

“Meaningful Use”

An Update on EHR Implementation and Healthcare Reform

October 15, 2009

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Hill Initiatives – The Month Ahead

White House

- **President Obama will play a major role in bill mergers**
- Look for the White House to begin weighing in on major issues
- Obama will continue to reach outside of congress to garner GOP support for health reform

Senate

- **Senate Finance Committee passes bill with 14-9 vote**
- Sen. Olympia Snowe was the only Republican to vote for the legislation.
- Melding with HELP committee version is the next step, and actual debate on the Senate floor likely to begin in the next several weeks

House

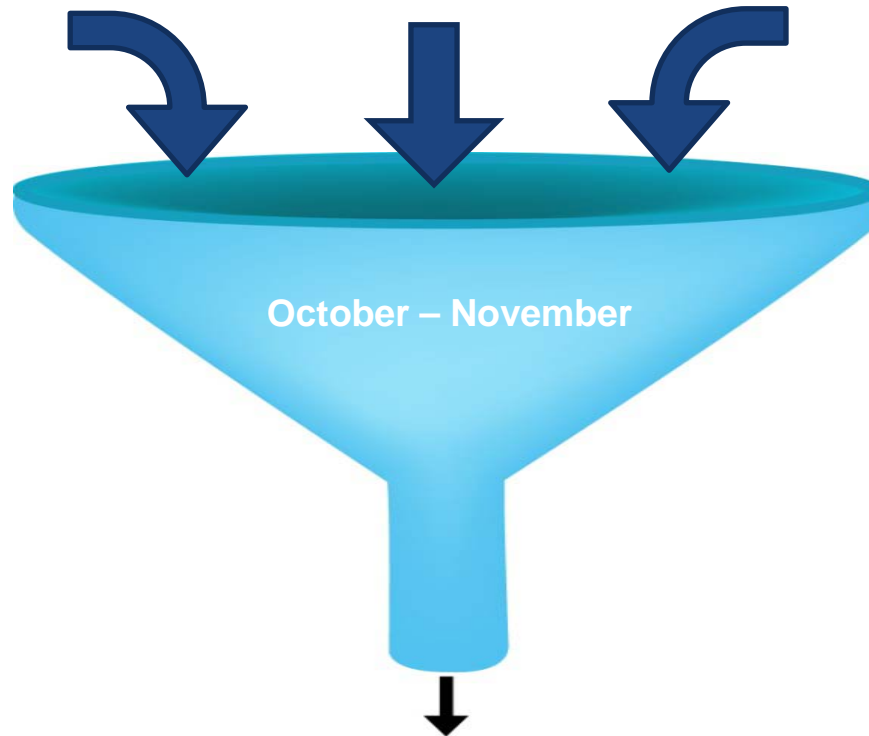
- **Negotiations continue in the House**
- House leadership are trying to trim their bills down to Obama's \$900M threshold.
- They are also internally debating unresolved issues such as abortion and Medicare rates

The Merging of Bills

**Senate HELP Committee
Affordable Health Choices
Act**

**Senate Finance Committee
America's Healthy Future
Act of 2009**

**House Tri-Committee
America's Affordable Health
Choices Act of 2009**



There will be health reform this year, but the scope and size of the bill is yet to be determined

All Eyes on the Senate

- The Senate Finance Committee bill, with a price tag of \$829 billion over 10 years, has coincided closely to President Obama's wish list
- Recent push back from insurances includes a new report from PwC stating premiums will increase if health reform passes under the Senate Finance proposals
 - Despite opposition momentum on health reform remains strong and the odds of Democrats resorting to budget reconciliation is unlikely
- Negotiations will likely continue with a small group coordinated by Senate Majority Leader Harry Reid, the leaders of the HELP and Finance committees, and senior administration officials
 - Senator Snowe's conditional support has positioned herself to remain at the heart of continued talks
- The earliest possible time that Reid could attempt to bring a measure to the Senate floor is the week of October 26th, with at least two weeks of floor debate likely to follow

Key Areas of Contention for Health Reform

- Public Plan
- Employer and Individual Mandates
- Expansion of Medicare and Medicaid
- Cost
- Funding

