

What GI Practices Need to Know About the Electronic Health Record Incentive Program

Joel V. Brill, MD, AGAF

Lawrence R. Kosinski, MD, MBA, AGAF



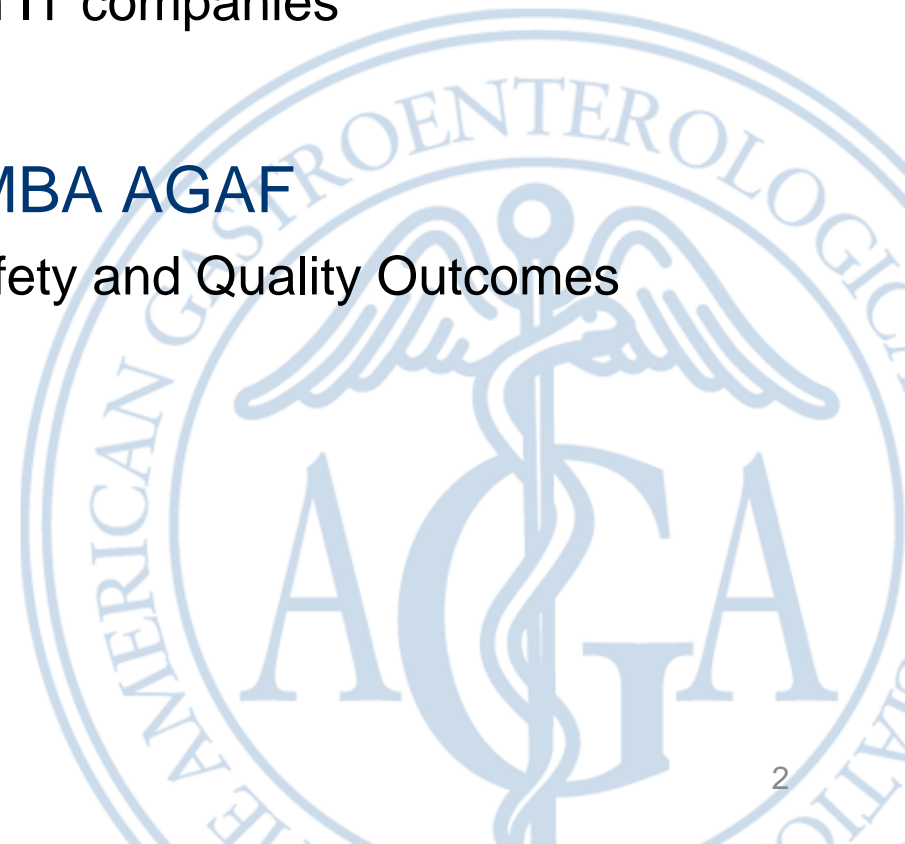
Disclosures

Joel V. Brill, MD AGAF

- AGA Registry Executive Management Board, Chief Medical Officer
- No relationships with health IT companies

Lawrence R. Kosinski, MD MBA AGAF

- Member HIMSS Patient Safety and Quality Outcomes Committee
- Personal User of NextGen



Webinar Overview

- Overview of Electronic Health Record Incentive Program
 - Definition of meaningful use
 - What is a “Certified EHR”
 - Initial standards and implementation specifications for EHR technology
- Clinical quality measures required for meaningful use
- The monetary impact of the Electronic Health Record Incentive Program
- What this means for your GI practice and endoscopy center



