Health Information Technology: What Physicians Need to Know

Physician Leadership Forum Webinar
September 20, 2011
Chantal Worzala, Ph.D.
Agenda

• Health reform as context
• Meaningful use Stage 1
  – Incentive program basics
  – Where we are today
• Meaningful use Stage 2
  – Timing
  – Requirements
Health Reform as Context
American Recovery and Reinvestment Act

- Signed into law in February 2009
- Also called HITECH or stimulus bill
- $2 billion to the Office of the National Coordinator of Health Information Technology
- Medicare and Medicaid EHR incentive programs
  - Begin federal fiscal year 2011 for hospitals
  - Begin calendar year 2011 for physicians and other eligible professionals
  - Spending depends on number of providers meeting meaningful use
Meaningful Use Goals

- Supporting best possible clinical care
  - Ensure right information is available at the right time and in the right place to inform care
  - Evidence-based medicine
- Laying groundwork for health reform
  - Care coordination
  - Quality improvement and measurement
  - Improved efficiency
  - Population health
Federal Initiatives Affecting IT Departments

- Meaningful use of EHRs
- Transition to new administrative transactions
  - 5010 and related operating rules
  - ICD-10 for coding of diagnoses
- Health reform initiatives that require quality metrics and advanced analytics to support
- Changes to HIPAA requirements to provide new reports to patients
  - Accounting of disclosures
  - Electronic copy of records held in electronic form
Incentive Program Basics
Summary

• The HITECH Act provides IT incentive payments to “Eligible Professionals” (EPs) who are meaningful users of certified EHR technology

• Beginning 2011, EPs are eligible for a:
  – Medicare incentive payment (up to $44,000 over 5 years, if start in 2011 or 2012) or
  – Medicaid incentive payment (up to $63,750 over 5 years)

• Medicare payment penalties begin in CY 2015
<table>
<thead>
<tr>
<th>Definition of Eligible Professionals (EPs)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicare</strong></td>
</tr>
<tr>
<td><strong>Eligible Professional</strong></td>
</tr>
<tr>
<td>• Doctors of medicine or osteopathy</td>
</tr>
<tr>
<td>• Doctors of dental surgery or dental medicine</td>
</tr>
<tr>
<td>• Doctors of podiatric medicine</td>
</tr>
<tr>
<td>• Doctors of optometry; or</td>
</tr>
<tr>
<td>• Chiropractors</td>
</tr>
<tr>
<td><strong>Eligible hospitals</strong></td>
</tr>
<tr>
<td>are acute care hospitals and CAHs</td>
</tr>
<tr>
<td>* Note: CMS did not expand the EP definition to include non-physician practitioners</td>
</tr>
</tbody>
</table>

| **Medicaid**                            |
| **Eligible Professional**               |
| • Physicians                            |
| • Nurse practitioners                   |
| • Certified Nurse-Midwives              |
| • Dentists                              |
| • PAs working in a FQHC or RHC          |
| **Eligible hospitals**                  |
| are acute care hospitals, CAHs, and Children’s hospitals |
Hospital-based EPs

• Hospital-based EPs do not qualify for Medicare or Medicaid incentive payments.

• Hospital-based EPs are those MDs providing 90%+ of their services in an inpatient or emergency department.

• MDs providing *ambulatory services* in hospital-based clinics or outpatient departments are eligible for incentive payments (and subject to penalties).
EP Meaningful Use Definition

25 Objectives of Meaningful Use

1. CPOE for medications
2. Drug-drug/drug-allergy checks
3. Electronic prescriptions
4. Record demographics
5. Structured problem list
6. Structured medication list
7. Structured medication allergy list
8. Record and chart changes in vital signs
9. Record smoking status
10. 1 clinical decision support rule
11. Report clinical quality measures
12. Electronic health info to patients
13. Provide visit summary
14. Exchange key clinical information (capability)
15. Protect electronic health information
16. Drug-formulary checks
17. Incorporate structured clinical-lab data
18. Generate patient lists by condition
19. Generate patient reminders/follow-up
20. Patient access to health information
21. Identify patient-specific education resources
22. Medication reconciliation
23. Summary care record transitioned or referred patients
24. Submit data to immunization registries
25. Submit syndromic surveillance data

