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As an independent non-profit corporation, The Carolinas Center for Medical Excellence (CCME) will provide leadership, education and services to promote improvement in the quality and cost effectiveness of health care.


**NC DHHS
HITECH and
How MU affects U**

transforming health care

Why CCME Promotes EHR/ HIE?

Effective EHR/HIE Implementation will:


- Improve patient quality of care
- Prevent medical errors
- Reduce health care costs
- Increase administrative efficiencies
- Engage patients/families in their health care
- Expand access to affordable care



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Session Objectives

- Gain an understanding of HITECH EHR key words.
- Learn the differences between Medicare and Medicaid incentive programs.
- Understand steps Health Departments can take now to prepare for EHR meaningful use
- Realize what the HIT and clinical objectives are.




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Part 1:
ARRA/HITECH, Keywords

Part 2:
**What your Health Department
can do now**

Part 3:
MU Final Rule Criteria


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Part 1:
ARRA / HITECH, Keywords

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HITECH Act

- Health Information Technology for Economic and Clinical Health Act is the HIT component of the American Recovery and Reinvestment Act signed into law on February 17, 2009
- 17.2 billion dollars for EHR use and information exchange

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Regulatory Tri-fecta Information

HHS

http://healthit.hhs.gov/portal/server.pt?open=512&objID=1496&parentname=CommunityPage&parentid=1&mode=2&in_hi_userid=10741&cached=true

- Meaningful Use
- Privacy and security
- Standards and Certification



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HITECH Act Key Words

- Medicare and Medicaid Incentives for eligible professionals who have adopted a certified EHR and can demonstrate “meaningful use”; Penalties for non-adopters



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Keyword: Medicare (EP)

Medicare Eligibility Criteria:

- A doctor of medicine, osteopathy, dental surgery or medicine, podiatry, optometry, or a chiropractor
- See Medicare population
- Excluded if - EP furnishes 90% or more of their services in either the inpatient or emergency department of a hospital



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Keyword: Medicaid (EP)

Medicaid Eligibility Criteria:

- Physicians, dentists, certified nurse-midwives, nurse practitioners, and physician assistants working in FQHC/RHC that are PA led
- 30% of patient encounters attributed to Medicaid patients; 20% for Peds; “needy” patients count towards 30% in FQHC/RHC
- Excluded if - EP furnishes 90% or more of their services in either the inpatient or emergency department of a hospital



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Keyword: Certified EHR

- Final rule came out 7/13/2010
- Establishes an application process for Authorized Temporary Certification Bodies (ATCB)
- Two ONC-ATCB organizations as of 9/1/10
- No ONC-ATCB certified EHRs at this time



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Keyword: Incentives

- Medicare Incentives
- Medicaid Incentives

Providers must select ONE method—No double dipping



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Double Dipping Rules

- EPs may switch programs one time prior to 2015
- Medicare eRx program counts towards duplicate payments for Medicare incentives, not Medicaid
- Providers practicing in multiple states can only participate in one states' program
- Onus is on the state to ensure EPs are not double dipping for Medicaid incentives

Medicare Incentives Payout Table

Amount You May Receive Each Year

Year EHR Use is first demonstrated	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	TOTAL
2011	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$44,000
2012	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$44,000
2013	\$15,000	\$12,000	\$8,000	\$4,000	\$0	\$39,000
2014	\$12,000	\$8,000	\$4,000	\$0		\$24,000
2015/Later	\$0	\$0	\$0			\$0

Medicaid Incentives Payout Table

Amount You May Receive Each Year

Year EHR MU is first started	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	TOTAL
2011	\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$63,750
2012	\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$63,750
2013	\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$63,750
2014	\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$63,750
2015	\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$63,750
2016	\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$63,750
2017/Later	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Payment Clarification for Pediatricians

Pediatricians with a Medicaid population of 20% may participate; however their incentive payments are limited to 2/3 of the maximum amount or \$42,500. Pediatricians with 30% Medicaid population are eligible for the maximum payout of \$63,750.


Medicare vs. Medicaid

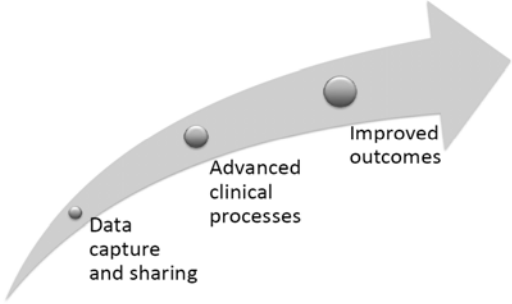
- Medicare meaningful use is defined by the ONC HIT Policy Committee and approved by the Secretary.
- Medicaid meaningful use is demonstrated through a means that is approved by the State and accepted by the Secretary.
- The final rule mandates the objectives of meaningful use for Medicare be the minimum for Medicaid. It also allows Medicaid to add up to 4 public health related objectives as core on a state by state basis.



