

Meaningful Use

What it Means to Providers

Presented to Lifespan PSO

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Meaningful Use Overview

- American Recovery and Reinvestment Act of 2009 and its Title XIII, Health Information Technology for Economic and Clinical Health (ARRA/HITECH)
 - Defines
 - Funds available to be paid to health care providers for “meaningful use” of HIT
 - HHS to develop criteria for meaningful use



Rules Defining Meaningful Use

- ARRA/HITECH delegated rule making department of HHS
- HHS has designated CMS, working with the Office of the National Coordinator of HIT, to develop rules
- These agencies have created the HIT Policy Committee and the HIT Standards Committee to advise on the rules
- “NPRM”
 - Preliminary Rule in September
 - Interim Final Rule in December
 - Final Rule due “in the Spring”



Meaningful Use Incentives

- For Hospitals
 - Payments in years 2011 – 2015
 - Based on Medicare and Medicaid volume, subject to transition factor
 - Penalties in year 2015
- For Physicians
 - Medicare: up to \$44,000 per physician
 - need > \$20,000/year Medicare Billings
 - Medicaid: up to \$63,750
 - need 30% of practice Medicaid
 - Medicaid Pediatricians: up to \$42,999
 - with less than 30% Medicaid but over 20%
 - Penalties start in 2016



