Can Specialists Meet the Meaningful Use Criteria? Absolutely! Learn How

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Overview

- Background and Policy Context
- EHR Incentive Program Basics
  - Who is Eligible to Participate
  - How Much Are the Incentives
  - What Are the Requirements of Meaningful Use
  - What You Need to Participate
- Electronic Health Information and Payment Reform

Background and Policy Context

An Unsustainable Status Quo

- ~~46~~ 51 million uninsured Americans
- Health insurance premiums for family coverage at a small business increased 85% since 2000
- ~~16%~~ 17.6% of our economic output tied up in the health care system
- Without reform, by 2040, 1/3 of economic output tied up in health care--15% of GDP devoted to Medicare and Medicaid
- Without reform, the number of uninsured would grow to 58 million in 2020*

*Source: Urban Institute: "The Cost of Failure to Enact Health Reform: 2010-2020" March 15, 2010

The Three Part Aim

- Better Care
  - Patient Safety
  - Quality
  - Patient Experience
- Reduce Per Capita Cost
  - Reduce unnecessary and unjustified medical cost
  - Reduce administrative cost thru process simplification
- Improve Population Health
  - Decrease health disparities
  - Improve chronic care management and outcome
  - Improve community health status

Federal Government Responds: HITECH Act

- Part of American Recovery and Reinvestment Act of 2009 (ARRA)
- Goal: Every American to have an EHR by 2014
- Systematically addresses major barriers to adoption and Meaningful Use:
  - **Money/market reform**
  - **Technical assistance, support, and better information**
  - **Health information exchange**
  - **Privacy and security**

EHR Incentive Program Basics

Who is a Medicare Eligible Provider (EP)?

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

How Much Are the Medicare EP Incentives?

- Incentive amounts based on Fee-for-Service allowable charges
- Maximum incentives are $44,000 over 5 years
- Incentives decrease if starting after 2012
- Must begin by 2014 to receive incentive payments. Last payment year is 2016.
- 10% bonus amount available for practicing predominantly in a Health Professional Shortage Area
- Only 1 incentive payment per year

Medicare EP Incentive Payments

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

How Much Are the Medicaid EP Incentives?

- Maximum incentives are $63,750 over 6 years
- Incentives are same regardless of start year
- The first year payment is $21,250
- Must begin by 2016 to receive incentive payments
- No extra bonus for health professional shortage areas available
- Incentives available through 2021
- Only 1 incentive payment per year

Medicaid EP Incentive Payments Detail

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

Notable Differences Between Medicare and Medicaid Incentive Programs

Medicare	Medicaid
Federal Government will implement starting in January 2011	Voluntary for States to implement- Most are expected to start by late summer 2011
Payment reductions begin in 2015 for providers that do not demonstrate Meaningful Use	No Medicaid payment reductions
Must demonstrate MU in Year 1	A/I/U option for 1st participation year
Maximum incentive is $44,000 for EPs (bonus for EPs in HPSAs)	Maximum incentive is $63,750 for EPs
MU definition is common for Medicare	States can adopt certain additional requirements for MU
Last year a provider may initiate program is 2014; Last year to register is 2016; Payment adjustments begin in 2015	Last year a provider may register for and initiate program is 2016; Last payment year is 2021
Only physicians, subsection (d) hospitals and CAHs	5 types of EPs, acute care hospitals (including CAHs) and children's hospitals

What is Meaningful Use?

- **Meaningful Use is using certified EHR technology to:**
  - **Improve quality, safety, efficiency, and reduce health disparities**
  - **Engage patients and families in their health care**
  - **Improve care coordination**
  - **Improve population and public health**
  - **All the while maintaining privacy and security**

