



August 24, 2010

California eHealth Webinar

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1. Information about CAeHC Webinar Series
2. Presentation: **EHR Meaningful Use Final Rule and Incentive Payments Update and Discussion**, with **Carladenise Edwards, CEO** of Cal eConnect and **Justin Barnes** of Greenway Medical Technologies
3. Q&A

August 24, 2010

CAeHC Webinar Series

2010 Webinars:

- **June 1:** *Cal eConnect Implementation Plan Discussion*
- **June 15:** Speranza Avram - *CalHIPSO Update*
- **June 29:** Robert (Rim) Cothren, Cognosante and Lorraine Fernandes, Initiate (an IBM company) – *Provider Registries in the World of Health Information Exchange*
- **July 13:** Dr. Richard Taylor, CMIO, Providence Oregon – *HIE and eHealth Initiatives*
- **July 27:** Sam Faus – *Electronic Lab Data Exchange Discussion: Part 1*
- **August 10:** Lori Hack, Bill Beighe, and Joy Bonaguro - *Electronic Lab Data Exchange Discussion: Part 2*
- **August 24:** Carladenise Edwards, Cal eConnect and Justin Barnes, Greenway Medical Technologies - *EHR Meaningful Use Final Rule and Incentive Payments Update and Discussion*

Upcoming Webinars:

- **September 7:** Laura Landry, Western Health Information Network

Webinars Now on CAeHC Interim Website

- www.caehc.org
- Schedule of upcoming webinars
- Links to webinar slides and Q&A from recent webinars
- Send e-mail to info@caehc.org if you are interested in being a webinar speaker, suggesting a webinar topic, or sponsoring a webinar
- Help us expand our reach – who else would benefit from our webinars?



PRESENTS

Discussion: EHR Meaningful Use Final Rule and Incentive Payments Update and Discussion, with Carladenise Edwards, CEO of Cal eConnect and Justin Barnes of Greenway Medical Technologies

August 24, 2010

**Cal eConnect Technical Implementation Plan
and the Impact of Recent Federal Guidance:
*Final Meaningful Use Rule and ONC-HIE-PIN-001***

CAeHC Webinar

Carladenise A. Edwards, Cal eConnect President & CEO

August 24, 2010


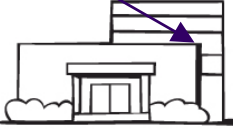



Cal eConnect Mission


To collaboratively establish policies, services, and innovations that make possible the appropriate, secure, and efficient exchange of electronic health information for the purpose of improving health and health care safety, quality, access, and efficiency for all Californians.


Presentation Objectives

- Provide overview of current plan for core services and value-added services.
- Review goals for funding opportunities.
- Review timeline for implementation of funding and core services.
- Discuss analysis of meaningful use and Program Information Notice (PIN) and alignment with planned core services.
- Provide suggestions for how you can help.

Background: CA HITECH/Related Programs

	Program	Recipient	Funds	
	EHR Incentive Program	CMS and States	~\$3.0 B	 Eligible Providers
Directly Related to HIE Use	Health IT Extension Program	LA Care, CalHIPSO, CRIHB	\$46.6 M	 Nonprofits
	HIE Planning & Development	CHHS	\$38.8 M	 Cal eConnect
	Workforce Training Grants	Los Rios	\$5.4 M	 Higher Education Medical/Graduate Schools
Indirectly Related to HIE Use	CA Telehealth Network	UCOP	\$22.1 M	 Higher Education Medical/Graduate Schools
	Beacon Communities	UCSD	\$15.3 M	

 Priority Primary Care Providers

 Indian Tribes

How will Cal eConnect Accomplish Its Plan?

- Develop foundational HIE **services** (Entity Registry and Service Registry, others).
- Define **policies** and adopt standards for the trusted and secure exchange of health information.
- Expand existing HIE capability in California through eConnect **funding** opportunities.
- **Partner** with organizations that share our vision.

