

GA-HITREC

(Georgia Health Information Technology Regional Extension Center)

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Health Care Reform

Cut Cost

Meaningful Use of HIT



Hospital Care/Urgent Care



Yr 2015

Best Practices & Quality Care

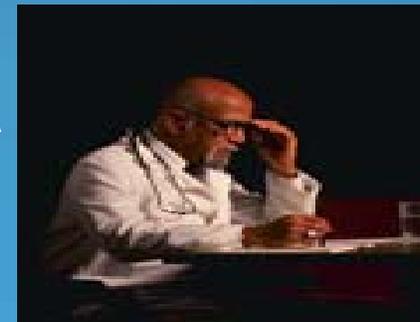
Rules

Improve Health Care Delivery System

- Improved Access
- Sharing of Health Information
- Improved Clinical Outcomes
- Affordable Healthcare

Patient Load

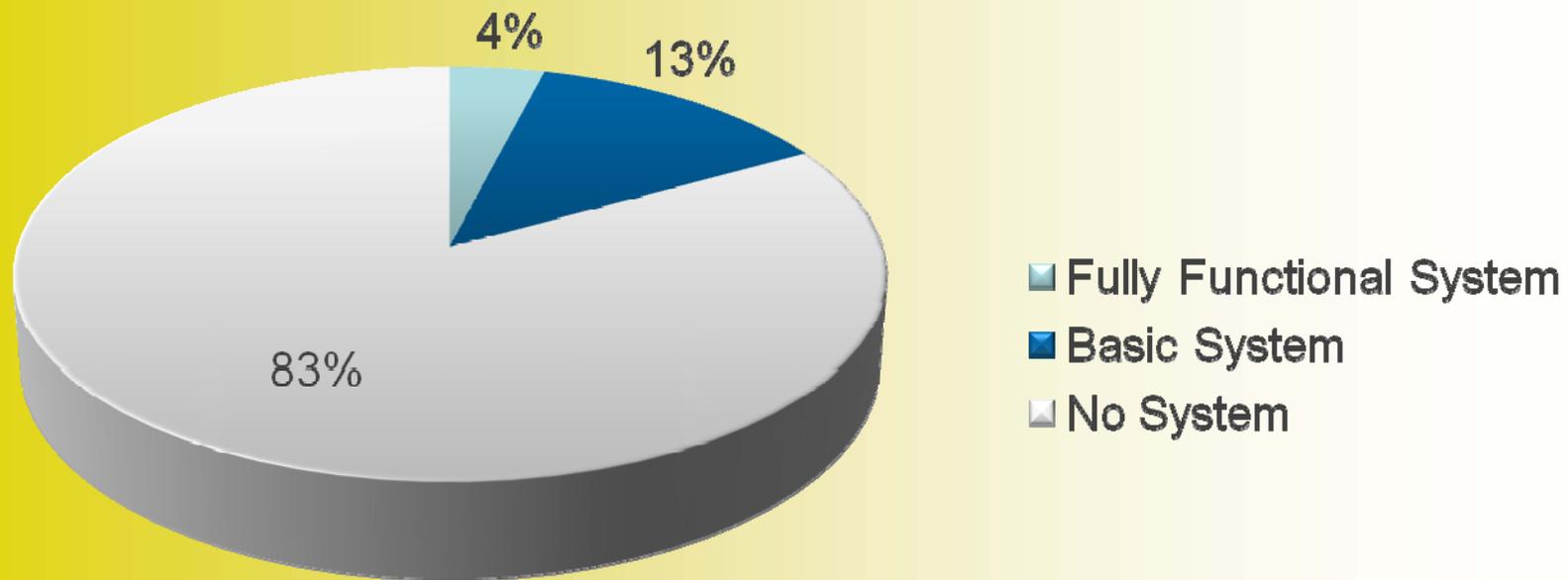
Expand Coverage to 32 million Americans



Primary Care/Preventative Medicine

EHR Implementation Remains Limited Among Physicians

Physicians Adopting an EHR System



A 2008 national survey of 2,758 physicians found positive effects of EHR systems on quality of care and satisfaction

