

Electronic Health Records (EHR) Demonstration



Demonstration Kick-off Meetings *May 2009*

1



Agenda

Morning

- *Introductions*
- *Demonstration Overview*
- *“Beneficiary Assignment”*

Break

- *Office Systems Survey*
 - *Content & Scoring*
 - *Submission process*
- *Clinical Quality Data Collection*
 - *Measure Definition*
 - *Data Collection Options*
 - *Calculation of Scores*

Lunch

2



Agenda

Afternoon

- *Calculation of Incentive Payment*
 - *Clinical Quality Incentive*
 - *HIT Incentive*
- *Evaluation*
- *Practice Information Updates*

Break

- *Community Partners*
- *Wrap-Up & Next Steps*
- *Questions*

3



Demonstration Goal

- Foster the implementation and adoption of EHRs and health information technology (HIT) more broadly as effective vehicles to improve the quality of care provided and transform the way medicine is practiced and delivered.

4



Overview

- Pay-for-Performance Demonstration with 2 inter-dependent incentives
 - Use of CCHIT-certified EHR for managing patient care
 - Reporting & performance on 26 clinical quality measures
- **Not a grant program; no up-front funding for purchasing an EHR**

5



Overview

- Modeled after earlier CMS demonstrations
- 5-year operational period
- 4 sites (states / regions)
 - MD/ DC
 - Pittsburgh area (11 counties in SW PA)
 - Louisiana
 - South Dakota (plus selected neighboring counties in IA, MN & ND)
- 825 practices recruited
 - Up to approximately 200 per site
- Randomized design

6



Community Partners

- Community Partners selected in June 2008 after a nationwide, competitive process
 - Multi-stakeholder organizations
 - Shared commitment to increasing HIT
 - Links to primary care physician community
- Key roles:
 - Assist with outreach, education and recruitment of practices
 - Facilitate leveraging of demonstration and private sector activities to maximize impact

7



Eligibility Requirements

8



Practice Requirements

Size

- Small to medium-sized practices (≤ 20 total providers)
 - Includes NPs & PAs if they bill Medicare under their own identification numbers.
 - Once selected, practices may be > 20 if new providers join group
- At least 50 Medicare FFS beneficiaries for which they provide the plurality of primary care visits
 - “Beneficiary Assignment” algorithm

Specialty

- Primary care, IM, FP, GP, gerontology
 - Medical sub-specialists only if practice is predominantly primary care

9



Practice Requirements

Other

- May or may not have had EHR at time of application
 - CCHIT-certified EHR must be implemented by late spring 2011.
 - For a list of CCHIT-certified EHR systems see: www.cchit.org
- Recruitment was not restricted to a specific network, health plan, or other affiliation
- Must bill for physician services on a physician claim form (CMS-1500)- *FQHCs, RHCs not eligible*

10



Incentive Payments

11



Incentive Payments

2 separate per-beneficiary incentive payments:

1. HIT incentive payment as measured by the completion of an Office Systems Survey (OSS)
2. Quality incentive payment for reporting or performance on 26 clinical measures
 - Diabetes
 - Congestive Heart Failure
 - Coronary Artery Disease
 - Preventive Services

Incentive Payments are in addition to and do not affect regular Medicare Claims Payments

12



Minimum Required EHR Functionalities

- Demo practices must, by end of 2nd year, be utilizing a CCHIT-certified EHR to perform minimum functionalities in order to remain in demonstration
 - Patient visit notes
 - Recording of lab/diagnostic tests orders & results
 - Recording of prescriptions
- OSS administered annually in mid-late spring to all treatment groups starting 2010 to measure use of EHR
 - On-line (web enabled) through MPR hosted web site
 - Scored by CMS contractors with higher payment for more sophisticated EHR use
- Minimum criteria must be met for payment; more sophisticated uses score higher on OSS and get higher payment

13



Clinical Quality Measures

- Same measures and data collection process used for other CMS demonstrations
 - Diabetes
 - CHF
 - CAD
 - Preventive care
- Clinical measures not reported until after the end of the 2nd year (“Pay for Reporting”)
 - Timing: Late summer 2011 for June 2010 – May 2011
- Pay for Performance on clinical quality measures in Years 3-5
 - Timing: Late summer 2012 for June 2011- May 2012 and annually thereafter for the next two years.

