Stage 2 Meaningful Use: Operational and Functional Standpoint

Linda ClenDening

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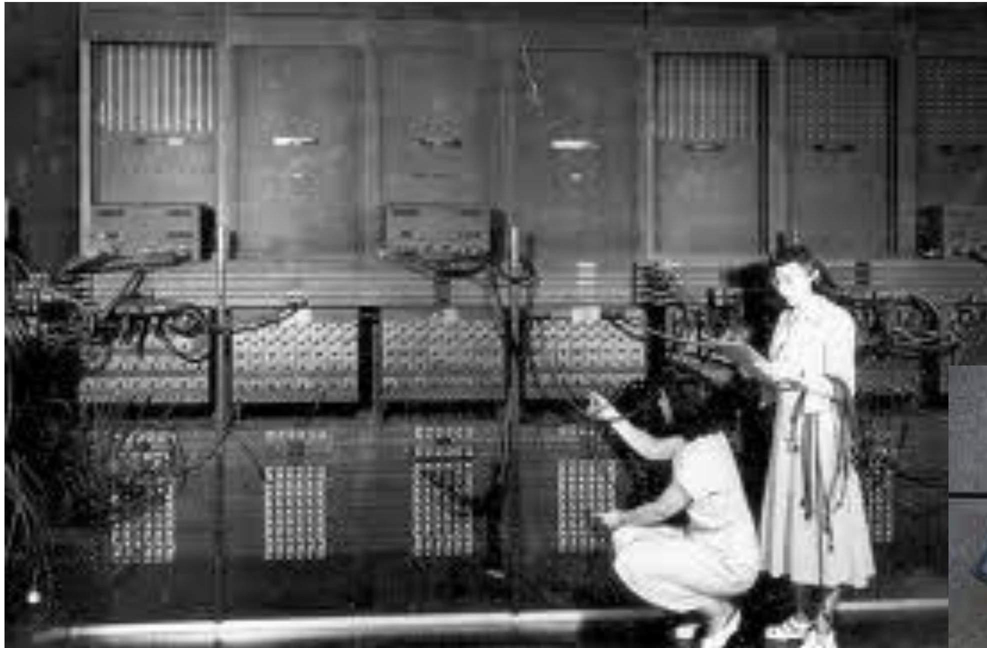
Operationalizing



to imperfect users.

Adapting a perfect program

Today's Focus

- Staffing for Meaningful Use
  - What's being done in all healthcare settings
- Referral patterns and alliance choices from Meaningful Use
  - How providers interact with each other

Operationalizing

Much more about the people,

than the systems.

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Meaningful Use Progression

As Meaningful Use requirements progress there will be a higher volume of data requirements and more complexity.

The systems need to carry the burden to prompt users to do the right thing.

