

The Future of Meaningful Use, EHRs and Accountable Care

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The logo for Greenway Medical Technologies, consisting of the word "GREENWAY" in a white, bold, sans-serif font, centered within a dark green rectangular box with a thin white border.

State of Healthcare

● Healthcare Reform/ Transformation

- 25% Medicare rate cut averted for 2011
 - 13-month fix. \$18B cost
- 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
 - 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

● EHR Meaningful Use

- Registration opened on January 3rd
- Over \$27B available with no cap. Protected in Medicare Trust Fund
- Criteria well within expectations ~ 14/15 Core Measures & 5/10 Menu
- State Medicaid EHR Funds Flowing

● Standards & Interoperability

- CCD / CCR
- Look to IHE & IHE USA for leadership, toolkits and roadmaps

● EHR Certification

- 5 ONC-ATCB Certifying Entities
- 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 & 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

Key EHR Incentive Milestones

- Sec. 4101: **Medicare** Incentives for Eligible Professionals
 - EHR Meaningful Use ~ Began 01/03/2011
 - 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 ~ Began 10/01/2010
 - Pay Out Year ~ As early as mid-May 2011

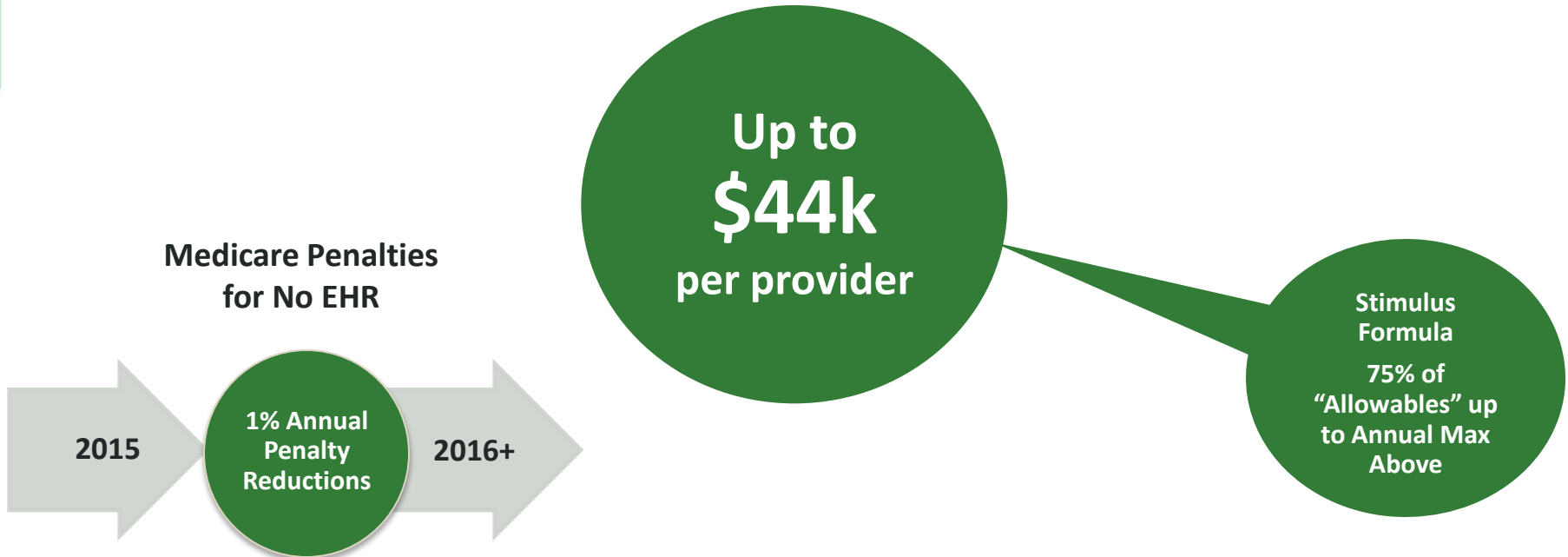
Medicare Eligible Professional

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



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 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

EHR Meaningful Use

- Goals
- Definitions
- 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

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

The Evolution...

- **Criteria finalized by end of 2011; Stage 2 reporting period is 2013 and 2014**
 - Stage 2 criteria creation timeframe allows the HIT Policy Committee's Meaningful Use Workgroup to assess the experience of Stage 1 reporting through April 2011.
- **Basic criteria...**
 - Maintain Stage 1 Core set of 15
 - Select 5 of 10 Stage 1 Menu items to become Complete Stage 2 Criteria
 - As criteria shifts from Stage 1 to Stage 2, patient volume & percentage thresholds will increase in some cases.