20 Objectives Required in Stage 1

1. CPOE for Medications
2. Drug-drug/drug-allergy checks
3. Electronic prescriptions
4. Record demographics
5. Structured problem list
6. Structured medication list
7. Structured medication allergy list
8. Record and chart changes in vital signs
9. Record smoking status
10. 1 clinical decision support rule
11. Report clinical quality measures
12. Electronic health info to patients
13. Electronic copy of discharge instructions
14. Exchange key clinical information (capability)
15. Protect electronic health information
16. Option 1
17. Option 2
18. Option 3
19. Option 4
20. Public Health Reporting Option
# Clinical Quality Measures for EPs

*Key quality measures are the same under the Medicare and Medicaid EHR program*

<table>
<thead>
<tr>
<th>Condition</th>
<th>Measure</th>
</tr>
</thead>
</table>
| **Hypertension Prevention**   | Blood Pressure Management  
                                Tobacco use assessment/intervention  
                                Adult weight screening & follow-up                                                                                                                                                                                                 |
| **Prevention**                | Weight assessment/counseling for children  
                                Influenza immunization age >50yrs  
                                Childhood immunization status                                                                                                                                                                                                 |
| **Diabetes**                  | Hemoglobin A1c poor control  
                                Hemoglobin A1c control (<8.0%)  
                                LDL management and control  
                                Blood pressure management  
                                Diabetic retinopathy – documentation  
                                Diabetic retinopathy – communication  
                                Eye exam  
                                Urine screening  
                                Foot exam                                                                                                                                                                                                 |
| **Ischemic Vascular Disease** | Blood pressure management  
                                Use of aspirin or another antithrombotic  
                                Lipid panel and LDL control  
                                Pneumonia vaccination for older adults ...                                                                                                                                                                                                 |

- 3 core measures (must report)
- 3 alternative core measures (if zero cases)

Must choose 3 of 38 measures
EP Incentive Payments under Medicare

- EPs incentive payment = 75% of Medicare charges for covered professional services subject to an annual cap
- EPs must begin participation by CY 2014
- EPs who predominately deliver care in HPSAs are eligible for a 10% bonus payment

<table>
<thead>
<tr>
<th>First CY for Which the EP receives an Incentive Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>--------</td>
</tr>
<tr>
<td>CY 2011</td>
</tr>
<tr>
<td>CY 2012</td>
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<tr>
<td>CY 2013</td>
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<tr>
<td>CY 2014</td>
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<tr>
<td>CY 2015</td>
</tr>
<tr>
<td>CY 2016</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>
Medicaid EHR Program Basics

• Optional and administered by states
• EPs attest and report to states
• EPs must meet patient volume requirement
  – Generally 30%+ encounters are Medicaid
• Definition of meaningful use is substantially the same, but can be expanded
  – States may include additional registries or public health reporting
• Quality Measures are the same
## EP Incentive Payments under Medicaid

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>CY 2011</td>
<td>$21,250</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>CY 2012</td>
<td>$8,500</td>
<td>$21,250</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CY 2013</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$21,250</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CY 2014</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$21,250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CY 2015</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$21,250</td>
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<tr>
<td>CY 2016</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$21,250</td>
</tr>
<tr>
<td>CY 2017</td>
<td></td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
</tr>
<tr>
<td>CY 2018</td>
<td></td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
</tr>
<tr>
<td>CY 2019</td>
<td></td>
<td></td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
</tr>
<tr>
<td>CY 2020</td>
<td></td>
<td></td>
<td></td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
</tr>
<tr>
<td>CY 2021</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$8,500</td>
<td>$8,500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$63,750</strong></td>
<td><strong>$63,750</strong></td>
<td><strong>$63,750</strong></td>
<td><strong>$63,750</strong></td>
<td><strong>$63,750</strong></td>
<td><strong>$63,750</strong></td>
</tr>
</tbody>
</table>
Hospitals and EPs Must Use Certified EHRs

• Vendors may certified either a “Complete EHR” or an “EHR Module” that meets one or more of the certification criteria linked to each meaningful use objective

• Providers must “attest” that they “possess” certified EHR technology for ALL of the objectives
  – Complete EHR or
  – Combination of EHR Modules
  – Either vendor product or “self-developed”

• Providers get their CMS certification identification number from the ONC Certified HIT Products List at:
  http://onc-chpl.force.com/ehrcert
“Reassigning” of EHR Payment

- EPs may “reassign” payment to an employer or other entity that bills for the physician’s services.

