

Optimization

Is it Meaningful?



CMS Rules Release

- December 31, 2009
- 60 day comment period

Objectives

Overview of the HITECH Programs created by the American Recovery and Reinvestment Act of 2009

Provisions of the Proposed Regulations

Definitions Across the Medicare FFS, Medicare Advantage, and Medicaid

Background/Overview of HITECH

- February 2009 - American Reinvestment and Recovery Act of 2009
- 2 Sections Title IV of Division B and Title VIII of Division A combine to form the HITECH - Health Information Technology for Economic and Clinical Health Act
- The HITECH Act creates incentives in the Medicare Fee-for-Service (FFS), Medicare Advantage (MA), and Medicaid programs

Standards/Implementation

Office of the National Coordinator (ONC) will identify

- Initial set of standards and implementation specifications that EHR technology must implement
- Certification criteria that will be used to certify EHR technology

Statutory Basis for the Medicare & Medicaid EHR Incentive Programs

- Specific Sections of ARRA specify incentive payments beginning calendar year (CY) 2011
- Reduction in fees starting 2015

Provisions of the Proposed Regulations

- Definitions regardless if Hospital or EP
- The incentive payments are available to EPs (non-hospital-based physicians) who either receive reimbursement for services under the Medicare FFS program or have an employment or contractual relationship with a qualifying MA (Medicare advantage) organization

Common Definitions

- Must use certified technology as defined by the Office of the National Coordinator of HIT
- Calendar Year(CY) 2011 for Medicare
- For Medicaid CY maybe 2010!!!
- Payment Year (1st through 6th) defined as year first receives payment
- Reporting Period - 90 days of continuous use within the 1st year and all days within subsequent years

Common Definitions Continued

- **Meaningful EHR User**

(1) Use of certified EHR technology in a meaningful manner (detail to follow)

(2) Certified EHR technology is connected in a manner that provides for the electronic exchange of health information to improve the quality of care

(3) Uses certified EHR technology, to submit to the Secretary information on clinical quality measures and such other measures selected by the Secretary.

Priority Areas

- Chosen by HIT Policy Committee (advisory committee to HHS, created by ARRA)
- Patient engagement
- Reduction of racial disparities
- Improved safety
- Increased efficiency
- Coordination of care
- Improved population health

Meaningful Use – Staged Approach

Goal = patient-centered, evidence-based, prevention-oriented, efficient, and equitable.

- “Stage 1” to be proposed this year
- Stage 2 criteria proposed by the end of 2011
- Stage 3 definition proposed by the end of 2013.

MU – Stage 1

- Capture Info in coded format
- Use coded information:
 - track clinical conditions
 - communicate to coordinate care
- Implement clinical decision support tools
- Report
 - clinical quality measures
 - public health information

MU Stage 2

Adds

- Health Information Exchange
 - to send orders
 - to receive lab results

Goal = Continuous quality improvement

Stage 3

Goals = Promoting improvements in

1. quality and safety
2. efficiency
3. decision support for national high priority conditions
4. patient access to self management tools
5. access to comprehensive patient data
improving population health.

Stage 1 Detail

- 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 Detail

- Computerized Physician Order Entry
- The order is also documented or captured in a digital, structured, and computable format for use in improving safety and organization
- The order is NOT transmitted to outside agency

Stage 1 Detail

- Problem list – of pertinent medical diagnosis
- E-prescribing - Generate and transmit permissible prescriptions electronically (eRx).
- Maintain active medication list.
- Maintain active medication allergy list.
- Record the following demographics: preferred language, insurance type, gender, race and ethnicity, and date of birth.

Stage 1 Detail

- Record and chart changes in the following vital signs:
 - height, weight and blood pressure
 - calculate and display body mass index (BMI) for ages 2 and over
 - plot and display growth charts for children 2 - 20 years, including BMI.

Stage 1 Detail

- Record smoking status for patients 13 years old or older.
- Incorporate clinical lab-test results into EHR as structured data.
- Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, and outreach.

Stage 1 Detail

- Report ambulatory quality measures to CMS (or, for EPs seeking the Medicaid incentive payment, the States).
- Send reminders to patients per patient preference for preventive/follow-up care.
- Implement **five** clinical decision support rules relevant to specialty or high clinical priority, including for diagnostic test ordering, along with the ability to track compliance with those rules.