Funding for the Implementation of EHRs

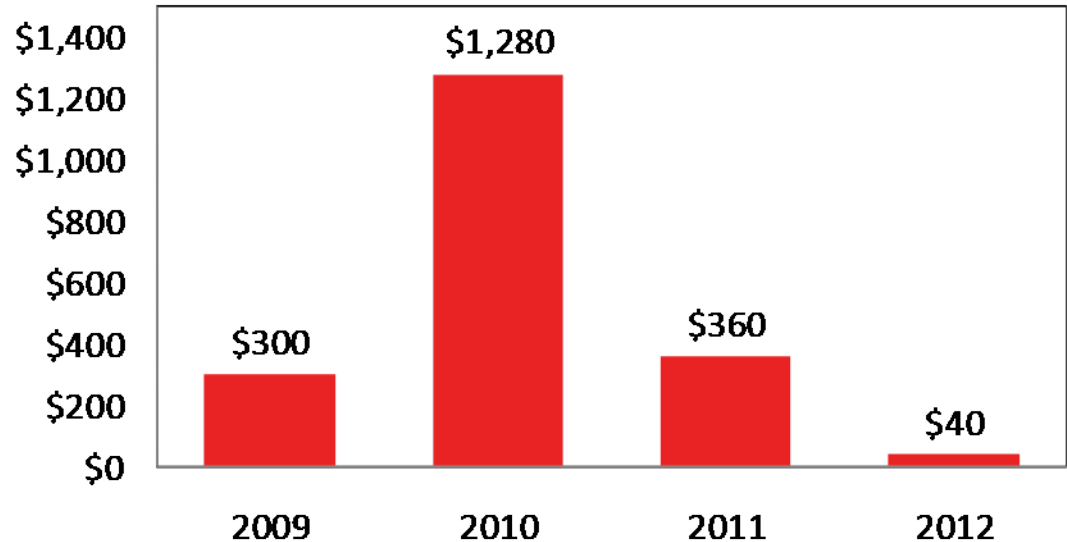
HITECH Act devotes \$22.8 billion to Health IT over a period of six years

Includes **immediate \$2 billion in “jump-start” funding** to promote the use and exchange of electronic health information

- \$300 million in grants to support regional health information exchanges
- Remaining funds distributed through the Office of the National Coordinator for Health IT or its partner agencies for:
 - HIT infrastructure
 - Training
 - Telemedicine
 - Interoperable clinical data repositories
 - Technology and best practices development
 - HIT use by public health departments
 - EHRs for providers not eligible under incentive payments program