HITECH: Catalyst for Transformation

Paper records



Pre 2009

A system plagued by inefficiencies

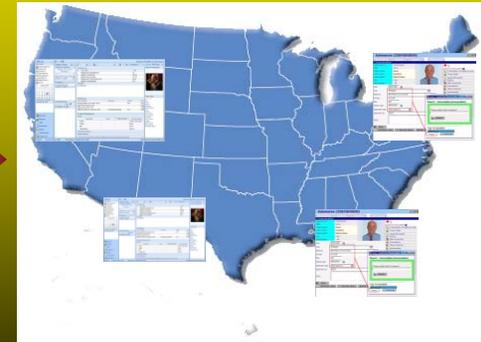
HITECH Act



2009

EHR Incentive Program and 60 Regional Extension Centers

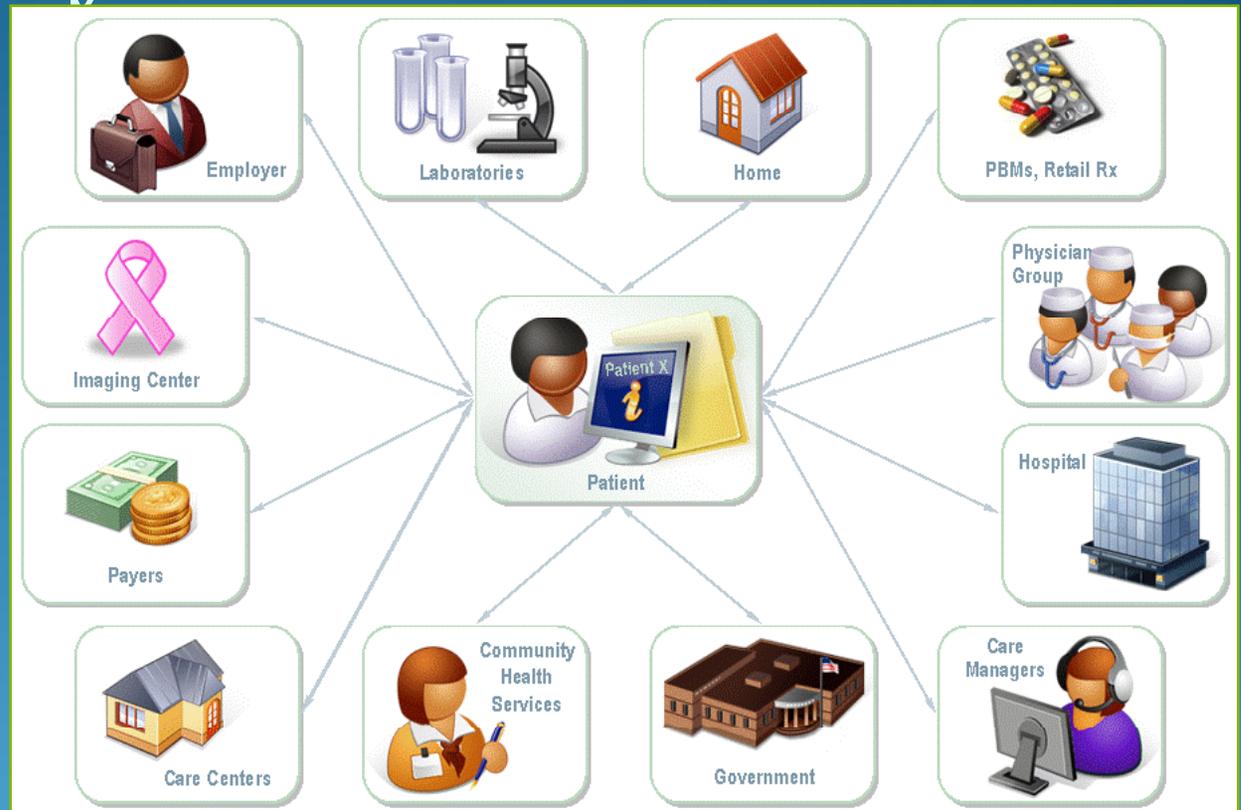
EHRs & HIE



2014

Widespread adoption and meaningful use of EHRs

Building an Interconnected, Patient-Centric Care System



Health Information Exchange

EHR Adoption Challenges

Financial

- Expense of system (\$37,000 then \$18,000)
- Uncertainty around ROI
- Provider and staff productivity
- Uncertainty about financial incentives

