



Overview

- What are the ARRA Incentives and where does BH/SA fit?
- What is Meaningful Use?
- What do you have to do to achieve Meaningful Use?
- Determining if you qualify for incentives
- Conducting a gap analysis what it will take to get to meaningful use
- Questions



FEBRUARY 2009

AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA)



One Hundred Eleventh Congress
of the
United States of America

AT THE FIRST SESSION

*Begun and held at the City of Washington on Tuesday,
the sixth day of January, two thousand and nine*

An Act

Making supplemental appropriations for job preservation and creation, infrastructure investment, energy efficiency and science, assistance to the unemployed, and State and local fiscal stabilization, for the fiscal year ending September 30, 2009, and for other purposes.

*Be it enacted by the Senate and House of Representatives of
the United States of America in Congress assembled,*

SECTION 1. SHORT TITLE.

This Act may be cited as the “American Recovery and Reinvestment Act of 2009”.

\$787 Billion, \$50+ Billion for HIT





“Health Information Technology for Economic and Clinical Health Act” or the “HITECH” Act

- Vision of HITECH
 - Significant and measurable improvements in population health through a transformed health care delivery system
 - Priorities, Goals, Objectives, Measures
 - Key goals:
 - Improve quality, safety, & efficiency
 - Engage patients & their families
 - Improve care coordination
 - Improve population and public health; reduce disparities
 - Ensure privacy and security protections



Bending the Curve Towards Transformed Health

Achieving Meaningful Use of Health Data

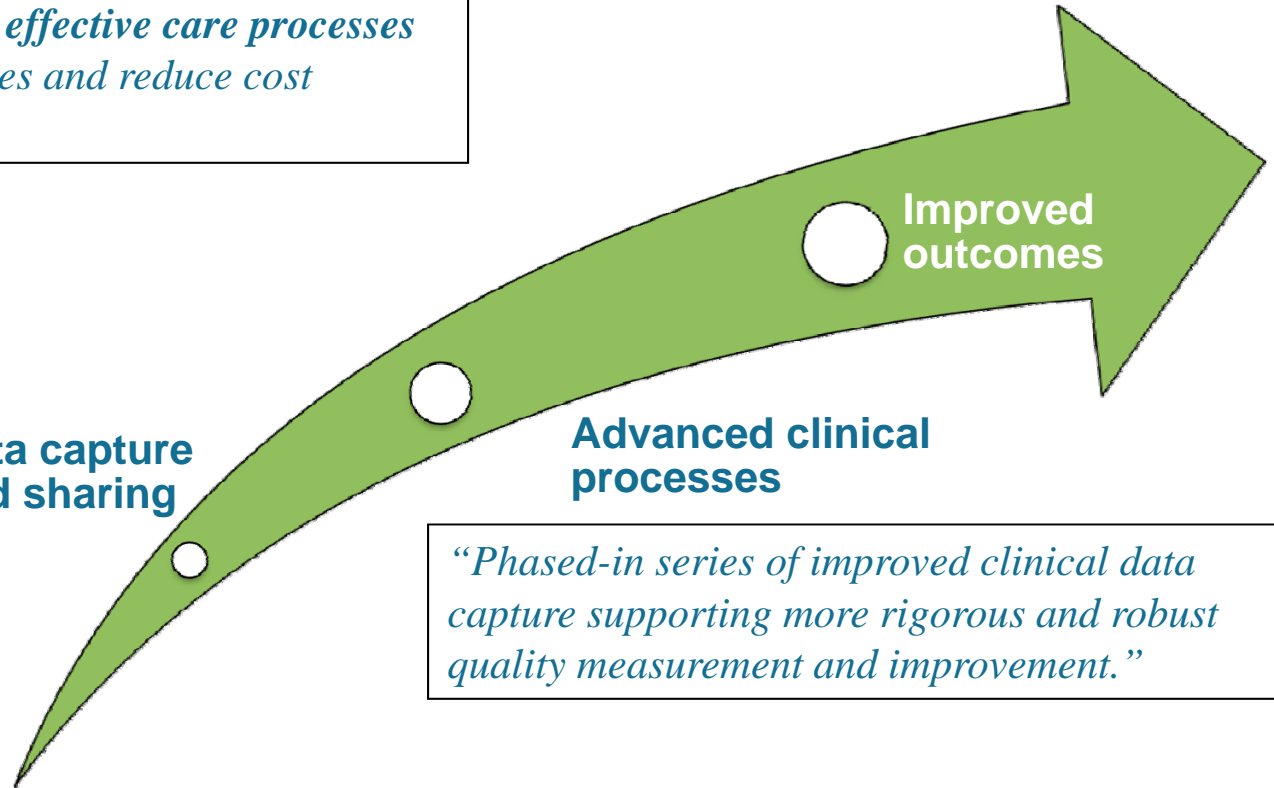
“These goals can be achieved only through the effective use of information to support better decision-making and more effective care processes that improve health outcomes and reduce cost growth”

