Meaningful use of EPR

MIM 26-05-2010

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definition

The meaningful use of EHRs intended by the US government incentives is categorized as follows:

Improve care coordination

Reduce healthcare disparities

Engage patients and their families

Improve population and public health

Ensure adequate privacy and security

Incentives: to providers who use IT

Strict and open standards: To ensure users

Shift of Mind?

From product oriented approach to a user oriented approach.

Financial support for users

ePR in and out patients

US administration supports ePR

From validating the system functionality to measuring its use.

Including clinical quality measurement in the evaluation process.

Based on a realistic medium long term vision.

Us: Goals and planning

Goal US	
Record +encoding +structuration +communication	2011
Decision support local level	2011
Quality measures	2011
Communication orders/results	2012
Decision support on National Level	2015
Self management tools for patient	2015

Meaningful use in Belgium: points to discuss

Goal US		Belgium Goals	
Record +encoding +structuration +communication	2011	Codification/ structuration Communication/ ·Inquiry 2007 ·Content and Semantic interoperability ·Hubs-Metahubs and minimal data set ·eHealthBox and (blind) communication ·Web-based software	2010-2011
Decision support local level	2011	Decision support: Cebam	2010
Quality measures	2011	Quality measures: Achil	2011
Communication orders/results	2012	Communication orders: RECIP-E	2011-2012
Inequalities		Inequalities: MF-MAF, payment by third party	
Decision support on National Level	2015	Decision support on National Level	2011
Self management tools for patient	2015	Self management tools for patient	?

Utilisation actuelle des applications informatiques dans le cadre de la pratique du médecin généraliste

Tous les répondants n=842
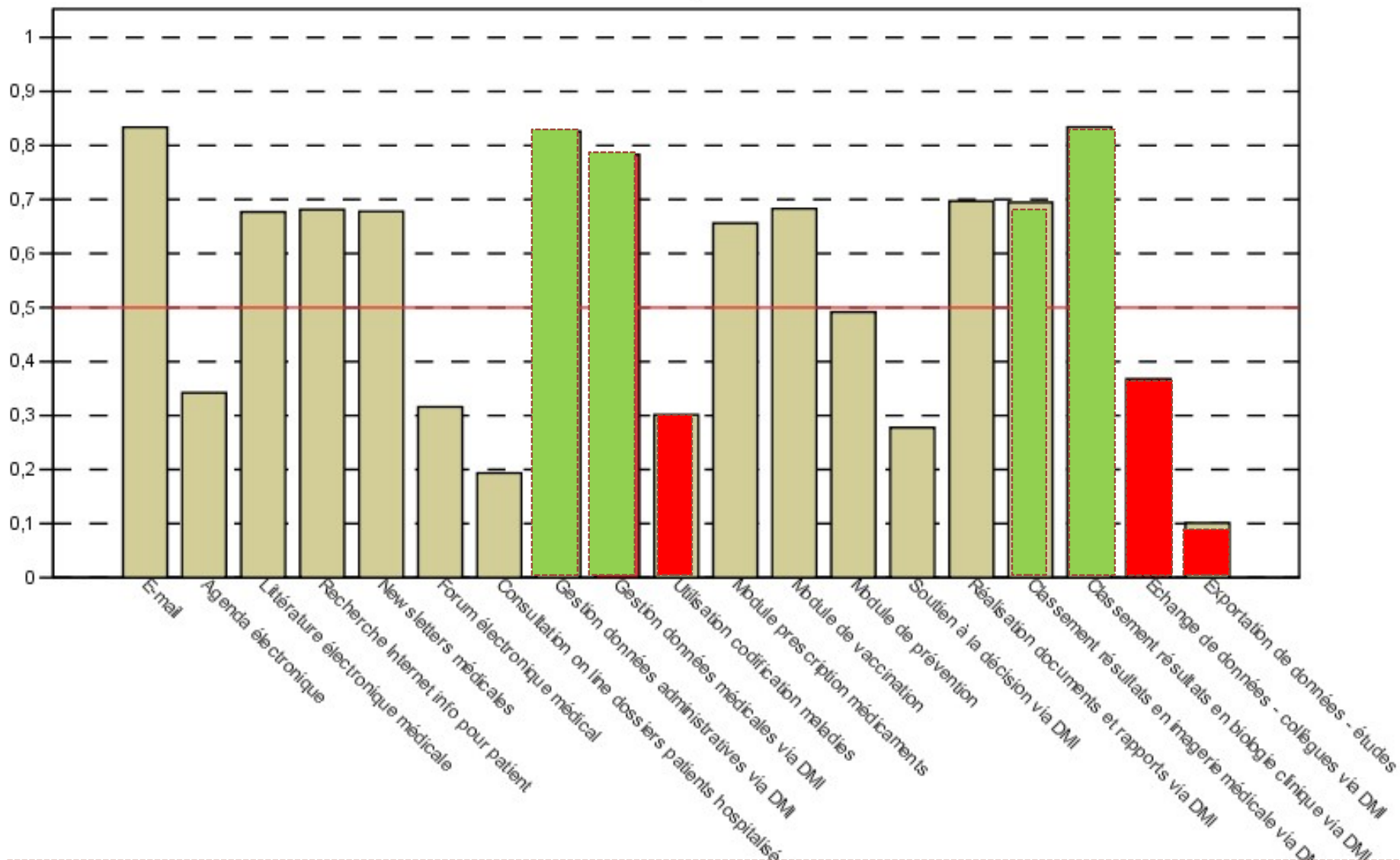
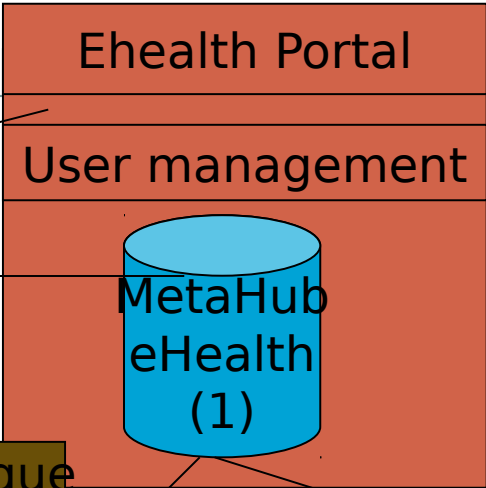1. Codification et communication