Stage 1 Detail

- Check insurance eligibility electronically from public and private payers.
- Submit claims electronically to public and private payers.

Stage 1 Detail

- Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health.
- Provide patients with an electronic copy of their health information (including diagnostics test results, problem list, medication lists, allergies) upon request.

Stage 1 Detail

- Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies) within 96 hours of the information being available to the EP.
- Provide clinical summaries for patients for each office visit.

Stage 1 Detail

- Hospitals have additional criteria
 - Mortality reporting
 - Discharge summaries available electronically upon request

Stage 1 Detail

- **Capability** to exchange key clinical information (for example, problem list, medication list, allergies, and diagnostic test results), among providers of care and patient authorized entities electronically.
- Perform medication reconciliation at relevant encounters and each transition of care.

Stage 1 Detail

- Provide summary care record for each transition of care or referral.
- Capability to submit electronic data to immunization registries and actual submission where possible and accepted.
- Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice.

Stage 1 Detail

Privacy and Security

- Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.

Compliance with HIPAA privacy and security rules is required for all covered entities, regardless of whether they participate in the EHR incentive programs or not.

Stage 1 Measurement

- Health IT functionality measures
- Clinical quality measures

Stage 1 Measurements

- **EP Objective:** Use CPOE
- **EP Measure:** CPOE is used for at least 80 percent of all orders
- **Eligible Hospital Objective:** Use of CPOE for orders (any type) directly entered by authorizing provider (for example, MD, DO, RN, PA, NP)
- **Eligible Hospital Measure:** CPOE is used for at least 10 percent of all orders

Stage 1 Measures

- **EP/Eligible Hospital Objective:** Implement drug-drug, drug-allergy, drug formulary checks
- **EP/Eligible Hospital Measure:** The EP/eligible hospital has enabled this functionality

Stage 1 Measures

- **EP/Eligible Hospital Objective:** Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT®
- **EP/Eligible Hospital Measure:** At least 80 percent of all unique patients seen by the EP or admitted to the eligible hospital have at least one entry or an indication of none recorded as structured data.

Stage 1 Measures

- **EP Objective:** Generate and transmit permissible prescriptions electronically (eRx).
- **EP Measure:** At least 75 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.

Stage 1 Measures

- **EP/Eligible Hospital Objective:** Maintain active medication list.
- **EP/Eligible Hospital Measure:** At least 80 percent of all unique patients seen by the EP or admitted by the eligible hospital have at least one entry (or an indication of “none” if the patient is not currently prescribed any medication) recorded as structured data.

Stage 1 Measures

- **EP/Eligible Hospital Objective:** Maintain active medication allergy list.
- **EP/Eligible Hospital Measure:** At least 80 percent of all unique patients seen by the EP or admitted to the eligible hospital have at least one entry (or an indication of “none” if the patient has no medication allergies) recorded as structured data.

Stage 1 Measures

- **EP/Eligible Hospital Objective:** Record demographics.
- **EP/Eligible Hospital Measure:** At least 80 percent of all unique patients seen by the EP or admitted to the eligible hospital have demographics recorded as structured data

Stage 1 Measures

- **EP/Eligible Hospital Objective:** Record and chart changes in vital signs.
- **EP/Eligible Hospital Measure:** For at least 80 percent of all unique patients age 2 and over seen by the EP or admitted to the eligible hospital, record blood pressure and BMI; additionally, plot growth chart for children age 2 to 20.

Stage 1 Measures

- **EP/Eligible Hospital Objective:** Record smoking status for patients 13 years old or older
- **EP/Eligible Hospital Measure:** At least 80 percent of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital have “smoking status” recorded

Stage 1 Measures

- **EP/Eligible Hospital Objective:** Incorporate clinical lab-test results into EHR as structured data.
- **EP/Eligible Hospital Measure:** At least 50 percent of all clinical lab tests results ordered by the EP or by an authorized provider of the eligible hospital during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.

Stage 1 Measures

- **EP Objective:** Report ambulatory quality measures to CMS or the States.
- **EP Measure:** For 2011, an EP would provide the aggregate numerator and denominator through attestation. For 2012, an EP would electronically submit the measures.

