

Today's Speaker



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About Justin Barnes



Congress Debates Healthcare

Barnes testifies before the U.S. House for Healthcare Public Policies.

[Learn More >](#)

As a healthcare software executive and public policy expert, Justin Barnes is a Vice President with **Greenway Medical Technologies** and manages Greenway's Strategy, Marketing, Corporate Development and Government Affairs. In addition, Justin is Chairman of the **HIMSS Electronic Health Record (EHR) Association** where he is responsible for executing the EHR Association's industry strategy and leadership. Justin resides on several Public Policy, EHR and Health IT industry governance boards and brings the essential continuum of corporate experience from Silicon Valley Start-up's to Industry-leading Fortune 20 conglomerates.

Justin has formally addressed and/ or testified before Congress as well as both Presidential Administrations on fourteen occasions between 2005 and 2010 with statements relating to

EHR meaningful use, EHR certification, healthcare privacy, security, confidentiality, compliance, standards, interoperability, health information exchange, health IT adoption incentives, health IT return on investment (ROI) and the globalization of healthcare. Justin's latest Keynote on the State of Healthcare, Innovation, Opportunity and EHRs is located under the Speakers Bureau [here >>](#) .

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A Perspective on the State of Healthcare, Innovation, Opportunity and EHRs

Justin T. Barnes

**VP, Greenway Medical Technologies
Chairman Emeritus, EHR Association**



State of Healthcare

● Healthcare Reform/ Transformation

- 21% Medicare rate cut averted (for now). 2.2% increase in place.
- Health Reform legislation
 - New CBO estimate puts the cost well in excess of \$1.3 trillion over next decade
 - Leverages health IT to improve patient safety, use of the best clinical practices, evidence based medicine as well as wellness and health promotion activities
 - National support is sliding. 62% of Americans do not support Health Reform
 - Fall elections could show a 30-50 seat swing in House. 5-10 seat swing in Senate
 - New Congress to focus on 3-4 areas to reduce spending and create long-term fix

● Focus on Product and Process Breakthrough's

- Mother Teresa's/ Dr. Shetty's Pediatric Surgery Center
 - Open Heart Surgery \$2K vs. \$20K-\$100K in U.S.

● Beginning the Shift to Paying for Reporting & Quality

- Accountable Care Organizations (ACOs) & PCMHs
- Preventive medicine & wellness. Significant shift by 2013

State of ARRA & HITECH Act

- Meaningful Use
 - Final Rule Released on July 13th
 - Criteria well within expectations ~ 14/15 Core Measures & 5/10 Menu
 - U.S. House W&M and E&C Oversight Hearings Underway
 - Expect U.S. Senate Finance Oversight Hearings this Fall
 - Medicaid EHR Planning Funds Flowing ~ CT, DE, IN, NH, RI, WV, DC
ND, HI, OH & MA
- Standards & Interoperability
 - Final Rule Released on July 13th ~ CCD / CCR
- EHR Certification
 - Final Rule Released on July 13th
 - CCHIT, Drummond Group & InfoGard Lab are all ONC-ATCBs
- Regional Extension Centers
 - Operations underway at various levels of execution
- Health Information Exchanges
 - Operations underway at various levels of operation

Health IT Foundation

- Health IT is a cornerstone of the future of Healthcare
 - **Improve Quality & Care Coordination**
 - Timely access to patient health information
 - **Patient Safety**
 - IOM Report ~ up to 98,000 Americans die each year from medical errors
 - **Patient Satisfaction**
 - Reduce duplicative paperwork, increase access, education & accountability
 - **Improve Billing & Collections**
 - EHRs capture all charges, claim-scrubbing & revenue cycle management
 - **Clinical Research**
 - Participate with no workflow disruption with provider & patient revenue
 - **Reduce Waste, Fraud & Abuse**
 - \$70B-\$200B+ annually in fraud; \$600B-\$850B annually overall

Today's Healthcare & IT Innovation

- **Clinical**
 - Quality measurement, quality reporting & business intelligence
- **Process**
 - Best practices (clinical, financial & administrative)
- **Software**
 - Usability advancements, flexibility, customizable & intuitive
- **Hardware**
 - Faster, more efficient technology, platforms & devices
- **Training**
 - Enhanced, more efficient & scalable deployment models
- **Research**
 - Clinical trials, evidence-based medicine & Pharma research