Semantic interoperability

Kmehr (longitudinal and transversal approach)
ICD10-ICPC-Thesauri -(ICF) –(?) SNOMED
>Semantic Platform VUB
Minimal Dataset: Epsos

Data output

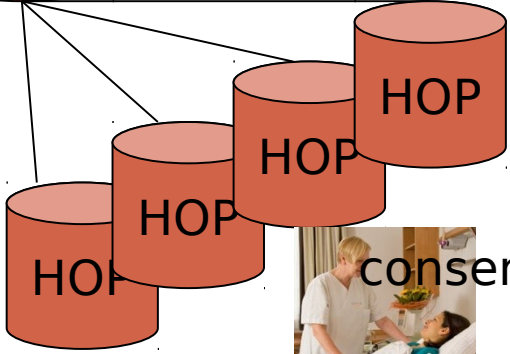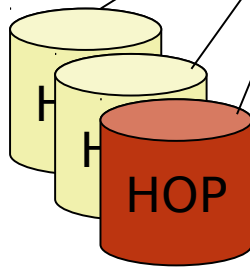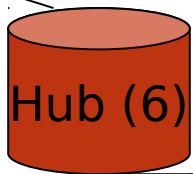Ehealth Portal

ticket

User management

localisation

MetaHub eHealth (1)

Ticket+relation therapeutique

Hub (1)

Hub (6)

HOP

HOP

HOP

HOP

HOP

HOP

HOP

HOP

consent
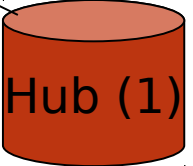
Data input

Hubs and metahubs

From local to web based EPR

web based, saas

No versioning

No backup

Easy update of Sav

Easy change of doctor without changing of record

Training can be easier

Connectivity (from everywhere)

Easier multi-professional/exchange

US : Clinical quality measures

Preference is given to the quality measures endorsed by NQF (National Quality Forum):

Previous PQRI measures (Physician Quality Reporting Initiative) most important ones related to **chronic conditions (5) and prevention (9)**

RHQDAPU measures (Reporting Hospital Quality Data for Annual Payment Update).