Stage 1 Measures

- **EP Objective:** Send reminders to patients per patient preference for preventive/follow-up care
- **EP Measure:** Reminder sent to at least 50 percent of all unique patients seen by the EP or admitted to the eligible hospital that are 50 and over

Stage 1 Measures

- **EP/Eligible Hospital Objective:** Implement five clinical decision support rules relevant to specialty or high clinical priority, including for diagnostic test ordering, along with the ability to track compliance with those rules
- **EP/Eligible Hospital Measure:** Implement five clinical decision support rules relevant to the clinical quality metrics the EP/Eligible Hospital is responsible for

Source of Clinical Quality Measures

- January 14, 2009, the U.S. Department of Health and Human Services awarded the contract to the National Quality Forum (NQF).
- Therefore, when selecting the clinical quality measures EPs must report in order to demonstrate preference is given to the clinical quality measures endorsed by the NQF, including NQF endorsed measures that have previously been selected for the Physician Quality Reporting Initiative (PQRI) program.

Limits

- However, the HITECH Act does not require the use of NQF endorsed measures, nor limit the measures to those included in PQRI or the Reporting Hospital Quality Data for Annual Payment Update (**RHQDAPU**)

Pediatric Population

- The Children's Health Insurance Program Reauthorization Act requires that the Secretary publish a core set of clinical quality measures for the pediatric population.
- To the extent possible, clinical quality measures selected under this Medicaid EHR incentive program will align with the measures selected under the CHIPRA core measure set.

Electronic Capability

- 9 measures already have been tested
1, 2, 3, 5, 7, 110, 111, 112, and 113

Diabetes

- (1) hbg H1c, (2) ldl-c, (3) htn control

Heart Failure

- (5) treatment for LVSD

Coronary Artery Disease

- (7) Beta-blocker therapy

Electronic Capability

- 9 measures already have been tested
1, 2, 3, 5, 7, 110, 111, 112, and 113

Preventive Screening

Influenza immunization (age 50 and older) (110), Pneumonia Vaccination (65 and older) (111), Mammography (112) (age 40 to 69), Colorectal Cancer (113) (ages 50 – 80)

Clinical Measures

- Requirement of specialties to select a sub-set of quality measures specific to the population they serve

Specialty Groups

- Cardiology
- Pulmonology
- Endocrinology
- Oncology
- Proceduralist/Surgery
- Primary Care Physicians
- Pediatrics
- Neurology
- Psychiatry
- Ophthalmology
- Podiatry
- Radiology
- Gastroenterology
- Nephrology
- Obstetrics and Gynecology

Subsets

- Tables available per subset

Stage 1 Measures

- **EP/Eligible Hospital Objective:** Check insurance eligibility electronically from public and private payers
- **EP/Eligible Hospital Measure:** Insurance eligibility checked electronically for at least 80 percent of all unique patients seen by the EP or admitted to an eligible hospital

Stage 1 Measures

- **EP/Eligible Hospital Objective:** Submit claims electronically to public and private payers.
- **EP/Eligible Hospital Measure:** At least 80 percent of all claims filed electronically by the EP or the eligible hospital.

Stage 1 Measures

- **EP Objective:** Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, and allergies) upon request
- **Eligible Hospital Objective:** Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies, discharge summary, and procedures), upon request.
- **EP/Eligible Hospital Measure:** At least 80 percent of all patients who request an electronic copy of their health information are provided it within 48 hours.

ARRA Patient Rights

- All patients have a right under ARRA to an electronic copy of their health information.

Stage 1 Measures

- **EP Objective:** Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies)
- **EP Measure:** At least 10 percent of all unique patients seen by the EP are provided timely electronic access to their health information

Stage 1 Measures

- **EP Objective:** Provide clinical summaries to patients for each office visit.
- **EP Measure:** Clinical summaries provided to patients for at least 80 percent of all office visits.

Stage 1 Measures

- **EP Objective:** Capability to exchange key clinical information (for example, problem list, medication list, allergies, and diagnostic test results), among providers of care and patient authorized entities electronically.
- **Eligible Hospital Objective:** Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.
- **EP/Eligible Hospital Measure:** Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.