Technical

- Concerns about technically supporting a system
- Lack of necessary computer skills
- Finding the right EHR to suit practice needs (“usability”)
- Having the right IT staff in place
- Possibility of information overload

Organization Change

- Disruption of workflow and productivity
- Privacy and security concerns
- Maintaining patient centeredness and satisfaction



Meaningful Use & Provider Incentive Program



Meaningful Use Established

HITECH Act



- Issue Medicare incentive payments to **eligible professionals (EPs), eligible hospitals**, and critical access hospitals (CAHs) that are meaningful users of certified EHR technology.
- Issue Medicaid incentive payments to **eligible professionals and hospitals** for efforts to adopt, implement, or upgrade certified EHR technology

What is in the Medicare & Medicaid EHR Incentive Program Final Rule

- Definition of Meaningful Use (MU)
- Clinical Quality Measures (CQM)
- Definition of Eligible Professional (EP) and Eligible Hospital/Critical Access Hospital (CAH)
- Definition of Hospital-based EP
- Medicare Fee-For-Service (FFS) EHR Incentive Program
- Medicare Advantage (MA) EHR Incentive Program
- Medicaid EHR Incentive Program (includes uninsured)
- Collection of Information Analysis (Paperwork Reduction Act)
- Regulatory Impact Analysis

Summary Overview of Meaningful Use Objectives.*

Objective	Measure
Core set†	
Record patient demographics (sex, race, ethnicity, date of birth, preferred language, and in the case of hospitals, date and preliminary cause of death in the event of mortality)	More than 50% of patients' demographic data recorded as structured data
Record vital signs and chart changes (height, weight, blood pressure, body-mass index, growth charts for children)	More than 50% of patients 2 years of age or older have height, weight, and blood pressure recorded as structured data
Maintain up-to-date problem list of current and active diagnoses	More than 80% of patients have at least one entry recorded as structured data
Maintain active medication list	More than 80% of patients have at least one entry recorded as structured data
Maintain active medication allergy list	More than 80% of patients have at least one entry recorded as structured data
Record smoking status for patients 13 years of age or older	More than 50% of patients 13 years of age or older have smoking status recorded as structured data
For individual professionals, provide patients with clinical summaries for each office visit; for hospitals, provide an electronic copy of hospital discharge instructions on request	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days; more than 50% of all patients who are discharged from the inpatient department or emergency department of an eligible hospital or critical access hospital and who request an electronic copy of their discharge instructions are provided with it
On request, provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, and for hospitals, discharge summary and procedures)	More than 50% of requesting patients receive electronic copy within 3 business days
Generate and transmit permissible prescriptions electronically (does not apply to hospitals)	More than 40% are transmitted electronically using certified EHR technology
Computer provider order entry (CPOE) for medication orders	More than 30% of patients with at least one medication in their medication list have at least one medication ordered through CPOE
Implement drug–drug and drug–allergy interaction checks	Functionality is enabled for these checks for the entire reporting period
Implement capability to electronically exchange key clinical information among providers and patient-authorized entities	Perform at least one test of EHR's capacity to electronically exchange information
Implement one clinical decision support rule and ability to track compliance with the rule	One clinical decision support rule implemented
Implement systems to protect privacy and security of patient data in the EHR	Conduct or review a security risk analysis, implement security updates as necessary, and correct identified security deficiencies
Report clinical quality measures to CMS or states	For 2011, provide aggregate numerator and denominator through attestation; for 2012, electronically submit measures
Menu set‡	
Implement drug formulary checks	Drug formulary check system is implemented and has access to at least one internal or external drug formulary for the entire reporting period
Incorporate clinical laboratory test results into EHRs as structured data	More than 40% of clinical laboratory test results whose results are in positive/negative or numerical format are incorporated into EHRs as structured data
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach	Generate at least one listing of patients with a specific condition
Use EHR technology to identify patient-specific education resources and provide those to the patient as appropriate	More than 10% of patients are provided patient-specific education resources
Perform medication reconciliation between care settings	Medication reconciliation is performed for more than 50% of transitions of care
Provide summary of care record for patients referred or transitioned to another provider or setting	Summary of care record is provided for more than 50% of patient transitions or referrals
Submit electronic immunization data to immunization registries or immunization information systems	Perform at least one test of data submission and follow-up submission (where registries can accept electronic submissions)
Submit electronic syndromic surveillance data to public health agencies	Perform at least one test of data submission and follow-up submission (where public health agencies can accept electronic data)
Additional choices for hospitals and critical access hospitals	