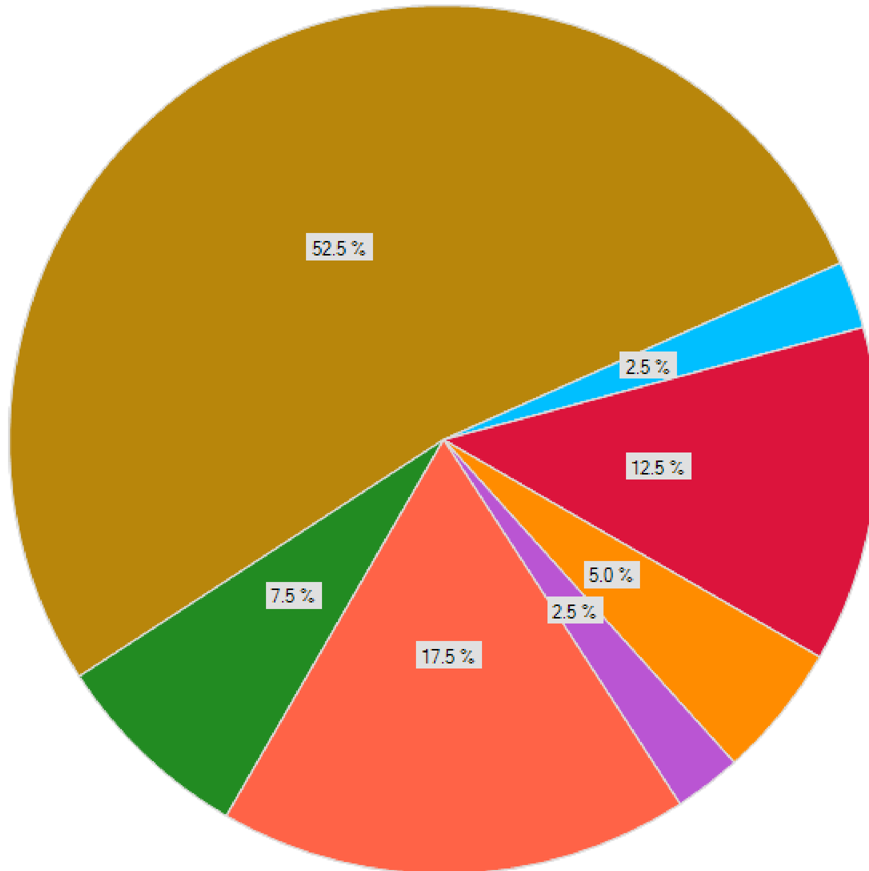
We can only do so much

Meaningful Use Stage 1

Clinical Champion

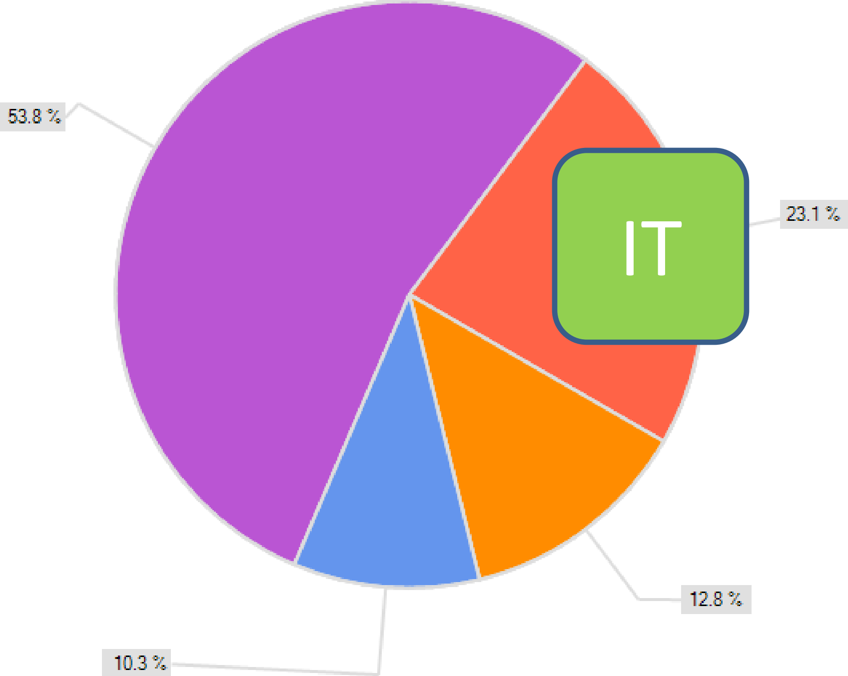
Staffing for Meaningful Use

Survey Responders



- Academic Medical Center/Hospital/IDS
- Federal, State, or Local Government Office
- Healthcare Consulting Firm
- Hospital, Health System, or IDS
- IDS/hospital-owned Ambulatory Clinic
- Independent Ambulatory Clinic/Provider Office
- Payer/Insurance Company/Managed Care Organization
- Other

MU Stage 1 Staffing Changes



- Increased clerical staff.
- Increased clinical staff.
- No staffing changes made.
- Other

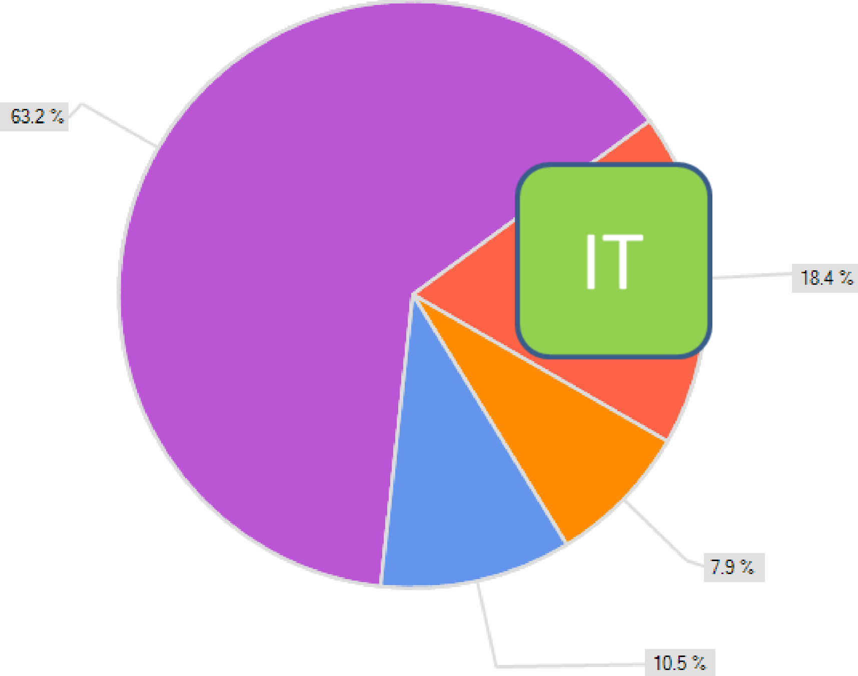
MU Stage 1 Staffing Changes

Increased duties and responsibilities of current staff, including Administrator/Director

Increase in IT staff

- EMR analysts
- EMR training staff
- Quality staff

MU Stage 2 Staffing Changes



- Increased clerical staff.
- Increased clinical staff.
- No staffing changes planned.
- Other

