

Pathway to EHR Incentive Check

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- Rural Family Medicine Practice
- Privately owned
- non - ob practice
- includes hospital, nursing home and clinic

- Patient population- lower socioeconomic
- 36,000 people in the county
- median household income \$26,800 for household
- 20% live below poverty line
- town 15 miles north of Texas- Oklahoma border

- Largest Employers is the Choctaw Nation, Big Lots and Cardinal Glass
- Currently the fastest growing city outside of Oklahoma City and Tulsa

Disclaimer

- Live in Oklahoma- so some steps may vary from state to state
- Have a large Medicaid population
- Current EMR is E-mds so will reference aspects that may be unique to that system

The Beginning

- July 2005- Finished residency and started practice
- Decided to start with EMR at that time
 - did not want to have to convert later

Selecting An EMR

- Considerations

- Cost

- systems that work well for a family practice clinic -
2 provider

- Efficiency

- Ease of use and training

- Initially 2 providers with 2 employees (2005)
- Currently 2 providers with 7 employees
 - office manager
 - biller
 - 2 front office
 - 3 nurses

- Currently seeing 50-80 patients a day
- When we started 5 patients a day

Decision

- emr narrowed to two
 - One came in gave presentation
 - one arranged for internet presentation
 - Gave the wrong time
 - poor customer service and blamed physician for the error

- Training and Implementation

- Have all initial staff go through training

- But have system that employees can train new staff

- May still require some employees for additional training (office managers or if your entire staff turns over)

Implementation

- Hardware
 - make sure hardware people are well versed and/or specialized in medical EMR
 - Ask EMR if they have any in area that they use
 - Don't necessarily have to be in same town
 - Our current is out of Norman- 2 hours away

- Good IT can make or break office
- When server is down 2 choices
 - Close down
 - Paper

Installation in steps

- Initially without e-prescription due to pharmacy not having capability
- Difficulty getting separate IP address needed for e-Prescribing
- May need to check other options for internet providers

- Currently unable to do controlled substances
 - Federal law allows
 - Oklahoma State law changed in Spring
 - Currently no pharmacies in OK meet requirements for Controlled substances
 - We have most of the requirements in place for when ready

Lab interface

- Get lab to pay for interface
 - will if do high enough volume- if not check with competition

Current

- Patient Portal
 - in process of activating Portal
 - training scheduled for after we get back

Care Measures

- March 2009- IFMC (Iowa Foundation for medical care) approached clinic about core measure reporting
- utilized their system for reporting for core measures for Oklahoma
- Similar to PQRI- in January 2010 able to use for reporting PQRI for Medicare

- September 2010- OFMQ (Oklahoma Foundation for Medical Quality) Approached regarding EHR Incentive bonus
- Not Expecting to receive bonus- but chose Medicaid Pathway- 60% of our patient visits
- higher amount and slightly easier
- Rather than having to implement- able to qualify by having system and ability to meet requirements

EMR accreditation

- In September none of the EHRs met the requirement
- Starting in November some started meeting the Criteria
- E-MDs received accreditation December 2010 for latest version
- Problem we did not have the update yet

December

- Sent criteria for Oklahoma Medicaid Requirements to Medicaid
- Patient numbers
- EHR system - with license and faxes from vendors that we were to be shipped the version early January
- Evidence of both Lab interface and e-prescribing

December 2010

- December 20, 2010- notified by OHCA we appear to be ready to qualify on Jan 3, 2011 when portal opens
- Desire to present big check presentation
- Notification from Vendor that our latest update will be ready to install January 3, 2011

January 3, 2011

- One provider went smoothly
- Other slight problems
 - Medicaid could not find claims
 - previous attending at Residency clinic
 - ER physician

January 3, 2011

- Several phone calls everything fixed
- Officially qualify for incentive bonus
 - had to prove had current version of EHR though not quite installed

January 5, 2011

- Member of OHCA, OFMQ and camera crew from CMS came to office to present the check

State of Oklahoma

DATE: January 13, 2010

to the
order of

GASTORF FAMILY CLINIC

\$

42,500.00

FORTY-TWO THOUSAND, FIVE HUNDRED

Dollars

OR

Electronic Health Record Incentive Program

Monte T. Spivey, MD

State Medicaid Director