PCMH User Group Highlights 6/19/18

Slides from presentations are attached to email and on website (slides and highlights under PCMH User Group)

Direct Trust

Direct Trust is email with an added level of security, sent directly to the recipient, as a means of exchanging PHI.

Known as P2P in eCW.

Advantages:

- Send/Receive CCDA data
- More secure than faxing
- HIPAA compliant
- Required for MACRA/MIPS

eCW work flow: eCW has a list of Direct Trust Providers. Attach CCR/CCD and select any appropriate Progress Notes, Labs, X-Rays, and documents. Some specialists are saying that they are not receiving reason for referral. Kelly will provide a document as to how to send a referral.

Each EMR is a little different as to where email goes in system; also dependent on practice process. The norm is that the email goes to a provider rather than the practice. It is hard to come up with an instance that a direct message would be sent and not bounce back if it fails.

EMRs can import parts of the message into the EMR; EMRs differ on these capabilities.

Ed and Kelly working to get addresses many would like added to local eCW database. There is a regional listing of addresses they will share.

Medication Reconciliation

- ✓ Utilizes Direct Trust
- ✓ Multiple hospitals sending (Munson, McLaren UofM)
- ✓ Requirement of MACRA/MIPS
- ✓ Incented indirectly through BCBSM as a PCMH Capability

Kelly shared:

- Practices using eCW can locate Med Rec in two places on right chart panel of the platform:
    1. "Referrals"
    2. "P2P Patient Records"
- When clicking on either of the two above, users can view Medication info, including the Problem List and Allergies, and add to the progress note for further reconciliation.

- Accuracy of information listed is contingent on accuracy of info provided by an outside clinic, so if inaccurate, likely is also the case at the source. Specialists offices have shared that often the meds do not seem to re-write on their end.

Ed Worthington described one known document structure issue:

> Out-of-area locations (and a few hospitals) have reported that some hospitals combine their list of meds administered during a hospital visit with the med discharge list. This has resulted in practices receiving longer med lists that may include inpatient meds that were not active at discharge. NPO IT is working directly with the specific health systems and EMR vendors involved to continue this type of match work so better information is received and received more frequently.

The practices that receive ADT and receive Med Rec receive fewer Med Recs than they do for ADT discharges, due to hospitals not sending, though most Michigan hospitals or systems are, Ed said.

Deb Schepperly shared that the best Med Rec Thirlby has received comes from UofM specialty offices who will attach their note to the info.

Deb then shared that practices receiving Thirlby P2P have reported back that they receive about 12-17 pages with the referral buried. Ed relayed that his department will follow up with a couple specialty offices with specific EMRs of issue to review and report back. Kelly shared that eCW practices were not thought to be affected by this issue. NPO IT will be following up with specialty practices to determine if there are opportunities for specialty practices to improve their practices.

Kelly explained that Med Rec Comes in P-Jelly. Practices then need to match the patient to a patient in practice database. The document should then be saved. Practices need to develop a process for their next steps. Kelly can come onsite if a practice needs help. Thirlby's current process is:

> All CCD come in to Thirlby's clinical staff, who then look the patient up and review. This is because the CCD don't always come in on time she said, so this makes sense because the clinical staff may have already seen the patient for in clinic follow-up by the time CCD is received electronically.
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> The follow-up visit is often initiated by the patient who has been instructed to set it up. The C32 gets saved for the provider to sign off. Patients also are instructed to bring their meds into the clinic and reconciliation also happens with these medications.
>
> When the patient is new, EHX is used to locate shared info from a specialty office.

If your practice wants to receive Med Rec messages, just let Ed or Kelly know!

HIE Incentive – Ed Worthington

Why another HIE incentive:

> BCBSM wants to compensate networks who help level the playing field to create better connections with state-level HIE. With so many varied EMR vendors having different capabilities and costs, implementation

of widespread roll-out for helpful tools has been hindered. For example, EMR variance has impacted strides for better matching and reporting tools and new statewide initiatives.

BCBSM is incenting EMR vendors to participate and will cover any EHR vendor maintenance costs for up to 2 years. There are controls around vendor performance. They will use market leverage to lock in a price from vendors for maintenance after.

What's involved: Group of capabilities (a.k.a. core demographic-type tools already in use by most NPO practices).

Capability	Involves…	Related EMR vendor files
Reporting	sending payer HEDIS data for 27 measures automatically to about 10 health plans monthly, besides BCBSM, using one report. Report sent on behalf of practices. Cuts down on manual data entry to HeB and smaller Gaps in Care reports.	Provider Payer Quality Colaborative (PPQC)
	completing automatic quality attestation for Medicaid practices.	QRDA
CCDA	handling CCDA that are being sent back and forth via direct mail (problem list, meds, allergies and labs no new data being shared)	(ACRS) list of active patients in your EMR
Directory	making sure that providers can be found for purposes of direct trust messaging	
Common Key	technical infrastructure to allow for better matching across organizations	

What to expect:
NPO is working directly with certain Ambulatory EMR vendors to integrate various EMR capabilities into their EMR for their clients and into the statewide infrastructure. This may result in EMR vendor calls to practices or NPO calls to practices asking for support with EMR, such as signing a letter to vendor..

MAPS Integration – When asked how this was going, Ed said that he thinks eCW is pushing this back; NPO IT does check in with eCW regularly.

2018 meetings dates and topics:

- **No PCMH User Group in July.**
- **Tuesday, 8/21/18**
- **Wed, 9/26/18**
- **Thursday, 10/25/18**
- **Thursday, 11/29/18**