Cures Act in Your Practice: Applying the Tools

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June 23, 2022

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- It does NOT, and is not intended to, constitute legal advice
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About the *Cures Act in Your Practice* Series

- Interactive presentations and discussion designed to support CHCANYS members as they work toward compliance with the 21st Century Cures Act Final Rule
- Focuses on applying the principles and tools presented during the Cures Act Compliance Series presented November 2021-March 2022
- Includes
  - June 23, 2022: *Applying the Tools*
  - July 21, 2022: *Fostering Engagement*

Agenda

- Lessons Learned: Applying the Cures Act Compliance Readiness Checklist
- Best Practices for Piloting Open Notes
- Recommendations for Cures Act Compliance Staff Training
- Q&A

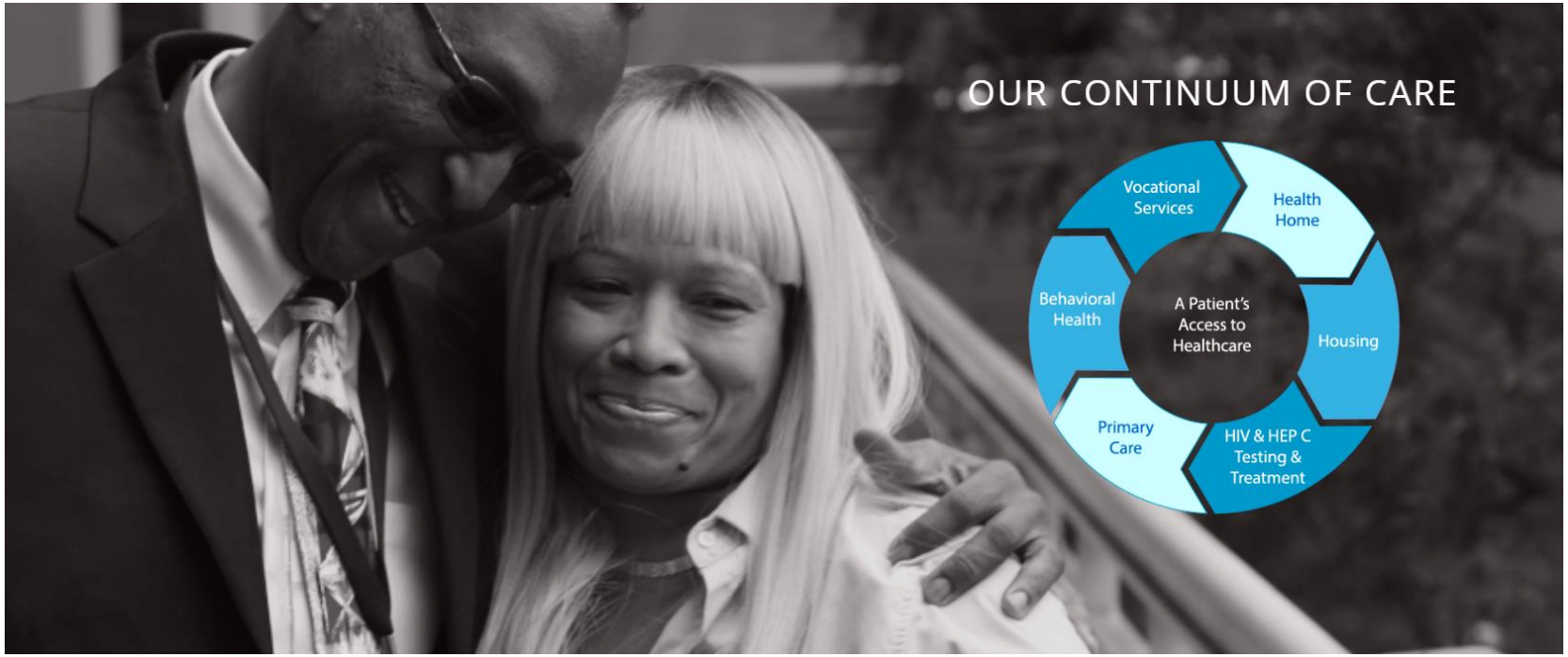
Lessons Learned: Applying the Cures Act Compliance Readiness Checklist

Barbara Salcedo, MPH, Director of Quality Improvement and Informatics, VIP Community Services

Our History and Bronx Community

- 48 years in the East Tremont/Crotona section of the Bronx.
- Founded in 1974 by Father Robert Banome to grapple with the neighborhood's most pressing problems: poverty, safety, family disintegration, drug abuse, unemployment, and housing abandonment.

Vocational Instruction Project (VIP), became a safe place where individuals could get help with their addiction, learn a vocation or trade, and get back on their feet.



