example</p> <ul style="list-style-type: none">• Demographic data entered per regulation• Supporting physician documentation where allowed	<p>Example</p> <ul style="list-style-type: none">• Analyzing workflows and helping physicians share best practices




② Everyone **knows where to find the information** needed to monitor performance and understand 'what counts'

- **Timely reports** and Physician **Dashboards**
- Easy to access **reference material** and resources
- Avenues to share **Best Practice**



Access to Information

Timely Reports	Reference Materials	Best Practices
Example <ul style="list-style-type: none"> Director's Report Problem details 	Example <ul style="list-style-type: none"> Dedicated MU Sharepoint sites Leverage of existing information forums (e.g. Physician's meeting) 	Example <ul style="list-style-type: none"> Avenues for sharing best practices



REGION_NAME	COUNT_MEASURES_MET	LASTFIRST_NM	REPORT_PERIOD	ALLRG_80_PCT	'ERX_EP_TARG_PCT	EPRESC_RIBE_40_PCT	'DEMO_GRAPHICS_EP_TARG_PCT	DEMOGRAPHICS_50_PCT	'CPOE_EP_TARG_PCT	CP
CACHE VALLEY GROUP	20	Dr. Smith	YTD	96.7%	40.0%	96.2%	50.0%	99.8%	30.0%	4
CACHE VALLEY GROUP	20	Dr. Jones	YTD	92.3%	40.0%	100.0%	50.0%	99.8%	30.0%	10
CACHE VALLEY GROUP	19	Dr. Young	90D	100.0%	40.0%	100.0%	50.0%	100.0%	30.0%	10
CACHE VALLEY GROUP	19	Dr. Doe	90D	97.5%	40.0%	31.9%	50.0%	100.0%	30.0%	8

B. Why is auto-pilot important?

One key reason: **Competing Resources**

- ICD 10
- PQRS
- Value-based purchasing programs
- Risk sharing payment contracts
- Internal quality quality improvement
- Core measures
- NCQA recognition



Other Drivers

- A program, not a person
 - Organizational risk if someone leaves
 - Depth of knowledge across the organization
- Reduce dependency on key staff
- MU is not going away

