# Sharing EHR data between NF, MD, & LTC pharmacy using CMS standard messages

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# Disclosures – No Relevant Pharmaceutical Relations

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# Purpose

- Present Strategy/Tools to Allow LTPAC Community to
  - Understand the Physician role in LTPAC
  - Identify CMS policies/regulations that support data exchange
  - Recognize liabilities/benefits of two primary models for data exchange
  - Use Shared Data to create "Virtual Care Team"

# Objectives

- Identify regulations/policies supporting sharing data
- Describe ONC/CMS regulations for LTC physicians to receive MU incentives and penalties
- Define the driving factors pushing LTC e-prescribing adoption by physicians and pharmacies
- Discuss how LTC physicians, facilities, and pharmacies can participate in the e-prescribing process
- Demonstrate an LTC e-prescribing working model
- Discuss barriers and advantages to the LTC Care Team in adopting usable LTC e-prescribing and EHR models

# Patient Benefit from LTPAC ePrescribing

- ePrescribing standardizes Medication lists for Physician, Facility, & Pharmacy
- DHHS-OIG; Feb., 2014
- [Adverse Events in SNFs](#)
  - During Aug., 2011
    - 22% of patients in sample had adverse event
    - Additional 11% suffered harm
    - 1/3 of all events were Medication Related

# AMDA's Role in LTPAC

- National Organization for:
  - LTPAC Medical Directors
  - Attending Physicians in LTPAC
  - Nurse Practitioners in LTPAC
  - Physician Assistants in LTPAC
- Leader in Medical Director & Physician Education & Certification
- Develops and publishes CPGs and other clinical decision support for care team
  - Integrated into EHRs

# Role of LTPAC Physician

- Patient's PCP during LTPAC Stay
- Responsible for all orders for patient care
- Signature required for nearly all $s
- Responsible to Patient, Facility, and their own Professional Practice
- Shared role between the medical director and attending physician

# Small # of MDs cover most LTPAC

- ~500,000 Medical providers who 'might' visit LTPAC patients

- Only 46,500 billed for any SNF/NF procedure

- 50% of all SNF/NF care given by just 4,800 physicians, NPs, & PAs

- Only ~1/2 of these 4,800 use an EHR due to lack of connectivity

# Define Terms

- Relationships between
  - Electronic Health Record (EHR)
  - Electronic Medical Record (EMR)
  - Electronic Medication Administration Record (eMAR)
  - Electronic Prescribing (eRX)
  - Electronic Personal Health Record (ePHR)
- Exchange Information
  - Health Information Exchange (HIE)
  - E-Prescribing Networks
  - "Direct " Message
  - NCPCP 10.6 Standard Script Message

# EMR – EHR – eMAR

- Electronic Medical Record (EMR) is the legal record created by a facility or physician's office and is the source of the data for the Electronic Health Record (EHR)

- EHR data will be shared with other healthcare entities such as hospitals, pharmacies and labs using Health Information Exchanges (HIEs)

- The components of the EMR must be defined and standardized to reach interoperability

- eMAR is electronic version of Med Administration Record

# Policy Road Maps for 'Shared-Care'

- ONC/DHHS Strategies
- LTC Nurse Executive Council/CIO Roundtable – 'Virtual Care Teams'
- NCPDP – LTPAC eRx Standards (10.6 Script Messages)
- CMS Regulations specify NCPDP 10.6 for Nursing Facilities – 11/1/2014

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# CMS Regulatory Update – 6/5/14

Physician Orders?

• Are physician medication orders considered prescriptions or prescription-related information and therefore subject to e-prescribing regulations?

• Yes, a physician's medication order serves as the patient's prescription and is subject to the federal regulations regarding e-prescribing

# CMS Update - continued

## Point of Care to Dispenser

- Are verbal physician orders that are transcribed by a LTC facility into an LTC EMR/EHR system, then transmitted electronically to the dispenser subject to e-prescribing regulations?

- Yes, "E-prescribing includes, but is not limited to, two-way transmissions between the point of care and the dispenser."

# CMS Update -continued

How is it Done Today?

- HL7 Messaging

- NCPDP SCRIPT*

- Computer-Generated Facsimile (CGF)

    – ALL EXCEPT NCPDP SCRIPT WILL BE NON-COMPLIANT SOLUTIONS BEGINNING NOVEMBER 1st, 2014

# CMS Update -continued

Alternatives to e-Prescribing?