84 different quality « indicators » listed for payment years 2011 and 2012 , regrouped per «specialty ».

Examples

% of diabetes mellitus patients (>18 and <75) with most recent HbA1c > 9% (NFQ59)

% of patients >18 with heart failure and LVSD who where prescribed ACE inhibitor or ARB therapy (NFQ81)

% of patients > 50 who received influenza immunisation from Sept. to Feb.

% of patients (>60 and < 80) who received appropriate colorectal cancer screening.

US examples

% of patients > 18 with new episode MDD (Major Depressive Disorder) and documented as treated with antidepressant medication during the entire 84 days acute treatment phase.

% of patients > 18 with POAG (Primary Open Angle Glaucoma) who have an optic nerve head evaluation within the 12 months.

% of patients > 18 with ischemic stroke or TIA with paroxysmal atrial fibrillation who where prescribed an anticoagulant at discharge.

Belgium: Achil

Quality Evaluation Platform for primary care

Codage data

Encryption message

Analysis by (ISSP-WIV)

Feedback to local networks and caregivers

Results to support decision

Only (as far as now) for diabete and Renal insufficency

Check list prevention Module

	Checklist preventie				Check-list prévention	
	type interventie				type d'intervention	
1	(1) advies voeding en fysieke oefeningen+ tabak+alcohol	A		**1**	(1) conseils alimentaires et exercices physique+ tabac+alcool	A
2	(2) anamnese en klinisch onderzoek	A		**2**	(2) anamnèse et examen clinique	A
	(2) cardiovasculair (CV)	A			(2) cardiovasculaire (CV)	A
	…waarbij acetylsalicylzuur (risicogroep)	A			…dont acide acétyl salicylique (groupe à risque)	A
3	(2) kanker colorectaal	A		**3**	(2) cancer colorectal	A
	(2) kanker baarmoederhals	A			(2) cancer du col de l'utérus	A
	(2) kanker borst (mammotest)	A			(2) cancer du sein (mammotest)	A
4	(1) vaccinatie difterie tetanos	A		**4**	(1) vaccination diphtérie tétanos	A
	(1) vaccinatie griep	B			(1) vaccination grippe	B
	(1) vaccinatie pneumococcen	B			(1) vaccination pneumococce	B
5	(2) biologische metingen			**5**	(2) dosages biologiques dont	
	...glycemie (diabetes) (risicogroep)	B			…glycémie (diabète) (groupe à risque)	B
	…creatinine en proteinurie (CNI) (risicogroep)	B			…créatinine et protéinurie (IRC) (groupe à risque)	B
	…lipiden (CV)	A			…lipides (CV)	A
	(1) =primaire preventie				(1) = prévention primaire	
	(2) =secondaire preventie/screening				(2) = prévention secondaire/dépistage	
	Niveau bewijskracht A				Niveau de preuves A	
	Niveau bewijskracht B				Niveau de preuves B	

Orders: Recip-E

E-prescription

Drugs

Physiotherapy

Home Nursing care

Medical imaging

Clinical biology

Insurer

Prescription storage

E-Id

Drugs

Access
Controlled by
the profession

Professionals (physician/pharmacist)