ARRA Health IT Funds Highlights

- Over \$27B of direct adoption incentives for “meaningful use” of certified EHRs.
 - *No cap or limit on the amount available.*
 - Direct funding has begun: On August 6th CMS began releasing Medicaid funds for state-run EHR stimulus planning
- \$2B for ONC, NIST & HIE Infrastructure
- \$2.5B for distance learning, telemedicine and broadband program account loan guarantees and grants
- \$1.1B to AHRQ for clinical research funding

Conservative CBO estimates show that ARRA funding will save over \$15B in government spending throughout the health sector through improved quality and care coordination, reductions in medical errors and duplicative care.

Key EHR Incentive Milestones

- Sec. 4101: **Medicare** Incentives for Eligible Professionals
 - EHR Meaningful Use ~ Starting 01/01/2011
 - Pay Out ~ Starting as early as mid-May 2011

- Sec. 4201: **Medicaid** Incentives for Eligible Professionals
 - 1st Pay Out Year ~ Expected early to mid-2011 (all state-based)
 - 1st Medicaid Pay Year is for EHR Adoption, Implementation or Upgrade: No MU reporting required. (*Much different than Medicare*)
 - 2nd Pay Out Year ~ Expected mid-2012 (all state-based)
 - 2nd – 6th Medicaid Pay Years are for EHR Meaningful Use & Reporting

- Section 4102/ 4201 – Incentives for **Hospitals**
 - Meaningful Use year ~ As early as 10/01/2010
 - Pay Out Year ~ As early as mid-May 2011

Medicare Eligible Professional

Defined: Section 1861(r) Physician Definition

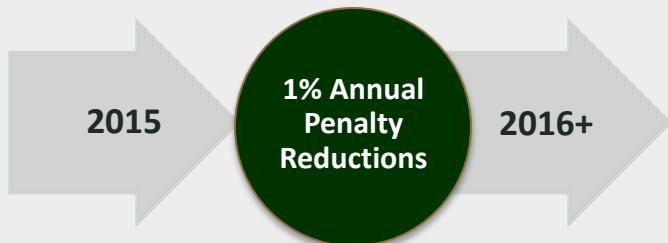
- ✓ Doctor of Medicine or Osteopathy
- ✓ Doctor of Dental Surgery or Dental Medicine
- ✓ Doctor of Podiatric Medicine
- ✓ Doctor of Optometry
- ✓ Chiropractor * (Spine Subluxation)

Up to **\$44k**
per provider

Medicare Eligible Professional Incentives for Meaningful Use of a Certified EHR



Medicare Penalties for No EHR



Up to \$44k per provider

Stimulus Formula
75% of "Allowables" up to Annual Max Above

Medicaid Eligible Professional

Defined:

- ✓ Physician
- ✓ Dentist
- ✓ Certified Nurse Mid-wife
- ✓ Nurse Practitioner
- ✓ Physician Assistant (Rural Health Clinic/ FQHC)

Up to
\$63,750
per provider

Medicaid Incentives up to \$63,750 for Providers/Eligible Professionals with a 30% Medicaid “patient volume” or Pediatricians with at least a 20% Medicaid “patient volume”. Pediatricians below 30% may be reimbursed at 2/3’s (\$42,500) of the total allowable incentive.

Medicaid Eligible Professional Incentives for Meaningful Use of a Certified EHR



Incentives over 6 years

**Up to
\$63,750
per provider**

Medicaid Incentives up to \$63,750 for Providers/Eligible Professionals with a 30% Medicaid "patient volume" or Pediatricians with at least a 20% Medicaid "patient volume". Pediatricians below 30% may be reimbursed at 2/3's (\$42,500) of the total allowable incentive.

