



ROAD TO MEANINGFUL USE

The Business Case for EHR

April 29, 2011

Topics of Discussion

- **Background**
- **Road to Meaningful Use**
- **Incentives Program**
- **Business Case for EHR**

BACKGROUND

eQHealth Solutions

- Since 2006, we have helped physician offices adopt EHR to their practices.
- Knowledgeable of all components of certified health information systems.
- Knowledgeable about federal funding opportunities.
- Work through all stages of the transformation from paper records to digital.

ARRA

- **HITECH Act.**
 - Promotes meaningful use of health information technology (HIT).
 - Authorizes incentive payments.
 - Provide HIT implementation assistance.
- **HIT Extension Program**
 - Regional Extension Centers (RECs).
 - Assistance to implement and meaningfully use certified electronic health record (EHR) technology.

Regional Extension Center

Goal is to help physicians/practices adopt EHR to improve:

- Quality
- Patient Safety
- Efficiency

We serve as a resource for:

- Education
- Assessment
- Planning
- Implementation
- Meaningful Use

eQHealth and the Mississippi REC

- **Goal:**
 - Assist 1,000 primary care providers (PCPs).
- **To Date:**
 - #2 in participation goal.
 - 900 participating PCPs.
 - 200 “Go Lives”.
 - 60 specialty providers.

A ROAD TO MEANINGFUL USE

Meaningful Use

What is *Meaningful Use*?

Vision:

To enable significant and measurable improvements in population health through a transformed health care delivery system.

**Source: Health IT Policy Committee Meaningful Use Workgroup's June 23, 2009 presentation*

Final Rule

Final Rule Released: July 13th, 2010

What the Final Rule Does....

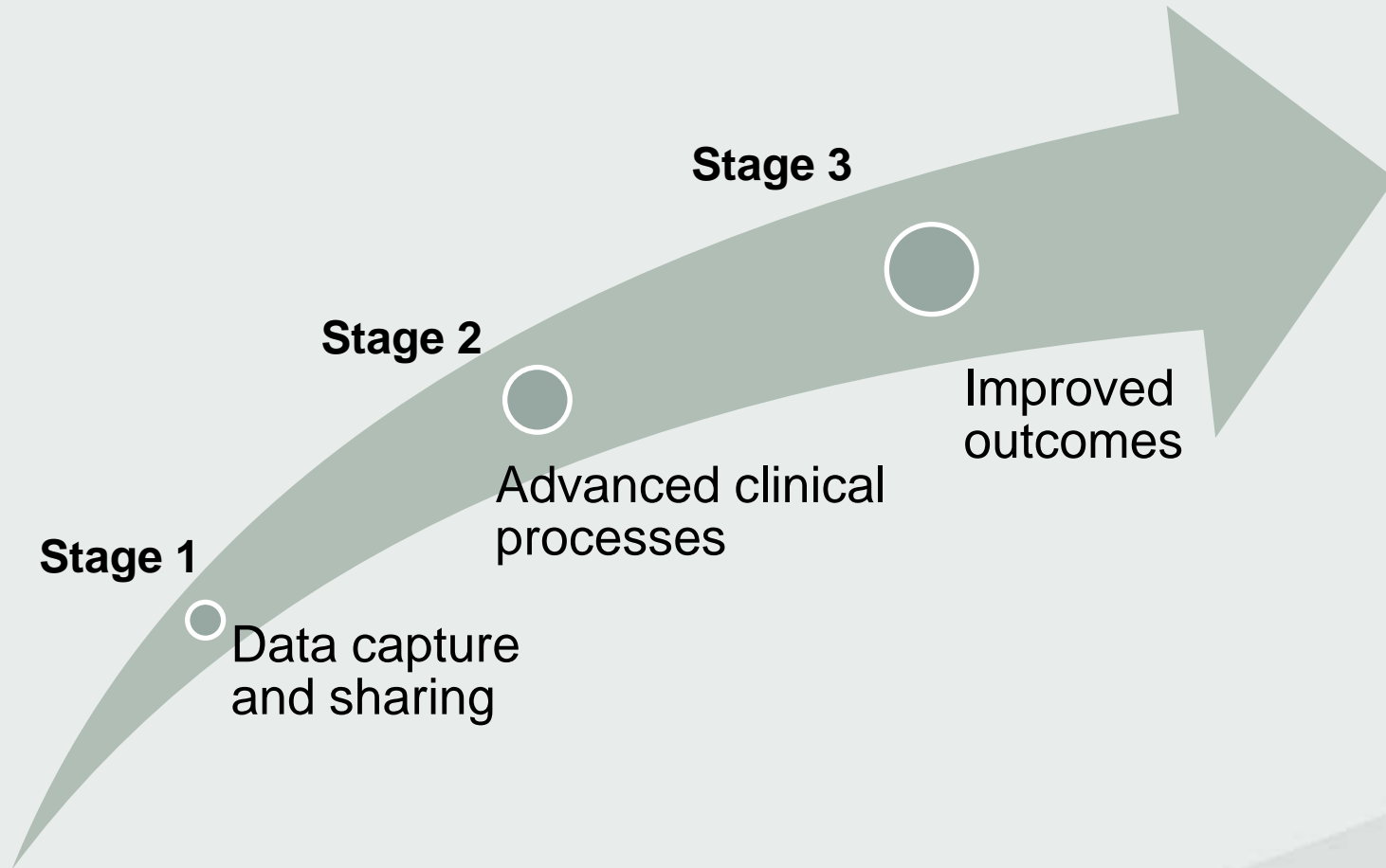
- Harmonizes MU criteria across CMS programs as much as possible
- Closely links with the ONC Certification and Standards final rules
- Builds on the recommendations of the HIT Policy Committee and Public Commenters
- Coordinates with existing CMS quality initiatives
- Provides a platform that allows for a staged implementation of EHRs over time