Foundational Services for Exchange

Proposed Core Services:

- Service Registry
- Entity Registry

• Value-Added Services:

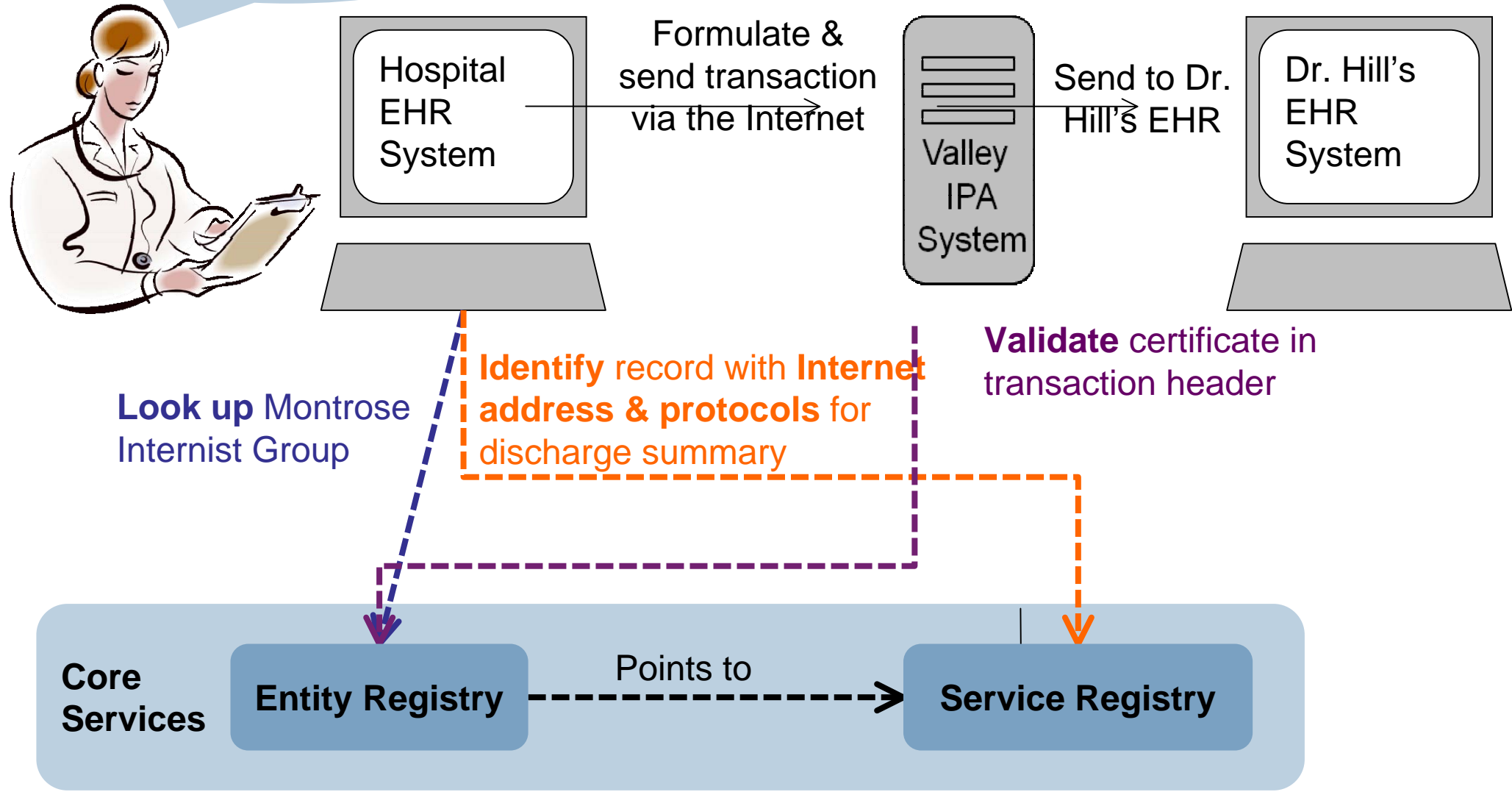
- ePrescribing
- Structured lab results

- **eConnect funding opportunities to expand use of core services and exchange**

CORE SERVICES

I'll submit your discharge instructions to your PCP, Dr. Hill

Core Services in Action



Legal Entity	Principal	Transaction	Internet Address	Protocol
Montrose Internist Group	Dr. Jonah Hill	Receive Hospital Discharge Summary	www.valleyIPA.org/InBox/DcSummary	CCD Level 2

What are the core services?

