



## AAP Health Information Technology Update: Chapter Executive Directors' Steering Committee (EDSC) Annual Meeting

### **HITECH ACT: Overview**

- American Recovery and Reinvestment Act of 2009 (ARRA) signed on 2/17/09
- Statute includes Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH)
- 3 major activities established under the HITECH Act:
  1. MU – set of criteria for EP's/hospitals to qualify as “meaningful users” and receive incentive payments
  2. A series of quality measures that EP's/hospitals must report on to receive incentive payments
  3. A set of specific requirements for “certified” EHR technology

### **1. Meaningful Use**

- “Meaningful Use” Final Rule released July 13, 2010
- David Blumenthal – National Coordinator for HIT - *“The meaningful use framework will be about the goals of care, not the technology.”*
- There are three base requirements for “meaningful use” identified in the new law, including:
  - Use of certified or qualified EHR technology.
  - Electronic exchange of health information
  - Use of EHR in reporting on clinical and other quality measures

### **Timeline for MU**

- July 2010: Final Rules on Incentive Program and Certification Requirements Released
- August/September 2010: First Certification Bodies Announced
- January 1, 2011: Providers Can Begin Enrolling in Incentive Programs
- March 2011: Significant number of products expected to be certified
- April 1, 2011: Providers Can Begin Attesting
- May 1, 2011: First Payments Distributed
- December 2011: Requirements for Stage 2 Released
- January 1, 2013: Stage 2 Begins
- January 1, 2015: Stage 3 Begins; Medicare Penalties Begin

### **MU Penalties**

- Medicaid – none
- Medicare - Physicians who have not adopted an EHR
  - 1% payment reduction in 2015
  - 2% in 2016
  - 3% in 2017

### **MU Incentive Program**

- a. Defines eligible hospitals (EHs) and eligible professionals (EPs)
- b. Establishes payment years & reporting periods
- c. Creates 3 Stages of implementation
- d. Provides details on Stage 1 goals and requirements— covering 2011 and 2012

**a. Eligibility**

- EP’s – Physicians, Dentists, Podiatrists, Optometrists, Chiropractors
- EP’s who are hospital-based providers who furnish substantially all their services in a hospital setting are not eligible for incentive payments.
- Significant “eligibility” differences for Providers between Medicare Vs. Medicaid eligibility

Medicaid Eligibility

- Any EP with a unique National Provider Identifier (NPI) who over a continuous, representative 90-day period in the calendar year prior to reporting has
  - at least 30% of all patient encounters attributable to Medicaid, or
  - **at least 20% of all patient encounters attributable to Medicaid AND is a PEDIATRICAN**
- Any Provider for whom at least 50% of patient encounters over a 6-month period occur in a Federally-Qualified Health Center (FQHC) or Rural Health Center (RHC) that has at least 30% of its patient encounters from individuals who:
  - Receive medical assistance from Medicaid or CHIP;
  - Are furnished uncompensated care by the provider;
  - Are furnished services at no cost or reduced cost according to a sliding-scale determined by the individual’s ability to pay.

For 2011, under the Medicaid Program, EP’s do NOT need to demonstrate MU, rather only Adopt, Implement, or Upgrade Certified EHR Technology

Demonstration of MU and information exchange may be satisfied by:

- Attesting to all requirements
- Submitting numerators and denominators for clinical quality measures (in 2011)
- Electronically transmitting quality reports (in 2012 and beyond)

Medicaid Incentive Program – Enrollment

- NPI (National Provider Identifier)
- Business address and phone
- Taxpayer Identification Number
  - SSN (payment to individual)
  - EIN (payment to practice)
- Decision on participation through Medicare or Medicaid
  - If Medicaid – State selected (choose ONE state if participating in more than one Medicaid program)

**b. Payment Years and Amounts**

Cap on Net Average Allowable Costs (HITECH Act)	Up to 85 percent For Eligible Professionals	Max Cumulative Incentive over 6-years
\$25,000 in Year 1 for most professionals	\$21,250	\$63,750
\$10,000 in Years 2-6 for most professionals	\$8,500	
\$16,667 in Year 1 for pediatricians (> 20 percent and <30% Medicaid patient volume)	\$14,167	\$42,500
\$6,667 in Years 2-6 for pediatricians (> 20 percent and <30% Medicaid patient volume)	\$5,667	

Medicaid EP’s can start Year 1 as early as 2011 but have until 2016 to start Year 1 and receive full 6 years of incentive payments.