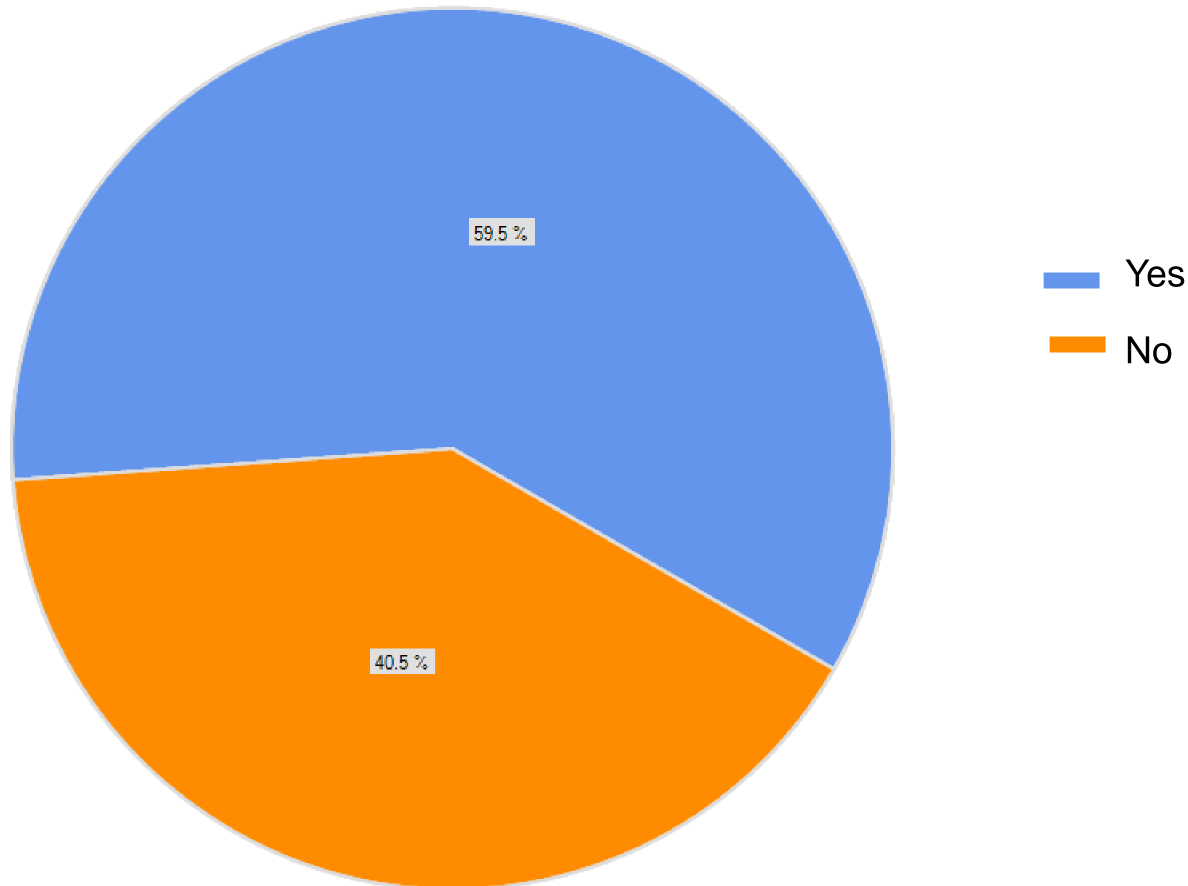
MU Stage 2 Staffing Changes

Staff added for MU stage 1 will continue to work through all phases of MU

Consultants are assisting with Stage 2 requirements

New quality team members will be working on Stage 2 requirements with existing IT staff

New IT Staff Added for MU?



