



Children's Hospital of
Philadelphia

29 October, 2009

Successful Roadmap to
“Meaningful Use”

Elliot B. Sloane

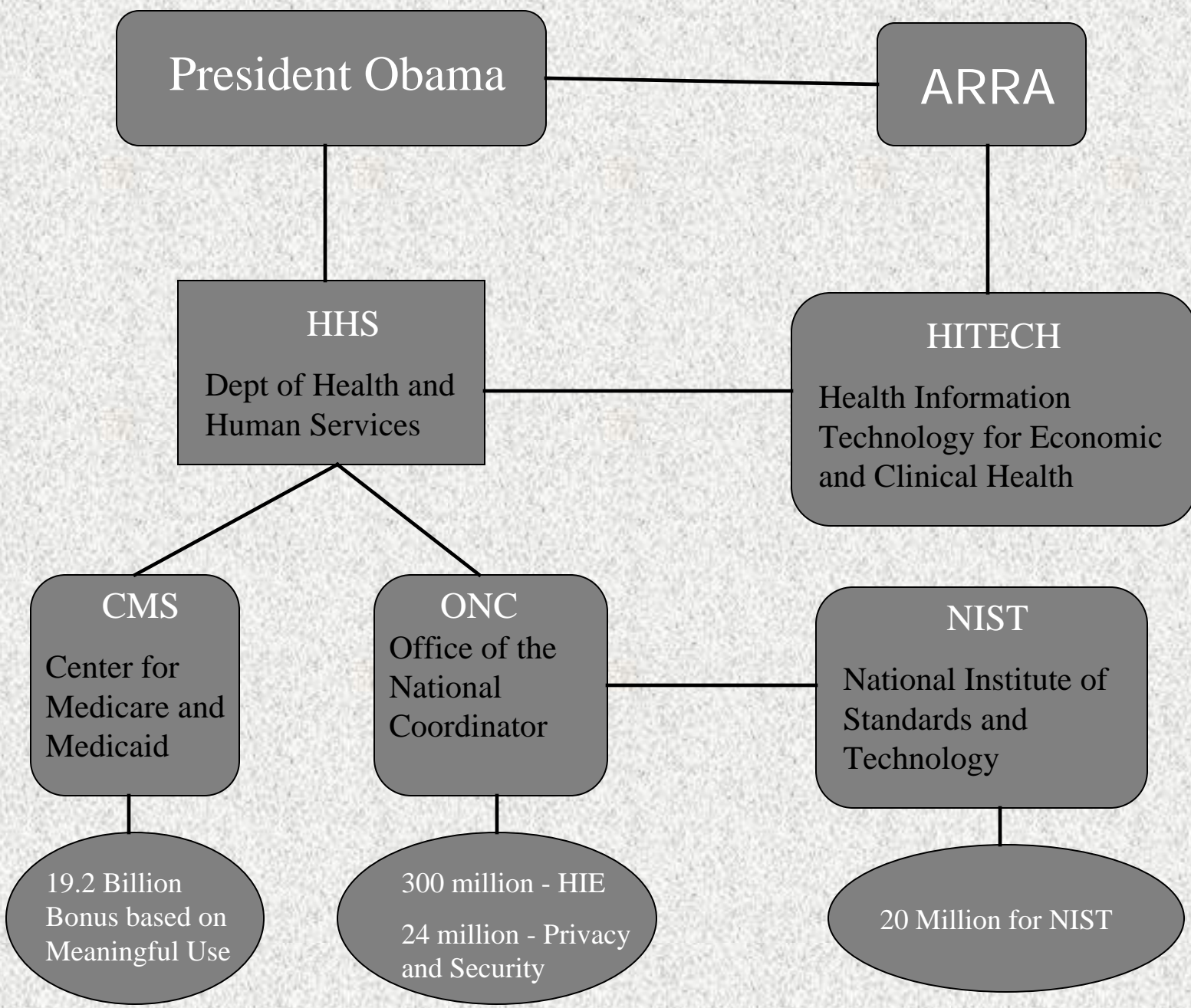
**Drexel University, Director of
Health Systems Engineering
and**

