Electronic Health Records (EHR): Adoption and Meaningful Use

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COMMUNITY CLINICS HEALTH NETWORK

Policy Briefing

November 16, 2011
Reprised via Webinar
July 26, 2012

CCC Mission

- The Council of Community Clinics and its subsidiaries represent and support community clinics and health centers in their efforts to provide access to quality health care and related services for the diverse communities they serve, with an emphasis on low-income, uninsured and underinsured populations.

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CCC Vision

- The Council of Community Clinics and its subsidiaries will be the common voice for community clinics and health centers by building and strengthening relationships with strategic public and private partners, resulting in sustainable resources and healthier communities

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CCHN Mission

- The Community Clinics Health Network, as a subsidiary of the Council of Community Clinics, enhances quality of care, improves population health outcomes, and strengthens business efficiencies by offering specialized programs, services, and technology solutions to community clinics and health centers.

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CCHN Vision

- The Community Clinics Health Network will be recognized as a national leader for creating model programs, sharing expertise, and providing exceptional services in collaborative health care ventures that result in stronger community clinics and health centers, as well as healthier communities.

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CCHN Programs/Services

- Services Lines
  - Contracting Services
  - Quality Services
  - Technical Services
  - Data Services
- Programs
  - Program and Fund Development
  - Program Management
  - Grants Management

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ARRA and HITECH: An Unprecedented Opportunity

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THE RECOVERY ACT: TRANSFORMING THE AMERICAN ECONOMY THROUGH INNOVATION

1. Modernizing transportation, including advanced vehicle technology and high-speed rail;
2. Jumpstarting the renewable energy sector through wind and solar energy;
3. Building a platform for private sector innovation through investments in broadband, Smart Grid, and health information technology; and
4. Investing in groundbreaking medical research.

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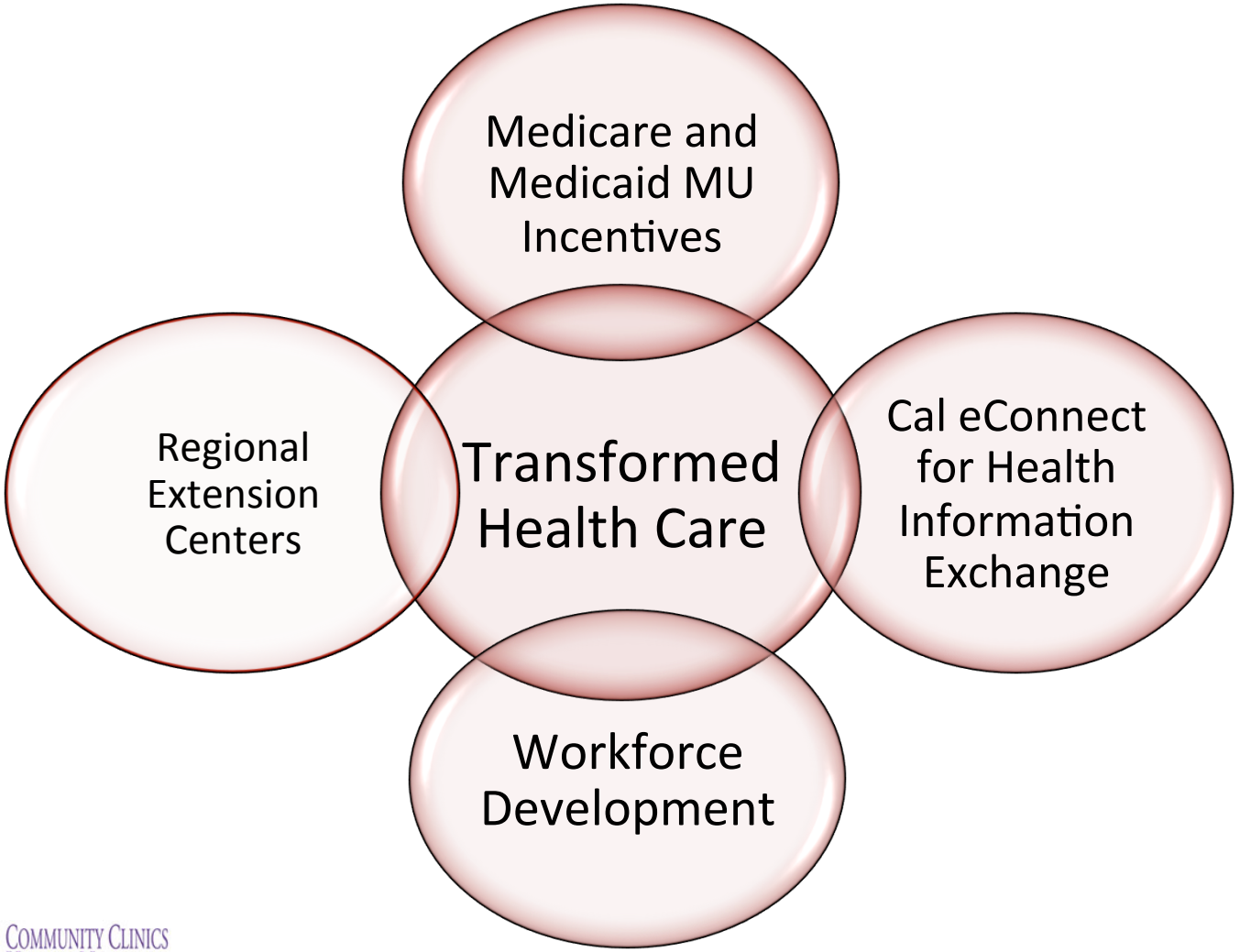
Through the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, the Federal government has aligned incentives and support for health IT adoption and meaningful use.



