

EHR STIMULUS TOUR 2009

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EHR Stimulus Alliance:



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Take Full Advantage of the Stimulus Package

Leigh Burchell
Director, Government Affairs
Allscripts



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Eventful Times



“ *This will cut waste, eliminate red tape, and reduce the need to repeat expensive medical tests.*

It just won't save billions of dollars and thousands of jobs -- it will save lives by reducing the deadly but preventable medical errors that pervade our health care system. ”

- President Obama

HITECH Act: Overview

- › The Bill Aims to Accomplish Four Major Goals:
 - Health information technology infrastructure for interoperability in place
 - Standards expanded by 2010
 - Saving the government \$18 billion
 - Strengthening Federal privacy and security law through standards maturation
- › How?
 - An unprecedented investment in health IT
- › The Result?
 - The **Congressional Budget Office** estimates that 90% of doctors and 70% of hospitals will be using comprehensive EHR by 2020

CBO



What is in the \$19 Billion?!

Well, it isn't really \$19 billion...



\$46 billion

Physician Incentives

Incentive Bonuses from Medicare/Medicaid

+ \$2 billion

HHS Discretionary Funds

(Through **Office of National Coordinator of Health IT**)

Standards Development, Grants (AHRQ HRSA CMS), HIE Infrastructure, Loans to the States for EHR, Regional HIT Resource Centers, Telemedicine, Efficacy Studies

ONC

- \$28.5 billion

Savings Through Improved Efficiencies, Tax Revenues, Penalties

= \$19.5 billion

HRSA = Health Resources and Services Administration

AHRQ = Agency for Healthcare Research and Quality

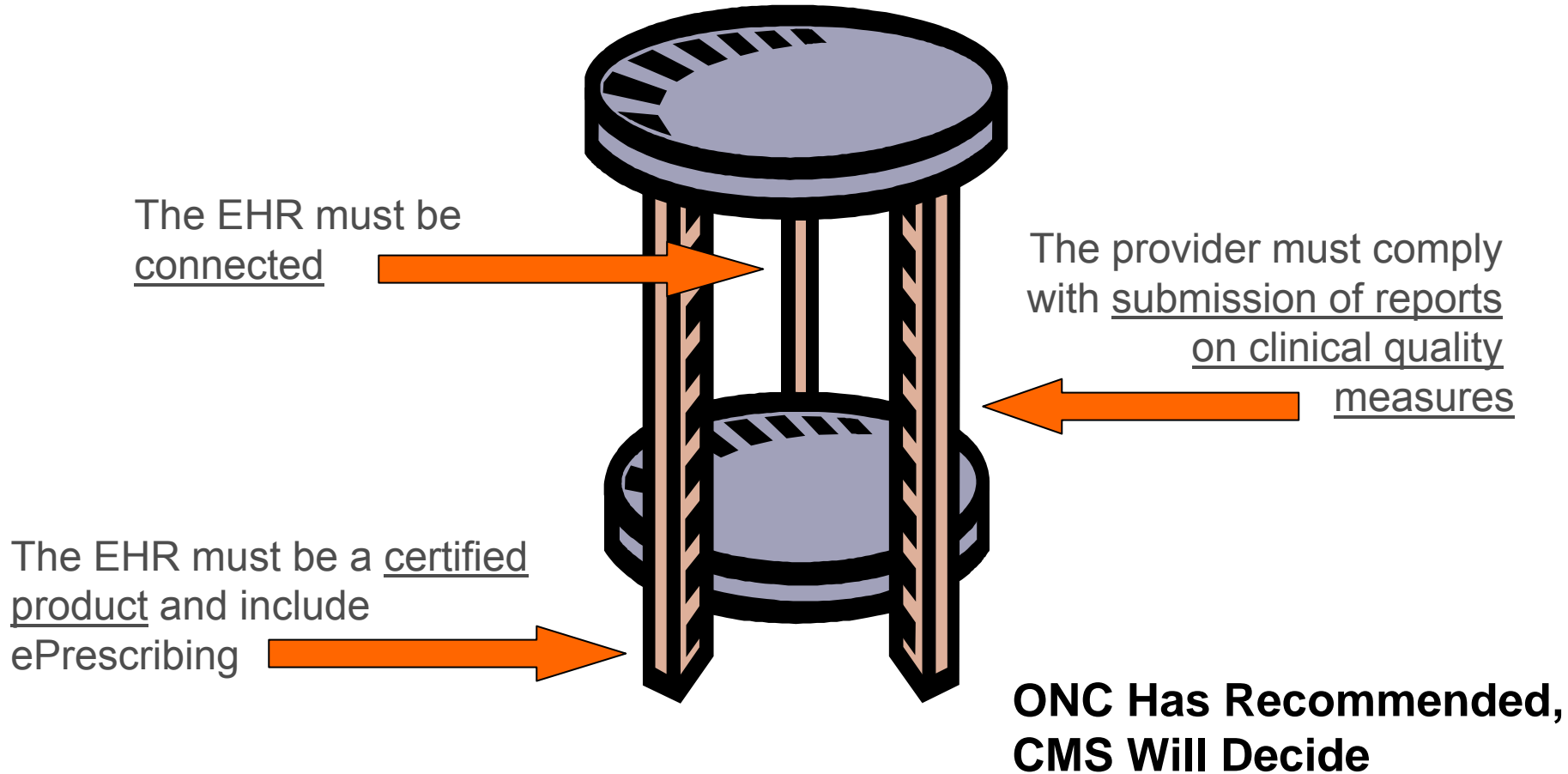


HITECH Act: Incentives Provide Incentive

- › First Adopters Will Benefit The Most (Sliding Incentives)
 - Physicians can earn between \$44,000 to \$64,000 over five years from Medicare / Medicaid if they are utilizing an EHR in 2011
 - Providers may receive incentives under only one of the programs