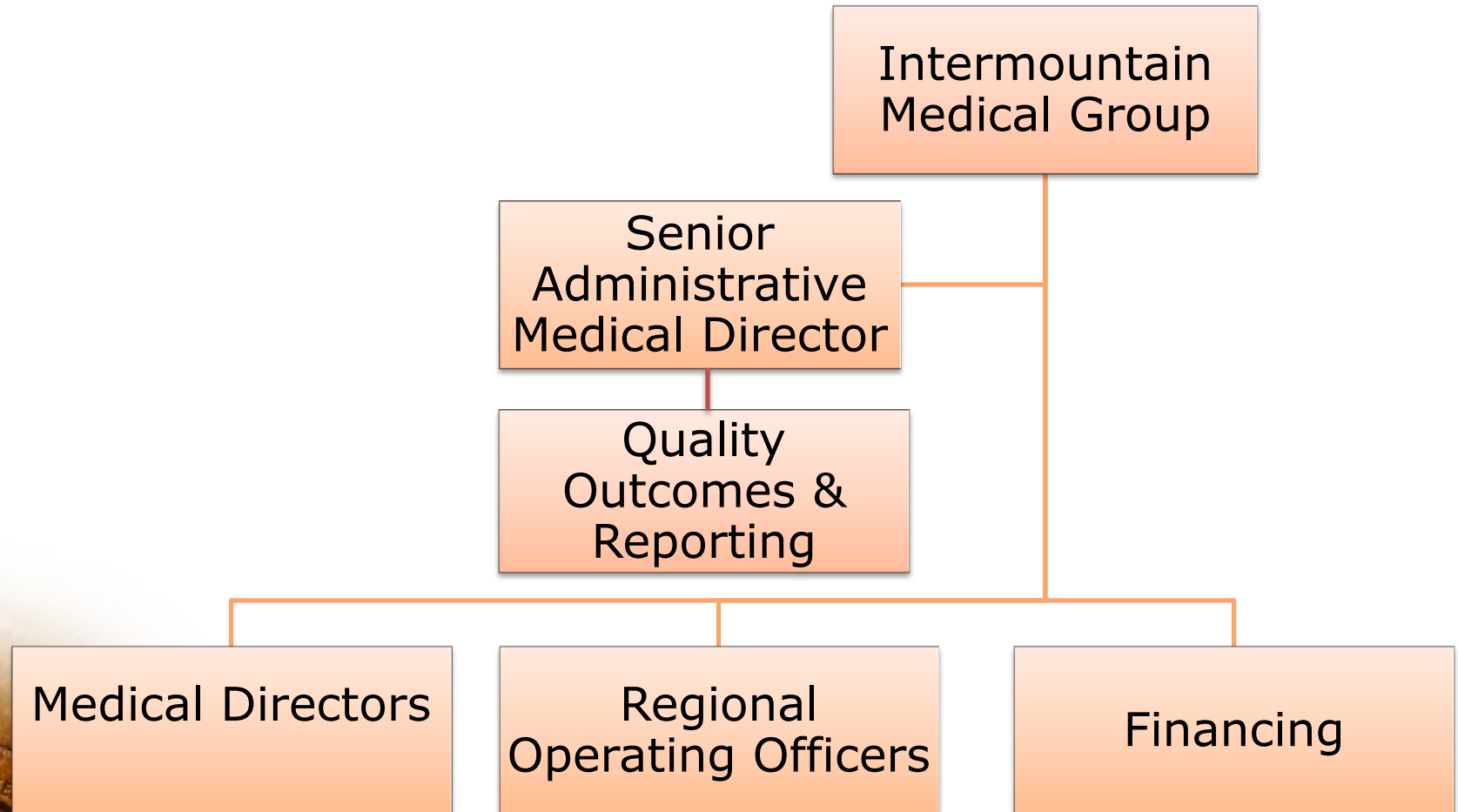


C. Dimensions of Auto-Pilot

- Organization and roles
- Change Management
- Role Clarity
- Attestation Process
- Audit Preparedness



Organization and Roles



Centralize

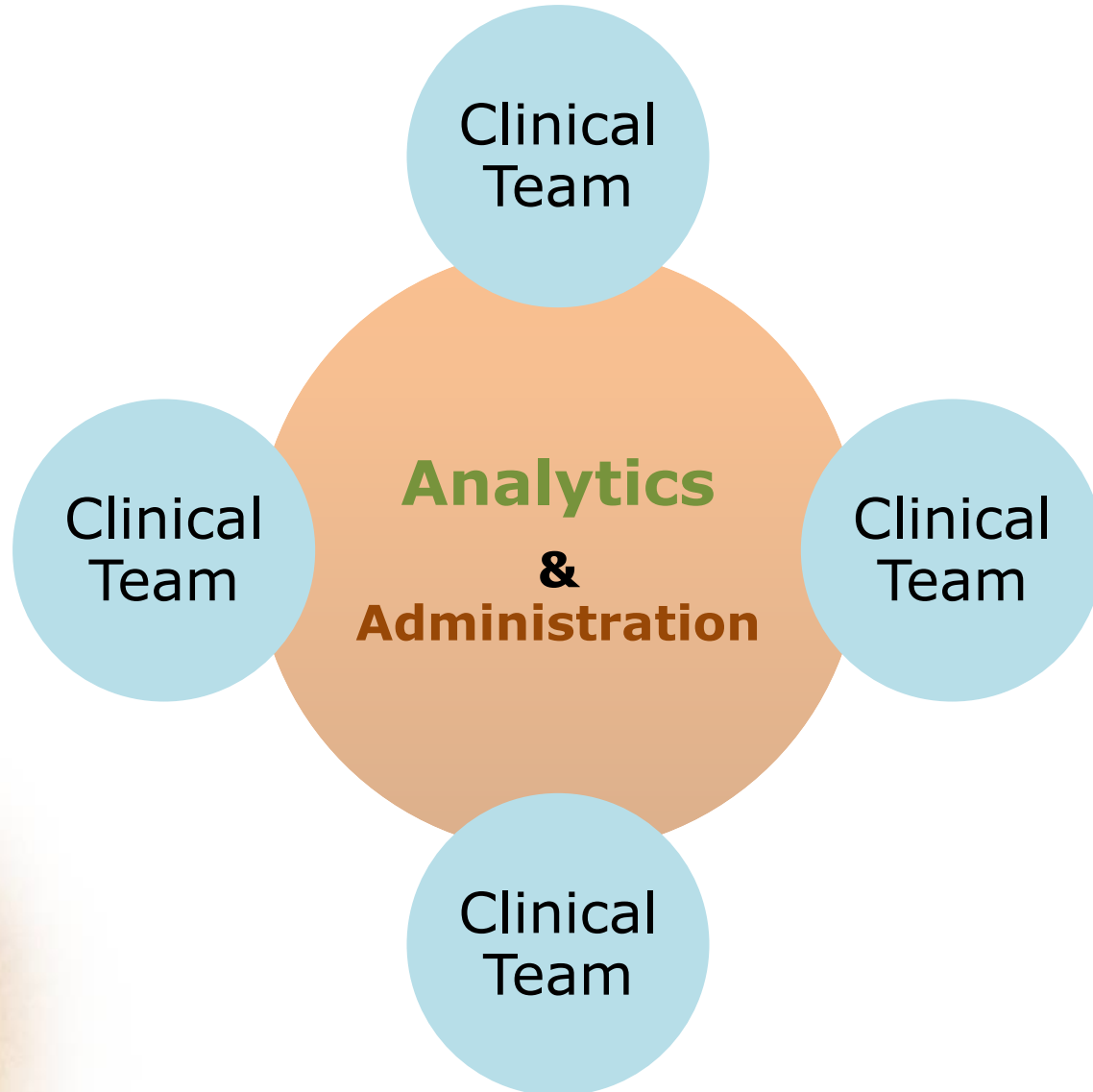
- Data interpretation
- Analytics
- Surrogate roles
- Attestation
- Audit preparation