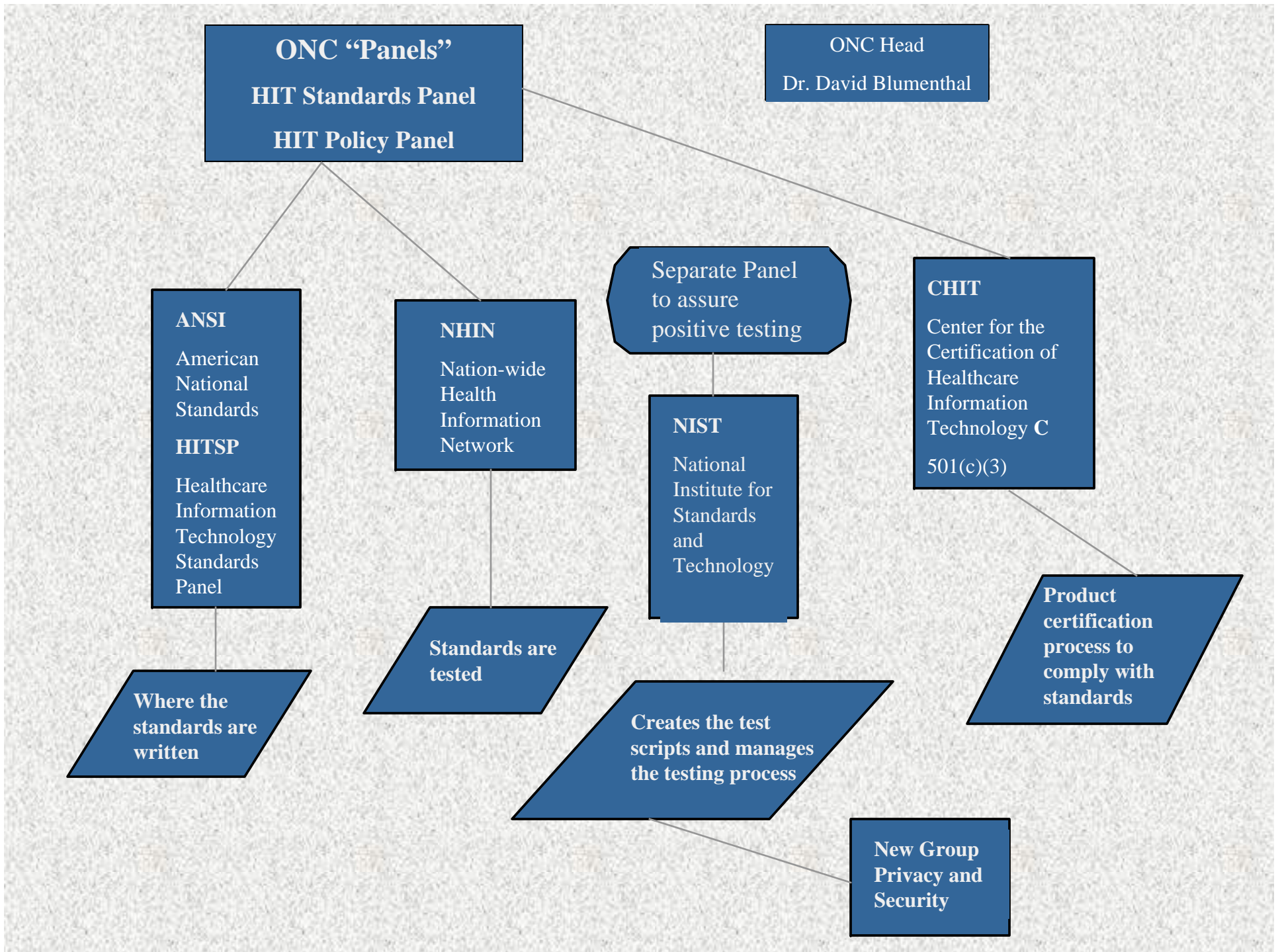
Mary Beth LaBelle

LaBelle Strategic Resources

ARRA and ONC Today

- ✦ The HITECH Act, part of the American Recovery and Reinvestment Act (ARRA), allocates \$19 billion in funding for health information technology incentives.
- ✦ The majority of this funding is intended to reward hospitals and eligible professionals who are meaningful users of certified electronic health records with increased Medicare and Medicaid payments. The Health IT Policy Committee and Health IT Standards Committee are in the process of proposing the specific criteria that will define Meaningful Use.
- ✦ The proposed criteria then need to be approved by several other government offices, including the National Coordinator, the Secretary of Health and Human Services, and CMS.
- ✦ The HITECH Act requires initial guidelines be set by the HHS Secretary by 12/31/2009, but recently CMS announced that we might not have final guidelines until 2010.





ONC "Panels"

HIT Standards Panel

HIT Policy Panel

ONC Head

Dr. David Blumenthal

ANSI

American National Standards

HITSP

Healthcare Information Technology Standards Panel

NHIN

Nation-wide Health Information Network

Separate Panel to assure positive testing

NIST

National Institute for Standards and Technology

CHIT

Center for the Certification of Healthcare Information Technology C

501(c)(3)

Where the standards are written

Standards are tested

Creates the test scripts and manages the testing process

Product certification process to comply with standards

New Group Privacy and Security

Eight Technology Priority Areas for HIT in ARRA

- ◆ **Privacy and Security**
- ◆ **HIT Infrastructure**
- ◆ **Certified Health Record**
- ◆ **Disclosure Audit**
- ◆ **Improve Quality**
- ◆ **Individually Identifiable Health Information (IIHI) Unusable**
- ◆ **Demographic Data**
- ◆ **Needs of Vulnerable**



Basic Requirements for Meaningful Use

- The legislation outlined several basic requirements for Meaningful Use, including software certification, e-prescribing, computerized provider order entry (CPOE), quality measures reporting, and interoperability. More recently, the Health IT Policy Committee published a proposed set of criteria for 2011, 2013, and 2015. These criteria are based on five initiatives:
 1. Improve quality, safety, efficiency, and reduce health disparities
 2. Engage patients and families
 3. Improve care coordination
 4. Improve population and public health
 5. Ensure adequate privacy and security protections for personal health information