- Transfer may only be to one employer/entity, where there is a valid employment or contract for reassignment.
Providers Must Register and Attest

- 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)
- Be enrolled in PECOS
- “Proxy” registration and attestation is allowed, but challenging
Operational Challenges

- A new program with many policy and operational nuances to be worked out
- Crosses Medicare, Medicare Advantage, and 50 State Medicaid programs
- Detailed and proscriptive…
  - …But still being clarified
    - ONC FAQs (23 and counting)
    - CMS FAQs (175 and counting)
- Audits and appeals
Compliance

- **AUDITs** will include:
  - whether requirements have been met (including possession of certified EHR)
  - payment formulas

- CMS will audit for Medicare and audit hospitals receiving both Medicare and Medicaid payments
  - States will audit Medicaid-only providers
  - includes proof of certified EHR and documentation to support MU

“A lot of money will be flowing through this program and we are already being looked at by the OIG and Program Integrity Group…”

- CMS official
Where we are today
Update On EHR Incentive Programs

- Medicare and Medicaid EHR incentive program registration began January 3
  - 2091 Hospitals
  - 88,559 Physicians/EPs
- Attestation for meaningful use began on April 18
- Few have been paid for meeting meaningful use requirements
  - 115 Hospitals
  - 2,129 Physicians
- 23 states have opened Medicaid programs

Data from CMS, as of end-August 2011
Trends in Year-to-Date Payments, in millions, May through July

Payments to eligible professionals and hospitals under the Medicare and Medicaid EHR incentive programs

Data from CMS, as of end-August 2011
Medicare and Medicaid EHR Incentive Spending in FY 2011:
Actual Year-to-Date Spending v. Projections

Actual spending CMS estimate CBO score

$652 million
Range of $1 to 2.8 billion
$4.7 billion

Data from CMS, as of end-August 2011
Fewer than half of states have operational Medicaid incentive programs

Red = Made Payments (16);
Blue = Accepting Registrations (7)
Data from CMS as of end-July 2011
Meaningful Use Stage 2

- Stage 2 scheduled to begin FY2013
- AHA recommended at least one year delay in start of Stage 2
  - **Would not** affect payments (or penalties)
  - **Would** delay when CMS raises the bar
  - HIT Policy committee recommended a one-year delay and a set of Stage 2 objectives (split vote)
- Proposed rule expected in early 2012
<table>
<thead>
<tr>
<th>Changes to existing objectives</th>
<th>New objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Menu items become core</td>
<td>• Greater information exchange across settings</td>
</tr>
<tr>
<td>• Higher levels of use</td>
<td>• Focus on tools for care coordination</td>
</tr>
<tr>
<td>(Ex: CPOE increased from 40%</td>
<td>• Website allowing patients and families to view and download longitudinal health information</td>
</tr>
<tr>
<td>to 60% of medication orders, and expanded to include lab and radiology orders)</td>
<td></td>
</tr>
</tbody>
</table>

*Results in increase in number of required objectives from 19 to over 30*
Additional Resources
SPECIAL
BULLETIN

Wednesday, July 14, 2010

CMS RELEASES FINAL DEFINITION OF
‘MEANINGFUL USE’ OF HIT

The Centers for Medicare & Medicaid Services (CMS) yesterday released its final rule defining “meaningful use” of electronic health records (EHRs). At the same time, the Office of the National Coordinator (ONC) for Health Information Technology (IT) issued a final rule that sets certification criteria, standards and implementation specifications for EHR technology. Taken together, these regulations set EHR adoption requirements that hospitals and physicians must meet under the American Recovery and Reinvestment Act (ARRA) of 2009 to qualify for additional Medicare and Medicaid incentive payments beginning in 2011 and to avoid significant payment penalties in 2015 and later years. CMS final rule can be viewed at http://www.cfr.gov/CFR/toc/CFRparts/2010-172/172.html; it takes effect on September 27. The certification final rule, which will take effect August 27, can be viewed at http://www.cfr.gov/CFR/current/CFRpart2010-172/172.html.