Stage 2 Criteria Proposals

● Core criteria examples:

- CPOE ~ Input at least one medication, lab and radiology order for 60% of pertinent patients, at least one order (up from 30% of med orders/Stage 1)
- Electronic Prescribing ~ Increases to 60% of prescriptions
- Record Vital Signs ~ Increases to 80% of patients

● Menu criteria example:

- Import/store lab results of 40% of patients as structured data; no percentage change for Stage 2 as a core criteria
- Many Stage 1 core items will not increase: Maintain problem list, medication list, med-allergy list will remain at 80% of patients per recommendation

The Meaning of Stage 2

● 5 Domains of Quality Reporting:

- Care Coordination, Patient Safety, Patient Engagement, Efficiency & Public Health

● Major goals of Stage 2:

- Matching care coordination with the HIT components of Accountable Care
- Providing terminology clarity toward the outcomes focus of Stage 3; example: reconciling the “access,” “copies” and “readable formats” of patient health records, clinical and discharge summaries to enhance the domain of patient engagement

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

- Example ~ Reduce major drug interactions & readmission rates

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

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

Achieving Meaningful Use with a Certified EHR

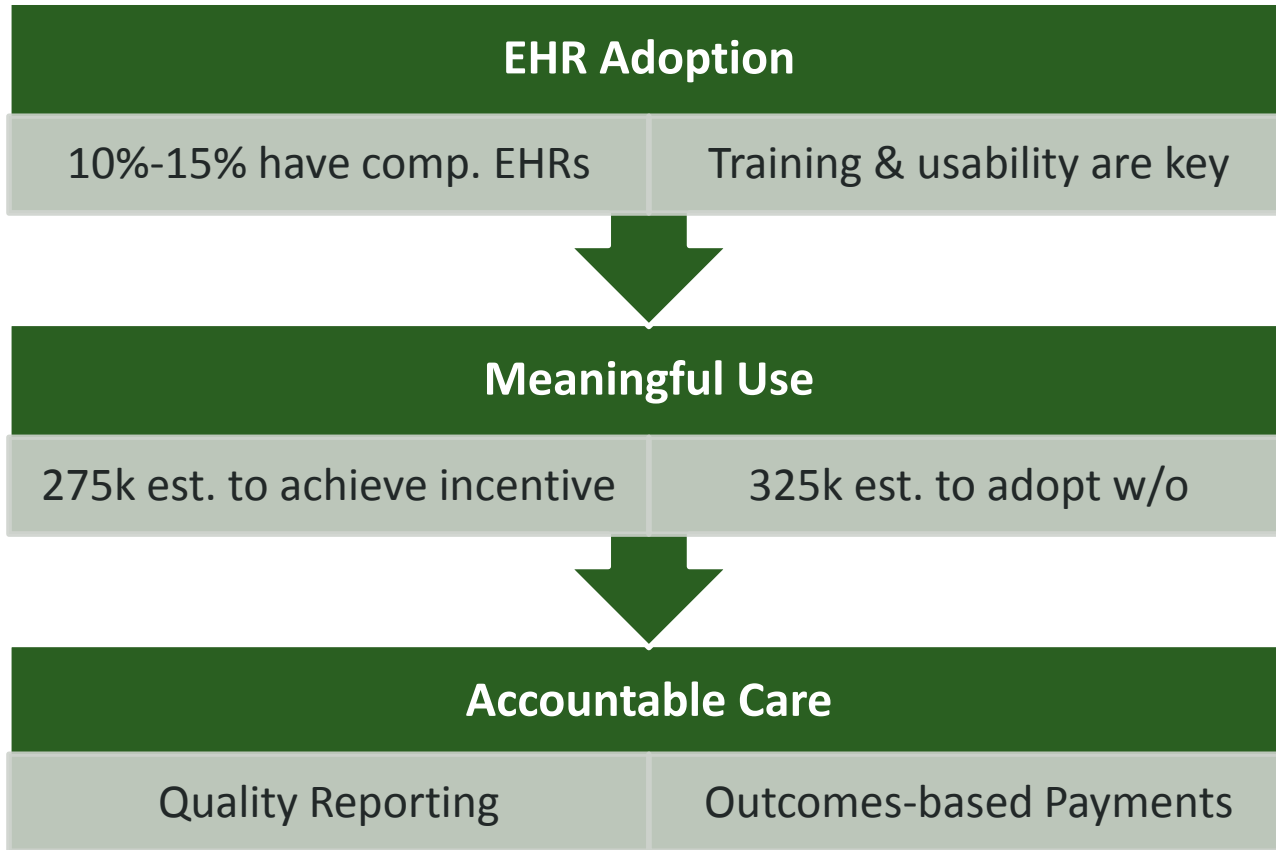
- **Reference sites in your specialty and with similar size practices**
 - Be practical and seek EHRs that are currently used at POC today
 - Accept references where >50% of care providers use EHR today
- **Product workflow is consistent with your facility/ practice requirements**
- **Can be “Meaningfully 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.
 - 5 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**
 - 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” began January 3rd, 2011 for Medicare eligible professionals and incentives begin now for many 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.

