

# Welcome to the RI Regional Extension Center Health IT Expo!

**We can help you Go from Scared to  
Prepared.**

**Jennie Chiller**

Director, REC Program Management  
(Education and Outreach)

**RI REGIONAL EXTENSION CENTER**

Rhode Island Quality Institute



# Rhode Island Quality Institute

- RIQI is a freestanding not-for-profit organization founded in 2001
- We are a multi-stakeholder collaborative
- Our mission is to improve healthcare quality, safety and value
- Our Board consists of top leaders: hospitals, physicians, health insurers, consumers, business, professional associations and state government
- We received all three major ARRA grants (REC, Beacon, and HIE)



# Working Definition of an EHR

- An electronic record of health-related information on individuals that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health organization



# Benefits of an EHR

## For Providers:

- Quick access to patient records (including remote locations)
- Point of care decision support and improved continuity of care
- Real-time quality reporting
- Legible and complete documentation for more accurate coding and billing

## For Patients:

- Decreases duplicative tests and costs
- Facilitates healthcare record portability
- Promotes patient involvement
- Electronic referrals for easier access to specialists



# Perceived Barriers for EHR Adoption

Productivity is negatively affected

Costs are prohibitive

**I don't have time**

It will interfere with patient rapport

There will be a limited return on investment

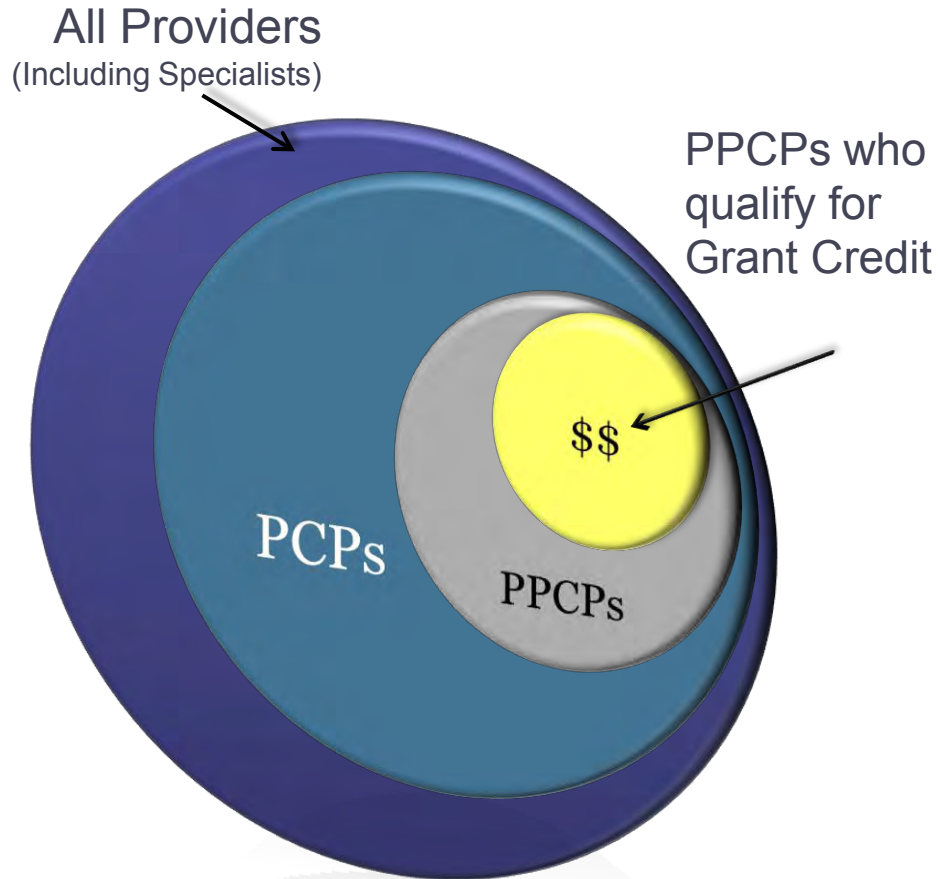
**I'm**  
overwhelmed with product options



# The RI Regional Extension Center Can Help

- The 2009 Health Information Technology Act (HITECH) to help advance the use of health IT in the US
- The REC program created to support providers in their achievement of the Meaningful Use of EHRs
- RIQI was selected as the organization in RI to support primary healthcare providers with EHR adoption and achieving Meaningful Use
- We will assist 1,000 Priority Primary Care Providers in RI