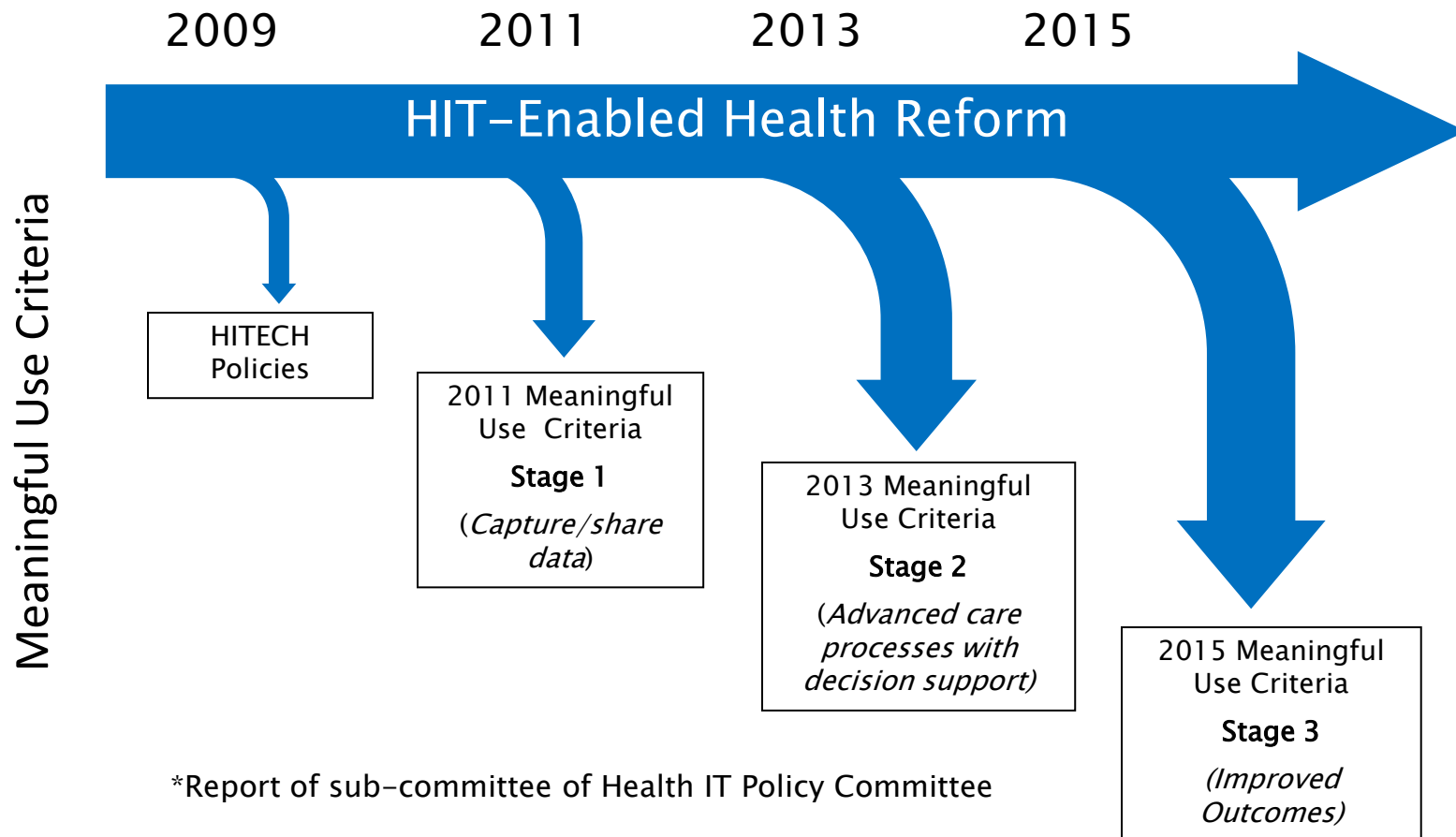
Measuring Meaningful Use

- Meaningful use will be measured in three stages
 - The focus of each stage will be on:
 - Stage 1:
 - Ability to capture/share data
 - Stage 2:
 - Use data for advanced care processes with decision support
 - Stage 3:
 - Achieve and document Improved Outcomes



Path of Meaningful Use

- Meaningful use will follow an “Ascension Path” over time*



*Report of sub-committee of Health IT Policy Committee



Health Outcome Policies

- Each stage will be measured according to five “Health Outcome Policies”
 - Improve quality, safety, efficiency, and reduce health disparities
 - Engage patients and families
 - Improve care coordination
 - Improve population and public health
 - Ensure adequate privacy and security protections for personal health information



Ambulatory Criteria to Achieve Meaningful Use

- [1] Use CPOE
- [2] Implement drug-drug, drug-allergy, drug- formulary checks
- [3] Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT®
- [4] Generate and transmit permissible prescriptions electronically (eRx).
- [5] Maintain active medication list.
- [6] Maintain active medication allergy list.
- [7] Record demographics.
- [8] Record and chart changes in vital signs.
- [9] Record smoking status for patients 13 years old or older
- [10] Incorporate clinical lab-test results into EHR as structured data.
- [11] Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, and outreach.
- [12] Report ambulatory quality measures to CMS or the States.
- [13] Send reminders to patients per patient preference for preventive/ follow-up care
- [14] 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
- [15] Check insurance eligibility electronically from public and private payers
- [16] Submit claims electronically to public and private payers..



Ambulatory Criteria to Achieve Meaningful Use

[17] Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, and allergies) upon request

[18] Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies)

[19] Provide clinical summaries to patients for each office visit..

[20] 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.

[21] Perform medication reconciliation at relevant encounters and each transition of care.

[22] Provide summary care record for each transition of care and referral..

[23] Capability to submit electronic data to immunization registries and actual submission where required and accepted.

[24] Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice.

[25] Protect electronic health information maintained using certified EHR technology through the implementation of appropriate technical capabilities



Clinical Quality Measures

- Electronic Submission: EP's 2011 – 2012
 - Core Set
 - Obtain and document smoking status
 - Obtain and record blood pressure
 - Report on Elderly patients who receive “drugs to be avoided”
 - Plus “Specialty Measures” from selected group

Cardiology	Pediatrics	Radiology
Plumonology	OB/Gynecology	Gastroenterology
Endocrinology	Neurology	Nephrology
Oncology	Psychiatry	Podiatry
Prodeduralist/Surgery	Ophthalmology	Primary Care



Stage 1 – Capturing Data

- The goal is to collect information about clinical events in a way that is:
 - Centralized
 - Displayable at the point of decision making in real time
 - Comprehensive
 - Analyzable
 - Reportable
 - Appropriate for Clinical Decision Support

Source: Certification Commission for Health Information Technology (CCHIT)
Interoperability expert panel