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HITECH: Catalyst for Transformation

Paper records

Pre 2009

A system plagued by inefficiencies

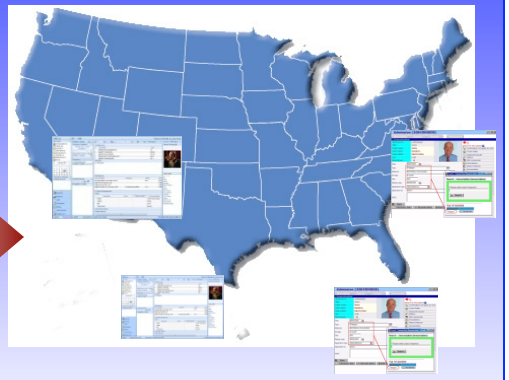
HITECH Act

RECOVERY.GOV

2009

EHR Incentive Program and 60 Regional Extension Centers

EHRs & HIE



2014

Widespread adoption and meaningful use of EHRs

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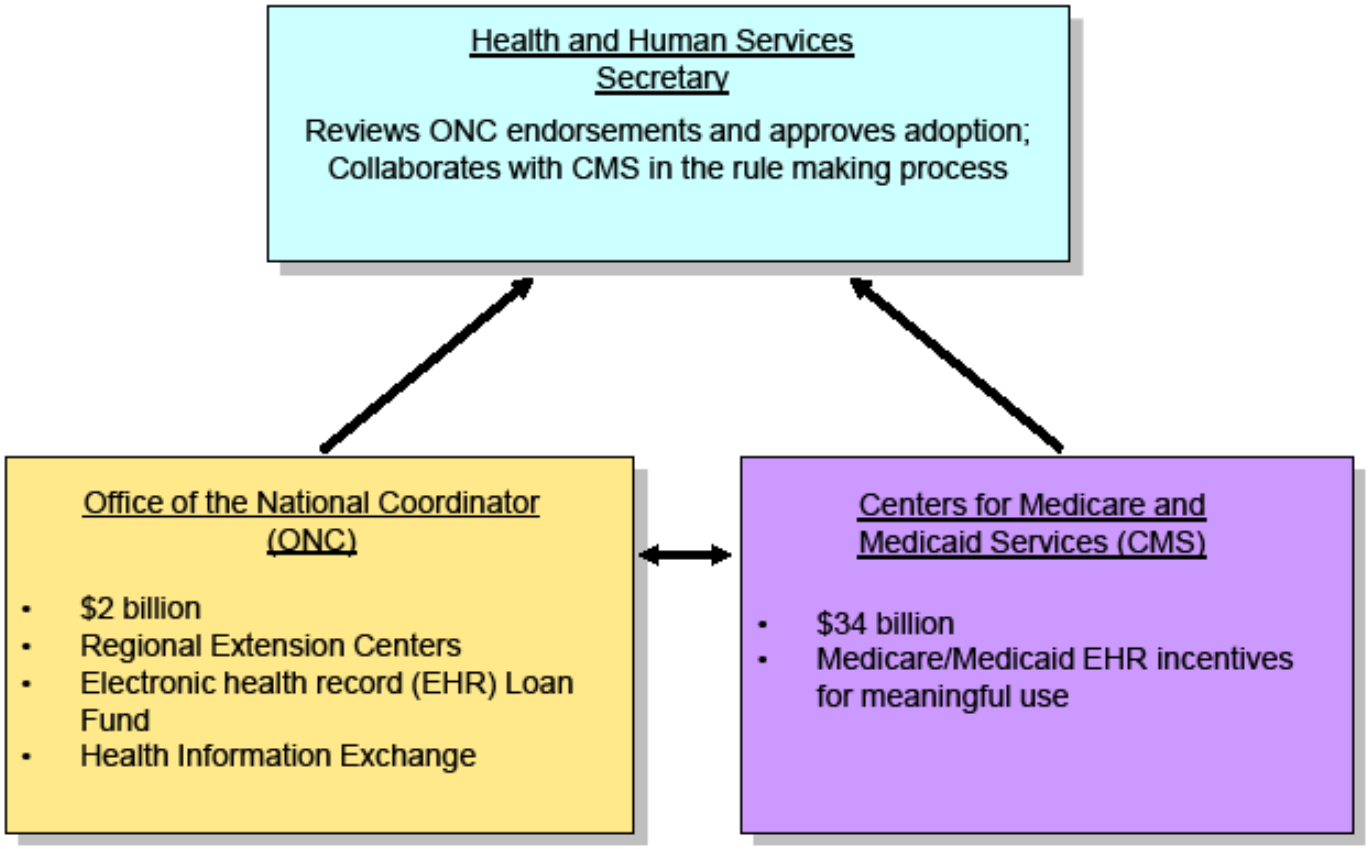
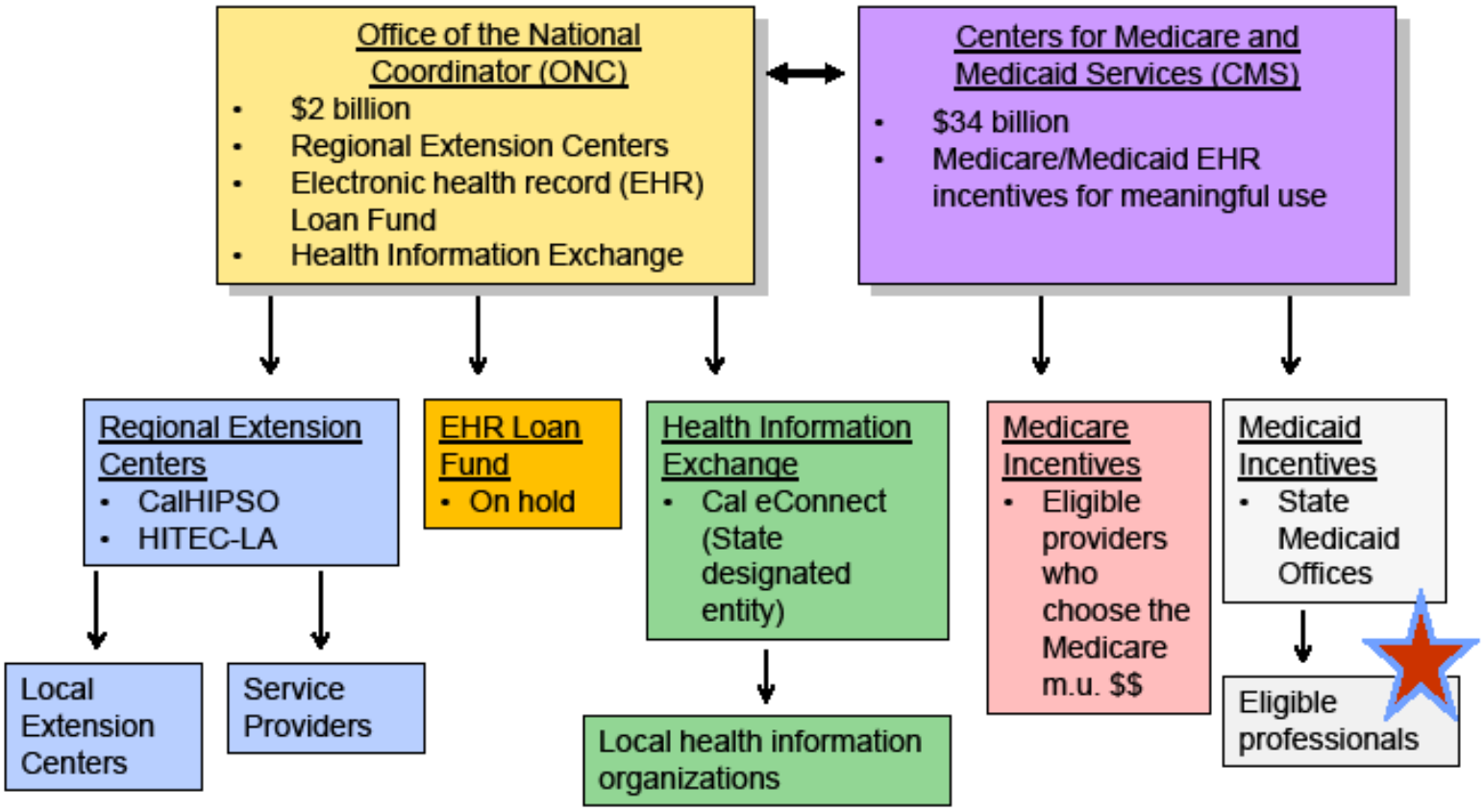
Federal Chain of Command