# Priority PCPs are eligible and can enroll for FREE



- **Qualifying Credentials:**
  - MD, DO, NP, PA & CNMW
- **Qualifying Specialties:**
  - Family Medicine, General practice & Internal Medicine
  - Adolescent Medicine
  - Obstetrics and Gynecology
  - Geriatrics
  - Pediatrics
- **Qualifying Organizations:**
  - Private Practices of 10 or fewer providers per site
  - Community Health Centers
  - Public Hospital Outpatient Clinics
  - Underserved Settings



# FREE Services and Benefits for Provider Members

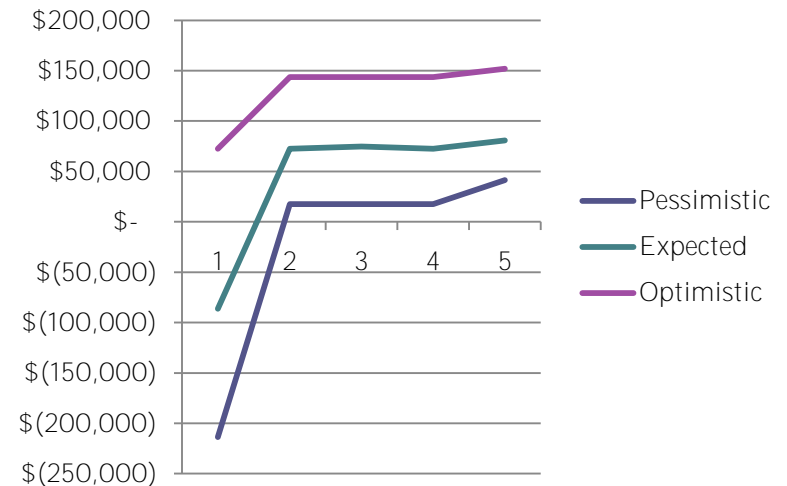
- Subsidy per Priority PCP of \$2,500 (up to 10) based on milestone achievement
- Access to REC Pre-Qualified Vendor Marketplace
- Support from an assigned Relationship Manager
- In-person and Web-based Orientation, Educational Seminars and CME opportunities
- Health IT Events
- National insight on Meaningful Use and CMS incentive payments
- Cost/Benefit Calculator Tool



# Provider Tools - Cost Benefit Calculator

An electronic calculator assesses actual costs of EHR and benefits (ie, incentives, Meaningful Use, receivables and/or volume-based revenue) using your practice data

Net Revenue Years 1-5	Pessimistic	Expected	Optimistic
Year 1	\$ (213,722)	\$ (86,436)	\$ 72,570
Year 2	\$ 17,678	\$ 72,364	\$ 143,520
Year 3	\$ 17,678	\$ 74,864	\$ 143,520
Year 4	\$ 17,678	\$ 72,364	\$ 143,520
Year 5	\$ 41,428	\$ 80,864	\$ 152,020
<b>Net Revenue</b>	<b>\$ (119,260)</b>	<b>\$ 214,020</b>	<b>\$ 655,150</b>



# Vendor Marketplace Benefits

## **Reduces your costs**

- Offers discounted pricing from EHR Vendors and Consultants
- Reduces your legal fees by using RI REC standard contracts

## **Saves you time**

- Eases the EHR Vendor and Consultant selection process
- Standardizes services
- Provides you with pre-qualified vendors and standardized contracts
- Helps you avoid common missteps



# REC Pre-Qualified Vendor Marketplace

## Our 19 Participating Vendors have:

- Applied for HHS Meaningful Use certification
- Committed to successfully assist practices to get to Meaningful Use
- Demonstrated success locally in the industry
- Committed to offer REC pricing to members
- Agreed to use standardized contracts

**Visit the REC Booth to learn more.**



# DocEHRtalk.org - Home of the RI REC

## ✓ Key features include

- Directory of REC Marketplace Vendors
- Tips and Local Case Studies
- Updates on Meaningful Use
- Forum for peer-to-peer discussions

## ✓ On-line REC Enrollment

- Visit our Booth to get started

The screenshot displays the DocEHRtalk.org website. At the top, a dark navigation bar contains the site logo and menu items: 'About the RI REC', 'Benefits of Adoption', 'Funding & Incentives', 'Selecting an EHR', 'Implementation Success', and 'Knowledge Center'. Below the navigation bar, a main banner features the headline 'The search for answers is ingrained in every doctor's DNA.' and a paragraph describing the site's purpose. A 'Join Now!' button is prominently displayed. To the right, a 'Join RI's EHR Community' box encourages participation. Below the banner, there are sections for 'HIT News' with a link to 'Read This Article', and two profile cards for 'PROVIDERS' and 'VENDORS'. The lower half of the page is divided into three columns: 'CASE STUDIES' featuring an article on EHR adoption, 'MESSAGEBOARD' with three discussion threads, and 'QUESTIONS & ANSWERS' with three questions. The footer includes the Rhode Island Quality Institute logo, copyright information, and social media links.



