

Meaningful Use Stage 2: Advanced Concepts + Patient Portals

Date: Wednesday, October 16, 2013

Times: Registration: 5:30 pm - 6:00 pm
Program: 6:00 pm - 8:30 pm

Place: MAHEC Biltmore Campus
121 Hendersonville Rd., Asheville

Fee: Registration for up to 2 people \$169 for both
Additional Registrations \$119 for each person

Meaningful Use Stage 2: Advanced Concepts + Patient Portals

will provide a review of Meaningful Use Stage 2 requirements with a specific focus on patient engagement and use of patient portals. With the release of the Stage 2 Final Rule in September of 2012, a number of measures that were not included in the Stage 1 measure set were designated as core measures. Several of these measures require enhanced patient engagement strategies, including robust use of patient portal technologies. Interactive small group work will address practice-specific issues raised by participants. As Meaningful Use seeks to address the goals of the National Quality Strategy, and with some pay-for-performance programs already underway, this workshop will focus on practical steps providers can take to engage their patients, improve outcomes, and make the best use of their electronic systems and human resources.

To encourage a minimum of two persons per practice to attend this and to avail themselves of both "deep dive" breakout sessions, a special rate of \$169 is offered. This is the registration fee for up to two participants from the same practice (no exceptions). Additional registrants from the same practice may enroll for \$119 per person.

Recommended Prerequisites:

- Participation in MAHEC's November 2012 Stage II workshop and/or watch the video recording online. (Upon registration, you will be provided a code to access the video and pdf of the slides.)
- Must have reported at least 90 days of successful Meaningful Use EHR data

TARGET AUDIENCE

Physicians, practice managers, case managers, health administrators, and those responsible for quality improvement in their respective care organizations. Public Health administrators and providers, health plan administrators and health educators are also welcome.

AGENDA

5:30 PM Registration and Dinner
6:00 PM MU Stage II Overview
7:15 PM Break
7:30 PM Concurrent Sessions
 Concurrent A: MU Stage II Deep Dive
 Concurrent B: Patient Portal Deep Dive
8:30 PM Evaluation and Adjourn

OBJECTIVES

Upon completion of this program, the participant should be able to:

- Indicate key differences between Meaningful Use Stage 1 and Stage 2 measures and objectives
- Identify at least two action steps related to Stage 2 Meaningful Use participation
- Cite key decisions a practice must make in order to identify, purchase, adopt, and implement a patient portal
- Identify at least two action steps related to portal implementation and use
- Describe how patient engagement can be used to improve patient experience and healthcare outcomes

FACULTY

Rex McWilliams, MS, MEd, PsyD, has extensive experience in the design, implementation, and customization of EHRs, and in utilizing them for clinical reporting and quality improvement. He currently provides technical assistance to medical practices in the 16 county MAHEC region, assisting them in project management and effective utilization of electronic health records. His 18-year post-doctorate career in ambulatory care includes using information systems for business intelligence, software development, clinical research, training and supervision, corporate planning and team building. For 14 years he served as Chief Information Officer at a health system of rural practices with over 150 providers. He also held the position of Clinical Director of a multi-site community mental health center and has served as Adjunct Faculty at Western Carolina University. He is currently a member of the Healthcare Information and Management Systems Society (HIMSS) Ambulatory Community Health Organizations Task Force.

Terri Roberts, MS, has extensive knowledge of current healthcare reform, regulations and trends and electronic health records. Terri has more than 23 years of management experience with physician practices, ambulatory care services and marketing. She has served as practice administrator for both specialist and primary care providers, was a Medicare Systems Administrator for Blue Cross and Blue Shield of NC, and was Program Director of a regional wound care center. Prior to coming to MAHEC she served 10 years as administrator of an OB/GYN practice where she was responsible for EHR assessment, implementation, updating and integration. She is the current President of the WNC Medical Group Managers Association and is a member of the Buncombe County Medical Society Foundation Board. She currently provides consultation and support services to medical practices in the 16 county MAHEC region in the effective utilization of EHRs.



in collaboration with
Center for Quality Improvement

CREDIT

Continuing Medical Education

Accreditation: The Mountain Area Health Education Center (MAHEC) is accredited by the North Carolina Medical Society to sponsor continuing education for physicians.

Credit: The Mountain Area Health Education Center designates this educational activity for a maximum of **2.25 AMA PRA Category 1 Credit(s)**™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Disclosure Statement: MAHEC adheres to the ACCME Standards regarding industry support to continuing medical education. Disclosure of faculty and commercial support relationships and planners and commercial support relationships, if any, will be made known at the time of the activity.

CEU: MAHEC designates this continuing education activity as meeting the criteria for **0.2 CEUs** as established by the National Task Force on the Continuing Education Unit. You must attend the entire workshop to receive CEUs. 2.25 contact hours.