Decentralize

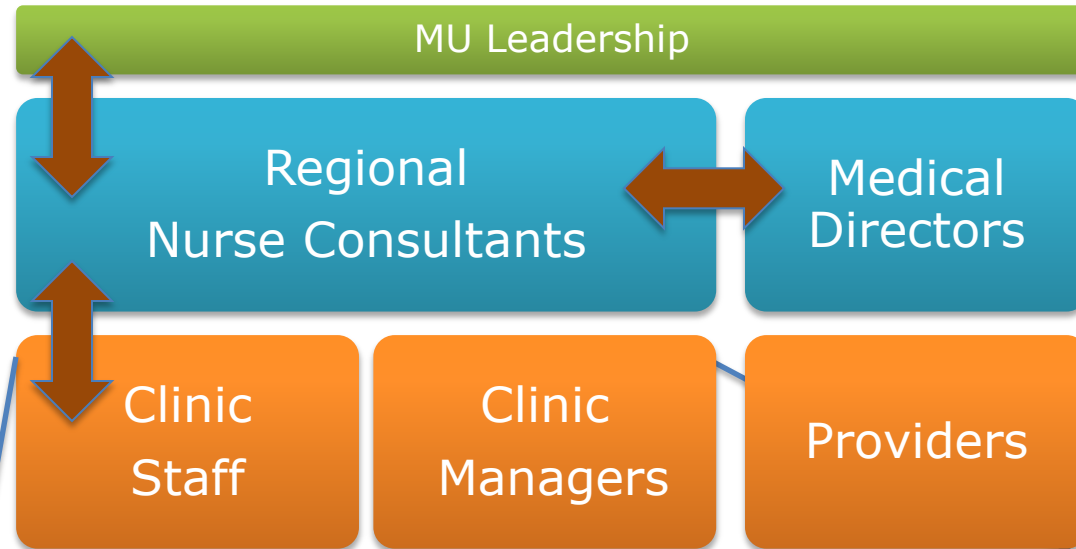
- Performance monitoring
- Workflow adaptation