Health Information Technology for Economic and Clinical Health Act

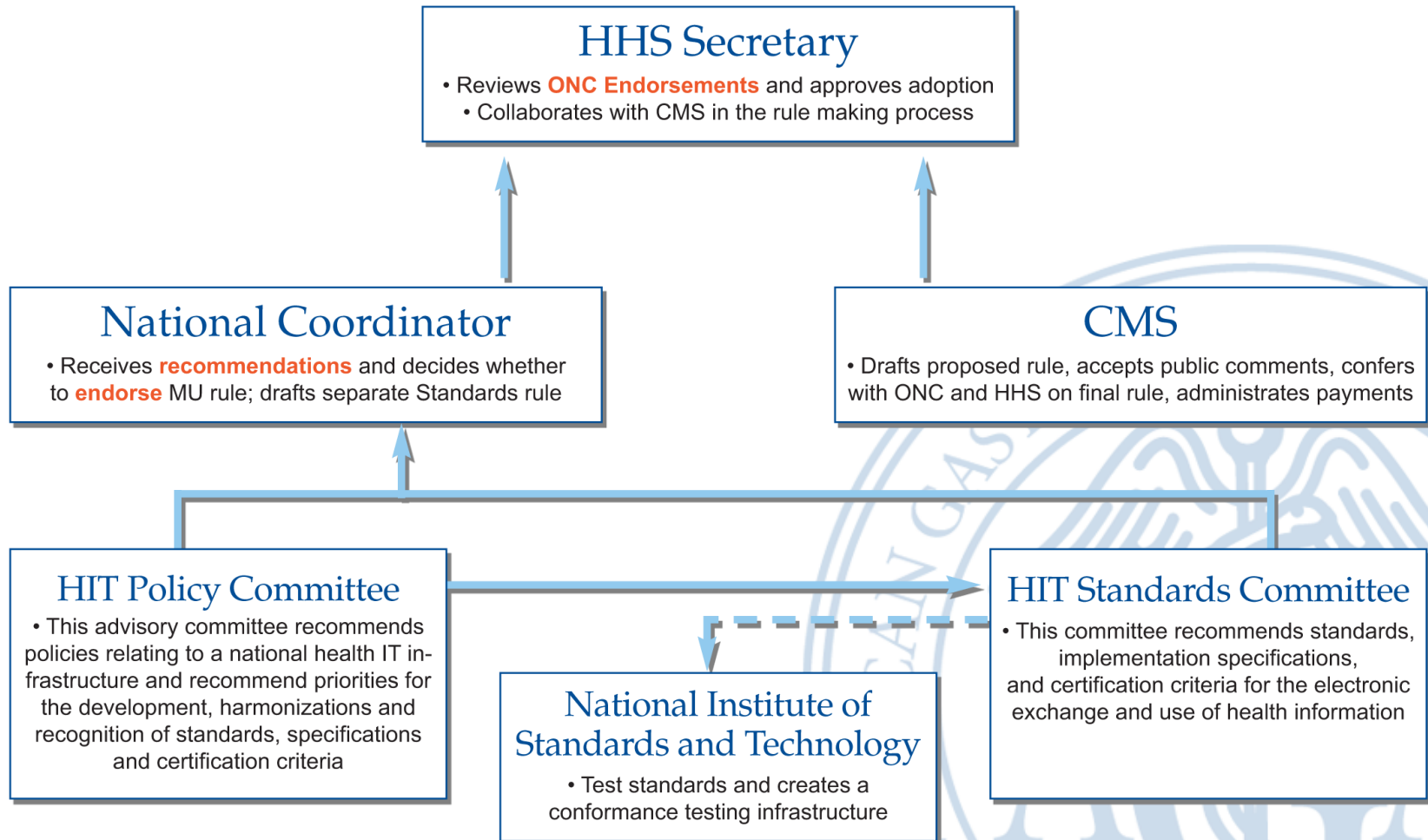


HITECH Act: Overview

- American Recovery and Reinvestment Act 2009 (ARRA)
 - Health Information Technology for Economic and Clinical Health (HITECH) Act
 - Formally established the Office of the National Coordinator for Health Information Technology (ONC)
- Funding to support regional and state initiatives to promote the adoption of electronic health record (EHR) technology and best practices
- Over \$17 billion in Medicare and Medicaid incentive funds for eligible hospitals and providers that adopt EHR technology before 2015
- Directed the ONC to issue regulations



HITECH Act: The National Coordination Process



HITECH Act Regulations

Two regulations published July 13, 2010 in the Federal Register:

CMS Rule

Electronic Health Record Incentive Program for Medicare and Medicaid; Final Rule

<http://edocket.access.gpo.gov/2010/2010-17207.htm>

ONC Rule

Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology; Final Rule

<http://edocket.access.gpo.gov/2010/2010-17210.htm>



The CMS EHR Incentive Program

Final Rule Addresses:

- Definition of Meaningful Use (MU)
- Clinical Quality Measures (CQM)
- Definition of Eligible Professional (EP) and Eligible Hospital/Critical Access Hospital (CAH)
- Definition of Hospital-based Eligible Provider (EP)
- Medicare Fee-For-Service (FFS) EHR Incentive Program
- Medicare Advantage (MA) EHR Incentive Program
- Medicaid EHR Incentive Program
- Collection of Information Analysis (Paperwork Reduction Act)
- Regulatory Impact Analysis



The ONC EHR Technology Standards, Implementation Specifications, and Certification Criteria Final Rule:

- Sets initial standards, implementation specifications, and certification criteria for EHR technology under the incentive program.
- Coordinates the standards required of EHR systems with the meaningful use requirements for eligible professionals and hospitals
- Clarifies that use of “certified EHR technology” is a core requirement of the *Medicare and Medicaid Electronic Health Record Incentive Programs*



EHR Certification Programs

- The Rule proposed establishing temporary and permanent certification programs for purposes of testing and certifying EHRs.
- The temporary certification program establishes processes for organizations to be authorized to test and certify EHR technology.
 - Expect to see “ONC certified EHR technology by 4Q2010”
- The final rule for the permanent certification program is expected to be published this fall.



