

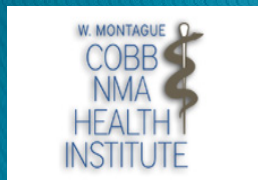


What can the private sector do for you?

Presented To: ODMS/Region II Physicians and Health Care Stakeholders

June 10, 2011

“Is your practice ready for the future?”





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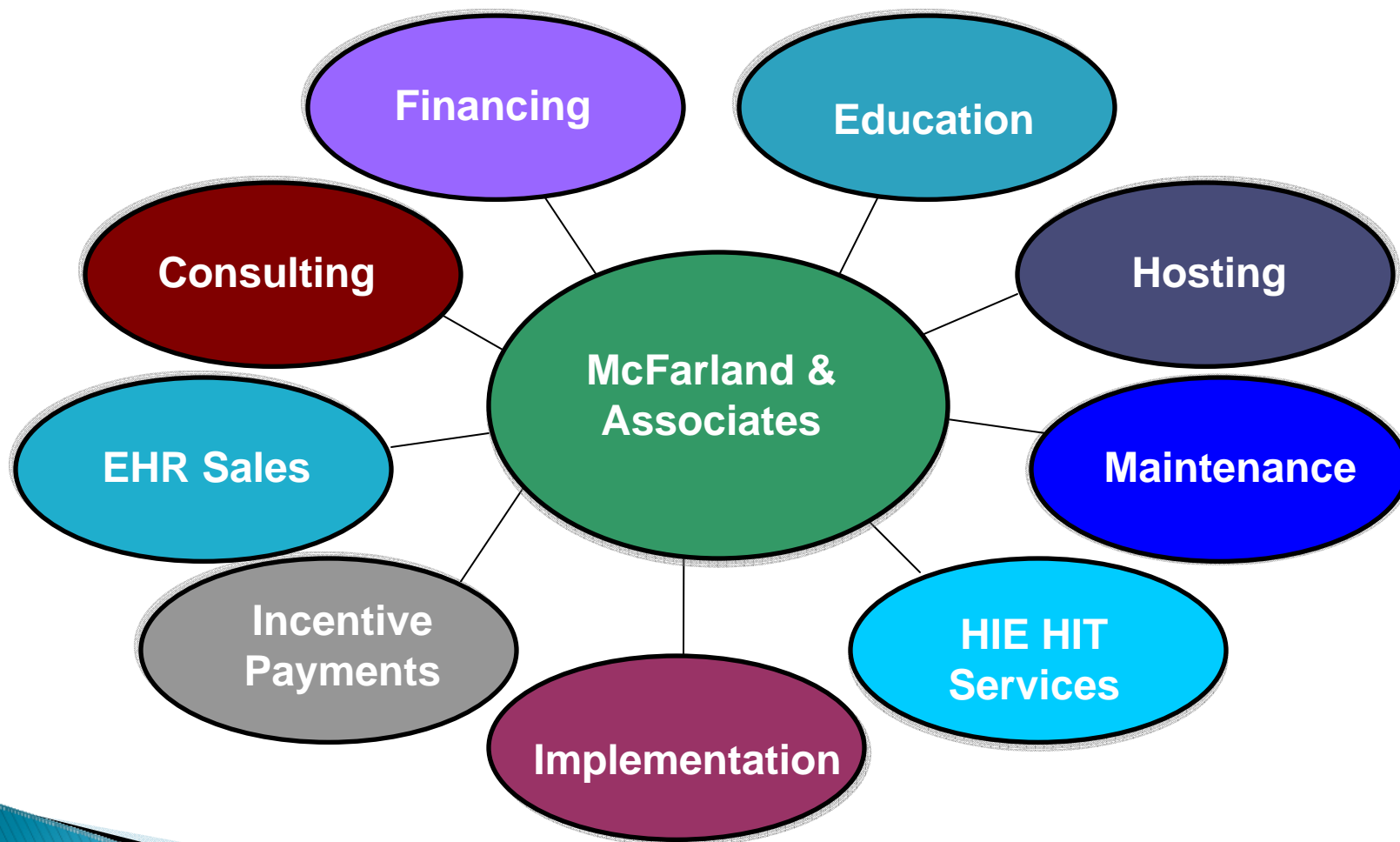
Who We Are

- ✓ Founded in 1989 as a small minority-owned business
- ✓ Specializing in education, health, welfare and evaluation services
- ✓ Providing technical and administrative support, research and evaluation, and health information technology services
- ✓ Clients are federal, state, and local governments, colleges and universities, community-based organizations and private businesses
 - ✓ HBCU's , Tribal & Hispanic Universities/Colleges
 - ✓ Faith-Based Organizations, Behavioral Health Centers
- ✓ Established “vendor neutral” strategic relationships with EHR companies, NACHC, Cobb/NMA Health Institute, Maryland REC MSO provider



