The Nuts and Bolts of Working Toward Meaningful Use

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Objectives

- Describe the current Meaningful Use stages and timelines
- Assess whether your Health Center is on track for compliance with MU requirements
- Understand how different Health Centers are implementing MU requirements
- Compare how different dental software systems have been designed to comply with MU requirements
Meaningful Use is using certified EHR technology to meet specific measures that will:

- Improve quality, safety, efficiency, and reduce health disparities
- Engage patients and families in their health care
- Improve care coordination
- Improve population and public health
- All the while maintaining privacy and security
Goal

Adoption

Meaningful Use

Exchange

Improved individual and population health outcomes

Increased transparency and efficiency

Improved ability to study and improve care delivery

Health IT Practice Research

• Regional Extension Centers
• Medicaid EHR Program 1st year Incentive
• Workforce Training

• Medicare and Medicaid EHR Incentive Programs

• State Grants for Health Information Exchange
• Medicaid Administrative Funding for HIE
• Standards and Certification Framework
• Privacy and Security Framework
Objectives: what EPs are required to achieve in order to be able to show they are meaningfully using their EHR

Measures: the min. requirement to achieve each objective

Exclusion: EPs can qualify for exclusion and do not need to report on that objective

In order to qualify for payment, EPs must meet the threshold for all the core objectives or qualify for exclusions

13 core objectives for stage 1, 17 for stage 2

9 menu objectives, for stage 1: 5 out of 9, for stage 2: 3 out of 6

Report 9 CQMs regardless of stage of MU

THINGS ARE ALWAYS SUBJECT TO CHANGE, Review CMS website for updates regularly

• http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/
MEDICAID – Only for first participation year
ADOPT/have purchase agreement
Implement — Acquire and Install, Commence Utilization (AIU) of EHR
  • e.g: Staff training, data entry of patient demographic information into EHR
Upgrade – Expand
  • Upgrade to certified EHR technology or added new functionality to meet the definition of certified EHR technology
Must be certified EHR technology capable of meeting MU
If attempting to attest qualify for payment in 2014 for AIU, EP needs to use 2014 CEHRT edition or a combo of 2011 and 2014 editions
Can be in stage 1 for 3 yrs, if yr 1 is considered AIU
In the first year of participation after AIU, providers must demonstrate MU.
Medicaid Providers’ AIU/MU does not have to be over six consecutive years but participation must begin by 2016
First year of reporting stage 1, report data for continuous 90 day period.

For 2nd/subsequent yrs of reporting, report on 1 yr of data
  • *except 2014, report for 90 days.

Some MU objectives not applicable to every provider’s clinical practice, thus they would not have any eligible patients or actions for the measure denominator. Exclusions do not count against the 5 deferred measures.
  • In these cases, the eligible professional would be excluded from having to meet that measure.
  • Examples: Dentists who do not perform immunizations; Chiropractors do not e-prescribe.
Stages of Payments

- Providers who were early demonstrators of MU (2011) will meet three consecutive years of MU under the Stage 1 criteria before advancing to the Stage 2 criteria in 2014.
- All other providers would meet 2 years of MU under the Stage 1 criteria before advancing to the Stage 2 criteria in their 3rd year.
- Max payment is $63,750
[EHR Incentive Programs] What are the requirements for dentists participating in the Medicaid EHR Incentive Program?

- Dentists must meet the same eligibility requirements as other eligible professionals (EP) in order to qualify for payments under the Medicaid EHR Incentive Program. This also means that for Stage 1 they must demonstrate all 15 of the core meaningful use objectives and five from the menu of their choosing. The core set for Stage 1 includes reporting of six clinical quality measures (three core and three from the menu of their choosing.) Several MU objectives have exclusion criteria that are unique to each objective. EPs will have to evaluate whether they individually meet the exclusion criteria for each applicable objective as there is no blanket exclusion by type of EP.
### Proposed Stages Meaningful Use Criteria by First Payment Year (as of 5/14)

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<tr>
<td>2011</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1 or 2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
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<tr>
<td>2012</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1 or 2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>TBD</td>
<td>TBD</td>
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<td>2013</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>TBD</td>
<td>TBD</td>
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<tr>
<td>2014</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>TBD</td>
<td>TBD</td>
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<tr>
<td>2015</td>
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<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>TBD</td>
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<tr>
<td>2016</td>
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<td>1</td>
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<td>2</td>
<td>2</td>
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<td>2017</td>
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<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
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- In 2014, the reporting period is 90 continuous days for Medicaid EPs. All providers in their first year in 2014 use any continuous 90 day period.
- If starting in 2014, must use the 2014 Edition CEHRT.
- Those EPs who have not If not fully implemented 2014 Edition for the 2014 reporting period may use 2011 edition or a combo for 2014 reporting period.
- EPs scheduled to attest to stage 2 in 2014 with delays in 2014 edition, can attest to 2014 stage 1 measures.
- Extension of stage 2 so that stage 3 begins in 2017 for EPs
- For 2015 and beyond, EP’s need to use the 2014 edition and have a full yr reporting period

Requirements for 2014 Definition Stage 1

- May 2014, CMS released an NPRM that would grant flexibility to providers who are experiencing difficulties fully implementing 2014 Edition Certified HER Technology (CEHRT) to attest this year.
- Providers scheduled to demonstrate Stage 1 in 2014 who have successfully implemented 2014 CEHRT would use 2014 Definition Stage 1 core and menu objectives.
- Providers who are still using 2011 Edition CEHRT or a combination of 2011 and 2014 Editions and choose to report 2013 Definition Stage 1 core and menu objectives should visit the 2013 Definition Stage 1 of MU webpage.

