

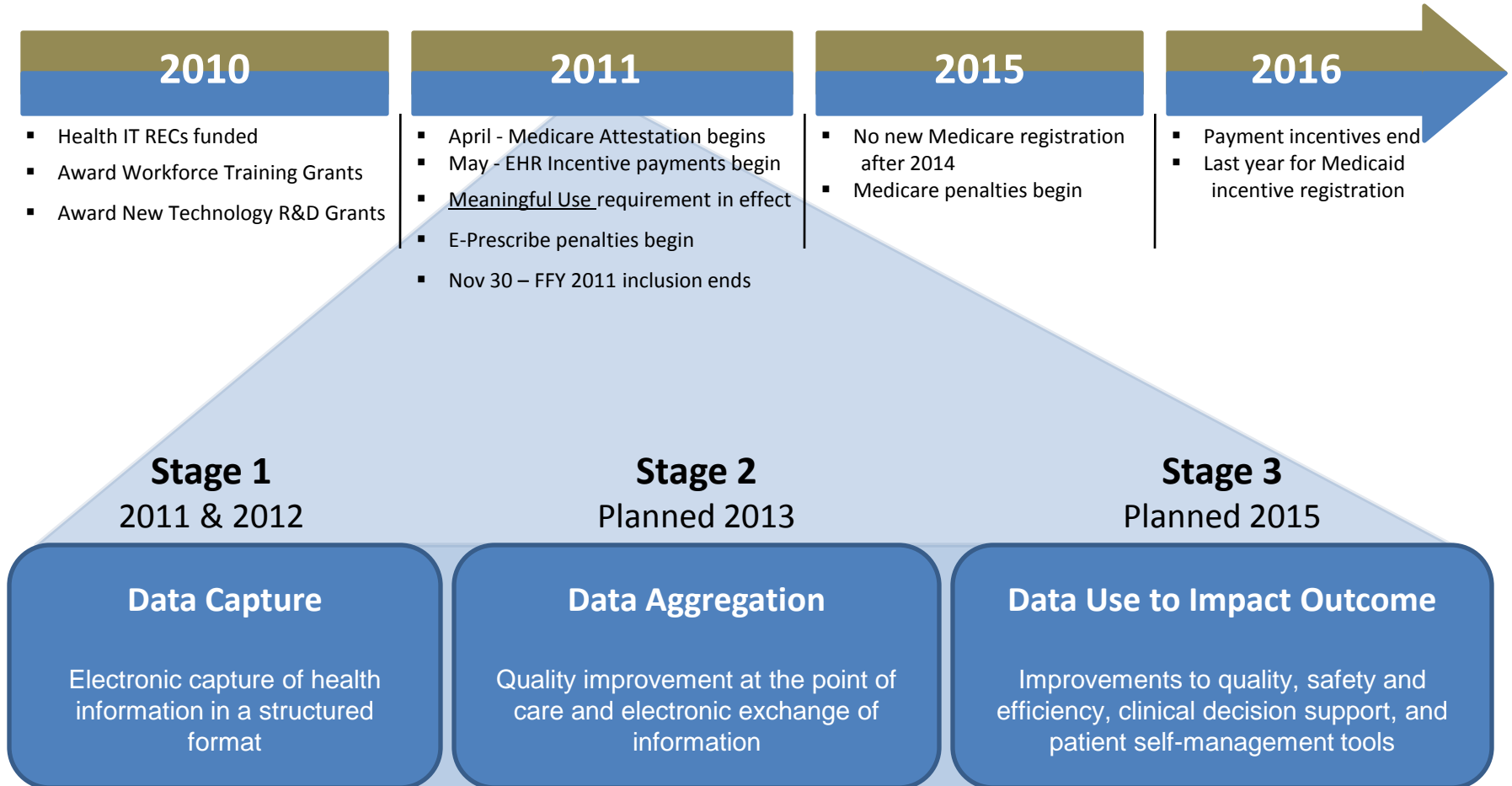
HITECH Act & Your Practice -

TIME, PEOPLE and MONEY

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Program Timeline



REC - Regional Extension Center

CMS - Centers for Medicare & Medicaid Services

EP/H – Eligible Professional/Hospital (* For a complete list, contact your state Regional Extension Center .)

Program Milestones for 2011

Date	Milestone
January 1, 2011	– Reporting year begins for eligible professionals.
January 3, 2011	– Registration for the Medicare EHR Incentive Program begins. – 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 expected to begin.
July 3, 2011	– Last day for eligible hospitals to begin their 90-day reporting period to demonstrate meaningful use for the Medicare EHR Incentive Program.
September 30, 2011	– Last day of the federal fiscal year. Reporting year ends for eligible hospitals and CAHs.
October 1, 2011	– Last day for eligible professionals to begin their 90-day reporting period for calendar year 2011 for the Medicare EHR Incentive Program.
November 30, 2011	– Last day for eligible hospitals and critical access hospitals to register and attest to receive an Incentive Payment for Federal fiscal year (FY) 2011.
December 31, 2011	– Reporting year ends for eligible professionals.
February 29, 2012	– Last day for eligible professionals to register and attest to receive an Incentive Payment for calendar year (CY) 2011.