\$ in millions

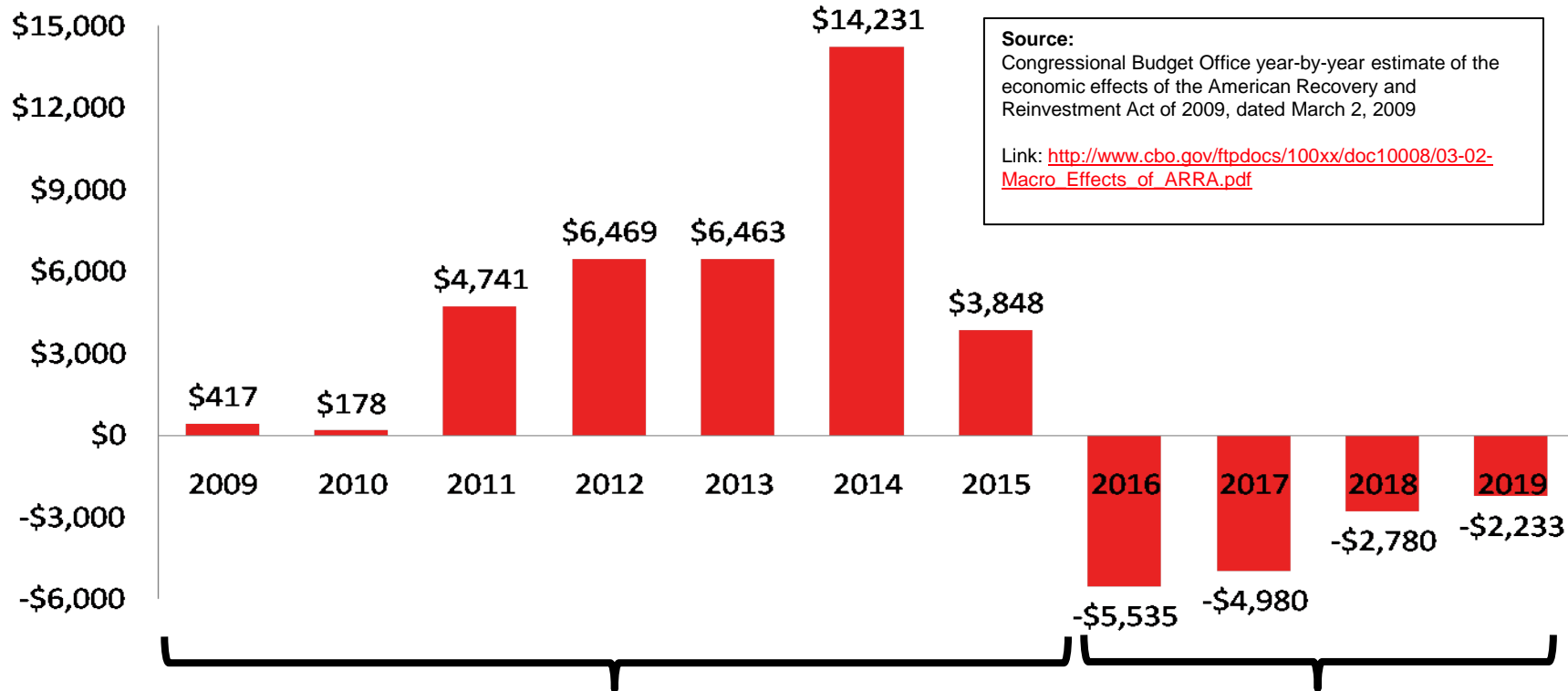
Jump-Start Funding



Funding for the Implementation of EHRs

Net \$20.8 billion in incentive payments to providers who show “meaningful use” of certified EHR technology.

Medicare and Medicaid Incentive Payments

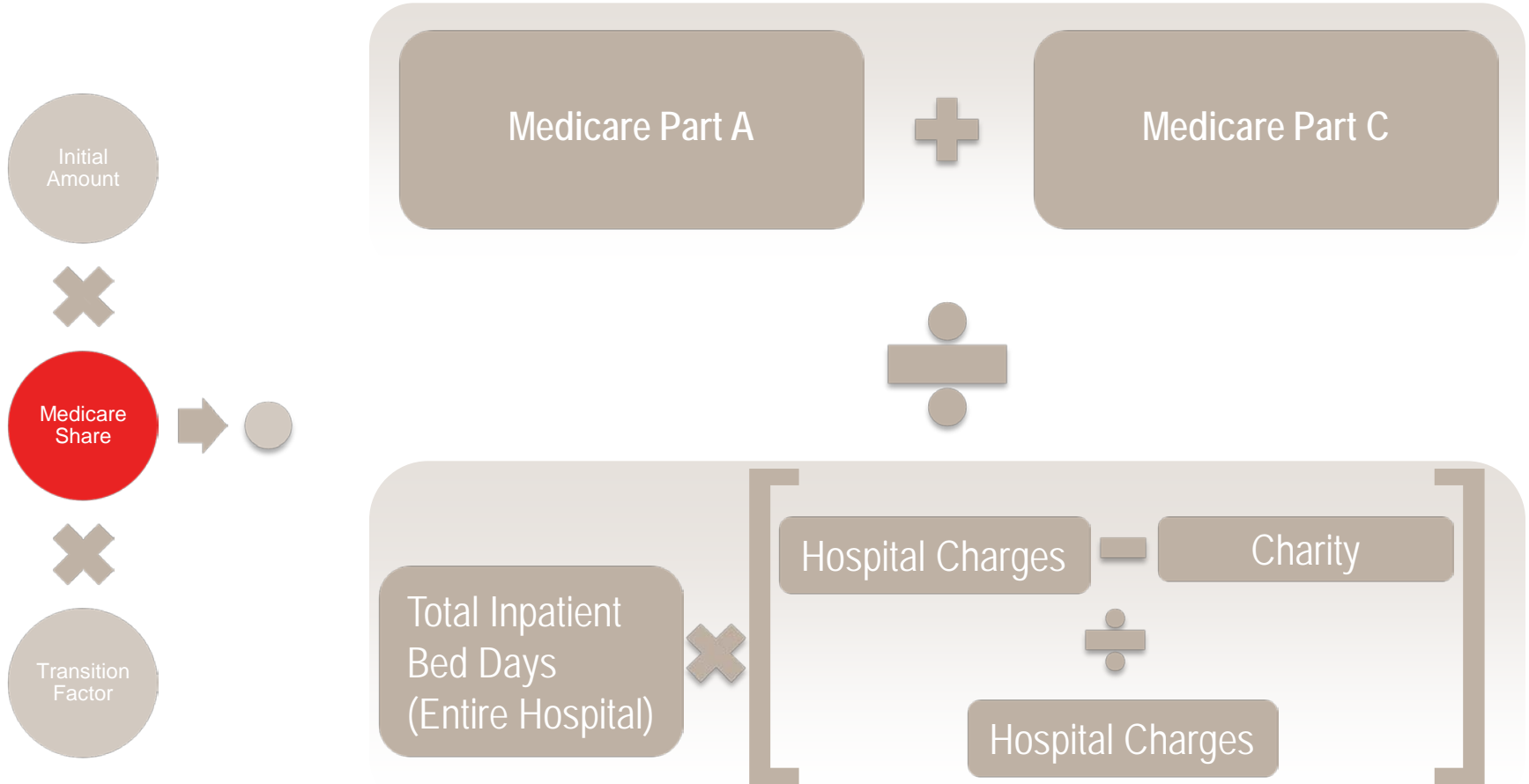


Source:
Congressional Budget Office year-by-year estimate of the economic effects of the American Recovery and Reinvestment Act of 2009, dated March 2, 2009