Yes

No

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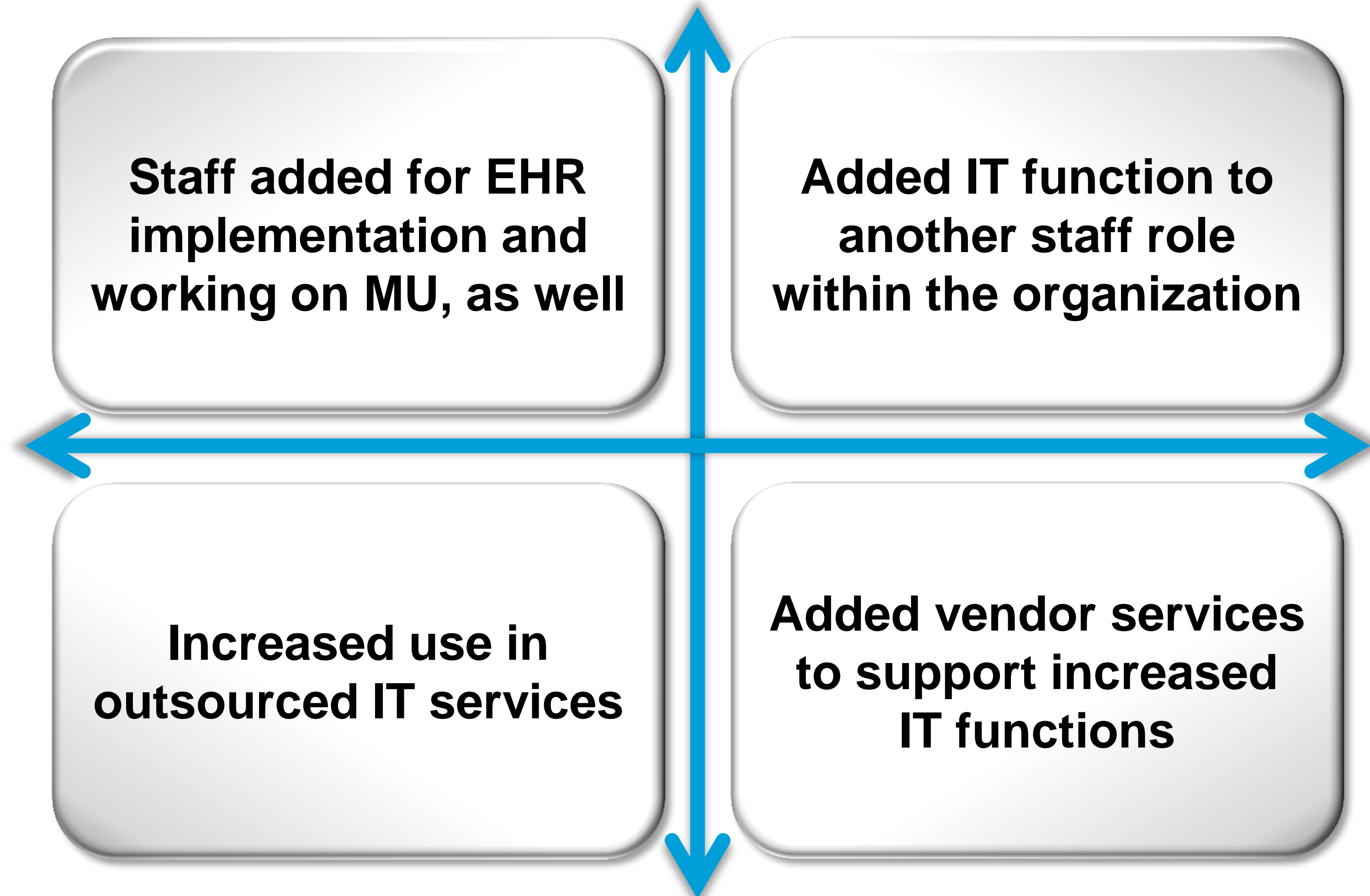
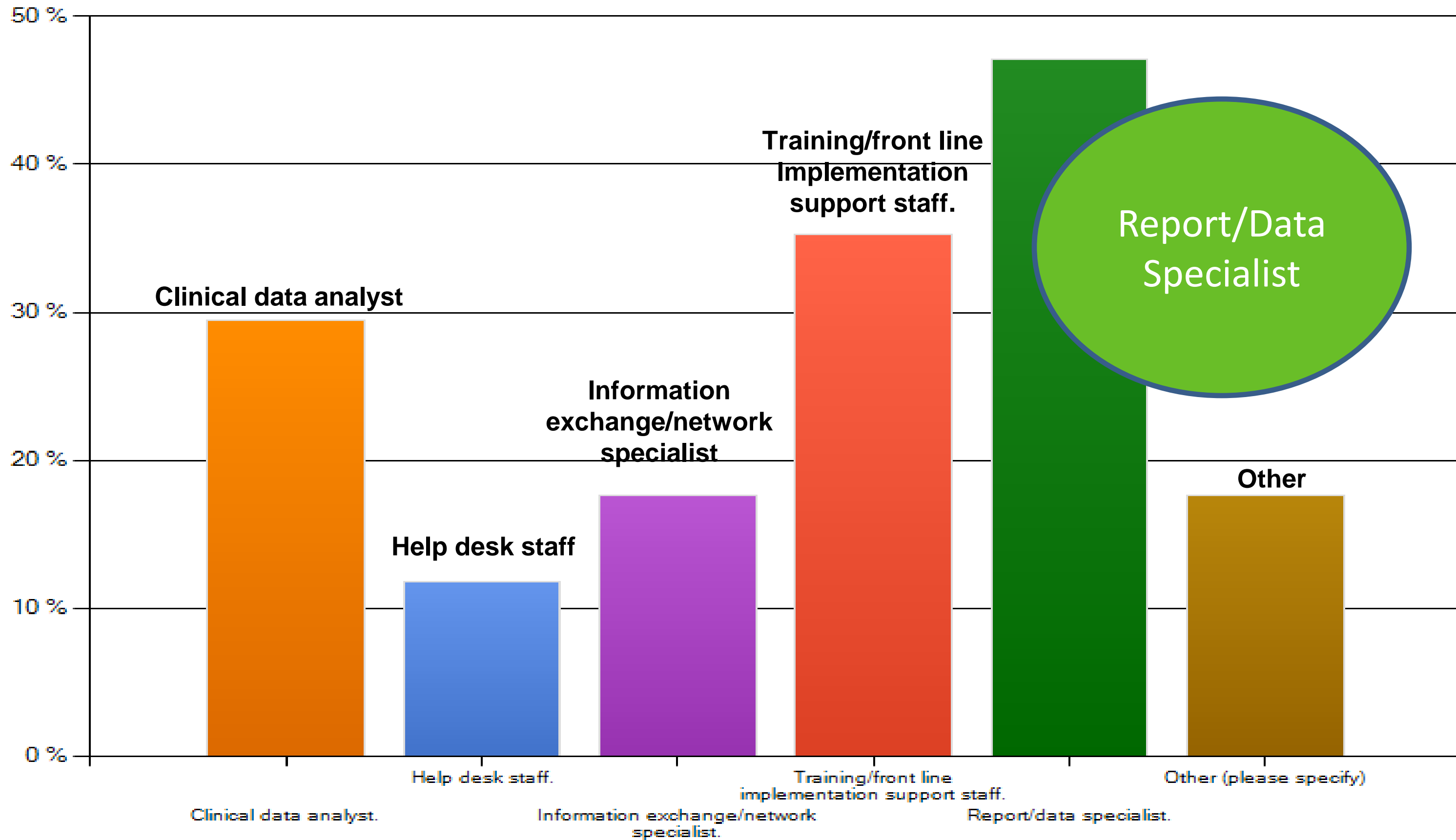
New IT Staff Added for MU?



