Engaging Patients and their Families in their Healthcare

June 7th 2012
12:00pm – 1:00 PM

Thank you for joining us. The webinar will begin shortly.
If you experience technical difficulties at any time, please contact 1-888-259-8414

Housekeeping

How to participate

- You can join the audio for today’s conference by selecting “Use Mic & Speakers”
- Or, to join by phone, select “Use Telephone” in your Audio window. See example
- Submit your text question using the Questions pane
General Information

• 1.0 AMA PRA Category 1 Credits™ (Risk Management)
• Online evaluation and CME certificate
• PowerPoint slides available for download
• You will also receive this information in a reminder email, following the webinar
• Questions during the webinar may be typed into the “questions” box on the right side of your screen
• Questions will be answered at the end of the presentation
• For help with technical difficulties, call 1-888-259-8414

Faculty Introductions

Presenter

Jeff Loughlin, MHA
Massachusetts eHealth Collaborative
Project Director
jloughlin@maehc.org

Moderator

Jackie Baldaro, MHA
Massachusetts eHealth Collaborative
Strategy Consultant
jbaldaro@maehc.org
Faculty Disclosures

The following faculty has indicated their financial interests and/or relationships with commercial manufacturers as follows:

- Jeff Loughlin, MHA, N/A
- Jackie Baldaro, MHA, N/A

Activity planners of today’s webinar have nothing to disclose.

MAEHC Mission: Facilitate Universal EHR Adoption

- Company launched September 2004
  - Non-profit registered in the Commonwealth of Massachusetts
- CEO on board January 2005
- Backed by broad array of 34 non-profit MA health care stakeholders
MAeHC Selected Three Pilot Sites From 35 Applicants: Brockton, Newburyport, North Adams

- Provided EHRs to ~600 clinicians practicing in over 200 office locations
- Created health information exchanges connecting the physicians with each other and with the hospitals
- Created a quality data center to extract clinical data from EHRs to evaluate effectiveness and measure performance

Since the pilot program, MAeHC has expanded its experience base and involvement in a variety of projects

300 Physician EHR implementation – Beth Israel Deaconess Physician Organization (BIDPO)

Community-wide EHR Implementation, HIE, and Quality Data Center – Large Healthcare Foundation

HEAL 5 New York – New York State Department of Health and New York eHealth Collaborative (NYeC)

HEAL 10 New York – Adirondack Region Patient Centered Medical Home Pilot

State-level HIE technical services vendor procurement – Missouri HIO

State Level Health Information Exchange Strategic and Operational Plan Development – New Hampshire

Regional Extension Center planning, deployment, and operations – New York, Massachusetts, Rhode Island, New Hampshire

www.maehc.org
Polling Questions

Please note that we will be conducting a few polls during today’s webinar.

At various points during the presentation, you will be asked a brief question regarding HIT and EHR use.

At the appropriate time, a screen will pop-up on your computer.

Please select the appropriate response and click Submit.

Goal:

✓ Understand how to meet the challenges, and discuss the barriers and benefits of patient engagement in the clinical setting.

Objectives:

✓ Discuss the evolution of patient engagement in the clinical workflow

✓ Cite the current objective requirements for patient engagement in Meaningful Use and Patient Centered Medical Home initiatives

✓ Describe the proposed future objectives and standards for electronic patient access to clinical information and secure messaging

✓ Review resources available to patients and providers on the ongoing use of technology to support improvements in the quality, efficiency, and cost of healthcare
Agenda

Changing Perspectives on Patients in the Practice

Meaningful Use Requirements and Patient Centered Medical Home Initiatives

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Office of the National Coordinator (ONC) Initiatives

Patient and Market Driven Changes

Resources and Links

Questions and Comments

Traditional Provider Focus was on the Point of Care
Trends in Terminology have been Re-Shaping Care

Patients as a panel
- Aggregate numbers
- Fee-for-service reimbursement

Patients as people
- Holistic approach to care
- Patient wait times and comfort

Patients as consumers
- Patient satisfaction scores tied to payment
- Focus on patient mobility – keeping your “consumers”

Patients as partners
- Increased access to eHealth for education and access
- Payment models shifting to Quality Care and Disease Prevention
- Accountable Care Organizations
- Patients and families as data source

The Trouble with Treating Patients as Consumers


Patients don’t want to be there: People don’t seek out healthcare without a reason. Something is wrong and patients want to solve it and get back to normal. When patients are required to be proactive decision-makers, the health care system is often casting a very reluctant hero into the role.