# Thank You for Joining Us!

For more information on the RI REC, please visit our REC Booth. You can also talk to us about RI's Health Information Exchange at our **currentcare** booth – all in the Exhibitor Area.

For lively discussion, tips and techniques from Physician Colleagues, please visit the EHR Discussion Area at 4:30, 6:30 & 7:00pm.

To speak with EHR software vendors, technical service consultants, representatives from local banks, Medicare & Medicaid, and members of RI healthcare organizations please tour our Exhibit Area.

# Meaningful Use

Yul Ejnes, MD, FACP  
REC Health IT Expo  
November 17, 2010

**RI REGIONAL EXTENSION CENTER**  
Rhode Island Quality Institute



# Disclosures

- No financial relationships
- Board affiliations
  - RIQI (Vice Chair)
  - American College of Physicians (Chair-elect, Board of Regents)
- Employment – Coastal Medical, Inc.
- EHR User - eClinicalWorks



# Overview

- Background / Policy Context
- EHR Incentive Program basics
  - Who is eligible
  - EHR certification
  - Meaningful Use
    - Objectives and Clinical Quality Measures

# Why Health IT

- Improve quality, safety, efficiency
- Engage patients and families in their health care
- Improve care coordination
- Improve population and public health

\*Adapted from National Priorities Partnership. National Priorities and Goals: Aligning Our Efforts to Transform America's Healthcare. Washington, DC: National Quality Forum; 2008.



# Working Definition of an EHR

- An electronic record of health-related information on individuals that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health organization

[http://www.himss.org/ASP/topics\\_ehr.asp](http://www.himss.org/ASP/topics_ehr.asp)

# Why Meaningful Use?

- Converting paper record to digital record not enough
- Achieving significant improvement in health outcomes and processes is the goal
- HITECH authorized incentive payments for clinicians and hospitals —when they use EHRs privately and securely to achieve specified improvements in care delivery”
- Readiness for nation-wide health information system



# What Does Meaningful Use Cover?

- Allergies
- Problem lists
- Safe use of medications (lists, reconciliation, interaction checking)
- E-prescribing
- Decision support
- Health information exchange
- Quality reporting
- Patient engagement (education, access to information)
- Patient safety (CPOE, reminders)



# “Meaningful” EHR Benefits

## For Providers:

- Quick access to patient records from inpatient and remote locations
- Enhanced decision support, clinical alerts and guidelines
- Performance-improving tools and real-time quality reporting
- Legible, complete documentation for more accurate coding and billing
- Interfacing with labs, registries, other EHRs, and HIEs
- Safer, more reliable prescribing
- Better care and communication

## For Patients:

- Reduced need to fill out same forms at each office visit
- Reliable point-of-care information and reminders to providers of important health interventions; faster test results
- Convenience and safety of e-prescriptions
- Increased safety and quality of care with CPOE
- Patient portals for online interaction with providers
- Electronic referrals for easier access to specialists



# Evolution of Meaningful Use

- January 2010 Proposed Rule
  - 25 objectives for physicians (23 for hospitals)
  - All objectives to be met
  - Criteria for satisfying objectives felt to be too stringent
  - Concerns re: ability of existing products
  - Too much, too soon for physicians
- July 2010 Final Rule
  - Core objectives/“menu” objectives – more flexibility
  - Lower thresholds for meeting objectives
  - —“Crawl-walk-jog-run” approach
  - Future MU criteria will be more demanding



# The 3 Stages of Meaningful Use

**Table 1. The 3 Stages of Meaningful Use of Electronic Health Systems for Eligible Professionals\***

## Stage 1

- Capture health information electronically in a searchable format
- Use electronic information to track key clinical conditions
- Electronically communicate health information for care coordination purposes
- Initiate reporting of clinical quality measures and public health information

## Stage 2

- Expand on criteria from stage 1 in the areas of disease management, clinical decision support, medication management, support for patients' access to their health information, transitions in care, and quality measurement and research
- Facilitate communication with public health agencies

## Stage 3

- Use electronic health records to achieve improvements in quality, safety, efficiency, and population health
- Use decision support for national high-priority conditions
- Enable patient access to self-management tools