- Prescription Pad

- Telephone/Verbal Order from Prescriber to Dispenser

- Manual Fax

# Nursing Facility Chains Want Solutions

**Electronic Health Record (EHR) Solutions LTPAC Providers Need Today**
Version 1.01

A Whitepaper by the CIO Consortium & Nurse Executive Council | June 27, 2013

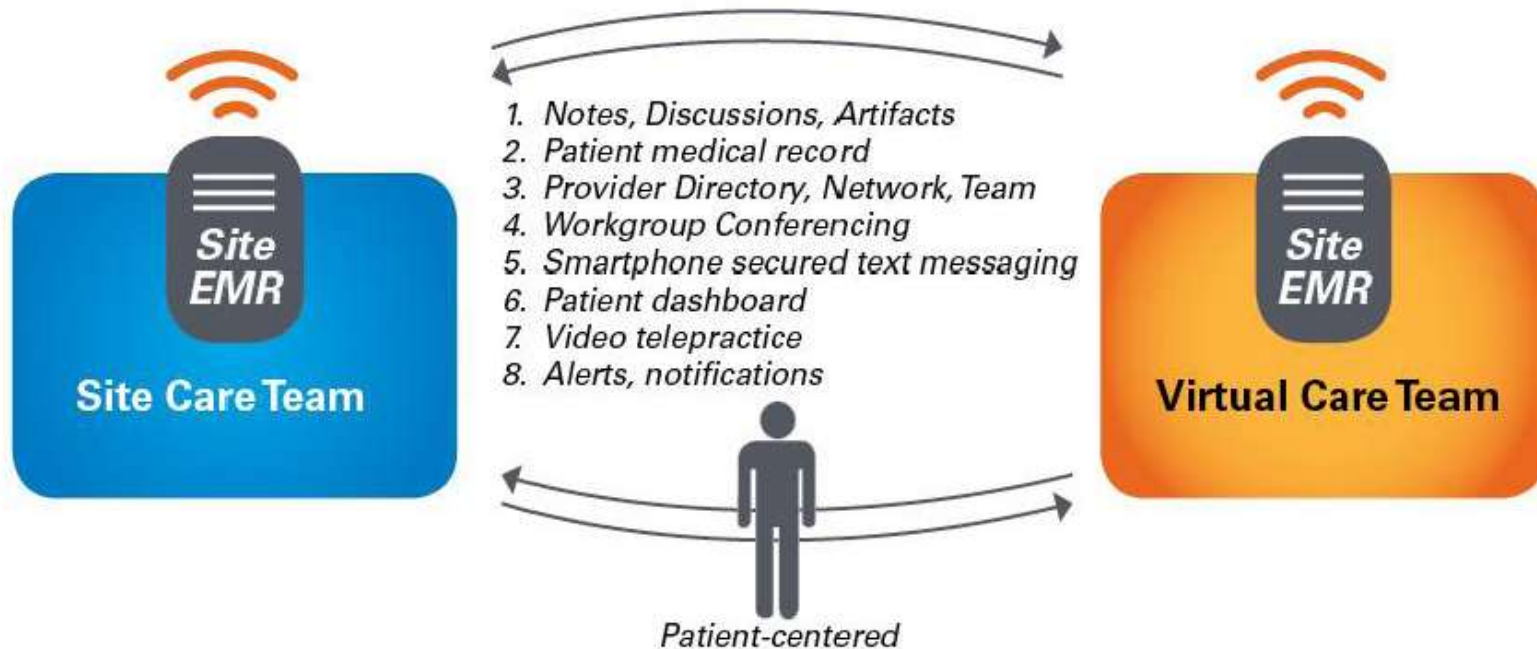http://www.ahcancal.org/facility_operations/hit/Documents/2013-06-12%20CIOC-NECEHR_WhitePaper_FINAL.pdf

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# 'Virtual Care Teams' = 'Shared Care'



Interdisciplinary Teams Collaborating Across Settings to Provide Improved Patient Care and Outcomes

Site EMR — Site Care Team

1. Notes, Discussions, Artifacts
2. Patient medical record
3. Provider Directory, Network, Team
4. Workgroup Conferencing
5. Smartphone secured text messaging
6. Patient dashboard
7. Video telepractice
8. Alerts, notifications

Site EMR — Virtual Care Team

Patient-centered

# ONC/CMS Regulations for LTC Physicians

- Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted by Congress in 2009
  - ONC provides guidance to CMS
  - Provides  financial incentives through Medicare & Medicaid to adopt MU of EHR
  - EP and EH (not LTC facilities, LTPAC)
  - LTC Physician is EP
  - 2014 1st step for EPs to send care LTPAC settings
  - MR EP MU2 Measure during  ToC
  - http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2_EPCore_14_MedicationReconciliation.pdf