Assessing VIP's Readiness to Comply with the Info Blocking Final Rule

Our Process

Multidisciplinary Team

Assessment of Present Readiness

Workplan

Multidisciplinary Team

Regulatory Compliance

- Tabitha Gaffney, Chief Compliance Officer
- Lizanne Fontaine, Counsel

Health Information Technology and Security

- Jimmy Liranzo, Dir. of Information Technology and Security
- Chanel Chamber, Compliance Specialist and AWARDS Administrator
- Barbara Salcedo, Dir. of QI & Informatics

Human Resources and Communications

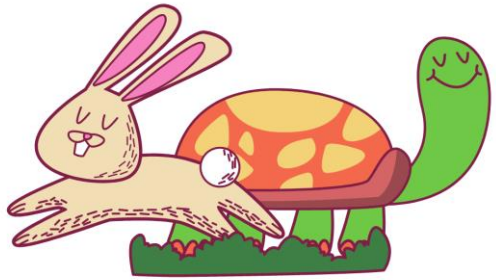
- Inez Sieben, Chief Strategy Officer

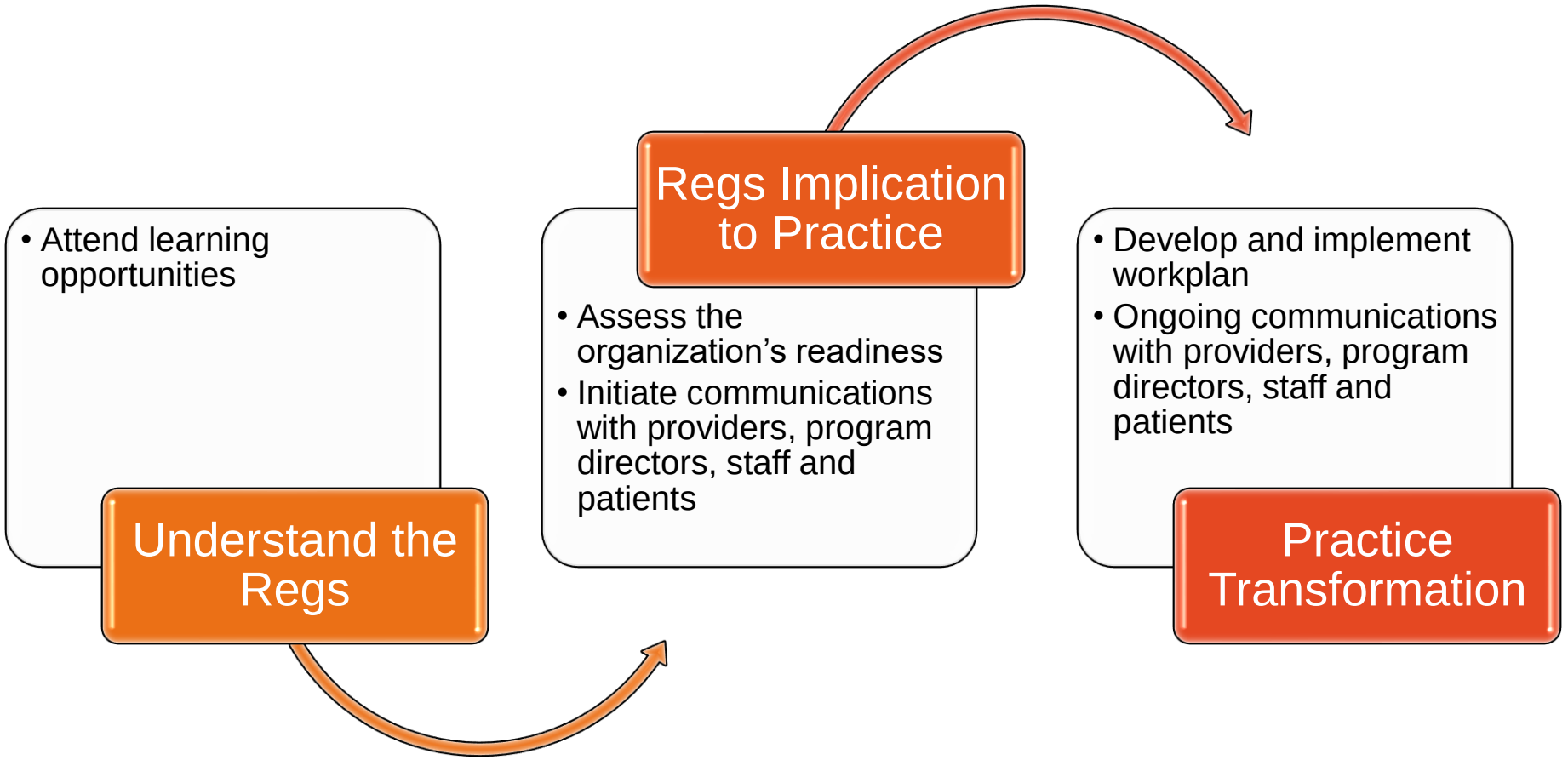
Service Providers

- Darcia Bryden-Durrie, Chief Clinical Officer
- Ernst Jean – Medical Director

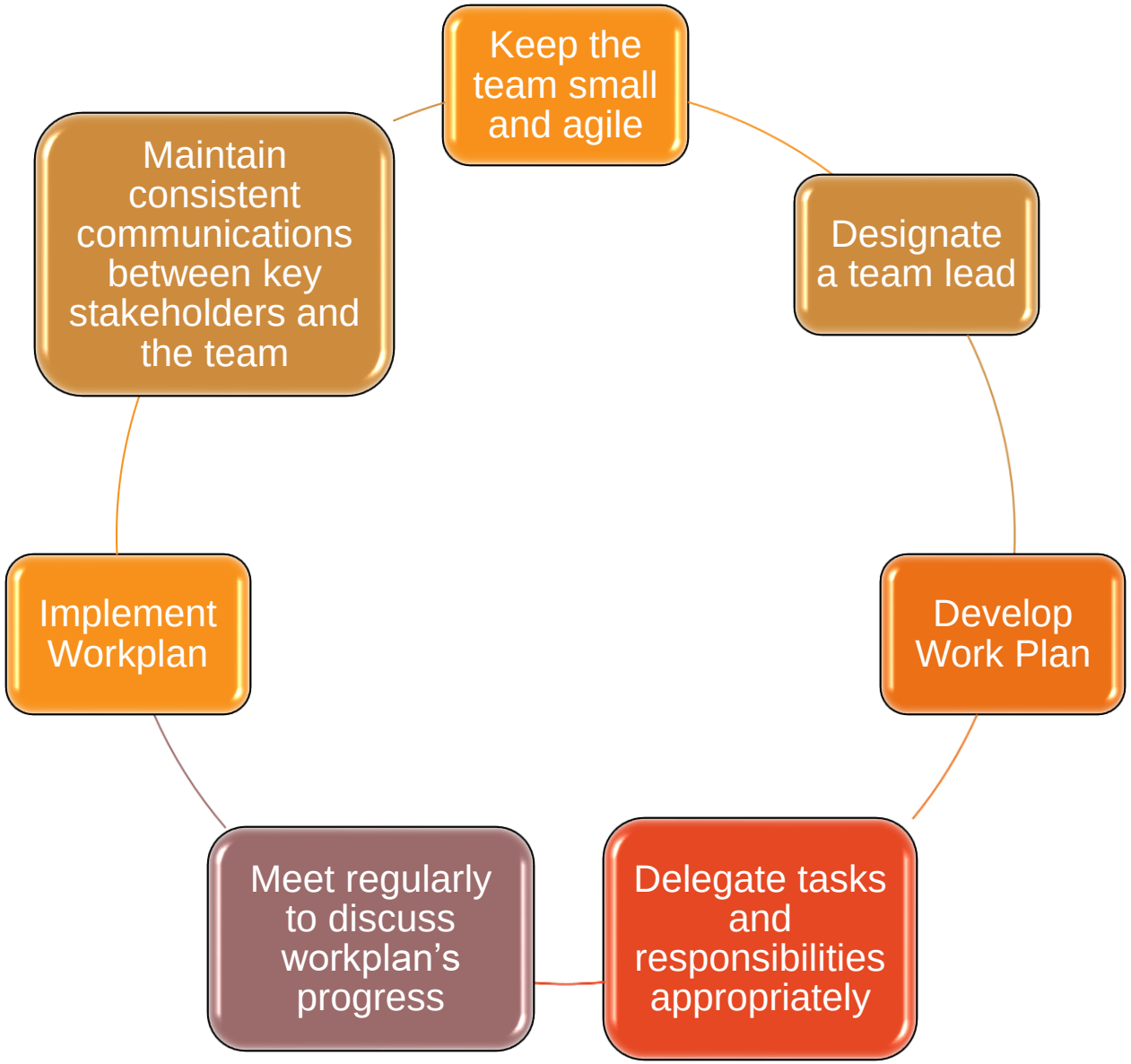
The Journey to Transform Practice

- A little bit of the tortoise and the hare




• Attend learning opportunities
Understand the Regs
Regs Implication to Practice
• Assess the organization's readiness
• Initiate communications with providers, program directors, staff and patients
• Develop and implement workplan
• Ongoing communications with providers, program directors, staff and patients
Practice Transformation

