

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
 - MedPAC recommendations to realign fee-schedule to support primary care and ACOs, bundled payments, capitated models & shared savings programs
 - MedPAC SGR recommendation slides ~ <http://tiny.cc/u58gy>
- Health Reform Legislation
 - Leverages health IT to improve patient safety, use of the best clinical practices, evidence based medicine as well as wellness and health promotion activities

● 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

● 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 October, over 114,000 care providers registered for Meaningful Use
- Over \$870 Million in incentives paid to eligible providers & hospitals already!
 - Over \$20 Million just to Nurses & PA's 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

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**
 - Revenue cycle management; coordinated & accountable care navigation
- **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

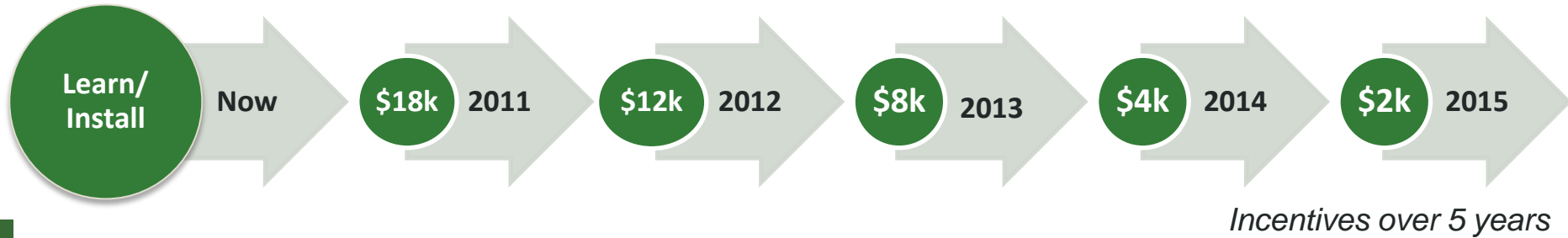
- **Clinical**
 - Quality measurement, quality reporting & business intelligence
- **Process**
 - Best practices (clinical, financial & administrative)
- **Software**
 - Usability advancements, flexibility, customizable & intuitive
- **Hardware**
 - Faster, more efficient technology, platforms & devices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

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 ~ All state-based but 30+ states are paying now
 - 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

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



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



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 page 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 October 3, 2011:

- California
- Maine
- Maryland
- Massachusetts
- Utah
- Vermont

The following states opened for registration prior to October 3, 2011:

- Alabama
- Alaska
- Arizona
- Connecticut
- Florida
- Georgia
- Illinois
- Indiana
- Iowa
- Kentucky
- Louisiana
- Michigan
- Mississippi
- Missouri
- New Mexico
- North Carolina
- Ohio
- Oklahoma

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

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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Meaningful Use Stage 2

- **Criteria Finalized in 2012**
- **Reporting Period is 2013 & 2014**
- **Stage One Menu Objectives Become Core Items**
- **Patient Volume & Percentage Threshold Increases**
 - Electronic Prescribing ~ Increases to 60% of prescriptions
 - Record Vital Signs ~ Increases to 80% of patients
- **Clinical Quality Measures Calculated Electronically**
- **Summary of Care will be Expanded to Include Care Plan and Patient Instructions**

Meaningful Use Stage 3

● Stage 3 will Maintain Stage 2 Criteria

- Further increase patient volume and other thresholds in some areas, beginning 2015