The American Recovery and Reinvestment Act (ARRA)

- $36 billion investment by the Federal Government in Health IT
  - $2 billion in grant funds for HIE and for technical assistance to providers
  - $34 billion paid out directly to providers who prove “meaningful use” of a “certified” EHR system

Flow of Funds



Regional Extension Centers (RECs)

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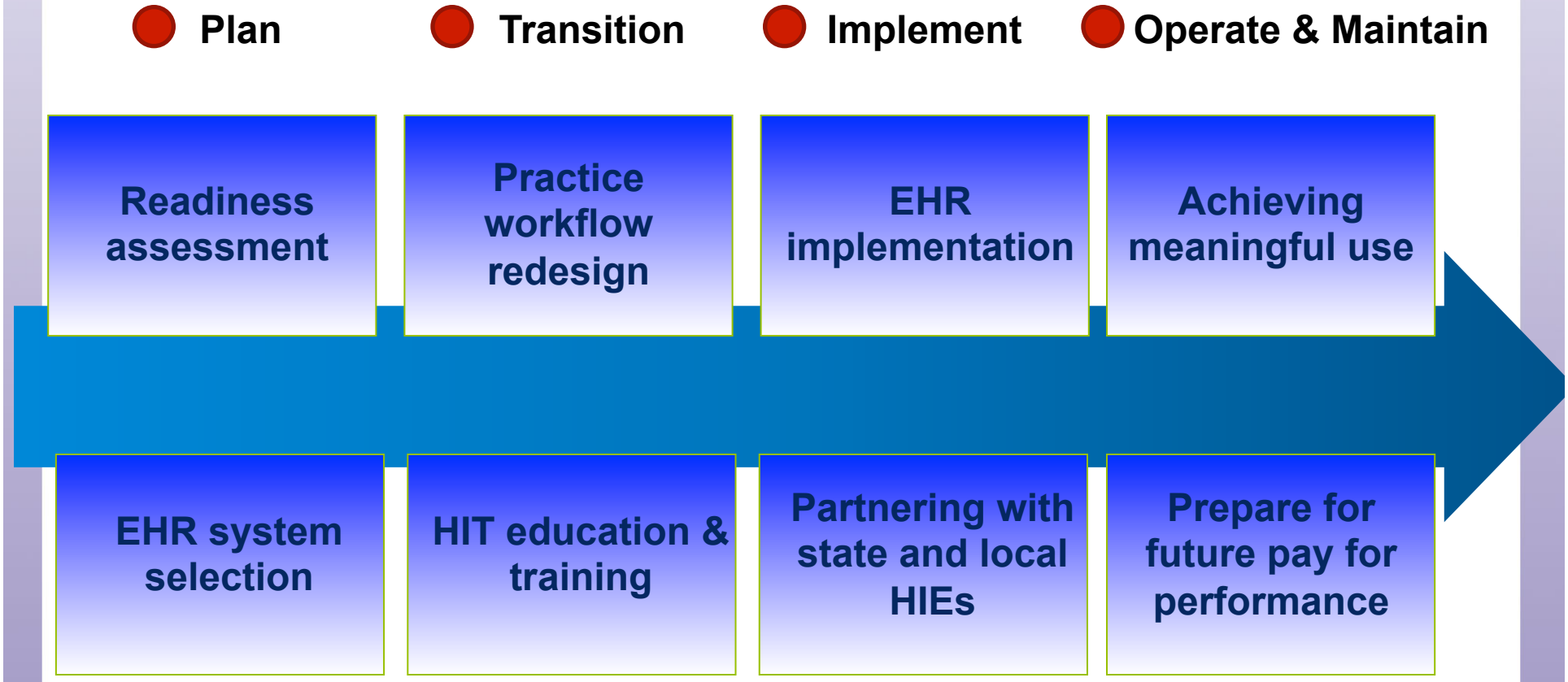
RECs have federal funding to provide comprehensive support throughout the entire EHR implementation process

Objective: Regional Extension Centers that will offer technical assistance, guidance and information on best practices to support and accelerate health care providers' efforts to become meaningful users of Electronic Health Records.