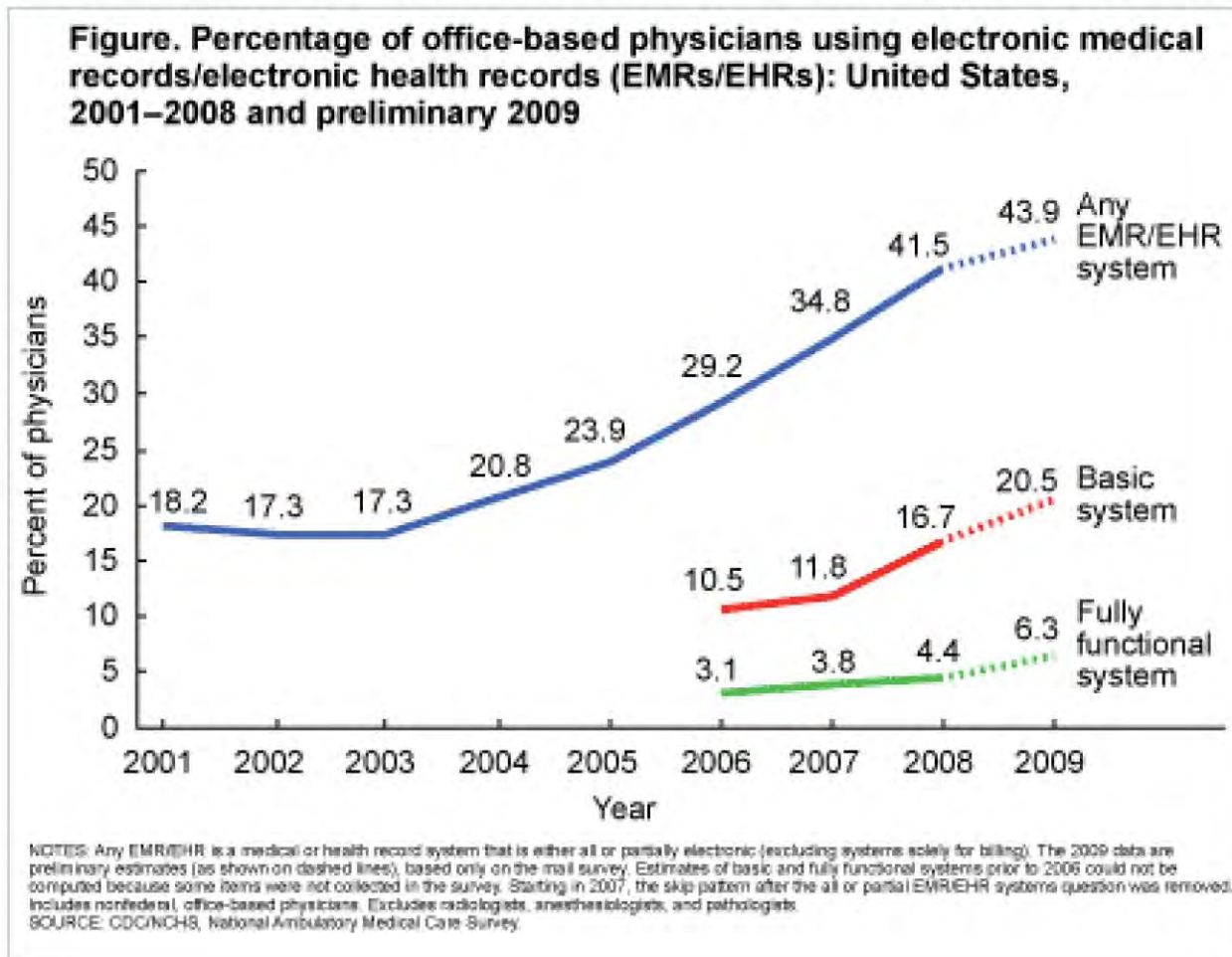
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\* The Centers for Medicare & Medicaid Services will award incentive payments according to 3 stages of meaningful use. They have released a proposed rule for the requirements under stage 1 of meaningful use; although the requirements for stages 2 and 3 will be finalized in the future, priority focus areas are in this table. Data are from reference 9.

**Maxson E et al. Ann Intern Med 2010;153:666-670**



# Current EMR/EHR Adoption



Source: Electronic Medical Record/Electronic Health Record Use by Office-based Physicians: United States, 2008 and Preliminary 2009, Hsiao, Beatty, Hing, et al., NCHS



# Obstacles to HIT Adoption

- Lack of Capital
- Uncertainty of Return on Investment
- Finding the System to Meet Practice's Needs
- Systems Becoming Obsolete
- Capacity to Implement
- Loss of Productivity
- Lack of established standards for information exchange

Source: DesRoches CM et al. Electronic health records in ambulatory care—a national survey of physicians. *N Engl J Med.* 359(1):50-60, 2008 Jul 3.