Criteria for providers demonstrating the 2013 Definition of Stage 1:

- Eligible professionals must meet:
  - 13 required core objectives
  - 5 menu objectives from a list of 10
  - Total of 18 objectives

Criteria for providers demonstrating the 2014 Definition of Stage 1:

- Eligible professionals must meet:
  - 13 required core objectives
  - 5 menu objectives from a list of 9
  - Total of 18 objectives

All providers must demonstrate Stage 1 of MU before Stage 2.

Stage 2 Timeline

- The earliest providers will demonstrate Stage 2 of MU is 2014. Eligible hospitals and CAHs participate on the fiscal year and eligible professionals participate on the calendar year.
- Providers who began participation in the EHR Incentive Programs in 2011 will meet three consecutive years of MU under the Stage 1 criteria before advancing to the Stage 2 criteria in 2014.
- All other providers would meet two years of MU under the Stage 1 criteria before advancing to the Stage 2 criteria in their third year.

2014 CEHRT Flexibility

May 2014, CMS released an NPRM that would grant flexibility to providers who are experiencing difficulties fully implementing 2014 Edition CEHRT to attest this year. Providers scheduled to demonstrate Stage 2 of MU in 2014 can:

- Demonstrate 2013 Definition of Stage 1 of MU with 2011 Edition CEHRT or a combination of 2011 and 2014 Edition CEHRT
- Demonstrate 2014 Definition of Stage 1 of MU with 2014 Edition CEHRT
- Demonstrate Stage 2 of MU with 2014 Edition CEHRT

2014 Reporting Periods

All providers, regardless of their stage, are only required to demonstrate MU for a 3-month EHR reporting period. For Medicare providers, this 3-month reporting period is fixed to the quarter of either the fiscal (for eligible hospitals and CAHs) or calendar (for eligible professionals). The 3-month reporting period is not fixed for Medicaid eligible professionals and hospitals that are only eligible to receive Medicaid EHR incentives.

Stage 2 uses a core and menu structure for objectives that providers must achieve in order to demonstrate MU. Core objectives are objectives that all providers must meet. There are also a predetermined number of menu objectives that providers must select from a list and meet in order to demonstrate MU.

To demonstrate MU under Stage 2 criteria—Eligible professionals must meet:

- 17 core objectives
- 3 menu objectives that they select from a total list of 6
- Total of 20 objectives
<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Exclusion</th>
<th>Dentist Routine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record patient demographics (sex, race, ethnicity, date of birth, preferred language)</td>
<td>More than 50% of patients’ demographic data recorded as structured data</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td>Record vital signs and chart changes (height, weight, blood pressure, body-mass index, growth charts for children)</td>
<td>More than 50% of patients 2 years of age or older have height, weight, and blood pressure recorded as structured data</td>
<td>An EP who either sees no patients 2 years or older, or who believes that all three vital signs of height, weight, and blood pressure of their patients have no relevance to their scope of practice</td>
<td>Yes: Blood pressure                                No: Other vitals</td>
</tr>
<tr>
<td>Maintain up-to-date problem list of current and active diagnoses</td>
<td>More than 80% of patients have at least one entry recorded as structured data</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td>Maintain active medication list</td>
<td>More than 80% of patients have at least one entry recorded as structured data</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td>Maintain active medication allergy list</td>
<td>More than 80% of patients have at least one entry recorded as structured data</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td>Record smoking status for patients 13 years of age or older</td>
<td>More than 50% of patients 13 years of age or older have smoking status recorded as structured data</td>
<td>An EP who sees no patients 13 years or older</td>
<td>Potential</td>
</tr>
<tr>
<td>Provide patients with clinical summaries for each office visit</td>
<td>Clinical summaries provided to patients for more than 50% of all office visits within 3 business days</td>
<td>An EP who has no office visits during the EHR reporting period</td>
<td>Potential</td>
</tr>
<tr>
<td>On request, provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies)</td>
<td>More than 50% of requesting patients receive electronic copy within 3 business days</td>
<td>An EP that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period</td>
<td>Potential</td>
</tr>
<tr>
<td>Objective</td>
<td>Measure</td>
<td>Exclusion</td>
<td>Dentist Routine</td>
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<tr>
<td>Implement drug formulary checks</td>
<td>Drug formulary check system is implemented and has access to at least one internal or external drug formulary for the entire reporting period</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td>Incorporate clinical laboratory test results into EHRs as structured data</td>
<td>More than 40% of clinical laboratory test results whose results are in positive/negative or numerical format are incorporated into EHRs as structured data</td>
<td>An EP who orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period</td>
<td>Potential</td>
</tr>
<tr>
<td>Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach</td>
<td>Generate at least one listing of patients with a specific condition</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td>Use EHR technology to identify patient-specific education resources and provide those to the patient as appropriate</td>
<td>More than 10% of patients are provided patient-specific education resources</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td>Perform medication reconciliation between care settings</td>
<td>Medication reconciliation is performed for more than 50% of transitions of care</td>
<td>An EP who was not the recipient of any transitions of care during the EHR reporting period</td>
<td>Potential</td>
</tr>
<tr>
<td>Provide summary of care record for patients referred or transitioned to another provider or setting</td>
<td>Summary of care record is provided for more than 50% of patient transitions or referrals</td>
<td>An EP who neither transfers a patient to another setting nor refers a patient to another provider during the EHR reporting period</td>
<td>Potential</td>
</tr>
<tr>
<td>Objective</td>
<td>Measure</td>
<td>Exclusion</td>
<td>Dentist Routine</td>
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<tr>
<td>Send reminders to patients (per patient preference) for preventive and follow-up care</td>
<td>More than 20% of patients 65 years of age or older or 5 years of age or younger are sent appropriate reminders</td>
<td>An EP who has no patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology</td>
<td>Potential</td>
</tr>
<tr>
<td>Provide patients with timely electronic access to their health information (including laboratory results, problem list, medication lists, medication allergies) REMOVED</td>
<td>More than 10% of patients are provided electronic access to information within 4 days of its being updated in the EHR</td>
<td>An EP that neither orders nor creates any of the information listed at 45 CFR 170.304(g) during the EHR reporting period</td>
<td>Potential</td>
</tr>
<tr>
<td><em>PH</em> Submit electronic immunization data to immunization registries or immunization information systems</td>
<td>Perform at least one test of data submission and follow-up submission (where registries can accept electronic submissions)</td>
<td>An EP who administers no immunizations during the EHR reporting period or where no immunization registry has the capacity to receive the information electronically</td>
<td>No</td>
</tr>
<tr>
<td><em>PH</em> Submit electronic syndromic surveillance data to public health agencies</td>
<td>Perform at least one test of data submission and follow-up submission (where public health agencies can accept electronic data)</td>
<td>An EP who does not collect any reportable syndromic information on their patients during the EHR reporting period or does not submit such information to any public health agency that has the capacity to receive the information electronically</td>
<td>Potential</td>
</tr>
<tr>
<td>Objective</td>
<td>Measure</td>
<td>Exclusion</td>
<td>Dentist Routine</td>
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<tr>
<td>Generate and transmit permissible prescriptions electronically</td>
<td>More than 40% are transmitted electronically using certified EHR technology</td>
<td>An EP who writes fewer than 100 prescriptions during the EHR reporting period</td>
<td>Potential</td>
</tr>
<tr>
<td>Computer provider order entry (CPOE) for medication orders</td>
<td>More than 30% of patients with at least one medication in their medication list have at least one medication ordered through CPOE</td>
<td>An EP who writes fewer than 100 prescriptions during the EHR reporting period</td>
<td>Potential</td>
</tr>
<tr>
<td>Implement drug-drug and drug-allergy interaction checks</td>
<td>Functionality is enabled for these checks for the entire reporting period</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td>Implement capability to electronically exchange key clinical information among providers and patient-authorized entities MODIFIED for St 2</td>
<td>Perform at least one test of EHR’s capacity to electronically exchange information</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td>Implement one clinical decision support rule and ability to track compliance with this rule</td>
<td>One clinical decision support rule implemented</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td>Implement systems to protect privacy and security of patient data in the EHR</td>
<td>Conduct or review a security risk analysis, implement security updates as necessary, and correct identified security deficiencies</td>
<td>None</td>
<td>Yes</td>
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Clinical quality measures, or CQMs, are tools that help measure and track the quality of health care services provided by eligible professionals.

To participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs and receive an incentive payment, providers are required to submit CQM data from certified EHR technology.

Eligible professionals demonstrating 2013 Definition Stage 1 of MU would use the list of Clinical Quality Measures (CQMs) finalized in 2011 to report:

- 3 required core measures or 3 alternate core, and
- 3 additional measures

If eligible professionals do not collect information on one or more of the 3 core CQMs, they can choose one or more replacements from an alternate core list. Eligible professionals select the 3 additional CQMs based on their relevance to their scope of practice.

2014 Clinical Quality Measures

Recommended Core Set for 2014

For 2014, CMS is not requiring the submission of a core set of electronic CQMs. Instead, CMS has identified two recommended core sets of CQMs—one for adults and one for children—that focus on high-priority health conditions and best-practices for care delivery.

- 9 CQMs for adult populations that meet all of the program requirements
- 9 CQMs for pediatric populations that meet all of the program requirements

Beginning of 2014, 9 out of 64 CQM’s must be reported.

- Your certified EHR does all the work—it calculates the measures and gives you the numbers you report to CMS.
- Select and Report 9 measures of a possible list of 64 approved CQMs.
- EPs are not excluded from reporting CQMs, but zero is an acceptable value.
- There is no minimum value that you must achieve for CQM’s. You only have to report on them, not achieve a benchmark.
2508: Prevention Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk—Recommended
Percentage of enrolled children in the age category of 6-9 years at “elevated” risk (i.e., “moderate” or “high”) who received a sealant on a permanent first molar tooth within the reporting year;

2509: Prevention: Dental Sealants for 10-14 Year-Old Children at Elevated Caries Risk—Recommended
Percentage of enrolled children in the age category of 10-14 years at “elevated” risk (i.e., “moderate” or “high”) who received a sealant on a permanent second molar tooth within the reporting year;

2511: Utilization of Services, Dental Services—Recommended
Percentage of enrolled children under age 21 years who received at least one dental service within the reporting year;

2528: Prevention: Topical Fluoride for Children at Elevated Caries Risk, Dental Services—Recommended
Percentage of enrolled children aged 1-21 years who are at “elevated” risk (i.e., “moderate” or “high”) who received at least 2 topical fluoride applications within the reporting year;
ICD 10 Delay

- In April, Congress and President Obama agreed to delay implementation of the ICD-10 standard for medical diagnosis and billing codes to Oct. 1, 2015.
References

- http://www.nnoha.org
Best Practices for Implementing an Interoperable Electronic Dental Health Record System - MediaDent

Anwar Abbas, MBA, MS
North County Health Services
North County Health Services

**Mission:** To improve the health status of our diverse communities by providing quality healthcare that is comprehensive, affordable, and culturally sensitive.

