ARRA & Meaningful Use: A High-Level Overview

Meaningful Use. Multiple Perspectives
1:45 – 3:00 pm

Western States Health-e Connection
Summit & Trade Show – Phoenix, AZ

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POINT-OF-CARE PARTNERS
HIT Strategy & Management Consultants

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Proprietary & Confidential

HIT Advocate-in-Chief

- In January, 2009, signed into law the American Reinvestment and Recovery Act of 2009 (ARRA). The HITECH component:
  - Set aside a potential $29 billion in funds to encourage adoption and use of electronic health records (EHRs)
  - Formed the HIT Policy and HIT Standards committees
  - Modified the HIPPA standards and security laws
- Strongly and firmly believes that HIT is critical to health care reform. Included in Health Reform Bill:
  - Integrating meaningful use reporting with quality reporting
  - Conducting a study examining methods to increase EHR usage
  - Creation of Independence at Home demonstration practices, which will require electronic health systems
  - Requiring the Center for Quality Improvement to align best practices with meaningful use standards
  - Grants to long-term care facilities to acquire EHRs
  - Grants to include HIT training to primary care residents
  - Bonus payments to MA plans that incorporate HIT to help manage and coordinate care for patients
  - Require the Center for Quality Improvement and Patient Safety to expand demonstration projects for improving the quality of children's healthcare and the use of HIT

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ARRA Entitlement Funding

$27 billion in gross outlays

Program	Distribution Agency	Use of Funds
Medicare Payment Incentives	CMS	Incentive Payments through Carriers
Medicaid Payment Incentives	CMS and States	Incentive Payments through State Agencies

Recipients

Acute Care and Children's Hospitals

Nurse Practitioners and Midwives

For providers 1) using ***certified electronic health records*** 2) that are ***"meaningful users"***

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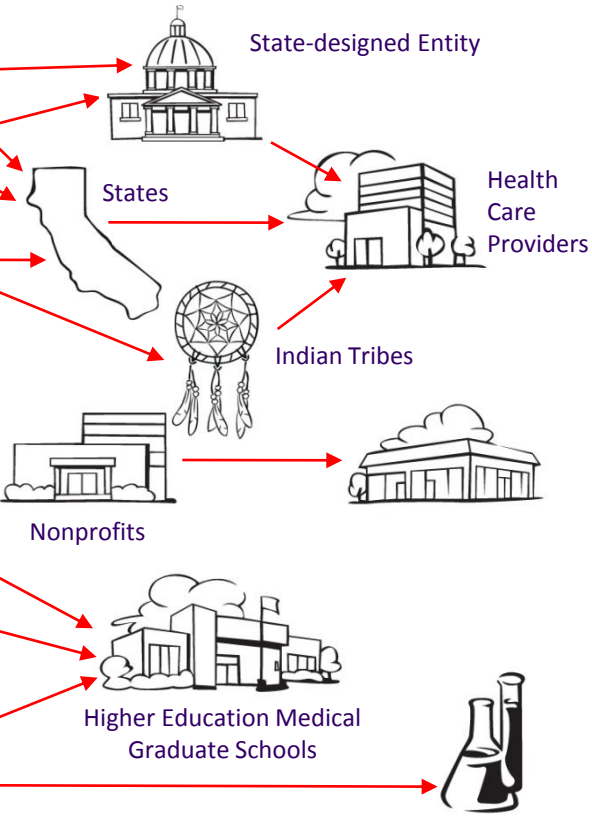
ARRA Appropriated Funds

$2 billion in gross outlays

Program	Distribution Agency	Use of Funds
HIE Planning and Development	ONC	Planning Grants Implementation Grants
EHR Adoption Loan Program	ONC	Loan Funds
Health IT Extension Program	ONC	Health IT Research Center Regional Extension Centers
Workforce Training Grants	HHS, NSF	Medical Health Informatics EHR in Medical School Curricula
New Technology Research and Development Grants	NIST, NSF	Health Care Information Enterprise Integration Research Centers

Recipients



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ARRA Incentives by Adoption Year

Medicare Incentives

Certified Meaningful User	2010	2011	2012	2013	2014	2015	2016	Total Incentive
2011		$18,000	$12,000	$8,000	$4,000	$2,000		**$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	**$24,000**
2015+								**$ Penalties**

Medicaid Incentives

Cap on Net Average Allowable Costs, per the HITECH Act	85 percent Allowed for Eligible Professionals	Maximum Cumulative Incentive over 6-year Period
$25,000 in Year 1 for most professionals	$21,250	**$63,750**
$10,000 in Years 2-6 for most professionals	$8,500	
$16,667 in Year 1 for pediatricians with a minimum 20 percent patient volume, but less than 30 percent patient volume, Medicaid patients	$14,167	**$42,500**
$6,667 in Years 2-6 for pediatricians with a minimum 20 percent patient volume, but less than 30 percent patient volume, Medicaid patients	$5,667	

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Meaningful Use Timeline

- Meaningful Use of an EHR is the cornerstone of the government's plan to transform healthcare.
  - criteria for 2011 are based on the five goals of:
    1) improving quality, safety and efficiency;
    2) engaging patients and their families;
    3) improving care coordination;
    4) improving population and public health; and
    5) ensuring privacy and security.
  - Over time, criteria for achieving these goals will get more expansive & specific.
- The criteria emphasize 4 functional areas: 1.) retention and exchange of electronic patient health information, 2.) computerized provider order entry, 3.) clinical decision support (CDS), and 4.) quality reporting.

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Stage 1 Elements of Meaningful Use

1. Use Computerized Provider Order Entry (CPOE)	**15. Check insurance eligibility electronically from public and private payers**
2. Implement drug-to-drug, drug-to-allergy, formulary √s	16. Submit claims electronically to public and private payers
3. Maintain up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT	17. Provide patients with electronic copy of their health info
4. Generate and transmit permissible ePrescriptions	18. Provide patients with an electronic copy of their discharge instructions (Hospital only)
5. Maintain active medication lists	19. Provide patients with timely electronic access to their health iinfo
6. Maintain active medication allergy list	20. Provide clinical summaries for patients
7. Record demographics	21. Capability to exchange key clinical information
8. Record and chart changes in vital signs for children 2-20 years including BMI	22. Provide summary care record for each transition of care, referral
9. Record smoking status for patients 13 years or older	23. Perform medication reconciliation at relevant encounters and each transition of care
10. Incorporate clinical lab-test results into EHR as structured data	24. Capability to submit electronic data to immunization registries and actual submission EHRe required and accepted
11. Generate lists of patients by specific conditions	25. Capability to provide electronic submission of reportable lab results to public health agencies (Hospital only)
12. Report ambulatory quality measures to CMS and the states	26. Capability to provide electronic syndrome surveillance data to public health agencies
13. Send reminders to patients per patient preference for preventative/follow up care	27. Protect electronic health information created or maintained by the certified EHR technology
14. Implement 5 clinical decision support rules	

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