CMS made some important improvements in the final rule. However, the AHA remains concerned that the requirements may be too onerous for many of America’s hospitals. CMS provided some flexibility in meeting meaningful use, but a total of 16 objectives will still be required. Hospitals will need to use a certified EHR to meet 14 “core” or mandatory objectives and an additional five objectives choose from a “menu set” of 13 options. Computerized provider order entry (CPOE) for medications is required to be a meaningful user, as is reporting on 16 clinical quality measures generated using a certified EHR. The definition of meaningful use does not include electronic billing or eligibility verification in Stage 1.

In an important change, CMS has made critical access hospitals (CAHs) eligible to receive incentive payments under Medicare. This change will allow CAHs to access important up-front funds for the adoption, implementation or upgrade of EHRs in the first year that the state Medicaid programs are operational.

Unfortunately, individual hospitals in multi-campus settings will not be eligible for incentive payments if they share a single provider number. The AHA will continue to seek a legislative solution to this problem.

Only hospitals using EHRs certified under a new federal certification process will qualify, as ONC rejected the idea of “grandfathering” currently installed EHRs in an earlier rule (see the AHA’s Special Bulletin on the Temporary Certification Process at...
Resources

• AHA Member Materials on Meaningful Use
  http://www.aha.org/hit
  http://www.aha.org/hitcalls

• Office of Civil Rights – HIPAA resources
  http://www.hhs.gov/ocr/privacy

• Office of the National Coordinator for HIT - Certification program
  http://healthit.hhs.gov/portal/server.pt?open=512&objID=1153&mode=2

• Centers for Medicare and Medicaid Services – Medicare and Medicaid EHR Incentive Programs
  http://www.cms.gov/EHRIncentivePrograms
Intermountain Healthcare’s Journey to Meaningful Use

Watson A. (Len) Bowes, III, MD, MS
Intermountain Healthcare, Salt Lake City, Utah

Tuesday, September 20, 2011
Overview

- Background
  - Intermountain Healthcare
  - ARRA/HITECH

- Journey
  - EHR Certification
  - Meaningful Use

- Discussion/Conclusion/Questions
Intermountain Healthcare

- Not-for-profit IDN
- 23 Hospitals
- 170+ Clinics
- 700+ employed physicians
- 2230 Beds
- 123,000 admissions per year
- 5,600,000 patient visits per year
Plans

- EHR certification
  - Ambulatory June 2012
  - Hospital April 2013

- Meaningful Use Stage 1
  - Ambulatory Oct 2012
  - Hospital June 2013
Challenges around MU

- Competing priorities
  - Development of new EHR
    - ED & Hospitals
    - Legacy vs. new EHR
    - Certification of EHR
  - Support of internal projects