# NCPDP Defines 'Shared Care' in LTPAC

- Standard Setting Body for ePrescribing
  - http://ncpdp.org/
  - Collaborative Work Space (Volunteer WG14) http://dms.ncpdp.org/
- Established NCPDP 10.6 Standard for Nursing Home prescription messages
- CMS mandated Nursing Home/LTC Pharmacy use of 10.6 effective 11/1/2014
  - Federal Register/ Vol. 77, No. 222 / Friday, November 16, 2012 / Rules and Regulations 69327
- Enables, but does not require use of 3-way ordering (Facility/Physician/Pharmacy)
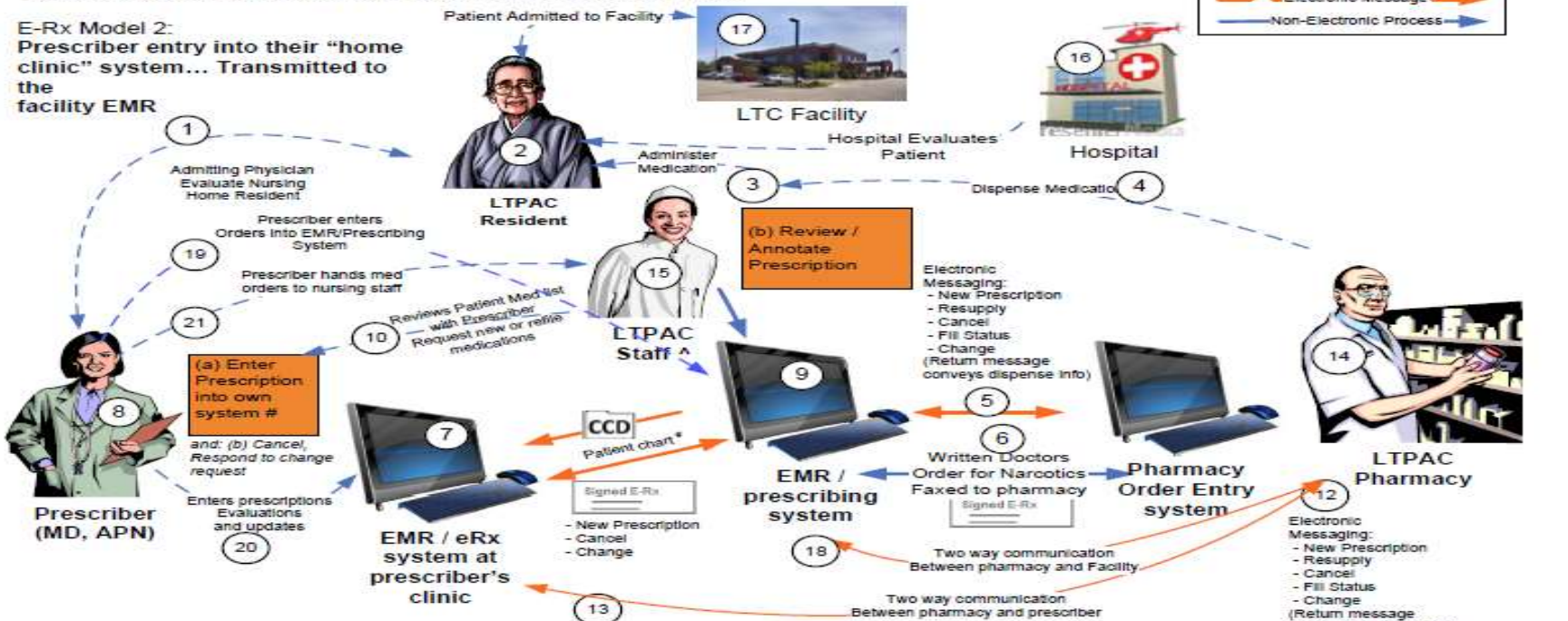
# LTPAC eRX

- Are eMAR interfaces eRX?