CQM: Core Set for EPs

NQF Measure Number & PQRI Implementation Number	Clinical Quality Measure Title
NQF 0013	Hypertension: Blood Pressure Measurement
NQF 0028	Preventive Care and Screening Measure Pair: a) Tobacco Use Assessment, b) Tobacco Cessation Intervention
NQF 0421 PQRI 128	Adult Weight Screening and Follow-up

Meaningful Use-ONC Final Rule

- Sets initial standards, implementation specifications, and **certification criteria for EHR** technology



Medicare	First Calendar Year in which the EP Receives an Incentive Payment				
Calendar Year	2011	2012	2013	2014	2015 & Later
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	\$0
2016		\$2000	\$4,000	\$4,000	\$0
Total	\$44,000	\$44,000	\$39,000	\$24,000	\$0

Medicaid	First Calendar Year in which the EP Receives an Incentive Payment					
Calendar Year	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

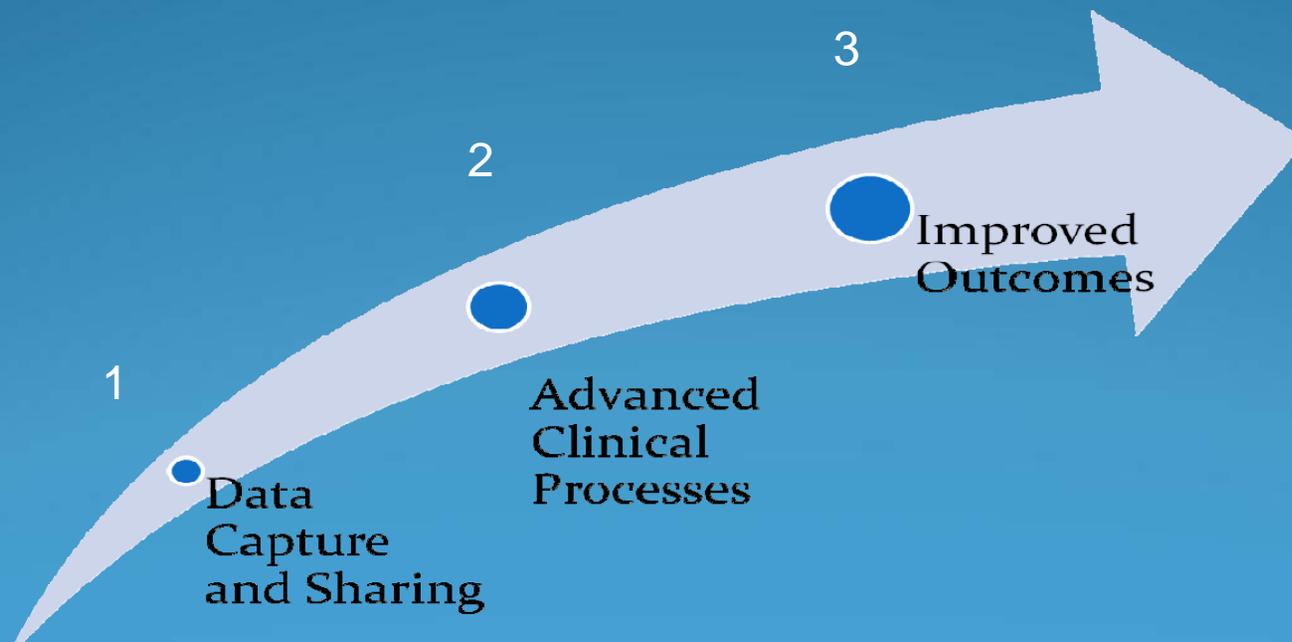
Hospitals Incentive Facts



- Hospitals- \$2million base + discharge incentives
- CAH- payment for reasonable cost of EHR
- Hospitals- can qualify for payments from Medicare and Medicaid

