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

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The State of Healthcare Today

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
My Focus Today

• HITECH Act overview

• Regional Extension Center Role
  – Direct assistance to assist providers in HIT adoption
  – Strengthening of the current and future healthcare Workforce
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 | DISTRIBUTION AGENCY* | USE OF FUNDS
--- | --- | ---
Medicare Payment Incentives | CMS | Incentive Payments through Carriers
Medicaid Payment Incentives | CMS and States | Incentive Payments through State Agencies

Requires 30% share of Medicaid (except children’s hospitals).

Acute Care and Children’s Hospitals
Physicians and Dentists
Nurse Practitioners and Midwives
FQHC

Requires “meaningful” use of EHR.

Source: National Health Insurance claims data from the National Health Service. QSource is the Office of the National Coordinator for Health Information Technology, CMS is the Centers for Medicare & Medicaid Services, and NITs is the National Institute of Standards and Technology.
Assistance Funds
($2 billion in Gross Outlays)
## Medicare Practice Incentives

Maximum: 75% of Total Medicare Allowed Charges

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<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>$10,677</td>
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Charges = Medicare Allowed Charges

© Woodcock 2009
Medicare Penalties Under HITECH

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

<table>
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<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>
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<tr>
<td>2017</td>
<td>3%</td>
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<tr>
<td>Beyond</td>
<td>4% to 5%</td>
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*Note: Exceptions will be made on a case-by-case basis for significant hardships (e.g., rural practices without sufficient Internet access)*
Eligible for Medicaid Incentives

- Physicians
- Dentists
- Nurse Practitioners
- Physician Assistants

30% Medicaid Patient Volume – Adult

20% Medicaid Patient Volume – Pediatrics
# Medicaid Incentives

<table>
<thead>
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<th>Year</th>
<th>Payment</th>
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<tr>
<td>1\textsuperscript{st} Year</td>
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<tr>
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<td>6\textsuperscript{th} Year</td>
<td>$8,500</td>
</tr>
<tr>
<td>Beyond</td>
<td>$0</td>
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**Total** $64,000
Medicare vs. Medicaid

Double Dipping
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 Objectives:
  – Allow patients to access clinical information
  – Comply with state and federal privacy, security and data sharing regulations
  – Document patient progress and provide clinical summaries
  – Exchange critical information with other care providers
  – Implement drug interaction safeguards
  – Send patient reminders about follow-up and preventive care
  – Submit immunization and laboratory data to public health registries
  – ePrescribe
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
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
Improved individual and population health outcomes

Adoption of EHRs

Meaningful use of EHRs

Exchange of health information

Regional Extension Centers

Workforce training

Medicare and Medicaid incentives and penalties

State grants for health information exchange

Standards and certification framework

Privacy and security Framework

Research to enhance HIT

Medicare and Medicaid incentives and penalties
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
REC Selection

• Awards to non-profit organizations on the basis of:
  – a clearly defined geographic region
  – the ability to service providers locally
  – demonstrated HIT adoption assistance capabilities
  – specialized expertise in areas such as workflow re-design, privacy and security, evaluation and financing
  – multi-stakeholder collaboration
  – viable sources of matching funding
REC Services Support

- Workforce training and development
- HIT adoption assistance:
  - Group purchasing of EHRs
  - Onsite technical assistance
  - Workflow redesign
  - HIE interoperability
  - Privacy and Security assistance
  - Meaningful Use Achievement
Tennessee’s REC Plan

• On June 17, The TN eHealth Advisory Committee approved the support of QSource in the development of a Statewide proposal for REC assistance:
  – QSource plan will be coordinated with stakeholders
  – QSource will integrate the REC with the State’s strategy for health information exchange (HIE), workforce development and State sponsored grants and loans programs.
Why a Statewide REC?

• Minimum reach 1,000 PCPs in geographic coverage area within first two years
• Lack of coordination of activity across multiple contractors could lead to variable quality of service and conflicting messages.
• The level of effort for direct, individualized assistance across all providers using patchwork contracting could lead to gaps in coverage assistance to many within the state
Why a Statewide REC (cont’d)?

• Viable sources of matching funding (beyond state grants) must exist
  • Fees for service will apply
  • Late adopters may face larger financial burden as funding assistance at federal level diminishes

• Long term sustainability requires each REC to have a valid business model – demonstrated VALUE
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
Tennessee REC

Workforce Training and Development

- Internship opportunities through cooperative agreements at Technology Centers/Community Colleges
- Training and Certification programs for the current workforce
- Technology Education Advisory Council (ETAC) to review educational institution HIT curricula and implement improvements
- Physician CME programs
Tennessee REC

HIT Adoption Assistance

- Community Sponsored Vendor Fairs
- Vendor comparisons: usability scores, implementation barriers and service/contract comparison
- Hospital centric HIE support in rural areas
- Best practices in EHR Implementation, confidentiality, and security
- “Meaningful Use” certification and Medicaid grant application support
Thank You!

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Tennessee REC Resources

Website(s):
www.qsource.org
www.tnrec.org
www.hiptn.org
http://govhealthit.com/ (NEW ARTICLE !!!!!!!!)
http://www.tennesseeanytime.org/ehealth/Recovery.htm

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gmcrae@qsource.org
Sources

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• Tennant, Robert M., MGMA Senior Policy Advisor: Don’t Put Your Practice in Jeopardy! TN MGMA Annual Spring Conference, 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