The National Coordinator – Making You an Offer You Can't Refuse



"[The] federal government is making a one-time offer. We'll put money on the table to help you now but we're not going to put money on the table later"



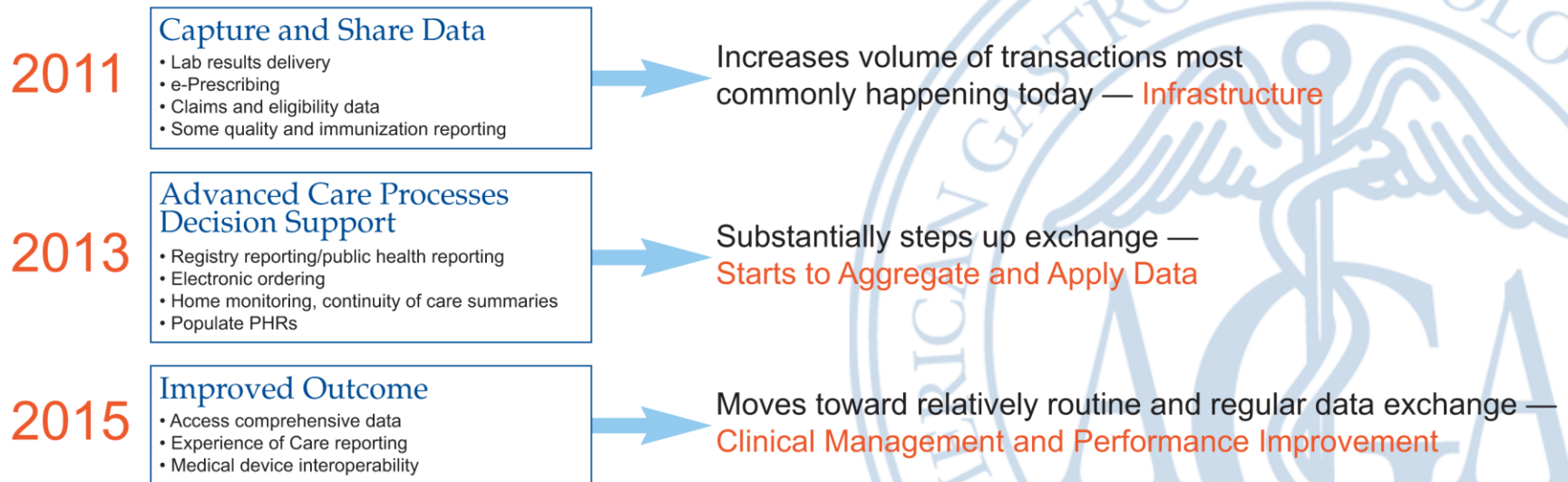
MU: Vision and Progression

Vision of Meaningful Use:

To enable significant and measurable improvements in population health through a transformed health care delivery system.

Goals:

- Improve quality, safety and efficacy
- Engage patients and their families
- Improve care coordination
- Improve population and public health
- Reduce disparities
- Ensure privacy and security protections



The Definition of Meaningful Use

“Meaningful Use” is described in the Act as:

- Use of "EHR technology in a meaningful manner"
 - which for physician incentives shall include the use of e-prescribing
- Electronic exchange of health information to improve the quality of care, such as promoting coordination of care
- Reporting on clinical quality measures
 - which shall become more stringent over time



Definition of Eligible Professional (Non-Hospital-Based)

	Medicare FFS or MA	Medicaid
Doctor of Medicine	√	√
Doctor of Osteopathy	√	√
Dentist	√	√
Doctor of Podiatric Medicine	√	
Doctor of Optometry	√	
Chiropractor	√	
Nurse Practitioner		√
Certified Nurse Mid-wife		√
Physicians Assistant (practicing in FQHC or RHC led by physician)		√

- If an Eligible Professional (EP) is eligible for both Medicare and Medicaid, the Eligible Professional may choose to accept the Medicare or Medicaid incentive, but may not receive both.
- An EP is permitted to change their election once during the life of the EHR incentive program, after making the initial election.



What GI Practices Need to Consider

- Which incentive program do you want to participate in - Medicare or Medicaid?
- You are not eligible for the Medicare incentive program if you provide >90% of your care in an Inpatient or Emergency Room Setting
- E-Rx incentive program
 - under the Medicare EHR Incentive Program, EPs cannot receive a payment under both the MIPPA E-Prescribing Incentive Program and the Medicare EHR Incentive Program for the same year.
 - EPs may receive payments from both the MIPPA E-Prescribing Incentive Program and the Medicaid EHR Incentive Program for the same year.



Physician Assistants and Nurse Practitioners

- Eligible only under Medicaid
- Must not be hospital-based
- Must meet one of the following criteria:
 - have a minimum 30% Medicaid patient volume
 - practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals



What Else Practices Need to Consider

- Medicare payments will be calculated on an individual-practitioner basis.
 - If you are part of a practice, each eligible professional may qualify for an incentive payment provided they successfully demonstrate meaningful use.
 - Each EP is only eligible for one incentive payment each year, regardless of how many practices or locations they provide services.
- Physicians must demonstrate Meaningful Use of EHRs in more than 50% of patient encounters to be eligible to receive the incentive payment
 - Thus, base all meaningful use measures only on locations where certified EHR technology was available



50+% of Patient Encounters Must Be in Eligible Settings

If GI practices:

- 30 % in office A with certified EHR
- 20 % in office B with certified EHR
- 10 % in hospital without certified EHR
- 40% in ASC without certified EHR

YOU ARE ELIGIBLE

If GI practices:

- 30 % in office with certified EHR
- 10 % in hospital with certified EHR
- 60% in ASC without certified EHR

YOU ARE NOT ELIGIBLE



Rules for the Medicare EHR Incentive Path

- The definition of ‘payment year’ is ‘any calendar year beginning with 2011’.
- 2014 is the last year an EP can qualify for any level of incentive payment
 - CMS will stop making incentive payments altogether in 2017
 - If an EP does not successfully demonstrate meaningful use of certified EHR technology, the EP’s Medicare physician fee schedule amount for covered professional services will be adjusted downward beginning in 2015.