Link: http://www.cbo.gov/ftpdocs/100xx/doc10008/03-02-Macro_Effects_of_ARRA.pdf

$$\$20.8 \text{ billion} = \$36.368 \text{ billion} - \$15.549 \text{ billion}$$

Medicare Formula for Hospitals (High-Level View)



Hospital Charges: Total Hospital Patient Revenue
Charity: Total Uncompensated Care

HIT Policy Committee Meeting Summary

Meaningful Use Workgroup

Timeliness for development and certification plans

Proposed timeline and Meaningful Use Update Process

Information Exchange Workgroup

Health Information Exchange components are to be certified

A lot of concerns were expressed regarding patient security and privacy

Certification/Adoption Workgroup

A plan to open the certification process to the market

The inclusion of a “gap” certification, or preliminary certification

Adoption Year Timeframe

- 2011 criteria applies to first adoption year (even if HIT adopted in 2013)
- Incremental measures enforced based on adoption year

Meaningful User	2009	2010	2011	2012	2013	2014	2015	2016	Total Incentive
2011			\$18,000	\$12,000	\$8,000	\$4,000	\$2,000		\$44,000
2012				\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$44,000
2013					\$15,000	\$12,000	\$8,000	\$4,000	\$39,000
2014						\$12,000	\$8,000	\$4,000	\$24,000
2015+									\$ Penalties

Health Outcomes Policy Priority	Care Goals	2011 Objectives		2011 Measures	2013 Objectives		2013 Measures
		<i>Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions</i>			<i>Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions</i>		
		Eligible Providers	Hospitals		Eligible Providers	Hospitals	
Health Outcomes Policy Priority	Care Goals	Adoption Year 1 Objectives		Adoption Year 1 Measures	Adoption Year 2 Objectives		Adoption Year 2 Measures
		<i>Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions</i>			<i>Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions</i>		
		Eligible Providers	Hospitals		Eligible Providers	Hospitals	

HIT Policy Committee's Meaningful Use Framework

www.healthit.hhs.gov

Health Outcomes Policy Priorities	2011 Objectives		2013 Objectives		2015 Objectives
	Eligible Providers	Hospitals	Eligible Providers	Hospitals	
Improve quality, safety, efficiency, and reduce health disparities	<ul style="list-style-type: none"> • Use CPOE for all orders • Implement drug-drug, drug-allergy, drug-formulary checks • Maintain an up-to-date problem list of current and active diagnosis based on ICD-9 or SNOMED • Generate and transmit permissible prescriptions electronically (eRx) • Maintain active medication list • Maintain active medication allergy list • Record demographics: preferred language, insurance type, gender, race, ethnicity • Record advance directives • Record vital signs: height, weight, blood pressure calculate and display, BMI • Record smoking status • Incorporate lab-test results into EHR as structured data • Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach • Report ambulatory quality measures to CMS • Send reminders to patients per patient preference for preventative/follow up care • Implement one clinical decision rule relevant to specialty or high clinical priority • Document a progress note for each encounter • Check insurance eligibility electronically from public and private payers where possible • Submit claims electronically to public and private payers 	<ul style="list-style-type: none"> • 10% of all orders (any type) directly entered by authorizing provider through CPOE • Implement drug-drug, drug-allergy, drug-formulary checks • Maintain an up-to-date problem list of current and active diagnosis based on ICD-9 or SNOMED • Maintain active medication list • Maintain active medication allergy list • Record demographics: preferred language, insurance type, gender, race, ethnicity • Record advance directives • Record vital signs: height, weight, blood pressure calculate and display, BMI • Record smoking status • Incorporate lab-test results into EHR as structured data • Generate lists of patients by specific conditions • Report hospital quality measures to CMS • Implement one clinical decision rule relevant to specialty or clinical priority • Check insurance eligibility electronically from public and private payers where possible • Submit claims electronically to public and private payers 	<ul style="list-style-type: none"> • Use CPOE for all orders • Use evidence-based order sets • Manage chronic conditions using patient lists and decision support • Provide clinical decision support at the point of care • Specialists report to relevant external disease or device registries, approved by CMS 	<ul style="list-style-type: none"> • Use CPOE for all order types • Use evidence-based order sets • Record clinical documentation in EHR • Generate and transmit permissible discharge prescriptions electronically • Manage chronic conditions using patient lists and decision support • Provided clinical decision support at the point of care • Specialists report to relevant external disease or device registries • Conduct closed loop medication management 	<ul style="list-style-type: none"> • Achieve minimal levels of performance on quality, safety, and efficiency measures • Implement clinical decision support for national high priority conditions • Medical device interoperability • Multimedia support
	<div style="border: 2px solid red; padding: 10px; width: fit-content; margin: 0 auto;"> <p>CPOE remains as the 'stretch' objective for eligible providers and hospitals.</p> </div>				

