



Electronic Health Records and Oral Health: What You Need to Know

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November 10th, 2017



Background- Nora Belcher

- 20+ years in public policy with an emphasis on health care technology
- Senior leadership roles in Texas Medicaid and the Governor's Office
- Involved in starting the SXSW Health and MedTech Expo
- Won computer programming contest in the 1980s and still has the trophies

What is the Texas e-Health Alliance?

- State's leading advocate, from local communities to the national level, for the use of health information technology to improve the health system for patients
- 501(c)6 non-profit started in 2009
- Serves as a trade association for HIT companies
 - As such, cannot recommend or endorse specific products

Objectives

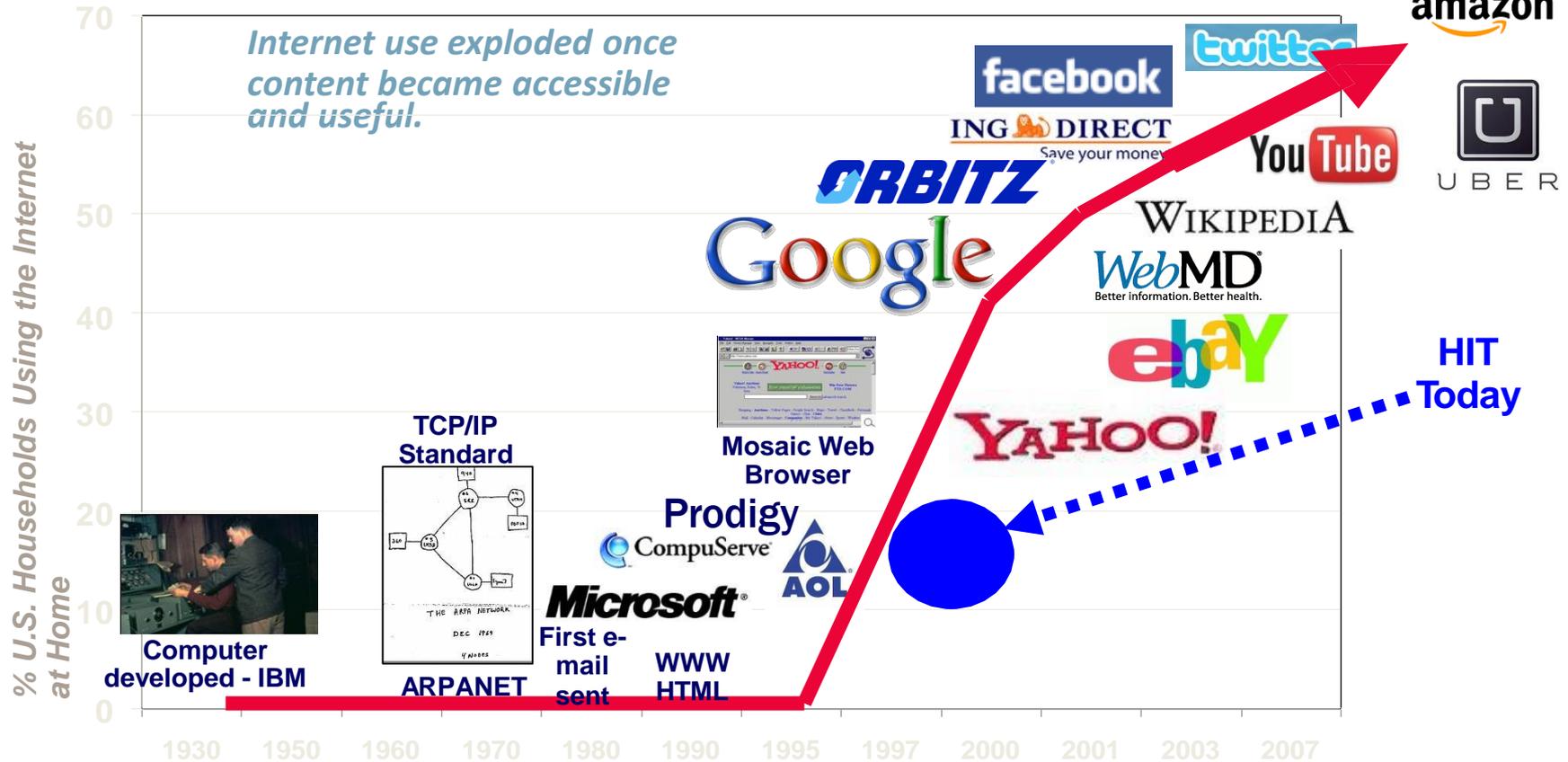
- **Description:** In 2009, the federal government provided financial incentives for providers to adopt electronic medical records, including dentists. This session will inform attendees of the progress made towards implementing electronic health records across different provider types over the last 8 years, and will include an assessment of the impact of this program on oral health measures.
- **Objective:** attendees who complete this session will have an understanding of how the meaningful use program interacts with oral health and what that means for improving oral health in Texas.