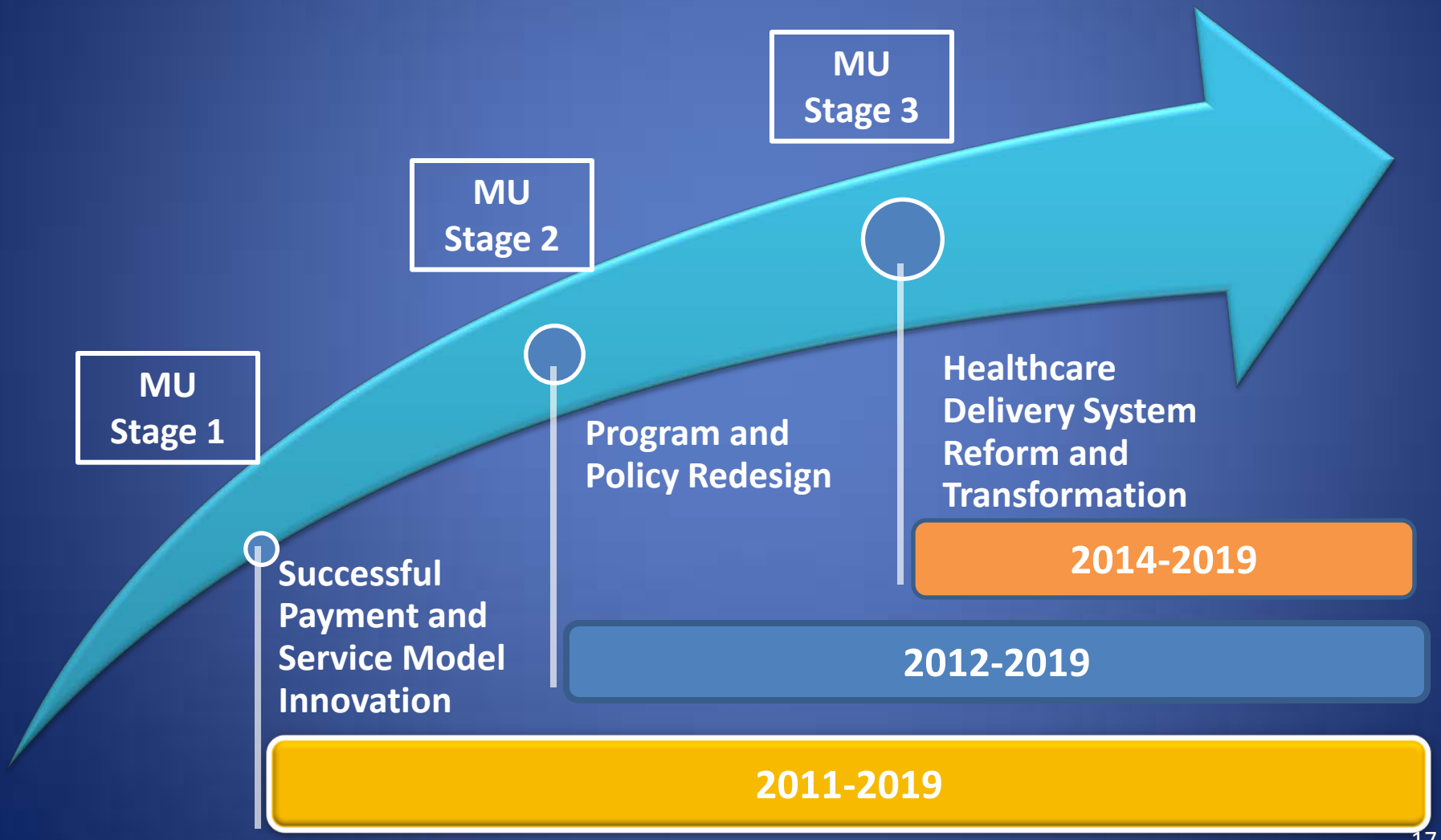
- **Meaningful Use mandated in law to receive incentives**

What are the Three Main Components of Meaningful Use?

The Recovery Act specifies the following 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**

Timeline for Delivery System Reform and Transformation, 2011-2019



What are the Requirements of Stage 1 Meaningful Use?

Eligible Professionals must complete:

- **15 core objectives**
- **5 objectives out of 10 from menu set**
- **6 total Clinical Quality Measures (3 core or alternate core, and 3 out of 38 from menu set)**

What are the Requirements of Stage 1 Meaningful Use?

Basic Overview of Stage 1 Meaningful Use:

- **Reporting period is 90 days for first year and 1 year subsequently**
- **Reporting through attestation**
- **Objectives and Clinical Quality Measures**
- **Reporting may be yes/no or numerator/denominator attestation**
- **To meet certain objectives/measures, 80% of patients must have records in the certified EHR technology**

What are the Requirements of Meaningful Use?

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, upon request
6. Provide clinical summaries for patients for each office visit
7. Drug-drug and drug-allergy interaction checks
8. Record demographics

What are the Requirements of Meaningful Use?

Eligible Professionals – 15 Core Objectives (continued)

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

What are the Requirements of Meaningful Use?