Patient

- Properties
- Price
- Authorization

80%

GP
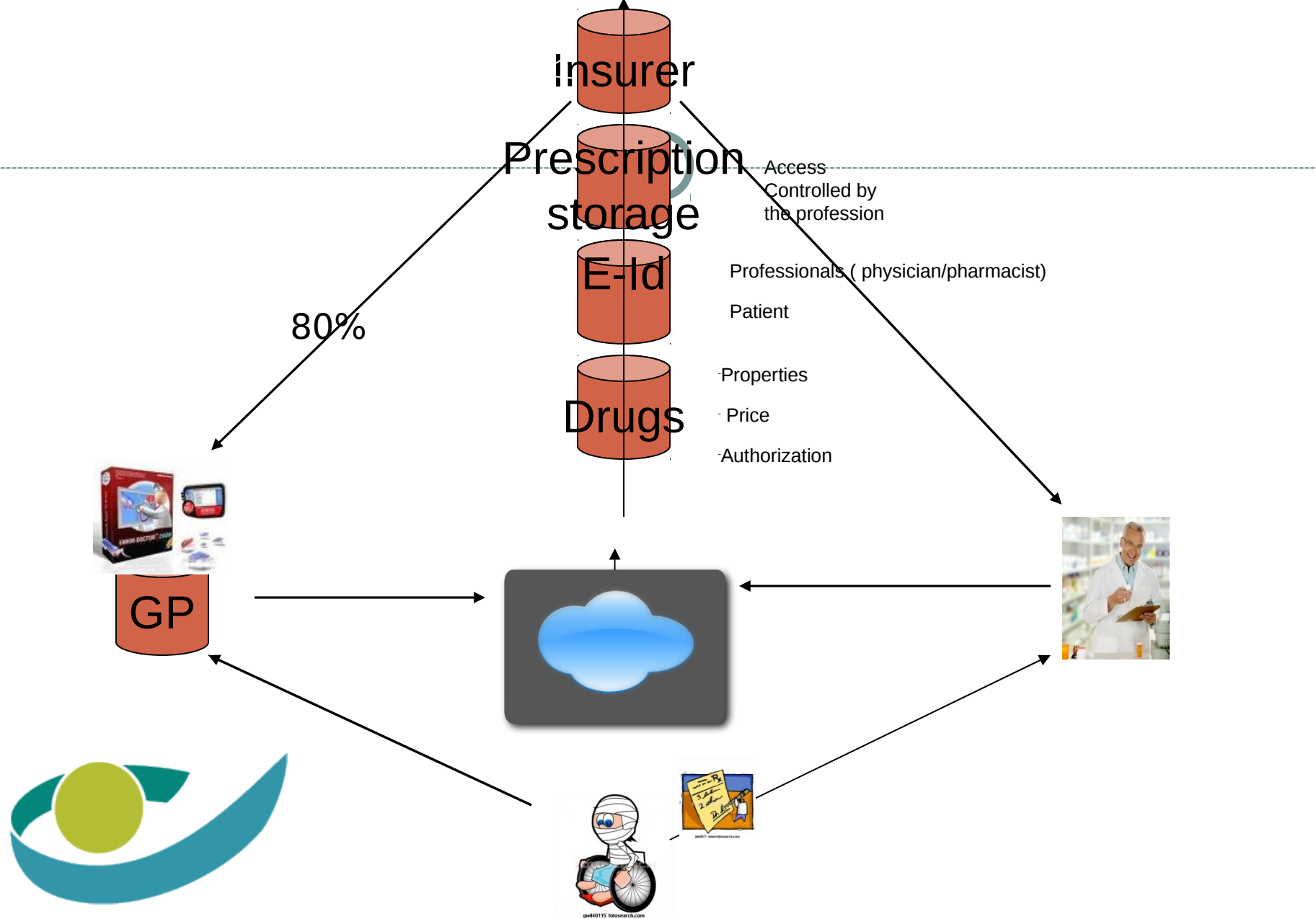
Inequalities and accessibility

E-tool can't resolve all inequalities, but two points will be supported by e-tools

Billing to a third party

Maximum bill

National decision support

Tool decision support

Guidelines: EBM: CEBAM

Script: quality

Prescription: EBM

Decision support for Patient

Empowerment , Education, Revalidation

Personal record (MS Health Vault and E-Health)

Example: Direct NHS

Example : Tailored information and strategy: DIEP

NHS Direct

Conclusion

Same way, same goals, but no surprise, US much more ambitious

Physicians who become "meaningful users" of qualified EHRs and who accept Medicare patients could receive as much as $44,000 over five years, starting in 2011. Physicians who have at least 30 percent Medicaid patients and are meaningful users of EHRs could receive $63,750 over the five years.