Impact of Meaningful Use and Healthcare Transformation On Patient Access

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Overview

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ARRA - American Recovery and Reinvestment Act of 2009: The “Recovery” or “Stimulus” Act of February 2009 included support of programs to computerize health records to reduce medical errors and save on health care costs.

ONC - Office of National Coordinator for Health IT: ONC is the principal Federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information. Created in 2004 by Executive Order, ONC was legislatively mandated in the 2009 HITECH Act as an Office under the Department of Health and Human Services.

MU - ‘Meaningful Use’: The three main components of Meaningful Use are (1) the use of a certified EHR in a meaningful manner (e.g.: e-Prescribing); (2) the use of certified EHR technology for electronic exchange of health information to improve quality of health care; and (3) the use of certified EHR technology to submit clinical quality and other measures.

EHR - Electronic Health Records: A real-time patient health record with access to evidence-based decision support tools that can be used to aid clinicians in decision making. The EHR can automate and streamline a clinician's workflow, ensuring that all clinical information is communicated. The EHR can also support the collection of data for uses other than clinical care, such as quality management, outcome reporting, and public health disease surveillance and reporting.

EP: Eligible Provider/Physician   EH: Eligible Hospital

HIE - Health Information Exchange: the actual transfer of specific personal health information between hospitals, professionals, laboratories, and other healthcare entities to support the health of individual patients wherever they may be treated.
Overview of ARRA and HITECH Acts

HITECH Act:
Planning and Implementation Assigned to two HHS organizations:

Office of the National Coordinator for Health Information Technology (ONC)

- Oversight of Health IT
  - HIT Policy
  - HIT Standards
  - Federal Advisory Committees

Centers for Medicare and Medicaid Services (CMS)

- Implement EHR Incentives
- Medicare and Medicaid
  - NJ Medicaid
Overview of ARRA and HITECH Acts

Office of the National Coordinator for Health Information Technology (ONC)

*To improve healthcare quality, safety and efficiency via*

Development of nationwide health information technology infrastructure that offers

- Meaningful Use of Electronic Health Records (EHR) for patient health information
- Health Information Exchange (HIE) of patient health information

*Purpose:*

- Improve coordination of care and information among hospitals, laboratories, physician offices, and other entities
- Provide secure and protected patient health information
- Improve health care quality and reduce medical errors
- Reduce health disparities
- Advance delivery of patient centered medical care
ONC Goals and Implementation Timeline for Meaningful Use

Stage 1: 2011
- Data capture and sharing

Stage 2: 2013
- Advanced clinical processes

Stage 3: 2015
- Improved outcomes

*Stages 2 and 3 will be defined in future CMS rulemaking
Achieving Meaningful Use

Health Outcome Priorities for “Meaningful Use”

1. Improve quality, safety, efficiency, and reduce health disparities
2. Engage Patients and Families
3. Improve Care Coordination
4. Ensure adequate privacy and security protections for Personal Health Info
5. Improve Population and Public Health
Three Main Components of Meaningful Use

1. The use of a certified EHR in a meaningful manner (e.g.: e-Prescribing)
2. The use of certified EHR technology for electronic exchange of health information to improve quality of health care
3. The use of certified EHR technology to submit clinical quality and other measures

- Meaningful Use definition seeks to harmonize criteria across CMS programs and coordinate with other CMS quality initiatives.
- Links to the certification standards criteria in development by the Office of the National Coordinator (ONC) and provides a platform for a staged implementation over time.
Stage 1 Objectives (2011-2012)

- Electronic capture of health information in a coded format
- Track key clinical conditions
- Communicate outcomes for care coordinating
- Implement clinical decision support tools to facilitate disease and medication management
- Report outcomes for public health purposes.

Stage 1 Measures—Eligible Hospitals Must Report

- 14 Core Set Objectives
- 5 of 10 Menu Set Objectives (1=Public Health Objective)
- 15 Clinical Quality Measures
Core Set

Eligible Hospitals – 14 Core Objectives

1. CPOE: >30%--one medication entered
2. Drug-drug and drug-allergy interaction checks: enabled
3. Record demographics: >50%--structured entries (height, weight, BP)
4. Implement one clinical decision support rule:
5. Maintain up-to-date problem list of current and active diagnoses: >80%--at least 1 structured entry
6. Maintain active medication list: > 80%--at least 1 structured
7. Maintain active medication allergy list: >80%--at least 1
8. Record and chart changes in vital signs: >50%, 2 years & older
9. Record smoking status for patients 13 years or older: >50%
Eligible Hospitals – 14 Core Objectives (cont’d)


11. Provide patients with an electronic copy of their health information, upon request: > 50% w/in 3 business days

12. Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request: > 50% w/in 3 business days

13. Capability to exchange key clinical information among providers of care and patient-authorized entities electronically: performed at least one test of certified EHR