- 10 Health Care locations in North San Diego County
- Providing Medical, Dental, WHS and Mental Health Services
- Serving over 60,000 patients annually
- Resulting in over 200,000 visits annually
- Revenue about $50 million annually
- Achieved highest level of PCMH recognition from NCQA primary care health centers
NCHS Dental Office – Before MediaDent

- Paper Intensive
- Manual Process
- No Coordination between dental patients & medical patients
- No data sharing between EHR/EMR and dental operations
- Recapturing of patients medical, medication, allergies and other data
- Patient’s dental data not available if patient went to different site
- Delay in billing due to transportation of Docusan Charts to PFS
Why Did NCHS Select MediaDent?

- Integration with Intergy
- Cost Effective Solution
- Citrix (thin client) compliant
- Windows 7 compatible
- SQL 2008 database compatible
- Comprehensive HL/7 interface with the ability to share data with HL/7 compliant system, like Intergy
- Comprehensive dental charting with integrated x-ray intraoral imaging capabilities
- Extensive reporting capabilities, including data miner extraction tool for custom reporting, mail & e-mail merge
EDR Implementation Challenges

- Transition from paper dental record to Electronic Dental Record
- Getting buy-in from all dentists and respective staff
- Maintaining the productivity level of providers
- Overcoming some of the short comings in the EDR system
- Enhancements requested by dental providers & respective RDAs
- Successful integration of EDR and EHR systems
- Integration of dental digital radiology system - Panorex
- Speed, reliability and user interface
- Selecting the right Executive Sponsor, Project Champion and Manager
- Training... Training... Training
NCHS EDR Implementation Process

- Selected the EDR Project Executive
- Created a cross-functional team comprising of IT, dentists, RDAs, billing and operations staff
- Established a Project Champion and Project Manager with NCHS and MediaDent
- Instituted the EDR training format and train the trainers
- Solicited training & implementation assistance from MediaDent
- Requested MediaDent staff to visit us and understand our business process
- MediaDent to develop and provide training to the cross-functional team
NCHS EDR Implementation Process (cont’d)

- Generated work-flow documents and training materials
- Created a Project Plan with deliverables and timeline for implementation
- Developed a plan to manage dentists and RDAs’ expectations
- Conducted pilot for 2-weeks in San Marcos – dental site with cross-functional team
- Went Live with MediaDent for all three sites within one month
- Briefed CEO and other executives of NCHS on the successful implementation of EDR system
EDR and EHR Work Flow

* Patient appointments are scheduled in ePM
* Appointments are either complex or simple
* If the Patient cancels the appointment, it is done in ePM

Upon completion of registration & insurance verification, patient is ready for the appointment
* Front desk staff “checks in” the patient in ePM
* Patients demographics are maintained in ePM
* Demographics are automatically updated in MMD

By “Checking In” patient in ePM sends HL/7 SIU message to MMD

Dental patients are seen in the operatory
* Health history is reviewed from MMD via API in EHR
* Exam is performed on the patients & treatment plan is created

Once the Provider completes patient visit -
* Patient is then “walkout/checkout” in the MMD
* Dental procedure codes and DFT is sent from MMD to ePM
* They are placed in pending charges

“Walkout/Checkout” in MMD sends DFT and Procedure Codes to ePM via HL/7

At this point, patient can set an appointment for their next visit in ePM which then populates the MMD system

* Gatekeeper-coder reviews all procedure codes for completeness and accuracy
* Gatekeepers then “post pending charges” in ePM

Once pending charges are posted, PFS is able to see the gross charges and submit dental claims electronically
NCHS EDR System Architecture

- Ramona – Dental
- La Mission – Dental
- Mobile - Dental
- San Marcos – Dental
- Digital Panorex Imaging
- EHR - Intergy
- EDR - MediaDent
NCHS Dental Office – After MediaDent

- **Business Impact**
  - Dip to 50% of productivity level for first 2 months
  - Reached at 100% productivity level after 4-months

- Invited all dentists asking for feedback and “wish list” for MediaDent improvements
  - Engaged with MediaDent to resolve dentists’ immediate concerns and plan for the implementation of a new “Charting Module”
NCHS Dental Office – After MediaDent (cont’d)

- Created complete automation & integration between EDR and EHR systems
- Developed electronic process to engage with patients for their dental hygiene needs
- Established a tasks force to eliminate paper (no Docusans documents)
- Launched an initiative for MU Stage 2 reporting
Dental- Meaningful Use Stage 2

Identify Dental Procedure Codes for MU Stage 2

From Intergy System
- Dental exams
- Dental Visits
- Dental Hygiene

Create Dental Registry
- Rendering Provider
- Demographic Information
- Most recent visit and dental exam
- Primary and secondary insurance
- Health Center visited in last 2 years

