**ECLIPSYS®**

*The Outcomes Company*®

Meaningful data.  Meaningful care.
   Meaningful outcomes. Meaningful use.

To meet the changing information requirements of a dynamic healthcare industry, organizations need an agile and open solution that not only digitizes existing paper processes in healthcare, but transforms the delivery of care. Eclipsys delivers a comprehensive, integrated solution that is broadly adopted because it supports the way clinicians work, delivering meaningful data to support meaningful care.

## With Eclipsys clinical solutions, healthcare organizations can:

**Get adoption.**  Ranked No. 1 by KLAS in physician adoption of CPOE solutions, as well as nurse and physician satisfaction, Eclipsys delivers intelligent design that captures structured data without disrupting workflow.

**Get proactive guidance.**  Eclipsys clinical solutions deliver an advanced, powerful clinical decision support infrastructure that actively listens, evaluates and acts upon health data – reducing clinician time for data input, ordering and documentation and providing valued guidance at the point of decision.

**Get insight.**  Eclipsys delivers an integrated clinical analytics platform that is optimized for clinical workflow for just-in-time monitoring of patient populations, usage patterns and the impact of treatment decisions for continuous quality improvement.

**Get agile.**  Eclipsys solutions help organizations speed time to value and respond to rapidly changing market conditions with a rich, active customer community representing 86% of the *U.S. News & World Report* 2009 America's Best Hospitals Honor Roll, along with an open and flexible architecture that fosters innovation.
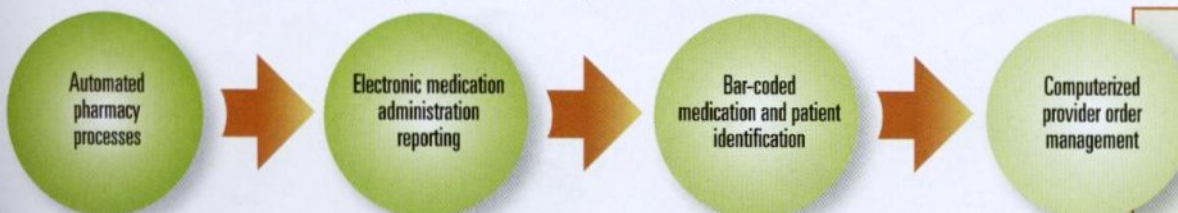
# Do You Meet the Criteria of a Meaningful User?

CMS proposes that hospitals meet 23 objectives to be deemed a meaningful user of an EHR. The agency's proposed rule organizes the criteria around five broad policy objectives that apply to Stage 1 implementation. Here's a sampling of what CMS proposes. The full list can be found in the notice of proposed rulemaking.

| HEALTH OUTCOMES POLICY PRIORITY | CARE GOALS | STAGE 1 OBJECTIVE FOR HOSPITALS | STAGE 1 MEASURE |
|---|---|---|---|
| Improving quality, safety, efficiency and reducing health disparities | Use evidence-based order sets and CPOE | Use of CPOE for any orders directly entered by authorizing provider (e.g., M.D., D.O., R.N., P.A., N.P.) | CPOE used for 80% of all orders |
| | Provide access to comprehensive patient health data for patient's care team | Implement drug-drug, drug-allergy, drug-formulary checks | The hospital has enabled this functionality |
| | Apply clinical decision support at the point of care | Record and chart changes in vital signs (e.g., height, weight, blood pressure), calculate and display BMI, plot and display growth charts for children age 2-20 years, including BMI | For at least 80% of all unique patients age 2 and older record blood pressure and BMI; plot growth chart for children age 2-20 |
| | | Report hospital quality measures to CMS or the states | For 2011, verified through attestation; electronically submit data thereafter ◀ |
| | | Implement five clinical decision support rules related to a high-priority hospital condition; include ability to track compliance with those rules | Implement five clinical decision support rules relevant to the quality measures identified in the proposed rule |
| Engage patients and families in their health care | Provide patients and families with timely access to information and tools to make informed decisions and to manage their health | Upon request, provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication list, allergies, discharge summary and procedures) | At least 80% of all patients who request an electronic copy get it within 48 hours ◀ |
| Improve care coordination | Exchange meaningful clinical information among health professionals | Perform medication reconciliation at relevant encounters and at each transition of care | Medication reconciliation done at 80% of relevant encounters and transitions of care |
| Improve population and public health | Communicate with public health agencies | Capability to submit electronic data to immunization registries and actual submission where required and accepted | Perform at least one test of certified EHR's capability to submit data |
| Ensure adequate privacy and security protections for personal health information | Ensure privacy and security protections through operating policies, procedures and technologies; compliance with applicable laws | Protect information created or maintained by the certified EHR | Conduct or review a security risk and implement updates as necessary |

