The Future of Meaningful Use, EHRs and Accountable Care

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Conversation #askHIT

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State of Healthcare

- **Healthcare Reform/ Transformation**
  - 25% Medicare rate cut averted for 2011 but 29.5% cut pending for 2012
    - 2011 “fix” cost $18B but 2012/ 2013 “fix” could cost $54B
  - 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
    - This 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

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State of ARRA & HITECH Act

- **EHR Meaningful Use**
  - Over $27B available with no cap. Protected in Medicare Trust Fund
  - Criteria well within expectations ~ 14/15 Core Measures & 5/10 Menu
  - Incentives are front-loaded so begin as soon as you can
  - As of June, over 80,000 care providers registered for Meaningful Use
  - Over $250 Million in incentives paid out to eligible providers already!
    - Over $2 Million just to Nurse Practitioners under Medicaid
- **EHR Certification**
  - 6 ONC-ATCB Certifying Entities
  - CCHIT remains industry gold standard
- **Regional Extension Centers**
  - Operations underway at various levels of execution
- **Health Information Exchanges**
  - Operations underway at various levels of operation

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Health IT Foundation

- **Health IT is a cornerstone of the future of Healthcare**
  - **Improve Quality, Care Coordination & 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

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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

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Key EHR Incentive Milestones

- Sec. 4101: **Medicare** Incentives for Eligible Professionals
  - EHR Meaningful Use ~ Began 01/03/2011
  - Medicare MU Attestation ~ Began 04/18/2011
  - Pay Out ~ Began 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 ~ Began 10/01/2010
  - Pay Out ~ Began mid-May 2011

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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

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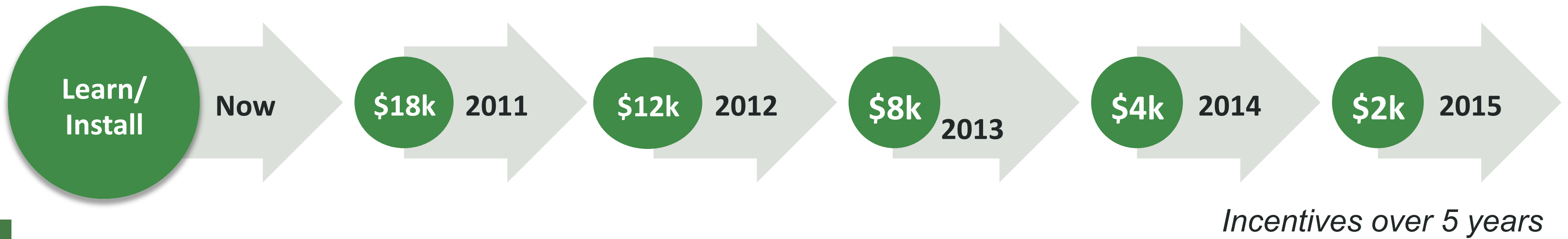
Medicare Eligible Professional Incentives for *Meaningful Use* of a *Certified* EHR



Up to
$44k
per provider

Stimulus Formula

75% of "Allowables" up to Annual Max Above

Medicare Penalties for No EHR

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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.

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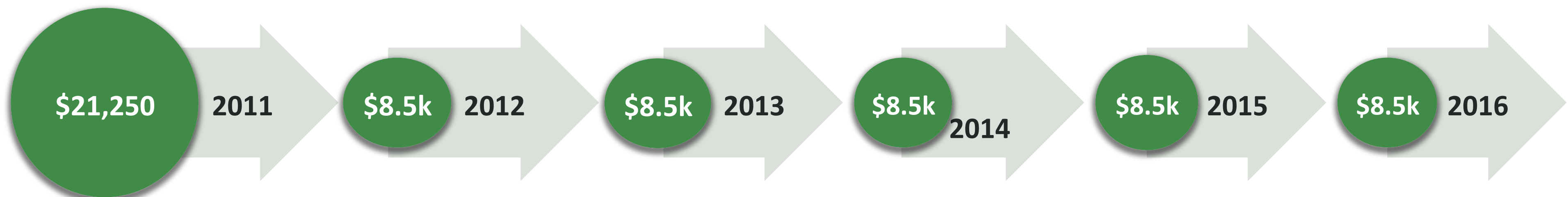
Medicaid Eligible Professional Incentives for *Meaningful Use* of a *Certified* EHR



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

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Medicaid State Information

CMS Centers for Medicare & Medicaid Services

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Home | Medicare | Medicaid | CHIP | About CMS | Regulations & Guidance | Research, Statistics, Data & Systems | Outreach & Education | Tools