Integrated into Daily Activities



Clinical Team Roles

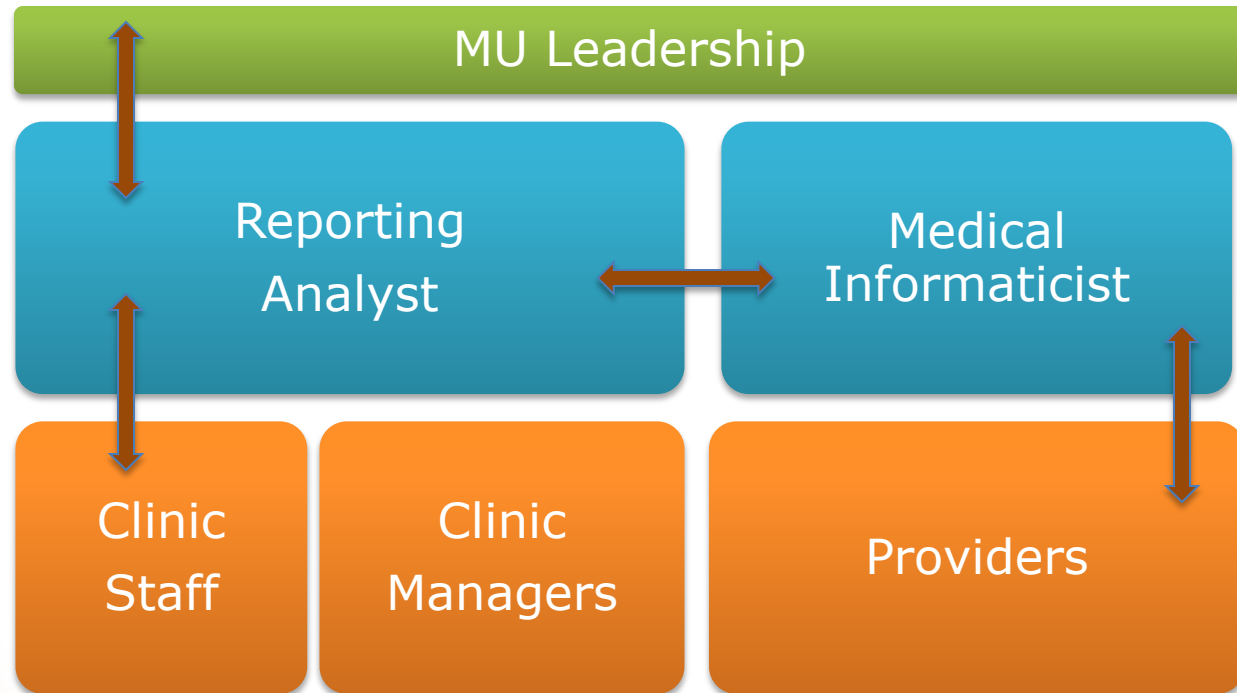


Key Role

- Organizational bridge
- Surface issues
- Identify gaps
- Share best practice



Analytics Team Roles



Administrative Team

MU Steering Committee

Meaningful Use Lead

Sr.
Administrative
Director

Surrogate
Team

EHR Team

Regional
Nurse
Consultants

Reporting
Analyst



Change Management

- ① Performance Management
- ② Data Management
- ③ Organizational Hand-offs



Performance Management



Data Management

Data management is the development and **execution** of architectures, policies, practices and procedures in order to **manage the information life cycle** needs of an enterprise in an effective manner.