Regulatory Definition – Meaningful Use

In HITECH, Congress specified three types of requirements for meaningful use:

- Use certified EHR technology meaningfully (e.g. eRx).
- Electronically exchange health information.
- Report clinical quality measures.

Conceptual Approach to Meaningful Use



Meaningful Use - Stage 1 Criteria

- **Eligible Professional (EP)**
 - 15 core objectives
 - 5 objectives out of 10 from menu set
 - 6 total Clinical Quality Measures
 - 3 core or alternate core
 - 3 out of 38 from additional set
- **Eligible Hospital/CAH**
 - 14 core objectives
 - 5 objectives out of 10 from menu set
 - 15 Clinical Quality Measures

Meaningful Use – Stage 1 Objectives (Eligible Professional)

Core Set: Must Do All

- Use CPOE
- e-prescribing
- Drug-drug & drug allergy checks
- Medication list
- Allergy list
- Problem list
- Decision support
- Record demographics
- Smoking status
- Vital signs
- Clinical summaries to patient
- Electronic exchange
- Health info to patients
- Clinical quality measures
- Protect health information

Menu Set: Must Do 5 of 10

- Drug-formulary checks
- Incorporate clinical labs
- Medication reconciliation
- Generate patient list
- Patient electronic access
- Send reminder
- Patient-specific education
- Clinical summaries to provider
- Submit electronic data to immunization registry*
- Provide electronic syndromic surveillance data to public health agencies*

**At least 1 public health objective must be selected.*

Meaningful Use – Stage 1 Objectives (Eligible Hospital)

Core Set: Must Do All

- Use CPOE
- Drug-drug & drug allergy checks
- Record demographics
- Implement one clinical decision support rule
- Maintain list of current/active diagnoses
- Medication list
- Allergy list
- Smoking status
- Vital signs
- Clinical quality measures to CMS / States
- Health info to patients
- Discharge info to patients
- Exchange information among authorized providers of care
- Protect health information

Menu Set: Must Do 5 of 10

- Drug-formulary checks
- Advanced directives for patients 65 years or older
- Incorporate clinical labs
- Generate patient lists
- Patient specific education
- Medication reconciliation
- Summary of care record for each transition of care/referrals
- Report to immunization registries/systems*
- Report to public health agencies*
- Provide electronic syndromic surveillance data to public health agencies*