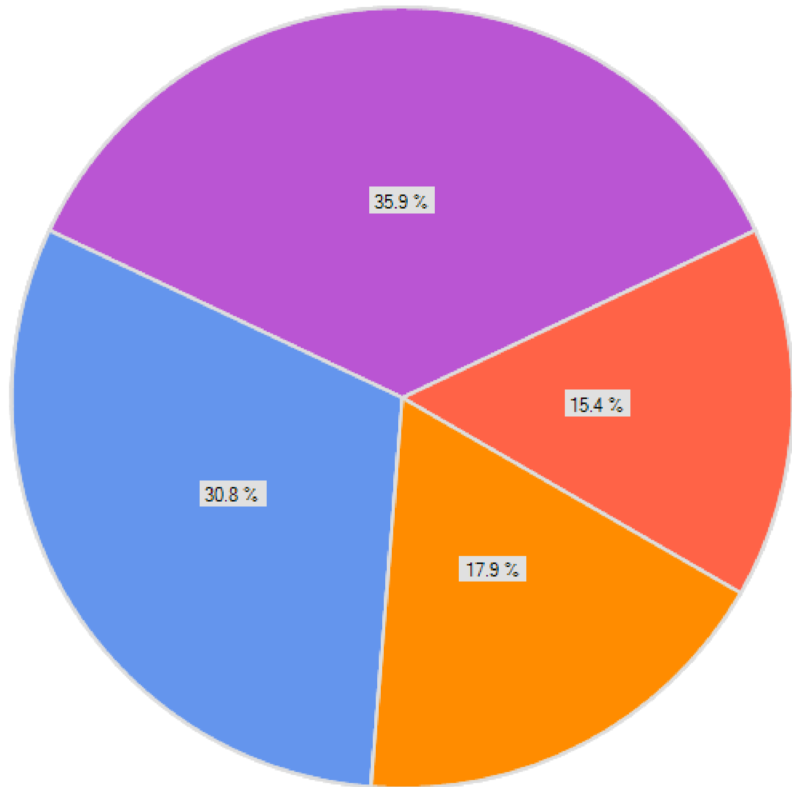
IT Staff Positions Added



Staffing Changes

Source: 7 Hottest IT Healthcare Skills http://www.cio.com/slideshow/detail/70112#slide1 www.CIO.com October 18, 2012

IT Functional Roles Changing



Increase in support/help desk functionality within the organization

Increase in liaison/networking support with healthcare partners

Increase in leadership/management to support strategic initiatives

Other

IT Functional Roles Changing

Department will change in all of these ways:

- Increase support desk help (internal focus)
- Increase liaison/networking support to partners (external focus)
- Increase in leadership for strategic initiatives

IT Functional Roles Changing

- Anticipate increased need of support for
  - New hardware
  - Networking
  - Remote access
  - Interoperability issues

IT Staff Skills

Changing demands on IT staff/departments require:

- Technical skills
- Project management skills

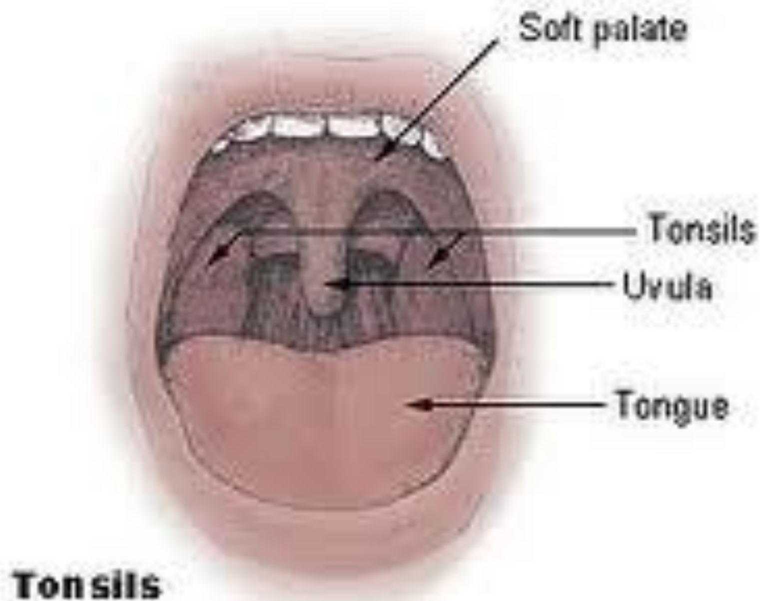
IT Staff Skills

Staff	IT Skills	PM Skills
A	Analytics/Reports	Presentation Development
B	Application Maintenance	Team Management
C	Quality Assurance	Communication with stakeholders
D	Network Administrator	Staff Management

Meaningful Use Stage 2

Meaningful Use Effects on Alliances

Quality Outcomes



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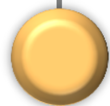
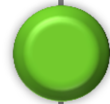
Quality Data in the Exam Room



xx% of my patients over 18 who have their tonsils removed experience post-surgical hemorrhaging.



These outcomes are less than the national average of yy% of patients over 18.

Quality Data

What's the source of the data?