Medicare Incentives for EPs

Adoption year	Maximum payment							PFS* penalty
	2011	2012	2013	2014	2015	2016	TOTAL	
2011	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$0	\$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								-1%
2016								-2%
2017+								-3%

* PFS = Provider Fee Schedule

Up to 75% of Medicare approved services or the above maximum

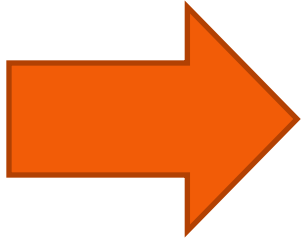


Meaningful Use – The Details

*Certified EHR Systems
and Meaningful Use Criteria*



MU Components: Stage 1



Certified EHR

- Defined in the Certification Final Rule

HIE (health information exchanges)

- Structured data
- To patients, to public health agencies

Quality measures reporting



What is a Certified EHR?

One That Conforms to the Goals and Objectives of MU: Core and Menu

Don't purchase an EMR that can't fulfill them



Certifying Entities Announced

On August 30, 2010 ONC announced the first technical review bodies authorized to test and certify EHR systems for compliance with the HHS standards and certification criteria.

- Certification Commission for Health Information Technology (CCHIT)
- Drummond Group Inc. (DGI)

Previous certifications are void.



Core Measures

Goal 1: Improving quality, safety, efficiency, and reducing health disparities

- Use CPOE for medication orders
- Implement drug-drug, drug-allergy interaction
- Generate and transmit permissible prescriptions electronically (eRx)
- Record Demographics
 - Preferred Language
 - Gender
 - Race
 - Ethnicity
 - Date of Birth
- Maintain an up to date Problem List of Current and Active Diagnoses



Core Measures

Goal 1: Improving quality, safety, efficiency, and reducing health disparities

- Maintain active Medication List
- Maintain active medication allergy list
- Record and chart changes in Vital Signs
- Record Smoking Status in patients >12
- Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule
- Report ambulatory clinical quality measures to CMS or the States



Core Measures

Goal 2: Engage Patients and Families in Their Health Care

- Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies), upon request
- Provide clinical summaries for patients for each office visit
- Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically
- Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities



Menu Set Measures

Goal 1: Improving quality, safety, efficiency, and reducing health disparities

- Implement drug-formulary tests
- Incorporate clinical lab-test results into certified EHR technology as structured data
- Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach
- Send reminders to patients per patient preference for preventive/follow up care



Menu Set Measures

Goal 2: Engage patients and families in their health care

- Provide patients with timely electronic access to their health information (including lab results, problem lists, medication lists, medication allergies) within four business days of the information being available to the EP
- Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate



Menu Set Measures

Goal 3: Improve Care Coordination

- The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation
- The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral



Core Measure Set Summary

EPs –15 Core Objectives - All are required

- Record patient demographics
- Record vital signs/chart changes
- Maintain current and active diagnoses
- Maintain active medication list
- Maintain active allergy list
- Record adult smoking status
- Provide patient clinical summaries
- Provide electronic health information copy on demand
- Generate and transmit prescriptions electronically
- Use computerized physician order entry for drug orders
- Implement drug-drug/drug-allergy interaction checks
- Be capable of electronic clinical information exchange
- Implement one clinical decision support rule
- Protect patient data privacy and security
- Report clinical quality measures to CMS or states