# Helping to Overcome Barriers and Support Meaningful Use

- Meaningful Use Certification
  - ONC-ATCB (Office of the National Coordinator Authorized Testing and Certification Body)
    - Certification Commission for Health Information Technology (CCHIT)
    - Drummond Group, Inc.
    - InfoGard Laboratories, Inc.
  - Certified HIT Product List (CHPL) - <http://onc-chpl.force.com/ehrcert>

# Helping to Overcome Barriers and Support Meaningful Use

- Regional Extension Centers
  - 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



# Medicare and Medicaid EHR Incentive Program



# Who is a Medicare Eligible Provider?

## Eligible Providers in Medicare FFS

### Eligible Professionals (EPs)

Doctor of Medicine or Osteopathy

Doctor of Dental Surgery or Dental Medicine

Doctor of Podiatric Medicine

Doctor of Optometry

Chiropractor

### Eligible Hospitals

Acute Care Hospitals\*

Critical Access Hospitals (CAHs)

\*Subsection (d) hospitals that are paid under the PPS and are located in the 50 States or Washington, DC (including Maryland)

# Who is a Medicaid Eligible Provider?

## Eligible Providers in Medicaid

### Eligible Professionals (EPs)

Physicians

Nurse Practitioners (NPs)

Certified Nurse-Midwives (CNMs)

Dentists

Physician Assistants (PAs) working in a Federally Qualified Health Center (FQHC) or rural health clinic (RHC) that is so led by a PA

### Eligible Hospitals

Acute Care Hospitals (now including CAHs)

Children's Hospitals

# Medicaid Eligible Professionals

- Must also meet one of the three patient volume thresholds:
  - Have a minimum of 30% Medicaid patient volume
  - Pediatricians ONLY: Have a minimum of 20% Medicaid patient volume
  - Working in FQHC or RHC ONLY: Have a minimum of 30% patient volume attributed to needy individuals (includes: CHIP, sliding scale, free care)







# Medicare & Medicaid EHR Incentive Program

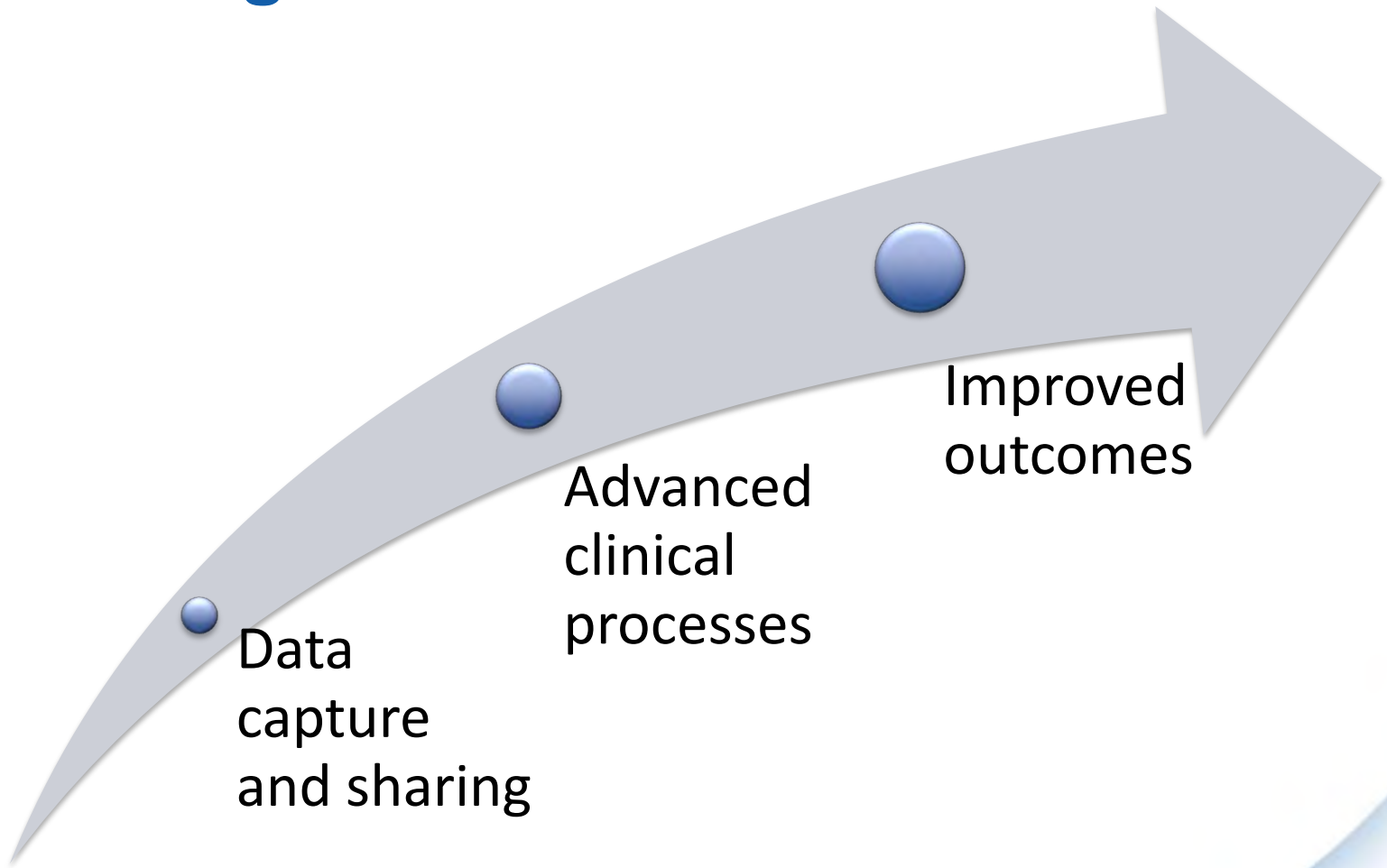
Richard W. Hoover  
*CMS Boston Regional Office*  
*November 17, 2010*