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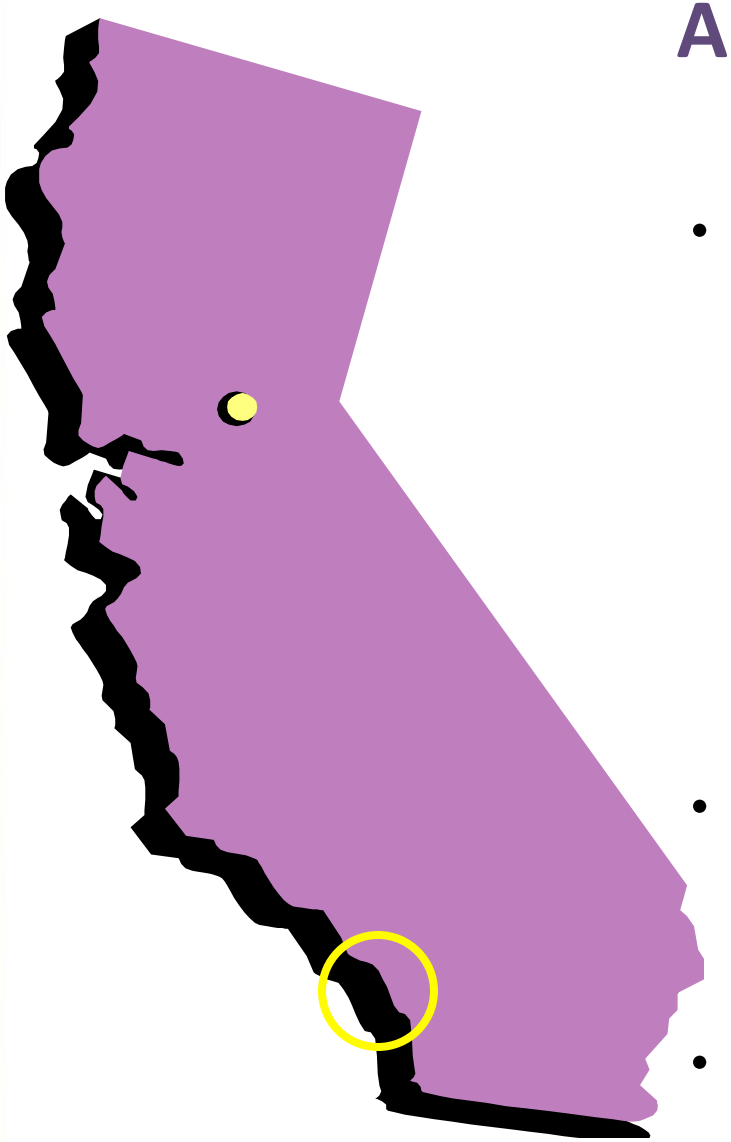
About CalHIPSO



- Formed by three key partners representing target “priority primary care providers”:
  - **California Medical Association (CMA)**
  - **California Association of Public Hospitals & Health Systems (CAPH)**
  - **California Primary Care Association (CPCA)**
- CalHIPSO is tasked with supporting targeted providers throughout CA to successfully adopt electronic health records
- Designated Local Extension Centers (LECs)

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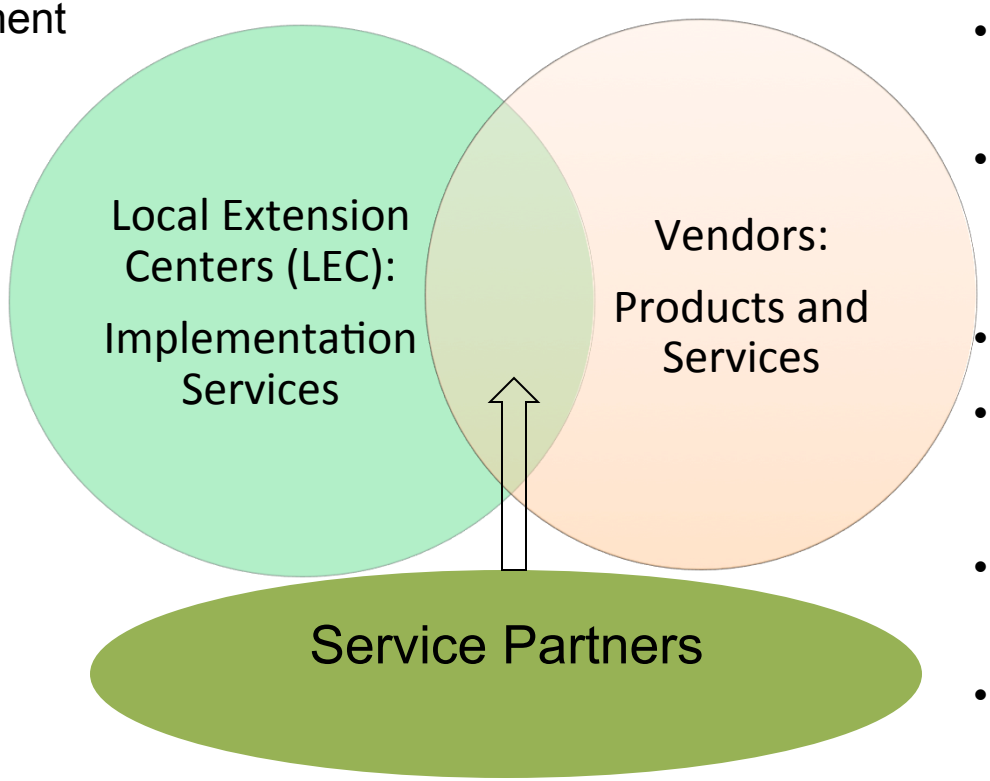
LEC Services

Education & Training Curriculum	Optimizing Quality Reporting	Group Purchasing Contracts	Provider Registry & Enrollment	Standard Deployment of EHRs

- Outreach, Enrollment and Education
- Readiness Assessments and Capacity Building
- Vendor Selection
- Workflow Assessment & Redesign
- Project Mgmt.
- Meaningful Use Reporting



- EHR Products (SaaS Offerings)
- Product Specific Templates and Configuration
- Interfaces
- Implementation Project Management
- Ongoing Maintenance
- Meaningful Use Reporting

Financial Operations – ARRA/ONC Reporting – Quality Assurance

EHR Progress to Date

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EHR Implementation Status

- 44% (8/18) Implemented
- 22% (4/18) Implementation in progress
- 12% (2/18) In planning process
- 22% (4/18) In system selection process

EHR System by Clinic

- 39% (7/18) NextGen
- 11% (2/18) eClinicalWorks (eCW)
- 11% (2/18) Developing own EHR system
- 5.5% (1/18) Sage
- 5.5% (1/18) SuccessEHS
- 5.5% (1/18) Allscripts
- 22% (4/18) In system selection process

Challenges

- Impact on productivity
- Interface costs
- Billing
- Reporting
- Resistance to change
- Workflow resdesign
- Customization vs. standardization
- Training

EHR Gaps

- Provider to provider communication
- Patient - provider communication
- Site to site connectivity/data sharing
- Outside of the clinic, outside of the visit
- Referral processes
- Care coordination
- Care transitions