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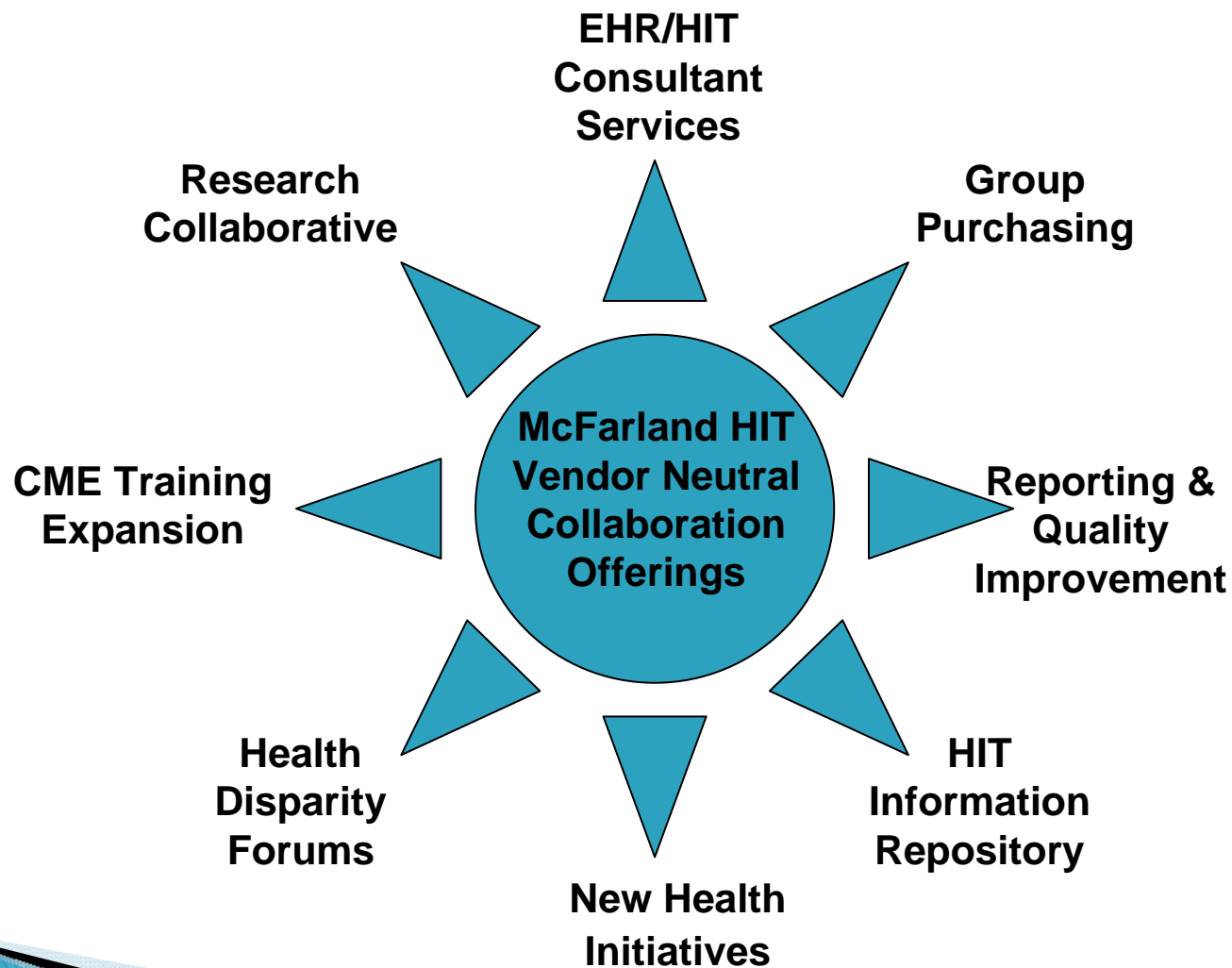
Portfolio of Offerings





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Physician Benefits & Services





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Physician EHR Adoption Obstacles

1. Selection process is confusing
2. Implementation costs
3. Fear of life cycle costs
4. Support/infrastructure issues
5. Disruption in practice flow
6. Investment recovery time