Patients aren’t equipped to be there: Even when patients are willing to be decision makers, they may not have the tools. At a time of unusual stress, the system asks them to absorb technical information and make difficult decisions that require specialized expertise.

Patients aren’t in it alone: To design for patients alone is to forget that they are part of a complex system and aren’t often independent decision-makers. Decisions are shaped by other stakeholders: friends and family who support the patient, the insurance company who foots the bill, practitioners who provide care and expert advice, the hospital administrators who inform system-level protocol, and so on.
Variety of Forces are Moving Patient and Families to the Center

What if we give Patients the Tools?


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Why Should we give them the Tools?

Patient and Family Engagement

Improved...
• Knowledge and understanding
• Decision-making
• Patient-clinician communication
• Health behaviors
• Self-management of health condition

Health Outcomes

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What is Meaningful Use

The Recovery Act specifies the 3 components of Meaningful Use:

- Use of certified EHR in a meaningful manner (e.g., e-prescribing)
- Use of certified EHR technology for electronic exchange of health information to improve quality of health care
- Use of certified EHR technology to submit clinical quality measures (CQM) and other such measures selected by the Secretary

http://onc-chpl.force.com/ehrcert
Meaningful Use has five health related goals

- Improve quality, safety, efficiency and reduce health disparities
- Engage patients and families in their health care
- Improve care coordination
- Improve population and public health
- Ensure adequate privacy and security protections for personal health information

Meaningful Use has Two Core Objectives

Engage patients and families in their health care

Objective: Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request

Standard: More than 50% of all patients of the EP who request an electronic copy of their health information are provided it within 3 business days

Objective: Provide clinical summaries for patients for each office visit

Standard: Clinical summaries provided to patients for more than 50% of all office visits within 3 business days
### Meaningful Use has Two Menu Objectives

**Engage patients and families in their health care**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Standard</th>
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<tbody>
<tr>
<td>Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP</td>
<td>More than 10% of all unique patients seen by the EP are provided timely electronic access to their health information subject to the EP’s discretion to withhold certain information</td>
</tr>
<tr>
<td>Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate</td>
<td>More than 10% of all unique patients seen by the EP are provided patient-specific education resources</td>
</tr>
</tbody>
</table>

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### Polling Question 1

How many of you are involved in a Patient Centered Medical Home initiative?

- [ ] Yes
- [ ] No
Joint Principles of a Medical Home

- Patient-centered orientation
- Comprehensive team-based care
- Coordinated and integrated care
- Continuous access to care
- Systems-based approach to quality and safety

2011 Medical Home Content and Scoring

PCMH: Enhance Access and Continuity
A. Access During Office Hours**
B. After Hours Access
C. Electronic Access
D. Continuity
E. Patient House Responsibilities
F. Culturally and Linguistically Appropriate Services
G. Practice Team

PCMH: Identify and Manage Patient Populations
A. Patient Information
B. Clinical Data
C. Comprehensive Health Assessment
D. Use Data for Population Management**

PCMH: Plan and Manage Care
A. Implement Evidence-Based Guidelines
B. Identify High-Risk Patients
C. Case Management**
D. Manage Medications
E. Use Electronic Prescribing

PCMH: Provide Self-Care Support and Community Resources
A. Support Self-Care Process**
B. Provide Referrals to Community Resources

PCMH: Track and Coordinate Care
A. Test Tracking and Follow-Up
B. Referral Tracking and Follow-Up**
C. Coordinate with Facilitated Care Transitions

PCMH: Measure and Improve Performance
A. Measure Performance
B. Measure Patient/Family Experience
C. Implement Continuity Quality Improvement**
D. Measure Continuity Quality Improvement
E. Report Performance
F. Report Data External

**Must Pass Elements
Engage patients and families in their health care

Objective
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request.

