NATIONAL PRIMARY ORAL HEALTH CARE CONFERENCE 2011
CELEBRATING NNOHA’S 20TH ANNIVERSARY

October 25, 2011
GAYLORD HOTEL
NATIONAL HARBOR, MD
WELCOME TO HIT SESSION

* MEANINGFUL USE (MU): WHAT DOES MU MEAN TO US?

* PRESENTERS:
  * DR. YAEL HARRIS, HRSA
  * DR. JANET LEIGH, HRSA
  * DR. STEVEN GLENN, ADA
  * DR. HUONG LE, NNOHA
To improve the oral health of underserved populations and contribute to overall health through leadership, advocacy, and support to oral health providers in safety-net systems.
  * Committee members: Maggie Drozdowski-Maule, Clifford Hames, Lohring Miller, Huong Le

* July 2011: Received HRSA funding for NNOHA’s HIT initiative

* October 2011: Selection of Meaningful Use Measures and Update HIT White paper
Huong Le, DDS  
Colleen Lampron, MPH  
Mitsuko Ikeda  
Irene Hilton, DDS  
Steven Russell, MEEM, MSHA, CPHIT  
Amanda Stangis, MPH  
Andie Martinez Patterson, MPP  
Maggie Drozdowski-Maule, DMD  
Lyn Blankenship  
Clifford Hames, DDS  
Karen Dent, CDA, EFDA  
Ryan Krull  
Noelle Parker  
Sonia Sheck  
Shannon Quirk  
Terry Russell

NNOHA Chair of HIT & MU Committee  
NNOHA  
NNOHA  
NNOHA HIT and MU Consultant, Strategic Interests  
California Primary Care Association  
California Primary Care Association  
Community Health Center Inc., CT  
Community Health Centers Inc., FL  
Hudson River HealthCare, NY  
Missouri Primary Care Association  
Missouri Primary Care Association  
Missouri Primary Care Association  
Colorado Community Health Network  
Mass League of Community Health Centers  
New York State Oral Health Coalition
Reviews process to qualify for financial incentive for the “Meaningful Use“ (MU) of certified EHR technology
  * Includes review of core and menu set objectives, exclusions, reporting and attestation

Recommends Clinical Quality Measures for Oral Health
  * Includes 6 total clinical quality measures for dentists
  * 3 core measures (3 alternate core measures where necessary)
  * Additional CQMs recommended for the 3 remaining measures
* Update the GUIDE TO THE FUTURE white paper
  * Includes an analysis of the different EDR/EHR products currently available to Health Centers

* Create an analysis tool to guide the selection of an EDR/EHR
  * Includes a multi-step process for selecting an EDR/EHR solution,
  * A guide to determine eligibility for the Medicare/Medicaid EHR incentive programs, an assessment of MU criteria and CQMs for oral health, and
  * A review of EDR/EHR vendor support for implementing MU clinical quality measures for oral health programs
The National Quality Forum released a report titled “National Priorities and Goals” which were used to create the framework for “Meaningful Use”

“Meaningful Use” is a term defined by CMS and describes the use of HIT that furthers the goals of information exchange

- Improve quality, safety, efficiency and reduce health disparities
- Engage patients and families
- Improve care coordination
- Ensure adequate privacy & security protections for personal health information
- Improve population and public health
WHAT ARE THE MEANINGFUL USE OBJECTIVES?

* Use of certified EHR in a meaningful manner

* Use of certified EHR technology for electronic exchange of health information to improve quality of health care

* Use of certified EHR technology to submit clinical quality measures (CQM) and other such measures selected by the Secretary
Meaningful Use is a multi-stage process to cost-effectively improve the quality of healthcare in the US.

A key step in the process is adoption of a certified EDR/EHR to replace paper records.
CMS EHR INCENTIVE PROGRAMS

Medicare Program
* Must be a physician - defined as MD, DO, DDM/DDS, optometrist, podiatrist, chiropractor
* Must have Part B Medicare allowed charges
* Must not be hospital-based
* Must be enrolled in PECOS
* Living
* Not hospital-based = <90% services furnished in inpatient or ED setting

Medicaid Program
* Must be one of 5 types of EPs
* Have ≥ 30% Medicaid patient volume
* - or - practice predominantly in an FQHC or RHC with ≥30% needy individual patient volume
* Licensed, credentialed
* Not on the Office of Inspector General Exclusions List
* Living
* Cannot be hospital-based
  * 1. Child Health Plus does not count in patient volume calculation
  * 2. Needy = Medicaid, uninsured, free care, patients in sliding scale programs
MEANINGFUL USE EHR INCENTIVES
A STRATEGIC INVESTMENT