2009

2011

2013

2015

HIT-Enabled Health Reform

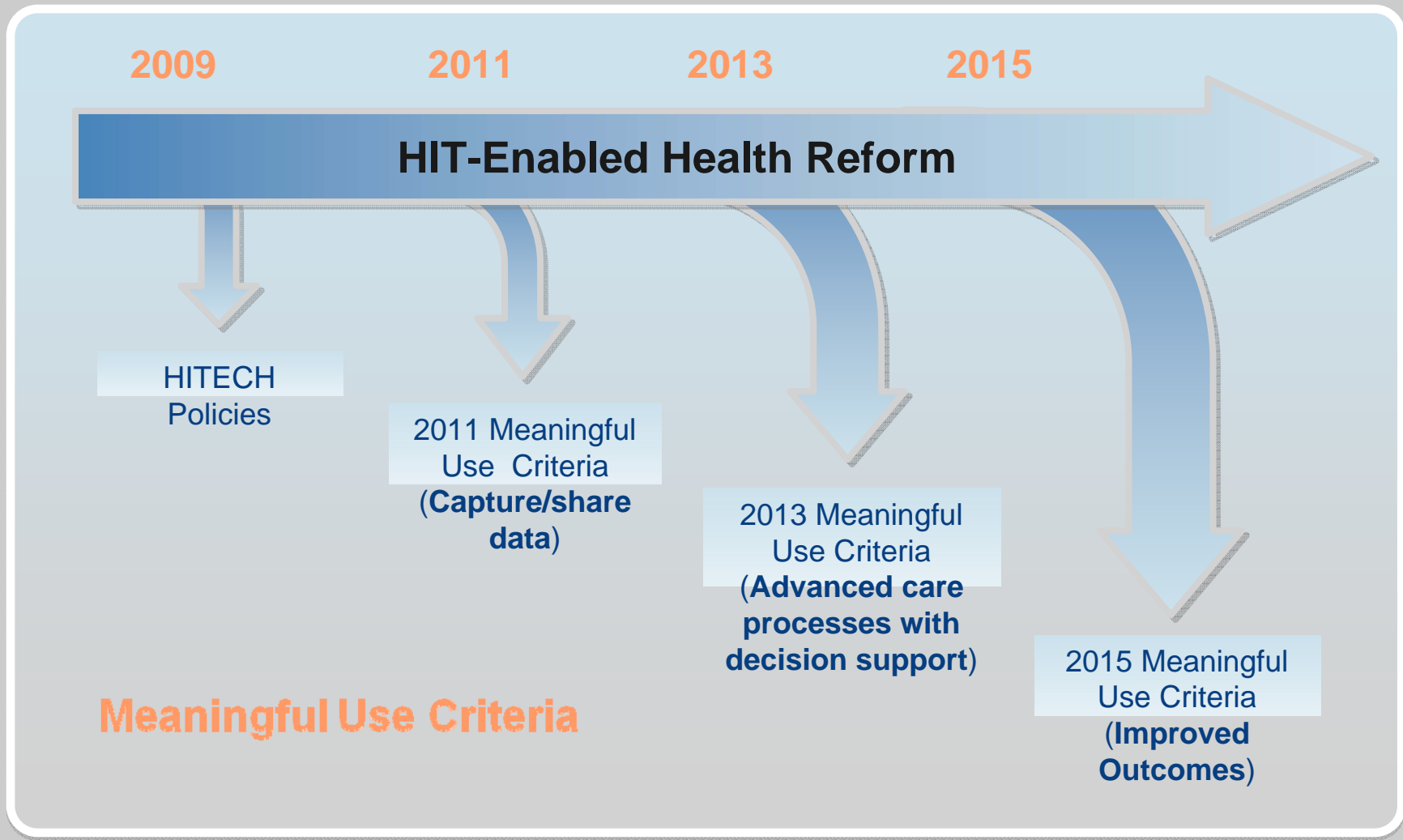
HITECH
Policies

2011 Meaningful
Use Criteria
(Capture/share
data)

2013 Meaningful
Use Criteria
(Advanced care
processes with
decision support)

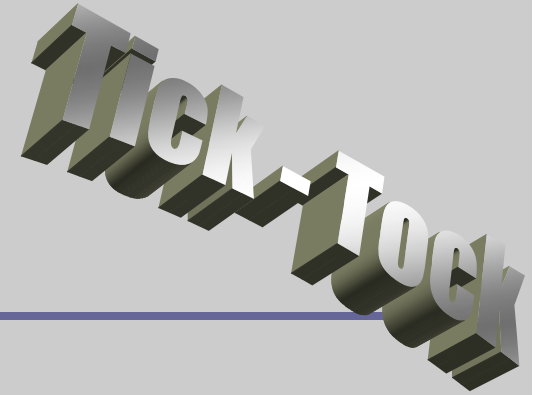
2015 Meaningful
Use Criteria
(Improved
Outcomes)

Meaningful Use Criteria





Incentive Eligibility with Timelines



	First Incentive Opportunity Earliest Incentive Possibility	Maximum Incentive Opportunity Latest you can go live to still get maximum incentive	Last Incentive Opportunity Latest you can go live and still get any incentive
Physicians	Before 2011 (12/31/10)	Before 2012 (12/31/11)	Before 2014 (12/31/13)
Hospitals	Before FY2011 (9/30/10)	Before FY2013 (9/30/12)	Before FY2015 (9/30/14)

Meeting Meaningful Use: Affected Epic Applications

Depending on the incentives you want to be eligible for, you must be using the following Epic products ~ Full Functioning Version ~ Spring 08 with preparation to go to Summer 09:

- ◆ **EpicCare Ambulatory.** To achieve Meaningful Use with Epic for eligible professionals, your organization must have installed EpicCare Ambulatory.
- ◆ **EpicCare Inpatient.** To achieve Meaningful Use with Epic, hospitals must be live on EpicCare Inpatient.
- ◆ **MyChart.** Many of the objectives in the initiative to engage patients and families can be best met using MyChart features.
- ◆ **Care Everywhere.** Several objectives include the ability to exchange electronic data between organizations. Care Everywhere is the best way to achieve these objectives.