- eRX exemption



Long-Term and Post-Acute Care Medication Order/Prescription Models — Draft on 10/11/2012
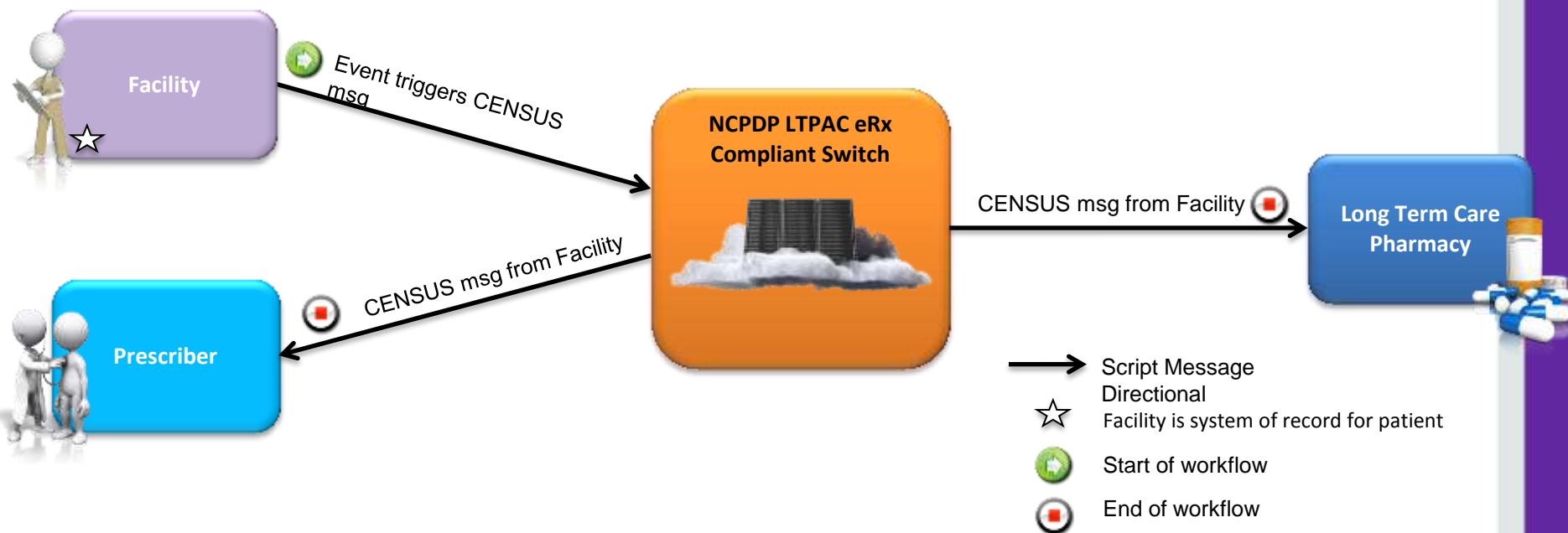
NCPDP LTPAC E-Prescribing Task Group

