

ARRA - HITECH

Plan for meeting the opportunities
presented by ARRA
(aka Stimulus Bill)
(Presentation for IS Oversight)

IS Leadership
January 2010

ARRA - HITECH

- Overview of Federal Requirements
- Gap Analysis
- Plan

ARRA - HITECH

American Reinvestment & Recovery Act of 2009 includes a \$19.2B provision called HITECH or Health Information Technology for Economic and Clinical Health

- \$2B for the Office of National Coordinator
- **\$17.2B incentive program for providers adopting EHRs**

The HITECH goals:

- Adoption by 90% of physicians & 70% of hospitals by 2015
- **\$ Incentive for Meaningful Use by Provider**
- **\$ Incentive for Meaningful Use by Hospitals**
- Incentives provisioned via Medicare / Medicaid Reimbursements
- Payments begin in 2011 and are phased out through 2016 for providers who demonstrate “meaningful use”
- Penalties begin in 2015 for providers who do not meet adoption criteria

ARRA - HITECH

TABLE 25: Transition Factor for Medicare FFS Eligible Hospitals*

Fiscal Year	Fiscal Year that Eligible Hospital First Receives the Incentive Payment				
	2011	2012	2013	2014	2015
2011	1.00	-----	-----	-----	-----
2012	0.75	1.00	-----	-----	-----
2013	0.50	0.75	1.00	-----	-----
2014	0.25	0.50	0.75	0.75	-----
2015	-----	0.25	0.50	0.50	0.50
2016	-----	-----	0.25	0.25	0.25

* From page 220 of the “Medicare and Medicaid Programs; Electronic Health Record Incentive Program” RIN 0938-AP78

ARRA - HITECH

Three Areas:

- Meaningful Use – Incentives and Criteria
- EHR Certification
- Expansion of HIPAA

Meaningful Use









Health Outcomes Policy Priorities:

- Improve Quality, Safety, Efficiency, & Reduce Health Disparity
- Engage Patients and Families
- Improve Care Coordination
- Improve Population and Public Health
- Ensure Adequate Privacy & Security Protections for Personal Health Information











Three Stages for defining Meaningful Use:

- 2011 – Data capture/track clinical conditions/ communicate
- 2013 – Quality improvement at point of care/ exchange information in standardized manner
- 2015 – Patient access to self management tools, patient access to comprehensive data and improving population health

Meaningful Use Gaps - Hospitals

Policy Priority	2011 Major Gaps	2010 Plan	Status	
			Jan 2010	Dec 2010
Improve Quality, Safety, Efficiency, & Reduce Health Disparity	<ul style="list-style-type: none"> -Computer Provider Order Entry -Reporting of quality measures -Five clinical decision support rules 	<ul style="list-style-type: none"> -Implement and deploy CPOE and order sets in hospitals (MedAdmin) -Implement quality data capture (MedAdmin) -Implement 5 decision support rules (MedAdmin) 	 9 5	 4 10
Engage Patients & Families	<ul style="list-style-type: none"> -Give patient electronic summary -Give patient electronic discharge instructions 	<ul style="list-style-type: none"> -Develop Continuity of Care Document (IS) -Implement electronic discharge instructions (IS) 	 2 0	
Improve Care Coordination	<ul style="list-style-type: none"> -Exchange patient data with other care providers -Provide care summary at each care transition 	<ul style="list-style-type: none"> -Develop capability to exchange data with other health care organizations using interoperability standards (IS) -Implement ability to share electronic summary at each transition in care (IS) 	 2 1	
Improve Population and Public Health	<ul style="list-style-type: none"> -Use EHR to submit data to Immunization Registry -Use EHR to provide electronic syndromic surveillance data to public health agencies -Use EHR to provide electronic submissions of reportable lab results to public health agencies 	<ul style="list-style-type: none"> - Address technical capability gaps (IS) - Address process gaps (quality) 	 3 0	

Meaningful Use Gaps - Providers

Policy Priority	2011 Major Gaps	2010 Plan	Status	
			Jan 2010	Dec 2010
Improve Quality, Safety, Efficiency, & Reduce Health Disparity	<ul style="list-style-type: none"> -Computer Provider Order Entry -Reporting of quality measures -Five clinical decision support rules 	<ul style="list-style-type: none"> -Physician Order Entry adoption: 80% (MedAdmin) -Implement quality data capture (MedAdmin) -Implement 5 decision support rules (IS) 	 9 7	 3 13
Engage Patients & Families	<ul style="list-style-type: none"> -Give patient electronic summary -Provide patients with access to test results within 4 days 	<ul style="list-style-type: none"> -Develop Continuity of Care Document (IS) -Deploy Patient Portal (MedAdmin) 	 3 0	
Improve Care Coordination	<ul style="list-style-type: none"> -Exchange patient data with other care providers -Med Reconciliation in the Clinic -Provide care summary at each care transition 	<ul style="list-style-type: none"> -Develop capability to exchange data with other health care organizations using interoperability standards (IS) -Compliance with medication reconciliation standards in Clinic (MedAdmin) 	 3 0	
Improve Population and Public Health	<ul style="list-style-type: none"> -Use EHR to submit data to Immunization Registry -Use EHR to provide electronic syndromic surveillance data to public health agencies -Use EHR to provide electronic submissions of reportable lab results to public health agencies 	<ul style="list-style-type: none"> - Address technical capability gaps (IS) - Address process gaps (quality) 	 2 0	
Ensure Adequate Privacy & Security Protections for PHI	May not meet all the technical standards	Conduct security risk analysis per federal standards and implement security updates as necessary (IS)		