Data capture and sharing

Advanced clinical processes

Improved outcomes

“Phased-in series of improved clinical data capture supporting more rigorous and robust quality measurement and improvement.”





Three Parts of the HITECH Act

- HIT Infrastructure Interoperability
- Incentives for the Meaningful Use of Certified EHRs
- Improve information privacy and security



One Hundred Eleventh Congress
of the

HIT Grants

Acute/Primary Care

Behavioral Health

Medicare Incentives



Eligible Providers



Hospitals

Medicaid Incentives



Eligible Providers



Hospitals



One Hundred Eleventh Congress of the

HIT Grants

Acute/Primary Care

Behavioral Health

Medicare Incentives



Eligible Providers



Hospitals

Medicaid Incentives



Eligible Providers



Hospitals

Behavioral Health added,
but mostly used for HIEs



One Hundred Eleventh Congress of the

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Hospitals

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Eligible Providers



Hospitals

Eligible Providers

BH/SA/PH eligible, but only through current definition of
“Eligible Professionals” on staff or contracted



One Hundred Eleventh Congress
of the

Medicare Incentives



Eligible Providers



Hospitals

Medicaid Incentives



Eligible Providers



Hospitals

HIT Grants

Acute/Primary Care

Behavioral Health

Hospitals

BH/SA not eligible, but could be through new legislation



Provider Incentives





Medicaid Provider Incentives



- BH/SA can receive incentives through non-hospital based eligible professionals (EPs)
 - Physicians
 - Nurse Practitioners
 - Dentists
 - Certified Nurse Midwives
 - Physician Assistants in an FQHC



Medicaid Provider Incentives



- The following criteria must be met
 - Percentage of Medicaid encounters must be 30%+ for each EP over a representative 90-day period
 - EP must have 50% of their encounters at facilities using a certified EHR
 - EP must be non-Hospital based (Hospital based means the professional furnishes 90% of services in either inpatient or emergency room of Hospital)
 - Organization meets Meaningful Use EHR requirements
 - EPs must assign their incentives to the organization



Medicaid Provider Incentives

A Part Time Example

Facility A	Facility B	Facility C
30 encounters	40 encounters	30 encounters
Certified EHR	Certified EHR	No Certified EHR
30% of encounters	40% of encounters	30% of encounters

- Provider is eligible because 70% of encounters are at facilities that use a Certified EHR
- Provider can assign the incentives
- Measurements are calculated based on the number of encounters at Facilities A and B



Medicaid Provider Incentives



First year of Meaningful Use = # of EPs x \$21,250

Years 2-6 of Meaningful Use = # of EPs x \$8,500

Total = # of EPs x \$63,750



Potential Incentive for Average CMHC



Class of Clinician	Quantity	Total Amount
Psychiatrist	5	\$318,750
Nurse Practitioner	5	\$318,750
		\$637,500



Medicare Provider Incentives



- CMHCs/SA can receive funding based on the number of Eligible Professionals
- Capped at \$44K/EP based on Medicare billings



Penalties Apply if non-MU User

**Medicare reductions for non-MU users are:
2015 - 99%, 2016 - 98%, 2017 – 97%
each subsequent year - 95%.**

**\$20M CMHC, with 10% Medicare revenue, would have
an ongoing revenue reduction of \$100K/year**



Key Factors for Incentives / Penalties

- Medicaid incentives at the EP level are greater than Medicare incentives – 85% of allowable costs vs. 75% of charges (\$63K vs. \$44K)
- If not a meaningful user by 2015 your Medicare revenue will be affected by the penalties
- You can only receive incentives from one state's Medicaid program – possible issue for providers on borders



Medicaid Adopt/Implement/Upgrade (A/I/U)

- Available in first participation year only
- Adopted – acquired and installed
- Implemented – commenced utilization of system
- Upgraded – expanded or upgraded to certified version of system
- System must be certified



How Will Incentive Eligibility be Tracked?