3 Stages of Meaningful Use Criteria by Payment Yr

1 st payment yr	2011	2012	2013	2014	2015
2011	Stage 1	Stage 1	Stage2	Stage2	TBD
2012		Stage 1	Stage1	Stage2	TBD
2013			Stage1	Stage1	TBD
2014				Stage1	TBD





The Roadmap to Meaningful Use



GA-HITREC



MOREHOUSE
SCHOOL OF MEDICINE

Georgia Health Information Technology Regional Extension Center

GA-HITREC Funding & 2-Year Objectives



- \$19.5 million to assist providers with selection, successful implementation, and meaningful use of certified EHR systems
 - \$1.5 million – Core Funding
 - \$18 million – Direct Assistance
- 5220 Priority Primary Care Providers
- FM, IM, Peds, OB-GYN (MD, DO, PA, NP)
- Focus on small practices < 10 providers

Georgia Healthcare Coverage

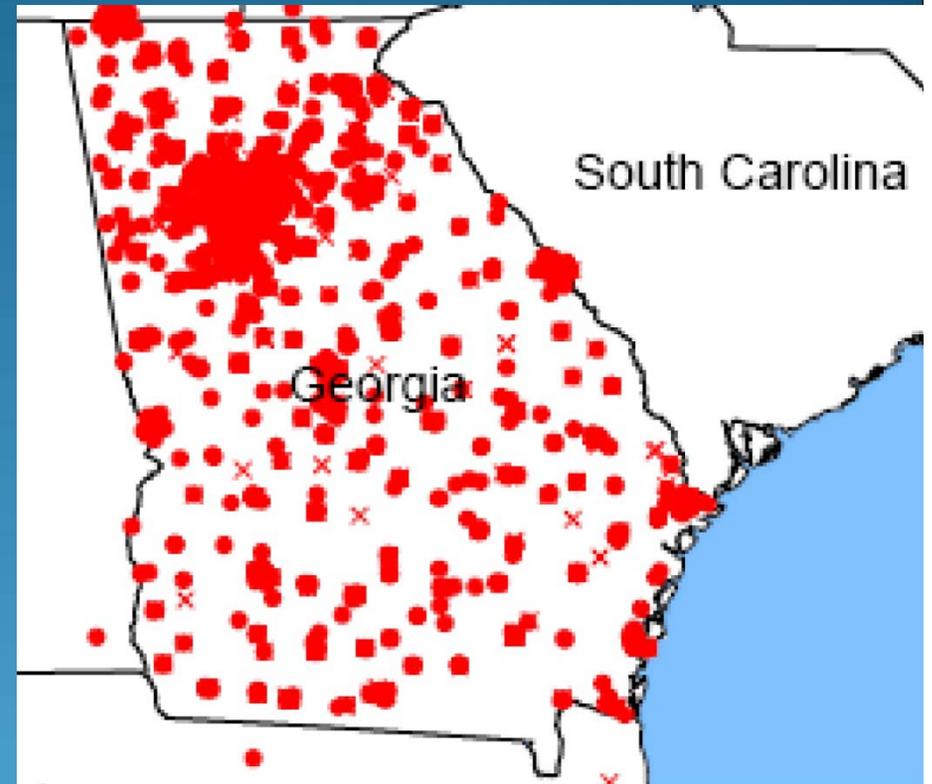


Medicaid	12.2%	1,150,800
Medicare	10.1%	958,200
Employer	54.8%	5,185,900
Individual	3.4%	325,400
Other Public	1.7%	164,300
Uninsured	17.8%	1,682,400
Total		9,467,100

Kaiser Family State Health Facts 2007-2008

Key Statewide Statistics

- Medicare/Medicaid Map
- PCP: 15,563
- Priority PCP: 8040
- Total Number Served:
5200+ providers
- Georgia Population:
9,965,744
- Total patients served (projected) : 2.8 million