Financial Incentives for Physicians and Hospitals

PHYSICIAN Incentives

- ◆ Physicians are able to collect an incentive from either Medicare or Medicaid but not both.
- ◆ The Medicaid incentive has the potential to be larger, with a maximum incentive of \$64K, but it has stricter eligibility requirements based on patient volume attributed to Medicaid. Dentists, certified nurse midwives, and physician assistants practicing in rural health clinics or federally-qualified health centers led by a physician assistant are additionally eligible for the Medicaid incentive.
- ◆ The Medicare incentive maximum is \$44K. The following charts illustrate the incentive timelines and quantities.

HOSPITAL Incentives

- ◆ A hospital can receive an incentive from both Medicare and Medicaid, as the incentive amount is proportional to the patient volume the hospital sees through those programs. To be eligible for the Medicaid hospital incentive, hospitals must have at least 10% Medicaid patient volume or be a children's hospital.
- ◆ The incentive base amount is \$2M, which is adjusted by the hospital's number of discharges and Medicare/Medicaid patient mix. The incentive is phased down over a four year period.



Community Connect and Physician Incentives

- ◆ Community Connect is a program that resells Epic Software to Physicians not employed by the Healthcare Systems.
- ◆ Stark Laws create an affordable solutions for Physicians achieve “Meaningful Use”
- ◆ Epic Building blocks can implement the software in 6 weeks.
- ◆ By connecting with physicians, the healthcare systems begins creating improved connectivity with the community.

John Glasser's HIE Table

Private HIEs	State-Level HIEs	Provider Orgs / IDNs	Federal Entities
CareSpark	Delaware Health Information Network	Cleveland Clinic	CDC
Community Health Information Collaborative	New York eHealth Collaborative	Kaiser	CMS
HealthLINC (Bloomington)	North Carolina Health Care Information and Communications Alliance (NCHICA)		DoD
HealthBridge			IHS
Indiana (Regenstrief Institute)	West Virginia Health Information Network (WVHIN)		NCI
Long Beach Network for Health			NDMS
Lovelace Clinic Foundation (NMHIC)			SAMHSA
MedVirginia			SSA
Wright State University			VA

HIEs Fit Into The Meaningful Use Architecture

- ◆ By 2011, HIE's will be needed to help meet the Meaningful Use goals and measures.
- ◆ By 2013, HIE's will be needed to help meet:
 - ◆ Potential preventable ED visits and hospitalizations
 - ◆ Inappropriate use of imaging
 - ◆ % patients with secure messaging capability
 - ◆ % transitions where summary care record is shared
 - ◆ Implemented ability to incorporate data from home care devices
 - ◆ % encounters where clinical data is shared w/external clinical entities
 - ◆ % patients for whom a public health alert should have been triggered
 - ◆ Provide summarized or de-identified data, when sufficient, to satisfy request for population health purposes
- ◆ Between 2011-2015 HIEs play an increasing role in the stricter goals for the Meaningful Use architecture

The Nationwide Health Information Network

The NHIN provides:

Common legal framework for information sharing

Common infrastructure necessary for network security and connectivity

Specifications for interoperable services

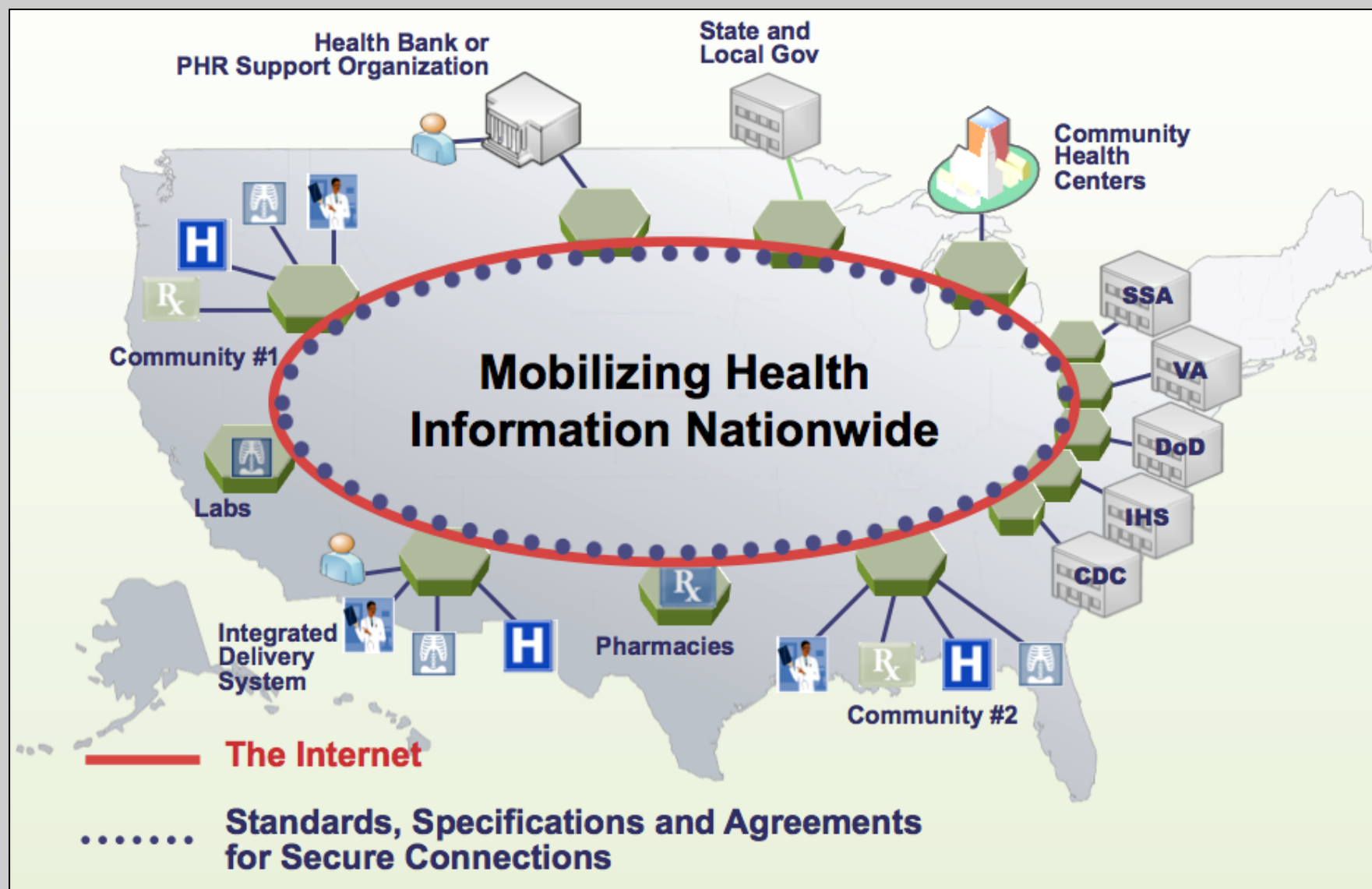
HIEs – Health Information Exchanges are a vital part of the NHIN to span enterprises



NHIN Architectural Principles

- **Highly distributed:** Patient health information is retained at the local health information exchange level
- **Local autonomy:** Each HIE must make their own determinations with respect to the release of patient information
- **Focus only on inter-organizational health exchange:** The NHIN does not attempt to standardize implementations of the NHIN services and interfaces, only the communications between HIEs
- **Use public internet:** The NHIN is not a separate physical network, but a set of protocols and standards that run on the existing internet infrastructure
- **Platform neutral:** The NHIN has adopted a stack (web services) that can be implemented using many operating systems and programming languages