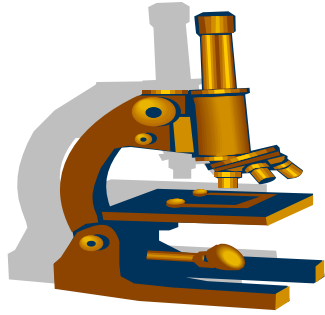
Entity Registry:

- Provides a trusted registry of the entities authorized by Cal eConnect to send and receive information.
- Entities are validated and authenticated based on the standards adopted by Cal eConnect.

Service Registry:

- Provides information about where and how to send the transaction.
- Only approved/authorized entities may complete transactions.

VALUE-ADDED SERVICES



Lab Services Task Group

The Implementation Plan calls for the exploration of lab services as a value-added service and the exploration of other potential services.

- Cal eConnect has established a Lab Services Task Group headed by Bill Beighe and Jonah Frohlich.
- Group is exploring the value of creating a lab service that facilitates the routing of lab results to the appropriate entity, using the core services as the validation and authentication pathway.



Other Potential Value-Added Services

- Patient Identity Management Services
- ePrescribing Services
- Others TBD

ECONNECT FUNDING OPPORTUNITIES PROGRAM

Supporting Existing and Future HIEs

- Goals of eConnect funding opportunities program:
 - Support the existing HIOs and HIEs in their expansion of HIE capacity.
 - Support providers access to HIE services that facilitate their ability to achieve meaningful use.
 - Promote the use of HIE among providers in accordance with the lab, ePrescribing, and patient summary requirements from ONC.
 - Maximize California stakeholders' access to ARRA funds.

Implementation Timeline

eConnect Funding Opportunities	
Develop funding program criteria	September 2010
Submit criteria for Board approval	October 2010
Post request for proposals (RFP)	October 2010
Review and evaluate proposals	December 2010
Core Services	
Complete specifications and develop RFP	September 2010
Receive Board approval of RFP posting	October 2010
Post RFP	October 2010
Review and evaluate proposals	January 2011
Execute contract with vendor	February 2011
Go live with cores services	July 2011

Does the final rule on MEANINGFUL USE
change our technical strategy and
Implementation Plan?

Stage 1 Meaningful Use Criteria

- Eligible Providers (EP) and Eligible Hospitals (EH) must meet all requirements to receive incentive payments.
- Full-system interoperability has been deferred.
- There are 16 core measures -- 15 must be met by EP and 14 by EH.
- Set of 12 menu items, of which 5 must be selected and met, including at least 1 related to public health.

Core Meaningful Use Requirements

Key:

X= Covered; F= Facilitates; P= Has

Potential

	Threshold	EP	EH	Entity Registry	Service Registry	Lab Results	eFunds
Use CPOE for medication orders	30%	X	X	F	F	P	P
Implement drug-drug and drug-allergy interaction checks	Enable	X	X				P
Use ePrescribing	40%	X		F	F		P
Record Demographics	50%	X	X				P
Maintain up-to-date problem list	80%	X	X	F	F		P
Maintain active medication list	80%	X	X	F	F		P
Maintain active medication allergy list	80%	X	X	F	F		P
Record and chart vital signs	50%	X	X				P
Record smoking status for patients over 13 years	50%	X	X				P
Implement 1 clinical decision support rule with compliance monitoring	One	X	X			P	P
Calculate and transmit CMS quality measures	6/15	6	15	F	F	P	P
Provide patients with electronic copy of their health information	50%	X	X				P
Provide patients with electronic copy of discharge instructions	50%		X				P
Provide clinical summaries at each office visit	50%	X					P
Capability to exchange key clinical info (problem list, diagnostic test results, medication list, etc)	One	X	X	F	F	P	P
Protect electronic health information using certified technology	Test	X	X	X	X	X	X

Meaningful Use Menu Set

Key:

X= Covered; F= Facilitates; P= Has Potential

	Threshold	EP	EH	Entity Registry	Service Registry	Lab Results	eFunds
Implement drug formulary checks	Enable	X	X				P
Record advance directives for patients over 65	50%		X				P
Incorporate clinical lab-test results into certified EHR as structured data	40%	X	X	F	F	P	P
Generate lists of patients by specific conditions for QI and research	One List	X	X				P
Send patient reminders for preventive visits	20%	X					P
Provide patient with electronic access to health info within 4 days of eligible provider having it available	10%	X					P
Use certified EHR to provide patient education	10%	X	X	P	P		P
Medication reconciliation	50%	X	X	F	F		P
Provide summaries of care at transitions from one setting to another	50%	X	X	F	F		P
Capability to submit immunizations information to immunizations registries	Test	X	X	F	F	P	P
Submit reportable lab results to public health agencies	Test		X	F	F	P	P
Submit electronic syndromic surveillance data to public health agencies	Test	X	X	F	F	P	P

How you can help

- Cal eConnect will be posting its technical plan for the core services for information and comment within the next week. Please provide feedback.
- Prepare your organization to respond to the RFP for core services or for the funding opportunities program RFP.
- Still seeking key staff. Visit our Web site for position announcements.
- Continue to support the statewide workgroups and advisory groups and consortiums aimed at achieving our shared vision of: *“an efficient and accessible health care system that leads to a healthier California.”*

Please visit:

www.caleconnect.org

or email:

**Carladenise A. Edwards, Cal eConnect
President & CEO**

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A Perspective on the State of Healthcare, Innovation, Opportunity and EHRs

Exclusively for...



Justin T. Barnes

**VP, Greenway Medical Technologies
Chairman Emeritus, EHR Association**



State of Healthcare

● Healthcare Reform/ Transformation

- 21% Medicare rate cut averted (for now). 2.2% increase in place.
- Health Reform legislation
 - New CBO estimate puts the cost well in excess of \$1.3 trillion over next decade
 - Leverages health IT to improve patient safety and reduce medical errors through the appropriate use of the best clinical practices, evidence based medicine as well as wellness and health promotion activities
 - National support is sliding. 62% of Americans do not support Health Reform.
 - Fall elections could show a 30-50 seat swing in House. 5-10 seat swing in Senate

● Additional Investments in Health IT to Ensure Proper Foundation

- FY11 Budget includes \$110M for health IT policy, coordination, and research activities

● Beginning the Shift to Paying for Reporting & Quality

- Accountable Care Organizations (ACOs) & PCMHs
- Preventive medicine & wellness. Significant shift by 2013

State of ARRA & HITECH Act

- Meaningful Use
 - Final Rule Released on July 13th
 - Criteria well within expectations ~ 14/15 Core Measures & 5/10 Menu
 - U.S. House W&M and E&C Oversight Hearings Underway
 - Expect U.S. Senate Finance Oversight Hearings this Summer

- Standards & Interoperability
 - Final Rule Released on July 13th
 - CCD / CCR

- EHR Certification
 - Final Rule Released on July 13th
 - Certification Process released on June 18th ~ No ATCB's yet though.

- Regional Extension Centers
 - Operations underway at various levels of execution

- Health Information Exchanges
 - Operations underway at various levels of operation

Health IT Foundation

- Health IT is a cornerstone of the future of Healthcare
 - **Improve Quality & Care Coordination**
 - Timely access to patient health information
 - **Patient Safety**
 - IOM Report ~ up to 98,000 Americans die each year from medical errors
 - **Patient Satisfaction**
 - Reduce duplicative paperwork, increase access, education & accountability
 - **Improve Billing & Collections**
 - EHRs capture all charges, claim-scrubbing & revenue cycle management
 - **Clinical Research**
 - Participate with no workflow disruption with provider & patient revenue
 - **Reduce Waste, Fraud & Abuse**
 - \$70B-\$200B+ annually in fraud; \$600B-\$850B annually overall

Today's Healthcare & IT Innovation

● **Clinical**

- Quality measurement, quality reporting & business intelligence

● **Process**

- Best practices (clinical, financial & administrative)