Menu Set Summary

EPs –Menu Set – Must meet 5

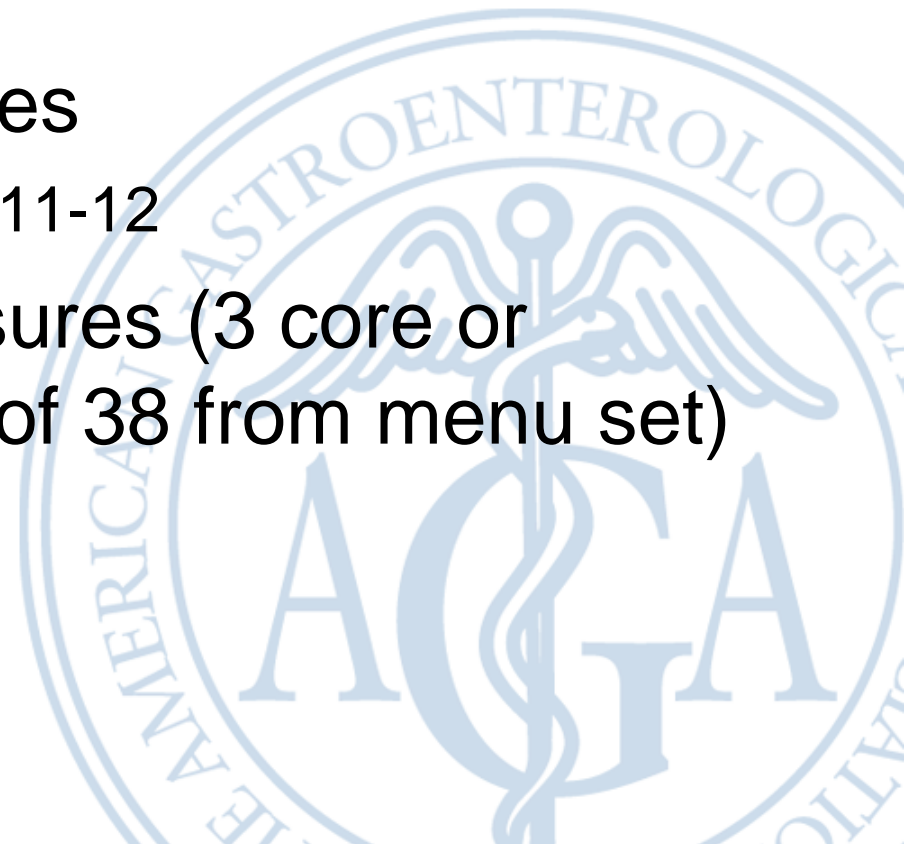
- Implement drug formulary checks
- Incorporate clinical lab test results
- Generate patient lists by condition
- Identify patient-specific education resources
- Perform medication reconciliation between care settings
- Provide summary of care for transferred patients
- Submit electronic immunization data to registries
- Submit electronic epidemiology data to public health agencies
- Send care reminders to patients
- Provide timely patient electronic access to health information



Stage 1 Objectives and Measures Reporting

Must complete:

- All 15 core objectives
- Menu set – 10 objectives
 - can defer up to five for 2011-12
- 6 Clinical Quality Measures (3 core or alternate core and 3 out of 38 from menu set)



Meaningful Use Requires a Certified EHR

The EP must use a certified EHR which may be either a complete EHR, or a combination of modular EHR components that together equal an complete EHR.

Complete EHR

- Qualified EHR technology that has been developed to meet all applicable certification criteria adopted by the Secretary of HHS

EHR Module

- any service, component, or combination thereof that can meet the requirements of at least one certification criterion adopted by the Secretary



Certified EHR Summary

The Bottom Line: You have to be using certified EHR technology!

- If you have an EHR, is it MU certified?
- What plans does your vendor have to get certified?
- If you have not migrated to an EHR then only choose one from a company that is currently certified.



Multiple Locations and Meaningful Use

If an EP works at multiple locations, but certified EHR technology is not available at all locations they would:

- Have to have 50% of their total patient encounters at locations where certified EHR technology is available
- Base all meaningful use measures only on locations where certified EHR technology was available



MU Components: Stage 1

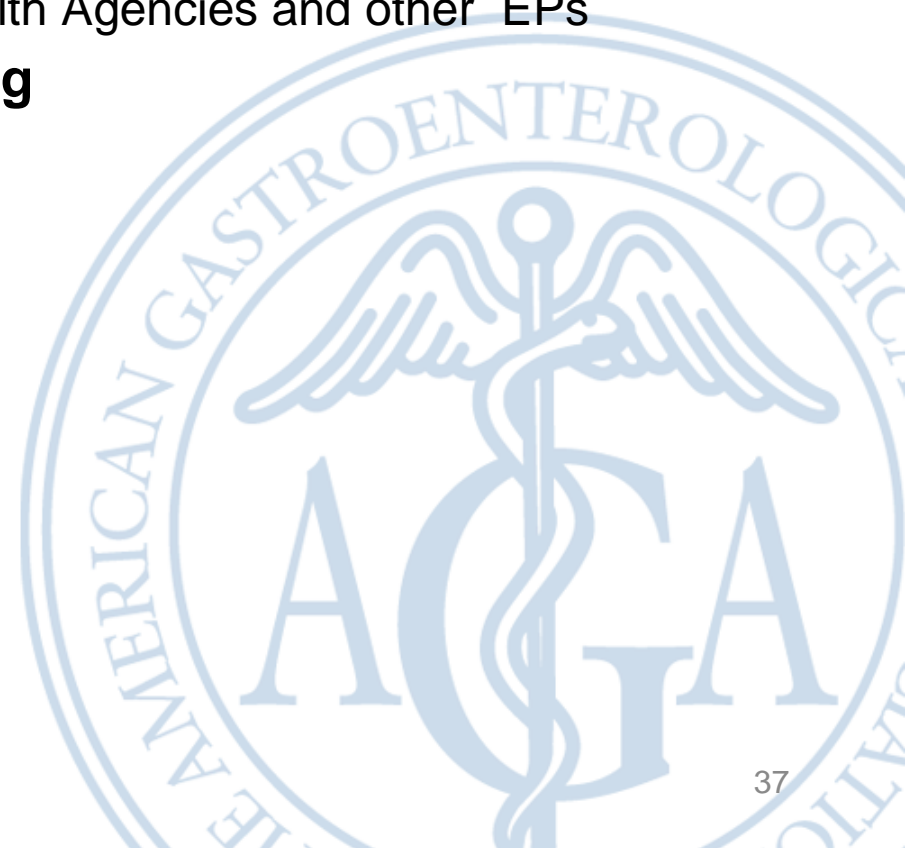
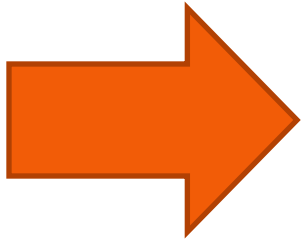
Certified EHR