# Overview

- EHR Incentive Program
  - Program logistics
  - Incentive payments
- Next steps

# Conceptual Approach to Meaningful Use



# Adopt / Implement / Upgrade (A/I/U)

- Year 1 option for Medicaid only
- Adopted = Acquired and Installed
  - Evidence of installation prior to incentive
- Implemented = Commenced Utilization
  - Staff training, data entry of patient demographic information into EHR
- Upgraded = Expanded
  - Upgraded to certified EHR technology or added new functionality to meet the definition of certified EHR technology

# Meaningful Use: Description

- The Recovery Act specifies the 3 components of Meaningful Use:
  1. Use of certified EHR in a meaningful manner (e.g., e-prescribing)
  2. Use of certified EHR technology for electronic exchange of health information to improve quality of health care
  3. Use of certified EHR technology to submit clinical quality measures (CQM) and other such measures selected by the Secretary



# Meaningful Use: Basic Overview

- Stage 1 (2011 and 2012)
  - To meet certain objectives/measures, 80% of patients must have records in the certified EHR technology
  - EPs have to report on 20 of 25 objectives
    - All 15 core objectives
    - 5 of 10 on menu set
  - Eligible hospitals have to report on 19 of 24 objectives
    - All 14 core objectives
    - 5 of 10 on menu set



# Meaningful Use: Core Objectives

## Eligible professionals – 15 Core Objectives:

1. Computerized physician order entry (CPOE)
2. E-Prescribing (eRx)
3. Report ambulatory clinical quality measures to CMS / States
4. Implement one clinical decision support rule
5. Provide patients with an electronic copy of their health information
6. Provide clinical summaries for patients for each office visit
7. Drug-drug and drug-allergy interaction checks
8. Record demographics
9. Maintain an up-to-date problem list of current and active diagnoses
10. Maintain active medication list
11. Maintain active medication allergy list
12. Record and chart changes in vital signs
13. Record smoking status for patients 13 years or older
14. Capability to exchange key clinical information among providers of care and patient-authorized entities electronically
15. Protect electronic health information

# Meaningful Use: Menu Set Objectives\*

## Eligible Professionals – may defer 5 / 10 objectives:

- Drug-formulary checks
- Incorporate clinical lab test results as structured data
- Generate lists of patients by specific conditions
- Send reminders to patients per patient preference for preventive/follow up care
- Provide patients with timely electronic access to their health information
- Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate
- Medication reconciliation
- Summary of care record for each transition of care/referrals
- Capability to submit electronic data to immunization registries\*
- Capability to provide electronic syndromic surveillance data to public health agencies\*

# Clinical Quality Measures

- Submitting clinical quality measures one of the core MU objectives for EPs
- To fulfill this objective EPs must report on:
  - 3 required measures
    - If none of the 3 are applicable then required to report on 3 alternate required measures
  - 3 additional measures from a set of 38 (other than the required or alternate required measures)
- EPs must report on 6 total measures: 3 required core measures (substituting alternate core measures where necessary) and 3 additional measures

# Meaningful Use: Core Set Objectives

## Eligible Hospitals – 14 Core Objectives

1. CPOE
2. Drug-drug and drug-allergy interaction checks
3. Record demographics
4. Implement one clinical decision support rule
5. Maintain up-to-date problem list of current and active diagnoses
6. Maintain active medication list
7. Maintain active medication allergy list
8. Record and chart changes in vital signs
9. Record smoking status for patients 13 years or older
10. Report hospital clinical quality measures to CMS or States
11. Provide patients with an electronic copy of their health information, upon request
12. Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request
13. Capability to exchange key clinical information among providers of care and patient-authorized entities electronically
14. Protect electronic health information