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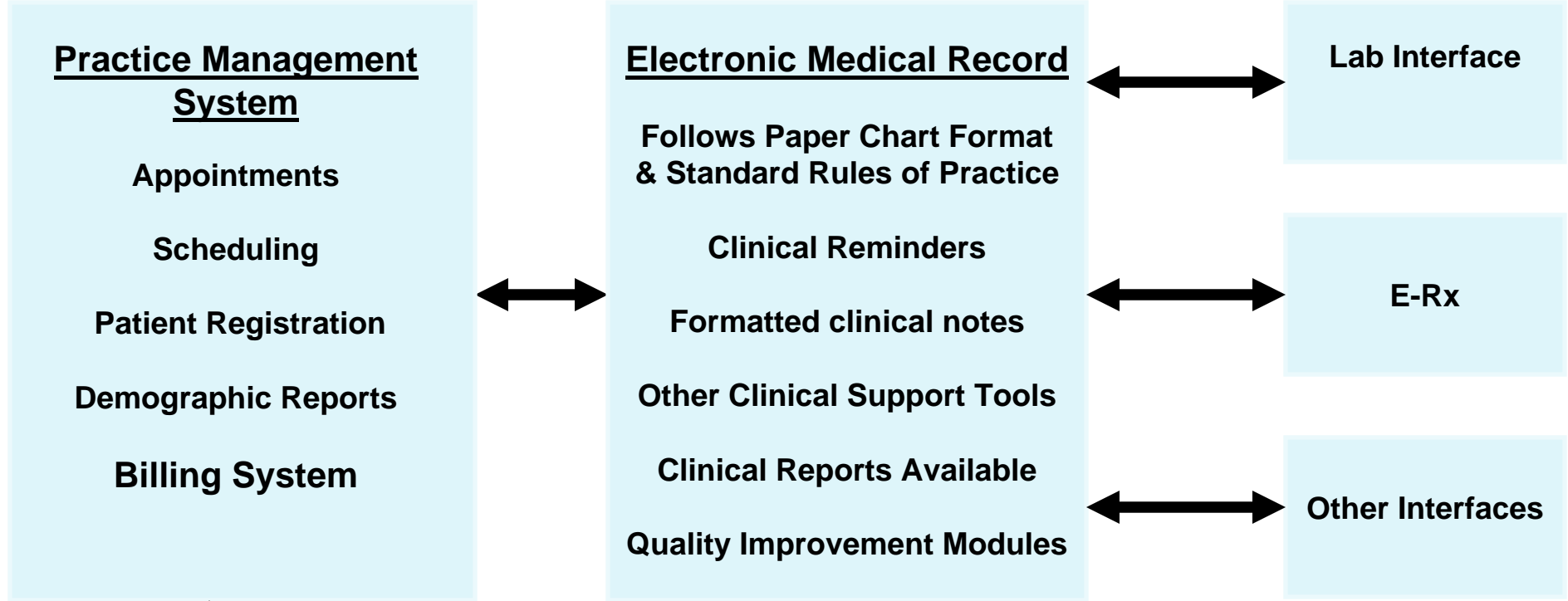
EHR Selection Process

- ✓ EHR Education, Assessment, Vendor Selection Analysis
- ✓ “Right Fit, Best Fit” Offerings
- ✓ ONC Certified (ATCB)
- ✓ Meaningful Use Stage 2 & 3
- ✓ Implementation considerations
- ✓ ROI Benefits–Efficiencies, Improve Revenue & Cash Flow
- ✓ Flexible purchase/financing alternatives
- ✓ Research Collaboration

Common EHR Solution

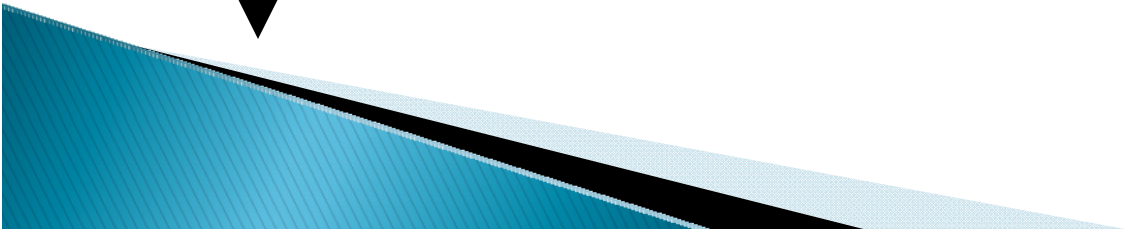


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To 3rd Party Payors

Imaging & Web Portal Pointers Optional





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The Case for EHR Adoption

- ✓ Improved patient care
- ✓ Accurate coding and billing through precise documentation
- ✓ Accelerated reimbursements due to reduced errors
- ✓ Time savings due to increased efficiencies
- ✓ e-prescribing, decrease prescription errors
- ✓ Better protection against malpractice lawsuits
- ✓ Incentive payments & compliance reporting
- ✓ Increased value of practice & patient retention
- ✓ Continuity, Coordination and Communication of Care Promotion
- ✓ Enhanced patient security and safety
- ✓ Seamless and immediate transfer of data to other providers, preserving privacy
- ✓ Easier monitoring and reporting of quality measures when required



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Benefits to the Community

- ✓ Efficient information exchange among healthcare providers and healthcare institutions
- ✓ Enhanced capacity to assess community measures related to standards of care
- ✓ Avoidance of the duplication of services
- ✓ Reduction in healthcare disparities
- ✓ Positive impact on the reduction of healthcare costs
- ✓ Better opportunity to achieve optimum Continuity, Coordination and Communication of Care

Research Collaboration



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- ✓ Clinical data can be captured in discrete and formatted manner
- ✓ Data can be de-identified, extracted, processed and analyzed
- ✓ Can be collected and stored in a data repository
- ✓ Facilitates meaningful use reporting
- ✓ Easily produce custom and special reports
- ✓ Enhanced patient security and safety
- ✓ Better monitor population management & quality care

Regional Extension Center Model

- ✓ Federally funded program–EHR adoption
- ✓ Initiate Education & Outreach activities
- ✓ Practice requirement analysis
- ✓ Assist in EHR implementation
- ✓ Ensure Meaningful Use Requirements
- ✓ Build a collaboration of physicians and other health care providers and supporters
- ✓ Coordinate with State HIE



