A couple of new things to share related to MU Stage 2. AHA recently submitted a letter to Secretary Sebelius outlining the continued concerns with Stage 2 meaningful use. The letter details the issues very well and recommends changes to Stage 2 reporting and the continued use of 2011 certified technology to meet Stage 1 requirements.

Our HIT TAG has been preparing for MU Stage 2 around two of the big issues: CQM reporting and public health reporting. See below.

Public Health Reporting: We are working with KDHE to assure that Kansas is ready to facilitate the Stage 2 public health reporting requirements. A Communities of Practice webinar is scheduled for Friday, October 11 at 9 AM. (NOTE: This was originally scheduled for September 5 at noon – take that date off your calendar!) Mike McPherson and staff will provide specifics about the registration and onboarding process for all three public health measures. Registration materials will be out shortly.

Immunization Consent: Thanks to one of our TAG members, we have discovered a conflict between a recent communication from KDHE explaining a state requirement to get written consent to share immunization data with WebIZ and the Kansas statute relating to the patient right to opt out of HIE (now referred to as the Kansas HIT Act or KHITA formerly K-HITE). Our TAG discussed this issue with KDHE staff and legal counsel who have agreed to "deem" hospitals who have notified patients of their right to opt out through their NPP as having met the state requirement. Here is their statement:

"At least for the time being, until KDHE can develop a more formal policy which takes into consideration all relevant ramifications, KDHE will deem that a person who has consented to the submission of his medical record in a health information organization has also consented to submission of his immunization history to the HIO (which will push that information to the Kansas immunization registry), notwithstanding a prior unwillingness to have his immunization information included in the registry. Therefore, a hospital receiving such a general consent would be permitted to submit the immunization information along with other health data.

For those hospitals that have not obtained from patients general consent to share personal health information, particular consent to be included in KSWebIZ must be obtained from the individual or the individual’s guardian.
As for the relationship between KHITA and immunization registry consent, we have not had the opportunity to adequately research the question, but an answer will be provided in the formal policy.

The TAG brainstormed with KDHE on possible solutions to this issue. Our goal, of course, is to avoid a completely separate consent process or another requirement to change your NPP. Thanks to KDHE staff for working with us to resolve this issue and both protect patient rights and limit the burden on providers.

Electronic Reporting of Clinical Quality Measures: AHA commissioned a study of hospital experience implementing the meaningful use Stage 1 electronic quality measures (eCQMs). The case study hospitals encountered significant challenges in eCQM implementation and were forced to create adaptive workarounds. Challenges in program design and technology as well as the clinical issues are outlined in the report. The report findings reflect the common themes we hear from you. The report provides specific policy recommendations to slow down the pace of transition; align data capture with workflow, and reduce the eCQMs to fewer better tested measures. Download the summary report from AHA here.

KDHE Assumes Health Information Exchange Oversight: Effective July 1, 2013, responsibility for promotion of electronic sharing of health information among providers in Kansas and regulation of health information organization (HIOs) operating in the state transferred from Kansas Health Information Exchange (KHIE) to the Kansas Department of Health and Environment (KDHE). The reassignment of responsibility includes changes to contact information. The physical mailing address became: Kansas Health Information Technology, 1000 SW Jackson St, Suite 540, Topeka, Kansas 66612. The telephone support number is unchanged. The new website address is www.kanhit.org. The original site www.khie.org also remains active. A new added website feature allows consumers to submit and manage their preferences for information sharing online.

Because both website addresses remain active, current health information exchange participants with Notice of Privacy Practices (NPPs) referencing www.khie.org do not need to revise their forms. New HIO participants should reference the website www.kanhit.org in their revised NPPs and brochures. Standard forms and brochures with the updated contact information are available on both www.khie.org and www.kanhit.org.

Patient Engagement with ePatient Dave: Participants at the KHA Critical Issues Summit last week in Wichita were able to hear from Dave deBronkart. Known as ePatient Dave, deBronkart offered insights and suggestions on ways to engage patients in their health. If you missed the Summit, you can view one of Dave’ You Tube video called “Let Patients Help” Dave also recommended the Society for Participatory Medicine website: http://www.e-patients.net ePatient Dave was sponsored by KHERF funds from the Kansas REC.

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