



IMPROVING HEALTH CARE, IMPROVING LIVES™

# The OFMQHIT Regional Extension Center (REC)

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## OFMQ

- Oklahoma Foundation for Medical Quality
- QIO (Quality Improvement Organization)
  - CMS (Centers for Medicare & Medicaid Services)
- Independent, non-profit, community-based organization (founded in 1972)
- Our Mission Statement:

*“Leading efforts to improve healthcare and improve lives”*





# Organizational Vision

- Resource for health care quality and improving outcomes:
  - Evidence-Based Research
  - Collaboration
  - HIT Implementation
  - Health Quality
  - Empowering Consumers





# OFMQHIT REC

- OFMQ Health Information Technology Regional Extension Center
- American Recovery & Reinvestment Act (ARRA) – 2-17-09 “Stimulus Package”
- HITECH Act
  - Office of the National Coordinator for Health Information Technology (ONC)
  - Incentive payments for providers to adopt Electronic Health Records & HIE
  - Achieve “Meaningful Use”





# Our Mission

- Furnish assistance to providers by:
  - Education
  - Outreach
  - Technical Assistance
- To achieve:
  - Implementation of EHR
  - “Meaningful Use” of EHR





# Scope of Services

- ARRA Incentive Review & “Meaningful Use” Assessment
- Practice & Workflow Assessment
- EMR Vendor Selection & Optimization
- Project Planning & Vendor Oversight
- Go-Live Support & Training
- Post Go-Live Practice Assessment & EMR Optimization
- IT Security Review & Assessment



<b>“ARRA Eligible Providers” (EP)</b>	<b>Medicare</b>	<b>Medicaid</b>
	(\$44,000)	(\$63,750)
Doctor of Medicine	x	x
Doctor of Osteopathy	x	x
Doctor of Dental Surgery	x	x
Doctor of Dental Medicine	x	x
Doctor of Podiatric Medicine	x	
Doctor of Optometry	x	
Chiropractor	x	
Certified Nurse-Midwife		x
Nurse Practitioner		x
Physician Assistant (Practicing in FQHC or RHC that is led by a PA)		x





# “Eligible ‘REC Clinicians’”

- Individual and Small Group Practices
  - Less than 10 clinicians
- Focused on:
  - Service Settings:
    - Uninsured, underinsured
    - Medically underserved
  - Public & Critical Access Hospitals
  - Community Health Centers
  - Rural Health Clinics





# REC Provider Services

- Target 1,000 PPCPs by February 2011
- Currently ~ 320 “Priority Primary Care Providers” (PPCPs) Enrolled
  - Most 1-3 Providers / Practice
  - 27% of the priority providers in the state
  - 82% have not yet implemented an EHR
- Working with OKPCA to enroll PPCPs working at FQHCs.





# REC Clinicians

< 10 PPCPs / Practice	with prescriptive privileges				
PRIMARY CARE PROVIDER	MD	DO	NP	MW	PA
Family Practice	x	x	x	x	x
Obstetrics and Gynecology	x	x	x	x	x
General Medicine	x	x	x	x	x
Internal Medicine	x	x	x	x	x
Pediatric Medicine	x	x	x	x	x





# REC CAH / Rural Services

- Rural and CAH Supplemental Grant
  - Rural Hospitals (Inpatient Only)
  - Critical Access Hospitals
- Less than 50 Licensed Beds
- Notification of Award
  - September 10, 2010
- 62 Facilities Eligible
  - Healthcare Community empowerment





# REC CAH / Rural Services

- Assistance with Achieving “Meaningful Use”
- Outreach Partnerships
- Local community collaboration
- Health Information Exchange





# Barriers

- Physicians may be unaware of ARRA, HITEC and availability of REC Services
- Need to communicate sense of urgency to providers
  - EHR vendors are at capacity
    - (months to get started)
  - EHRs are complex to implement
    - (months to implement)





# Meaningful Use

- Focused on Capture of Structured Data
- Electronic Exchange of Information
- Quality & Safety
- Empowering Patients & Families





# Meaningful Use

- “Core” Set vs. “Menu” Set
  - Core: 15 Objectives
  - Menu: 5 of 10 Objectives
- Practice Management Deferred to Stage 2
  - Electronic Claims Submission
  - Electronic Eligibility Checking
- Decreased Thresholds
- POS 22 – Outpatient Hospital Removed
  - Employed Physicians Now Eligible





# Core Set

- Patient Demographics
- Vital Signs
- Problem List of Diagnoses
- Medication List
- Medication Allergy List
- Smoking Status
- Clinical Summaries for Patients
- Electronic Copy of Health Information for Patients
- **ePrescribing**
- CPOE for Medication Orders
- Drug-Drug-Allergy Interaction Checks
- Exchange of Key Clinical Information
- Implement One Clinical Decision Support Rule
- Privacy & Security
- Clinical Quality Reporting to CMS or States.





# Menu Set

- Drug – Formulary Checks
- Clinical Lab Results as Structured Data
- Lists of Patients by Condition
- Identify & Provision of Patient Education Resources
- Medication Reconciliation Between Care Settings
- Summary of Care Records for Patients
- Electronic Immunization Data Submission
- Electronic Syndromic Data Submission
- FOR HOSPITALS:
  - Advance Directives
  - Submit Lab Data to Public Health Agencies
- FOR PROVIDERS:
  - Patient Reminders
  - Electronic Access for Patients to Health Information





# Meaningful Use

- Quality Measures (44 Total)
  - 3 from the Core group:
    - Blood Pressure
    - Tobacco Status
    - Adult Weight Screening & Follow-up
    - Alternate Core:
      - Children & Adolescent Weight
      - Influenza Screening for Patients over 50
      - Childhood Immunization Status
  - 3 Others (from set of 38)





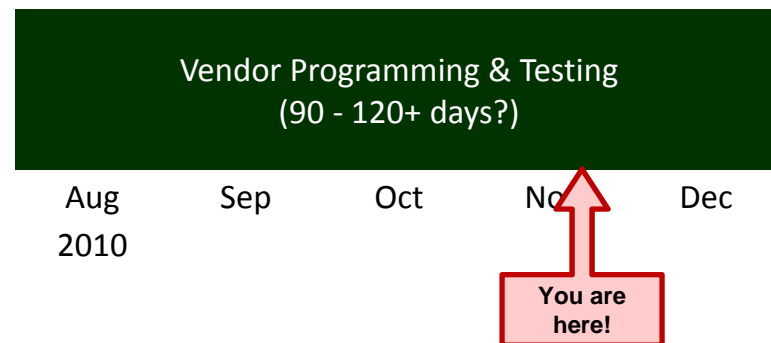
# Timeline





# Timeline

Must achieve “Meaningful Use” by 2012 to receive maximum reimbursement





# How Can We Work Together?

- Collaboration & Partnership
- **“Getting the word out”**
  - Newsletters, Journals, Publications
  - Websites, Vendor Fair
  - Mailings, Emails, Fax-blasts
- Availability of OFMQHIT REC Services
- ARRA & Meaningful Use
- Sense of Urgency





# How Can We Work Together?

- Creative Cooperation/Collaboration
  - EHR / MSO Partnerships
    - Hospitals extending services to:
      - Critical Access Hospitals (CAH)
      - Rural Hospitals
      - Rural Providers
  - REC Participation
    - Implementation
    - Training
  - Other Ideas?





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Thank You!



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