Table 1. **Characteristics of the Sample***

Characteristic	Records with Complete Data†	All Patients	Patients with Normal BMI	Patients with Overweight BMI	Patients with Obese BMI	*P* Value
Participants, *n (%)*	807 (100)	807 (100)	334 (41.4)	254 (31.5)	219 (27.1)	
Descriptive data						
BMI, *kg/m²*	807 (100)	27.6 ± 6.5	22.2 ± 1.8	27.3 ± 1.4	36.1 ± 5.6	<0.001
Age, *y*	807 (100)	51.5 ± 17.4	51.9 ± 18.0	52.7 ± 17.6	49.4 ± 15.9	0.1191
Male sex, *n (%)*	807 (100)	478 (59.2)	194 (58.1)	165 (65.0)	119 (54.3)	0.0543
APACHE III score	802 (99.4)	76.4 ± 27.7	78.2 ± 27.4	76.8 ± 27.4	73.0 ± 28.2	0.0899
Type of lung injury, *n (%)*						
Direct	807 (100)	411 (50.9)	186 (55.7)	134 (52.8)	91 (41.6)	0.0039
Trauma	805 (99.8)	84 (10.4)	23 (6.9)	32 (12.6)	29 (13.2)	0.0189
Baseline ventilator variables						
Tidal volume, *mL*	556 (68.9)	670 ± 126	644 ± 112	698 ± 128	680 ± 137	<0.001
Tidal volume per kg of predicted body weight, *mL/kg*	556 (68.9)	10.38 ± 1.86	10.05 ± 1.60	10.56 ± 1.85	10.76 ± 2.22	0.0012
Pa_{O_2}:Fi_{O_2} ratio	746 (92.4)	149 ± 71	150 ± 68	149 ± 75	150 ± 69	>0.2
Static compliance, *mL/cm* H_2O	489 (60.6)	35.1 ± 15.8	34.9 ± 13.3	35.5 ± 13.7	34.8 ± 22.0	>0.2
Plateau airway pressure, *cm* H_2O	625 (77.4)	30.2 ± 7.9	28.9 ± 7.9	30.4 ± 7.4	31.8 ± 8.1	<0.001
Peak airway pressure, *cm* H_2O	739 (91.6)	37.0 ± 9.4	35.5 ± 9.5	36.7 ± 8.6	39.5 ± 9.5	<0.001
Treatment assignment, *n (%)*						
Lower tidal volume	807 (100)	424 (52.5)	174 (52.1)	132 (52.0)	118 (53.9)	>0.2
Factorial assignment to study drug	807 (100)					<0.001
No study drug		377 (46.7)	147 (44.0)	121 (47.6)	109 (49.8)	
Ketoconazole study						
Placebo		105 (13.0)	61 (18.3)	27 (10.3)	17 (7.8)	
Ketoconazole		105 (13.0)	48 (14.4)	37 (14.6)	20 (9.1)	
Lisofylline study						
Placebo		111 (13.8)	31 (9.3)	39 (15.4)	41 (18.7)	
Lisofylline		109 (13.5)	47 (14.1)	30 (11.8)	32 (14.6)	

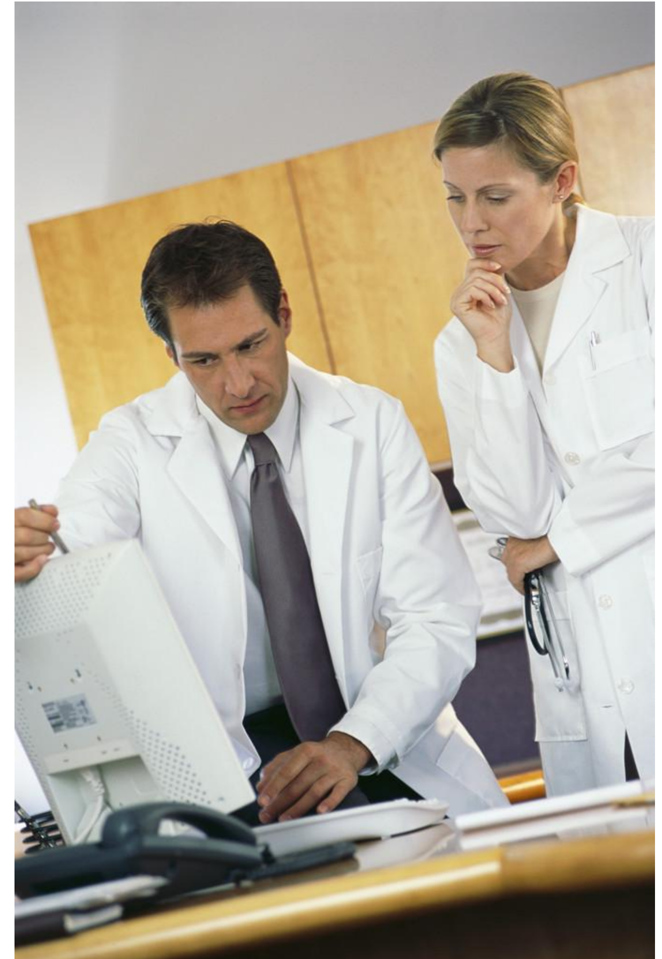
* Data presented with a plus/minus sign are the mean ± SD. APACHE = Acute Physiology and Chronic Health Evaluation; BMI = body mass index.
† Data in this column are the number (percentage) of patients.

Communicating About Quality

If he’s using clinical outcomes statistics in the exam room, where else is he using them?

Doctor's Lounge

Communicating with referring physicians?



