Children's IQ Network Evening Users Group September 12, 2012

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Agenda

* Welcome and Introductions
* New Practices to Children's IQ Network
* eEHX News and Demonstration
* Getting to PCMH or MU next steps

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Welcome New Practices

* Washington D.C.
  * L. Orr, MD – Emerald Health Center
* Maryland
  * Shanti R. David, MD
  * Frederick County Pediatrics
  * The Pediatric Group
  * Jesus Burbano, MD
* Virginia
  * Pediatric Clinical Services
  * B. I. Lee, MD
  * Potomac Pediatrics

44 Practices
154 Community Providers
95 Primary Care @ CNMC

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Children's IQ Network to Date

* Children First Pediatrics
* Waldorf Pediatrics
* Pediatric Care Center of Bethesda
* Pediatric Health Centers
* Laurel Children's Clinic
* Shahab Malik, MD
* Metropolitan Pediatrics
* Children Pediatricians & Associates
* Primary Pediatrics
* Roomika Baig, MD
* Jhansi Ganesan, MD
* Cambridge Pediatrics
* Lisa Horton, MD
* Potomac Valley Peds
* Juliet Naldo, MD
* MDS Pediatrics
* Takoma Park Pediatrics
* Pediatric Care of Rockville
* Smita Mengers, MD
* *Gateway Pediatrics*
* *Bhargesh P. Mehta, MD*
* *The Pediatric Group*
* *Frederick County Pediatrics*
* *Shanti David, MD*
* Goldberg Primary Centers of Children's Nationa\
* Emerald Health Center
* Pediatrics Newborn Care
* Pediacare of Virginia
* Krishnan Kumar, MD
* Penguin Pediatrics
* The Kidz Docs
* Prakash Adawadkar, MD
* All Pediatrics
* West End Pediatrics
* Christina Frayna-Manlapaz, MD
* Town Pediatrics
* AAA Pediatrics
* Van Dorn Pediatrics
* Balsamo, Arnoldson and Rees
* *Potomac Pediatrics*
* *Metropolitan Pediatrics – Arlington*
* *Dulles Pediatrics*
* *Pediatric Clinical Service*
* *B.I. Lee, MD*

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The CIQN Data Exchange (eEHX)

* What is it?
* Why are we doing it?
  * Essential Health Data on Your Patients From Outside Your Practice
  * Aggregated Data on Similar Community Patients
  * Show Quality Improvement
  * Regional Integrated Care Delivery

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eEHX News and Demonstration

* Takoma Park Pediatrics Live
* Cambridge Pediatrics Live tomorrow
* Remainder of the practices by first quarter 2013

ALL PRACTICES SHOULD BE USING UPDATED CONSENTS AND CIQN PATIENT INFORMATION SHEET

DEMO !

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MU Updates for Adopt, Implement and Upgrade

* Maryland and Virginia now accepting attestations for Adopt, Implement and Upgrade (AIU)
  * Most Maryland Practices have been paid
  * Payment for new attestations now taking 8 – 10 weeks

  * Virginia numbers do not include FAMIS, exclude Famis by running copayment reports
  * Signature Documents are required to be uploaded in VA
  * All groups will be audited

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MU – Next Steps

Meaningful Use 15 Required Objectives

Percentage listed is the minimum percentage of all unique patients seen in reporting period that meet thresehold requirement

Line Numbers in Red contained data on MAQDashboard

Number	Objective	Data Required to Meet Thresehold
1	Demographics (50%)	DOB Gender Preferred Language Ethnicity Race
2	Active Med List (80%)	Current Medications Must be marked "verified"
3	Active Allergy List (80%)	Strutured Data Must be marked "verified"
4	Vitals (50%)	Height Weight Blood Pressure (Age 2 and over) BMI Plot and Display Growth Chart
5	Smoking Status (50%)	Age 13 and up Smart Form - Smoking will capture
6	Problem List (Up-to-date)(80%)	Must be marked "no known problems" or verified to capture
7	Computerized Physician Order Entry (CPOE) eRX right now and labs later (30%)	Must order through medication module and eprescribe. (In future - lab must be interfaced.)

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MU – Next Steps

Number	Objective	Data Required to Meet Thresehold
8	Drug/Drug and Drug/Allergy Interaction	Automatic for eCW - occurs when provider orders a med in system. Window auto pops-up if set to mild.
9	Generate and Transmit RX's electronically (40%)	
10	Implement one Clinical Decision Support System (CDSS) Rule	eCW has activate ones. I did connect 7 months to 3 years flu CDSS to an order set. ASTHMA has a CDSS too which will go right along with Asthma Care Plan. Pediatric Lead CDSS is also one to track, but I have to make an order set and link together.
11	Capability to exchange key clinical information among providers of one care facility to an outside care facility.	P2P (Provider to Provider)
12	Provide clinical summaries for patients for each office visit. (50%)	Can be printed. However, patient portal meets this requirement WHEN notes are locked before 72 hours of the appointment time.
13	Provide patients with an electronic copy of their health information, upon request. (50%)	Patient portal (as portions of the record can be opened) (Vitals, immunization record, allergys, current medications) PDFs of visits and documents burned to a CD count also, when accessed through Medical Records button in patient hub.
14	Report 6 Ambulatory clinical quality measures to CMS)	N/A FOR ALLP
15	Protect electronic health information created or maintained by the certified electronic health record technology through the implementation of appropriate technical capabilities.	Time out, black out screen. Special settings in eCW.

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Patient Centered Medical Home

* What is it and What can it do for me?

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