Info Blocking Readiness Checklist


Keep the team small and agile
Designate a team lead
Develop Work Plan
Delegate tasks and responsibilities appropriately
Meet regularly to discuss workplan's progress
Implement Workplan
Maintain consistent communications between key stakeholders and the team

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Best Practices for Piloting Open Notes

John Santa, MD, MPH, Director of Dissemination, OpenNotes 2015-2020
Amy Fellows, MPH, Sr. Consultant, Pivot Point Consulting

What Is OpenNotes (vs. Open Notes)?

- **OpenNotes is a national movement** dedicated to making healthcare more open and transparent
  - **Initiative** to give patients access to their medical providers' notes via secure patient portals
  - **Not** a vendor product or software

- **Open notes is the process of sharing notes** with patients

Why Pilot?

- Cultural concerns among clinicians are a significant obstacle.
  - “Notes are not for patients, notes are for doctors.”
  - “In my specialty sharing notes will harm patients.”
  - “My email volume will increase.”
- Confidence in the vendor approach to sharing notes is a significant obstacle.
  - “No one will be able to find a note on our patient portal.”
  - “There is no way to hide a note.”
- Business concerns are a significant obstacle.
  - “Malpractice claims will go up.”
  - Staff will be overwhelmed with questions.”

When to Pilot?

- Pilots are a useful tool for demonstrating how sharing notes will work and observing the risks and benefits.
- Skeptics usually fear the worst. They think a tsunami of problems will occur with this transparency. They think they will lose control.
- Reality is very different. As is true of many IT approaches the impact depends on communication, marketing, encouragement to clinicians and patients. That's under your control.
- Pilot when provider anxiety is significant obstacle. Pilots relieve anxiety.

How Best to Pilot

- Best pilots involve a mix of proponents and opponents.
  - Proponents – supporters who will inform patients notes are available and encourage them to read them
  - Opponents – skeptics who will likely not inform or encourage
- Usually about 20% of clinicians are enthusiastic about this transparency. Identify those who are also comfortable with technology.
- Usually about 20% of clinicians are skeptical. A portion have documentation or financial discomforts. A portion have cultural reservations. Focus on cultural reservation subset.
- Results usually obvious in 1-2 months. No tsunami. Small number of happy patients, a few patients with concerns that are easily resolved.

Results of Pilots

- Hundreds of organizations have done pilots
- Almost all led to accelerated adoption of open notes
- Most common reactions
  - “Did you turn note sharing on?”
  - “One of my patients read a note and sent me an email how meaningful it was to read my note.”
  - “One patient talked to a friend who sees a clinician sharing notes. The friend told her about reading the clinician note. She now wants to transfer to that clinician.”
- Reason for pilot failures
  - In one case the EMR software released all notes back to first implementation date. The vendor had promised that would not happen. The pilot was immediately stopped.
  - In a second case a single patient communicated intention to sue the clinic based on a pre pilot incident unrelated to a note. The clinic decided best to stop the pilot.

Conclusion: Pilots Can Help Initiate Action

- Encourage pilot participants to discuss with colleagues
  - Skeptics often became supporters especially specialists who realize the positive clinical and marketing effects.
  - Show data on email volume
  - Watch for note hiding
- Develop careful communication and marketing approach that is clinician dependent, site dependent, department dependent
- Identify poor documenters and work with them to improve notes

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Recommendations for Cures Act Compliance Staff Training

Denise Webb, MA, CPHIMS, Health IT Executive Advisor, Pivot Point Consulting

Cures Act Compliance Training Curriculum

- Basic Training
- Specialized / Focused Training
  - Policy and practice
  - Technology and interoperability
  - Clinical / Revenue Cycle standards and practices related to clinical notes and medical coding

Basic Training

- Provide an overview of information blocking and the exceptions to sharing electronic health information (EHI)
  - Purpose / Goals of Information Blocking regulation
  - Key terms and definitions
  - Exceptions to sharing EHI
- Review any changes to health center privacy and security policies and newly developed policies for Cures Act rule compliance
- Communicate who to go to in your clinic to address specific questions or concerns on health information sharing and the information blocking regulation (i.e., the subject matter experts)
- Target audience – all health center staff (when hired and annually)

Specialized / Focused Training – Policy and Practice

- More in-depth discussion on clinic policy and practice around the information blocking exceptions below, when they apply, and how and where use of these exceptions is documented:
  - Preventing Harm
  - Privacy
  - Security
  - Health IT Performance
- Target audience – Compliance, Privacy and Information Security officers, and IT services manager / director