Board Table

Quality contractual requirements between hospitals and physicians

- Employment arrangements
- Clinical co-management
- ACOs
- Other partnerships

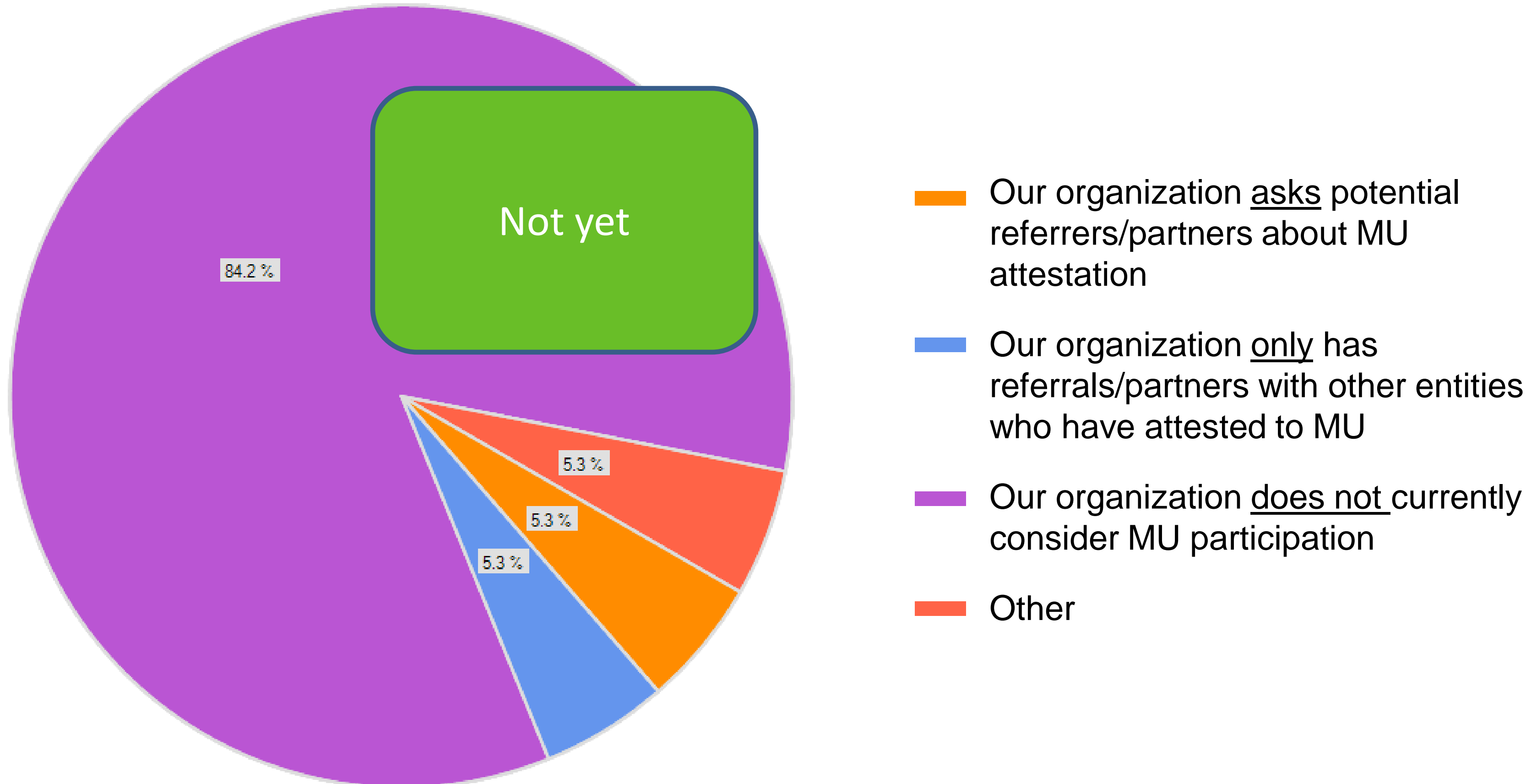
Negotiating Table

Once quality metrics are operationalized for one payor, the provider can build on that strength to discuss quality with other contracting payors