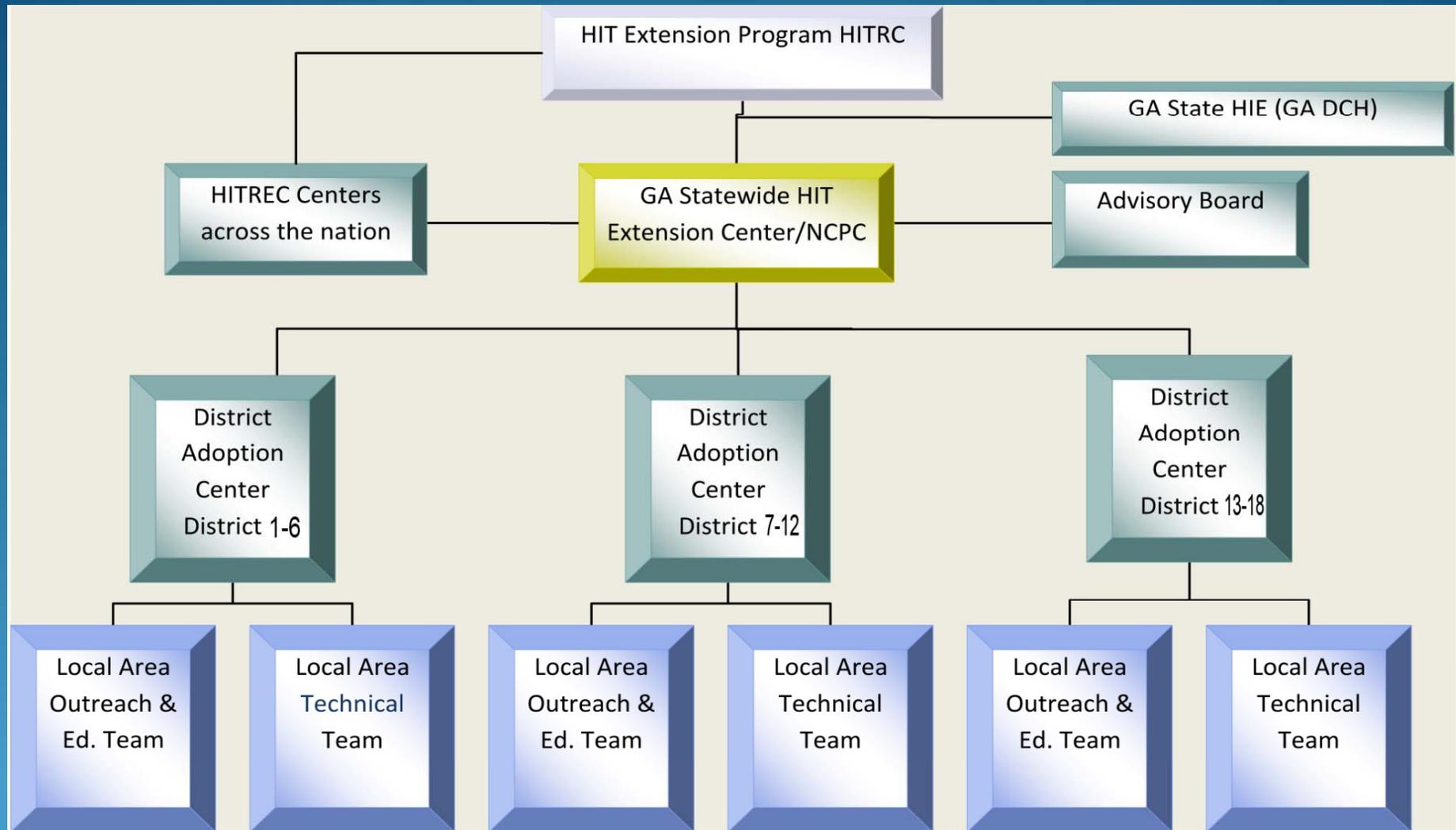


GA-HITREC Goals & Objectives



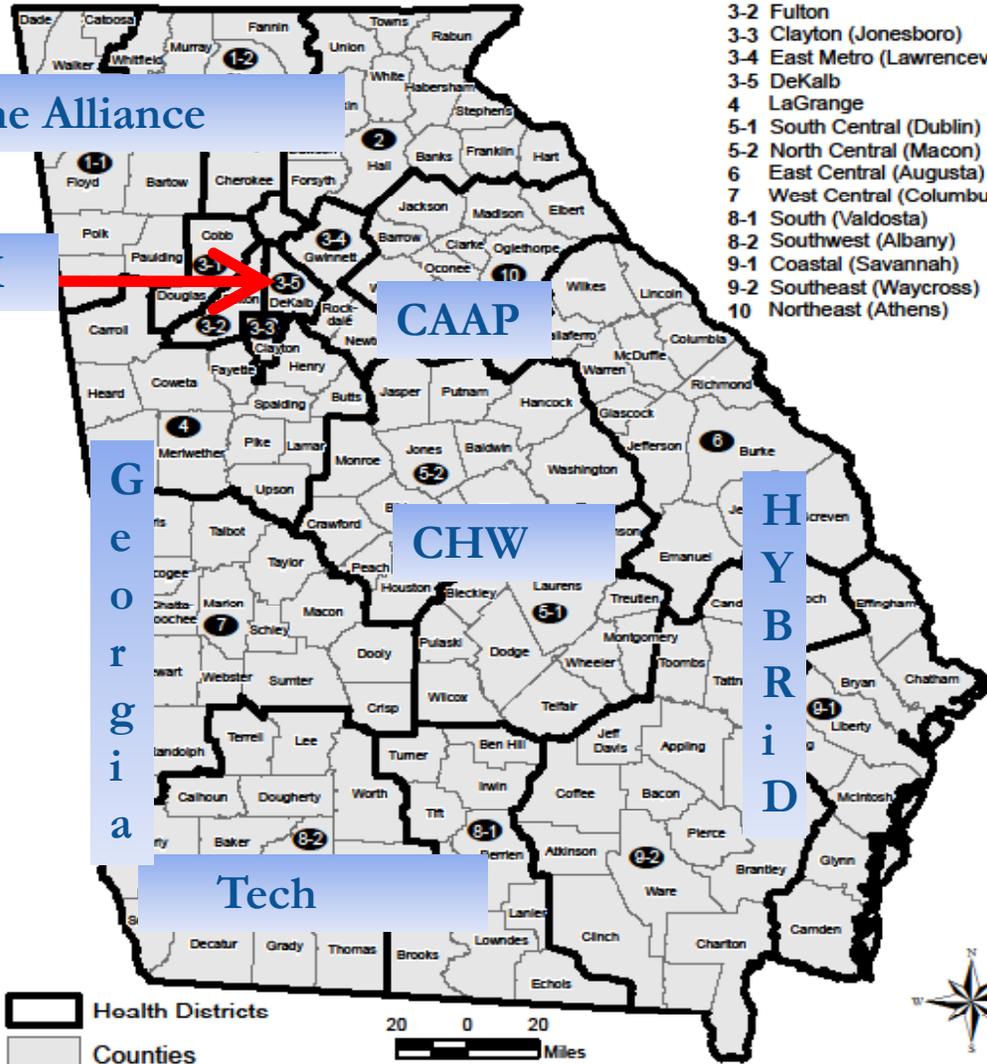
- Community-Oriented Approach
- Collaborate with Statewide Partners
- Patient-Centered Medical Home Standards
- Equitable Group Purchasing Agreements
- Competent Technical Teams
- Work Collaboratively with State HIE (*GA DCH*)
- Excellent Quality Service
- Build a National Reputation as a Reliable HIT Source