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Federal Mandate: Incentives and Penalties

1. Every patient in the country being managed with an EHR by 2014
2. Financial incentives to physicians for adopting EHRs and achieving “Meaningful Use” criteria, beginning in 2011, but annually declining in value through 2015
3. Beginning in 2015, the penalty of % re-imburement reduction will begin, and increase in value up until 2020
4. After 2020, non-adoption of EHRs will preclude participation in government sponsored insurance programs
5. 1% payment penalties for eRx non-compliance–July 2011 (increase .5% annually until 2014)

Maximum EHR Incentive Payments by Program Based on the First Calendar Year (CY) for Which the Eligible Professional Receives Payment



CY	CY 2011		CY 2012		CY 2013		CY 2014		CY 2015		CY 2016	
	Medicare	Medicaid	Medicare	Medicaid	Medicare	Medicaid	Medicare	Medicaid	Medicare	Medicaid	Medicare	Medicaid
2011	\$18,000	\$21,250										
2012	\$12,000	\$8,500	\$18,000	\$21,250								
2013	\$8,000	\$8,500	\$12,000	\$8,500	\$15,000	\$21,250						
2014	\$4,000	\$8,500	\$8,000	\$8,500	\$12,000	\$8,500	\$12,000	\$21,250				
2015	\$2,000	\$8,500	\$4,000	\$8,500	\$8,000	\$8,500	\$8,000	\$8,500		\$21,250		
2016		\$8,500	\$2,000	\$8,500	\$4,000	\$8,500	\$4,000	\$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 (If IP does not switch programs)	\$44,000	\$63,750	\$44,000	\$63,750	\$39,000	\$63,750	\$24,000	\$63,750	0	\$63,750	0	\$63,750

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ARRA Bonus for Rural Health Providers

- The HITECH act allows for an increased incentive for providers that practice in a rural health or underserved area
 - Rural health providers are eligible for a 25% increase over and above their base incentive
 - Providers in designated underserved areas are eligible for a 10% increase above their base incentive
 - Example: Dr Jones is a in a designated rural health area and was eligible for a \$18,000 Medicare incentive, his overall incentive would be increased to \$22,500