No Medicaid Penalties



CMS Incentives for Hospitals

- Requirements for incentives begin in FY11 (10/1/2010)
- For maximum bonus, must be a “meaningful” user of a certified EHR in FY11, FY12 or FY13
- \$2M base + per discharge amount (based on Medicare/Medicaid share)
- Medicare hospitals: No payments after 2016
- Medicaid hospitals: Cannot initiate payments after 2016
- Average Hospital Incentive expected in the \$4M-\$6M Range
- There is no maximum incentive amount

Interesting Factoids

- NO MEDICARE INCENTIVE PAYMENT IF FIRST ADOPTING AFTER 2014- If the first payment year for an eligible professional is after 2014 then the applicable amount specified in this year and any subsequent year shall be \$0. No Medicaid incentive if adopting after 2016.
- INCREASE FOR CERTAIN ELIGIBLE PROFESSIONALS- In the case of an eligible professional who predominantly furnishes services under this part in an area that is designated by the Secretary as a health professional shortage area, the amount shall be increased by 10 percent.
- POSTING ON WEBSITE- The Secretary shall post on the Internet website of CMS a list of the names, business addresses, and business phone numbers of the eligible professionals who are meaningful EHR users

EHR Meaningful Use

- ① Goals
- ① Definitions
- ① Achievement

Meaningful Use Goals

- To improve the quality, safety, and efficiency of care while reducing disparities
- To engage patients and families in their care
- To promote public and population health
- To improve care coordination
- To promote the privacy and security of EHRs

Meaningful Use: Meeting the Needs of Today and Tomorrow

GOALS:

- This is part of an evolutionary path
- There will be incremental growth
- All journeys start with a few steps

Stage 1

- ePrescribing
- CPOE
- Clinical Decision support
- Interoperability
- Public health reporting
- Quality reporting

Stage 2

Proposed

- ePrescribing refills
- Electronic transmission of orders entered using CPOE
- Electronic transmission of diagnostic test results
- Electronic summary record
- Receive health alerts
- Immunization information

Stage 3

Proposed

- Access comprehensive patient data
- Automated real-time surveillance
- Patient access to self management tools
- Robust, patient-centered health information exchange
- Improved population health

Major Changes

- Previous requirements now divided into Core Set (14/15) and Menu Set (pick 5 of 10, include one population/public health measure) requirements
- Thresholds for use reduced
- Administrative requirements removed
- Decision Support requirements reduced
- Reduced Quality Metrics
- Additional Quality options

15 Meaningful Use Stage 1 Criteria for EPs, 14 for Hospitals & CAHs

CPOE for medication orders ~ (>30% of patients with a med list, whose records are maintained using a certified EHR, must have at least 1 order entered using CPOE)	Maintain active medication allergy list ~ (>80% of patients, at least 1 entry)	Adopt/track compliance of clinical decision support rule
Drug-drug/drug allergy checks	Record patient demographics (hospitals record preliminary cause of death) (>50%)	Provide digital copy of health record on request ~ (>50%, within 3 Business Days)
Maintain current diagnoses problem list ~ (>80%, ≥1 entry)	Record vitals, children growth charts (>50%)	Electronic information exchange / Interoperability ~ (1 test of PL, ML, MA, DTR, etc.)
E-prescribe (EPs only) ~ (>40%)	Record smoking status, 13 yrs and older ~ (>50% who qualify)	Privacy/security capability (Security Analysis, Updates)
Maintain active medication list ~ (>80% of patients, at least 1 entry)	Provide clinical summaries (EPs) and discharge summary (hospitals) ~ (>50%)	Report quality measures to CMS or state entity

Menu Set EPs, Hospitals & CAHs

Select/Defer any 5 of the 10 Total

Implement drug formulary checks/maintain access to formulary	Medication reconciliation between care settings ~ (>50% of transitions of care)
Import/store lab results ~ (>40%)	Care summaries to referred/transitioned patients ~ (>50%)
Patient lists by condition	Submit immunization data to registries ~ (at least one test/follow-up)
Provide patient-specific education materials ~ (>10%)	Submit syndromic surveillance data to public health agencies ~ (at least one test/follow-up)

Additional Menu Set for EPs Only

Patient reminders ~ (>20% patients 65+ or <5)	Provide patients with health record ~ (>10% within 4 days of updating)
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Additional Menu Set for Hospitals & CAHs

Record advance directives ~ (>50% of patients 65+)	Submit lab results to public health agencies ~ (at least one test/follow-up)
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EHR Reporting Periods