14. Protect electronic health information: security risk analysis plus update and correct
Eligible Hospitals—5 of 10 Menu Items

1. **Drug-formulary checks**: enabled & access to at least one formulary
2. **Record advanced directives for patients 65 years or older**: >50%
3. **Incorporate clinical lab test results as structured data**: >40% tests
4. **Generate lists of patients by specific conditions**: at least 1 cond.
5. **Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate**: >10%
6. **Medication reconciliation**: >50% transitions of admitted
7. **Summary of care record for each transition of care/referrals**: >50% of transitions of care and referrals
At least 1 public health objective must be selected

8. Public Health: Capability to submit electronic data to immunization registries/systems: at least 1 test of certified EHR and follow up

9. Public Health: Capability to provide electronic submission of reportable lab results to public health agencies: at least 1 test of certified EHR and follow up

10. Public Health: Capability to provide electronic syndromic surveillance data to public health agencies: at least 1 test of certified EHR and follow up
Clinical Quality Measures (CQMs)

Must complete all

1. Emergency Department Throughput – admitted patients – Median time from ED arrival to ED departure for admitted patients
2. Emergency Department Throughput – admitted patients – Admission decision time to ED departure time for admitted patients
3. Ischemic stroke – Discharge on anti-thrombotics
4. Ischemic stroke – Anticoagulation for A-fib/flutter
5. Ischemic stroke – Thrombolytic therapy for patients arriving within 2 hours of symptom onset
Clinical Quality Measures (CQMs) (cont’d)

6. Ischemic or hemorrhagic stroke – Antithrombotic therapy by day 2
7. Ischemic stroke – Discharge on statins
8. Ischemic or hemorrhagic stroke – Rehabilitation assessment
9. VTE prophylaxis within 24 hours of arrival
10. Intensive Care Unit VTE prophylaxis
11. Anticoagulation overlap therapy
12. Platelet monitoring on unfractionated heparin
13. VTE discharge instructions
14. VTE discharge instructions
15. Incidence of potentially preventable VTE
Clinical Quality Measures

CMS’s Goals for CQMs:

• Coordinate CQM development and reporting with implementation of the Patient Protection and Affordable Care Act (ACA) (e.g., pilot programs and State-based programs and infrastructure)

• Align with PQRI and RHQDAPU reporting Details of Clinical Quality Reporting of CQMs

2011 – Hospitals seeking to demonstrate Meaningful Use are required to submit aggregate CQM numerator, denominator, and exclusion data to CMS or the States by ATTESTATION.

2012 – Hospitals seeking to demonstrate Meaningful Use are required to electronically submit aggregate CQM numerator, denominator, and exclusion data to CMS or the States.
Stage 1 Meaningful Use Objective: Core Set
Final rule published in Federal Register July 28, 2010

Table 2: Stage 1 Meaningful Use Objectives and Associated Measures Sorted by Core and Menu Set

<table>
<thead>
<tr>
<th>Health Outcomes Policy Priority</th>
<th>Stage 1 Objectives</th>
<th>Stage 1 Measures</th>
</tr>
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<tbody>
<tr>
<td>Ensure adequate privacy and security protections for personal health information</td>
<td>Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities</td>
<td>Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities</td>
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HIPAA Security Rule
Privacy and Security

Meaningful Use and HITECH Compliance

- **HITECH** (Health Information Technology for Economic and Clinical Health): enacted on February 17, 2009.
  - Part of the **American Recovery & Reinvestment Act (ARRA)**
- Revised **HIPAA** rule: tougher provisions for security, privacy and enforcement.
- Maximum penalties:
  - $50,000 per incident
  - $1.5M for the year (willful neglect concept)
- Reporting requirements for security breaches
  - Media outlets, HHS, victims, law enforcement
- Ability for state AG to bring legal action against hospitals for non-compliance
- Individual Liability for criminal violations
New Provisions:

- Business Associates and subcontractors subject to HIPAA ("Chain of Trust")
- Restrictions on Research, Marketing, Fundraising, Sale of patient information
- Increased patient rights to restrict disclosure of PHI
- Business Associate Agreements must be revised
- Length of time information is considered PHI
- Accounting of Disclosures to include TPO

PHI: Patient or Protected Health Information
Privacy and Security
Meaningful Use and HITECH Compliance

Breaches Affecting 500 or More Individuals

As required by section 13402(e)(4) of the HITECH Act, the Secretary must post a list of breaches of unsecured protected health information affecting 500 or more individuals. The following breaches have been reported to the Secretary:

**University Health System**
State: Nevada

- Approx. # of Individuals Affected: 7,975
- Date of Breach: 6/11/10
- Type of Breach: Theft
- Location of Breached Information: Network Server

**Private Practice**
State: Texas

- Approx. # of Individuals Affected: 600
- Date of Breach: 5/29/10
- Type of Breach: Theft
- Location of Breached Information: Network Server

**Children’s Hospital & Research Center at Oakland**
State: California

- Approx. # of Individuals Affected: 1,000
- Date of Breach: 5/25/10 and 5/26/2010
- Type of Breach: Other
- Location of Breached Information: Paper

**Private Practice**
State: Arizona

- Approx. # of Individuals Affected: 5,003
- Date of Breach: 5/15/10
- Type of Breach: Theft
- Location of Breached Information: Laptop

http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/postedbreaches.html
Future Stages of Meaningful Use:
Intend to propose 2 additional Stages through future rulemaking. Expands upon Stage 1 criteria.