- › Hospitals can earn up to \$2,000,000 *plus* discharge bonuses (total payout to them could be \$10 million +)

But First...Meaningful Use



ONC's Recommendations

- › Five areas of Focus
 - Improve Quality, Safety, and Efficiency
 - Engage Patients and Families
 - Improve Care Coordination
 - Improve Population and Public Health
 - Ensure Privacy and Security Protections
- › Encourages people to get their feet wet with most basic EHR functionality
- › Big focus on provider order entry, clinical decision support
- › Not Pay for Quality, P4P
- › Thresholds for MU will get harder over time



“Meaningful” Timing

- › ONC recommendations finalized August 14th and were sent to CMS
- › CMS Rule Making process has begun
 - Draft rule will be out in December
 - Public comment period – your chance to provide feedback
- › Certification decision by Dec 31, '09
- › Standards “Interim Final” rule by Dec 31, '09, as well
- › States have discretion in their own definitions, but they can only get more stringent and not less



Other Outstanding Questions

- › How often will payments be made?
- › How will they be distributed?
- › How can non-E&M coders be included?
- › Will there be a registration function related to Meaningful Use?
- › Who will receive the incentive payment in a hospital-owned clinic?
- › What types of Medicare allowables will qualify?
- › How will they get populations to move to EHR that aren't affected by the Stimulus?
- › Will CMS be ready to oversee this program?

All Coming in December



Medicare vs Medicaid Compared

- › \$44,000 —————>› \$64,000
- › HPSA 10% bonus
- › No minimum # of patients —————>› 30% threshold; 20% for peds
- › No mid-levels —————>› NPs, NMWs; PAs only if lead provider in a rural health clinic
- › Calculation: 75% of submitted allowable charges by doc, up to cap for the year —————>› No calculation based on fees – flat payment intended to offset purchase of the EHR and maintenance costs
- › Penalties for non-compliance —————>› No penalties (yet!)
- › All external funds okay —————>› Stark \$\$ or Fed grants will lower the incentive payment



Meaningful Use objectives requiring health exchange

2011

- Lab results delivery
- Prescribing
- Claims and eligibility checking
- Quality & immunization reporting, if available



Increases volume of transactions that are most commonly happening today

- Lab to provider
- Provider to pharmacy

2013

- Registry reporting and reporting to public health
- Electronic ordering
- Health summaries for continuity of care
- Receive public health alerts
- Home monitoring
- Populate PHRs



Substantially steps up exchange

- Provider to lab
- Pharmacy to provider
- Office to hospital & vice versa
- Office to office
- Hospital/office to public health & vice versa
- Hospital to patient
- Office to patient & vice versa
- Hospital/office to reporting entities

2015

- Access comprehensive data from all available sources
- Experience of care reporting
- Medical device interoperability



Starts to envision routine availability of relatively rich exchange transactions

- “Anyone to anyone”
- Patient to reporting entities



HITECH Act: HHS Discretionary Funds

- › \$1.2 billion released August 20th
 - \$598 million for Regional Health IT Resource Centers (Extensions)
 - “Meaningful Use” support, workflow reengineering, implementation
 - \$564 million for state grants for HIE infrastructure
- › Possible next areas of focus:
 - Workforce expansion (November)
 - Federal grants through AHRQ, HRSA, CMS
 - Promotion of advanced EHR
- › Other funds
 - Comparative Effectiveness – RFPs out now
 - FHCH / CHC \$\$\$ released



HITECH Act: Privacy & Security

- › Federal privacy and security laws (HIPAA) were expanded to protect patient health information, including:
 - Defining which actions constitute a breach (including some inadvertent disclosures)
 - Imposing restrictions on certain disclosures, sales, and marketing of protected health information
 - Requiring an accounting of disclosures to a patient upon request
 - Authorizing increased civil monetary penalties for HIPAA violations
 - – Granting authority to state Attorneys General to enforce HIPAA



Measuring Success of HITECH

- › Mass, industry-wide adoption of EHR
- › Significant progress in “slow to move” populations
 - Small practices
 - Rural health
 - High Medicaid mix – underserved areas
 - Primary care
- › Patients active participants in their own healthcare
- › It’s all about CONNECTIVITY
 - EHR Adoption in silos without connectivity will be considered a waste of the invested incentives by Congress



Next Up from Congress

› Health Reform is **HOT!**



- HITECH laid the foundation – data is key to transforming our healthcare delivery system
- Priority in bills as drafted is “bending the cost curve”
 - Health IT Components:
 - Growing the Patient Centered Medical Home model
 - Community Health Teams
 - Chronic care management
 - Comparative effectiveness, disease registries
 - May include some expansion of HITECH incentive programs
- › Trying to find compromise between Bills



What You Can Do

- › Stay well informed, up to date, and submit input
 - Your Congressional delegation answers to you
- › Determine the Following:
 - What is your state doing to bring healthcare ARRA dollars to your area?
 - What creative projects has your organization or community as a whole come up with that might help procure grant dollars?
 - How is the Stimulus changing the way your organization or community is discussing health information exchange?
- › Clarify your strategy, and GO!



Questions?

EHR Stimulus Alliance:



More Stimulus Education

For more education, a demonstration or a free Stimulus assessment for your organization:

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877-EHR-NOW1

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ehrnw@allscripts.com

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