Stage 1 – Sharing Data

- The goal is to share the captured data in a way that is viewable to all providers and importable into electronic health records
 - Standardized data
 - Standardized format – the CCD
 - Transferred both point to point and into repositories (Health Information Exchanges)



Tactics for Stage 1 - Capturing Data

- Using Standards
 - Nursing Documentation
 - Assessments
 - Vital Signs
 - Physician Documentation
 - Problem List
 - H&P's and Progress Notes
 - Medication Management
 - Home Med Lists
 - Discharge Meds
 - ePrescribing
 - Care Events that support clinicians
 - Care events required for Quality Measures



Tactics for Stage 1 - Sharing Data

- Using Standards
 - The new discharge form – CCD (Continuity of Care Document)
 - National standard
 - Can be transmitted and incorporated into EMR's
 - Populated with data captured using standards
 - Can be transmitted to and stored in a data repository for use by other physicians
 - Can be shared with patients



Why Meaningful Use?

- Financial Incentives for hospitals and physicians
- Improved patient care by providing more information and guidance to physicians and other caregivers
 - What they need
 - When they need it
 - Where ever they are



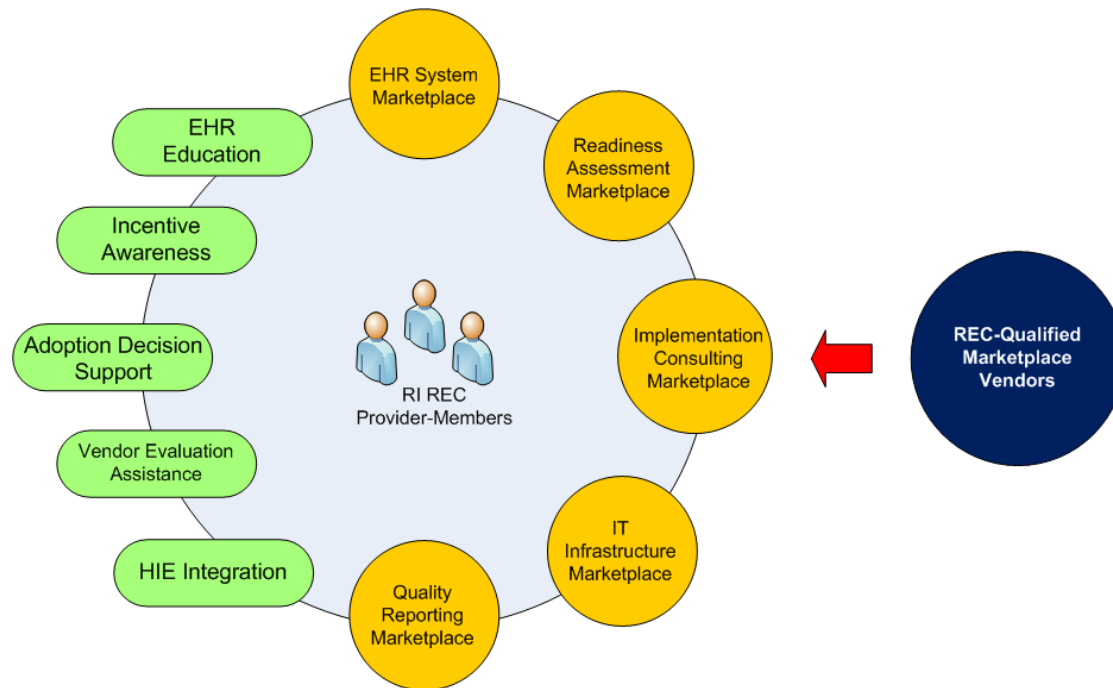
Resources Available to Providers

- RI Regional Extension Center (RI REC)
- DocEHRtalk.org
 - Incentive information
 - Service Directories
 - Social Networking
- **currentcare**
 - Rhode Island's Health Information Exchange



What is the Regional Extension Center?