Extract a File

Automatically Calls or Text Message - Patient’s appointments

Setup Automatic Calling Process for Dental Exams and Hygiene Visits
- Pediatric - 6 months after last exam
- Adults - 1 year after last exam

PNC
Benefits of MediaDent - Operations

- Provides transparency of real-time health information across medical and dental providers
- Meets NCHS’s healthcare objectives – centralized patient’s dental information
- Enhances patient safety
- Improves patient outcome through prevention, early detection and proper intervention
- Establishes a single consolidated medical and dental record – UDS and OSHPD reporting
- Captures all patient information electronically, including digital Imaging
- Enhances patient billing – same day processing
- Allows cross-marketing between medical & dental business
MediaDent Benefits - Clinical

- Allows viewing of diagnosis and treatment completed via color-coded graphical display
- Captures workload while documenting
- Calculates dental readiness automatically
- Supports MU requirements
- Provides effective clinical decision making
DENTAL AND MEANINGFUL USE

eClinicalWorks/Open Dental

Chimira Edwards, MHA, LHRM, CPC, CPCO
Director of Accreditation, Performance Improvement and Compliance
Community Health Centers, Inc.
Community Health Centers, Inc.

- 7 dental locations and 11 medical locations
- Integrated dental and medical record (eCW/Open Dental)
- 36,398 dental users
- Accredited by the Accreditation Association for Ambulatory Health Care
The Patient lives in eCW, the teeth live in Open Dental

- All dental visits start in eCW with patient schedule
- Share demographics, medications, allergies, problem lists, referrals, labs, imaging, billing charges, patient documents
  - Allows for separation of highly-specialized information
  - Patient specific information is fully shared
  - Dental procedure specific information remains customized in Open Dental
MU Implementation Process

- CHC attested for MU for medical providers and dentist in 2011 - attestation only
- For Stage 1, Year 2 attestation was conducted throughout 2012 and 2013 as the requirement to meet threshold was implemented
- During dental staff meetings Director of Compliance provided training to dental team
  - Meetings were also held with the Chief Dental Officer and dental trainer specific to MU
MU Implementation Process Cont’d

- EHR change control emails provided monthly updates concerning how to document properly for MU compliance
- Director of Compliance provided quarter reports of data quality was reported out to the Chief Dental Officer of which dentist were meeting the MU thresholds
Maintaining Problem List

Problem List

- Can add additional dental DX
- No Known Problems
Visit Summaries

Progress Notes

Current Medication:
- Taking Lisinopril 10 MG capsule 2 times daily
- Taking Keflox 250 MG Capsule 1 times daily
- Taking Poly-1-Vi-Sol/Iron Solution 1 tsp. daily
- Taking Tylenol Childrens 160 MG/5ML Suspension
- Unknown Aspirin 120 MG Suppository
- Unknown Amoxicillin 400 MG/5ML Suspension
- Medication List reviewed and recordered

Medical History:
- Date taken/updated
- Patient/Caregiver denies any known history
- Date taken/updated 11/18/2009
- achalasia
- High Blood Pressure
- High Cholesterol
- Diabetes
- Diabetes only in pregnancy
- Colon Cancer/polyps
- Breast Cancer
- Asthma
- chemotherapy

Save options as my default
Show associated assessments

Publish to Portal
Print Preview
Decline
Cancel
Clinical Summary

Treatment Plan Open Dental + Visit Summary eClinicalWorks
Tracking of Compliance
Challenges

- Visit summary must contain all checked components to count
  - Often dentist do not find the information on the visit summary relevant to the dental visit

- Health wise vendor for documenting patient education via the EHR does not have a vast of information related to dental services & custom education no longer counts
Challenges Cont’d

- Documentation of transition of care and summary of care document during each transition
- Meeting the new requirements of Stage 2 to include use of the patient portal for dental patients only
- Quality measures are not that relevant to dentists
Next Steps

- CHC continues to monitor our Meaningful Use compliance by running monthly reports
- Use of eCW system tools such as messenger for meeting patient reminder and electronic messaging standards
- Use of eCW system tool for peer to peer electronic submissions
Meaningful Use
Dentrix

Huong Le, DDS, MA
Chief Dental Officer
Asian Health Services
Asian Health Services
Asian Health Services

- 7 primary care & 2 dental sites
- 28,000 medical & 8,000 dental users
- Working on achieving NCQA PCMH recognition
AHS Patient Profile

PATIENT ETHNICITY BREAKDOWN

- Chinese: 64%
- Asian: 92%
- Other: 3%
- Caucasian: 1%
- Latino: 1%
- African American: 3%
- Mien: 3%
- Mongolian: 1%
- Burmese: 2%
- Filipino: 2%
- Korean: 3%
- Cambodian: 3%
- Chinese/Vietnamese: 4%
- Vietnamese: 9%
HIT Systems

- Medical EMR-NextGen
- Dental EDR-Dentrix
- Billing system-Medical uses NextGen, Dental uses Dentrix
- Interoperable EMR-EDR-only demographic is fully integrated, Medical and dental staff can look up problem and medication lists, and appointments in both systems. Information can be transferred to Dentrix
- Dental ONLY accept medical patients, closed system
HC MU Planning Process

- Timeline: 4 MDs have attested Stage I Year I. The rest will attest later this year.
- Committee: 1 point person works closely with IT, medical and dental staff.
- Dental participation: AIU was done at the same time with medical providers. Will participate later this year. Testing has been done internally.
- Relationship w/ HC HIT department: Very strong relationship and very good communication between dental, medical and IT.
MU Implementation Process for Dental

- **Timeline:** Later this year. Started capturing data already, running trial reports.