# LTC Workflows W1: Census



Event triggers CENSUS msg

**Facility**

**NCPDP LTPAC eRx Compliant Switch**

CENSUS msg from Facility

**Long Term Care Pharmacy**

CENSUS msg from Facility

**Prescriber**

→ Script Message Directional

☆ Facility is system of record for patient

🟢 Start of workflow
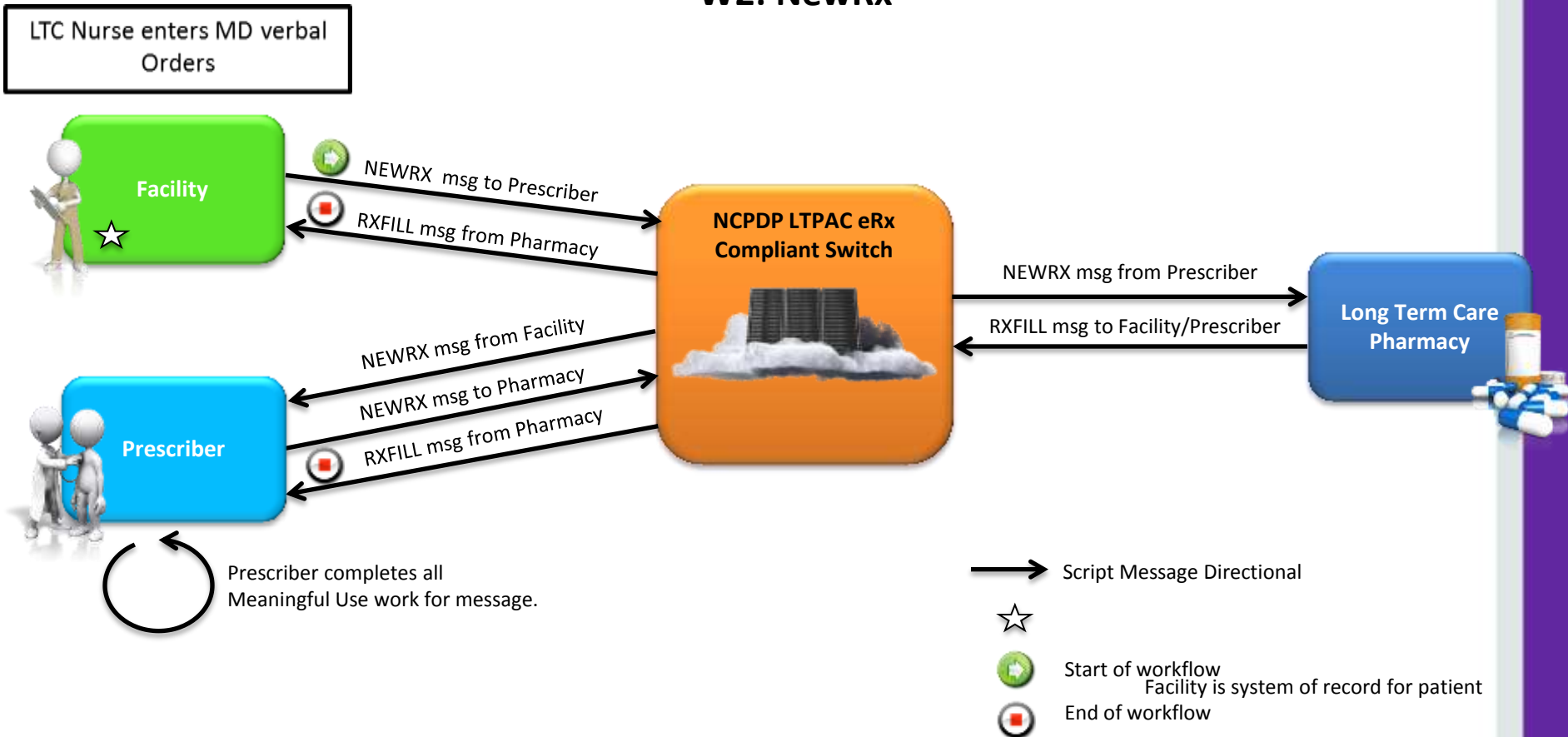
🔴 End of workflow

## Trigger Events

- **Admit**: Facility sends Census to establish patient record in Prescriber and Pharmacy systems upon a New Admit. Prescriber and Pharmacy systems tie the facility's patient id to their system's internal patient id so that it is clear which patient to tie messages to in the future.
- **Change:** Facility sends Census to update patient record in Prescriber and Pharmacy systems upon a Readmit.