HIT Policy Committee's Meaningful Use Framework

Health Outcomes Policy Priorities	2011 Objectives		2013 Objectives		2015 Objectives
	Eligible Providers	Hospitals	Eligible Providers	Hospitals	
Engage patients and families	<ul style="list-style-type: none"> •Provide patients with an electronic copy of their health information upon request •Provide patients with timely electronic access to their health information •Provide access to patient-specific education resources •Provide clinical summaries for patients for each encounter 	<ul style="list-style-type: none"> •Provide patients with an electronic copy of their health information upon request •Provide patients with timely electronic access to their health information •Provide access to patient-specific education resources 	<ul style="list-style-type: none"> •Access for all patients to PHR populated in real time with health data •Offer secure patient-provider messaging capability •Provide access to patient-specific educational resources in common primary languages •Record patient preferences •Documentation of family medical history, in compliance with GINA •Upload data from home monitoring device 	<ul style="list-style-type: none"> •Access for all patients to PHR populated in real time with health data •Provide access to patient-specific educational resources in common primary languages •Record patient preferences •Documentation of family medical history, in compliance with GINA 	<ul style="list-style-type: none"> •Patients have access to self-management tools •Electronic reporting on experience of care
Improve care coordination	<ul style="list-style-type: none"> •Capability to exchange key clinical information, among providers of care and patient authorized entities electronically •Perform medication reconciliation at relevant encounters and each transition of care 	<ul style="list-style-type: none"> •Capability to exchange key clinical information, among providers of care and patient authorized entities electronically •Perform medication reconciliation at relevant encounters and each transition of care 	<ul style="list-style-type: none"> •Retrieve and act on electronic prescription fill data •Produce and share an electronic summary care record for every transition in care •Perform medication reconciliation at each transition of care from one health care setting to another 	<ul style="list-style-type: none"> •Retrieve and act on electronic prescription fill data •Produce and share an electronic summary care record for every transition in care •Perform medication reconciliation at each transition of care from one health care setting to another 	<ul style="list-style-type: none"> •Access comprehensive patient data from all available sources

HIT Policy Committee's Meaningful Use Framework

Health Outcomes Policy Priorities	2011 Objectives		2013 Objectives		2015 Objectives
	Eligible Providers	Hospitals	Eligible Providers	Hospitals	
Improve Population on and Public Health	<ul style="list-style-type: none"> •Capability to submit electronic data to immunization registries and actual submission where required and accepted •Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice 	<ul style="list-style-type: none"> •Capability to submit electronic data to immunization registries and actual submission where required and accepted •Capability to provide electronic syndromic surveillance data to public health agencies and actual submission where it can be received •Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice 	<ul style="list-style-type: none"> •Receive immunization histories and recommendations from immunization registries •Receive health alerts and public health agencies •Provide sufficiently anonymized electronic syndrome surveillance data to public health agencies with capacity to link to personal identifies 	<ul style="list-style-type: none"> •Receive immunization histories and recommendations from immunization registries •Receive health alerts and public health agencies •Provide sufficiently anonymized electronic syndrome surveillance data to public health agencies with capacity to link to personal identifies 	<ul style="list-style-type: none"> •Use of epidemiologic data •Automated real-time surveillance •Clinical dashboards •Dynamic and Ad hoc quality reports
Ensure Adequate Privacy and Security Protections for Personal Health Information	<ul style="list-style-type: none"> •Compliance with HIPAA Privacy and Security Rules •Compliance with fair data sharing practices set for in the <u>Nationwide Privacy and Security Framework</u> 	<ul style="list-style-type: none"> •Compliance with HIPAA Privacy and Security Rules •Compliance with fair data sharing practices set for in the <u>Nationwide Privacy and Security Framework</u> 	<ul style="list-style-type: none"> •Use summarized or de-identified data when reporting data for population health purposes, where appropriate, so that important information is available with minimal privacy risk 		<ul style="list-style-type: none"> •Provide patients, on request, with an accounting of treatment, payment, and health care operations disclosures •Protect sensitive health information to minimize reluctance of patient to seek care because of privacy concerns