- The Rhode Island Regional Extension Center (RI REC) is a local, vendor-neutral service provided by the Rhode Island Quality Institute. The Regional Extension Center offers valuable assistance and support to healthcare providers as they transform their practice through the Meaningful Use of EHRs.



RI Regional Extension Center Services

- Provider Services
 - Dedicated Customer Process Manager
 - Provides guidance with EHR vendor selection & relationship management and project management
 - Vendor Relationship Management
 - Facilitates resolutions of common vendor issues
 - Qualified Vendor Marketplace
 - Pre-approved vendors and service providers



RI Regional Extension Center Services (cont.)

- Vendor Marketplace Services
 - EHR Readiness Assessment
 - Practice Redesign Assistance
 - EHR Implementation and Optimization Services
 - EHR Technical Services
 - Meaningful Use Gap Assessment & Audit
 - Quality Improvement Facilitation



Value of the Regional Extension Center

- Reduces EHR costs and effort; maximizing EHR-related revenue
- Improves vendor-provider match
- Provides unbiased, One-on-One support throughout adoption process
- A one-stop access to qualified services and best practices
- Provides centralized auditing and incentive distribution for Meaningful Use



Why RIQI as the RI Regional Extension Center?

- **Center of Excellence**

- RIQI is known in the community and represents all healthcare stakeholders in Rhode Island

- **Industry Experience**

- RIQI has success and experience in helping RI providers meet the challenges of health IT

- **State Designated Entity for HIE**

- RIQI has developed a statewide HIE to enable the exchange of healthcare information to patients, providers, hospitals, labs and testing thus improving healthcare quality, coordination and safety

- **Community Partners**

- RIQI leverages longstanding collaborative relationships with RI health plans, department of public health, RI Quality Partners and other statewide stakeholders

- **Organizational Mission**

- RIQI is invested in connecting all key stakeholders to drive the future of healthcare, including healthcare leaders, patients, providers and public interest groups



DocEHRTalk.org is the Home of the RI REC


DOC EHRTALK.org
Home of the RI Regional Extension Center

About the RI REC | Benefits of Adoption | Funding & Incentives | Selecting an EHR | Implementation Success | Knowledge Center


The search for answers is ingrained in every doctor's DNA.

DocEHRTalk.org is a website for physicians and office staff who are searching for answers about **electronic health records (EHRs)**. It is brought to you by the **Rhode Island Quality Institute**, a non-profit organization dedicated to improving the quality, safety, and value of health care and is made possible with the generous support of The Rhode Island Foundation, Blue Cross and Blue Shield of Rhode Island and other partners.

HIT News
Reid Drops Health IT Provision From Senate Job-Creation Bill [Read This Article](#)



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CASE STUDIES




EHR Adoption Results in Enhanced Performance
As a family practitioner and President of RI Primary Care Physicians Corporation, an independent practice association (IPA) in Cranston, RI, Dr. Al...


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Why not?
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Meaningful Use
last activity 1 week 3 days ago 3



If at first you don't succeed...
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QUESTIONS & ANSWERS

Current Care vs My EMR Lab Interface
last activity 19 hours 3 min ago 4

Writing C-II Rx for 90 Days (Three 1-month Rx's) - Okay in RI?
last activity 1 week 6 days ago 5

