

What the Economic Stimulus Package Means for Physician Practices

Optimizing the Opportunity

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HEALTH IT STIMULUS FUNDS OVERVIEW

- Over \$30B (and up to \$45B) of direct adoption incentives for “meaningful use” of certified EHRs. Specifically, \$17.7B in Medicare incentives and \$12.4B in Medicaid incentives
- \$2B for ONC, NIST, and HIE Infrastructure
- \$2.5B for distance learning, telemedicine, and broadband program account loan guarantees and grants
- \$1.5B to HRSA for grants for construction, renovation, and equipment for health centers
- \$1.1B to AHRQ for clinical research funding
- \$500M to Social Security Administration
- \$85M Indian Health Services

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.

GRANTS AND LOANS: \$2B IN FUNDING

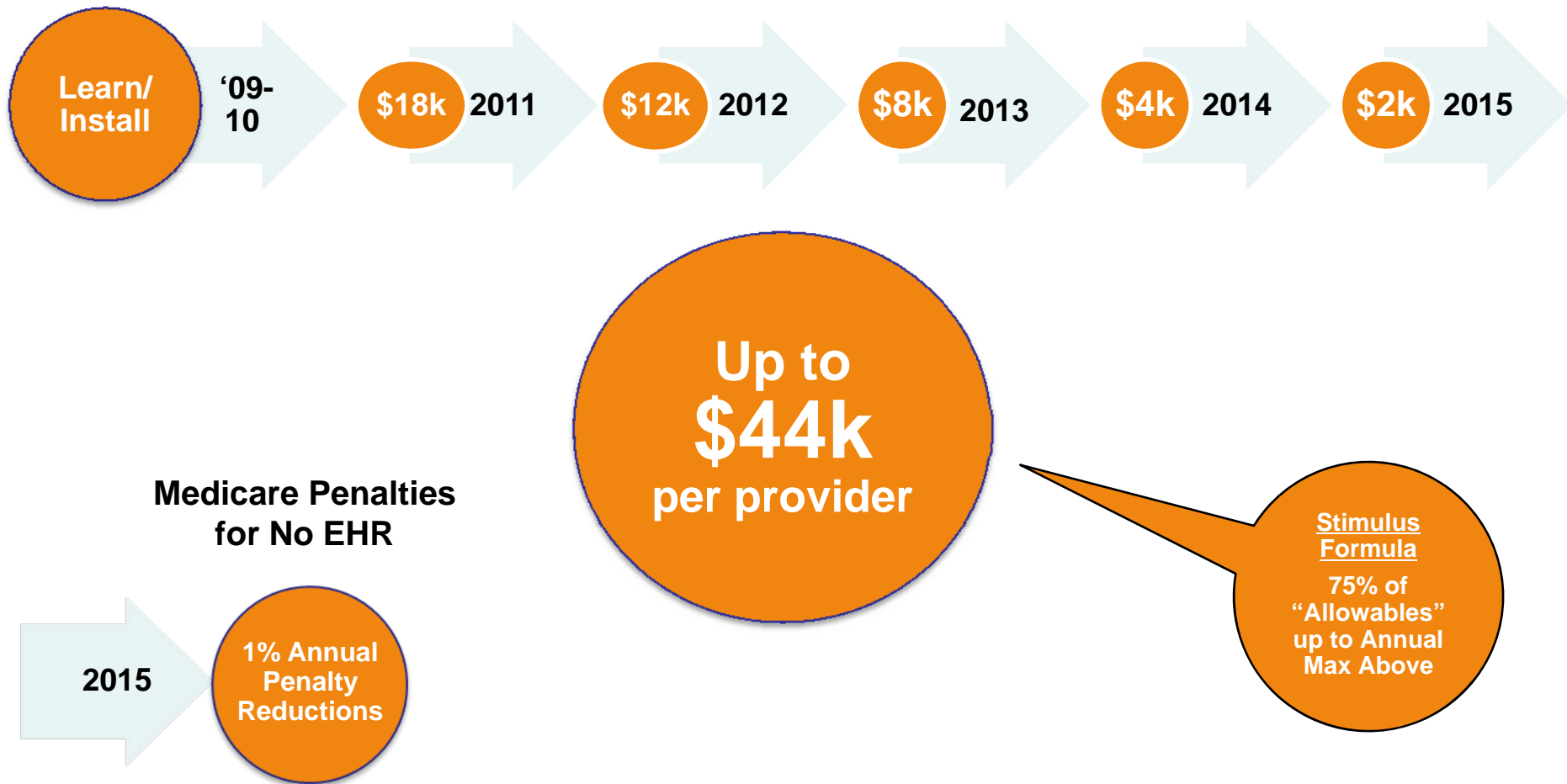
- Health Information Technology Implementation Assistance
 - Establish Health IT Research Center
 - Provide technical assistance and develop best practices to accelerate efforts to implement and utilize HIT that allows for electronic exchange and use of information
 - Provide assistance for the creation of HIT Regional Extension Centers (details to be published in Federal Register within 90 days of enactment)
 - Provide technical assistance and disseminate best practices and other information learned from the center
 - Regional centers can be affiliated with any US-based nonprofit organization
 - State grants to promote HIT
 - Grants issued to states or qualified state-designated entities to facilitate and expand electronic movement and use of health information among organizations
 - States required to match funds increasing over time
 - States can spend funds on *certified* EHRs