Stage 1 Measures

- **EP/Eligible Hospital Objective:** Perform medication reconciliation at relevant encounters and each transition of care.
- **EP/Eligible Hospital Measure:** Perform medication reconciliation for at least 80 percent of relevant encounters and transitions of care.

Stage 1 Measures

- **EP/Eligible Hospital Objective:** Provide summary care record for each transition of care and referral.
- **EP/Eligible Hospital Measure:** Provide summary of care record for at least 80 percent of transitions of care and referrals.

Stage 1 Measures

- **EP/Eligible Hospital Objective:** Capability to submit electronic data to immunization registries and actual submission where required and accepted.
- **EP/Eligible Hospital Measure:** Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries.

Stage 1 Measures

- **EP/Eligible Hospital Objective:** Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice.
- **EP/Eligible Hospital Measure:** Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies (unless none of the public health agencies to which an EP or eligible hospital submits such information have the capacity to receive the information electronically).

Stage 1 Measures

- **EP/Eligible Hospital Objective:** Protect electronic health information maintained using certified EHR technology through the implementation of appropriate technical capabilities.
- **EP/Eligible Hospital Measure:** Conduct or review a security risk analysis in accordance with the requirements and implement security updates as necessary.

Medicaid

- The HITECH Act requires that to receive a Medicaid incentive payment in the initial year of payment, an EP or eligible hospital may demonstrate that they have engaged in efforts to “adopt, implement, or upgrade certified EHR technology.”
- Subsequent years must follow meaningful use

Medicaid

- States must use meaningful use definition at a minimum
- May add additional objectives but not beyond the current functionality of EHR
- For hospitals, any meaningful user will be classified under Medicaid
- Year 1 of incentive is for adoption or upgrade
- Year 2 is for stage 1 meaningful use

Payments

- Each subsequent year will require an update to new definitions of MU
- Timeline of upgrades
 - Stage 2 by 2013
 - Stage 3 by 2015
- For 1st year - use stage 1, for subsequent years if the stages are defined, use those

Payment Schema

First Payment Year	Payment Year				
	2011	2012	2013	2014	2015+**
2011	Stage 1	Stage 1	Stage 2	Stage 2	Stage 3
2012		Stage 1	Stage 1	Stage 2	Stage 3
2013			Stage 1	Stage 2	Stage 3
2014				Stage 1	Stage 3
2015+*					Stage 3

* Avoids payment adjustments only for EPs in the Medicare EHR Incentive Program.

** Stage 3 criteria of meaningful use or a subsequent update to the criteria if one is established through rulemaking.

Payment

- To eligible provider (EP) by National Provider Identification (or their employer)
- To eligible hospital by CMS certification numbers (CCN)

Reporting Methods

- Attestation – Years 2011
 - via a secure portal
- Deidentified Data reporting 2012 done electronically
 - may be done directly to CMS
 - may be done via HIE/RHIO
 - collective reporting linking multiple EHRs

Payment

Online Posting of those Receiving
Program Election between Medicare FFS/MA
and Medicaid for EPs

Interaction with other Programs - Cannot
receive both EHR Medicare Incentive and
Medicare Improvements for Patients and
Providers Act of 2008 e-prescribing incentive

Eligible Providers Medicare

- Doctors of Medicine
- Doctors of Osteopathy
- Doctors of Dentistry and Dental Surgery
- Doctors of Podiatry
- Doctors of Optometry
- Chiropractors

Incentives - 75% of Medicare Allowable Charges with CAP

- Year 1 if 2011 or 2012 - \$18,000
- Year 1 (2013) - \$15,000
- Year 2 - \$12,000
- Year 3 - \$8,000
- Year 4 - \$4,000
- Year 5 - \$2,000
- (2017) NONE

Medicare Incentives

- * For EPs who predominantly furnish services in a health professional shortage area (HPSA), incentive payments would be increased by 10 percent.
(defined by zipcode)

If Employed

- Incentive payment “shall be paid to the eligible professional or to an employer or facility
- Allows for reassignment to an employer (ONE) or entity with which the physician has a valid contractual arrangement allowing the entity to bill for the physician's services.