- Defined in IFR

HIE (health information exchanges)

- Measures corresponding to the Objectives
- To Patients, Public Health Agencies and other EPs

Quality measures reporting



Health Information Exchange Examples

- Some measures require Numerator/Denominators
- Some measures are Yes/No
- Some measures require attestation



Health Information Exchange Examples

Objective	Measure
CPOE	More than 30% of unique patients with at least one medication in their medication list seen by the EP using CPOE
Generate and transmit permissible prescriptions electronically (eRx)	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology
Clinical Lab Tests as Structured Data	More than 40% of all clinical lab tests ordered by the EP are incorporated as structured data.
Provide clinical summaries for patients for each office visit	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days



MU Components: Stage 1

Certified EHR

- Defined in IFR

HIE (health information exchanges)

- Structured Data
- to patients, to public health agencies

Quality Measures reporting

Our
Focus



Clinical Quality Measures Definition

- Measures of processes, experience, and/or outcomes of patient care
- Observations or treatment that relate to one or more quality aims for health care such as effective, safe, efficient, patient-centered, equitable, and timely care



Sources of Quality Measures

- Preference given to the clinical quality measures endorsed by the NQF
 - Includes NQF endorsed measures that have previously been selected for the Physician Quality Reporting Initiative (PQRI) program
- Does not require the use of NQF endorsed measures, nor limit the measures to those included in PQRI
- In selecting clinical quality measures for the Medicare EHR incentive program, the Secretary is required to provide for notice in the Federal Register with public comment.



Core Quality Measures for EPs

Measure Number	Clinical Quality Measure Title
PQRI 114 NQF 0028	Title: Preventive Care and Screening: Inquiry Regarding Tobacco Use
NQF 0013	Title: Blood pressure measurement
NQF 0022	Title: Drugs to be avoided in the elderly: a. Patients who receive at least one drug to be avoided. b. Patients who receive at least two different drugs to be avoided

“For the core measure group we believe that the clinical quality measures are sufficiently general in application and of such importance to population health, we propose to require that all EPs treating Medicare and Medicaid patients in the ambulatory setting report on all of the core measures as applicable for their patients.”



Quality Measures in Menu Set that Relate to GI

Measure Number	Clinical Quality Measure Title & Description
PQRI 86 NQF 0397	Title: Hepatitis C: Antiviral Treatment Prescribed
PQRI 89 NQF 0401	Title: Hepatitis C: Counseling Regarding Risk of Alcohol Consumption
PQRI 113 NQF 0034	Title: Preventive Care and Screening: Colorectal Cancer Screening
PQRI 183 NQF 0399	Title: Hepatitis C: Hepatitis A Vaccination in Patients with HCV
PQRI 184 NQF 0400	Title: Hepatitis C: Hepatitis B Vaccination in Patients with HCV
PQRI 185 AQA adopted	Title: Endoscopy & Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use



Clinical Quality Measure Summary

- **Stage 1** – EPs required to submit summary quality measure data to CMS
 - Submissions of two categories of measure
 - Core Measures/Alternate Core (3)
 - Menu Set Group Measures (3 from set of 38)
 - CMS will not be ready to accept electronic transmission until 2012
 - CMS will establish a secure web portal for reporting
 - Quality Measures will be submitted by **Attestation** in 2011
- **Stage 2 and 3** – All Providers required to **electronically** submit summary quality measure data to CMS



Submitting MU and Quality Measures

- REGISTER- will require NPI, NPPES Use Account and PECOS enrollment
- There are several potential routes to report quality information outlined in the proposed rules including:
 1. Use the CMS portal to perform upload process based on specified structures and accompanying templates produced as output from your “certified” EHR module.
 2. Submit the required clinical quality measures data using certified EHR technology through Health Information Exchange (HIE) / Health Information Organizations (HIO).
 3. Accept submission through registries.
 - This is dependent upon the future development of the necessary capacity and infrastructure to do so using certified EHRs.
- Attestation on achieving meaningful use will be required as part of the submission.
- Specifications for quality submissions will be developed by July 1, 2011.