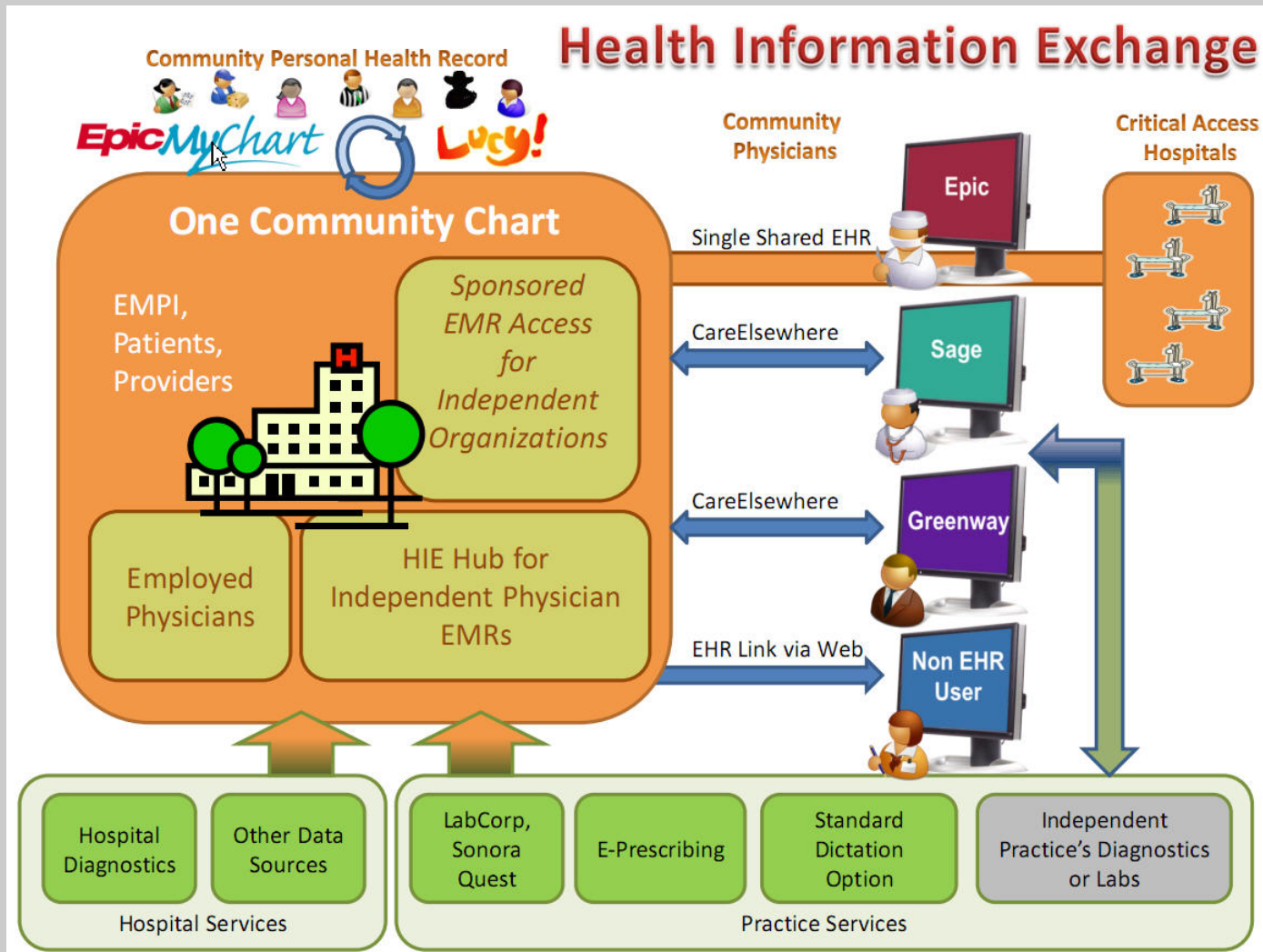
Nationwide Health Information Network



HIE - Epic CareEverywhere

- ◆ Any healthcare system who has Epic installed can become a part of the Epic Network for **FREE**.
- ◆ CareEverywhere allows data sharing with patient approval.
- ◆ CareElsewhere can connect non-Epic hospitals to the network.
- ◆ The HIE not only connects data but provides key information to its users.

EPIC Offers Solutions





THANK YOU!!!!!!

Elliot Sloane

ebsloane@gmail.com

Mary Beth LaBelle

mblabel@lsritagents.com

FLOOR IS OPEN FOR QUESTIONS!!!!!!