- **Process:** All staff and providers are trained at meetings on new features on Dentrix related to MU. Dentrix trainers were brought in to train in January 2014.

- **Policies & protocols:** CDO is responsible for training and making sure data are captured appropriately. Constant reminders and training in collaboration with IT.

- **Data quality assessment:** CDO and IT review data.
Dentrix CAMBRA
Medication and Problem lists
Smoking Status
MU Report

![MU Report Image]

<table>
<thead>
<tr>
<th>Title</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Required</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computerized Provider Order Entry (CPOE)</td>
<td></td>
<td>30%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem List</td>
<td></td>
<td>80%</td>
<td></td>
<td></td>
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<tr>
<td>Electronic Prescribing (eRx)</td>
<td></td>
<td>40%</td>
<td></td>
<td></td>
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<tr>
<td>Medication List</td>
<td></td>
<td>80%</td>
<td></td>
<td></td>
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<tr>
<td>Medication Allergy List</td>
<td></td>
<td>80%</td>
<td></td>
<td></td>
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<tr>
<td>Demographics</td>
<td></td>
<td>50%</td>
<td></td>
<td></td>
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<tr>
<td>Vital Signs</td>
<td></td>
<td>50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking Status</td>
<td></td>
<td>50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VDT, Measure A - Timely Online Access</td>
<td></td>
<td>5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VDT, Measure B - View, Download, or Transmit Health Inf...</td>
<td></td>
<td>5%</td>
<td></td>
<td></td>
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<tr>
<td>Clinical Summary</td>
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<td>50%</td>
<td></td>
<td></td>
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<tr>
<td>Summary of Care, Measure A</td>
<td></td>
<td>50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Reminders</td>
<td></td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Education</td>
<td></td>
<td>10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication Reconciliation</td>
<td></td>
<td>50%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Details:**
- **Title:** Computerized Provider Order Entry (CPOE)
- **Description:** More than 30 percent of medication orders created by the EP during the EHR reporting period are recorded using CPOE (Alternative measure - effective 2013 onward)
Patient Portal

Export tab

Choose file location

Select document type to export

Export Button
Updox Secure Messaging Application

Inbox
- To: Dennis Smith
- From: dsmith@direct.updoxqa.com

Message
- Date: 12/3/13 11:15 am
- To: Dennis Smith
- From: dsmith@direct.updoxqa.com
- Subject: CCD (CR0004C)