MEDICAL COURSE DIRECTOR

Suzanne Landis, MD, MPH

PLANNING COMMITTEE

Nina Vinson, MPH

Terri Roberts, MS

Evan Richardson, CNM

Irene Jurczyk, BBA

As of October 1, 2013, MAHEC will no longer routinely print and mail program brochures. Communication about upcoming events will be via email, the MAHEC website, facebook and twitter. Even though we will not be sending postal mailings, we want to stay in touch!

Please sign up to receive emails at
www.mahec.net/calendar/emailUpdate.aspx

Or join us on facebook at www.facebook.com/MAHECED

Or follow us on twitter at [mahecwnc](https://twitter.com/mahecwnc)

Have a question?

Registration Information: 828-257-4475 **Special Services:**
828-257-4485

Want to register?

Fax Registration: 828-257-4768

Mail: MAHEC Registration
121 Hendersonville Rd., Asheville, NC 28803



DIRECTIONS TO MAHEC BILTMORE CAMPUS

121 Hendersonville Rd., Asheville, NC, 28803

From I-40 Eastbound, take Exit 50 and turn left onto Hendersonville Rd.

From I-40 Westbound, take Exit 50B and merge onto Hendersonville Rd.

At the first light, turn left into the Double Tree Hotel complex. Turn left towards the Sleep Inn. Just before the Sleep Inn turn right and go up the hill to the MAHEC Biltmore Campus.

From 19-23 (I-26) take 240 East to Exit 5B (Charlotte Street). Exit right onto Charlotte Street. At the 4th light, make a left onto Biltmore Avenue. Proceed through 8 traffic lights. At the 9th light turn right into the Double Tree Hotel complex. Turn left towards the Sleep Inn. Just before the Sleep Inn turn right and go up the hill to the MAHEC Biltmore Campus.

REGISTRATION

Registration fee is \$169.00 for up to two people from one practice, with additional registrants from the same practice paying a fee of \$119.00 per person. Fee includes administrative costs, educational materials and a light dinner.

Cancellations received at least two weeks in advance of the program date will receive a full refund unless otherwise noted. Cancellations received between two weeks and up to 48 hours prior to the program date will receive a 70% refund or full credit toward a future MAHEC program unless otherwise noted. No refunds will be given for cancellations received less than 48 hours prior to the program date. Substitutes are welcome but please notify us in advance of the program. All cancellations must be made in writing (fax, mail, or email).

Beginning January 1, 2013, full payment must accompany all registrations unless a payment plan has been approved in advance. Registrations received without accompanying payment will not be processed.

There is no online registration for this event.

Please return your completed registration form with payment by mail or fax.

Registration form is located on the next page.



MEANINGFUL USE STAGE 2: ADVANCED CONCEPTS + PATIENT PORTALS

OCTOBER 16, 2013

#14ME014/41590

Practice Name: _____ Phone: _____
Address: _____ City _____ ST _____ Zip _____
County: _____ Contact person's email: _____

\$169 for up to two attendees

1.

include credentials, MD, RN, MBA, etc.

Name: _____

Last 4 digits of SS#: XXX-XX-

Email: _____

Home Address: _____

City _____ ST _____ Zip _____

Home County: _____

Phone (W): _____ (H): _____

Vegetarian meal requested.

Please select one: Concurrent A: MU Stage II Deep Dive
 Concurrent B: Patient Portal Deep Dive

2.

include credentials, MD, RN, MBA, etc.

Name: _____

Last 4 digits of SS#: XXX-XX-

Email: _____

Home Address: _____

City _____ ST _____ Zip _____

Home County: _____

Phone (W): _____ (H): _____

Vegetarian meal requested.

Please select one: Concurrent A: MU Stage II Deep Dive
 Concurrent B: Patient Portal Deep Dive

3.

include credentials, MD, RN, MBA, etc.

Name: _____

Last 4 digits of SS#: XXX-XX-

Email: _____

Home Address: _____

City _____ ST _____ Zip _____

Home County: _____

Phone (W): _____ (H): _____

Vegetarian meal requested.

Please select one: Concurrent A: MU Stage II Deep Dive
 Concurrent B: Patient Portal Deep Dive

4.

include credentials, MD, RN, MBA, etc.

Name: _____

Last 4 digits of SS#: XXX-XX-

Email: _____

Home Address: _____

City _____ ST _____ Zip _____

Home County: _____

Phone (W): _____ (H): _____

Vegetarian meal requested.

Please select one: Concurrent A: MU Stage II Deep Dive
 Concurrent B: Patient Portal Deep Dive

PAYMENT INFORMATION

Check enclosed

Charge my: VISA Mastercard Discover AMEX

Account # _____

Exp ___ / ___ Code on back of card _____

Name on Card: _____

Signature _____



Fax registrations to (828) 257-4768.



Mail completed registration form with check (payable to MAHEC) or credit card information to:

MAHEC Registration
121 Hendersonville Rd.
Asheville, NC 28803