Input Device

In the Clinic — Outside the Clinic

STATIONARY — MOBILE — ULTRA-MOBILE

	Desktop 	Workstation on Wheels (WOW) 	Laptop 	Tablet/ Mobile Clinical Assistant 	Smart Phone 
Portability	▪ None	▪ Rolls easily	▪ Easy "walk-and-dock"	▪ Easy to carry	▪ Easiest to carry
Input/ Output Support	▪ Easy access to many output devices	▪ Keyboard support ▪ Easy access to many output devices	▪ Keyboard support ▪ Easy access to many output devices	▪ Touch and stylus support	▪ Limited input capabilities, varies by device ▪ Limited access to output devices
Delay in Capturing Information?	▪ Yes	▪ No	▪ No	▪ No	▪ No
Pros	▪ Handles large volume of data and graphical data review ▪ High security	▪ Easy to attach keyboard and other peripheral devices	▪ Extended battery life ▪ Easy to carry ▪ Versatile ▪ Extended battery life	▪ Extended battery life ▪ Easy cleaning for better cross-contamination control	▪ Best to review snapshots ▪ Ultra-mobile
Cons	▪ Difficult to share among users	▪ Largest mobile device	▪ Needs to be physically secured	▪ Needs to be physically secured	▪ Limited screen size ▪ Limited keyboard ▪ Limited application support ▪ Needs to be physically secured

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Best of Breed vs. Fully Integrated

Best-of-Breed	Fully Integrated
➢ Using the best EMR, eRx, practice management system, etc. ➢ Pros: Continue to software you are happy with. ➢ Cons: Software conflicts.	➢ Using one integrated solution from a single vendor. ➢ Pros: Seamless flow of information from one portion of the EHR to another. ➢ Cons: This can be more expensive.

Client-Server Model vs. ASP (SaaS)

Client-Server	ASP (SaaS)
➢ The server for your system is housed in your office. ➢ Pros: Your office can continue to function if you internet connection goes down. ➢ Cons: More expensive; need to create secure physical space for the server.	➢ The server is remote, and is accessed through a secure internet connection. ➢ Pros: Usually cheaper; software is updated automatically. ➢ Cons: ASP-model EHRs are completely dependent upon a reliable internet connection.

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CalHIPSO's Target Providers – Priority Primary Care Providers (MD, DO, PA, NP, CNMW) working in the following care settings:

- Private physician practices of 10 providers or less
- Community health centers & non-profit primary care clinics
- Ambulatory care clinics operated by public hospitals
- Critical Access and Rural Hospital Clinics
- Other underserved settings

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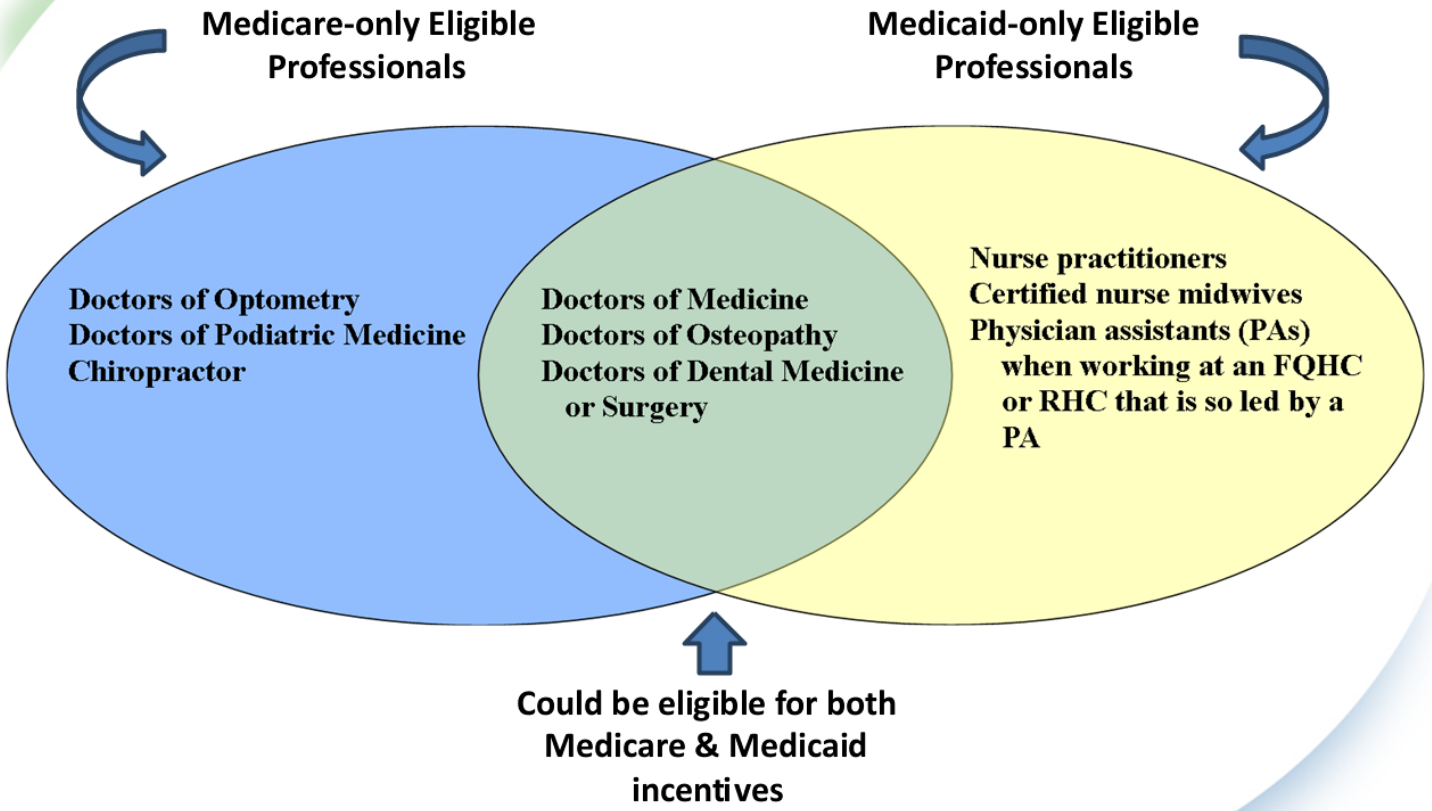
Medicare-only Eligible Professionals
Medicaid-only Eligible Professionals
Doctors of Optometry
Doctors of Podiatric Medicine
Chiropractor
Doctors of Medicine
Doctors of Osteopathy
Doctors of Dental Medicine or Surgery
Nurse practitioners
Certified nurse midwives
Physician assistants (PAs) when working at an FQHC or RHC that is so led by a PA
Could be eligible for both Medicare & Medicaid incentives

Medicare Provider Incentives

- Medicare Providers, who are not hospital-based, can receive up to $44,000 for demonstrating “meaningful use” of “certified” EHR systems.
- Incentives are paid out over five years, beginning in 2011.
- Physicians who adopt EHR after 2014 will not receive payments.
- Physicians with an existing EHR system are also eligible.
- Physicians practicing in a Health Professions Shortage Area are eligible for 10% bonus payments.