EHR Certification

- Meaningful Use incentives require use of a certified EHR
- Information Services will obtain EHR Certification under federal standards
- Vendor will obtain EHR Certification for HIS under federal standards
- Some departmental systems (e.g. ED, Cardiology) probably need to obtain certification

HIPAA

HIPAA is substantially expanded

- Business Associate Agreements need new language
- Notification of Breach requirements are very stringent
- Must be able to provide patients with an accounting of all disclosures, including those for treatment, payment and operations
- Specifics on measures to “Protect Sensitive information” aren’t published yet

ARRA Initiatives

- (Projects required to close gaps)

Complementary Initiatives

- (Major organizational initiatives requiring IS resource)

Proposed Oversight Committee

- CMO (System)
- CMIO (System)
- Regional Medical Directors
- CNO (System)
- CEO (Hospitals)
- COO (System)
- CFO (System)
- CIO (System)
- IS Clinical Systems VP
- Governmental Affairs
- Legal
- Business Services
- HIM
- Compliance

Appendix

- Detailed Gap Analysis (not shown)
- Tables 2 and 3 from Preliminary Rule for Meaningful Use (RIN 0938-AP78)

Meaningful Use Table 2 - Criteria

CMS-0033-P

103

TABLE 2: Stage 1 Criteria for Meaningful Use

Health Outcomes Policy Priority	Care Goals	Stage 1 Objectives		Stage 1 Measures
		Eligible Professionals	Hospitals	
Improving quality, safety, efficiency, and reducing health disparities	Provide access to comprehensive patient health data for patient's health care team	Use CPOE	Use of CPOE for orders (any type) directly entered by authorizing provider (for example, MD, DO, RN, PA, NP)	For EPs, CPOE is used for at least 80% of all orders For eligible hospitals, CPOE is used for 10% of all orders
		Use evidence-based order sets and CPOE	Implement drug-drug, drug-allergy, drug-formulary checks	Implement drug-drug, drug-allergy, drug-formulary checks
	Apply clinical decision support at the point of care	Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT ®	Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT ®	At least 80% of all unique patients seen by the EP or admitted to the eligible hospital have at least one entry or an indication of none recorded as structured data
	Generate lists of patients who need care and use them to reach out to patients	Generate and transmit permissible prescriptions electronically (eRx)		At least 75% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology
	Report information for quality improvement and public reporting	Maintain active medication list	Maintain active medication list	At least 80% of all unique patients seen by the EP or admitted to the eligible hospital have at least one entry (or an indication of "none" if the patient is not currently prescribed any medication) recorded as structured data
		Maintain active medication allergy list	Maintain active medication allergy list	At least 80% of all unique patients seen, by the EP or admitted to the eligible hospital have at least one entry (or an indication of "none" if the patient has no medication allergies) recorded as structured data

Double Click on image to view table

Meaningful Use Table 3 – Quality

CMS-0033-P

123

TABLE 3: Proposed Clinical Quality Measures for Electronic Submission by Medicare or Medicaid Eligible Beneficiaries for the 2011 and 2012 Payment Year

Measure Number	Clinical Quality Measure Title & Description	Clinical Quality Measure Developer & Contact Information	Electronic Measure Specific Information
PQRI 1 NQF 0059	Title: Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus Description: Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9.0%	National Committee for Quality Assurance (NCOA) Contact Information: www.ncoa.org	http://www.cms.gov/PQRI/2011/AlterativeMechanism/opoPage
PQRI 2 NQF 0064	Title: Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus Description: Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dl)	NCQA Contact Information: www.ncqa.org	http://www.cms.gov/PQRI/2011/AlterativeMechanism/opoPage
PQRI 3 NQF 0061	Title: Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus Description: Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent blood pressure in control (less than 140/80 mmHg)	NCQA Contact Information: www.ncqa.org	http://www.cms.gov/PQRI/2011/AlterativeMechanism/opoPage
PQRI 5 NQF 0081	Title: Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD) Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD who were prescribed ACE inhibitor or ARB therapy	American Medical Association-sponsored Physician Consortium for Performance Improvement (AMA-PCPI) Contact Information: cpe@ama-assn.org	http://www.cms.gov/PQRI/2011/AlterativeMechanism/opoPage
PQRI 7 NQF 0070	Title: Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI) Description: Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy	AMA-PCPI Contact Information: cpe@ama-assn.org	http://www.cms.gov/PQRI/2011/AlterativeMechanism/opoPage
PQRI 110 NQF 0041	Title: Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old Description: Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February)	AMA-PCPI Contact Information: cpe@ama-assn.org	http://www.cms.gov/PQRI/2011/AlterativeMechanism/opoPage

Double Click on image to view table