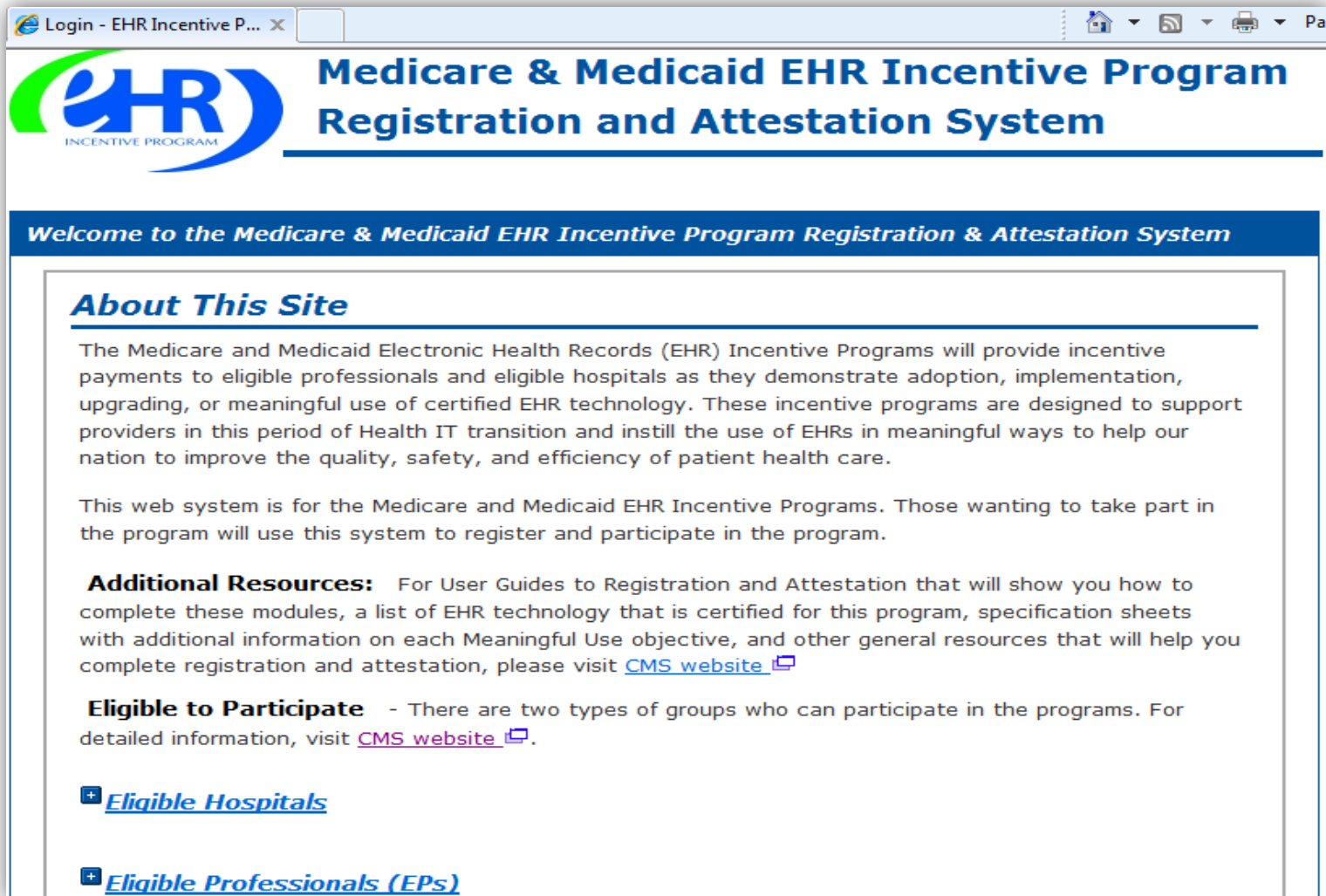
● Enhance Bi-directional Data Exchange with Public Health Agencies Utilizing Existing Criteria

- 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

EHR MU Registration Page



The screenshot shows a web browser window with the title "Login - EHR Incentive P...". The browser's address bar is empty. The page features a blue header with the "EHR INCENTIVE PROGRAM" logo on the left and the text "Medicare & Medicaid EHR Incentive Program Registration and Attestation System" on the right. Below the header is a blue banner with the text "Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System". The main content area is titled "About This Site" and contains the following text:

The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

This web system is for the Medicare and Medicaid EHR Incentive Programs. Those wanting to take part in the program will use this system to register and participate in the program.

Additional Resources: For User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete registration and attestation, please visit [CMS website](#).

Eligible to Participate - There are two types of groups who can participate in the programs. For detailed information, visit [CMS website](#).

+ [Eligible Hospitals](#)

+ [Eligible Professionals \(EPs\)](#)

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



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 & accountable care
 - 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