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CMS Home > Regulations and Guidance > EHR Incentive Programs > Medicaid State Information

EHR Incentive Programs

- Overview
- Path to Payment
- Eligibility
- Registration
- Certified EHR Technology
- CMS EHR Meaningful Use Overview
- Attestation
- Medicare and Medicaid EHR Incentive Program Basics
- **Medicaid State Information**
- Medicare Advantage
- Spotlight and Upcoming Events
- Educational Materials
- EHR Incentive Program Regulations and Notices
- CMS EHR Incentive Programs Listserv
- Frequently Asked Questions (FAQs)

Medicaid State Information

States may voluntarily offer the Medicaid EHR Incentive Program to their Medicaid eligible professionals and eligible hospitals. This provides resources for states to understand the program and learn more about what is required to offer the programs.

CMS registration opens in the following states on July 4, 2011:

- Arizona
- Connecticut
- Rhode Island
- West Virginia

The following states opened for registration prior to July 4, 2011:

- Alabama
- Alaska
- Indiana
- Iowa
- Kentucky
- Louisiana
- Michigan
- Mississippi
- Missouri
- North Carolina
- Ohio
- Oklahoma
- Pennsylvania
- South Carolina
- Tennessee
- Texas
- Washington

http://www.cms.gov/EHRIncentivePrograms/25_Certification.asp#TopOfPage

http://www.cms.gov/EHRIncentivePrograms/40_MedicaidStateInfo.asp#TopOfPage

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CMS Incentives for Hospitals

- Requirements for incentives began 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

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EHR Meaningful Use

- Goals
- Definitions
- Achievement

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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

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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)

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)

Meaningful Use Stage 2

- **Criteria finalized in 2011. Reporting period is 2013 & 2014**
- **Stage one Menu objectives become core items**
- **Patient volume & percentage thresholds increases**
  - Electronic Prescribing ~ Increases to 50%-60% of prescriptions
  - Record Vital Signs ~ Increases to 80% of patients
- **Matching care coordination with HIT components of Accountable Care**
- **5 Domains of Quality Reporting**:
  - Care Coordination, Patient Safety, Pt. Engagement, Efficiency & Public Health
  - Managing closely as many influences are engaging

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Meaningful Use Stage 3

- **Stage 3 will maintain Stage 2 Criteria**
  - Further increase patient volume and other thresholds in some areas, beginning 2015
- **Enhance bi-directional data exchange with public health agencies utilizing existing criteria**
  - Immunization data to registries
  - Lab data to registries
  - Syndromic surveillance to public health registries
- **Demonstrate improvement in patient outcomes**
  - Provide patients access to self-management tools
  - Allow patients to upload generated data
  - Example~ Reduce major drug interactions & readmission rates

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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 2nd, 3rd, 4th and 5th 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