Eligible Professionals

Eligible Professional	Medicare (\$44,000.00)	Medicaid (\$63,750.00)
Doctor of Medicine	Yes	Yes
Doctor of Osteopathy	Yes	Yes
Dental	Yes	Yes
Doctor of Podiatric Medicine	Yes	
Doctor of Optometry	Yes	
Chiropractor	Yes	
Nurse Practitioner		Yes
Certified Nurse Mid-wife		Yes
Physicians Assistant (practices in Federal Qualified Health Center (FQHC) or Rural Health Center (RHC) led by a Physician Assistant		Yes

Source: https://www.cms.gov/EHRIncentivePrograms/downloads/eligibility_flow_chart.pdf



Incentive Eligibility Criteria

- ✓ **Meet the requirements to be an Eligible Professional**

Medicare - (Non hospital based) Doctors of Medicine or Osteopathy, Doctors of Dental Surgery or Dental Medicine, Doctors of Podiatric Medicine, Doctors of Optometry, Chiropractors

Medicaid - Physicians, Nurse Practitioners, Certified Nurse – Midwife, Dentists, Physicians Assistants who practice in a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) that is led by a Physician Assistant

- ✓ **Meet the required Level/Mix**

Medicare Reimbursement Level - Minimum 75% of billings are Medicare Allowed Charges

Medicaid Payer Mix - 30% Medicaid patient volume (20% for Pediatricians) OR practice predominantly in a FQHC or RHC have at least 30% patient volume to needy” individuals

- ✓ **Register via the EHR Incentive Program website**

Website - https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp

- ✓ **Be enrolled in Medicare FFS, MA, or Medicaid FFS or Managed Care**

- ✓ **Have a National Provider Identifier (NPI)**

- ✓ **Use Certified EHR Technology**

- ✓ **Enroll in PECOS (Medicare)**

- ✓ **Demonstrate meaningful use**



Meaningful Use Components

Medicare (Level - 75% - 100% of billings are Medicare Allowed Charges)

- Use a certified EHR in a meaningful manner
- Use certified EHR technology for electronic exchange of health information to improve quality of healthcare
- Use certified EHR technology to submit Clinical Quality Measures

Medicaid (Level – 30% Medicaid billing, 20% for Pediatrics, FQHC or RHC only 30% “needy” patients)

- Adopted – Evidence EHR acquired and installed prior to incentive
- Implementation – Staff trained, data entry of demographic information in EHR
- Upgraded/added new functionality to meet the definition of certified EHR
- Use certified EHR technology capable of meeting meaningful use



Meaningful Use - Objectives

Core Objectives	Hospital	Professional
	Computerized provider order entry (CPOE)	x
Drug-drug and drug-allergy interaction checks	x	x
Record demographics	x	x
Implement one clinical decision support rule	x	x
E-Prescribing (eRx)		x
Maintain an up-to-date problem list of current and active diagnoses	x	x
Maintain active medication list.	x	x
Maintain active medication allergy list.	x	x
Record and chart changes in vital signs	x	x
Record smoking status for patients 13 years old or older.	x	x
Report ambulatory clinical quality measures to CMS or the State (Medicaid only)	x	x
Provide patients with an electronic copy of their health information upon request	x	x
Provide clinical summaries for patients for each office visit	x	x
Capability to exchange key clinical information among providers of care and patient authorized entities electronically	x	x
Protect electronic health information	x	x



Pick 5 Menu	Hospital	Professional
	Drug-formulary checks	x
Incorporate clinical lab test results as structured data	x	x
Generate lists of patients by specific conditions	x	x
Send reminders to patients per patient preference for preventive/follow-up care		x
Provide patients with timely electronic access to their health information		x
Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate	x	x
Medication reconciliation	x	x
Summary of care record for each transition of care/referrals	x	x
Capability to submit electronic data to immunization registries/systems*	x	x
Capability to provide electronic syndromic surveillance data to public health agencies*	x	x
Capability to provide electronic submission of reportable lab results to public health agencies*	x	
Record advanced directives for patients 65 years or older	x	



Hospitals must **report** on 19/24

Professionals must **complete** 20/25

Note: Objective completion does not apply to the Medicaid Incentive Program in year one.

