Regional Extension Centers: Support for EMR Adoption and Meaningful Use Achievement

Jennifer McAnally
Director, tnREC
The United States ranks:

- 37th Overall Performance
- 72nd Level of Health
- 41st Infant Mortality
- 46th Life Expectancy

The world’s most expensive healthcare system

Source: World Health Organization
The State of Healthcare Today

Healthcare Spending as a Percentage of Gross Domestic Product

United States

>13%

Germany, France, Cambodia, Norway, Iceland

10% - 13%

Canada, Australia, Sweden

8% - 10%

China, Japan, U.K., Spain, Finland

5% - 8%

India, Most African Countries

<5%

Blue Cross Blue Shield Association, 2007 Medical Cost Reference Guide
Primary Care Physicians Using Electronic Health Records

- Norway: 97%
- United Kingdom: 96%
- Australia: 95%
- Sweden: 94%
- Italy: 94%
- Germany: 72%
- France: 68%
- U.S.: 46%
- Canada: 37%

Source: The Commonwealth Fund
HITECH Act Defined

Health Information Technology Economic and Clinical Health Act.

Goal: Ensure that each person in the United States has an electronic health record by 2014.
American Recovery and Reinvestment Act of 2009

• $36 B in funds over six years for HIT adoption
  – Policies and approaches for protecting the privacy and security of health information
  – Enhancing health information exchange
  – Grants and loans to providers
  – HIT adoption assistance through a Regional Extension Center
  – Improved training and education of health professionals in the area of HIT
Provider Incentive Funds

Original estimate: $34 billion in Gross Outlays
Latest estimates: $14 – 24 billion

**PROGRAM**

- Medicare Payment Incentives
- Medicaid Payment Incentives

**DISTRIBUTION AGENCY**

- CMS
- CMS and States

**USE OF FUNDS**

- Incentive Payments through Carriers
- Incentive Payments through State Agencies
  - Requires 30% share of Medicaid (except children’s hospitals).

**RECIPIENTS**

- Acute Care and Children’s Hospitals
- Physicians and Dentists
- Nurse Practitioners and Midwives
- FQHC
  - Requires “meaningful” use of EHR.
Assistance Funds
($2 billion in Gross Outlays)

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>DISTRIBUTION AGENCY*</th>
<th>USE OF FUNDS</th>
<th>RECIPIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIE Planning and Development</td>
<td></td>
<td>Planning Grants</td>
<td>State-designated Entity</td>
</tr>
<tr>
<td>EHR Adoption Loan Program</td>
<td>ONC</td>
<td>Implementation Grant</td>
<td>State</td>
</tr>
<tr>
<td>Health IT Extension Program</td>
<td></td>
<td>Loan Funds</td>
<td>Healthcare Providers</td>
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<tr>
<td>Workforce Training Grants</td>
<td>HHS NSF</td>
<td>Health IT Research Center</td>
<td>Indian Tribes</td>
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<td>Regional Extension Centers</td>
<td>Nonprofits</td>
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<td></td>
<td></td>
<td>Medical Health Informatics</td>
<td>Least-advantaged Providers</td>
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<tr>
<td></td>
<td></td>
<td>EHR in Medical School Curricula</td>
<td>Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health Care Information</td>
<td>Higher Education and Medical/Graduate Schools</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enterprise Integration Research Centers</td>
<td>Federal Government Labs</td>
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</tbody>
</table>

Source: Merlon Health Solutions analysis of federal HITECH Act legislation.
* ONC stands for the Office of the National Coordinator for Health Information Technology, HHS is Federal Department of Health and Human Services, NSF is National Science Foundation, NIST is National Institute of Standards and Technology.
HIT Extension Program

• National Extension Center provides support for best practices, collaboration and dissemination of national resources among Regional Extension Centers

• Regional Extension Centers (RECs):
  – Provides assistance to primary care providers in adopting and effectively using HIT
  – Local Workforce support through training and education, internships and promotion of HIT curriculum development
Tennessee’s REC Plan

Objectives:

• Promote widespread HIT adoption and participation in existent HIOs within the state
• Maintain a transparent system of vendor product review and selection
• Ensure continued stakeholder and provider trust, support and satisfaction
• Enable providers to satisfy “meaningful use” criteria to receive the maximum funds possible under Medicare or Medicaid (TennCare) incentives.
Tennessee’s REC Plan

Objectives (con’t):

• Promote and create synergies with other HITECH-programs including HIE activities and workforce training programs
• Ensure adherence to national- and state-defined privacy and security requirements for the confidentiality and protection of patient health information
• Promote best practices and educational tools provided by the Health Information Technology Research Center (HITRC).
Tennessee’s REC Plan
Meaningful Use

The federal economic stimulus law requires providers to demonstrate meaningful use of EHRs to qualify for Medicare and Medicaid incentive payments*.