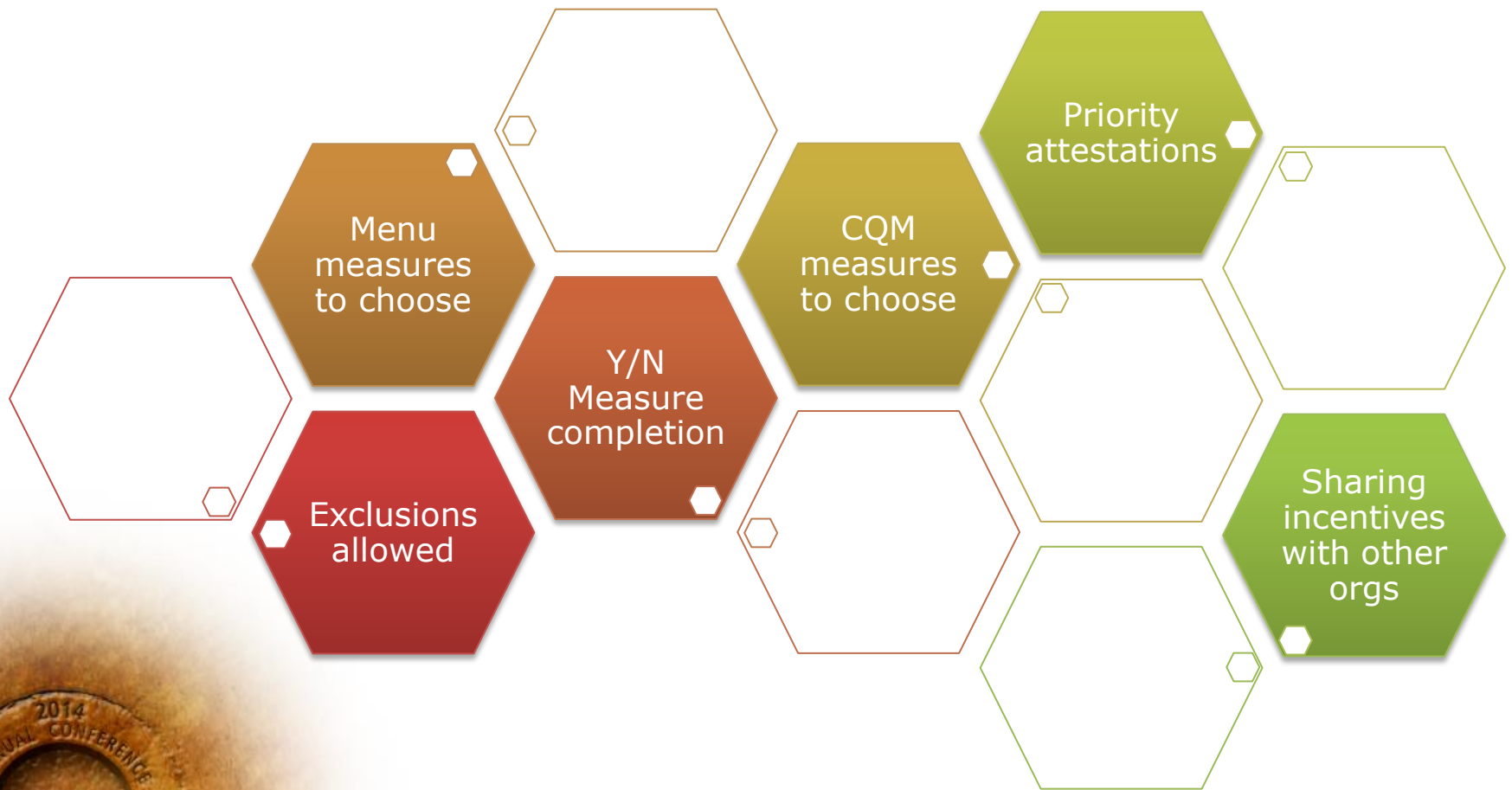
Managing Provider Profile



Managing Providers' MU Performance



Organizational Data Policies



Data vs. MU Clock



- Goal 1: Maximize incentive dollars
- Goal 2: Minimize audit risk
- Provider-based rules
- Medicare clock keeps running



Organizational Hand-offs

Okay to
Attest

- Eligibility confirmed
- Permissions granted, if applicable
- Proxy accepted

Compliant

- Program defined
- Payment year confirmed
- Compliant based on standards

Attest

- Review audit materials
- "Press the button"

Monitor \$

- Confirm payment
- Review outliers
- Reconcile money



Audit Readiness

- Prepare for “when not if”
- Checklists of items and storage strategy
- Response process
- Outlier data
- Audit and organizational structure



Audit Tips

- MU Governance Structure
 - Multi-disciplinary
 - Decision-making rights
 - Data management (e.g., who decides what counts?)
- Audit Point Person
- Dry Run
- Network with your colleagues



D. Results

80%
2012

97%
2013

PULL
From push



Resource Efficiency

MAX (Incentive\$)

MIN Penalties

MIN Audit Exposure

MIN Resources



Lessons Learned

- Centralize enrollment and attestation
- Depth in essential roles
- Data-driven iterative process
 - Medical Informaticist role
 - Improves data quality
 - Builds organizational trust



Questions?

Thank You

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