KEY ARRA MILESTONES

- Sec. 3003: HIT Policy Committee ~ Announced 04/03/09
- Sec. 3003: HIT Standards Committee ~ Announced 05/08/09
- Sec. 3004: Adopt an initial set of Standards, Implementation Specifications, and Certification Criteria ~ 12/31/09
- Sec. 4101: Medicare Incentives for Eligible Professionals
 - *Meaningful use year ~ 01/01/2011*
 - *Pay out year ~ 01/01/2012*
- Sec. 4201: Medicaid Incentives for Eligible Professionals
 - *Meaningful use year ~ As early as 01/01/2010*
 - *Pay out year ~ As early as 2010 but bulk in 2012 (decided by state)*
- Section 4102/ 4201: Incentives for Hospitals
 - *Meaningful use year ~ As early as 10/01/2010*
 - *Pay out year ~ As early as 01/01/2011*

MEDICARE ELIGIBLE PROFESSIONAL INCENTIVES

For Meaningful Use of a Certified EHR



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

MEDICAID ELIGIBLE PROFESSIONAL INCENTIVES

For Meaningful Use of a Certified EHR



**The Stimulus Package states Medicaid incentives could start as early as 2010*

**Medicaid Incentives up to \$63,750 for Uninsured, Rural, FQHC and Low-Income Providers/Eligible Professionals with a 30% Medicaid "population" or Pediatricians with at least a 20% Medicaid "population". Pediatricians below 30% may be reimbursed at 2/3's (\$42,075) of the total allowable incentive.*

Medicaid Penalties
for No EHR



Up to
\$63,750*
per provider

MEDICAID ELIGIBLE PROFESSIONAL DEFINED

The term “eligible professional” means a

- ✓ 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 Uninsured, Rural, FQHC and Low-Income Providers/Eligible Professionals with a 30% Medicaid “population” or Pediatricians with at least a 20% Medicaid “population” . Pediatricians below 30% may be reimbursed at 2/3’s (\$42,075) of the total allowable incentive.*

INTERESTING FACTOIDS

- **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.
- **NO 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.
- **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.

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 as early as Oct. 2010 for hospitals and Jan. 2011 for eligible professionals (2010 for Medicaid EPs)*
 - *It takes time to properly deploy and implement an EHR, so experts suggest you “get your place in line now.”*

PARTNER WITH A CERTIFIED EHR COMPANY

- Companies that offer CCHIT Certified® EHR products are committed to success just like you!
- Good EHR research resources
 - CCHIT 08 (www.cchit.org)
 - MGMA Practice Solutions (www.mgma.com)
 - KLAS (www.klasresearch.com)
 - EHR Association (www.himssehra.org)
 - EHR Decisions (www.ehrdecisions.com)

WHAT TO LOOK FOR IN AN EHR

- Reference sites in your specialty/ facility size
- Product work flow is consistent with your practice requirements
- Can be “Meaningfully Used” at the point-of-care
- Product Certification
 - Many see this aligning with current CCHIT[®] efforts
 - 08 CCHIT Certification seems a likely level due to its interoperability criteria

WHAT TO LOOK FOR IN AN EHR

- Must be “Meaningfully Used” to qualify
 - (i) MEANINGFUL USE OF CERTIFIED EHR TECHNOLOGY — The eligible professional demonstrates:
 - Use of electronic prescribing
 - Information exchange
 - Reporting on measures using EHR
 - NCHVS Meaningful Use Hearings on 4/28 and 4/29
 - 10 Panels covering a multitude of perspectives
 - J. Barnes testified on EHR certification, standards, implementation and quality measures
 - Meaningful Use “Draft” Criteria published on 6/16/09

CURRENT SUCCESSES

- Companies that offer current (or 08) CCHIT Certified[®] EHR products have been focused on meaningful point-of-care use for many years
- Davies Award Recipients
 - www.himss.org/davies
- ROI/ Case Studies
 - <http://www.mgma.com/pm/>
 - www.himssehra.org/casestudies
 - <http://cchit.org/about/casestudies/index.asp>

TELEMEDICINE AND HOME HEALTH

There are two primary federal programs providing infrastructure grants for telemedicine:

- Department of Health and Human Services Office for the Advancement of Telehealth
- Department of Agriculture Distance Learning, Telemedicine, and Broadband Program

CAPITOL HILL ENGAGEMENT

- Why it is important and attainable to be “active”
 - Your Congressman & Senator’s want to hear from you
 - Educate them on the daily 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
 - Please let us know if we can help connect you
 - There are roughly 18 physicians in Congress today
 - There are over 300 attorney’s...

ADDITIONAL RESOURCES



- Economic Stimulus Educational Web Pages
 - www.himss.org/economicstimulus
- Government & HHS Stimulus Sites
 - www.recovery.gov
 - <http://www.hhs.gov/recovery/>
- Link to Final Congressional Language
 - <http://fdsys.gpo.gov/fdsys/pkg/BILLS-111hr1ENR/pdf/BILLS-111hr1ENR.pdf>
- “Google” your Congressional Representatives and Reach Out

QUESTIONS OR COMMENTS?



For More Information

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