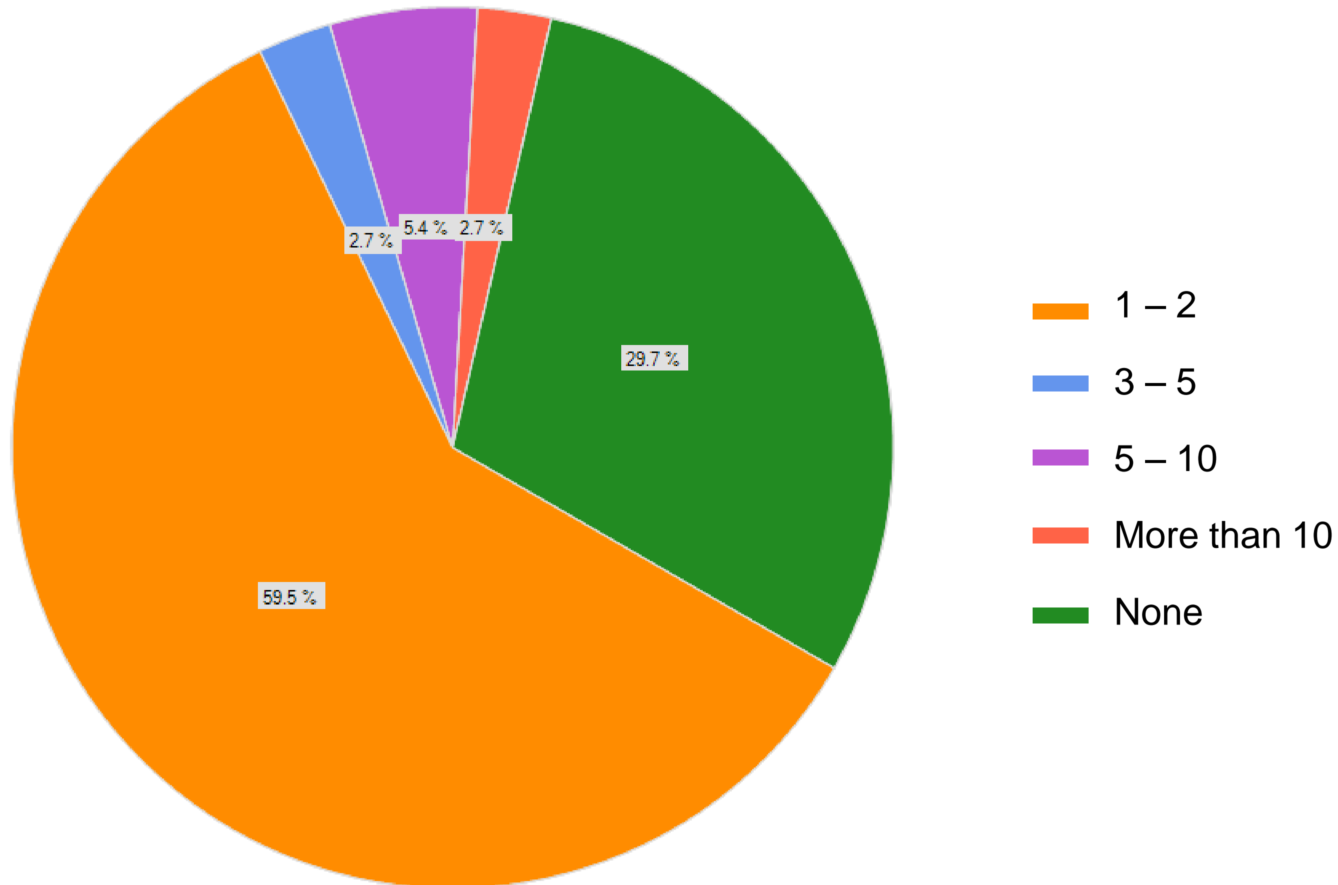
Website

How is he attracting patients to his practice based on quality outcomes?

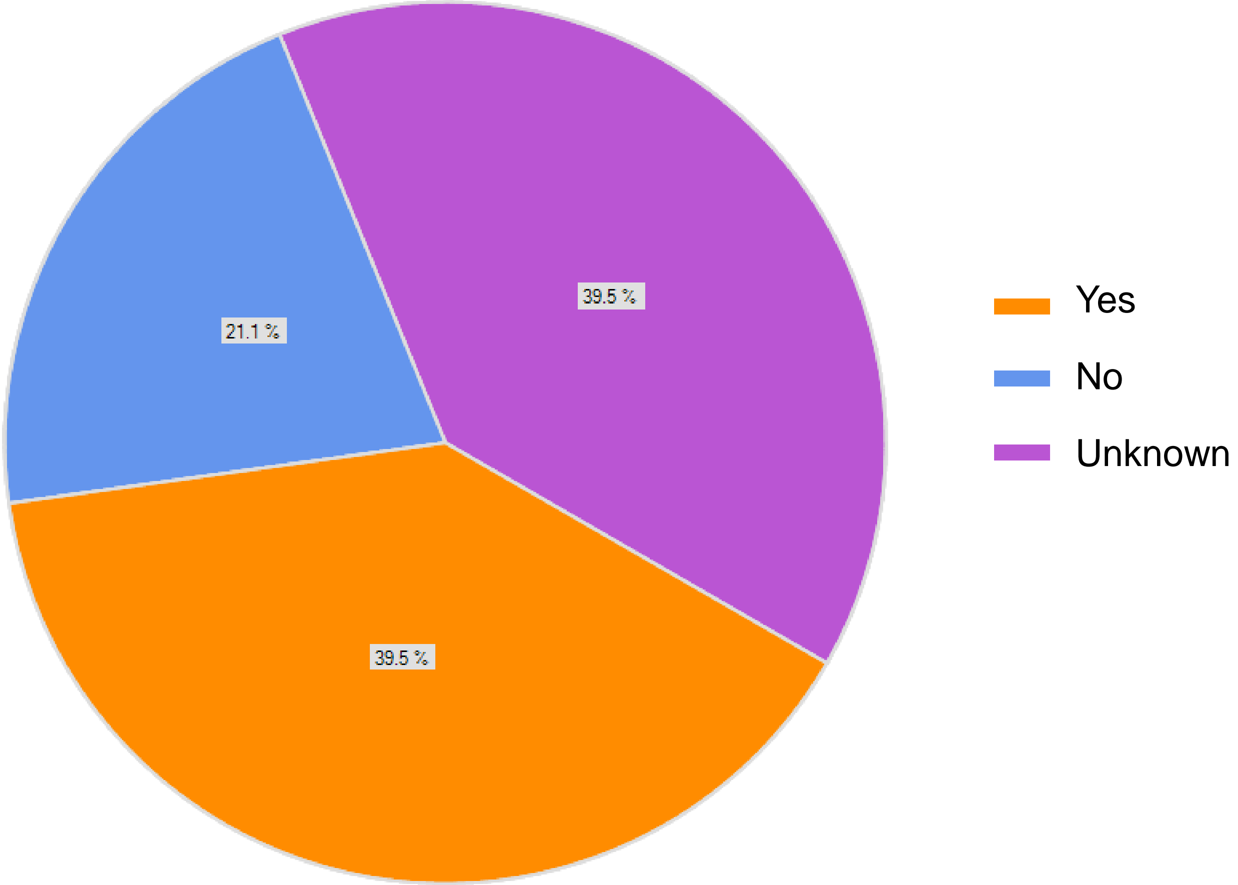
MU effect on Alliance Decisions



HIE Testing



Strategic Partnerships based on Quality?



Strategic Partnerships based on Quality?

Yes, based on:

- Patient Center Medical Home requirements
- Non-governmental contracted payor requirements

Uncertain, assessing quality alliances for the future

Increasing use of data

2012: 69%

2009: 46%

Primary care physicians reported using electronic medical records

"For physicians to fully embrace EMRs, health systems must improve record-keeping and quality controls."

Lou Goodman, PhD, President, The Physicians Foundation

Source: 9 Issues Facing Doctors in 2013 (and After) by Joe Cantlupe for Healthleaders Media, December 27, 2012

Meaningful Use Stage 2

Thank you!

Linda ClenDening, MS, CMPE

Manager

PYA

lclendening@pyapc.com

865-673-0844