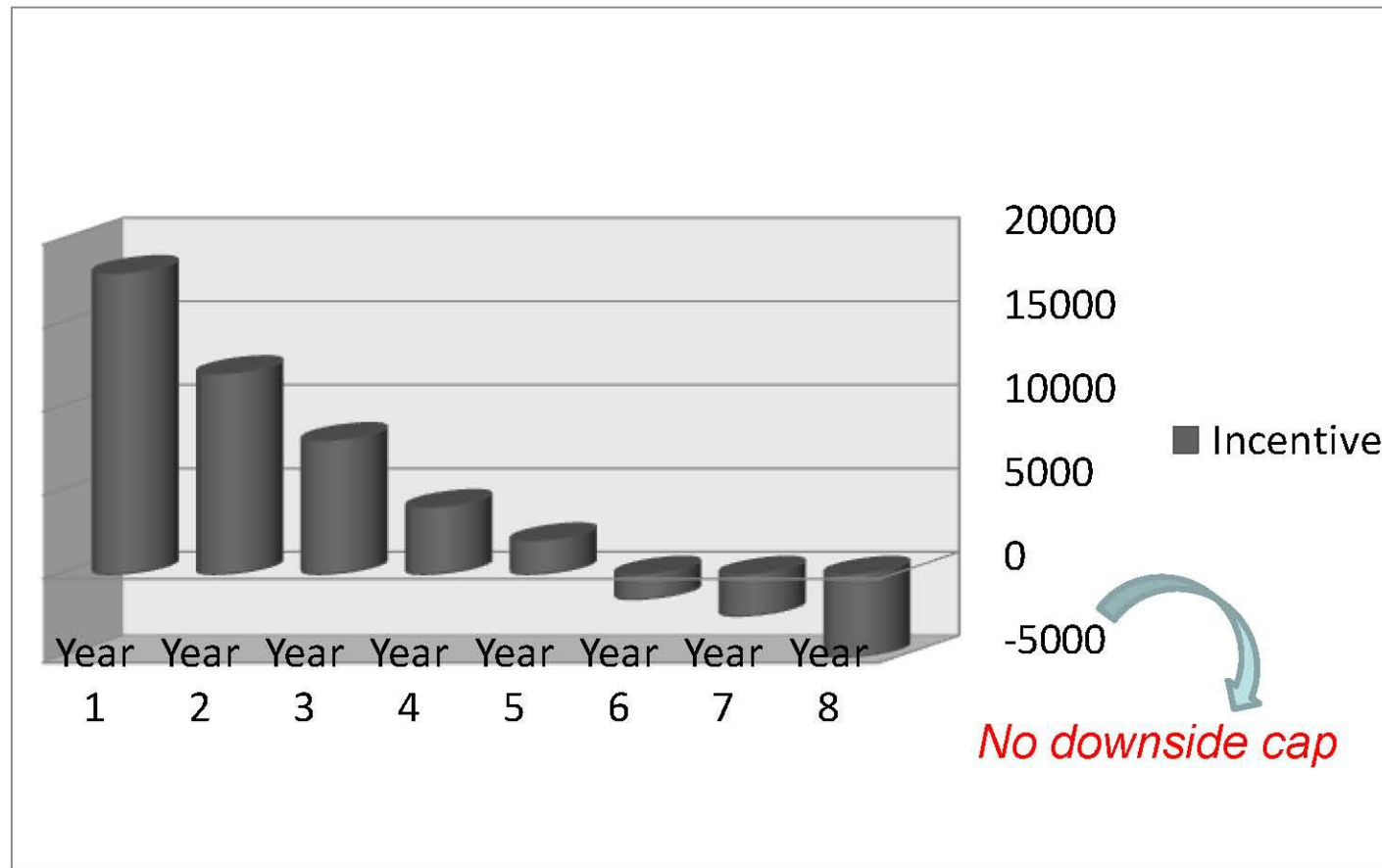
ARRA Medicare Incentive Requirements

- Meaningful adoption and use of a ONC Certified EHR can be met by the following:
 - Reporting PQRI measures electronically
 - Attestation of the provider that they are using a CCHIT certified system
 - Survey response to HHS
 - Coding that the visit was “documented” in a certified system
 - This methodology has yet to be determined

Note: The Medicare incentives apply to physicians only. Providers may only submit for one incentive option, either Medicare or Medicaid, and must provide proof they have meaningfully adopted a certified EHR with ePrescribing, PHI, and that complies with clinical quality measures to qualify for the program. Physicians working in a hospital environment, including anesthesiologists, pathologists, and emergency department physicians, are not eligible.



Incentive to Disincentive in 5 years



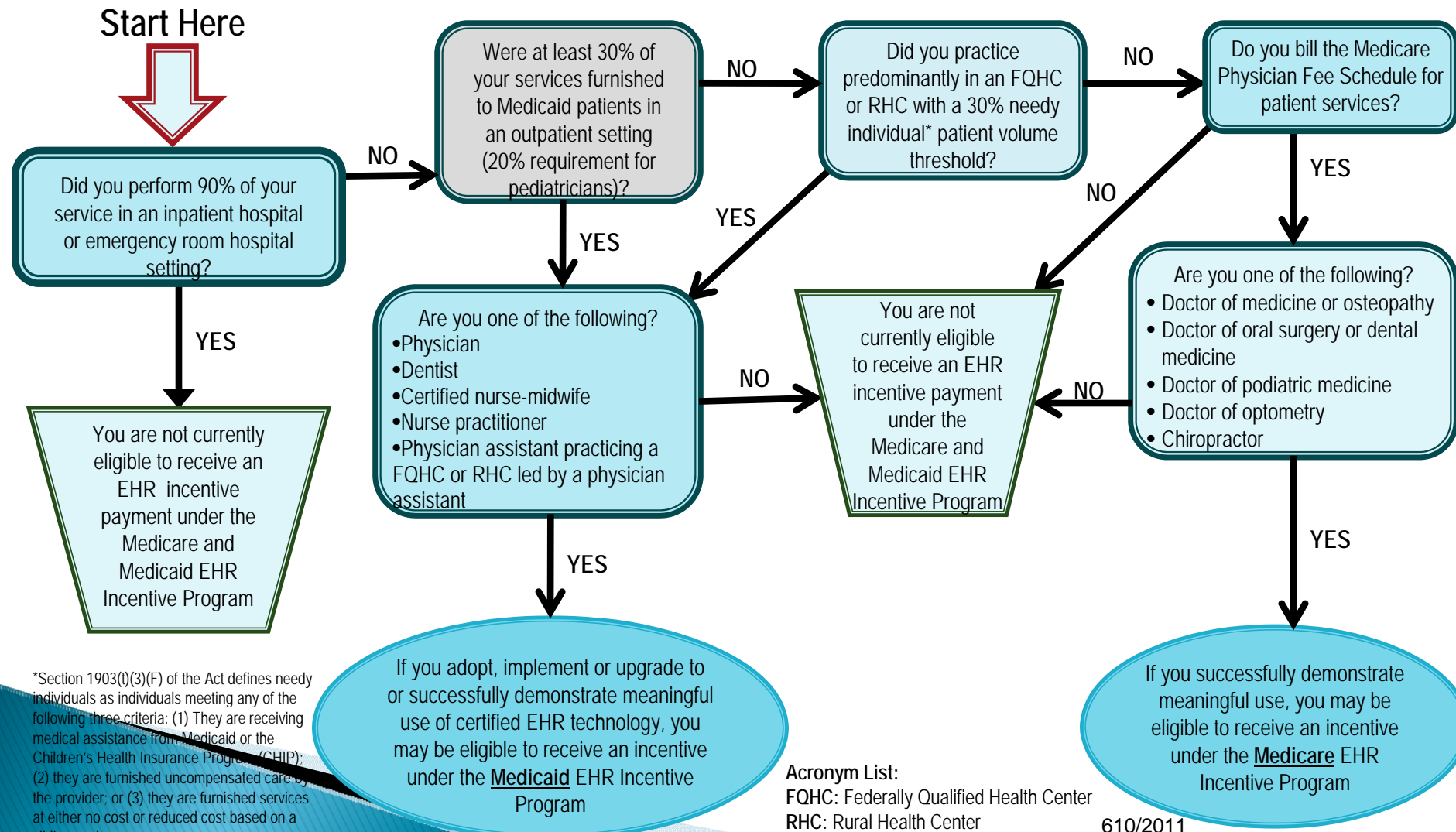
Are You Eligible?