Accountable Care & Payment Reform Strategies

The Evolution



...essential building blocks for a sustainable healthcare system

Improved Delivery – Accountable care

● ACO Interim Final Rule by 1/31/11

- Final Rule by 01/01/2012
- Medicaid ACO Model could start 1/1/11 (per Pilot Program)
 - Bellwether for much-expanded Medicare ACO Program

● Requirements / Performance Standards

- TBD in IFR/ NPRM

● Quality Metrics

- NQF, CMS Quality Measurement and Health Assessment Group within the Office of Clinical Standards and Quality

● Market Power

- CMS to set initial pricing
- Physician practice and community empowerment

● Antitrust Implications

- FTC already visiting communities

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

Managing the Patient...

- **Patient Engagement, Empowerment & Management Strategies**
 - Produce analytics on patient/ consumer population
- **Simple 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

Top Down and Bottom up...

● Policy Changes

- Delivery/payment reform, liability reform and FDA modernization

● Market

- Information and incentives to seek highest-quality, lowest-cost care

The Direction & Future...

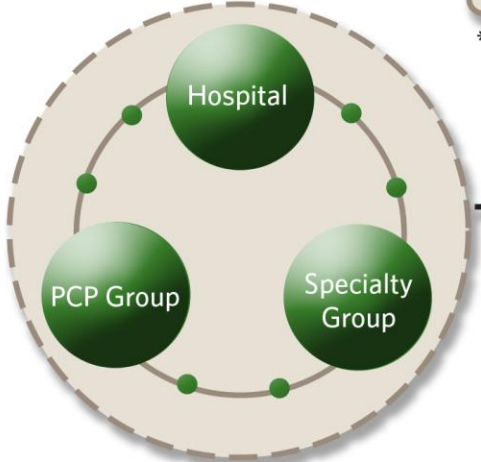
- ① **Technology Adoption and Utilization**
 - EHR Meaningful Use
- ① **Interoperability of Data**
 - Cross Platform Exchange
- ① **Outcomes-driven Payment Models**
 - ACOs, Patient-Centered Medical Homes, etc..

“Accountable Care”

Community Accountable Care Models

Specialty Physicians	Tertiary Care Facility	Specialty Hospital
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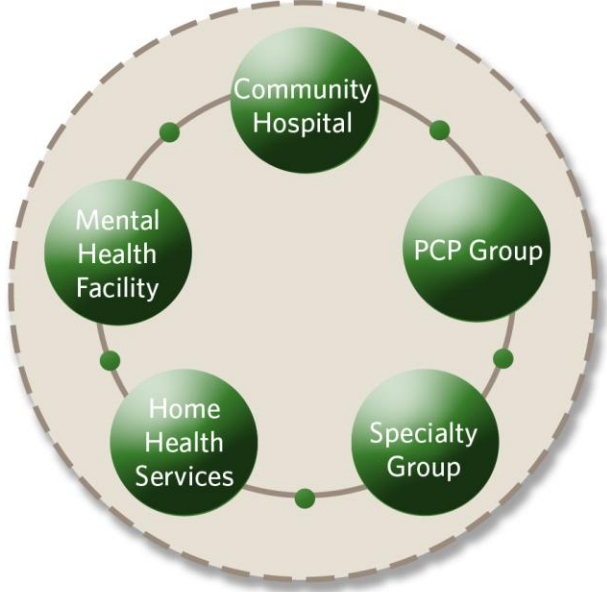
*Optional entities that can be a part of any of these models



ACO Model 1



ACO Model 3



ACO Model 2

- Interoperability
- Health Information Exchange
- Data Liquidity



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

Additional Resources

Greenway's Government Affairs & Meaningful Use Updates



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

EHR MU Navigation (www.greenwaymedical.com/news/stimulus)

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

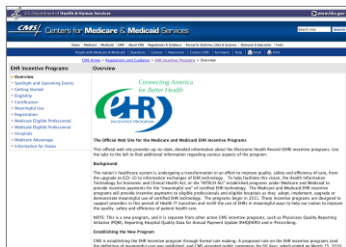
Important Government & HHS Sites



HHS Breach Notification 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