Standard
Factor 1: More than 50 percent of patients who request an electronic copy of their health information receive it within three business days.

If a practice has no requests from patients or families for an electronic copy of patient health information during the EHR reporting period the practice may respond N/A. If N/A is selected for Factor 1, the practice must provide an explanation.

Engage patients and families in their health care

Objective
Provide clinical summaries for patients for each office visit.

Standard
Factor 3: Summaries are provided for more than 50 percent of office visits within three business days, either by secure electronic message or as a printed copy from the practice’s electronic system. Patients may be notified that the information is available through a secure, interactive system such as a Web site or patient portal. If the summary is available electronically, the practice must provide the patient with a paper copy upon request.
**Patient Centered Medical Home, Standard 1, Element C, Factor 2**

**Engage patients and families in their health care**

**Objective**
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP.

**Standard**
Factor 2: At least 10 percent of patients have electronic access to their current health information within four business days of when the information is available to the practice.

To receive credit for this factor, at least 10 percent of the practice’s patients must have access to the practice’s electronic system within four business days of when the information is available to the practice.

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**Patient Centered Medical Home, Standard 4, Element A, Factor 2**

**Engage patients and families in their health care**

**Objective**
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.

**Standard**
More than 10% of all unique patients seen by the EP are provided patient-specific education resources.
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Questions and Comments

Polling Question 2

How many providers actively use a clinical summary to review with a patient?

- Paper handout only
- Print and review with patient prior to leaving exam room
- Mail handout after visit is complete
- Send to a Patient Portal
History of Clinical Summaries

The Ix After-Visit Summary (AVS)

In 2004, the IxCenter published the white paper: "The Ix Evidence Base: Using Information Therapy to Cross the Quality Chasm." This report served as a valuable building block for many organizations seeking for the empirical research to justify investment in Ix initiatives. In addition to continuing to build a larger collection of peer-reviewed literature supporting the impact of Ix interventions, we also recognize that there is much to learn from Ix innovations that has not been captured in the traditional journals.

Group Health Cooperative’s Pioneer Sponsorship provided seed funding that allowed the IxCenter to begin work on the Methodological Library of Ix Research.

Research Findings

- Patients forget between 40% and 80% of medical information provided by health care providers immediately

- “The overall recall of facts by the patients was poor. The average number of retained facts was three out of twelve mentioned” Godwin, 2000

- “During immediate recall, patients remember at best 25% of the information they have been presented, and this number decreases significantly over 1 month (11.4% to 13.2%).” McGuire, 1996

- “Only 40% of the total information given was recalled correctly.” Anderson, 1979
**Research Findings (continued)**

<table>
<thead>
<tr>
<th>Patients experience challenges retaining clinical information...</th>
<th>...and clinicians have found creative ways to help improve comprehension and recall</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Half of what is remembered is remembered incorrectly (Anderson, 1979)</td>
<td>❑ When it comes to patient recall and knowledge, combining oral and written information is better than only oral or only written information (Patel, 2009; Coulter, 2006)</td>
</tr>
<tr>
<td>❑ The more information shared, the smaller the proportion remembered (McGuire 1996; Anderson, 1979)</td>
<td>❑ “Repeat back” strategies improve patient recall and comprehension (Bravo, 2010; Fink, 2010)</td>
</tr>
<tr>
<td>❑ Providers and patients overestimate patient understanding of medical information (Anderson, 1979; Engel, 2009)</td>
<td></td>
</tr>
</tbody>
</table>

*Clinical summaries, however, provide a way to continue to improve how we engage patients by providing them with actionable, clear information about their health care.*

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**Objective of Clinical Summaries**

**Purpose and Goal**

Engage patients and families in their healthcare

- “A core meaningful use requirement for patient and family engagement is to provide patients with a clinical summary of the office visit.
- *This summary supports continuity of patient care by providing patients and their families with relevant and actionable information.*

Source: HITECH Clinical Summary Fact Sheet
Increased Value is Expected Over Time

As electronic health record (EHR) adoption and successful provider achievement of Meaningful Use (MU) increases, the use of the clinical summary and expected data elements will expand.