Flow Chart to Help Eligible Professionals (EP) Determine Eligibility for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs



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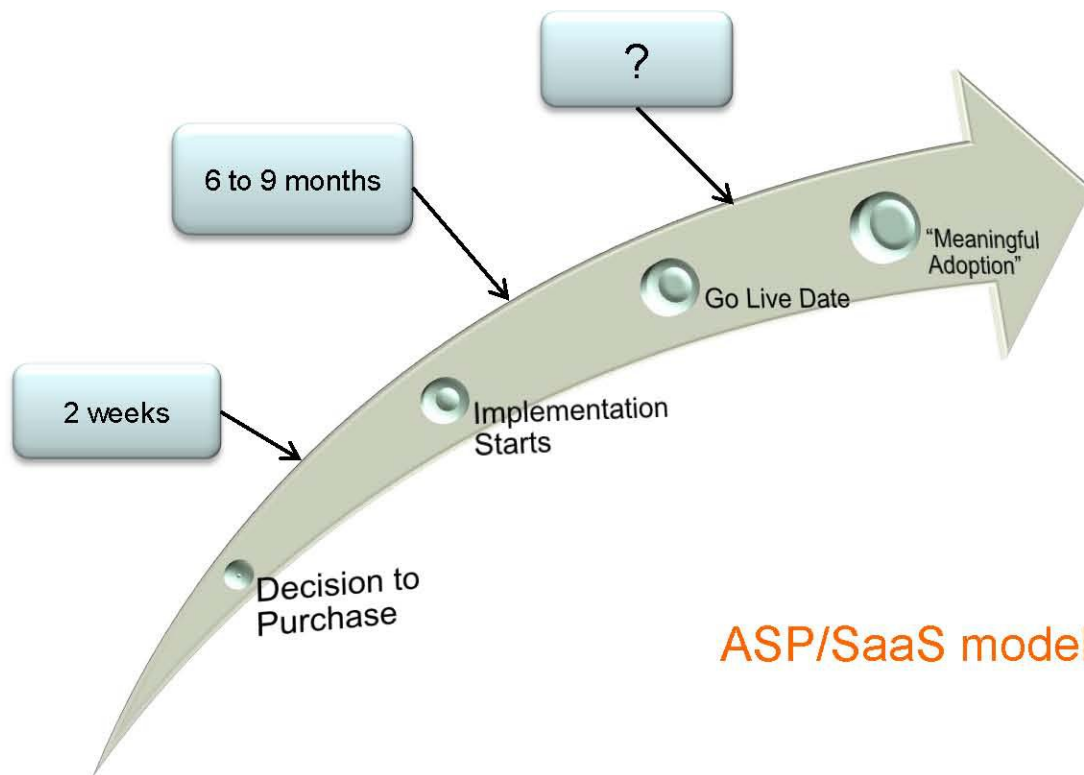
How to Use this Flow Chart: A Medicaid eligible professional may also be eligible for the Medicare incentive and should follow the path of answering no to the question of Medicaid patient volume to determine Medicare eligibility. An eligible professional who qualifies for both programs may only participate in one program. Eligible Professionals eligible to receive EHR incentive payments under Medicare or Medicaid will maximize their payments by choosing the Medicaid EHR Incentive Program.



*Section 1903(t)(3)(F) of the Act defines needy individuals as individuals meeting any of the following three criteria: (1) They are receiving medical assistance from Medicaid or the Children's Health Insurance Program (CHIP); (2) they are furnished uncompensated care by the provider; or (3) they are furnished services at either no cost or reduced cost based on a sliding scale.