Keyword: Penalty

- Medicare Penalties: Providers who do not demonstrate meaningful use by 2015 will have a 1% decrease, a 2% decrease in 2016, a 3% decrease in 2017.
- CMS will issue another proposed rule addressing penalties prior to 2015
- Medicaid Penalties: None


 Keyword: Meaningful Use



Data capture and sharing


Advanced clinical processes

Improved outcomes

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Source: ONC, CMS Presentation 7/22/2010
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Part 2:
What your Health Department can do now

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Health Departments with an EHR

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Stage 1 Strategies for 2011 Payout

Starting NOW, focus on these things:

- Reviewing reporting requirements and work backwards to ensure documentation supports required reports
- Implement a bi-directional lab interface and eRx with interaction checking
- Begin using order entry

Stage 1 Strategies for 2011 Payout

- Perform documentation gap analysis: meds, problem, and allergy lists, vitals, BMI, etc
- Create lists of patients within the EHR using clinical decision support rules and send patient reminders
- Implement a patient portal

Stage 1 Strategies for 2011 Payout

- Develop a source of statewide information on community HIE and test one exchange of key health data to other providers, health dept, or immunization registry.
- Create clinical summary w/basic health information

Stage 1 Strategies for 2011 Payout

- Focus on the Final Rules Meaningful Use criteria
- Work with your vendor to find out when the updates will be ready
- Create a process for medication reconciliation and HIPAA security analysis

Health Departments with no EHR

EHR Implementation Strategy

- Pre-Work: Getting your bearings
- Assessment: Discovering where you are now
- Planning: Deciding where you want to be in the future and how to get there
- System Selection: Evaluating which vendor meets your needs
- Implementation: Effectively installing the EHR
- Post-Live Evaluation: Evaluating if you are where you want to be

Pre-work

- Perform financial assessment/ROI calculation
- Assign a physician champion
- Select members of EHR implementation team

Assessment

- Readiness assessment
- Computer skills evaluation
- Workflow analysis
- Hardware and software analysis

Planning

- Define EHR goals and measurements
- Learn how to manage change
- Keep lines of communication open
- Draft internal project plan for implementation

Selection

- Possible Help: Regional Extension Center
- Check CCHIT site for certified products
- Contact vendors and schedule demonstrations
- Request RFPs if appropriate
- Visit vendor references sites
- Negotiate contract

Implementation

- Receive/review vendor implementation plan
- Work with vendor on system customization
- Test system and interfaces
- System training
- Practice using EHR in exam room (without patients)
- System backup and testing
- Establish downtime procedures

Post-Implementation Evaluation

- Goals review
- Meaningful use review
- Clinical Measure Reports
- Planning for subsequent phases

**Part 3:
Meaningful Use
Final Rule Criteria**

MU Overview - FINAL RULE

26 measures total for EP

- 15 MU Core HIT measures
- 5 Menu HIT measures (out of 10)
- 3 Core Clinical Quality Measures (CQM) with 3 alternates
- 3 Menu CQM measures (out of 38)
- Based on PQRI and NQF measures

MU: EP 15 HIT Core Set Objectives

- Computerized physician order entry (CPOE)(30%)
- Drug-drug and drug-allergy interaction checks (Attest)
- E-Prescribing (eRx)(40%)
- Maintain an up-to-date problem list of current and active diagnoses (80%)
- Maintain active medication list (80%)
- Maintain active medication allergy list (80%)

MU: EP 15 HIT Core Set Objectives

- Record demographics (50%)
- Record and chart changes in vital signs (50%)
- Record smoking status for patients 13 years or older (50%)
- Implement one clinical decision support rule (Attest)
- Report ambulatory clinical quality measures to CMS/States (2011-Attest, 2012-Electronic)

MU: EP 15 HIT Core Set Objectives

- Provide patients with an electronic copy of their health information, upon request (50%, 3 days)
- Provide clinical summaries for patients for each office visit (50%, 3 days)
- Capability to exchange key clinical information among providers of care and patient-authorized entities electronically (test)
- Protect e health information (review/conduct)

MU: EP HIT Menu Set Objectives (Pick 5 of 10)