Driving Towards Engagement

**Meaningful Use Goals by Stage**

<table>
<thead>
<tr>
<th>Stage 1 Goals</th>
<th>Stage 2 Goals</th>
<th>Stage 3 Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Electronically capturing health information in a coded format</td>
<td>• Expand upon the Stage 1 criteria to encourage the use of health IT for</td>
<td>• Focus on promoting improvements in quality, safety and efficiency, focusing on:</td>
</tr>
<tr>
<td>• Using captured information to track key clinical conditions and communicating that information for care coordination purposes</td>
<td>continuous quality improvement at the point of care and the exchange of information in the most structured format possible</td>
<td>- Decision support for national high-priority conditions</td>
</tr>
<tr>
<td>• Implementing clinical decision support tools to facilitate disease and medication management</td>
<td>• Consider applying the criteria more broadly to both the inpatient and outpatient hospital settings</td>
<td>- Patient access to self-management tools</td>
</tr>
<tr>
<td>• Reporting clinical quality measures and public health information</td>
<td></td>
<td>- Access to comprehensive patient data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Improving population health</td>
</tr>
</tbody>
</table>

Massachusetts eHealth Collaborative © MAeHC. All rights reserved.
Clinical Summary – End State

An after-visit summary that provides a patient with relevant and actionable information and instructions containing:

- the patient's name
- provider's office contact information
- date and location of visit
- updated medication list
- updated vitals
- reason(s) for visit
- procedures and other instructions based on clinical discussions that took place during the office visit
- any updates to a problem list
- immunizations or medications administered during visit
- summary of topics covered/considered during visit
- time and location of next appointment/testing if scheduled, or a recommended appointment time if not scheduled
- list of other appointments and tests that the patient needs to schedule with contact information
- recommended patient decision aids, laboratory and other diagnostic test orders
- test/laboratory results (if received before 24 hours after visit)
- symptoms

Objective versus requirement – Start Small

Requirement: EP must provide in a clinical summary the data elements for which all EHR technology is certified for the purposes of this program (according to §170.304(h)):

- Problem List
- Diagnostic Test Results
- Medication List
- Medication Allergy List

*Ensuring the patient or family leaves the office with the critical information needed for the "unconscious patient" scenario.

https://questions.cms.gov FAQ 10558
Objective versus requirement – Key Language

The provision of the clinical summary is limited to the information contained within certified EHR technology.

✓ **Providers are not required to document additional information in the EHR simply to meet the data goals of the objective.**

If an EP believes that substantial harm may arise from the disclosure of particular information, an EP may choose to withhold that particular information from the clinical summary.

✓ **Do not need to send test results that have not been reviewed by provider**

Office visits include separate, billable encounters that result from evaluation and management services

✓ **Procedure only visits do not require clinical summary**

Best practices for today

**Provider Visit (Point of Care):**

✓ Ensure diagnosis is selected and problem list updated
✓ Update medication allergy / allergy list*
✓ Reconcile medications* and use CPOE for new prescriptions
✓ Review previous lab results with patient and include in summary

**Clinical Summary:**

✓ Stick to basic required information that can be updated during visit
✓ Include vital signs* so patients can review their BMI and BP – *initial steps leading towards improved self-management*
✓ Print summary* prior to patient leaving practice to avoid additional work on staff
✓ Encourage patients to review and update medication list when visiting other providers
✓ Encourage and educate patients on use of Patient Portal (if available)

* Assisted by Clinical Support Staff Functions
Clinical Summary - Tomorrow

Drive toward a detailed, educational and collaborative document that will encourage:

- Increased patient engagement
- Improved efficiencies for the providers and staff

Uses of Patient Portal

- Update your personal information
- **Send messages to clinical staff (NPRM Stage 2)**
- Request prescription refills
- View upcoming and past appointments
- View past referrals and request new referrals
- View and print lab test results
- View and print your personal health record
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Resources and Links

Questions and Comments

Polling Question 3

How many providers actively communicate through a Patient Portal?