- **Discharge:** Facility sends Census to update patient record in Prescriber and Pharmacy system with intent to readmit (temporary) vs. expiration (discharge types) . Important implications to ReSupply.
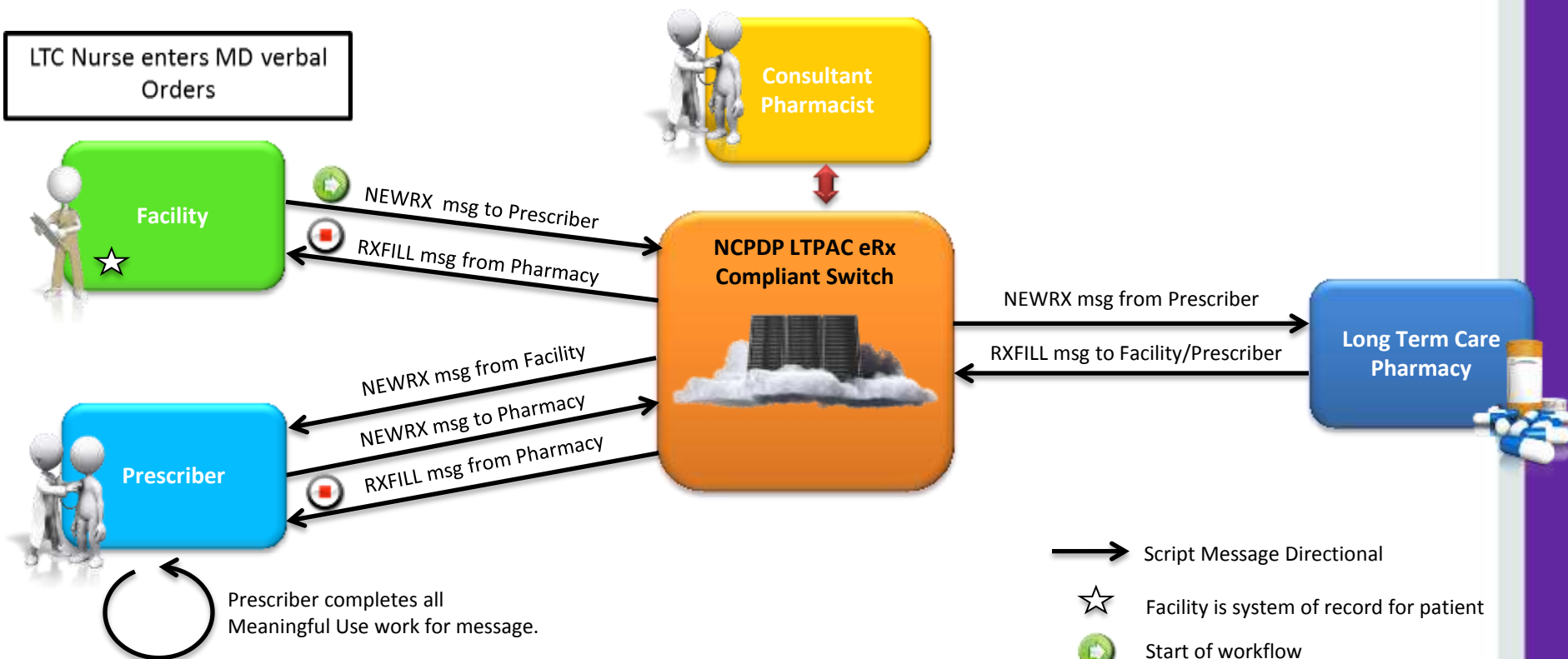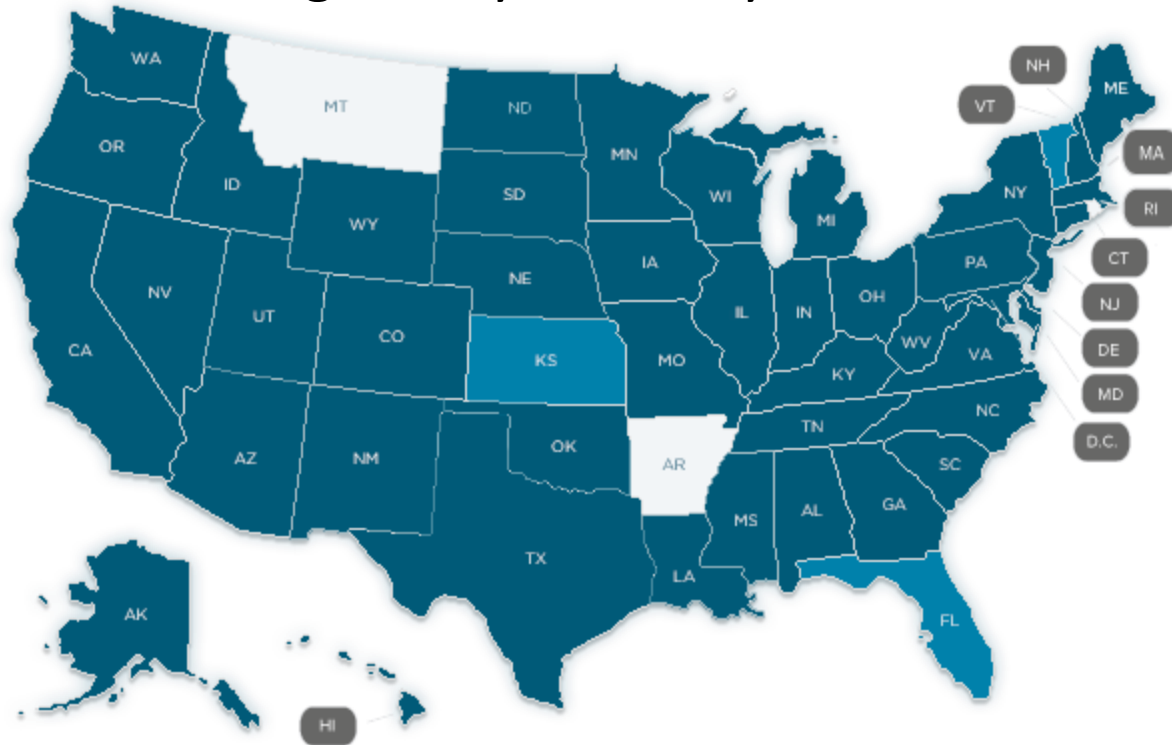
# LTC Workflows W2: New R

**Long Term Care Workflows**
**W2: NewRx**

LTC Nurse enters MD verbal Orders

**Facility**

NEWRX  msg to Prescriber

RXFILL msg from Pharmacy

**NCPDP LTPAC eRx Compliant Switch**

NEWRX msg from Prescriber

RXFILL msg to Facility/Prescriber

**Long Term Care Pharmacy**

NEWRX msg from Facility

NEWRX msg to Pharmacy

**Prescriber**

RXFILL msg from Pharmacy

Prescriber completes all Meaningful Use work for message.