● **Software**

- Usability advancements, flexibility, customizable & intuitive

● **Hardware**

- Faster, more efficient technology, platforms & devices

● **Training**

- Enhanced, more efficient & scalable deployment models

● **Research**

- Clinical trials, evidence-based medicine & Pharma research

ARRA Health IT Funds Highlights

- Over \$27B of direct adoption incentives for “meaningful use” of certified EHRs.
 - *No cap or limit on the amount available.*
 - Direct funding has begun: On August 6th CMS began releasing Medicaid funds for state-run EHR stimulus planning
- \$2B for ONC, NIST & HIE Infrastructure
- \$2.5B for distance learning, telemedicine and broadband program account loan guarantees and grants
- \$1.1B to AHRQ for clinical research funding

Conservative CBO estimates show that ARRA funding will save over \$15B in government spending throughout the health sector through improved quality and care coordination, reductions in medical errors and duplicative care.

Key EHR Incentive Milestones

- Sec. 4101: **Medicare** Incentives for Eligible Professionals
 - EHR Meaningful Use ~ Starting 01/01/2011
 - Pay Out ~ Starting as early as mid-May 2011
- Sec. 4201: **Medicaid** Incentives for Eligible Professionals
 - 1st Pay Out Year ~ Expected early to mid-2011 (all state-based)
 - 1st Medicaid Pay Year is for EHR Adoption, Implementation or Upgrade: No MU reporting required. (*Much different than Medicare*)
 - 2nd Pay Out Year ~ Expected mid-2012 (all state-based)
 - 2nd – 6th Medicaid Pay Years are for EHR Meaningful Use & Reporting
- Section 4102/ 4201 – Incentives for **Hospitals**
 - Meaningful Use year ~ As early as 10/01/2010
 - Pay Out Year ~ As early as mid-May 2011

Medicare Eligible Professional

Defined: Section 1861(r) Physician Definition

- ✓ **Doctor of Medicine or Osteopathy**
- ✓ **Doctor of Dental Surgery or Dental Medicine**
- ✓ **Doctor of Podiatric Medicine**
- ✓ **Doctor of Optometry**
- ✓ **Chiropractor * (Spine Subluxation)**

**Up to \$44k
per provider**

Medicare Eligible Professional Incentives for Meaningful Use of a Certified EHR



Medicare Penalties for No EHR



Up to \$44k per provider

Stimulus Formula
75% of "Allowables" up to Annual Max Above

Medicaid Eligible Professional

Defined:

- ✓ Physician
- ✓ Dentist
- ✓ Certified Nurse Mid-wife
- ✓ Nurse Practitioner
- ✓ Physician Assistant (Rural Health Clinic/ FQHC)

Up to
\$63,750
per provider

Medicaid Incentives up to \$63,750 for Providers/Eligible Professionals with a 30% Medicaid “patient volume” or Pediatricians with at least a 20% Medicaid “patient volume”. Pediatricians below 30% may be reimbursed at 2/3’s (\$42,075) of the total allowable incentive.

Medicaid Eligible Professional Incentives for Meaningful Use of a Certified EHR



Incentives over 6 years

**Up to
\$63,750
per provider**

Medicaid Incentives up to \$63,750 for Providers/Eligible Professionals with a 30% Medicaid "patient volume" or Pediatricians with at least a 20% Medicaid "patient volume". Pediatricians below 30% may be reimbursed at 2/3's (\$42,075) of the total allowable incentive.

No Medicaid Penalties



CMS Incentives for Hospitals

- Requirements for incentives begin in FY11 (10/1/2010)
- For maximum bonus, must be a “meaningful” user of a certified EHR in FY11, FY12 or FY13
- \$2M base + per discharge amount (based on Medicare/Medicaid share)
- Medicare hospitals: No payments after 2016
- Medicaid hospitals: Cannot initiate payments after 2016
- Average Hospital Incentive expected in the \$4M-\$6M Range
- There is no maximum incentive amount

Interesting Factoids

- NO MEDICARE INCENTIVE PAYMENT IF FIRST ADOPTING AFTER 2014- If the first payment year for an eligible professional is after 2014 then the applicable amount specified in this year and any subsequent year shall be \$0. No Medicaid incentive if adopting after 2016.
- INCREASE FOR CERTAIN ELIGIBLE PROFESSIONALS- In the case of an eligible professional who predominantly furnishes services under this part in an area that is designated by the Secretary as a health professional shortage area, the amount shall be increased by 10 percent.
- POSTING ON WEBSITE- The Secretary shall post on the Internet website of CMS a list of the names, business addresses, and business phone numbers of the eligible professionals who are meaningful EHR users