**At least 1 public health objective must be selected.*

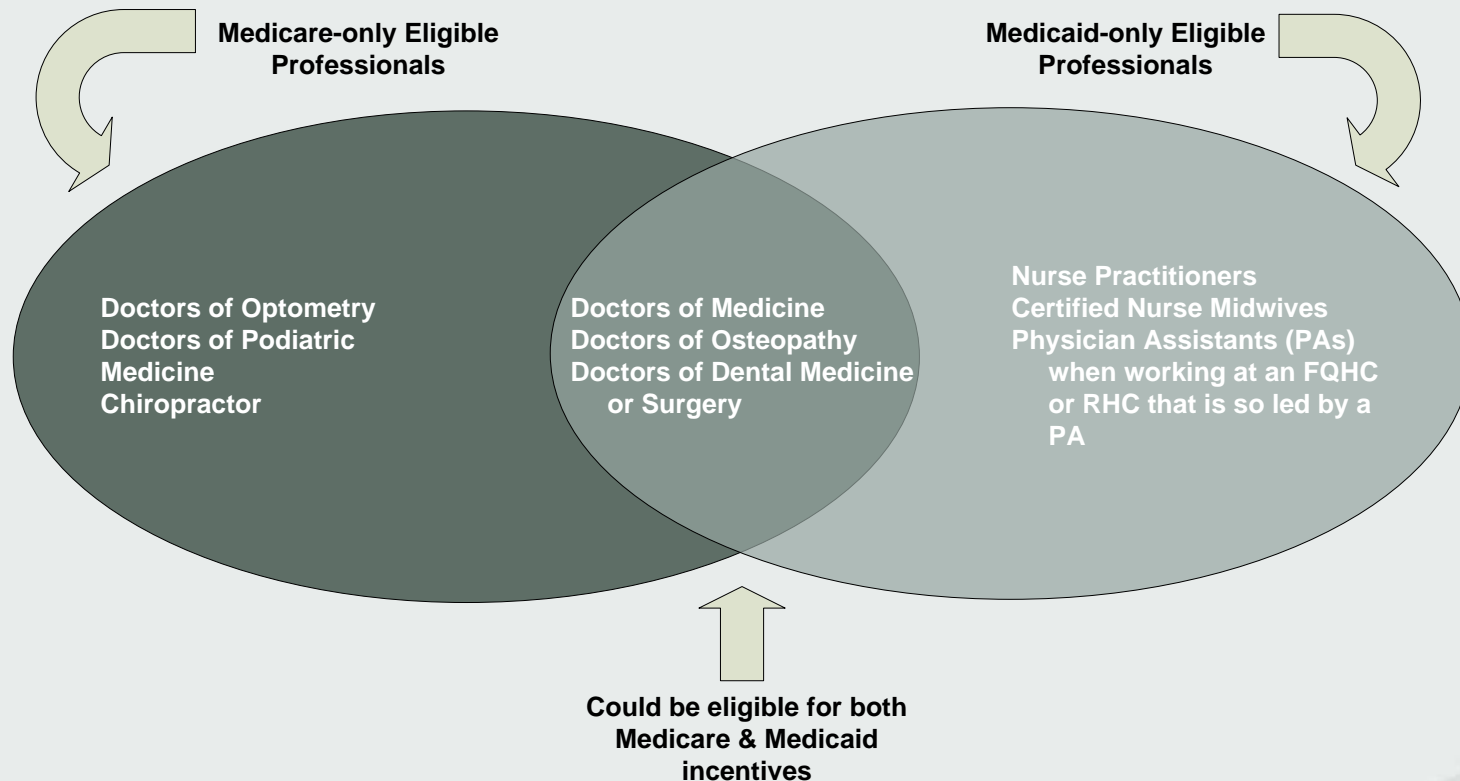
INCENTIVES PROGRAM

Goals

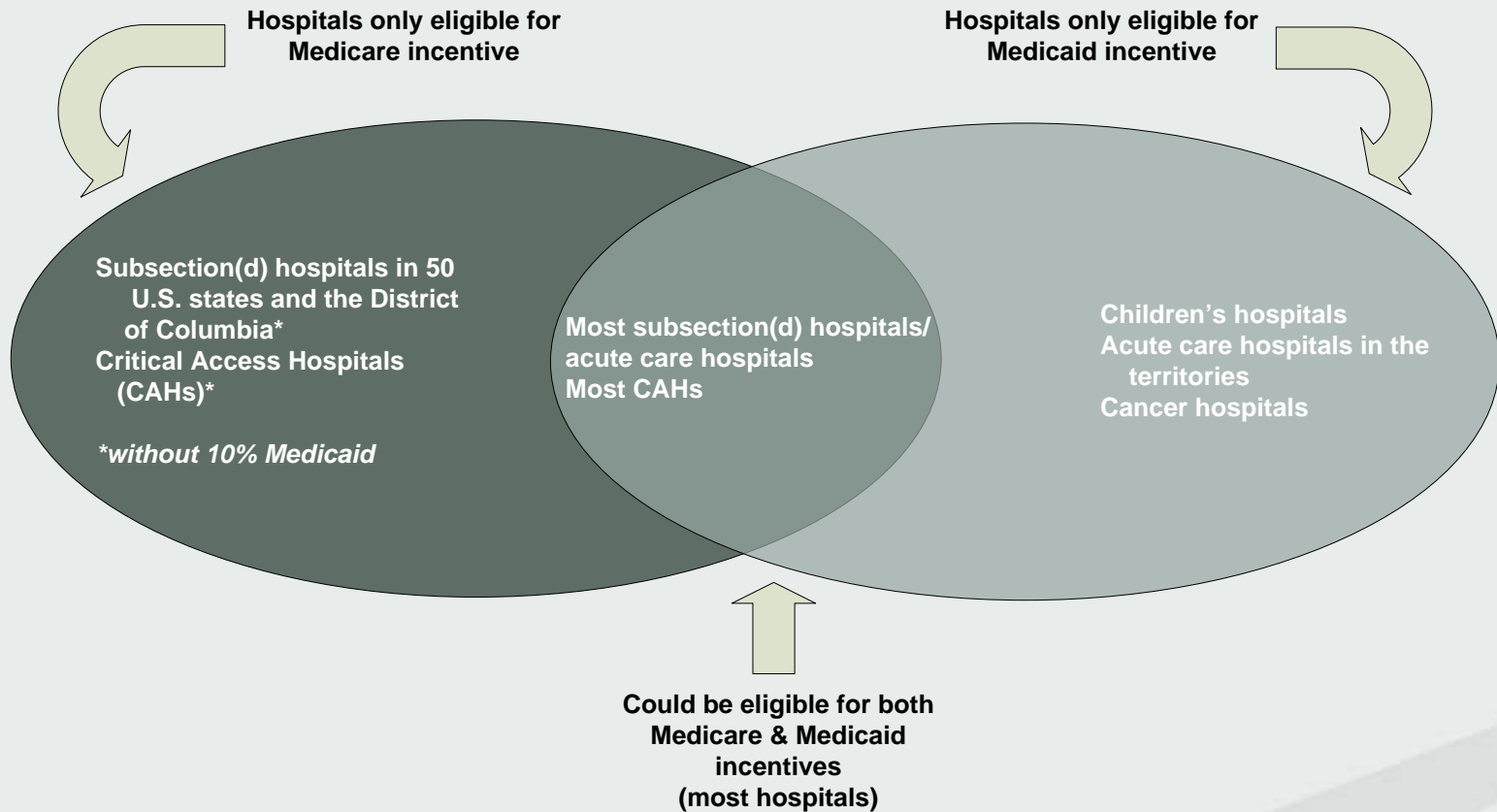
- Improve quality, safety and efficiency
- Engage patients and their families
- Improve care coordination
- Improve population and public health
- Ensure privacy and security protections