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Medicare Provider Incentives

First Year of Adoption

Incentive by Year

	2011	2012	2013	2014
2011	$18,000	--	--	--
2012	$12,000	$18,000	--	--
2013	$8,000	$12,000	$15,000	--
2014	$4,000	$8,000	$12,000	$12,000
2015	$2,000	$4,000	$8,000	$8,000
2016	$0	$2,000	$4,000	$4,000
Total	**$44,000**	**$44,000**	**$39,000**	**$24,000**

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Medi-Cal Provider Incentives

- Medi-Cal Providers are eligible to receive up to $63,750 in incentive payments, paid out over 6 years, for demonstrating “meaningful use.”
- Eligibility for Medi-Cal providers is limited in scope, and is targeted toward safety net providers.
- Incentives will be paid by the State of California (using Federal funding).
- Incentives are available in the first year for “adoption, implementation, or upgrade.”

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Three Ways to Qualify

Non-hospital-based physicians:

1. 30% of patient volume is Medi-Cal.
2. Pediatricians for whom 20% of patient volume is Medicaid.
3. Practice primarily in an FQHC, and 30% of patient volume is “needy individuals” (Medi-Cal, Healthy Families, Sliding Scale, or uncompensated care).

Medi-Cal Provider Incentives

	2011	2012	2013	2014	2015	2016
2011	$21,250	-	-	-	-	-
2012	$8,500	$21,250	-	-	-	-
2013	$8,500	$8,500	$21,250	-	-	-
2014	$8,500	$8,500	$8,500	$21,250	-	-
2015	$8,500	$8,500	$8,500	$8,500	$21,250	-
2016	$8,500	$8,500	$8,500	$8,500	$8,500	$21,250
2017	-	$8,500	$8,500	$8,500	$8,500	$8,500
2018	-	-	$8,500	$8,500	$8,500	$8,500
2019	-	-	-	$8,500	$8,500	$8,500
2020	-	-	-	-	$8,500	$8,500
2021	-	-	-	-	-	$8,500
Total	$63,750	$63,750	$63,750	$63,750	$63,750	$63,750

What is "Meaningful Use?"

Three criteria listed in ARRA:

1. Demonstrate to HHS that EHR was used in a meaningful manner, including e-prescribing.
2. The EHR is connected in a way to facilitate information exchange.
3. The physician reports on clinical quality measures.