- Registration
 - Providers must register on CMS website (more details to following starting in Jan 2011)
 - Be enrolled in Medicare FFS, MA, or Medicaid (FFS or managed care)
 - Have a National Provider Identifier (NPI)
- Tracking
 - Self attestation
 - Other ways to be determined by states

If you already have an EHR implemented that becomes certified you can still get the full incentives



Corrective Legislation



Corrective Legislation

- Introduced as H.R. 5040 in U.S. House of Representatives and S. 3709 in U.S. Senate
- Expands **Eligible Professionals** to include:
 - Licensed psychologists
 - Clinical social workers
- Expands **Hospital Incentives** to:
 - Psychiatric hospitals
 - Community mental health centers
 - Substance use treatment facilities
- More information and to support the bills, visit www.ntst.com/legislation



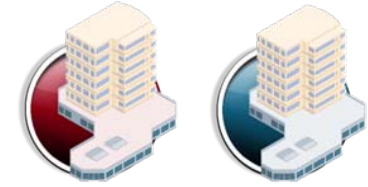


Hospital Incentives





Existing Medicaid/Medicare Hospital Incentives



$$\left(\$2M + \$200 \times \text{Total No of Discharges} \right) \times \left(\% \text{ of Medicaid Business} \right) \times \left(\begin{array}{l} \text{Transition Factor} \\ \text{Year 1, 100\%} \\ \text{Year 2, 75\%} \\ \text{Year 3, 50\%} \\ \text{Year 4, 25\%} \end{array} \right) \times \left(\text{Charity Care Factor} \right)$$

\$20M CMHC, with 70% Medicaid revenue, would receive \$1.4M+ in first year if no change in base amount



Summary of Provider & Hospital Incentives

- Great news! You are eligible today
- Even better news! If corrective legislation passes, you have the potential for even more incentives
- Help support our efforts to pass this legislation



What is Meaningful Use?



Meaningful Use

A **Meaningful user** is an eligible provider who:

- Meets Criteria of Stage 1 Meaningful Use
- Use a Certified EHR



Meaningful Use Criteria – Final Rule

- Core – criteria that are mandatory for Stage 1
- Menu Set – select any 5 to be deferred, except all EPs must select at least one of the PH measures – if a measure is not applicable it does not count as one of the deferred
- Added – patient education resources, advanced directives
- Removed – claims submission and eligibility checking
- Modified – several percentage measurements

CORE SET



Core Set	Meaningful Use Measure	Change Interim to Final Rule
Computer Physician Order Entry	30% of unique patients with at least one medication entered using CPOE	Change from 80% EPs, 10% Hospitals, Meds only
Drug-Drug, Drug-Allergy	Functionality enabled	
e-Prescribing	EP Only - 40% of permissible prescriptions	Change from 75%
Record Demographics	50% of unique patients have demographics recorded	Change from 80%
Maintain Active Medication List	80% of unique patients have one entry	
Maintain Active Medication Allergy List	80% of unique patients have one entry	
Up to Date Problem List of Current/Active Diagnosis	80% of unique patients have one entry	
Record/Chart Changes in Vital Signs	50% of unique patients (age 2+) have Height, Weight, BP, BMI, Growth	Change from 80%
Record Smoking Status	50% of unique patients (age 13+) have status recorded	Change from 80%
Implement One Clinical Decision Rule	Implement one clinical decision support rule	Change from 5 rules
Clinical Quality Measures Reporting	Implement Clinical Quality Measures	
Patient Electronic Copy of Health Information	50% of patients that request in 3 business days	Change from 80%, 2 to 3 days
Provide Electronic Copy of Discharge Instructions	Hospital Only - 50% of patients that request are provided	Change from 80%
Provide Clinical Summaries for Patients for Each Visit	EP – for 50% of all visits within 3 business days	Change from 80%
Exchange of Clinical Information	Performed one EHR test to show exchange	
Protect Health Information	Conduct or review a security risk analysis and implement	