- Meaningful Use will be defined in 3 stages through rulemaking
  - Stage 1 – 2011
  - Stage 2 – 2013
  - Stage 3 – 2015
- Proposed Meaningful Use Criteria Rulemaking for Stage 1 released on December 31, 2009

*One year exception for Medicaid

2011 (first year): Attestation = demonstrated use
2012 (second year)
Purpose of Meaningful Use

• Improve quality, safety, efficiency, and reduce health disparities.
• Engage patients and families.
• Improve care coordination.
• Ensure privacy and security of personal health information.
• Improve population and public health.
Meaningful Use: 15 Core Objectives

- Computerized physician order entry.
- ePrescribing (eRX)
- Report ambulatory clinical quality measures
- Implement one clinical decision support rule.
- Provide patients with electronic copy of record (upon request.)
- Drug-drug and drug-allergy interaction checks.
- Record demographics.
Meaningful Use: 15 Core Objectives (con’t)

- Maintain problem list and current and active diagnoses.
- Maintain active medication list.
- Maintain active medication allergy list.
- Record and chart changes in vital signs.
- Record smoking status for patients 13 years or older.
- Capability to exchange clinical information
- Protect electronic health information.
Meaningful Use: Menu Set Objectives

- Drug-formulary checks.
- Incorporate clinical lab test results as structured data.
- Generate list of patients by specific condition.
- Send reminders to patients per patient preference for preventive/follow up care.
- Provide patients with access to their health information.
- Use EHR to identify patient-specific education resources to provide to patient if appropriate.
- Medication reconciliation.
- Summary of care record for transitions of care/referrals.
- Capability to submit electronic data to immunization registries/systems
- Capability to provide electronic syndromic surveillance data to public health agencies.
# Medicare Practice Incentives

Maximum: 75% of Total Medicare Allowed Charges

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>Total</th>
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<td>2011</td>
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<td>$12,000</td>
<td>$8,000</td>
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<tr>
<td>2012</td>
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<td>$18,000</td>
<td>$12,000</td>
<td>$8,000</td>
<td>$4,000</td>
<td>$2,000</td>
<td>$44,000</td>
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<td>Charges</td>
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<td>2013</td>
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<td>2014</td>
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<td>$12,000</td>
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<td>$16,000</td>
<td>$10,677</td>
<td>$5,333</td>
<td>$32,000</td>
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</table>

Charges= Medicare Allowed Charges
Additional 10% payment for Underserved Areas
© Woodcock 2009
Medicare Penalties Under HITECH

Penalties for *Not* Adopting
(based on Medicare reimbursement)

<table>
<thead>
<tr>
<th>Year</th>
<th>Penalty</th>
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<tbody>
<tr>
<td>2015</td>
<td>1%</td>
</tr>
<tr>
<td>2016</td>
<td>2%</td>
</tr>
<tr>
<td>2017</td>
<td>3%</td>
</tr>
<tr>
<td>Beyond</td>
<td>4% to 5%</td>
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</tbody>
</table>

*Note: Exceptions will be made on a case-by-case basis for significant hardships (e.g., rural practices without sufficient Internet access)*
Medicaid and Meaningful Use

For first year ONLY, Medicaid incentives are not paired to achievement of Meaningful Use. Instead providers can use funds for:

- Adoption
- Implementation
- Upgrade
Eligible for Medicaid Incentives

30% Medicaid Patient Volume – Adult
- Physicians
- Dentists
- Nurse Practitioners
- Physician Assistants

20% Medicaid Patient Volume - Pediatrics
### Medicaid Incentives

<table>
<thead>
<tr>
<th>Year</th>
<th>Payment</th>
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<td>1\textsuperscript{st} Year</td>
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<tr>
<td>2\textsuperscript{nd} Year</td>
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<td>6\textsuperscript{th} Year</td>
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<tr>
<td>Beyond</td>
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**Total** $64,000
Medicare vs. Medicaid

Double Dipping

Health Information Technology

tnREC
the integration of health information, technology & quality
a division of QSource
Tennessee Infrastructure

• Broadband network reaches all 95 counties.
• Funding support of HIE activities across the state.
• Established Office of eHealth
• Established Statewide eHealth Council
• Formation for Health Information Partnership for TN (HIPTN)
HIPTN

• Mission

  – Not-for-profit organization that works to improve access to health information through a statewide collaborative process by providing services and infrastructure for the secure electronic exchange and use of health information.
**Tennessee and Meaningful Use**

- Manage the Medicaid MU incentive program.
- Coordinate TennCare and Department of Health to avoid duplicative efforts.
- Engage VA, DoD, and CMS to ensure achievement of federal requirements.
- Participate in HIPTN Board and Workgroups to ensure coordination of state HIE efforts.
- Offer enterprise services such as Immunization Registry, Medication Management, and Lab Translation.
Thank You!

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Sources

- Koss, Shannah. Principal Koss on Care, LLC. The American Recovery and Reinvestment Act of 2009: Opportunities for Medicaid to Invest in HIT, 2009
- The National Alliance for Health Information Technology Report to the National Coordinator for Health Information Technology on Defining Key Health Information Technology Terms, 2008