Patient Record (CCD)
- Name
- Birth Date
- Acct # 20601

Key Record Data
- Name
- Birth Date
- Gender M

Options
- Send Secure
- Send to Portal
- View Patient
- View Record
- Save

Filter
- Connection Status
- EHR Connector Status
- Henry Schein Secure Chart

Sent
- Send Item
- Print Item
- Reply

Archive
- Options
- Archive Item

Trash

Spam

Search

Updox (Chad Parker Dental)
## Medications List

<table>
<thead>
<tr>
<th>Date</th>
<th>Medication Description</th>
<th>Medication Name</th>
<th>Generic Name</th>
<th>Start Date</th>
<th>End Date</th>
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<tbody>
<tr>
<td>10/08/2013</td>
<td>Tylenol 8 Hour 650 mg tablet, extended release</td>
<td>acetaminophen</td>
<td>Acetaminophen</td>
<td>09/11/2013</td>
<td>09/11/2013</td>
</tr>
<tr>
<td>10/18/2013</td>
<td>losartan 50 mg Tab</td>
<td>losartan potassium</td>
<td>Losartan Potassium</td>
<td>11/06/2013</td>
<td>10/18/2013</td>
</tr>
<tr>
<td>12/31/2013</td>
<td>Combivir 150 mg-300 mg tablet</td>
<td>lamivudine/zidovudine</td>
<td>Lamivudine/Zidovudine</td>
<td>12/17/2013</td>
<td>12/17/2013</td>
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<tr>
<td>02/18/2014</td>
<td>acetaminophen 500 mg capsule</td>
<td>acetaminophen</td>
<td>Acetaminophen</td>
<td>02/18/2014</td>
<td>02/18/2014</td>
</tr>
<tr>
<td>03/18/2014</td>
<td>acarbose 50 mg tablet</td>
<td>acarbose</td>
<td>Acarbose</td>
<td>03/18/2014</td>
<td>03/18/2014</td>
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<tr>
<td>03/24/2014</td>
<td>loratadine 10 mg tablet</td>
<td>loratadine</td>
<td>Loratadine</td>
<td>03/24/2014</td>
<td>03/24/2014</td>
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<tr>
<td>04/13/2014</td>
<td>acetaminophen 325 mg tablet</td>
<td>acetaminophen</td>
<td>Acetaminophen</td>
<td>03/24/2014</td>
<td>03/24/2014</td>
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<tr>
<td>05/13/2014</td>
<td>acarbose 50 mg tablet</td>
<td>acarbose</td>
<td>Acarbose</td>
<td>05/13/2014</td>
<td>05/13/2014</td>
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<tr>
<td>05/13/2014</td>
<td>Abilify 5 mg tablet</td>
<td>aripiprazole</td>
<td>Aripiprazole</td>
<td>09/03/2013</td>
<td>05/13/2014</td>
</tr>
<tr>
<td>05/13/2014</td>
<td>Abilify 20 mg tablet</td>
<td>aripiprazole</td>
<td>Aripiprazole</td>
<td>01/15/2014</td>
<td>01/15/2014</td>
</tr>
<tr>
<td>06/11/2014</td>
<td>warfarin 2 mg tablet</td>
<td>warfarin sodium</td>
<td>Warfarin Sodium</td>
<td>05/18/2014</td>
<td>06/11/2014</td>
</tr>
<tr>
<td>Concept Id</td>
<td>Description</td>
<td>Fully Specified Name</td>
<td>Chronic</td>
<td>Secondary Condition</td>
<td>Problem Status</td>
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<tr>
<td>------------</td>
<td>------------------------------</td>
<td>----------------------</td>
<td>---------</td>
<td>---------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>405729008</td>
<td>Hematochezia</td>
<td>Hematochezia</td>
<td>✓</td>
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<td>Active</td>
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<tr>
<td>30934002</td>
<td>Pain in limb</td>
<td>Pain in limb</td>
<td></td>
<td></td>
<td>Active</td>
</tr>
<tr>
<td>166603001</td>
<td>Abnormal LFTs</td>
<td>Liver function tests abnormal</td>
<td></td>
<td></td>
<td>Active</td>
</tr>
<tr>
<td>47933007</td>
<td>Foot pain, left</td>
<td>Foot pain</td>
<td></td>
<td></td>
<td>Active</td>
</tr>
<tr>
<td>49456004</td>
<td>Atrial Fibrillation</td>
<td>Atrial fibrillation</td>
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<td></td>
<td>Active</td>
</tr>
<tr>
<td>266474003</td>
<td>Cholelithiasis</td>
<td>Biliary calculus</td>
<td></td>
<td></td>
<td>Active</td>
</tr>
<tr>
<td>269250009</td>
<td>Broken tooth injury</td>
<td>Broken tooth injury</td>
<td></td>
<td></td>
<td>Active</td>
</tr>
<tr>
<td>47400000</td>
<td>Shingles</td>
<td>Herpes zoster</td>
<td></td>
<td></td>
<td>Active</td>
</tr>
<tr>
<td>162663004</td>
<td>Body mass index 29.0-29.9, adult</td>
<td>Body mass index 25-29 - overweight</td>
<td></td>
<td></td>
<td>Active</td>
</tr>
<tr>
<td>40727002</td>
<td>Cough</td>
<td>Cough</td>
<td>✓</td>
<td></td>
<td>Active</td>
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<tr>
<td>22507004</td>
<td>Hepatitis B carrier</td>
<td>Hepatitis B carrier</td>
<td>✓</td>
<td></td>
<td>Active</td>
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<tr>
<td>33036008</td>
<td>Health care maintenance</td>
<td>Medical examinations/reports status</td>
<td>✓</td>
<td></td>
<td>Active</td>
</tr>
</tbody>
</table>
EDR system

- Running reports frequently to check on accuracy
- Troubleshooting - use both vendor or internal HC HIT
- Technical assistance from Dentrix has been great but CDO, staff and IT have to be in the same room when training takes place
Challenges

- Understanding how to use ALL features in the system
- Getting all staff, clinical (DA/RDA/RDH/DDS) and IT, to do the same things and bring everyone to the same level of competence
- New employees
- Understanding how Meaningful Use process really works as rules keep changing!
Next Steps

- Attest in 2014 for all dental providers
- Provide future training in the near future
QSI/NextGen

Doug Lewis, DDS
Mendocino Community Health Clinics
Mendocino Community Health Clinics
Location: Northern California
Where the wine country meets the marijuana fields
Mendocino Community Health Clinics

- Three sites in a two county area
- All sites have Medical, Dental, and Behavioral services
- Ukiah Dental: 4 FTE/14 chair
- Willits Dental: 2 FTE/8 chair
- Lakeport Dental: 3FTE/12 chairs
- Only Stage One PCMH at 1 site, applying for Stage 3
HIT Systems

- Medical EMR: NextGen (7 years)
- Dental EDR: QSI (2.5 years)
- QSI and NextGen are owned by the same parent company. This eliminates a lot of compatibility issues and upgrade worries.
HIT Systems

- Easy transition between QSI and NextGen
- Log in once and identify the patient. Then you can move easily between Medical, Dental, Rx, etc.
Our Workflow

Step One: Assistant checks in the patient

1. Logs in the QSI Dental
2. Clicks NextGen icon to enter the EMR
   Enters vitals, pain scale, allergies, smoking, and medications reconciliation.
3. Clicks QSI Icon: Brief intake note in QSI dental
Our Workflow

Step Two: Doctor logs into QSI dental

1. Review Health History in QSI: An electronic version of a traditional one page dental health history.

2. Click NextGen EMR icon to review medical record including Meaningful Use information.

3. Return to QSI Dental and proceed with routine dental entries
Things to keep in mind...

- Our workflow is OUR workflow. Other QSI/NextGen clients may describe a very different process.
- Meaningful Use data is collected in the NextGen EMR. Dental and Medical use the same reporting process.
- Integration is not 100%
  - I can see the full medical record but medical providers can not see QSI dental progress notes.
  - But everybody shares the same pharmacy module.
MU Planning Process

- Stage 1 was straightforward. We didn’t need a lot of planning: Just do it.