→ Script Message Directional

☆

● Start of workflow
  Facility is system of record for patient

● End of workflow

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# Virtual LTC PCMH

**Long Term Care Workflows W2: NewRx**



LTC Nurse enters MD verbal Orders

Consultant Pharmacist

Facility

NEWRX msg to Prescriber

RXFILL msg from Pharmacy

NCPDP LTPAC eRx Compliant Switch

NEWRX msg from Prescriber

Long Term Care Pharmacy

RXFILL msg to Facility/Prescriber

NEWRX msg from Facility

NEWRX msg to Pharmacy

RXFILL msg from Pharmacy

Prescriber

Prescriber completes all Meaningful Use work for message.

Script Message Directional

Facility is system of record for patient

Start of workflow

End of workflow

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# What about LTPAC EPCS?

## Regulatory Status by State



**KEY**

State EPCS Status:

○ Status Unclear - Guidance Requested From State Authorities ● CIII-V Allowed ● CII-V Allowed (All Schedules)

http://www.surescripts.com/about-e-prescribing/e-prescribing-of-controlled-substances/regulatory-status-map/

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# PDMP and Medication History

**Status of State Prescription Drug Monitoring Programs (PDMPs)**
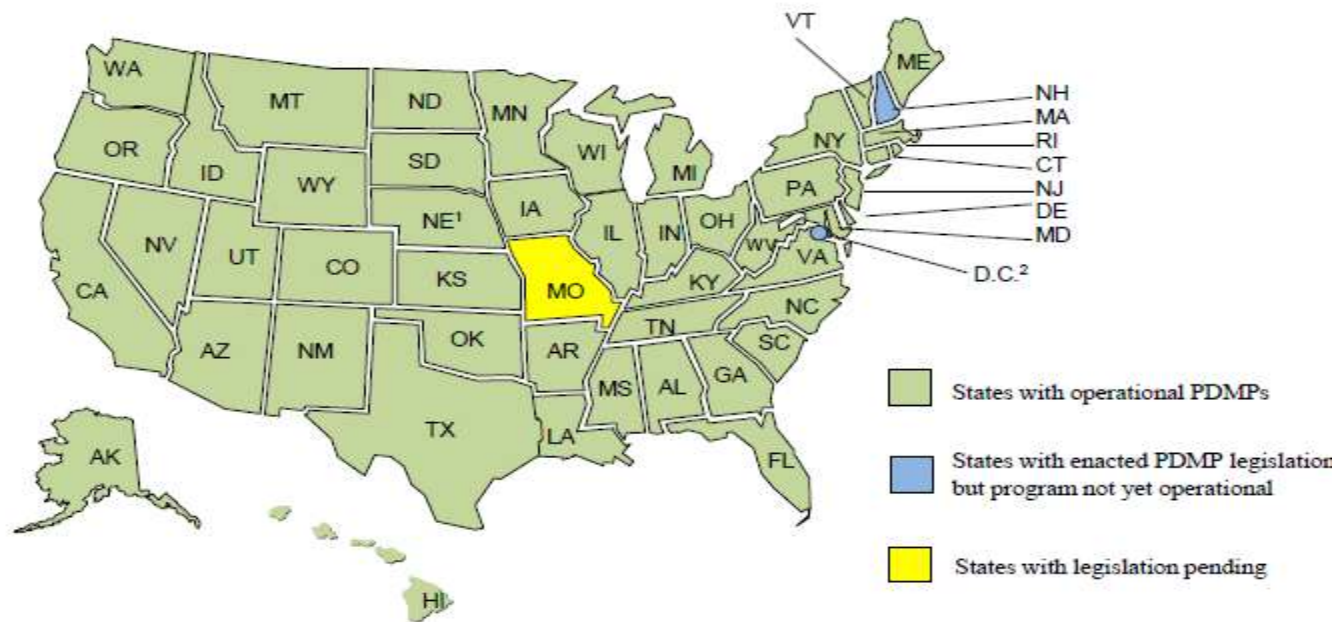


[1] The operation of Nebraska's Prescription Monitoring Program is currently being facilitated through the state's Health Information Initiative. Participation by patients, physicians, and other health care providers is voluntary.