Reporting Period for MU

- In Stage 1, the EHR reporting period is any continuous 90-day period within a payment year.
- In all subsequent Stages, the EHR reporting period must be the entire payment year.
- Reporting in Stage 1 will be by attestation
 - Tied to calendar year, not adoption year
- CMS expects to move to electronic reporting to some degree starting in Stage 2
 - This applies for both Meaningful Use stage criteria, as well as quality reporting

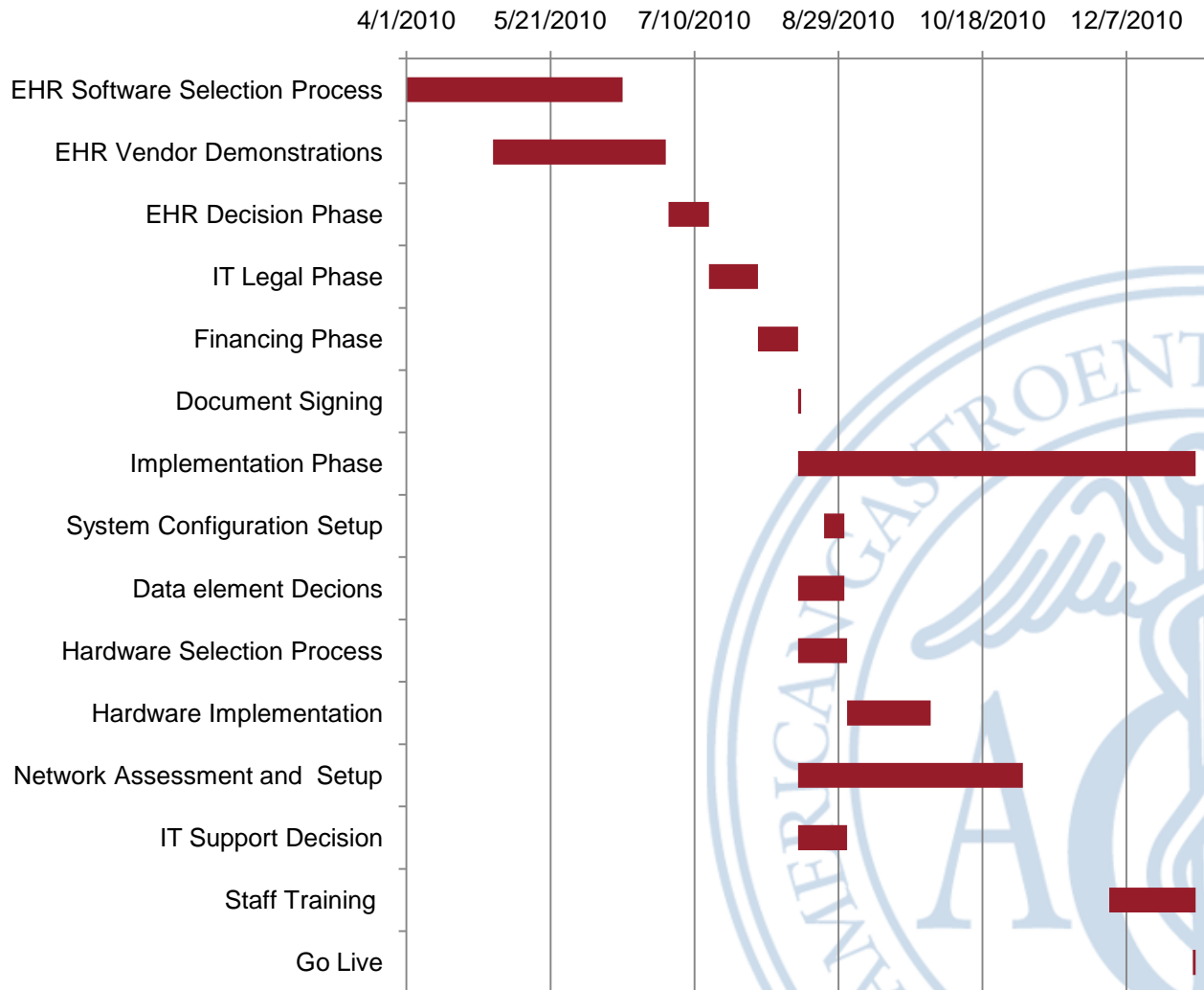


Consider Your GI Practice Circumstances

- Are you an Eligible Professional?
 - EP who furnish >90% all their services in an inpatient hospital setting and/or Emergency Room are not eligible for incentive payments.
- Do you have certified EHR technology available at the locations where you practice?
- Can you comply with MU if you practice in multiple settings (ASC, hospital, office)?
 - Must have 50% of total patient encounters at locations where certified EHR technology is available
- Which, if any, of the objectives are you exempt from?
- Which clinical quality measures will you report?
- How much work will it take to complete the reporting?
 - CMS estimates 8-10 hrs
- Is your practice ready?



How Long Will It Take You to Get Going?