Achieving Meaningful Use with a Certified EHR

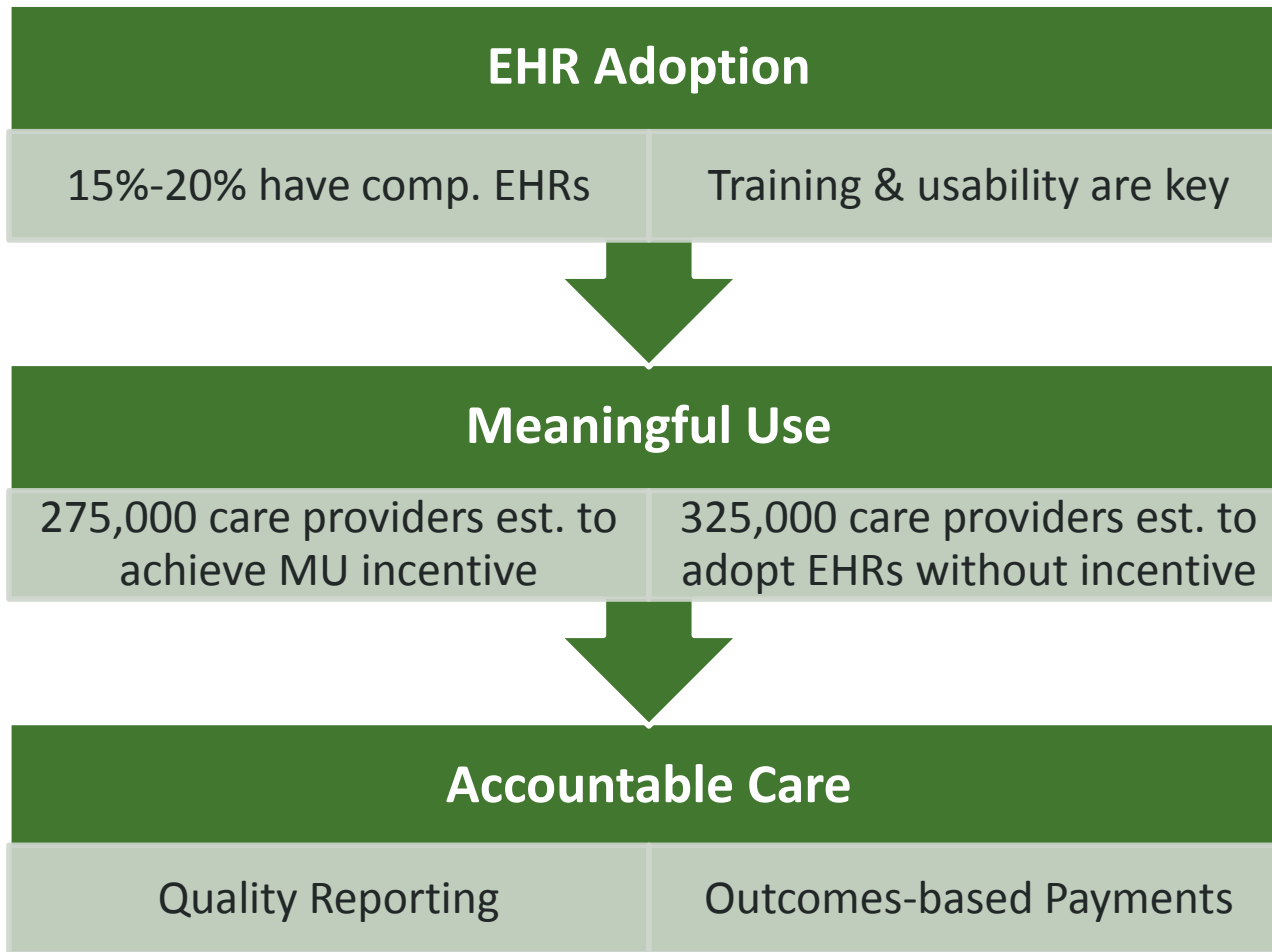
- **Request Reference Sites in your Specialty and with Similar Size Practices**
 - Be practical and seek EHRs that are currently used at POC today
 - Accept references where >70% of care providers use EHR today
- **Product Workflow is Consistent with your Facility/ Practice Requirements**
- **Can be “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

Seize the Opportunity Today

- **Begin Fostering the EHR Discussion with your Practice, Hospital or Facility**
- **Use the “Meaningful Use” Criteria as a “Playbook” to Navigate the Future of Healthcare**
- **Understand your Goals for EHR Adoption**
 - Financial, quality, patient satisfaction, clinical research, community leadership, accountable care, 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”*

Accountable Care & Payment Reform Strategies

The Evolution



...essential building blocks for a sustainable healthcare system

CMS Shared Savings Final Rule

Broadens Participation, Relaxes Financial Risk, Increases Care Coordination Options

- Flexible Start Dates – April 1, 2012; July 1, 2012 – based on established agreement by Jan. 1, 2012
- Maintains 5,000 patient minimum; 3-year commitment
- Allows participation by Specialists, NPs, FQHCs, RHCs and CHCs
- Allows providers to participate in more than one ACO per hospital-based billing
- CMS to provide Parts A,B,D and claims data to ACOs toward initial benchmarking