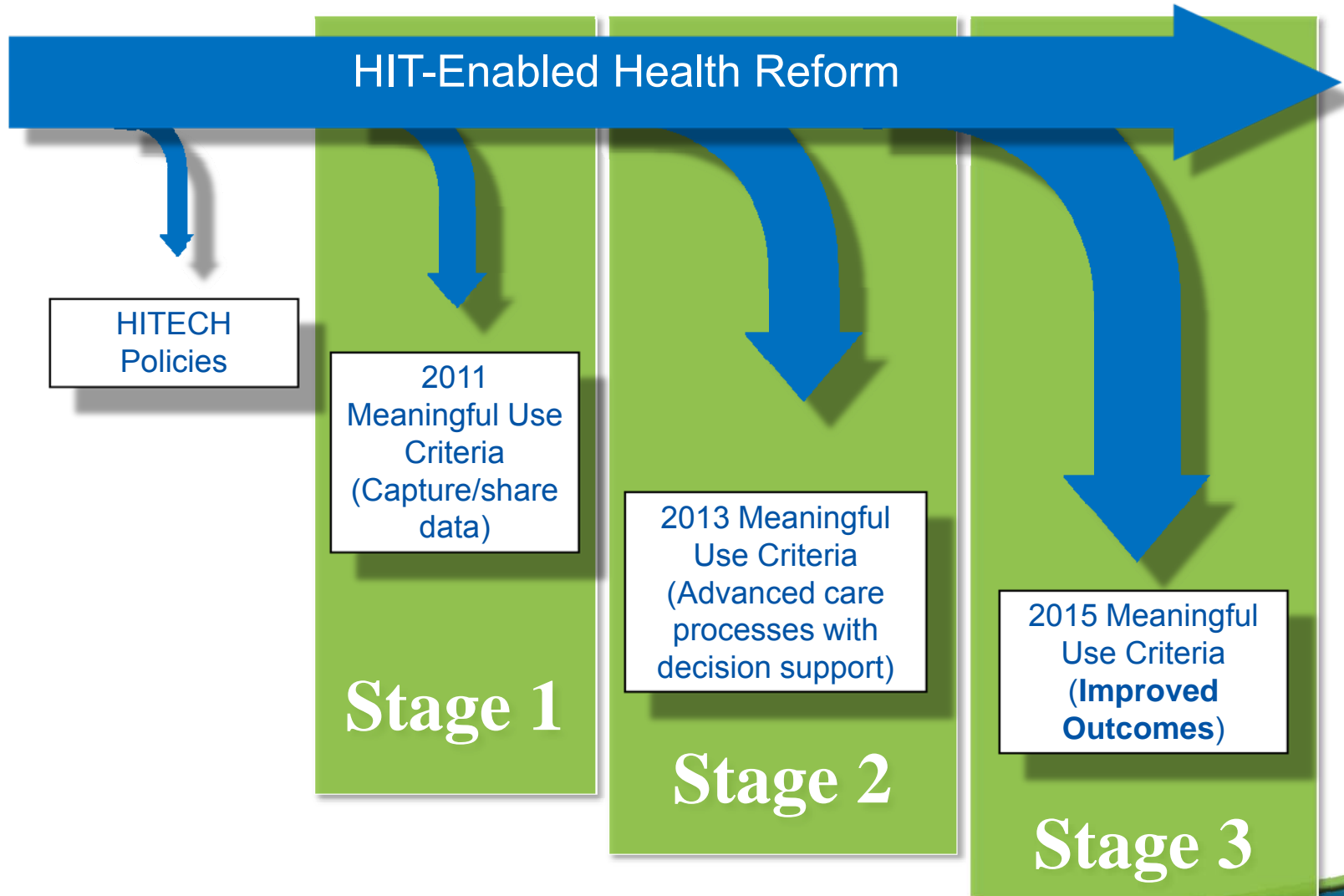
MENU SET



Menu Set	Meaningful Use Measure	Change Interim to Final Rule
Drug- Formulary Checks	Functionality enabled and has access to one internal or external formulary	
Record Advanced Directives	Hospital Only - 50% of unique patients (65+) indicate advanced directive status	NEW
Incorporate Lab Test Results into EHR	40% of clinical lab tests incorporated into EHR as structured data	Change from 50%
Generate Patient Lists by Specific Conditions	Generate at least one report	
Send Reminders to Patient per Patient Preference	EP Only - To 20% of unique patients (age 65+ or <5 years old)	Change from 20% and age change
Patient Electronic Access to Health Information	EP – 10% unique patients have timely access	
Use EHR to Identify and Provide Education Resources	10% of all unique patients are provide patient specific resources	NEW
Medication Reconciliation	50% of relevant encounters, care transitions	Change from 80%
Provide Summary Care Record, Transition Care/ Referral	50% of relevant encounters, care transitions	Change from 80%
Submit Electronically to Immunization Registries *	Performed one EHR test to show submission	
Submit Reportable Labs to PH Agencies *	Hospital Only - Performed one EHR test to show submission	
Submit Electronic Syndromic Survey to PH Agencies *	Performed one EHR test to show submission	
Check Insurance Eligibility Electronically	For 80% of unique patients	REMOVED
Electronic Claims Submission	At least 80% of claims electronic	REMOVED



Stages of Meaningful Use



Stage of Meaningful Use Criteria by Year



First Payment Year	Payment Year				
	2011	2012	2013	2014	2015 +
2011	Stage 1	Stage 1	Stage 2	Stage 2	TBD
2012	Stage 1		Stage 1	Stage 2	TBD
2013			Stage 1	Stage 1	TBD
2014				Stage 1	TBD
2015+					TBD



What Is Meaningful Use?

- Meet Criteria of Stage 1 Meaningful Use Matrix
- Use a Certified EHR



Certification Types

- Behavioral Health CCHIT Certification
 - Does not meet Meaningful Use criteria
 - Not scheduled for release until ????
- ARRA Certification
 - Meets Meaningful Use criteria
 - Available now, testing to start this Fall