- Not using a Patient Portal
- Planning to install a Patient Portal
- Patient Portal used for posting information only
- Patient Portal used for bi-directional communication between practice and patients
### Stage 2 NPRM Moves Towards Patient Portal

**Engage patients and families in their health care**

<table>
<thead>
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<td>Provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP</td>
<td>More than 50 percent of all unique patients seen by the EP are provided timely online access to their health information subject to the EP’s discretion to withhold certain information</td>
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**New**

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<td>Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate</td>
<td>For more than 10 percent of all office visits by the EP, patients are provided patient-specific education resources identified by Certified EHR Technology.</td>
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### Stage 2 NPRM Moves Menu Items to Core

**Engage patients and families in their health care**

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<td>Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request</td>
<td>Replaced by the ability to view online, download and transmit their health information within four business days of the information being available to the EP</td>
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<tr>
<td>Provide clinical summaries for patients for each office visit</td>
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</table>
**Stage 2 NPRM Adds Secure Messaging**

**Objective**: Use secure electronic messaging to communicate with patients on relevant health information

**Standard**: A secure message was sent using the electronic messaging function of Certified EHR Technology by more than 10 percent of unique patients seen during the EHR reporting period.

**New**

**Stage 2 NPRM Removes CQM as Objective – Defined by ARRA**

**Objective**: Report ambulatory clinical quality measures to CMS or the States: Core: Hypertension, Tobacco Use Assessment & Cessation Intervention, Adult Weight Screening (NQF 13, 28, 421 or PQRI 128) Menu: Must choose 3 measures to report

**Standard**: Provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of this final rule.

**Moved**

The Recovery Act specifies the 3 components of Meaningful Use:

- Use of certified EHR in a meaningful manner (e.g., e-prescribing)
- Use of certified EHR technology for electronic exchange of health information to improve quality of health care
- Use of certified EHR technology to submit clinical quality measures (CQM) and other such measures selected by the Secretary
CQM today is based on current standards – NQF, PQRS

<table>
<thead>
<tr>
<th>Type</th>
<th>NQF/PQRs-5 Title</th>
<th>Measure Name</th>
<th>CQM Title</th>
<th>CQM Description</th>
<th>Note</th>
<th>Demonstration</th>
<th>Evidence / Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>NCP 401.14</td>
<td>QPR</td>
<td>HCPA-2.20.1</td>
<td>Percentage of patients aged 18 years or older whose documented MRB in the last year is that patient's most recent documented MRB.</td>
<td>All patients aged 20 years of age and older.</td>
<td>All patients aged 20 years of age and older.</td>
<td>All patients aged 20 years of age and older.</td>
</tr>
<tr>
<td>Core</td>
<td>NQF 503.1</td>
<td>MA-MAEHC</td>
<td>Interactions: Short-Stay Hospital Readmission</td>
<td>Percentage of patients under the age of 18 years and under 19 years of age who adhere to the guidelines of hospital readmission at Level 1 below.</td>
<td>All patients aged 18 years of age and under.</td>
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</tr>
<tr>
<td>Core</td>
<td>NQF 503.1</td>
<td>MA-MAEHC</td>
<td>Preventive Care and Screening: Breast Cancer Screening</td>
<td>Percentage of patients aged 35 years or older whose breast mammograms were performed at least once in the past year, with follow-up plan documented.</td>
<td>All patients aged 35 years of age and older.</td>
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Population may be all patients, patients seen, or unique patients


Future Domain Framework for the Reporting of CQM

The intention is to broaden the scope of reporting to address a wider spectrum of factors affecting care and to accommodate all types of providers. All providers will find measures relevant to their specialty in the core set as well as in each of the domains.
**Meaningful Use and Health Information Exchange (HIE)**

**Meaningful Use objectives requiring health exchange**

### 2011
- Lab results delivery
- Prescribing
- Health summaries for continuity of care
- Quality & immunization reporting, if available

**Increases volume of transactions that are most commonly happening today**
- Lab to provider
- Provider to pharmacy
- Summary of care record is new process step