**Source: Health IT Policy Committee Meaningful Use Workgroup's June 23, 2009 presentation*

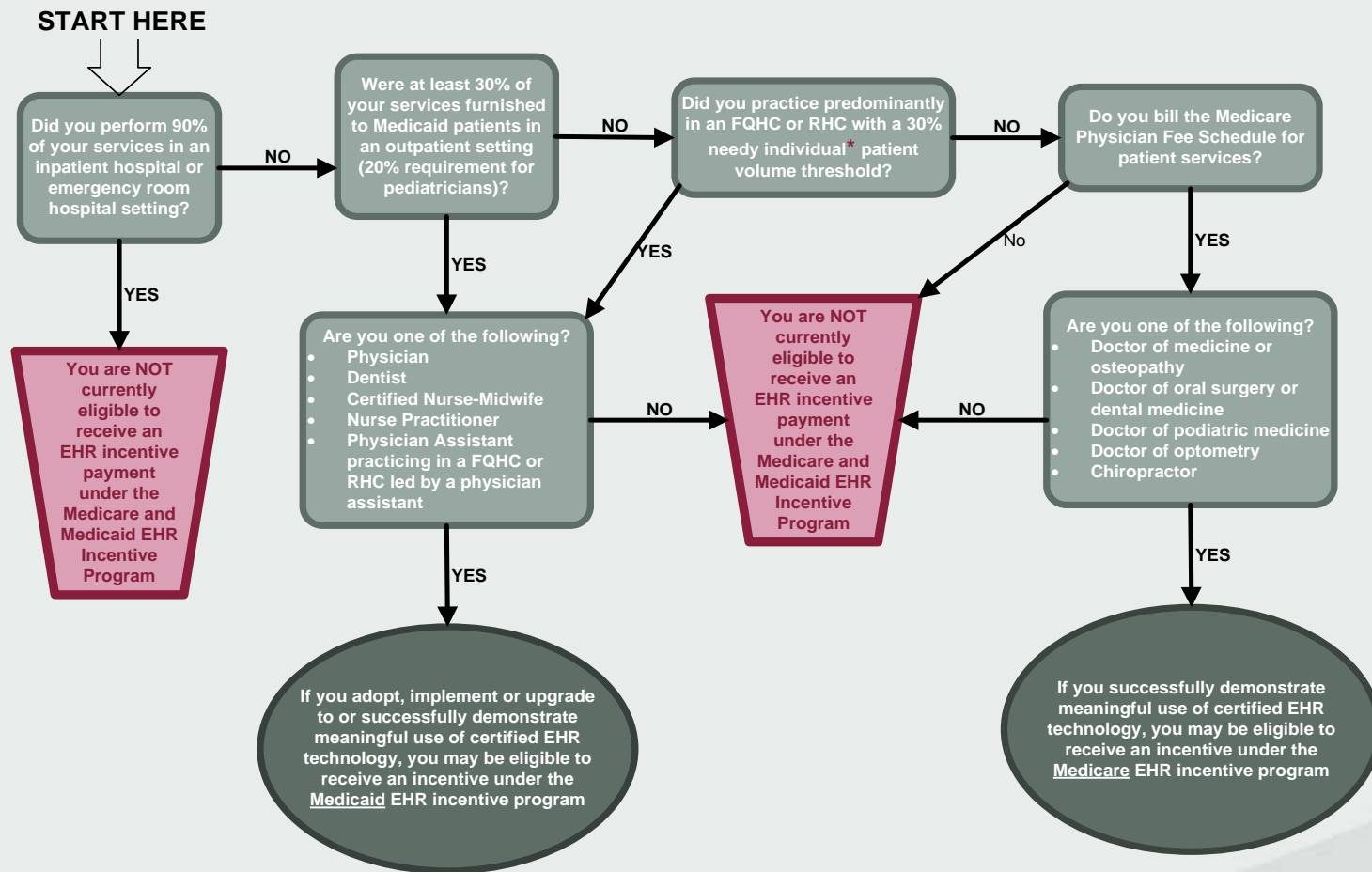
Eligible Professionals



Eligible Hospitals



Determining Eligibility



* Section 1903(t)(3)(F) of the Act defines needy individuals as individuals meeting any of the following three criteria: (1) They are receiving medical assistance from Medicaid or the Children's Health Insurance Program (CHIP); (2) they are furnished uncompensated care by the provider; or (3) they are furnished services at either no cost or reduced cost based on a sliding scale