ARRA vs. BH CCHIT Certification

Requirement	ARRA	BH
Foundational Infrastructure: Security and Privacy	✓	✓
Computer Physician Order Entry	✓	✓
Drug Decision Support	✓	✓
Problem List	✓	✓
e-Prescribing	✓	✓
Medication List	✓	✓
Medication Allergy List	✓	✓
Demographics	✓	✓
Vital Signs	✓	✓
Smoking Status	✓	✗
Lab Test Results	✓	✗
Patient Lists	✓	✓
Clinical Quality Measures	✓	✗



ARRA vs. BH CCHIT Certification

Requirement	ARRA	BH
Patient Reminders	✓	✓
Clinical Decision Rule	✓	✓
Advanced Directives	✓	✓
Patient Education	✓	✓
Patient Electronic Copy of Health Information	✓	✓
Patient Electronic Access to Health Information	✓	✓
Patient Clinical Summary	✓	✓
Exchange of Clinical Information	✓	✗
Medication Reconciliation	✓	✗
Immunization Registries	✓	✗
Reportable Lab Submission	*✓	✗
Electronic Syndromic Surveillance	✓	✗

* = Hospital Only



Quality Reporting for EPs

- Six are required, 3 from Core or Alternative and 3 from Non-Core
- Clinical Core Measures
 - Hypertension: Blood Pressure Measurement
 - Preventative Care and Screening Measure Pair - Tobacco Use Assessment and Tobacco Cessation Intervention
 - Adult Weight Screening and Follow-Up
-
- Alternate Core Measures
 - Weight Assessment and Counseling for Children and Adolescents
 - Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old
 - Childhood Immunization Status
- Clinical Non-Core Measures (38)



How are Leading Providers Preparing for Meaningful Use?



Designing Your Team's Game Plan

Mary Ruiz President/CEO
Manatee Glens



Helping Families In CrisisSM
Mental Health & Addiction Services

What is Your Vision for Meaningful Use?



- Changing Practitioner Behavior
 - Clinical pathways to reduce variance?
 - Utilization management standards to flag outliers?
 - Self-evaluate through real time comparison of practice to measures?

What is Your Vision for Meaningful Use?



- Changing Patient Behavior?
 - Self monitor and report changes in status?
 - Picture of health status and progress in recovery?
 - Advance directives for crisis management?
 - Report whether standards were met in their case?

What is Your Vision for Meaningful Use?