Clinical Quality Workgroup

Update to measure grid for meaningful use:

- Recommended set of 29 measures
- 17 can be retooled for EHRs
- Other measures
 - 10 EHR utilization
 - 2 Privacy and Security

Clinical Operations Workgroup

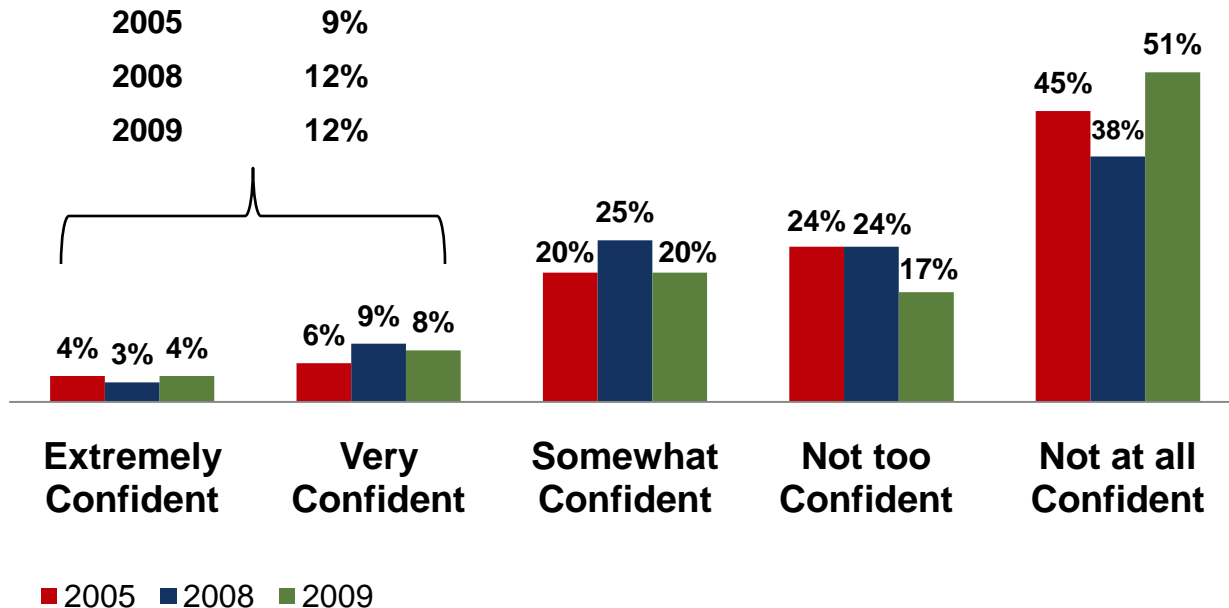
Presented two matrices – a summary of the standards required for meaningful use and the detailed implementation guidance

Privacy and Security Workgroup

Presented latest standards selection, certification criteria, and implementation guidance