- Stage 1 Menu Set Moves to Core Set for Stage 2
- Administrative transactions will be added
- CPOE measurement will go to 60%
- Other measures to be reevaluated – possibly higher thresholds
  Expect information exchange beyond testing
- Stage 3 will be further defined in next rulemaking. May include
  - Improvements to quality and safety measures
  - Expanded information exchange
  - Expanded Clinical Decision Support
  - Additional population health data
Payment Model and Reimbursement Formula (for Eligible Hospitals and Physicians)

Eligible Professionals
- Medicare FFS
- Medicare Advantage
- Medicaid

Eligible Hospitals and CAHs
- Medicare FFS: Subsection (d) hospitals
- Medicare Advantage (paid under Medicare FFS)
- Medicaid
Payment Model and Reimbursement Formula (for Eligible Hospitals)

- Federal Fiscal Year
- $2M base + per discharge amount (based on Medicare/Medicaid share)
- Hospitals meeting Medicare MU requirements may be deemed eligible for Medicaid payments
- Payment adjustments for Medicare begin in 2015
  - No Federal Medicaid payment adjustments
- Medicare hospitals: No payments after 2016
- Medicaid hospitals: Cannot initiate payments after 2016
Latest on Reimbursement Timelines

- **January 2011** – Registration for the EHR Incentive Programs begins
- **January 2011** – For Medicaid providers, States may launch their programs if they so choose
- **April 2011** – Attestation for the Medicare EHR Incentive Program begins
- **May 2011** – EHR incentive payments begin
- **November 30, 2011** – Last day for eligible hospitals and CAHs to register and attest to receive an incentive payment for FFY 2011
- **February 29, 2012** – Last day for EPs to register and attest to receive an incentive payment for CY 2011
- **2015** – Medicare payment adjustments begin for EPs and eligible hospitals that are not meaningful users of EHR technology
- **2016** – Last year to receive a Medicare EHR incentive payment; Last year to initiate participation in Medicaid EHR Incentive Program
- **2021** – Last year to receive Medicaid EHR incentive payment
Overview of Health Information Exchange

1. What is HIE
   Why is HIE important? HIO

2. Benefits of HIE

3. Different types of HIEs: Community, Regional, Statewide, NHIN

4. Challenges of HIEs
   1. Governance
   2. Sustainability
   3. Privacy and Security
   4. Technology and Implementation
Consumer considerations in the development of HIE

Consumer Concerns

• In US, individual freedom, choice and privacy are highly valued
• Particularly sensitive health information
• Mistrust of government and payers

HIE practices to enhance patient participation

• Engage patients actively in the development of the exchange entity
• Market exchange efforts through effective channels
• Use providers for initial and ongoing education about HIE
• Adopt an opt-out or -no-consent model, along with tight restrictions on data access and/or use, including stringent penalties for misuse
• Engage consumers, physicians, and all other stakeholders in consent models
Impact of MU and Healthcare Transformation on Patient Access

- Stage 1 Clinical Quality Measures
  - Emergency Department Throughput

- Health Information Exchange and Care Coordination
  - Patient Flow needs to support effective transitions in care
  - Patient information will need to be communicated seamlessly to all care givers in and outside the hospital

- Discharge Planning
  - Reductions in ED and Hospital re-admits being rewarded by greater reimbursement rates
  - Compliance with hospital discharge planning process will be key
  - Real-time decision making and ability to discharge with precision will be differentiator for hospitals

- Improve patient satisfaction, quality outcomes will be rewarded
  - Patient flow, bed management systems will need to support effective decision making and provide more clinical information at the point of care
  - Patient flow systems will be integrated with or incorporate electronic discharge planning and patient education
Reference Resources and Sources

BluePrint Healthcare IT  Reference Resources And Sources

Office of National Coordinator for Healthcare IT  (ONC) http://healthit.hhs.gov

CMS  Official Web Site for Medicare and Medicaid Incentive Programs http://www.cms.gov/EHRIncentivePrograms

New Jersey Health IT Commission http://www.nj.gov/health/bc/hitc.shtml

ONC
   Meaningful Use Resources http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__meaningful_use_resources/3006
   Meaningful Use Announcement http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__meaningful_use_announcement/2996


Q&A
Thank you