Source: Centers for Medicare & Medicaid Services notice of proposed rulemaking, Dec. 30, 2009

# CPOE: Getting it Right

While deploying CPOE is viewed as a major step toward improving patient safety and quality of care, there's a concern that the proposed meaningful use rule will cause hospitals to skip the building blocks that need to be in place first. Five years ago, officials at Atlantic Health targeted CPOE as an organizational goal. The intent was to achieve safer care with better outcomes, says Reed. At the time, there were many horror stories about failed CPOE deployments at major medical centers. "So when we started looking at it with the end in mind, we didn't want to start with CPOE," she says. Atlantic Health set the goal of having a closed loop process. **The organization took a phased approach to deploying new technologies:**

Automated pharmacy processes ➜ Electronic medication administration reporting ➜ Bar-coded medication and patient identification ➜ Computerized provider order management

**Reed cautions hospitals** from rushing too quickly into CPOE. "Take your time to look at the pharmacy and make sure it is robust," she says. "Really consider what you are doing when you are putting CPOE in place. If you haven't fixed the pieces in the background, you will slam up against the wall."

# Quality Reports to the Federal Government

The HITECH Act requires that providers electronically submit data on clinical quality to the federal government. CMS' proposed rule identifies 35 clinical measures for hospitals to collect and report on. All 35 measures have been endorsed by the National Quality Forum; 25 have been adopted by the Hospital Quality Alliance; however, hospital officials note that just nine are currently used in the government's pay-for-reporting program. Experts say that this will be among the most difficult criterion to meet. "Most organizations do it manually right now," says Maestro Strategies' Arlotto. She says IT and quality departments will have to work together to define data sources and figure out where the applicable information is collected in the medical record. "We'll have to map back to fields in our databases and it will be more difficult than expected," adds Atlantic Health's Reed, R.N. Being successful at this also will entail some workflow changes, suggests Tom Smith, CIO at NorthShore University HealthSystem. The Evanston, Ill., system launched its EHR in 2003 and has been reporting on Hospital Quality Alliance measures for several years. When they wanted to track smoking cessation counseling for heart attack patients, Smith's team added a field to the flow sheet, where information such as the patient's temperature is recorded. Previously, doctors recorded the information in the notes section. "That was fine. He documented that he did it, but it was impossible to pick up as a data element from notes," Smith says. Clinicians had to be trained to record the information in a different section of the medical record. Not all changes will be as easy, Smith points out. Beyond the hospital requirements, there are specific measures for medical specialties. **Here are some of the hospital quality measures proposed by CMS; the full list can be found in the notice of proposed rulemaking.**

| Condition | Measure |
|---|---|
| Acute myocardial infarction/heart attack | • Aspirin at discharge<br>• Beta-blocker at discharge<br>• 30-day hospital-specific readmission rate (risk adjusted and non-risk adjusted) |
| Emergency department throughput | • Median time from ED arrival to ED departure for admitted patients<br>• Median time from ED arrival to ED departure for discharged patients |
| Heart failure | • 30-day hospital-specific readmission rate (risk adjusted and non-risk adjusted) |
| Health care-associated infections | • Ventilator bundle<br>• Central-line compliance<br>• Ventilator-associated pneumonia rate for ICU and high-risk nursery patients |
| Pneumonia | • Blood culture performed prior to administration of first antibiotic |

Source: Centers for Medicare & Medicaid Services notice of proposed rulemaking, Dec. 30, 2009

# Have Record, Will Travel

Patients at NorthShore University Health System, Evanston, Ill., have for the past few years been able to access their medical records via a patient portal. More than 100,000 patients have signed on to the service. In mid-December 2009, the health system sent patients an e-mail letting them know that they can now download a summary of the medical record in a password-protected PDF format and save it to a portable flash drive. "It's simple, secure and it fits in the palm of your hand," the e-mail says.

NorthShore officials weren't necessarily thinking about meaningful use when they made the announcement. "We have a lot of patients who are older and leave for the winter," Smith says. "They can take this with them and feel comfortable that they have a summary of their record with them."

Physicians helped identify the essential information they'd like to have in a summary. When a patient goes to the NorthShore portal and clicks on her history, the record is automatically updated with the most recent data.

"We are pushing data out to patients faster and faster," says UPMC's Martich. "We use to have a very paternalistic view that all data had to be viewed before it was given to a patient." Now, most data is released to patients 24 hours after it is delivered to the physician. "First it was a week embargo, then five days, then 72 hours," Martich explains. "It's an effort to keep the patient at the center."

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Meaningful data.

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The focus on meaningful use boils down to one simple truth:

Health information technology needs to be an enabler of improved care, not an impediment to it.

The solution enables sustainable, improved outcomes and drives adoption because of its underlying powerful clinical decision support infrastructure and integrated analytics platform that delivers meaningful data to support meaningful care.