- Changing Practice Performance?
 - Results Transparent to Public?
 - Consensus on Care Guidelines?
 - Manage episodes of care across practitioners and levels of care?
 - Manage allocation of resources?

What is the National Vision for Meaningful Use?



- Participate in Healthcare Homes?
- Facilitate Rapid Access?
- Match Need with Type and Level of Care?
- Practice Stepped Care (Up and Down)?
- Provide Care Management for High Cost Patients?

Dale Jarvis, CPA MCPP Healthcare Consulting, Inc.
June 2010 National Council Policy Institute



What is the National Vision for Meaningful Use?

- Measure Individual Improvement and Adjust Care
- Participate in P4P Bonus Arrangement
- Manage Under Case Rates
- Play in the Accountable Health Care Organization/Integrated Health World

Dale Jarvis, CPA MCPP Healthcare Consulting, Inc.
June 2010 National Council Policy Institute



Implementing Your Plan for Meaningful Use

Does Your CEO Have an Advocacy Plan?



- **State Association**

- Educating Members?
- Initiating Learning Community?
- Influencing State Medicaid and IT?

- **Congress**

- Educating delegation?
- Soliciting cosponsors for House and Senate bills?
- Linking with National Council?



Does Your CEO Have A Communication Plan?

- Vision roadmap that can be explained in five minutes?
- News Leak: How will I have to change my practice?
- Set short term goals?
- Amend Board strategic and budget plan?
- Relate to stakeholders?
- Communicate with media?
- Celebrate successes?



Are Your Consumers and Families Ready to Participate?

- Educated on new enhancements to care?
- Invited to participate in planning for changes?
- Solicited for volunteers to test and offer input on processes?
- Prepared to provide new information?
- Empowered to advocate for inclusion of behavioral health in MU incentives?
- Encouraged to develop self help wellness support?



Is Your Finance Team on Task?

- Calculating eligibility, incentives and penalties?
- Recommending volume, payer or service mix changes to qualify EP's?
- Implementing electronic eligibility and claims?
- Analyzing possible billing strategies for BMI, vitals, med rec, allergies etc?
- Developing operating and capital budgets for MU?
- Proposing sources of financing for IT?

Capital Estimates For Vendor EHR Certification



Type	One time vendor cost per EHR (\$M)		
	Low	High	Mid-point
Complete EHRs for Eligible Professionals	\$1.2	\$3.6	\$2.4
Complete EHRs for Eligible Hospitals	\$1.8	\$4.8	\$3.3

Estimates of capital costs for providers and hospitals to implement a certified EHR and meet meaningful use for 2011 and 2012 is ~\$50B



Is Your IT Team Assessing System Readiness?

- Is your vendor viable and certifiable?
 - If yes is a vendor contract amendment proposed with MU measurements and deadlines?
 - If no is there an analysis of system migration options?
- Is there an amended strategic IT plan with projected costs and timeframes?
 - Have hospitals, jails and health departments been contacted to plan data exchange?

Is Your Medical Team Ready?



- Psychiatric practice a discipline or an “art”?
- Intellectual capital to envision change?
- Management talent to execute change?
- Practitioners prepared for emotional costs?
- Plan for data good enough to offset time to collect it?
- Risk of no change higher than risk of change?



Is Your HR Team on Board?

- Is there a EP contract amendment to assign incentives to center?
- Have bonus plans been adjusted?
- Is there a pro forma staffing plan for optimal use of nurse practitioners and nurse aides?
- Is there a revised staffing plan/budget for medication clinics?
- Are there new roles proposed for peer specialists?
- Are job descriptions revised to incorporate MU requirements?



Are Your Consumers and Families Ready to Participate?

- Educated on new enhancements to care?
- Invited to participate in planning for changes?
- Solicited for volunteers to test and offer input on processes?
- Prepared to provide new information?
- Empowered to advocate for inclusion of behavioral health in MU incentives?
- Encouraged to develop peer self-help and wellness supports?