Acronym List:
FQHC: Federally Qualified Health Center
RHC: Rural Health Center

Why it is important *NOT* to wait

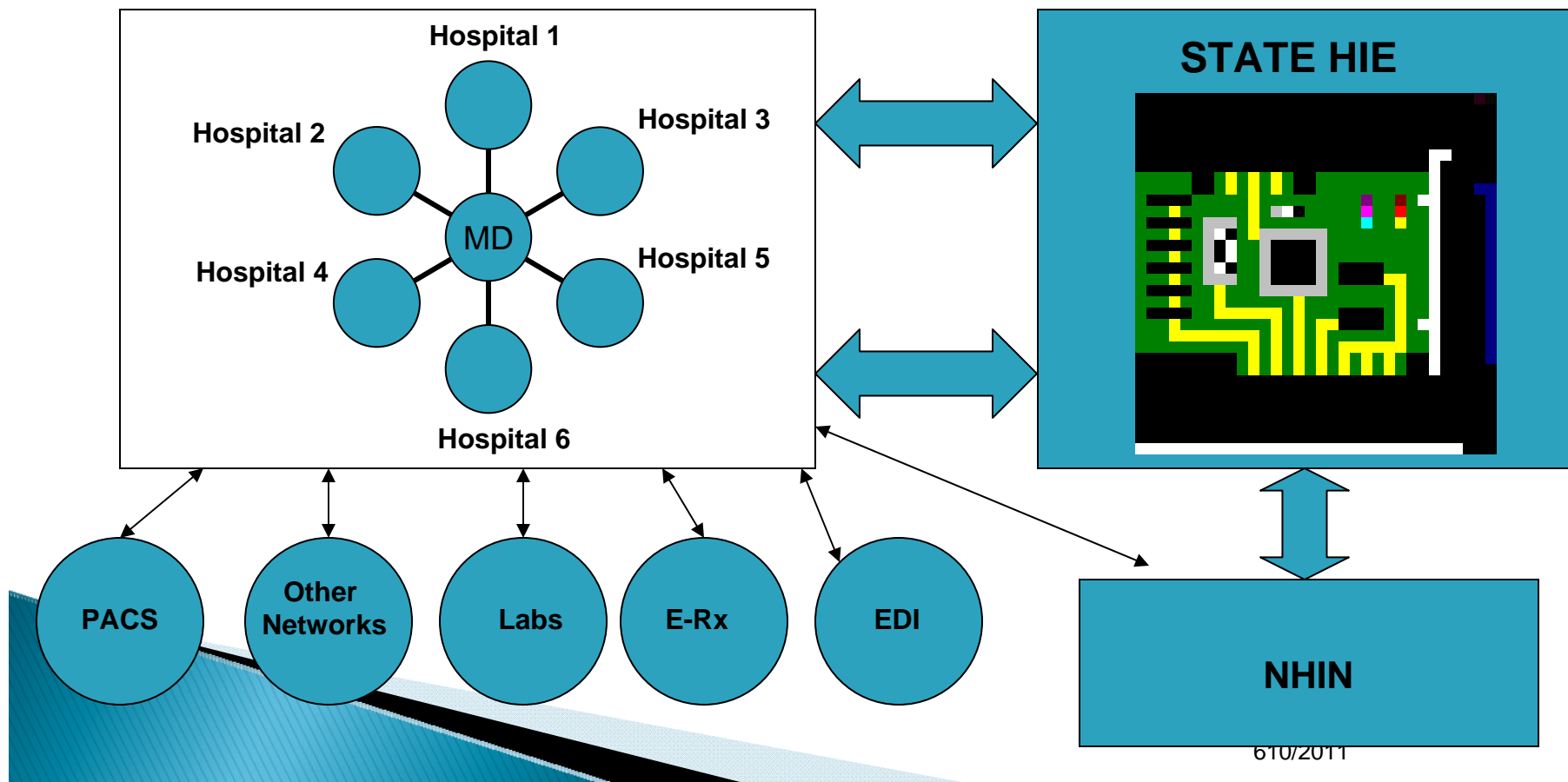




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How Does a HIE look?