CMS Shared Savings Final Rule

- **Relaxed Financial Risk**
- **Eliminates 25% Withholding of Shared Savings Funds
Toward Shortfall**
- **Maintains Choice of Track One/Track Two Funding
Option**
- **Eliminates Loss Risk in Year 3 of Track One**
- **Maintains 50% MSR in Track One; 60% in Track Two**
- **Flexibility on Use of Health IT; Encourages Innovation**

CMS Shared Savings Final Rule

- **Multiple Care Coordination Options**
- **Allows Overlap Within Some Models**
 - Shared Savings within Final Rule
 - Pioneer Model
 - Bundled Payments
 - Primary Care Initiative
 - Advanced Payment

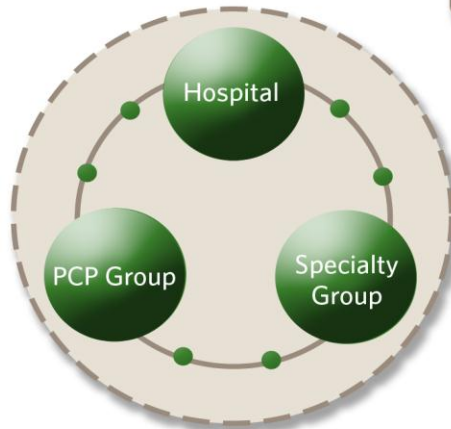
Models of Eligible ACOs

- 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

Community Accountable Care Models



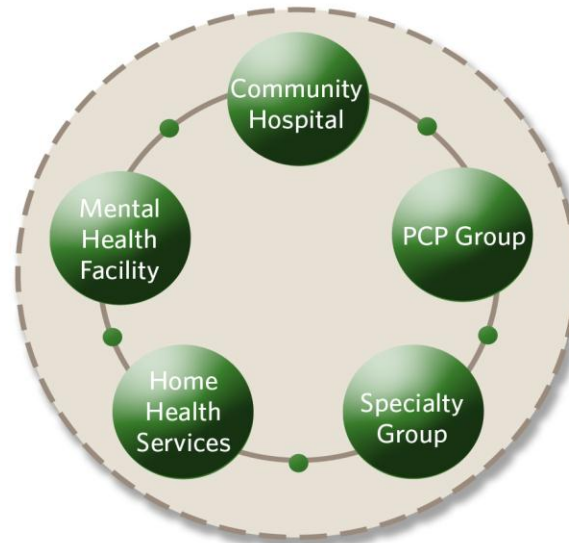
*Optional entities that can be a part of any of these models



ACO Model 1



ACO Model 3



ACO Model 2

- Interoperability
- Health Information Exchange
- Data Liquidity

Alignment with existing MU and PQRS via Quality Measures

- **33 Quality Measures Reduced from 65 (in Proposed Rule)**
- **Four Reporting Domains:**
 - Care Coordination/Patient Safety
 - Preventive Health
 - At Risk Population
 - Patient/Caregiver Experience*
- **Achieve 70% of Measures Within Each of the Four Domains**
- **EHR Adoption:**
 - Highest Scoring Quality Measure within Care Coordination
 - EHR adoption is double weighted

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)

Position Your Practice

- **Assess EHR, Data Sharing and Overall Technology Infrastructure**
- **Assess Medicare Beneficiary Patient Volume; Patients can Opt In/Out Voluntarily**
- **Engage Peers, Associations, Payers, Employers and Health Systems in your Community**
- **Identify CMS or Commercial Care Coordination Opportunities**
- **Don't Wait; ACO Communities are Already Forming!**
 - **AAFP Study:** 34 bills from 19 state legislatures to “define, study, promote or create” ACO projects

The Direction & Future...

- ① **Technology Adoption and Utilization**
 - EHR Meaningful Use
- ① **Interoperability of Data**
 - Cross Platform Exchange
- ① **Outcomes-driven Payment Models**
 - ACOs, Patient-Centered Medical Homes, etc..

“Accountable Care”

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



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 Updates



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

EHR MU Navigation (<http://tiny.cc/vxkd1>)

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

Important Government & HHS Sites



CMS Meaningful Use Page (<http://www.cms.gov/EHRIncentivePrograms>)

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

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

Agency ACO Sites



Medicare ACO Final Rule (<http://tiny.cc/z9o75>)

CMS Educational Events Page (<http://tiny.cc/aszkn>)

CMS ACO/ Shared Savings Page (<http://www.cms.gov/sharedsavingsprogram>)



QUESTIONS OR COMMENTS?



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Thank you