Meaningful Use

Health information technology landscape is generally thought of as lagging behind the Internet in terms of maturity



Internet Revolution: Value to Us



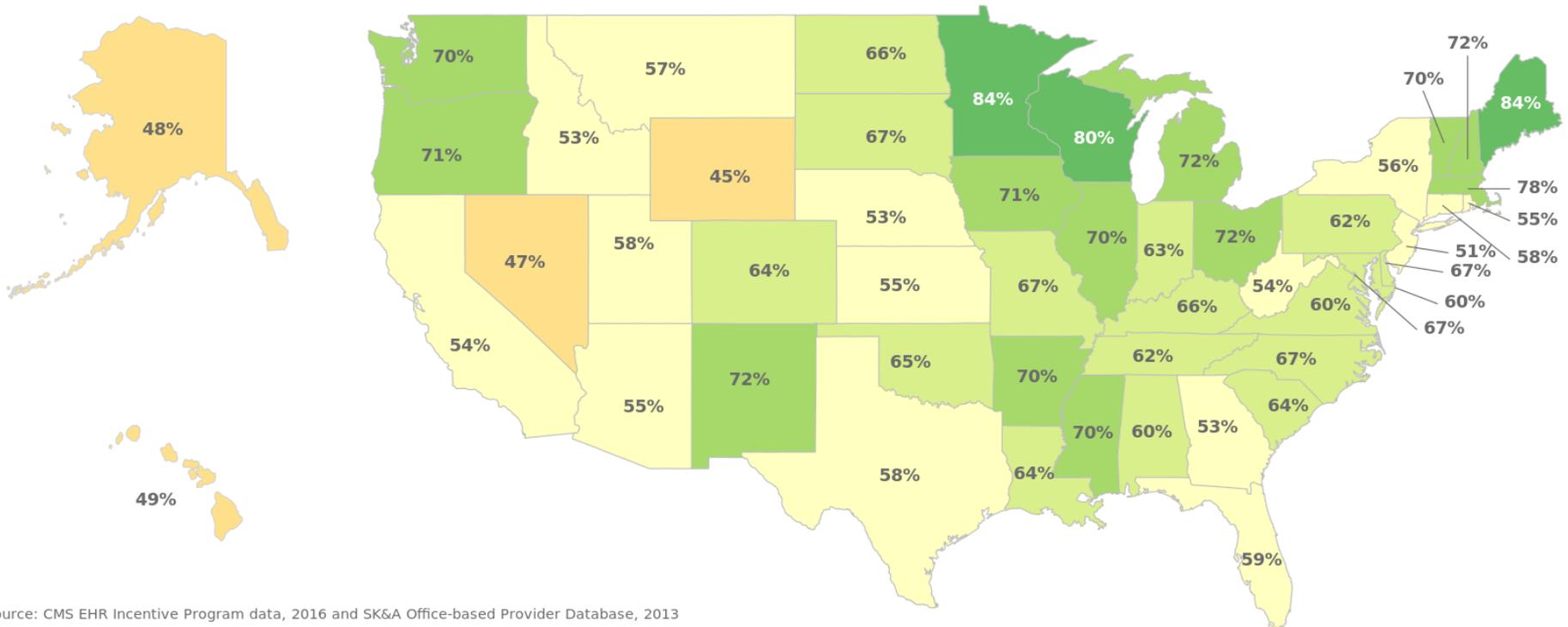
Today, health care information technology (HIT) is at the “2000” of the Internet age

EHR Adoption Rates

Percent of Physicians, NPs, and PAs that have Demonstrated Meaningful Use and/or Adopted, Implemented or Upgraded any EHR | 2016

63% of Physicians, Nurse Practitioners, and Physician Assistants have Demonstrated Meaningful Use and/or Adopted, Implemented or Upgraded any EHR

■ 0% ■ >0-9% ■ 10-19% ■ 20-29% ■ 30-39% ■ 40-49% ■ 50-59% ■ 60-69% ■ 70-79% ■ 80-89% ■ 90-99% ■ 100%



Source: CMS EHR Incentive Program data, 2016 and SK&A Office-based Provider Database, 2013

Meaningful Use



MU and Dentistry

- Once the “acquire, implement, upgrade” phase began, it became clear that most MU objectives did not apply to the dental world
- The dental community was not fully engaged by the policy makers in developing specific objectives
 - The vast majority of the quality measures did not apply
 - Dentists had to apply for waivers instead

- Many basic goals of MU do not apply to dentistry
 - Surveillance and reporting of public health data
 - Referrals in and out of hospitals
 - Admission, discharge, transfer notices
- There was a missed opportunity to improve communication between different components of the dental world.

- Sharing health history has limited use
 - When a referral is made to physical health, most of the data collected by dentistry will not help the physician, they will do a more detailed history and xrays
 - What is useful is allergies including reactions to anesthesia
- E-prescribing has been very beneficial
 - With or without MU, monitoring prescribing in real time has value

Parting Thoughts

- Meaningful use was designed for physical health needs and does not handle dentistry well
- As the new administration revises their approach to quality measures, we may see changes
 - Important to be at the table
- Patient expectations are changing with or without federal direction



Questions?

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