Medicaid Eligible Professionals

- Medicaid EP who begins adopting, implementing or upgrading certified EHR technology in the first year.
- Medicaid EP who has Already Adopted, Implemented or Upgraded Certified EHR Technology and Meaningfully Uses EHR Technology

Medicaid EP

- Physicians
- Dentists
- Certified nurse-midwives
- Nurse practitioners
- Physician assistants practicing in an FQHC or RHC that is so led by a physician assistant.

Volume Thresholds

- Eligibility determined by volume thresholds of 30% Medicaid patients
- Exception
 - Pediatrics 20%
 - FQHC - 30% volume of needy patients
 - (1) they are receiving medical assistance from Medicaid or the Children's Health Insurance Program (CHIP)
 - (2) they are furnished uncompensated care by the provider
 - (3) they are furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay.

Medicaid

- One State Selection - National Level Repository and State Data Collection
- Collection of Information Related to the Eligible Professional's National Provider Identifier and the Tax Identification Number (TIN)

Payments

- EPs equals 85 percent of “net average allowable costs.” (NAAC) with a cap of NAAC
- Cap NAAC \$25,000 in the first year, and NAAC \$10,000 for each of 5 subsequent years (there is an exception for pediatricians with under 30 percent Medicaid patient volume, whose caps are two-thirds of these amounts).
- Thus, the maximum incentive payment an EP could receive from Medicaid equals 85 percent of \$75,000, or \$63,750, over a period of 6 years. EPs must begin receiving incentive payments no later than CY 2016.

Allowable Costs

- Purchase, initial implementation, and upgrade of certified EHR technology
- Support services, and integral related training.
- Costs of operating, maintaining, and using certified EHR technology.
- Net Allowable costs per FTE - \$54,000 year 1
- Net Allowable costs per FTE \$20,610 subsequent years

Maximum Total Amount of EHR Incentive Payments for a Medicare
EP who does not Predominantly Furnish Services in a HPSA

Calendar Year	First CY in which the EP Receives an Incentive Payment				2015 - subsequent years
	2011	2012	2013	2014	
2011	\$18,000	-----	-----	-----	-----
2012	\$12,000	\$18,000	-----	-----	-----
2013	\$8,000	\$12,000	\$15,000	-----	-----
2014	\$4,000	\$8,000	\$12,000	\$12,000	-----
2015	\$2,000	\$4,000	\$8,000	\$8,000	\$0
2016	-----	\$2,000	\$4,000	\$4,000	\$0
TOTAL	\$44,000	\$44,000	\$39,000	\$24,000	\$0

Maximum Incentive Payment Amount for Medicaid Professionals

Cap on Net Average Allowable Costs, per the HITECH Act	85 percent Allowed for Eligible Professionals	Maximum Cumulative Incentive over 6-year Period
\$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 with a minimum 20 percent patient volume, but less than 30 percent patient volume, Medicaid patients	\$14,167	\$42,500
\$6,667 in Years 2-6 for pediatricians with a minimum 20 percent patient volume, but less than 30 percent patient volume, Medicaid patients	\$5,667	

Requirements for EPs Over Time to Demonstrate Eligibility for Incentive Payments

		States will monitor compliance of provides coming onto the program with different requirements depending on the year. Incentive determination will also be based on Y1 vs. subsequent years.						
	CY	Demonstration of Compliance						
↓ ↓ Becomes more difficult to establish meaningful use. ↓ ↓	2011	Y1	Y1 users must demonstrate that they engaged in efforts to adopt, implement, or upgrade to certified EHR technology. However, if users already adopted, they may proceed to Y2 requirements in Y1.					
	2012	Y2	Y1	Y1, same as above. Y2 must become a meaningful EHR user. We expect to issue definition of meaningful use on a biannual basis beginning in 2011.				
	2013	Y3	Y2	Y1	Y1, same as above. Y2-3 will be the same.			
	2014	Y4	Y3	Y2	Y1	Y1, same as above. Y2-4, same as above.		
	2015	Y5	Y4	Y3	Y2	Y1	Y1, same as above. Y2-5, same as above.	
	2016	Y6	Y5	Y4	Y3	Y2	Y1	Y1, same as above. Y2-6, same as above.
	2017		Y6	Y5	Y4	Y3	Y2	
	2018			Y6	Y5	Y4	Y3	
	2019				Y6	Y5	Y4	
	2020					Y6	Y5	
	2021						Y6	