[2] The Mayor of D.C. has approved the legislation but it is pending a 30-day review process by Congress.

© 2014 The National Alliance for Model State Drug Laws (NAMSDL). Headquarters Office: 215 Lincoln Ave. Suite 201, Santa Fe, NM. 87501. This information was compiled using legal databases, state agency websites and direct communications with state PDMP representatives.

National Alliance for State Model Drug Laws, Compilation of State Prescription Monitoring Program Maps, page 2, Accessed Feb 14, 2014, http://www.namsdl.org/library/6D4C4D9F-65BE-F4BB-A428B392538E0663/

# HOW TO ENGAGE PHYSICIANS

# How does your EMR Strategy Stack-up?

- Are there obvious benefits to the patient?
- Is it designed to be fast, efficient and easy to learn?
- Does your record strategy help improve Physician Income?
- Does it use standard E&M templates to support the Note?
- What about PQRS, ePrescribing, Meaningful Use, CPT Coding, and billing information?

# Why do Physicians resist using your EMR/EHR

- No existing LTPAC EMR/EHR applications create Value for the Attending Physician.
- No obvious benefit to patient in Physicians' eyes
- Adds time to their day – not designed for physician use
- No economic benefit – reduces productivity
- Fails to provide fundamental features Physicians need to meet CMS mandates
- No data interface to physicians' practices

# What is Your Objective for MD Engagement?

Choose One:

- Perform Order Entry

    - OR -

- Select & Electronically Approve Great Orders?

# How is your MD connected?

- Community based MD doing some LTPAC work?
  - LTC ~ 25% of Fee for Service income
- Part of a LTC Specific practice serving multiple facilities?
  - LTC > 50% of Fee for Service income
- Employed by your facility?
  - LTC 100% of Salary

# Ambulatory EHR software - *Can $ incentives help?*

- Two Programs – Medicare & Medicaid
  - Dual eligible patients count as Medicaid
  - Medicare for MD only, steep performance tests
  - Medicaid is available if 30% of encounters are M'cd
  - Medicaid pays MD and NP – attestation only year 1
  - 1st year Payment typically @ $21,250/provider
  - All LTC MD and NP staff potentially eligible

# Understand Physician pain: Penalties for non-performance

- ePrescribing- MD,NP
- <1.5%> penalty

- PQRS- MD,NP
- <2.0%> penalty

- EHR Meaningful Use - MD
  - 2015 - <1%>
  - 2016 - <2>% etc.

- Value Based Purchasing - MD
  - 10+ group size
  - 2014 - <2.0%>

Note – ePrescribing program expired 12/31/2013.  now part of EHR MU

# What's New – Transitions of Care

- Portals are out – HIEs are in
- Collect – Document - Exchange
- Continuity of care document (CCD/CCDA)
  - Allergies
  - Medication list
  - Immunization
  - Family history
  - Social history (e.g. smoking)
  - Functional status
- Care Coordination (CMR and AWV)

# Compare & Contrast

| HIE/CCDA | NCPDP 10.6 |
|---|---|
| • Uses National Stds. (CCDA) to connect any/all providers | • Uses National Stds. to connect 1:1:1 |
| • Recipient establishes Patient ID | • Census Message establishes Patient ID from SNF record |
| • Focus – Transition of Care | • Focus – Orders for Active Treatment |
| • Std. Message includes Medications | • Medication Message includes sig., allows std. attachments (CCDA) |

# Longitudinal Care Coordination

- LCC S&I Framework wiki [htpt://wiki.siframework.org/Longitudinal+Coordination+of+Care+%28LCC%29](htpt://wiki.siframework.org/Longitudinal+Coordination+of+Care+%28LCC%29)
- Interoperable and shared patient assessments
- Creates  data sets required for common clinically relevant and for transitions of care
- Lantana standards for the IMPACT project
- INTERACT (Interventions to Reduce Acute Care Transfers) [http://interact2.net/](http://interact2.net/)
- Pilots use HL7 standard electronic structured documents (cCDA)

# Pharmacy HIT Collaborative



[www.pharmacyhit.org](http://www.pharmacyhit.org)    **ahima.org/ltpacsummit**

# Advantages Over Traditional Approaches

- Health IT adoption by Physician Offices and Hospitals due to MU incentives are too far along
- Hospitals and ACOs driving health IT innovations
- LTPAC early adopters that integrate will have market advantage
- Workflow and usability
- Patient safety
- Learn to integrate or get left behind (not part of the payment model)
- Where does the Consultant Pharmacist fit in?

# Questions

# Contact

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