Is Your QI Team Working on Redesign

- How will processes change not just to collect data but to transform practitioner and patient experience?
- What will be the uses of data and how will reporting accomplish that?
- How will new standards, pathways and outcomes be developed, measured and posted internally and externally?
- Responsibility for managing upcoming changes

Process Changes to Consider



Improving quality, safety, efficiency, and reducing health disparities

Requirement	Process Changes
*Computer Physician Order Entry	This will require a change from managing a paper or fax-oriented process to managing the electronic process. There will be training involved and process change expected from ordering staff.
*Drug-Drug, Drug-Allergy	Processes established for ePrescribing will likely support this criteria
Drug- Formulary Checks	Processes established for ePrescribing will likely support this criteria
*e-Prescribing	This will require a change from managing a paper or fax-oriented process to implementing InfoScriber and managing the electronic process. There will be training involved, and process change expected from prescribing clinicians.
*Record Demographics	Existing processes will likely support the criteria
*Maintain Active Medication List	Existing processes will likely support the criteria
*Maintain Active Medication Allergy List	Existing processes will likely support the criteria

* = Core Criteria

Process Changes to Consider



Improving quality, safety, efficiency, and reducing health disparities

Requirement	Process Changes
*Up to Date Problem List of Current/Active Diagnosis	Will need to collect information to generate problem lists and not just billing diagnosis
*Record and Chart Changes in Vital Signs	If this information is not being collected, it will require a clinical process/staff change to measure and collect this data
*Record Smoking Status	Begin asking this question during intake
Record Advanced Directives	Start recording whether a patient has advanced directives
Incorporate Lab Test Results into EHR	Change to electronically receive lab results using an HL7 interface
Generate Patient Lists by Specific Conditions	Determine frequency and owner of report
Send Reminders to Patient per Patient Preference	Begin asking preference at intake and options could be by phone, mail, email or on web portal
*Implement One Clinical Decision Rule	On a one time basis will need to set up rules by order code, and then decide frequency and owner of reports
*Clinical Quality Measures	Reports will need to be produced and submitted regularly

*** = Core Criteria**

Process Changes to Consider



Engage patients and families in their health care

Requirement	Process Changes
*Patient Electronic Copy of Health Information	Documentation will have to be completed in a timely manner so summary of care record can be generated within 3 business days
*Provide Electronic Copy of Discharge Instructions	Existing processes will likely support the criteria
Patient Electronic Access to Health Information	Need to have all of the associated changes to workflow to meet the requirements of ConsumerConnect (checking incoming messages, journals, appointments, etc.)
*Provide Clinical Summaries for Patients for Each Visit	Documentation will have to be completed in a timely manner so summary of care record can be generated within 48 hours
Use EHR to Identify and Provide Education Resources	Start reporting that resources were provided

* = Core Criteria

Process Changes to Consider



Improve care coordination

Requirement	Process Changes
*Exchange of Clinical Information	For Stage 1, a Continuity of Care Document (CCD) needs to be created and exchanged.
Medication Reconciliation	Medication reconciliation will have to be added to the process during transitions of care
Provide Summary of Care Record for Transition of Care / Referral	Documentation will have to be completed in a timely manner so summary of care record can be generated within 48 hours

* = Core Criteria



Process Changes to Consider

Improve population and public health

Requirement	Process Changes
Submit Electronically to Immunization Registries	Providers will need to be able to electronically record, retrieve, and transmit immunization information to immunization registries in accordance with the applicable standard format.
Submit Reportable Labs to PH Agencies (Hospital Only)	Providers will need to be able to electronically record, retrieve, and transmit reportable diseases to public health agencies in accordance with standards.
Submit Electronic Syndromic Surveillance to PH Agencies	Providers will need to be able to electronically record, retrieve, and transmit syndrome-based (e.g., influenza like illness) data to public health agencies in accordance with standards.

One Menu Set Selection must be from PH Set

*** = Core Criteria**



Process Changes to Consider

Ensure adequate privacy and security protections for personal health information

Requirement

Process Changes

*Protect Health Information

Start conducting a security risk analysis

* = Core Criteria



What's Next?

- Start creating a plan today
- Ensure your technology partner has all of the products required and a certification strategy
- Determine internal process changes required
- Ensure the proper budget and timing
- Talk to members of Congress about Legislation



Materials available for further review

www.ntst.com/meaningfuluse

- *Resource information*
- *Frequently Asked Questions*
- *Technology checklist*
- *Whitepapers*

www.ntst.com/legislation

- *Information about pending corrective legislation in Congress*