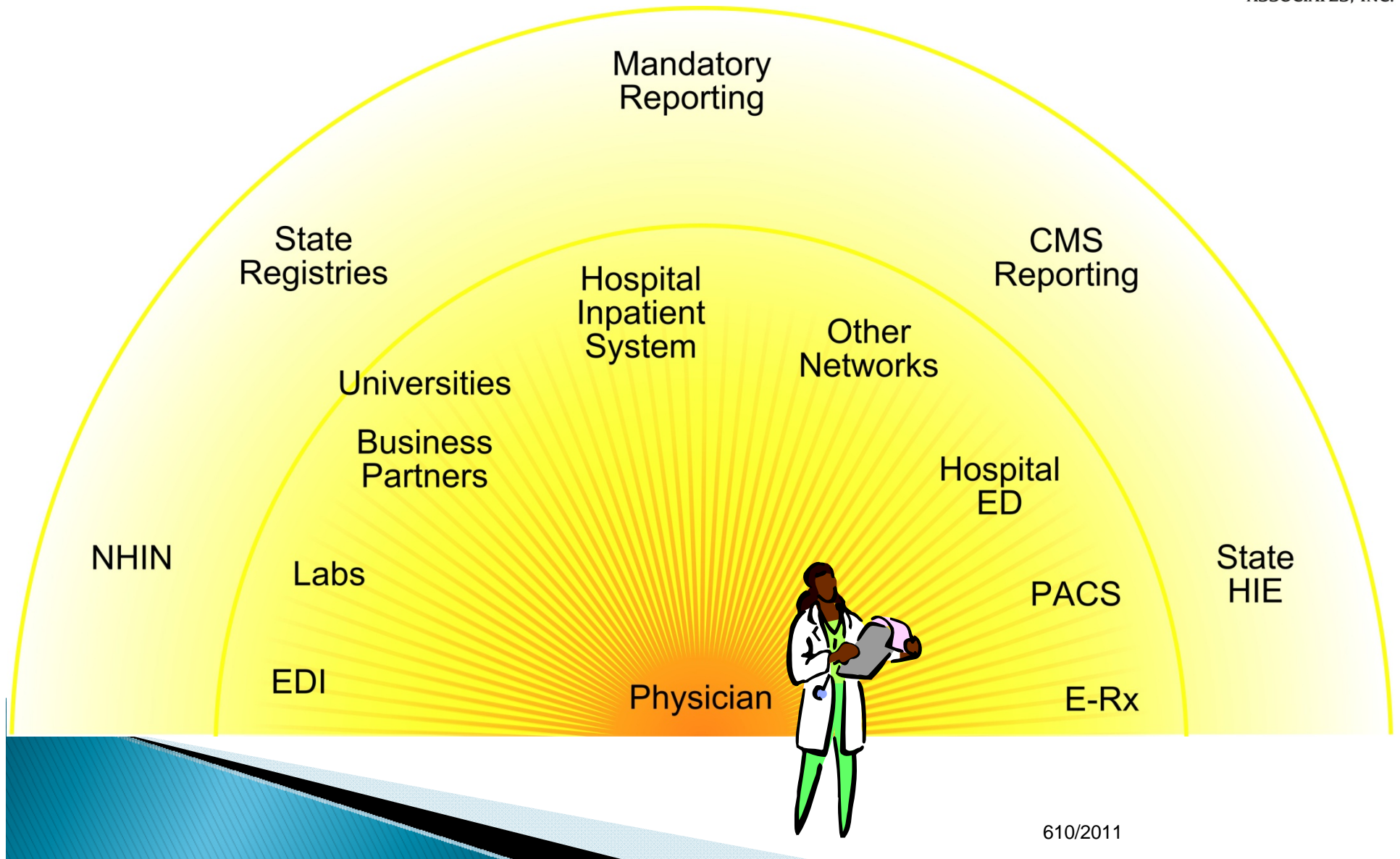
Physician-Centric HIE



A Vision of the Collaboration



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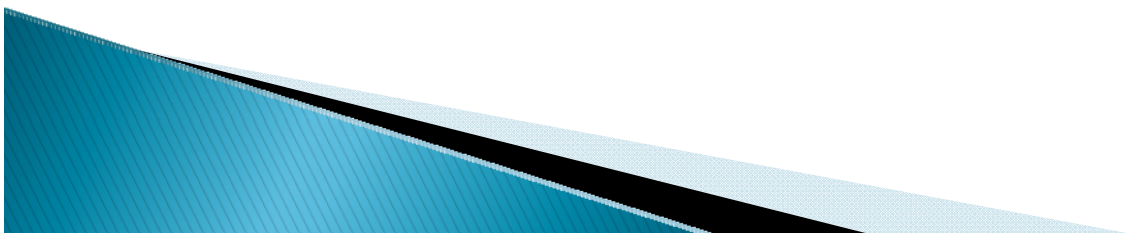


What is PCMH?



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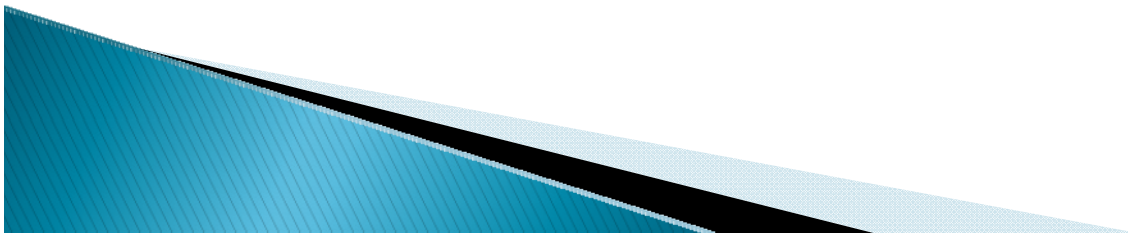
- ✓ Systematic Patient–Focused Care
- ✓ Quality Management
- ✓ Population Management
- ✓ Coordination of Care Across Care Settings
- ✓ Documenting Measurable Results



PCMH 2011 Standards Summary

NCQA/Specialty Associations Standards

1. Enhance Access and Continuity
2. Identify and Manage Populations
3. Plan and Manage Care
4. Provide Self-Care and Community Resources
5. Test/Referral Tracking/ Coordination with Facilities
6. Measure and Improve Performance





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How Do EHR's Support PCMH?

Standard	EHR/HIT Tool
Enhance Access and Continuity	EHR, PHR, HIE
Identify and Manage Populations	Population Management Tool
Plan and Manage Care	W/F, Decision Support Tools
Self-Care and Community Resources	PHR/Community Portal
Test/Referral Tracking/Coordination	HIE
Measure Improve Performance	CQI Templates/Diagnostics



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Questions and Answers