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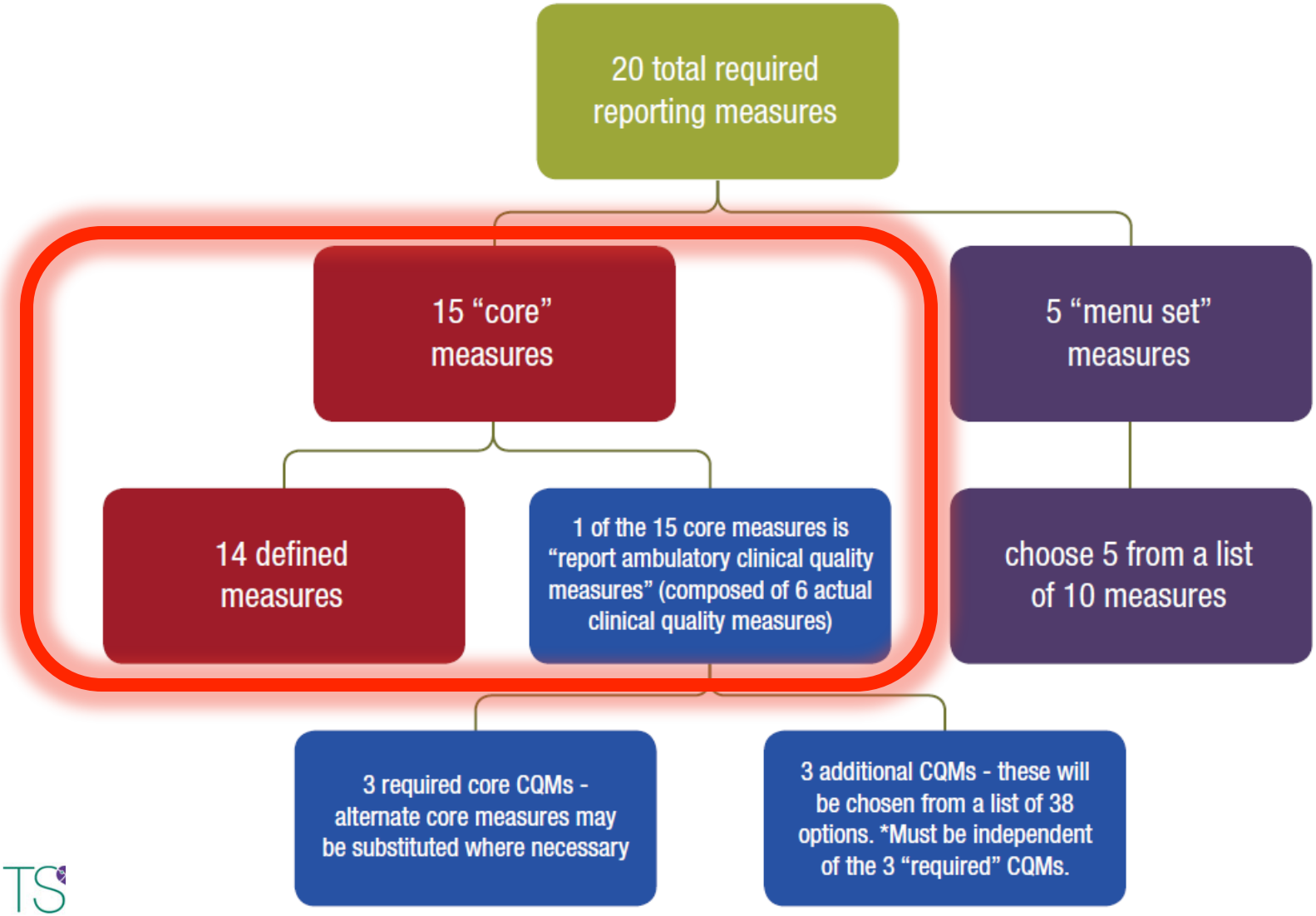
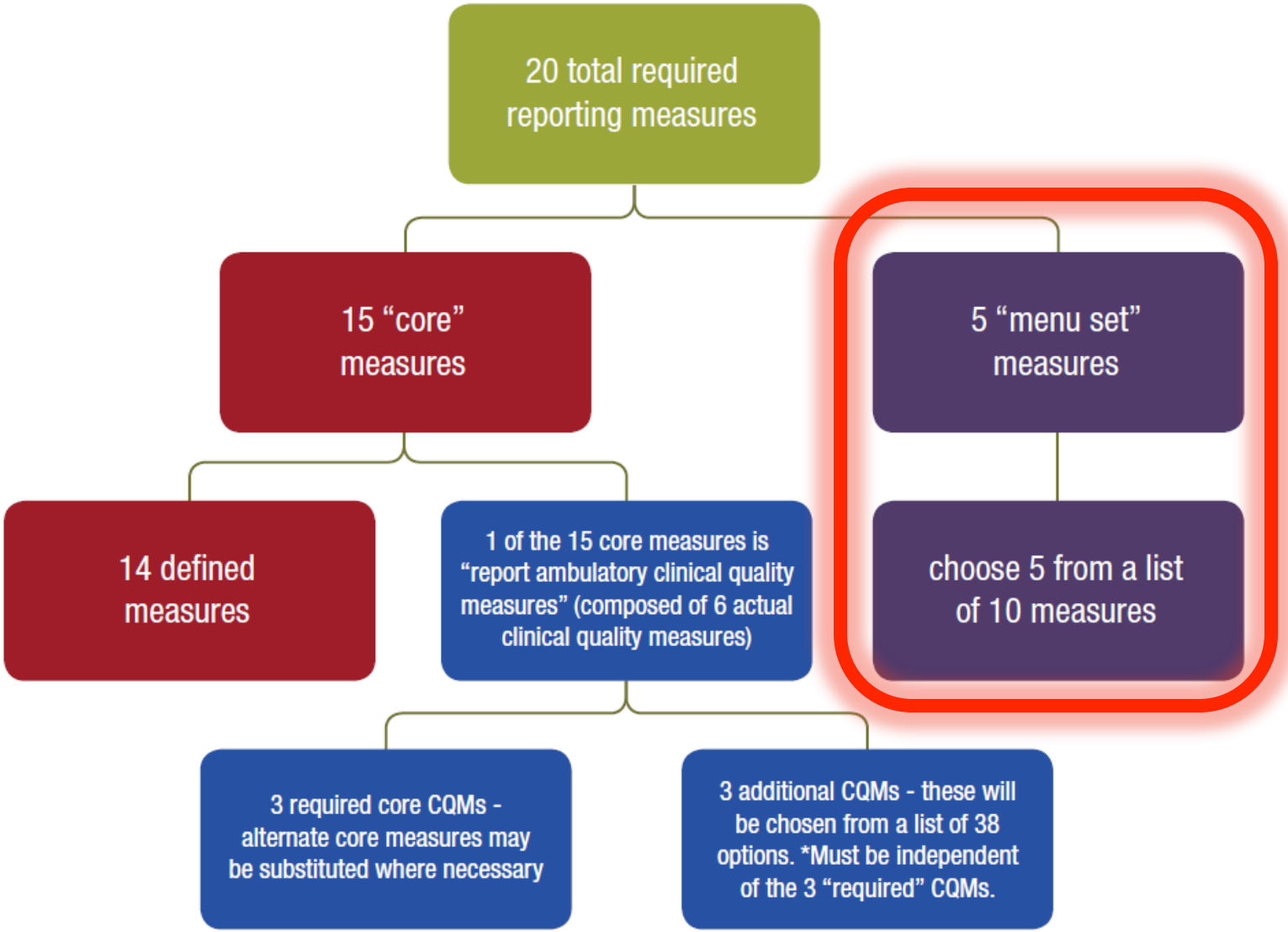
Meaningful Use