Medicare Incentives
* Up to $44,000 over 5 years
* Payments are proportional to Medicare billings (75% of total billings up to a cap each year, including capitation and co-payments)
* Payments increased by 10% for physicians practicing in a HPSA
* Must participate by 2012 to receive the maximum incentive payment

Medicaid Incentives
* Up to $63,750 over 6 years
* Payments are fixed and not proportional to Medicaid billings
* If pediatricians qualify at 20%, only eligible for 67% (2/3) of payments
* Must participate by 2016
REPORTING REQUIREMENTS

* Reporting is through attestation
  * Providers will fill in numerators and denominators for the meaningful use objectives and CQMs
  * Indicate if they qualify for exclusions to specific objectives, and legally attest that they have successfully demonstrated meaningful use

* Medicare EPs
  * Year 1: Must report utilization of certified EHR technology on 90 consecutive days
  * Subsequent Years: Must report utilization for a full 12 months

* Medicaid EPs
  * Year 1: No requirement to report on implementation or upgrade; must report on costs of acquisition
  * Year 2: Must report utilization for 90 consecutive days
  * Subsequent Years: Must report utilization for a full 12 months

* Medicaid providers are not required to report on consecutive years until 2017/FFY1
### NNOHA’s Proposed CQMs for Oral Health

<table>
<thead>
<tr>
<th>Core Set Measures</th>
<th>Numerator</th>
<th>Denominator</th>
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<tbody>
<tr>
<td><strong>1. Annual Oral Health Visit</strong></td>
<td>Numerator: The number of patients with one or more dental visits.</td>
<td>Denominator: The total number of registered patients at the health center.</td>
</tr>
<tr>
<td><strong>2. Topical Fluoride or Fluoride Varnish Treatment</strong></td>
<td>Numerator: The number of patients age 14 years and younger with at least one topical fluoride treatment or fluoride varnish treatment documented.</td>
<td>Denominator: The number of patients age 14 years and younger who receive a comprehensive oral health exam (ADA code 0110) or a periodic recall (ADA code 0120) oral health exam during the report period.</td>
</tr>
<tr>
<td><strong>3. Dental Sealant</strong></td>
<td>Numerator: The number of patients age 6 to 20 years that received an appropriate sealant treatment on 1st and 2nd permanent molars.</td>
<td>Denominator: The number of patients age 6 to 20 years who receive a comprehensive oral health exam (ADA code 0110) or a periodic recall (ADA code 0120) oral health exam during the report period.</td>
</tr>
<tr>
<td><strong>4. Oral Cancer Risk Assessment &amp; Counseling</strong></td>
<td>Numerator: The number of patients who receive soft tissue screening, oral cancer exam and counseling.</td>
<td>Denominator: The number of patients who receive a comprehensive oral health exam (ADA code 0110) or a periodic recall (ADA code 0120) oral health exam during the report period.</td>
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<tr>
<td><strong>5. Periodontal Disease Assessment</strong></td>
<td>Numerator: The number of patients age 18 years and older who have been screened for the presence of periodontal disease.</td>
<td>Denominator: The number of patients age 18 years and older who receive a comprehensive oral health exam (ADA code 0110) or a periodic recall (ADA code 0120) oral health exam during the report period.</td>
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<tr>
<td><strong>6. Completed Comprehensive Treatment Plan</strong></td>
<td>Numerator: The number of patients with a completed Phase 1 treatment within 12 months of initiation.</td>
<td>Denominator: The number of patients that receive a comprehensive oral health exam (ADA code 0110) or a periodic recall (ADA code 0120) oral health exam during the report period.</td>
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PROCESS FROM OUTCOME MEASURES TO MEANINGFUL USES

* Collaboration with HRSA & ADA on CQMs
* Submit Proposed CQMs to National Quality Forum (NQF)
* Measure has to be tested and studied
* Approval process
* NQF number assigned
September 2011

- Four EDR/EHR vendors selected based on the level of health center market penetration and MU participation
  - QSI EDR and NextGen EHR
  - Dentrix Enterprise
  - Open Dental
  - Mediadent
- Vendor survey and RFI was developed and responses reviewed
- Product web-based product demonstrations
- Vendor and product evaluations: scored by vendors and HIT members
- First white paper draft completed
FUTURE ACTIVITIES

* Publish updated “Guide to Future” white paper
* An EDR/EHR and MU resource to NNOHA members
* Collaboration with HRSA, ADA, Dental Quality Alliance and CMS to provide updates to membership

THANK YOU FOR YOUR SUPPORT
STAY TUNED!

NNOHA
National Network for Oral Health Access