Timeline

	CY 2011		CY 2012		CY 2013		CY 2014		CY 2015		CY 2016	
	Medicare	Medicaid	Medicare	Medicaid	Medicare	Medicaid	Medicare	Medicaid	Medicare	Medicaid	Medicare	Medicaid
CY 2011	\$18,000	\$21,250										
CY 2012	\$12,000	\$8,500	\$18,000	\$21,250								
CY 2013	\$8,000	\$8,500	\$12,000	\$8,500	\$15,000	\$21,250						
CY 2014	\$4,000	\$8,500	\$8,000	\$8,500	\$12,000	\$8,500	\$12,000	\$21,250				
CY 2015	\$2,000	\$8,500	\$4,000	\$8,500	\$8,000	\$8,500	\$8,000	\$8,500		\$21,250		
CY 2016		\$8,500	\$2,000	\$8,500	\$4,000	\$8,500	\$4,000	\$8,500		\$8,500		\$21,250
CY 2017				\$8,500		\$8,500		\$8,500		\$8,500		\$8,500
CY 2018						\$8,500		\$8,500		\$8,500		\$8,500
CY 2019								\$8,500		\$8,500		\$8,500
CY 2020										\$8,500		\$8,500
CY 2021												\$8,500
TOTAL (if EP does not switch programs)	\$44,000	\$63,750	\$44,000	\$63,750	\$39,000	\$63,750	\$24,000	\$63,750	\$0	\$63,750	\$0	\$63,750

NOTE: Medicare Eligible Professionals may not receive EHR incentive payments under both Medicare and Medicaid.

NOTE: The amount of the annual EHR incentive payment limit for each payment year will be increased by 10 percent for Medicare EPs who predominantly furnish services in an area that is designated as a Health Professional Shortage Area.

Medicare/Medicaid Incentive Differences

Notable Differences Between the Medicare & Medicaid EHR Programs

Medicare	Medicaid
Federal Government will implement (will be an option nationally)	Voluntary for State to implement (may not be an option in every State)
Payment reductions begin in 2015 for providers that do not demonstrate Meaningful Use	No Medicaid payment reductions
Must demonstrate MU in Year 1	A/I/U option for 1st participation year
Maximum incentive is \$44,000 for EPs (bonus for EPs in HPSAs)	Maximum incentive is \$63,750 for EPs
MU definition is common for Medicare	States can adopt certain additional requirements for MU
Last year a provider may initiate program is 2014; Payment adjustments begin in 2015	Last year a provider may initiate program is 2016
Only physicians, subsection (d) hospitals and CAHs	5 types of EPs, acute care hospitals (including CAHs) and children's hospitals

HITECH EHR Incentives Program and other Medicare Incentive Programs

Participation in HITECH and other Medicare Incentive Programs for EPs

Other Medicare Incentive Program	Eligible for HITECH EHR Incentive Program?
Medicare Physician Quality Reporting Initiative (PQRI)	Yes, if the EP is eligible.
Medicare Electronic Health Record Demonstration (EHR Demo)	Yes, if the EP is eligible.
Medicare Care Management Performance Demonstration (MCMP)	Yes, if the practice is eligible. The MCMP demo will end before EHR incentive payments are available.
Electronic Prescribing (eRx) Incentive Program	If the EP chooses to participate in the <u>Medicare</u> EHR Incentive Program, they cannot participate in the Medicare eRx Incentive Program simultaneously in the same program year. If the EP chooses to participate in the <u>Medicaid</u> EHR Incentive Program, they can participate in the Medicare eRx Incentive Program simultaneously.

Resources:

eQHealth solutions

- <http://www.eqhealthsolutions.org>

Meaningful Use and EHR Incentives Program:

- <http://www.cms.gov/EHRIncentivePrograms/>

Certified EHR List:

- <http://onc-chpl.force.com/ehrcert>

BUSINESS CASE FOR EHR: A PHYSICIAN'S PERSPECTIVE

Early EHR Adopter

- **Location:**
 - DeRidder, LA
- **Specialty:**
 - Family Practice
- **Practice Size:**
 - 2 physicians
- **EHR System:**
 - Allscripts
- **Year of Adoption:**
 - 2006

Planning

- **Assessment of Practice**
- **Planning for Current and Future Needs**
- **Vendor Selection**
 - Pricing
 - Functionality
 - Vendor Support
- **Contract Negotiation**