### 2014
- Registry and public health reporting
- Claims and eligibility checking
- Electronic ordering
- Receive public health alerts
- Home monitoring
- Populate PHRs

**Substantially steps up exchange**
- Provider to lab
- Pharmacy to provider
- Office to hospital & vice versa
- Office to office
- Hospital/office to public health & vice versa
- Hospital to patient
- Office to patient & vice versa
- Hospital/office to reporting entities

### 2015
- Access comprehensive data from all available sources
- Experience of care reporting
- Medical device interoperability

**Starts to envision routine availability of relatively rich exchange transactions**
- “Anyone to anyone”
- Patient to reporting entities

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**Agenda**

- **Changing Perspectives on Patients in the Practice**
- **Meaningful Use Requirements and Patient Centered Medical Home Initiatives**
- **Clinical Summaries and Patient Portals**
- **Future Stage 2 NPRM Objectives and Health Information Exchange**

**Office of the National Coordinator (ONC) Initiatives**

- **Patient and Market Driven Changes**
- **Resources and Links**
- **Questions and Comments**
ONC Announcement: Office of the Chief Medical Officer

March 16th 2012:

The primary function of the Office of the Chief Medical Officer will be to infuse a clinical perspective across ONC on all activities which have clinical implications.

Activities located in this office will include:
- safety, usability, clinical decision support
- meaningful use policy development
- quality including metrics and measurement development.

The Chief Medical Officer will play a key role in helping ONC satisfy its mission of improving health and health care through health IT.

ONC Announcement: Office of Consumer eHealth

March 16th 2012:

The Office of Consumer eHealth will continue the work on consumer engagement begun in our Office of Policy and Planning.

Creation of this new office provides exciting opportunities for ONC to expand upon the work that is currently underway, including the pledge program and patient-focused challenges.

Creation of the Office of Consumer eHealth demonstrates ONC’s strong commitment to enabling patient and family engagement in health care.
ONC Provides On-Line Patient Resources

- What is health IT?
- Learn how health IT can lead to safer, better, and more efficient health care
- Take control of your health with e-health tools
- Get tips on protecting your health information privacy
- Learn how to be more involved in your own health care
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Patients as Partners was founded because Hillary St. Pierre's final years, from 2008 up to her death in 2012, were significantly marred by the fact that healthcare has not yet adopted the business process improvement methods that other industries have used for years. Our mission is to fix that by increasing the adoption rate and patient engagement portion of Health Information Exchanges (HIE's).

**http://www.patientsaspartners.com/**

**MISSION STATEMENT**
The mission of Patients as Partners is to increase the adoption rate of electronic health information exchange (HIE) systems by New England hospitals through the education of healthcare professionals, legislators and patients in this region as well as provide financial and research based support for the adoption and sustainability of HIE systems.

**VISION STATEMENT**
The vision of Patients as Partners is to lead with inspiration and courage a Nationwide Health Information Exchange (HiE) Outreach Program to inform hospitals, healthcare providers and patients on the future possibilities of collaborative health and patient care.

**VALUES STATEMENT**
Patients as Partners believes that the values of integrity, honesty, patient confidentiality, transparency, collaboration and partnership are critical to improving the quality of patient care through the implementation of HIE systems at an affordable cost. We are fully committed to all who participate in the healthcare system from providers to patients.
eHealth and mHealth Entrepreneurs

- Biometrics and home monitoring
- Facebook and other on-line collaboration tools
- Mobile access through smart phones and tablets
- Video chat – remote visits
- Social network information and discussions
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- http://www.healthit.gov/
- www.maehc.org
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Clinical Summaries and Patient Portals

Future Stage 2 NPRM Objectives and Health Information Exchange

Office of the National Coordinator (ONC) Initiatives

Patient and Market Driven Changes

Resources and Links

Questions and Comments

Questions?

Presenter

Jeff Loughlin, MHA
Massachusetts eHealth Collaborative
Project Director
jloughlin@maehc.org
www.maehc.org

Moderator

Jackie Baldaro, MHA
Massachusetts eHealth Collaborative
Strategy Consultant
jbaldaro@maehc.org
www.maehc.org
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