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

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Director, tnREC

Learning Objectives:

- How to qualify for provider incentives;
- Clinical measures approved for in the meaningful use criteria for 2011 or Stage 1;
- Establishment of project paths;
- Process to report meaningful use of HIT;
- Learn about Regional Extension Center
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

Germany
France
Cambodia
Norway
Iceland

Canada
Australia
Sweden

China
Japan
U.K.
Spain
Finland

India
Most African Countries

>13%
10% - 13%
8% - 10%
5% - 8%
<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*

### Recipients

- **Acute Care and Children’s Hospitals**
  - Incentive Payments through Carriers
  - CMS and States
  - Requires 20% share of Medicaid and children’s hospitals.

- **Physicians and Dentists**
  - Incentive Payments through State Agencies
  - Requires “meaningful” use of EHR.

- **Nurse Practitioners and Midwives**

- **FQHC**
  - Requires “meaningful” use of EHR.

### Assistance Funds

*($2 billion in Gross Outlays)*

#### Program

- **Health IT Planning and Development**
- **EXH Adoption Loan Program**
- **Health IT Extension Program**
- **Workforce Training Grants**
- **New Technology Research and Development Grants**

#### Distribution Agency

- **ONC**
- **HHS, NSF**
- **NST, NSF**

#### Use of Funds

- Planning Grants
- Implementation Grant
- Loan Funds
- Health IT Research Center
- Regional Extension Centers
- Medical/Health Informatics:
  - EHR in Medical School Curricula
  - Health Care Information Enterprise Integration Research Centers

#### Recipients

- Health Care Providers
- Physicians
- Nurse Practitioners
- Nonprofits
- State Agencies

- Higher Education and Medical/Graduate Schools
- Laboratory Government Labs
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>
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Charges = Medicare Allowed Charges © Woodcock 2009

Medicare Penalties Under HITECH

Penalties for Not Adopting
(based on Medicare reimbursement)

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<th>Year</th>
<th>Penalty</th>
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<td>1%</td>
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<td>2016</td>
<td>2%</td>
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<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

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

20% Medicaid Patient Volume-Pediatrics

Medicaid Incentives

<table>
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<td>6th Year</td>
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<td>Beyond</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

2011 (first year): Attestation = demonstrated use

2012 (second year)

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

- Adoption
- Implementation
- Upgrade
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

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**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-Tennessee’s REC Plan 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 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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901-273-2635

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