14



Clinical Quality Measure Data Collection

- Performance Assessment Tool (PAT)
 - Currently being revised to web enable and enhance security
 - Hosted on CMS web site
- Measure definitions will be updated annually
 - Changes in specifications by measure owners
 - New codes
 - Consistency with external standards
- Data may be imported from a tab delimited file created by EHR (or other database), keyed in manually, or a combination of both
 - 7 claims based measures; 19 chart based measures
 - CMS will define patients to be reported
 - Random sampling for larger practices

15



Summary: Payments By Year

Year 1

- Payment for use of HIT based on OSS score
- No payment if EHR not used for minimum functions

	EHR Adoption (OSS)	Reporting of Clinical Measures	Performance on Clinical Quality Measures	Maximum / Provider	Maximum / Practice
Year 1	\$5,000	n/a	n/a	\$5,000	\$25,000

16



Summary: Payments By Year

Year 2

- Payment for *reporting* quality measures
- Payment for use of HIT based on OSS score
- No payment for HIT unless quality measures reported
- Practice terminated from demonstration if it has not adopted CCHIT EHR and using minimum core functions

	EHR Adoption (OSS)	Reporting of Clinical Measures	Performance on Clinical Quality Measures	Maximum / Provider	Maximum / Practice
Year 2	\$5,000	\$3,000	n/a	\$8,000	\$40,000

17



Summary: Payments By Year

Years 3 - 5

- Payment for *performance* on quality measures
- Payment for use of HIT based on OSS score
- Minimum quality performance required to receive HIT payment

	EHR Adoption (OSS)	Reporting of Clinical Measures	Performance on Clinical Quality Measures	Maximum / Provider	Maximum / Practice
Year 3	\$5,000	n/a	\$10,000	\$15,000	\$75,000
Year 4	\$5,000	n/a	\$10,000	\$15,000	\$75,000
Year 5	\$5,000	n/a	\$10,000	\$15,000	\$75,000

18



Maximum Potential Payment

	EHR Adoption (OSS)	Reporting of Clinical Measures	Performance on Clinical Quality Measures	Maximum / Provider	Maximum / Practice
Year 1	\$5,000	n/a	n/a	\$5,000	\$25,000
Year 2	\$5,000	\$3,000	n/a	\$8,000	\$40,000
Year 3	\$5,000	n/a	\$10,000	\$15,000	\$75,000
Year 4	\$5,000	n/a	\$10,000	\$15,000	\$75,000
Year 5	\$5,000	n/a	\$10,000	\$15,000	\$75,000
→ TOTAL				\$58,000	\$290,000

19

C1



Evaluation

- Independent Evaluation by Mathematica Policy Research (MPR)
 - Stratified randomized control design
- Key questions be examined:
 - What is the Impact of financial incentives on the rate of adoption of EHRs?
 - How does use of various EHR functionalities relate to the quality of care?
 - How does EHR use and quality performance relate to Medicare costs?

20



Current Status

- Recruitment ended November 26, 2008
- Treatment & control group practices notified March 2, 2009
 - 412 treatment group / 413 control group practices
- Local kick-off meetings in each area in May 2009
- Demonstration operational: June 1, 2009 – May 31, 2014
- Initial plans for a second phase with 8 sites cancelled

21



Next Steps

1. Return signed Demonstration Agreement:

EHR Demonstration
c/o Actuarial Research Corporation
5950 Symphony Woods Road
Suite 510
Columbia, MD 21044

22



Next Steps

2. Keep CMS up-to-date of any changes to the practice:
 - New providers join / Current providers leave
 - New TINs, NPIs
 - Address changes
 - Changes in contact information

Use automated, on-line system (when available) to make updates or send information to:

EHR_Demo@cms.hhs.gov

23



Next Steps

3. Take steps to implement CCHIT-certified EHR if you haven't already
 - Review clinical measures to make sure EHR system is capturing necessary data in a way that can be easily retrieved

24



Demonstration Timeline

2010

- Spring 1st OSS
 - Summer - incentive payment issued

2011

- Spring– 2nd OSS and deadline for implementing CCHIT-EHR and using minimum functions
- Late summer/fall - 1st reporting of clinical quality data
 - Winter 2012 – incentive payment issued

2012 – 2014

- *Same schedule as 2011*

25

C2



Other Available Programs

- PQRI
- E-Prescribing Incentive
- American Recovery and Reinvestment Act (ARRA) stimulus package
- Incentives offered by other organizations:
 - Hospitals
 - Provider Networks / Health Plans
 - Insurers
 - Professional Societies

26



Information Links

- CMS Web site
http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/2008_Electronic_Health_Records_Demonstration.pdf
- Questions about demonstration:
EHR_Demo@cms.hhs.gov
Jody Blatt (all sites; general issues) (410) 786-6921
Debbie Van Hoven (all sites; general issues) (410) 786-6625
Cindy Massuda (Pittsburgh) (410) 786-0652