EHR Meaningful Use

- ① Goals
- ① Definitions
- ① Achievement

Meaningful Use Goals

- **To improve the quality, safety, and efficiency of care while reducing disparities**
- **To engage patients and families in their care**
- **To promote public and population health**
- **To improve care coordination**
- **To promote the privacy and security of EHRs**

Meaningful Use: Meeting the Needs of Today and Tomorrow

GOALS:

- This is part of an evolutionary path
- There will be incremental growth
- All journeys start with a few steps

Stage 1

- ePrescribing
- CPOE
- Clinical Decision support
- Interoperability
- Public health reporting
- Quality reporting

Stage 2

Proposed

- ePrescribing refills
- Electronic transmission of orders entered using CPOE
- Electronic transmission of diagnostic test results
- Electronic summary record
- Receive health alerts
- Immunization information

Stage 3

Proposed

- Access comprehensive patient data
- Automated real-time surveillance
- Patient access to self management tools
- Robust, patient-centered health information exchange
- Improved population health

Major Changes

- Previous requirements now divided into Core Set (14/15) and Menu Set (pick 5 of 10, include one population/public health measure) requirements
- Thresholds for use reduced
- Administrative requirements removed
- Decision Support requirements reduced
- Reduced Quality Metrics
- Additional Quality options

15 Meaningful Use Stage 1 Criteria for EPs, 14 for Hospitals & CAHs

CPOE for medication orders ~ (>30% of patients with a med list, whose records are maintained using a certified EHR, must have at least 1 order entered using CPOE)	Maintain active medication allergy list ~ (>80% of patients, at least 1 entry)	Adopt/track compliance of clinical decision support rule
Drug-drug/drug allergy checks	Record patient demographics (hospitals record preliminary cause of death) (>50%)	Provide digital copy of health record on request ~ (>50%, within 3 Business Days)
Maintain current diagnoses problem list ~ (>80%, ≥1 entry)	Record vitals, children growth charts (>50%)	Electronic information exchange / Interoperability ~ (1 test of PL, ML, MA, DTR, etc.)
E-prescribe (EPs only) ~ (>40%)	Record smoking status, 13 yrs and older ~ (>50% who qualify)	Privacy/security capability (Security Analysis, Updates)
Maintain active medication list ~ (>80% of patients, at least 1 entry)	Provide clinical summaries (EPs) and discharge summary (hospitals) ~ (>50%)	Report quality measures to CMS or state entity

Menu Set EPs, Hospitals & CAHs

Select/Defer any 5 of the 10 Total

Implement drug formulary checks/maintain access to formulary	Medication reconciliation between care settings ~ (>50% of transitions of care)
Import/store lab results ~ (>40%)	Care summaries to referred/transitoned patients ~ (>50%)
Patient lists by condition	Submit immunization data to registries ~ (at least one test/follow-up)
Provide patient-specific education materials ~ (>10%)	Submit syndromic surveillance data to public health agencies ~ (at least one test/follow-up)

Additional Menu Set for EPs Only

Patient reminders ~ (>20% patients 65+ or <5)	Provide patients with health record ~ (>10% within 4 days of updating)
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Additional Menu Set for Hospitals & CAHs

Record advance directives ~ (>50% of patients 65+)	Submit lab results to public health agencies ~ (at least one test/follow-up)
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EHR Reporting Periods

● **For eligible professionals**

- **Medicare** first payment year, any continuous 90-day period within that calendar year
 - If \$24k in “allowables” threshold is met, then EP can submit immediately after the 90-day reporting period is achieved
 - If not, then EP submits once the \$24k is achieved or on 12/31 of first year
- For the second, third, fourth and fifth payment year, the entire calendar year
- **Medicaid** has same 90-day period for first MU year, then 365 days reporting for every subsequent year

● **For a eligible hospital or a critical access hospital**

- For the first payment year, any continuous 90-day period within that Federal fiscal year
- 365 days reporting for every subsequent Federal fiscal year