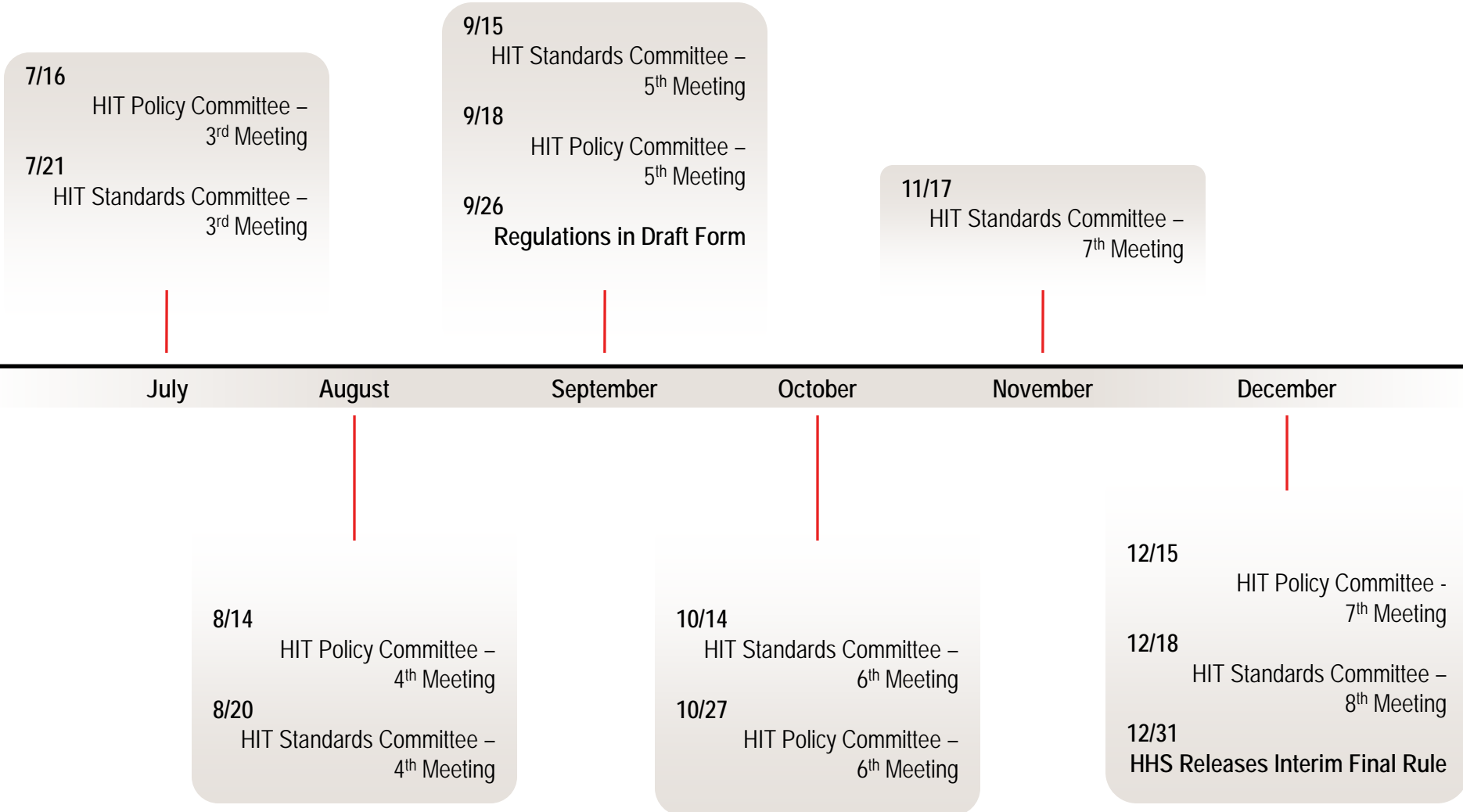
Consumer Confidence in EHR Privacy

If medical records and personal health information were to be stored electronically and shared through the Internet, how confident are you that those records and information would remain confidential? (2009 n=1,000)



Source: Employee Benefit Research Institute and Mathew Greenwald & Associates, 2008-2009 Health Confidence Survey

Policy and Rule Making Process: A Timeline of Significant Events



- Clarification on “Meaningful Use”
 - National Coordinator for Health IT, David Blumenthal, MD stated that a preliminary definition of meaningful use will be released by the end of 2009, followed by a 60-day comment period
 - The final definition for “meaningful use” of electronic health records will not be ready until mid or late spring 2010