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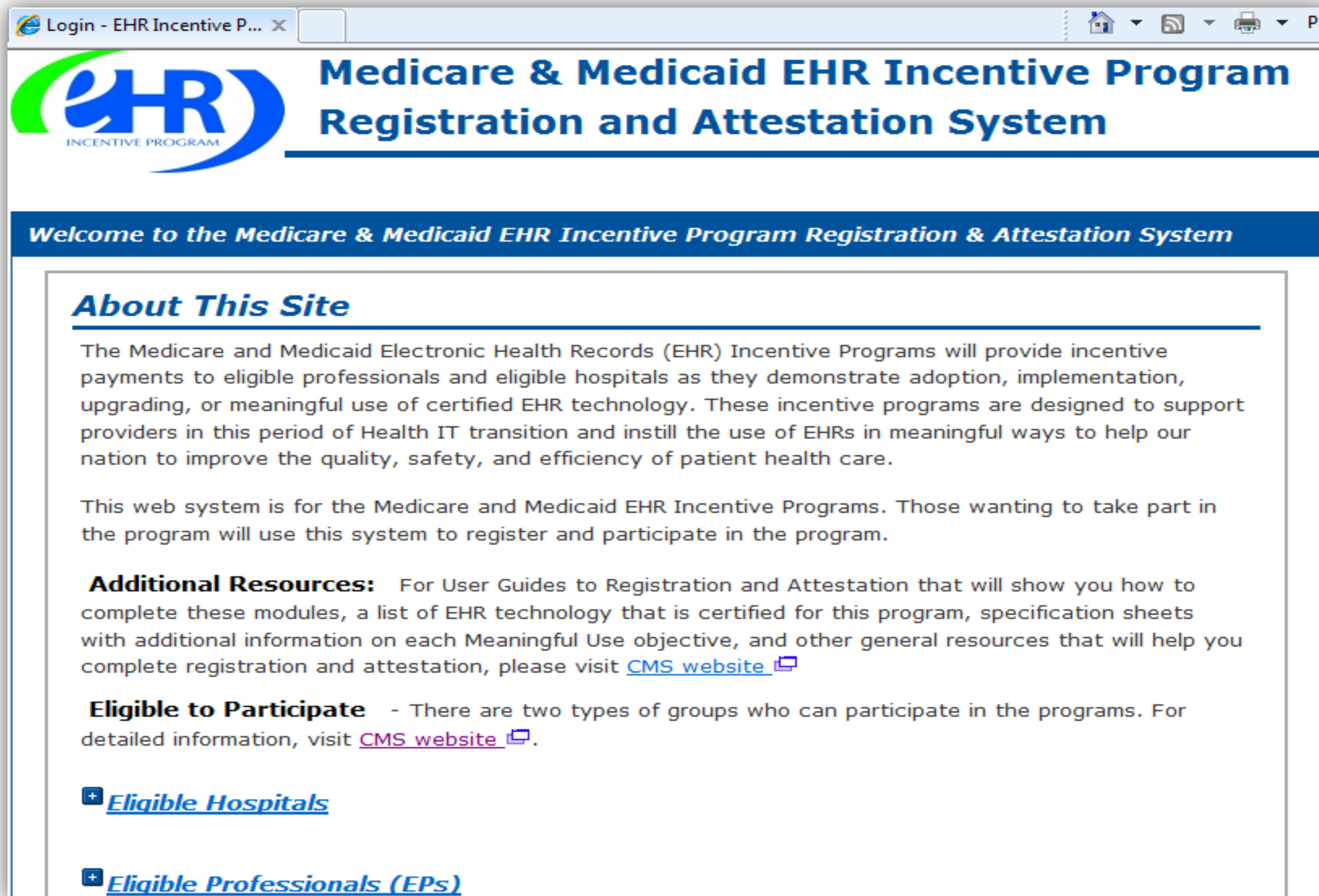
EHR MU Registration Page



https://ehrincentives.cms.gov/hitech/login.action

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Achieving Meaningful Use with a Certified EHR

- **Assign a Meaningful Use Leader in your Facility**
  - Ensure review of MU Final Rule, CMS/ ONC Site & FAQs
  - Understand how it affects you today and tomorrow

- **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

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Achieving Meaningful Use with a Certified EHR

- **Request 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 >70% 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
  - 6 ONC Authorized Testing & Certification Bodies (ATCBs)
    - CCHIT remains the "Gold" Standard for EHR Certification

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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**
  - EHR "Meaningful Use" incentive program well underway
  - 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

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Accountable Care
&
Payment Reform
Strategies

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The Evolution

EHR Adoption

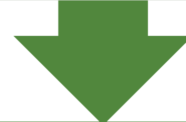
10%-15% have comp. EHRs

Training & usability are key

Meaningful Use

275,000 care providers est. to achieve MU incentive

325,000 care providers est. to adopt EHRs without incentive



Accountable Care

Quality Reporting

Outcomes-based Payments

…essential building blocks for a sustainable healthcare system

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CMS Shared Savings Program to create Accountable Care Organizations

NPRM out 3/31. Public Comments = 6/6 for CMS & OIG; 5/31 for FTC/DOJ & IRS

- ACOs to begin Jan. 1, 2012
- Voluntary for providers
- Voluntary for patients
  - Can be assigned retrospectively based on primary care history
- Allows various provider models with a minimum of 5,000 patients 3-year commitment with optional savings tiers
- Maintains Medicare Part A and B Fee For Service
- Builds on existing Meaningful Use and PQRS programs

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Purpose and Goals: Healthcare vs Sick Care

- To harness growing healthcare costs annually approaching $2.5 trillion
- Targets America's approx. 47 million Medicare patients to advance EHR-driven preventive medicine, care coordination and wellness focusing on each patient's care continuum as a Patient-Centered Medical Home (PCMH) concept
  - Currently 1 in 5 Medicare patients are readmitted within 30 days
  - The majority of Medicare patients suffer from multiple chronic ailments
  - Recent study ~ 1/3 of patients admitted are harmed by our healthcare system

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Purpose and Goals: Healthcare vs Sick Care

- The ability to collect and analyze clinical, claims and payer data to enable quality monitoring and reporting
  - ACOs and CMS enter data-sharing agreements
  - Proposal requires that data be available to providers
- Promotes remote monitoring and telehealth also to develop the Patient Centered Medical Home objective
  - Proposal advances the communication of care plans to patients
- Stresses the need for development of Health Information Exchanges (HIEs)
  - Proposal continues the trend of standard data exchange protocols and language