Specialized / Focused Training – Technology and Interoperability

- Content and Manner and Infeasibility exceptions – how to technically fulfill a request for access, exchange, or use of EHI and what to do if not technically able
  - Target audience – IS staff
- Features and functions in the EHR and patient portal that support fulfilling requests for EHI access, exchange, or use by patients or other authorized requestors, such as referring providers, in an electronic manner
  - Target audience – IS staff, front office staff / patient coordinators, HIM staff
- How to view, download, and transmit your EHI
  - How to sign up for the portal, how to use the portal, how to authorize a 3rd-party consumer app to access your EHI so you can view and use it in apps of your choosing
  - Target audience – health center's patients

Specialized / Focused Training – Clinical and Revenue Cycle Standards and Practices

- How to write good notes and timeliness in completing/signing notes
- Correcting electronic records / EHI
- Medical coding best practices
- Target audience – Physicians, APPs, RNs, medical coders

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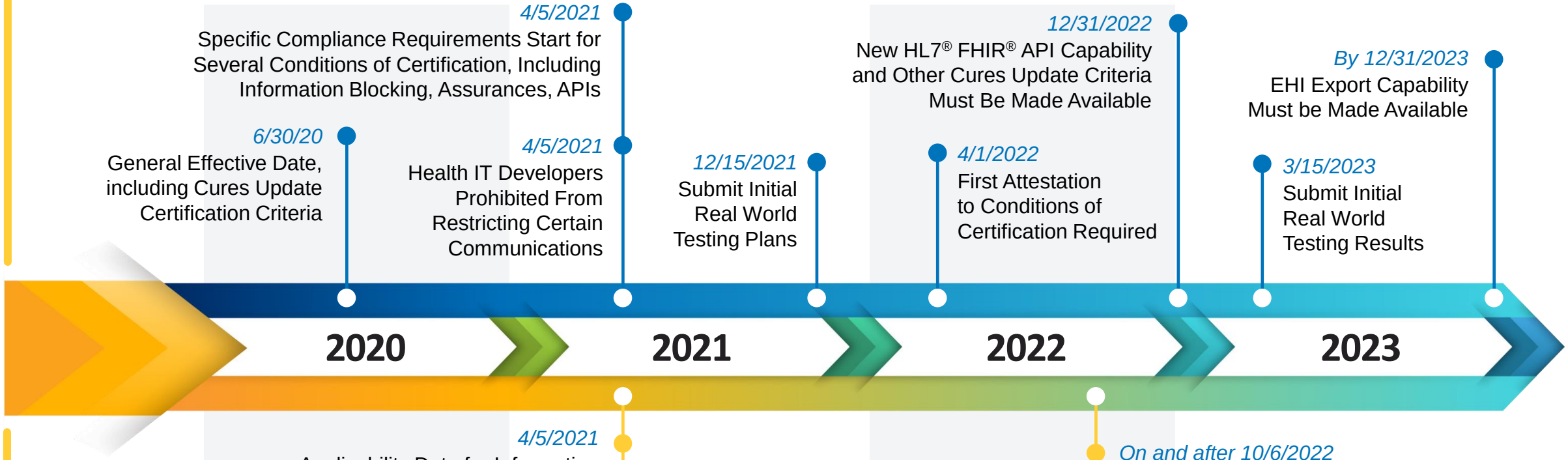
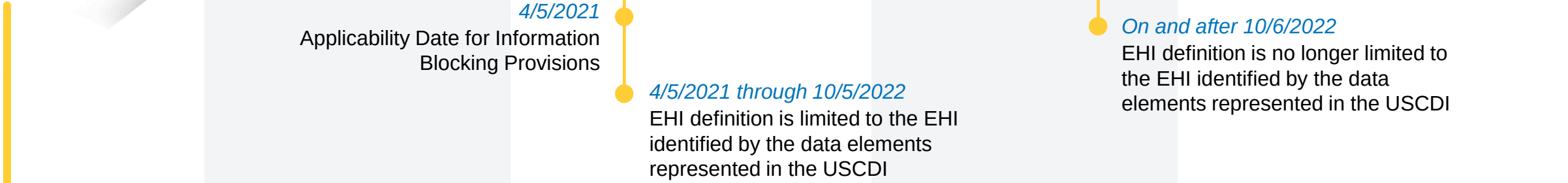
Appendix

Cures Act Final Rule
Applicability, Compliance and Comply-By Dates

Certification



Information Blocking



EHI = Electronic Health Information

USCDI = United States Core Data for Interoperability