- Culture and Workflows
  - Employed vs. Affiliate

- Organization
  - Regional vs. Central
<table>
<thead>
<tr>
<th>Final Meaningful Use Stage 1 Objectives</th>
<th>Measure Requirement</th>
<th>EP status, % that meet, Yes or No if Binary Attestation</th>
<th>Hospitals Detail Yes or No if Binary Attestation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Computerized Provider Order Entry (CPOE)</td>
<td>30%</td>
<td>&gt;55%</td>
<td>18 of 23 hospitals comply</td>
</tr>
<tr>
<td>Implement Drug-drug, drug-allergy interaction checks</td>
<td>Enabled</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E-Prescribing [EP only]</td>
<td>40%</td>
<td>&lt; 5% EPs meet</td>
<td></td>
</tr>
<tr>
<td>Record demographics</td>
<td>50%</td>
<td>&gt; 90% meet</td>
<td>20 of 23 hospitals meet</td>
</tr>
<tr>
<td>Problem List</td>
<td>80%</td>
<td>20% meet</td>
<td>No hospital meets (1.9-40% of pts w/ Problem)</td>
</tr>
<tr>
<td>Medication List</td>
<td>80%</td>
<td>81% meet</td>
<td>18 of 23 hospitals over 80%, 4.3-94%</td>
</tr>
<tr>
<td>Medication Allergy List</td>
<td>80%</td>
<td>45% meet</td>
<td>5 of 23 hospitals over 80%</td>
</tr>
<tr>
<td>Vital Signs</td>
<td>50%</td>
<td>68% meet</td>
<td>20 of 23 hospitals over 0% 27-94% (8.2010)</td>
</tr>
<tr>
<td>Smoking Status</td>
<td>50%</td>
<td>&lt; 20 meet</td>
<td>19 of 23 hospitals meet</td>
</tr>
<tr>
<td>Implement clinical decision support</td>
<td>One Rule</td>
<td>Yes</td>
<td>yes</td>
</tr>
<tr>
<td>Electronic Copy of Health Information</td>
<td>50%</td>
<td>~50% meet</td>
<td>Probable Yes</td>
</tr>
<tr>
<td>Electronic copy of their discharge instructions [Hospital Only]</td>
<td>50%</td>
<td></td>
<td>?</td>
</tr>
<tr>
<td>Final Meaningful Use Stage 1 Objectives</td>
<td>Measure Requirement</td>
<td>EP status, % that meet, Yes or No if Binary Attestation</td>
<td>Hospitals Detail Yes or No if Binary Attestation</td>
</tr>
<tr>
<td>-----------------------------------------</td>
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<td>-------------------------------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Patient Reminders [EP Only]</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timely Electronic Access to Health Information [EP Only]</td>
<td>10%</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Patient Specific Education</td>
<td>10%</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>Medication Reconciliation</td>
<td>50%</td>
<td>no</td>
<td>2 of 23 Hospitals Meet</td>
</tr>
<tr>
<td>Summary of Care</td>
<td>50%</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Immunization Registries</td>
<td>One test</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Lab Results to Public Health Agencies [Hospitals Only]</td>
<td>One test</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Syndromic Surveillance</td>
<td>One test</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Electronic copy of their discharge instructions [Hospital Only]</td>
<td>50%</td>
<td></td>
<td></td>
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<tr>
<td>Clinical summaries for each office visit [EP Only]</td>
<td>50%</td>
<td>Probable Yes</td>
<td></td>
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<tr>
<td>Exchange Key Clinical Information</td>
<td>One test</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Privacy/Security</td>
<td>Conduct or review Security risk analysis - 7 steps</td>
<td>Probable Yes</td>
<td></td>
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<tr>
<td>Implement drug-formulary checks</td>
<td>Enabled</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>Advance Directives [Hospital Only]</td>
<td>50%</td>
<td></td>
<td>3 of 23 hospitals meet</td>
</tr>
<tr>
<td>Lab Results into EHR</td>
<td>40%</td>
<td>yes</td>
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<tr>
<td>Patient List</td>
<td>One List</td>
<td>yes</td>
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</tbody>
</table>
Challenges: Quality Measures

- Certification
  - ONC vs. CMS
  - Workflows and functions necessary to collect
- Urge CMS to Harmonize and Test
- Plan for IS system and process
  - EDW, BI, Rules engine
  - Standard electronic rule set and source
Addressing Challenges

- **Organization –**
  - EP
    - Single Medical Group
    - Incentive Plan
    - Single/stable EHR system
- **Hospital**
  - MU Maven
  - Long term vision
  - Ideal EHR solution
Addressing Challenges

- Organization –
- EP
  - Single Medical Group
  - Incentive Plan
  - Single/stable EHR system
- Hospital
  - MU Maven
  - Centralization of planning
  - Long term vision
  - Ideal EHR solution
Questions/Comments

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