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Models of Eligible ACOs

- ACO professionals (physicians, physician assistants, nurse practitioners and clinical nurse specialists) in group practice arrangement
- Networks of individual practices of ACO professionals
- Partnership of joint venture arrangements between hospitals and ACO professionals
- Hospitals employing ACO professionals
- Critical Access Hospitals that bill under Method II

**Provisions also exist to include FQHCs, RHCs*

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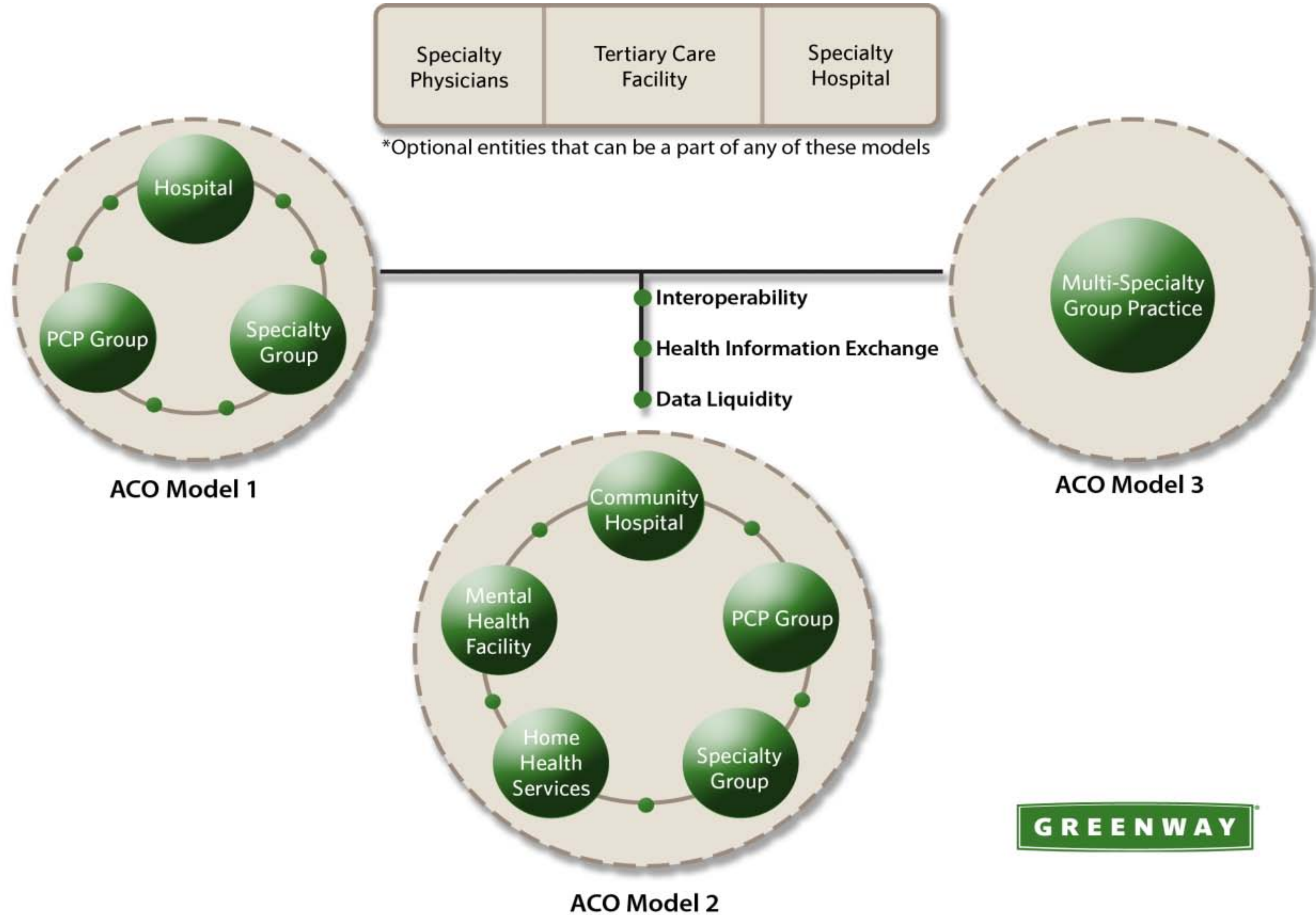
Community Accountable Care Models



Alignment with existing MU and PQRS via Quality Measures

- Shared Savings: 65 proposed Quality Measures within 5 Care Categories
- Meaningful Use: 44 current Stage 1 Measures within Core and Menu Criteria
- PQRS: 179 measures in 13 categories