*At least one public health objective must be selected



Clinical Quality Measurements

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

Alternate 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



Clinical Quality Measurements – Additional Set for EPs

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
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
19. Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients

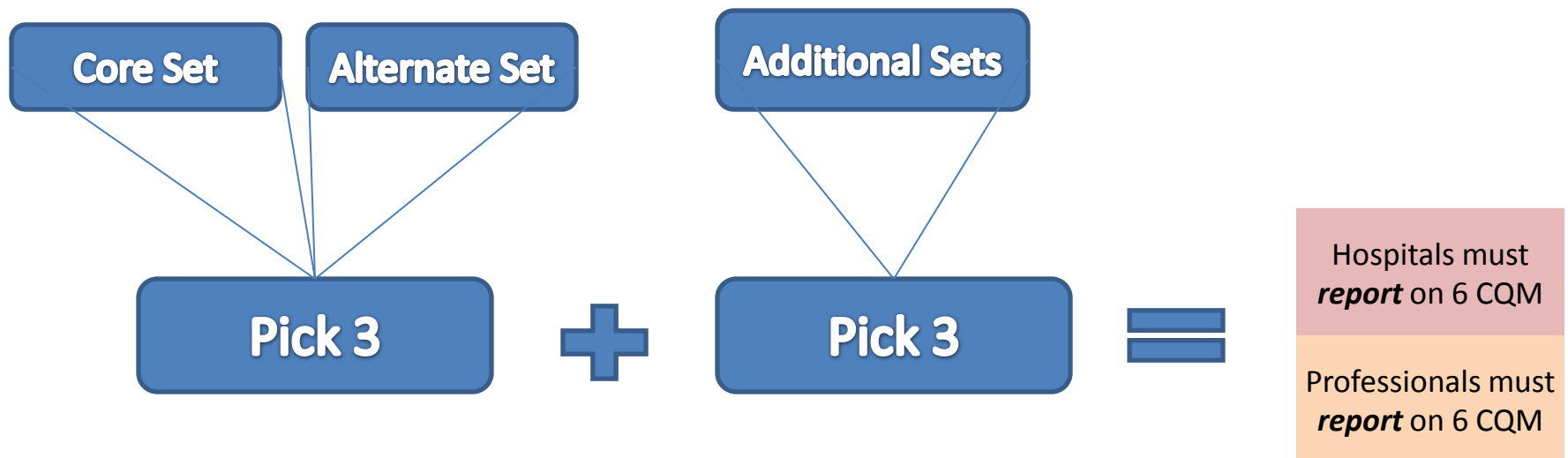


Clinical Quality Measurements – Additional Set for EPs (cont.)

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
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%)



Clinical Quality Measures – Reporting Requirements



Note: 2012 – EPs, eligible hospitals and CAHs seeking to demonstrate Meaningful Use are required to electronically submit aggregate CQM numerator, denominator, and exclusion data to CMS or the States.

Your Options

Determine Eligibility

- Contact REC for assistance
- Visit the Centers for Medicare and Medicaid Services website: <https://www.cms.gov/ehrincentiveprograms/>

Evaluate Your Options

- What do you want?
- Where will your practice be in 10 years?
- What are the risks of action/inaction?
- What are the financial impacts?
- What are the non-financial impacts?
- What are my colleagues doing?
- What resources do I need?
- Will this improve my relationship with my patients?



Your Options

Decide Participation

- Stay independent

Challenges –

- Financial
- Practice reinvestment
- Getting left behind

- Merge with another group

Challenges –

- Cultural fit
- Loss of autonomy

- Professional Service Agreement – Contract to a hospital

Challenges –

- Potential over-commitment
- “Test” of employment with a hospital



Your Options

Decide Participation (cont.)

- Accept employment

Challenges –

- Loss of autonomy
- Minimal decision-making

- Close your practice

Challenges –

- Readiness for retirement
- Valuation and the right selling price

- Affiliate/align with an Accountable Care Organization

Challenges –

- Medicare payments in 2012
- “Test” of being part of a structure entity



Implementation Milestones

- No Existing EHR
 - Practice Evaluation
 - Vendor Selection
 - Consulting/Management
 - Technical
 - Software
 - Assess Practice Environment
 - Plan Implementation
 - Implement Solution
 - Enrollment
 - Certified EHR
 - “Meaningful Use” Assessment
 - Physician and Staff Readiness
 - Change Management
- Existing EHR
 - Practice Evaluation
 - Enrollment
 - Certified EHR
 - “Meaningful Use” Assessment
 - Physician and Staff Readiness
 - Change Management



Summary

- Determine Eligibility
- Decide What You Want
- Educate Yourself and Your Staff
- Evaluate Your Options
- Select Skilled Assistance
- Implement Changes



Resources

Program Links

www.cms.gov/ehrincentiveprograms

www.healthhit.hhs.gov

www.Nppes.cms.hhs.gov/nppes/iasecuritycheck.do

EHR Certification

www.cchit.org

www.drummondgroup.com

Kansas/Missouri REC

www.kfmc.org (rural: www.krhop.net)

<http://www.assistancecenter.missouri.edu/>