### c. Stages of MU

Stage	Focus	Date Range
Stage 1	Electronic data capture, track & communicate key conditions, CDS, quality measure & public health data reporting	Starting in 2011
Stage 2	expands on stage 1, covers disease management dimensions, information exchange in the most structured format possible (CPOE and Diagnostic Study results like Labs & Rads)	Starting in 2013
Stage 3	promotes improvements in quality, safety & efficiency as well as population health, focuses on CDS for national high priority conditions & patient self management tools	Starting in 2015

### d. Stage 1 Goals of MU

- Provide access to comprehensive patient health data for patient's healthcare team.
- Use evidence-based order sets and computerized provider order entry (CPOE).
- Apply clinical decision support at the point of care.
- Generate lists of patients who need care and use them to reach out to those patients.
- Report information for quality improvement and public reporting.

#### Stage 1 Meaningful Use Criteria

- Core set (15) criteria - Providers must meet ALL criteria in the core set
- Menu Set (10) criteria - Providers must meet 5 of the menu set
- States may modify criteria ONLY related to
  - Public health
  - Registries

### **2. Clinical Quality Measure Reporting**

Pediatricians are only required to report on a maximum of 6 clinical quality measures.

- If applicable, pediatricians should report on the 3 "core" measures and then choose 3 "additional" measures, for a total of 6.
- If the denominator for 1 or more of the "core" measures is 0, pediatricians should default to the "alternate" measure set and report on 1 or more of the "alternate" measures. The total number of measures reported on from the "core" and "alternate" sets should total 3. Pediatricians should then choose 3 "additional" measures, for a total of 6.
- If all 6 of the "core" and "alternate" measures have a denominator of 0, the pediatrician should choose any 3 of the "additional" measures and only report on those 3 measures.

### **3. Temporary Certification Program**

ONC has established a temporary certification program under which it will identify Authorized Testing and Certification Bodies (ATCBs). ATCBs will be responsible for adhering to nationally-recognized testing principles to test EHRs and certify them for compliance with the requirements of Meaningful Use.

Once identified, ATCBs will need to specify:

- whether they will test and certify Complete EHRs or EHR Modules: components of EHRs that can integrate with other Modules to compose a Complete EHR (e.g., a stand-alone e-prescribing module).
- If they will test and certify only EHR Modules, which specific Modules they will test and certify.

As the ATCBs certify Complete EHRs and EHR Modules, they will report this information to ONC. ONC will then publish on its web site a list of certified EHRs.

Providers and hospitals will be able to review this list to ensure that the HIT products they are using will meet the requirements for Meaningful Use.

The temporary certification program will operate until at least December 31, 2011. By that time, ONC anticipates that a permanent certification program will be available. Under the permanent certification program, ONC will identify an outside accreditation body to oversee the certification process. The permanent program will also separate the steps of testing and certifying EHRs.

### **HIT Extension Program**

The HITECH Act authorizes a Health Information Technology Extension Program. The goal of the extension program is to provide outreach and support services to at least 100,000 priority primary care providers within two years. The program consists of a national Health Information Technology Research Center (HITRC) and Health Information Technology Regional Extension Centers (RECs).

HITRC - will gather information on effective practices and help the RECs work with one another and with relevant stakeholders to identify and share best practices in EHR adoption, meaningful use, and provider support.

RECs - will support and serve health care providers to help them quickly become meaningful users of EHRs. RECs are designed to make sure that primary care clinicians get the help they need to use EHRs and will:

- Provide training and support services to assist doctors and other providers in adopting EHRs
- Offer information and guidance to help with EHR implementation
- Give technical assistance as needed

ONC has funded 60 RECs across the United States

(<http://healthit.hhs.gov/portal/server.pt?open=512&objID=1495&mode=2>). Two series of awards were made:

- February 2010: 32 awards announced
- April 2010: 28 awards announced

### **AAP Resources and Activities**

- Meaningful Use Resources – [www.aap.org/ehr](http://www.aap.org/ehr)
- Model EHR Format Project
- COCIT EMR Review Site - [www.aapcocit.org/emr](http://www.aapcocit.org/emr)
- COCIT EMR Toolkit (under revision!) – <http://practice.aap.org/ehr>
- Pediatric Documentation Challenge at NCE – Saturday, 10/2 from 2 pm – 5:45 pm

### **For More Information:**

For additional information related to the CHIC, COCIT, or AAP HIT activities, please contact:

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