Implementation

- **Installation**
- **Training**
- **Transition**
 - Workflow Changes
 - Paper to EHR
- **Go Live**
 - Productivity Issues
 - Billing Issues

EHR Utilization

- **Usability**
- **Effect on Productivity**
- **Staff Support**
- **Patient Support**

Quality Improvement

- **Care Coordination**
- **Data Analysis**
- **Clinical Decision Support**
- **Patient Portal**
- **E-Prescribing**

Return on Investment

- **Coding**
- **Care Maintenance and Reminders**
- **Operational Efficiencies**
 - Time
 - Supplies
- **Qualifying for EHR Incentives Program**

Q&A

Thank You!!!!!!

APPENDIX

CQM: Core Set for EPs

NQF Measure Number & PQRI Implementation Number	Clinical Quality Measure Title
NQF 0013	Hypertension: Blood Pressure Measurement
NQF 0028	Preventive Care and Screening Measure Pair: a) Tobacco Use Assessment, b) Tobacco Cessation Intervention
NQF 0421 PQRI 128	Adult Weight Screening and Follow-up

CQM: Alternate Core Set for EPs

NQF Measure Number & PQRI Implementation Number	Clinical Quality Measure Title
NQF 0024	Weight Assessment and Counseling for Children and Adolescents
NQF0041 PQRI 110	Preventive Care and Screening: Influenza Immunization for Patients 50 Years Old or Older
NQF 0038	Childhood Immunization Status

CQM: Additional Set for EPs

#	Clinical Quality Measure
1	Diabetes: Hemoglobin A1c Poor Control
2	Diabetes: Low Density Lipoprotein (LDL) Management and Control
3	Diabetes: Blood Pressure Management
4	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
5	Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)
6	Pneumonia Vaccination Status for Older Adults
7	Breast Cancer Screening
8	Colorectal Cancer Screening
9	Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD
10	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
11	Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b)Effective Continuation Phase Treatment
12	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
13	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
14	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
15	Asthma Pharmacologic Therapy
16	Asthma Assessment.
17	Appropriate Testing for Children with Pharyngitis
18	Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
19	Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients

CQM: Additional Set for EPs, cont'd

#	Clinical Quality Measure
20	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
21	Smoking and Tobacco Use Cessation, Medical Assistance: a) Advising Smokers and Tobacco Users to Quit, b) Discussing Smoking and Tobacco Use Cessation Medications, c) Discussing Smoking and Tobacco Use Cessation Strategies
22	Diabetes: Eye Exam
23	Diabetes: Urine Screening
24	Diabetes: Foot Exam
25	Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol
26	Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation
27	Ischemic Vascular Disease (IVD): Blood Pressure Management
28	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
29	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a) Initiation, b) Engagement
30	Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
31	Prenatal Care: Anti-D Immune Globulin
32	Controlling High Blood Pressure
33	Cervical Cancer Screening
34	Chlamydia Screening for Women
35	Use of Appropriate Medications for Asthma
36	Low Back Pain: Use of Imaging Studies
37	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control
38	Diabetes: Hemoglobin A1c Control (<8.0%)

CQM: Eligible Hospitals and CAHs

#	Clinical Quality Measure
1	Emergency Department Throughput –admitted patients –Median time from ED arrival to ED departure for admitted patients
2	Emergency Department Throughput –admitted patients –Admission decision time to ED departure time for admitted patients
3	Ischemic stroke –Discharge on anti-thrombotics
4	Ischemic stroke –Anticoagulation for A-fib/flutter
5	Ischemic stroke –Thrombolytic therapy for patients arriving within 2 hours of symptom onset
6	Ischemic or hemorrhagic stroke –Antithrombotic therapy by day 2
7	Ischemic stroke –Discharge on statins
8	Ischemic or hemorrhagic stroke –Stroke education
9	Ischemic or hemorrhagic stroke –Rehabilitation assessment
10	VTE prophylaxis within 24 hours of arrival
11	Intensive Care Unit VTE prophylaxis
12	Anticoagulation overlap therapy
13	Platelet monitoring on unfractionated heparin
14	VTE discharge instructions
15	Incidence of potentially preventable VTE