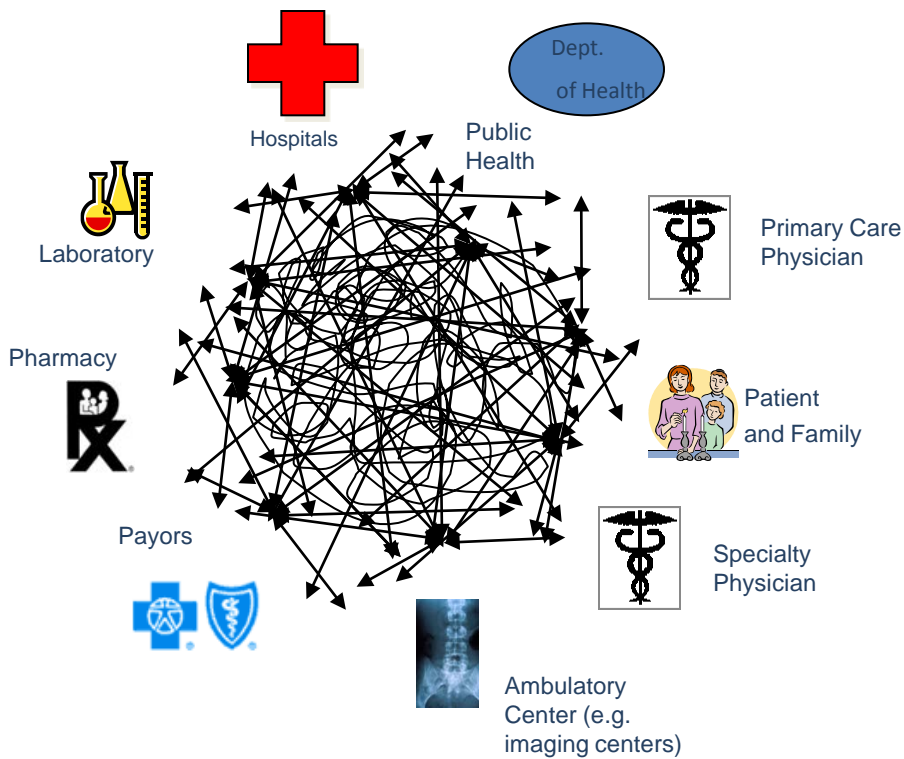
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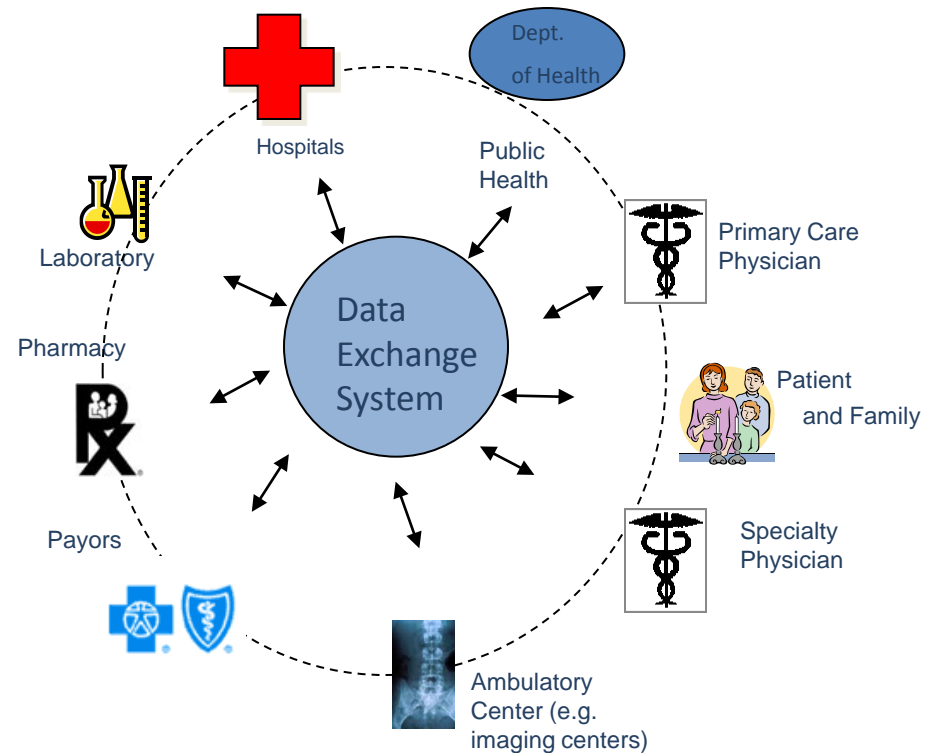
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Paper-based "Exchange"

Current system fragments patient information resulting in error and waste



When fully built-out, will link health information to improve quality, safety and value



Why Get Involved with *currentcare*?