Currently 26 QMs are shared by ACO and MU criteria; 30 by ACO and PQRS, expanding emphasis on Standard Data Measures

Evolution of Care Coordination

Table 2. Stages of Care Coordination

	Phase 1: Basic	Phase 2: Early Coordination	Phase 3: Strong Coordination
Organizational Structure	▪ Single hospital ▪ Independent physician office	▪ Hospital system ▪ Physician group ▪ Integrated delivery network (IDN)	▪ RHIO/HIN ▪ Group model HMO ▪ ACO in the U.S. ▪ National Health System
Financing	▪ Fee for service ▪ Salary	▪ Discounted fee for service ▪ Episodic payment ▪ Risk pools	▪ Capitation ▪ Bundled payment ▪ Transaction fees
Functions	▪ Scheduling ▪ Billing	▪ Patient billing ▪ Claims payment ▪ Business process automation ▪ Case management ▪ Post-acute care	▪ Disease management ▪ Care coordination ▪ Community-based care ▪ Complexity management ▪ Outcomes tracking
Technologies and Solutions	▪ Paper-based ▪ Stand-alone billing and scheduling	▪ Financial systems ▪ EHR ▪ ePrescribing ▪ Mobile point of care ▪ Imaging	▪ Health information exchange (HIE) ▪ Longitudinal health record ▪ Service oriented architecture (SOA) ▪ Telehealth ▪ Secure cloud

Accountable Care

- **Accountable for what?**
  - Electronification / Health IT & EHR Utilization
  - Interoperability
  - Coordinating Care (with Care Team)
  - Best Practices
  - Quality Improvement/ Outcomes Improvement
  - Patient Education
  - Patient Satisfaction
  - Cost Containment
  - Cost Reduction (to increase Shared Savings)

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Managing the Patient…

- **Patient Engagement, Empowerment & Management Strategies**
  - Produce analytics on patient/ consumer population
- **Sample Functionality…**
  - Phone & "text" reminders
  - eMail calendar invites
  - Customized (automatic) patient education materials that incorporate video and "smart" self-help tools
- **Robust Patient "CRM"-type Strategies and Functionality**
  - Analytics comparing and contrasting outcomes & quality reports
  - eMail marketing tools & "smart" patient education materials

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Payment Reform

- There is general agreement that the healthcare financing mechanisms in place today do not align with the goals of disease prevention, improved health outcomes, and reduced costs.
- Perversions of the concepts of insurance and information technology contribute to the payment misalignment
- Due to the lack of accountability in the current system, lack of available information on which to make responsible care decisions and disengaged stakeholders, we must create a competitive functioning market

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Payment Reform

Six Recommendations to Fix the System

- Require and pay for predictive care paths and other evidence based medicine
- Change the basis for paying primary care physicians and expand the role for other professionals
- Increase consumer engagement and personal responsibility, reducing the abuse of the system by consumers
- Reduce fraud and abuse in the system
- Stimulate private insurance competition and provide consumers with greater product options
- Accelerate government's role as 'enabler' not 'architect' of new industry business models

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To Achieve our Goals…

We will need…

- **Transparency**
  - Interoperability of data, spotlight on costs and fraud management
- **Consumerism**
  - Patient management, empowerment and accountability
- **Efficient delivery of care**
  - Outcomes and best practices-driven healthcare

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The Direction & Future…

- **Technology Adoption and Utilization**
  - EHR Meaningful Use
- **Interoperability of Data**
  - Cross Platform Exchange
- **Outcomes-driven Payment Models**
  - ACOs, Patient-Centered Medical Homes, etc..

"Accountable Care"

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EHR & Industry Research Resources

Look for companies that are dedicated to strong product and industry leadership. Products that have the 2011 ONC-ATCB/ 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.iheusa.org

healthreformreport.com

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Capitol Hill Engagement

Be part of the conversation

In Congress today….

22 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

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Additional Resources

Greenway's Government Affairs & Meaningful Use Updates

EHR Meaningful Use Microsite (www.meaningfuluse-emr.com)

EHR MU Navigation (http://tiny.cc/vxfd1)

Gov't Affairs (www.greenwaymedical.com/learn-more/govt-industry-affairs)

Important Government & HHS Sites

CMS ACO Proposed Rule (https://www.cms.gov/sharedsavingsprogram/)

HHS Breach Notification Rule (http://tiny.cc/xytg5)

HHS Privacy Rule (www.hhs.gov/healthprivacy/)

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)

Medicaid (http://www.cms.gov/EHRIncentivePrograms/40_MedicaidStateInfo.asp)

QUESTIONS OR COMMENTS?

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Thank you