# Meaningful Use: Menu Set Objectives\*

## Eligible Hospitals

- Drug-formulary checks
- Record advanced directives for patients 65 years or older
- Incorporate clinical lab test results as structured data
- Generate lists of patients by specific conditions
- Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate
- Medication reconciliation
- Summary of care record for each transition of care/referrals
- Capability to submit electronic data to immunization registries/systems\*
- Capability to provide electronic submission of reportable lab results to public health agencies\*
- Capability to provide electronic syndromic surveillance data to public health agencies\*

\*At least 1 public health objective must be selected

# Meaningful Use: Applicability of Objectives and Measures

- Some objectives are not applicable to every provider's clinical practice (no eligible patients or actions for the measure denominator)
- In these cases, the EP, eligible hospital or CAH would be excluded from having to meet that measure
  - Dentists who do not perform immunizations
  - Chiropractors do not e-prescribe

# Demonstration of Meaningful Use

- 2011 – EPs, hospitals are required to submit aggregate CQM numerator, denominator, and exclusion data to CMS / States by attestation.
- 2012 – EPs, hospitals are required to electronically submit aggregate CQM numerator, denominator, and exclusion data to CMS / States.



# Incentive Payments for Medicare EPs

- Columns = first calendar year EP receives a payment
- Rows = Amount of payment each year if continue to meet requirements

	CY 2011	CY 2012	CY 2013	CY2014	CY 2015 and later
CY 2011	\$18,000				
CY 2012	\$12,000	\$18,000			
CY 2013	\$8,000	\$12,000	\$15,000		
CY 2014	\$4,000	\$8,000	\$12,000	\$12,000	
CY 2015	\$2,000	\$4,000	\$8,000	\$8,000	\$0
CY 2016		\$2,000	\$4,000	\$4,000	\$0
TOTAL	\$44,000	\$44,000	\$39,000	\$24,000	\$0

Additional 10% Incentive Payment for Medicare EPs Practicing in HPSAs



# Incentive Payments for Medicaid EPs

- Columns = first calendar year EP receives a payment
- Rows = Amount of payment each year if continue to meet requirements

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
CY 2011	\$21,250					
CY 2012	\$8,500	\$21,250				
CY 2013	\$8,500	\$8,500	\$21,250			
CY 2014	\$8,500	\$8,500	\$8,500	\$21,250		
CY 2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
CY 2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
CY 2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
CY 2018			\$8,500	\$8,500	\$8,500	\$8,500
CY 2019				\$8,500	\$8,500	\$8,500
CY 2020					\$8,500	\$8,500
CY 2021						\$8,500
TOTAL	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

# Incentive Payments for Eligible Hospitals

- Federal Fiscal Year
- \$2M base + per discharge amount (based on Medicare/Medicaid share)
- Hospitals meeting Medicare MU requirements may be deemed eligible for Medicaid payments
- Payment adjustments for Medicare begin in 2015
  - No Federal Medicaid payment adjustments
- Medicare hospitals: No payments after 2016
- Medicaid hospitals: Cannot initiate payments after 2016

# Registration Overview

- All providers must:
  - Register via the EHR Incentive Program website
  - Be enrolled in Medicare FFS, MA, or Medicaid (FFS or managed care)
  - Have a National Provider Identifier (NPI)
  - Use certified EHR technology to demonstrate Meaningful Use
    - Medicaid providers may adopt, implement, or upgrade in their first year
- All Medicare providers and Medicaid eligible hospitals must be enrolled in PECOS

# Registration: Medicaid

- States will connect to the EHR Incentive Program website to verify provider eligibility
- States will ask providers for additional information
  - Patient Volume
  - Licensure
  - A/I/U or Meaningful Use
  - Certified EHR Technology