Achieving Meaningful Use with a Certified EHR

● **Seek a Trusted Advisor & Partner**

- Ensure you partner with a company that is an expert in EHR meaningful use, certification & standards
- Track record of being proactive in the evolution of healthcare
 - EHR Certification, Standards Development & Interoperability

● **NCVHS EHR Meaningful Use Hearings**

- 10 Panels covering a multitude of perspectives
- Greenway's Justin Barnes testified on EHR Certification, Standards, Implementation and Quality Measures

● **Assign a Meaningful Use Leader in your Facility**

- The leader reviews the MU Final Rule
- Understand how it affects you

Achieving Meaningful Use with a Certified EHR

- **Reference sites in your specialty and with similar size practices**
 - Be practical and seek EHRs that are currently used at POC today
 - Accept references where >50% of care providers use EHR today

- **Product workflow is consistent with your facility/ practice requirements**

- **Can be “Meaningfully Used” at the point-of-care**
 - The EHR is easily customizable & flexible to your workflow

- **Standards & Product Certification**
 - CCD & CCR standards approved in Final Rule
 - New certification process built from current CCHIT[®] framework and efforts.
 - 1-3 ONC Authorized Testing & Certification Bodies (ATCBs) expected initially
 - Very rigorous application process
 - CCHIT will be one of the first ATCBs

Seize the Opportunity Today

- **Begin fostering the EHR discussion with your practice, hospital or facility**
 - Involve all staff
 - Leadership is critical to success
- **Understand your goals for EHR adoption**
 - Financial, quality, patient satisfaction, clinical research, community leadership, all of the above, etc...
- **Begin EHR product review process today**
 - “Meaningful Use” begins January 1st, 2011 for Medicare eligible professionals and incentives begin mid-2011 for Medicaid eligible professionals
 - It takes time to properly research, purchase, implement and “meaningfully use” an EHR so experts suggest you *“get your place in line now”* to ensure you qualify for first year EHR adoption incentives.

Partner with a Certified EHR Company

- **Many companies that offer 2011 CCHIT Certified® EHR products are committed to success just like you!**
- **Good EHR research resources**
 - CCHIT (www.cchit.org)
 - Ask your EHR software provider if they applied for 2011 CCHIT EHR Certification or are 2011 CCHIT Certified®
 - New EHR Certification Bodies should be announced this Summer
 - KLAS (www.klasresearch.com)
 - Research EMR (not PM) categories that represent your practice size (i.e. 1 doc, 2-5 doc, 6-25 doc, etc..)
 - Integrating the Healthcare Enterprise (IHE) (www.ihe.net)
 - MGMA Practice Solutions (www.mgma.com)
 - EHR Association (www.himssehra.org)

Capitol Hill Engagement

- **Why it is important and attainable to be “active”**
 - Your Congressman & Senator’s want to hear from you
 - Educate them on the life of a care provider & small business
 - Offer to host a site visit on one of their “district days”
 - They should be able to assist with HHS relationships
 - They may even ask you to be on a Panel or in a Hearing
 - Please let us know if we can help connect you
 - There are roughly 18 physicians in Congress today
 -There are over 300 attorney’s

Additional Resources



● **Greenway's Government Affairs Updates**

- <http://www.greenwaymedical.com/news/stimulus/>
- <http://www.greenwaymedical.com/learn-more/govt-industry-affairs/>

● **Important Government & HHS Sites**

- [Recovery.gov](http://www.recovery.gov)
- [HHS Health Privacy Rule](#)
- [HHS Breach Notification Rule](#)



● **Link to HHS/ CMS Health IT Website**

- <http://www.cms.gov/EHRIncentivePrograms/>

QUESTIONS OR COMMENTS?



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Thank You



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Q&A



Next Webinar: September 7, 2010, 1:00 PM

- 1. Update on California eHealth Collaborative (CAeHC)**
- 2. EHR Meaningful Use Final Rule and Incentive Payments with Carladenise Edwards (Cal eConnect) and Justin Barnes (Greenway Medical Technologies)**

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Established February 2009

Thank you for attending the CAeHC Webinar!

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