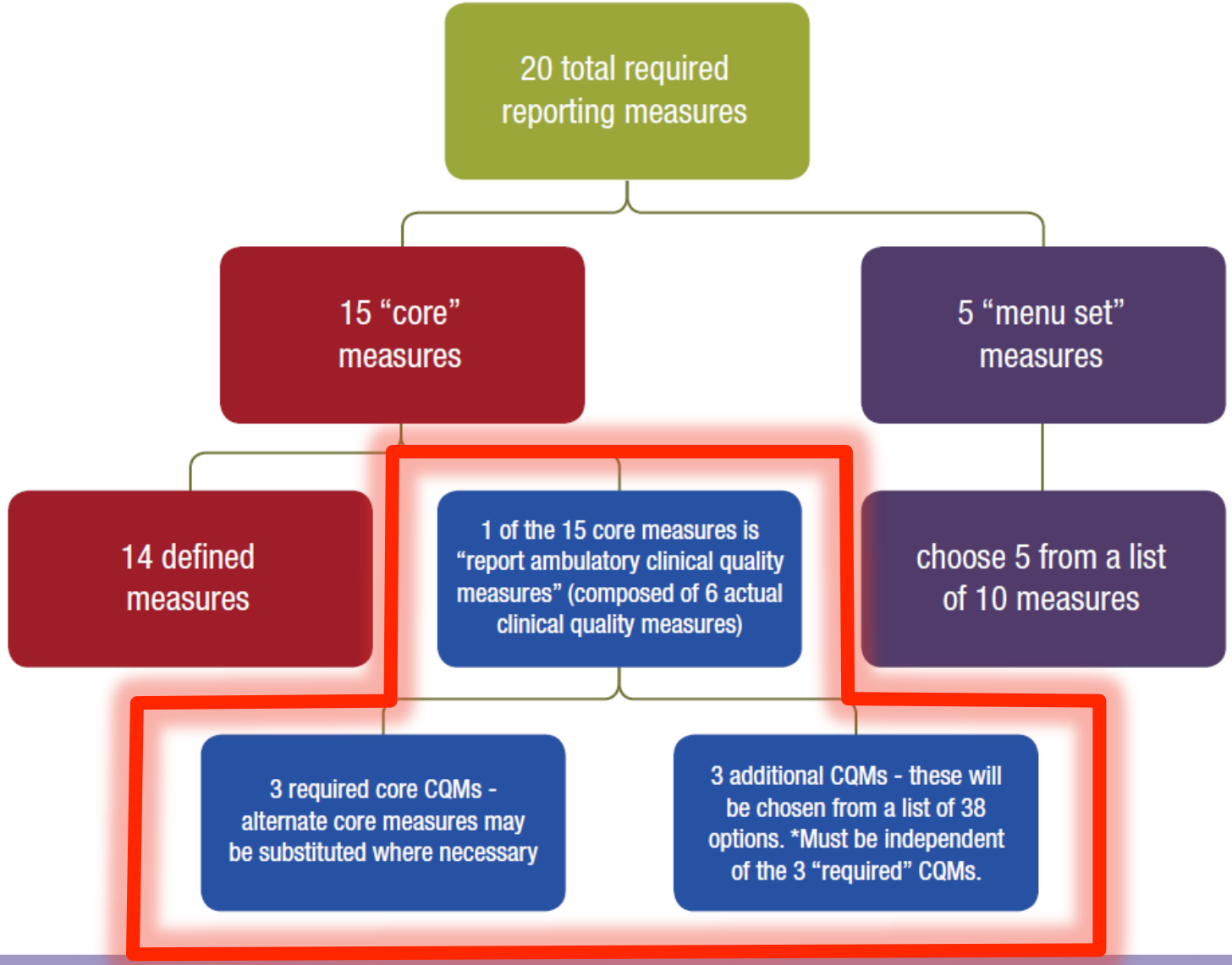
Five Goals for Meaningful Use

1. Improving quality, safety, efficiency, and reducing health disparities
2. Engage patients and families in their healthcare
3. Improve care coordination
4. Ensure adequate privacy and security protections for personal health information
5. Improve population and public health

Meaningful Use



Meaningful Use



Core Measures

Core Measures
Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention.
Hypertension: Blood Pressure Measurement.
Adult Weight Screening and Follow-Up.

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Alternate Core Measures

Alternate Core Measures
Preventive Care and Screening: Influenza Immunization for Patients -> 50 Years Old.-
Weight Assessment and Counseling for Children and Adolescents.
Childhood Immunization Status.

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Meaningful Use

Coffee Beans

Meaningful Use of Coffee Beans

Related Initiatives

- PCMH
- Beacon HIE
- SDIR
- eConsultSD
- HIPAA 5010
- ICD-10

SAN DIEGO BEACON
eHEALTH COMMUNITY

SAN DIEGO COUNTY
MEDICAL SOCIETY
FOUNDATION

eConsult SD

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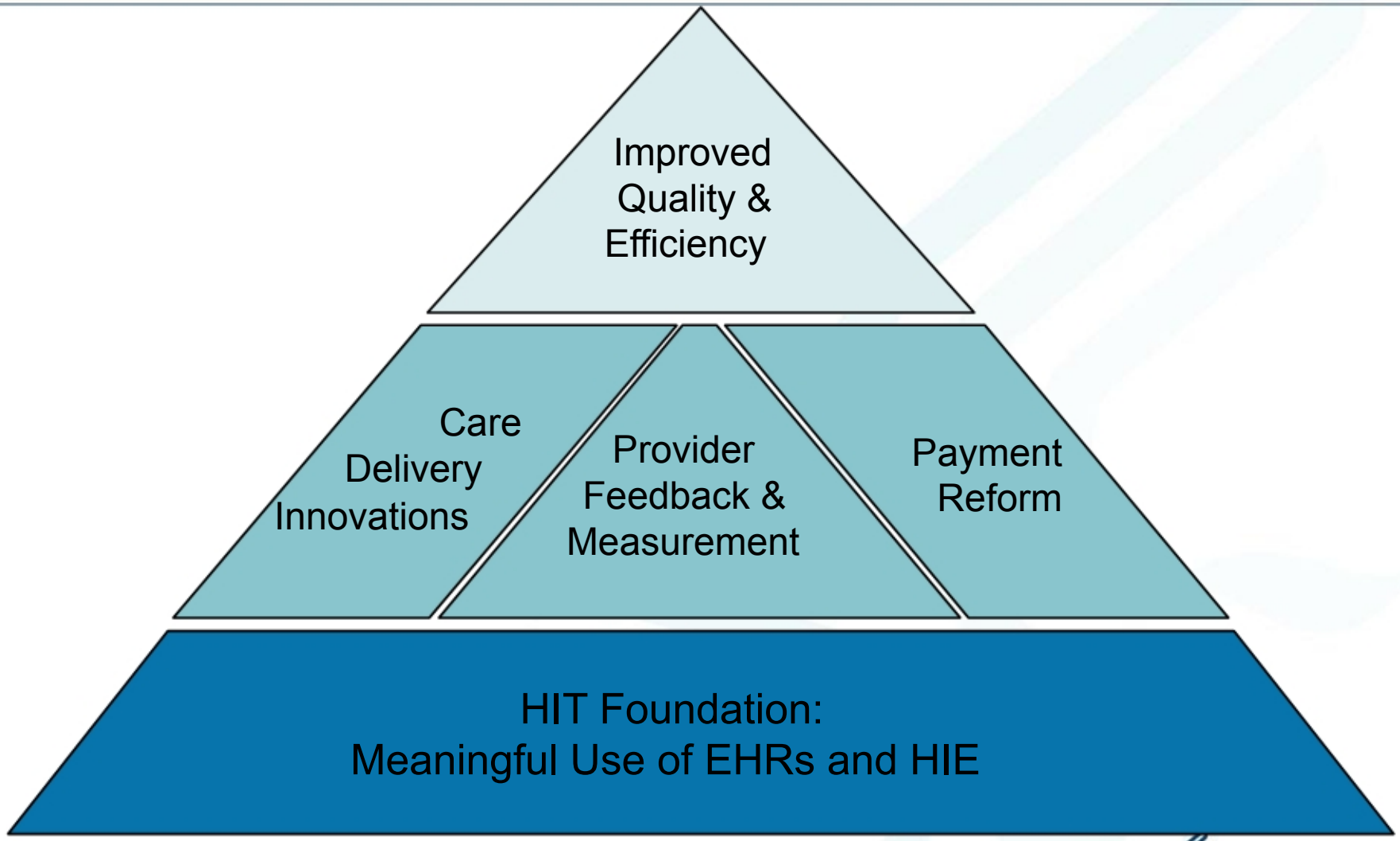
Beacon Community Programs

The Concept of the Beacon Community



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Discussion/Questions

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