- Stage 2 is not so straightforward.
Stage 2 Issues

- The dental implementation of Stage 2 requirements can be confusing. This is not a software issue.
- Stage 1: Used our own template in the EMR.
- Stage 2: We will switch to a template NextGen EMR developed for that purpose.
  - Template is on hold until our medical department upgrades to the more current EMR version.
  - To be in place before 2015.
Stage 2 Issues: A short list of my questions

- Do I need to do BMI?
- It sounds like a portal will be necessary to meet many of the requirements. Will my clinic get a portal up soon?
- There are some requirements for electronic transmission with outside providers. Do they apply to me and how will I do that?
- My current Summary of Care document was a good first effort but changes may be needed to better comply with the MU requirements.
In spite of all the problems...

- CMS made a choice to give dental access to MU money: Many thanks.
- MU relies on the existence of objective outcome measures. The failure of dentistry to provide these is not CMS’s fault.
- The CMS dollars are driving dentistry to establish those measures and move forward.
## QSI Dental Record

![Dental Record Interface]

### Tooth Chart

- **Legend:**
  - Perm.: Permanent
  - Prim.: Primary
  - Note:

### Chart Details

- **Services...**
- **Conditions...**

- **Palette:** MCHC-Exam

- **Services:**
  - Intake
  - NPExm
  - Periodic
  - Emer
  - FMX
  - B/W X
  - BW+PA
  - PA
  - Pano
  - Prophy
  - RP
  - Missing
  - Decay
  - Resin
  - Bisup
  - Sealant
  - Watch
  - Pulpotomy
  - Amalgam
  - Ext
  - Oral Surg
  - Abutment
  - Pontic
  - Root Canl
  - Crown
  - SSC
  - Stayplate
  - Full Dent
  - Pit Dent
  - SM
  - Dr Note
  - Office Visit

### Date

<table>
<thead>
<tr>
<th>Date</th>
<th>User</th>
<th>Grp</th>
<th>Prov</th>
<th>Code</th>
<th>Description</th>
<th>Tooth</th>
<th>Surface</th>
<th>Type</th>
<th>Amount</th>
<th>n/a</th>
</tr>
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<tbody>
<tr>
<td>09/25/13</td>
<td>RB-RDA</td>
<td>3403</td>
<td>403</td>
<td>D7210</td>
<td>Suro Remov Of Erupted Tooth Requiring El</td>
<td>2</td>
<td></td>
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<td></td>
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<td>3403</td>
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<td>D1801</td>
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<tr>
<td>09/25/13</td>
<td>RB-RDA</td>
<td>3403</td>
<td>403</td>
<td>D4341</td>
<td>Scaling And Root Planina oer quad</td>
<td>UL</td>
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<td>LL</td>
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<td>Planned</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Note blue MU button on the bottom. It is the next slide.
The Meaningful Use summary in EMR
Next Steps

- Nail down the Stage 2 requirement
- Once that is clear, modify workflow to accommodate new items. What is in the RDA workflow vs the DDS responsibility?
- Regular reports on provider progress.
  - Catch problems early while there is time to correct them
  - Frequency and transparency are key. Peer pressure is the most effective motivator.
Wrap Up
Other Resources

- General MU info from CMS

- NNOHA HIT White Paper - *Guide to the Future Ver. 2: A Strategic Roadmap to Achieving Meaningful Use Objectives and Selecting an Integrated Electronic Dental Record (EDR)/Electronic Health Record (EHR) System to Improve Oral Health Access and Outcomes*
<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Discussion Topic</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>7:30-8:30 am</td>
<td>Medical screenings in the dental office: oral health professionals helping to keep you healthy</td>
<td>Mary Ellen Young and Dr. Scott Wolpin</td>
</tr>
<tr>
<td>Monday</td>
<td>11:05-11:30 am</td>
<td>Dental students &amp; residents</td>
<td>Dr. Martin Lieberman and Lutheran Medical Center staff</td>
</tr>
<tr>
<td>Monday</td>
<td>3:30-4:00 pm</td>
<td>Meaningful Use</td>
<td>Dr. Maggie Maule and Dr. Huong Le</td>
</tr>
<tr>
<td>Tuesday</td>
<td>7:30-8:00 am</td>
<td>Working with specialists</td>
<td>Dr. Kecia Leary and Dr. Ariane Terlet</td>
</tr>
<tr>
<td>Tuesday</td>
<td>10:35-11:00 am</td>
<td>Medical-dental integration</td>
<td>Dr. Lisa Kearney and Dr. Ethan Kerns</td>
</tr>
<tr>
<td>Tuesday</td>
<td>3:45-4:15 pm</td>
<td>Scheduling/No-shows</td>
<td>Dori Bingham and Dr. Bob Russell</td>
</tr>
<tr>
<td>Wednesday</td>
<td>8:00-9:00 am</td>
<td>Dental dashboard/Quality improvement</td>
<td>Dr. An Nguyen, Dr. Sarah Vander Beek, Alison Cusick</td>
</tr>
<tr>
<td>Wednesday</td>
<td>10:35-11:00 am</td>
<td>Big Data: How Will It Transform Oral Health?</td>
<td>Mary Ellen Young</td>
</tr>
</tbody>
</table>

Continue conversations on MU at Coffee House! (Cancun Room)
Questions?

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