● For eligible professionals

- **Medicare** first payment year, any continuous 90-day period within that calendar year
 - If \$24k in “allowables” threshold is met, then EP can submit immediately after the 90-day reporting period is achieved
 - If not, then EP submits once the \$24k is achieved or on 12/31 of first year
- For the second, third, fourth and fifth payment year, the entire calendar year
- **Medicaid** has same 90-day period for first MU year, then 365 days reporting for every subsequent year

● For a eligible hospital or a critical access hospital

- For the first payment year, any continuous 90-day period within that Federal fiscal year
- 365 days reporting for every subsequent Federal fiscal year

Achieving Meaningful Use with a Certified EHR

- **Seek a Trusted Advisor & Partner**
 - Ensure you partner with a company that is in expert in EHR meaningful use, certification & standards
 - Track record of being proactive in the evolution of healthcare
 - EHR Certification, Standards Development & Interoperability
- **NCVHS EHR Meaningful Use Hearings**
 - 10 Panels covering a multitude of perspectives
 - Greenway's Justin Barnes testified on EHR Certification, Standards, Implementation and Quality Measures
- **Assign a Meaningful Use Leader in your Facility**
 - The leader reviews the MU Final Rule
 - Understand how it effects you

Achieving Meaningful Use with a Certified EHR

- **Reference sites in your specialty and with similar size practices**
 - Be practical and seek EHRs that are currently used at POC today
 - Accept references where >50% of care providers use EHR today
- **Product workflow is consistent with your facility/ practice requirements**
- **Can be “Meaningfully Used” at the point-of-care**
 - The EHR is easily customizable & flexible to your workflow
- **Standards & Product Certification**
 - CCD & CCR standards approved in Final Rule
 - New certification process built from current CCHIT[®] framework and efforts.
 - 2-5 ONC Authorized Testing & Certification Bodies (ATCBs) expected initially
 - Very rigorous application process
 - CCHIT is the “Gold” Standard for EHR Certification

Seize the Opportunity Today

- **Begin fostering the EHR discussion with your practice, hospital or facility**
 - Involve all staff
 - Leadership is critical to success
- **Understand your goals for EHR adoption**
 - Financial, quality, patient satisfaction, clinical research, community leadership, all of the above, etc...
- **Begin EHR product review process today**
 - “Meaningful Use” begins January 1st, 2011 for Medicare eligible professionals and incentives begin mid-2011 for Medicaid eligible professionals
 - It takes time to properly research, purchase, implement and “meaningfully use” an EHR so experts suggest you “*get your place in line now*” to ensure you qualify for first year EHR adoption incentives.

EHR & Industry Research Resources

Look for companies that are dedicated to strong product and industry leadership. Products that have the 2008/ 2011 CCHIT® EHR certification, leading KLAS Research customer satisfaction scores and integrate IHE interoperability profiles to support secure data exchange.



www.cchit.org



www.mgma.com



www.klasresearch.com



www.himssehra.org



www.ihe.net



healthreformreport.com

Capitol Hill Engagement



Be part of the conversation

In Congress today....

18 Physicians | **300+** Attorneys

Your Congressperson & Senators want to hear from you

- Educate them on the life of a care provider & small business
- Offer to host a site visit on one of their “district days”
- They should be able to assist with HHS relationships
- They may even ask you to be on a Panel or in a Hearing
- Let us know how we can help

Additional Resources

Greenway's Government Affairs & Meaningful Use Updates



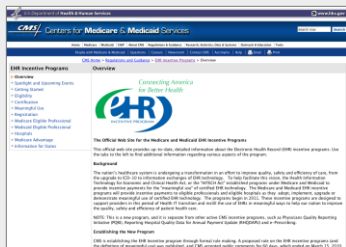
EHR MU Navigation (www.greenwaymedical.com/news/stimulus)
Gov't Affairs www.greenwaymedical.com/learn-more/govt-industry-affairs

Important Government & HHS Sites



HHS Breach Notification (www.hhs.gov)
HHS Privacy Rule (www.hhs.gov/healthprivacy/)
Recovery.gov (www.recovery.gov)

HHS/CMS EHR Meaningful Use Websites



Centers for Medicare & Medicaid Services (www.cms.gov/EHRIncentivePrograms/)
CMS EHR MU FAQ (<http://questions.cms.hhs.gov/app/answers/list/p/21,26,1058>)



QUESTIONS OR COMMENTS?



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Thank You



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