- Enhance the benefits to your patients
 - Availability of their health information integrated in one place
 - Increasing opportunity to protect the privacy and security of their health information
- Enhance the benefits to your practice
 - Lowering your costs
 - Multiple interfaces are expensive to build and maintain
 - The number of interfaces needed to provide access to patient information soon becomes unaffordable
 - Getting access to help--most practices don't have access to IT resources
 - Meeting “meaningful use” criteria
 - Joining with others so you don't have to “go it alone”



Payer-Based Incentives for EHRs in RI

CATEGORY	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND	TUFTS HEALTH PLAN	UNITED HEALTHCARE of NEW ENGLAND	MEDICAID	MEDICARE
EMR Incentives	<p>1. Fee Schedule increase for PCPs utilizing a CCHIT certified EMR - rolling qualification 2. Limited funding available for PCPs and Specialists to fund costs (up to \$5K per physician) associated with EMR purchase. Funds provided through a grant application process. Refer to provider section of BCBSRI.com or call 800-230-9050 for details.*</p>	<p>Provides support for Health IT initiatives at Community Health Centers in RI.</p>	<p>New HIT incentive program will be launched in 2010.</p>	<p>Solo physicians and practice groups are eligible for "HIT Rewards" program if they: a) concentrate in primary care b) contract with UHC c) use a CCHIT certificated EMR by 9/09 and d) use the population management tool to track at least 10 UHC enrollees. Incentive payment is \$2K per physician up to maximum of \$6K per practice group. Enrollment closed. New incentive program to be launched in 2010.</p>	<p>Physicians receiving HIT incentive payments under Medicaid are eligible for up to approximately \$65K over a five year period if they can demonstrate "meaningful use" of EHRs in their practice. Eligible providers include physicians, pediatricians, nurse mid-wives, and nurse practitioners who are not hospital based. Estimated payment schedule: Year 1: up to \$25K per provider Year 2: up to \$10K per provider Year 3: up to \$10K per provider Year 4: up to \$10K per provider Year 5: up to \$10K per provider to total \$65K.</p>	<p>HIT Incentive for "meaningful users" of EHR technology. Timeframe is 2011-2015 or 2012-2016 with payments of \$18K, \$12K, \$8K, \$4K, \$2K (total of up to \$44K per physician). No incentives will be made after 2016.</p>
E-Prescribing Incentives	<p>A fee schedule increase was made in July 2009 for PCPs utilizing a qualified EMR (CCHIT certification and e-prescribing use are examples of qualification criteria) – rolling qualification. Must complete a survey to be eligible. Refer to provider section of BCBSRI.com for survey and additional details regarding qualifying criteria.</p>	<p>Provides support for Health IT initiatives at Community Health Centers in RI.</p>	<p>TBD</p>	<p>12 months of free e-prescribing if you currently utilize their EMR.</p>	<p>Connect Care Choice PCCM Program: higher reimbursement for participating practices that have EMR and e-Rx functionality and documentation of use requirements now or within 18 months</p>	<p>The e-prescribing incentive for reporting years 2009-2010 is 2%; for years 2011-2012 1%; and for 2013 .5%. This is in addition to 2% incentive payment for physicians who successfully report measures under PQRI. Both incentive payments are in addition to the 1.1% fee schedule update required by MIPPA. A physician who successfully reports under both e-prescribing and PQRI initiatives could receive up to a 5.1% pay boost in 2009.**</p>

*PCP includes Internal Medicine, Family Practice, General Pediatrics, and Geriatrics

**PCP includes family medicine, internal medicine, pediatrics, or OBGYN

Information as of 10/2009 and is subject to change



What's Next?

- Seriously consider adopting an EHR and if you already have, then working toward achieving “Meaningful Use” criteria.
 - Enroll in the RI Regional Extension Center
- Go to www.DocEHRtalk.org and take advantage of the experience of those in Rhode Island who have gone before you to your journey easier.
- Enroll your patients in **currentcare** now so that their information will have accumulated when the system goes live.
- Take these steps. If you do, you'll find significant support, provide better care for your patients and be rewarded for your efforts as payment systems change, which they inevitably will.



Questions?

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