Thoughts on Provider Strategies

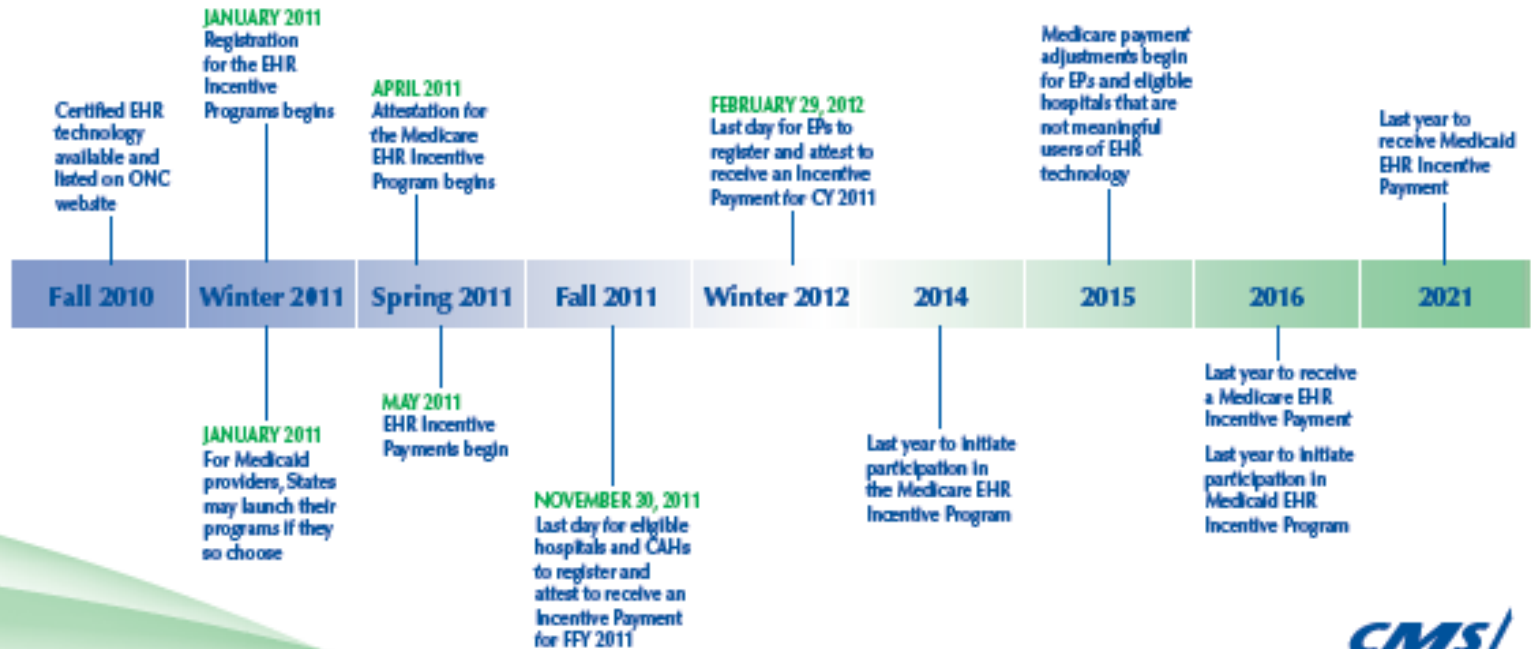
	EHR Implementation Level		
	Have not purchased	Early implementation	Advanced implementation
Internal IT Sophistication HIGH	<ul style="list-style-type: none"> Start ASAP Certified Comprehensive or combination of Modular EHR technologies 	<ul style="list-style-type: none"> Define MU plan Determine if vendor(s) will be certified in time If not, consider Site Certification 	<ul style="list-style-type: none"> Close MU gaps Determine if vendor(s) will be certified in time If not, consider Site Certification
Internal IT Sophistication LOW	<ul style="list-style-type: none"> Start ASAP Get expert help Shop for Certified Comprehensive EHRs 	<ul style="list-style-type: none"> Define MU plan Determine if vendor(s) will be certified in time If not, get expert help 	<ul style="list-style-type: none"> Close MU gaps Determine if vendor(s) will be certified in time If not, get expert help





CMS Medicare and Medicaid EHR Incentive Programs

Milestone Timeline



Resources

*Connecting America
for Better Health*



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

Health Information Technology *and*
For the Future of Health ^ Care



<http://healthit.hhs.gov>



AGA Digestive Health Outcomes Registry™ -How Can It Help You Meet MU?

The AGA Digestive Health Outcomes Registry™ was launched in May 2010

The largest outcomes registry devoted to GI conditions

Initial focus: management of IBD and effective strategies for colorectal cancer prevention.

CMS certified portal for PQRI Hepatitis measures
incentive funds



AGA Digestive Health Outcomes Registry™

The AGA Registry provides participants with:

- Tools that fit into your practice workflow and enable efficiencies in the delivery of care
- Access to quality and performance indicators
- National and in-practice comparative benchmarking
- Ability to demonstrate resource efficiency
- Helps practices to manage patient populations in an era of accountable care
- Integration with EHR systems including gMed and others
- The means for participating in CMS and healthplan incentive programs as a 'Practice of Distinction'



Questions?



Thank You for Participating!

For more information,
contact the
AGA's Center for
Quality in Practice

(301) 941-2615
drobin@gastro.org

EMR Field Guide for Gastroenterology



Selecting and Implementing Electronic
Medical Records for Your GI Practice