Menu objectives – must complete 5 of 10

Eligible Professionals – 10 Menu Objectives

1. **Drug-formulary checks**
2. **Incorporate clinical lab test results as structured data**
3. **Generate lists of patients by specific conditions**
4. **Send reminders to patients per patient preference for preventive/follow up care**
5. **Provide patients with timely electronic access to their health information**

What are the Requirements of Meaningful Use?

Eligible Professionals – 10 Menu Objectives

6. Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate
7. Medication reconciliation
8. Summary of care record for each transition of care/referrals
9. Capability to submit electronic data to immunization registries/systems*
10. Capability to provide electronic syndromic surveillance data to public health agencies*

*** At least 1 public health objective must be selected.**

What are the Requirements of Meaningful Use?

- A Medicare Eligible Professional who does NOT demonstrate meaningful use by 2015 will be subject to payment reductions in their Medicare reimbursement schedule
- Medicaid-only EPs are not subject to payment reductions
- Payment reductions may apply for any EP who accepts Medicare, even if you only participate in the Medicaid EHR incentive program

What are the Requirements?
Clinical Quality Measures

Clinical Quality Measures – Core Set

NQF Measure Number & PQRI Implementation Number	Clinical Quality Measure Title
NQF 0013	Hypertension: Blood Pressure Measurement
NQF 0028	Preventive Care and Screening Measure Pair: a) Tobacco Use Assessment, b) Tobacco Cessation Intervention
NQF 0421 PQRI 128	Adult Weight Screening and Follow-up

What are the Requirements?
Clinical Quality Measures

Clinical Quality Measures – Alternate Core Set

NQF Measure Number & PQRI Implementation Number	Clinical Quality Measure Title
NQF 0024	Weight Assessment and Counseling for Children and Adolescents
NQF 0041 PQRI 110	Preventive Care and Screening: Influenza Immunization for Patients 50 Years Old or Older
NQF 0038	Childhood Immunization Status

What You Need to Participate

- 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
  - Medicaid providers may adopt, implement, or upgrade in their first year
- All Medicare providers and Medicaid eligible hospitals must be enrolled in PECOS

  www.cms.gov/EHRIncentivePrograms

EHR Resources

- Get information, tip sheets and more at CMS' official website for the EHR incentive programs:
  www.cms.gov/EHRIncentivePrograms
- For more about MU measures:
  http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage
- 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

Electronic Health Information and Payment Reform

Medicare Shared Savings Program

- Mandated by Section 3022 of the Affordable Care Act
- Establishes a Shared Savings Program using Accountable Care Organizations (ACOs)
- Must be established by January 1, 2012
- Notice of proposed rulemaking issued March 31st 2011
- CMS is seeking comments on the proposal. Comment period ends June 6, 2011

Return on Investment from HIT

Wide Spread Adoption of Electronic Health Information (EHI) Technologies for Better Outcomes , Lower Cost , Improve Population Health

Improving Health Care Quality, Cost Performance, Population Health

ROI of EHI at Point of Care:

- Improved Patient Safety
- Reduced Complications Rates
- Reduced Cost per Patient Episode of Care
- Enhanced cost & quality performance accountability
- Improved Quality Performance
- Improve Community Health Surveillance

Summary

- Real health reform is built on quality and value and requires:
  - Meaningful use of EMRs
  - All of us working together (specialists included!)

Thank you!

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APPENDIX

Clinical Quality Measures

HITECH Components

What are the Requirements? Clinical Quality Measures

Additional set CQM– must complete 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**

What are the Requirements? Clinical Quality Measures

Additional set CQM– must complete 3 of 38

8. **Colorectal Cancer Screening**
9. **Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD**
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**

What are the Requirements? Clinical Quality Measures

Additional set CQM– must complete 3 of 38

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**

What are the Requirements? Clinical Quality Measures

Additional set CQM– must complete 3 of 38

19. Oncology Colon 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

What are the Requirements? Clinical Quality Measures

Additional set CQM– must complete 3 of 38

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
28. Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic

What are the Requirements?
Clinical Quality Measures

Additional set CQM– must complete 3 of 38

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

What are the Requirements? Clinical Quality Measures

Additional set CQM– must complete 3 of 38

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%)

- Clinical Quality Measures align with Physicians Clinical Quality reporting (PQRI)
- Alignment between 4 HITECH CQM and the CHIPRA initial core set that providers report to States

HITECH: How the Pieces Fit Together