- Implement drug-formulary checks (attest)
- Incorporate clinical lab test results as structured data (40%)
- Generate lists of patients by specific conditions (attest)
- Send reminders to patients per patient preference for preventive/follow up care (20% 65/+ or 5/-)

MU: EP HIT Menu Set Objectives

(Pick 5 of 10)

- Provide patients with timely electronic access to their health information (10%)
- Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate (10%)
- Medication reconciliation (50%)
- Summary of care record for each transition of care/referrals (50%)



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MU: EP HIT Menu Set Objectives

(Pick 5 of 10)

- Capability to submit electronic data to immunization registries/systems* (test)
- Capability to provide electronic syndromic surveillance data to public health agencies* (test)

*At least 1 public health objective must be selected



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MU: EP CQM Core Set Objectives

- Hypertension: Blood Pressure Measurement (%)
- Preventive Care and Screening Measure Pair:
 - a) Tobacco use Assessment (%)
 - b) Tobacco Cessation Intervention (%)
- Adult Weight Screening and Follow-up (%)



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MU: EP CQM Core Alternates

- Weight Assessment and Counseling for Children and Adolescents (%)
- Preventive Care and Screening: Influenza immunization for Patients 50 Years Old or Older (50%)
- Childhood Immunization Status (%)



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MU: EP CQM Additional Set (pick 3 of 38)

- 1.Diabetes: Hemoglobin A1c Poor Control
- 2.Diabetes: Low Density Lipoprotein (LDL) Management and Control
- 3.Diabetes: Blood Pressure Management
- 4.Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- 5.Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)
- 6.Pneumonia Vaccination Status for Older Adults
- 7.Breast Cancer Screening
- 8.Colorectal Cancer Screening
- 9.Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD



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MU: EP CQM Additional Set (pick 3 of 38)

- 10.Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- 11.Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b)Effective Continuation Phase Treatment
- 12.Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
- 13.Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
- 14.Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
- 15.Asthma Pharmacologic Therapy
- 16.Asthma Assessment
- 17.Appropriate Testing for Children with Pharyngitis
- 18.Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER?PR) Positive Breast Cancer



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MU: EP CQM Additional Set (pick 3 of 38)

- 19. Oncology Conon Cancer: Chemotherapy for Stage III Colon Cancer Patients
- 20. Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
- 21. Smoking and Tobacco Use Cessation, Medical Assistance: a) Advising Smokers and Tobacco Users to Quit, b) Discussing Smoking and Tobacco Use Cessation Medications, c) Discussing Smoking and Tobacco Use Cessation Strategies
- 22. Diabetes: Eye Exam
- 23. Diabetes: Urine Screening
- 24. Diabetes: Foot Exam
- 25. Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol
- 26. Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation
- 27. Ischemic Vascular Disease (IVD): Blood Pressure Management

MU: EP CQM Additional Set (pick 3 of 38)

- 28. Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
- 29. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a) Initiation, b) Engagement
- 30. Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
- 31. Prenatal Care: Anti-D Immune Globulin
- 32. Controlling High Blood Pressure
- 33. Cervical Cancer Screening
- 34. Chlamydia Screening for Women
- 35. Use of Appropriate Medications for Asthma
- 36. Low Back Pain: Use of Imaging Studies
- 37. Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control
- 38. Diabetes: Hemoglobin A1c Control (<8.0%)

Demonstrating Meaningful Use

- For 2011, results for all objectives and measures, including clinical quality measures will be reported via attestation to CMS or the State.
- For 2012, measures will be sent electronically via certified EHR technology to CMS or the State.

Meaningful Use Reporting Period

- In the provider's first year of participation the reporting period will be any 90 day period that occurs within the calendar year
- For subsequent years of participation the reporting period will be the entire calendar year

EHR Incentive Payments

- Medicare payments will be made via Medicare Administrative Contractors (MACs). Payments made to the Tax Id Number given by the provider
- Medicaid payments will be made through the State. Payments made to the Tax Id Number given by the provider

For More Information

CMS, Centers for Medicare and Medicaid Services

<http://www.cms.gov/EHRIncentivePrograms>

For More Information

HHS, Health and Human Services

http://healthit.hhs.gov/portal/server.pt?open=512&objID=1496&parentname=CommunityPage&parentid=1&mode=2&in_hi_userid=10741&cached=true

- Meaningful Use
- Privacy and security
- Standards and Certification



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Contact Me

Gary Balser

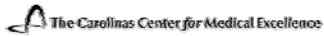
Manager, EHR Programs and Services

919-380-9860 x 2134

Gbals@thecarolinascenter.org

EHRservices@thecarolinascenter.org

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