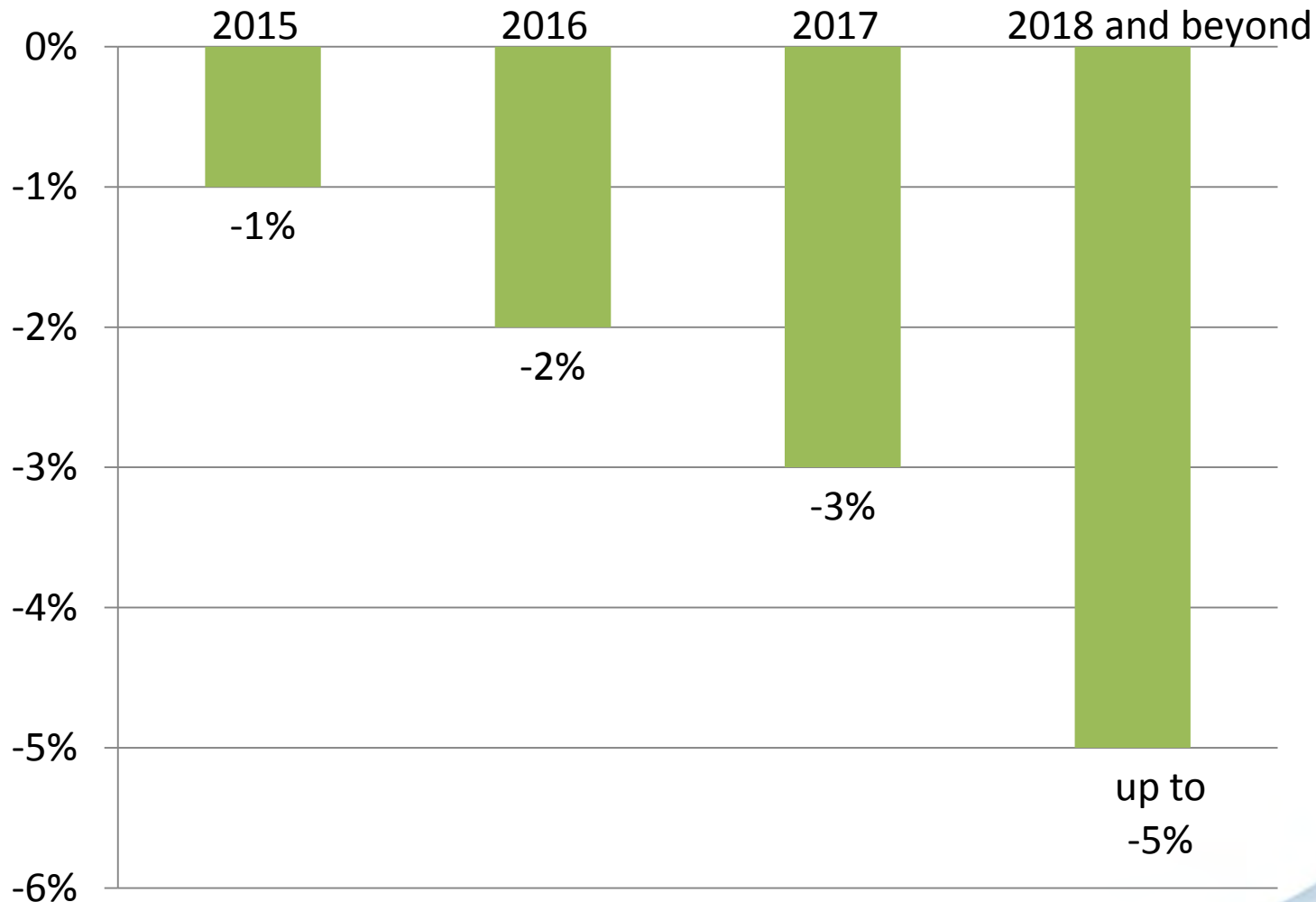
# Timeline

- January 2011 – Registration for the EHR Incentive Programs begins
- January 2011 – For Medicaid providers, States may launch their programs if they so choose
- April 2011 – Attestation for the Medicare EHR Incentive Program begins
- May 2011 – EHR incentive payments begin
- November 30, 2011 – Last day for eligible hospitals and CAHs to register and attest to receive an incentive payment for FFY 2011
- February 29, 2012 – Last day for EPs to register and attest to receive an incentive payment for CY 2011
- 2015 – Medicare payment adjustments begin for EPs and eligible hospitals that are not meaningful users
- 2016 – Last year to receive Medicare EHR incentive payment; Last year to initiate participation in Medicaid EHR Incentive Program
- 2021 – Last year to receive Medicaid EHR incentive payment

## Next steps: Meaningful Use

- CMS will propose additional Stages in future
  - Stage 2: 2013
  - Stage 3: 2015
- Stages 2 & 3 will expand upon Stage 1
- Stage 1 menu set will be transitioned into core set for Stage 2
- Will reevaluate measures – possibly higher thresholds
- Will include greater emphasis on health information exchange between institutions

# Medicare Penalties For not achieving meaningful use







# Resources

- Get information, tip sheets and more at CMS' official website for the EHR incentive programs:  
[www.cms.gov/EHRIncentivePrograms](http://www.cms.gov/EHRIncentivePrograms)
- Learn about certification and certified EHRs, as well as other ONC programs designed to support providers as they make the transition:  
<http://healthit.hhs.gov>



*Thank you*

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