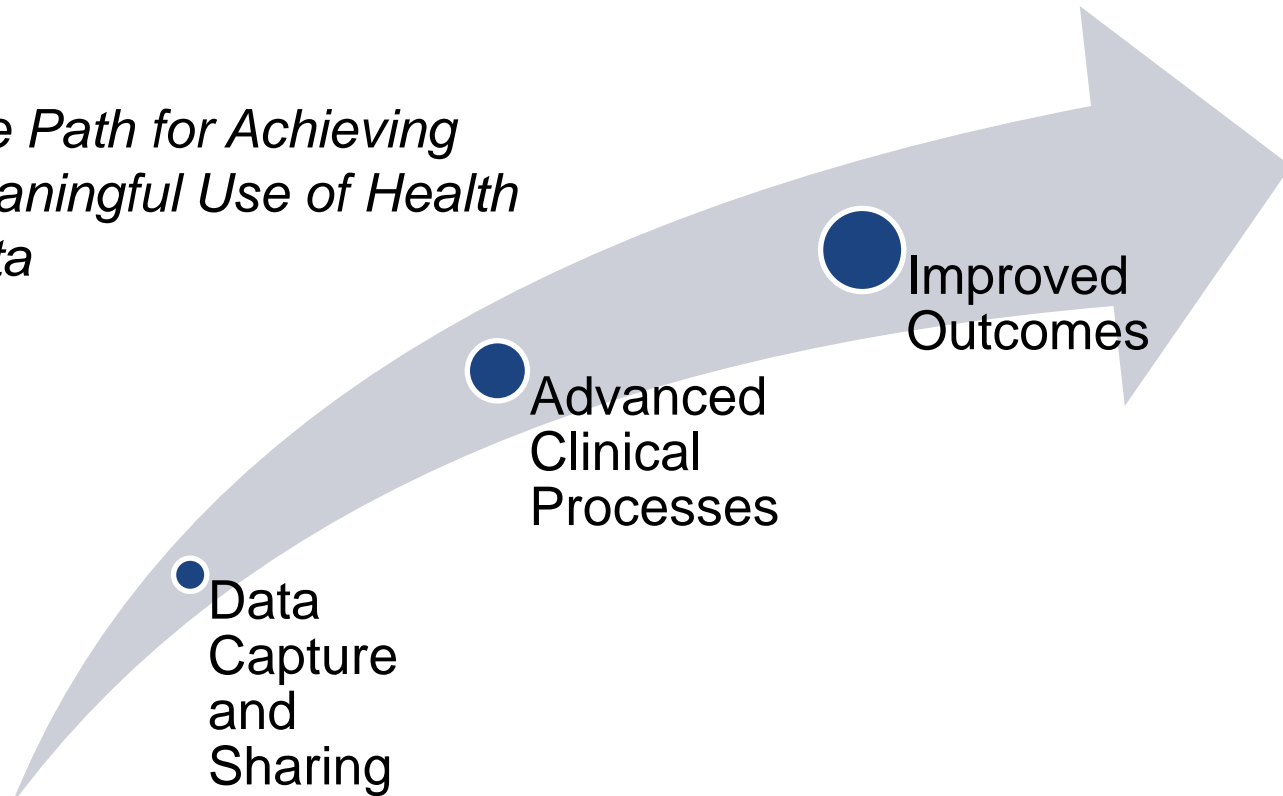
CMS “Notice of Proposed Rule Making”

- HIT Policy Committee recommendations sent for approval to Office of the National Coordinator for HIT and CMS (July 2009)
- HHS/CMS will issue a Notice of Proposed Rule Making (Fall 2009)
- Public comment will be open for 30-60 days (Fall 2009 - December 2009)
- The Department of Health and Human Services will issue an Interim Final Rule (December 31, 2009)
- Interim Final Rule takes effect January 1, 2010
- The Department of Health and Human Services will issue a Final Rule (Spring 2010)

- Next Steps: Public Comment Opportunities
 - If your organization wants to get involved, submitting written responses is a good way to get started.

“Bending the Curve Towards Transformed Health”

*The Path for Achieving
Meaningful Use of Health
Data*



How Should You Respond?

- **Step 1: Prepare**
- **Step 2: Deploy**
- **Step 3: Comply**

Start NOW

Assess:

- Identify learning needs and educate the organization, especially clinicians, physicians, and those involved in data entry, capture or data reporting
- Review existing technology to identify gaps between current and future state requirements
- Identify the potential benefits realization by calculating incentive payments based on compliance with the legislative mandates
- Current organizations where electronic health exchange would enhance the quality of care

Design:

- A strategy and plan for meeting meaningful use requirements, calculating return on investment
- Utilize a robust vendor selection process with specific criteria established related to compliance with legislative mandates – functionality and end-user satisfaction requirements

Optimize:

- Measure current position against meaningful use requirements
- Build consensus around action plans with key stakeholders
- Evaluate interoperability and health data exchange capabilities of all vendors utilized and work to ensure compliance within the timelines established
- Review workflow processes to enhance and optimize outcomes as measures of meaningful use
- Review and optimize data management processes to ensure capture of indicators as required for reporting
- Review and optimize data reporting capabilities to ensure reliability and validity in reporting meaningful use indicators to external sources

Prepare:

- Review strategic plan and revise to include the new imperatives of the legislation
- Review and revise operational and tactical plans to include actions that will ensure realization of benefits from compliance with legislative requirements
- Review timelines for technology implementation and plan acceleration strategies as needed
- Develop a strategy to apply for grant funding

Transform:

- Implement strategic, operational and tactical plans to ensure compliance within the timelines established
- Apply for funding/grants
- Establish electronic health exchange capabilities where possible
- Deploy data governance and management strategy

Sustain:

- Develop a core team charged with ongoing compliance with legislative requirements as they evolve
- Evaluate project budget and strategic goals, make realignments is applicable
- Refine communication plan
- Review gap closure plan for changing priorities
- Benefits realization, tracking, communication, and continual commit to performance improvements to determine the success of implementation

Tracking and analysis of health reform and economic stimulus

- Policy updates
- Web site resources (perotsystems.com/insights)
- Webinars
- Podcasts
- Briefings
- Executive seminars

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