Statewide Organization



GEORGIA Public Health Districts

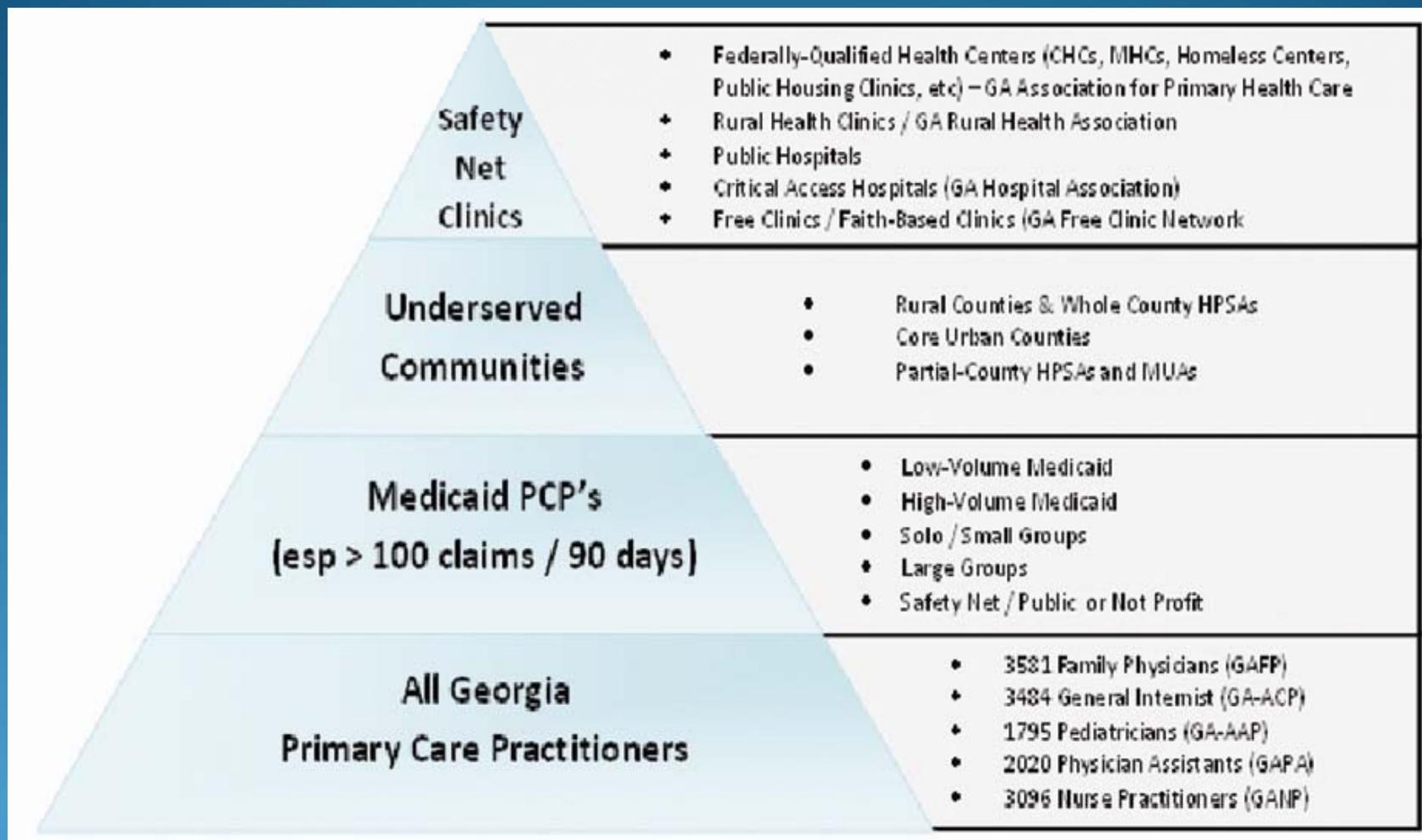
- 1-1 Northwest (Rome)
- 1-2 North Georgia (Dalton)
- 2 North (Gainesville)
- 3-1 Cobb-Douglas
- 3-2 Fulton
- 3-3 Clayton (Jonesboro)
- 3-4 East Metro (Lawrenceville)
- 3-5 DeKalb
- 4 LaGrange
- 5-1 South Central (Dublin)
- 5-2 North Central (Macon)
- 6 East Central (Augusta)
- 7 West Central (Columbus)
- 8-1 South (Valdosta)
- 8-2 Southwest (Albany)
- 9-1 Coastal (Savannah)
- 9-2 Southeast (Waycross)
- 10 Northeast (Athens)



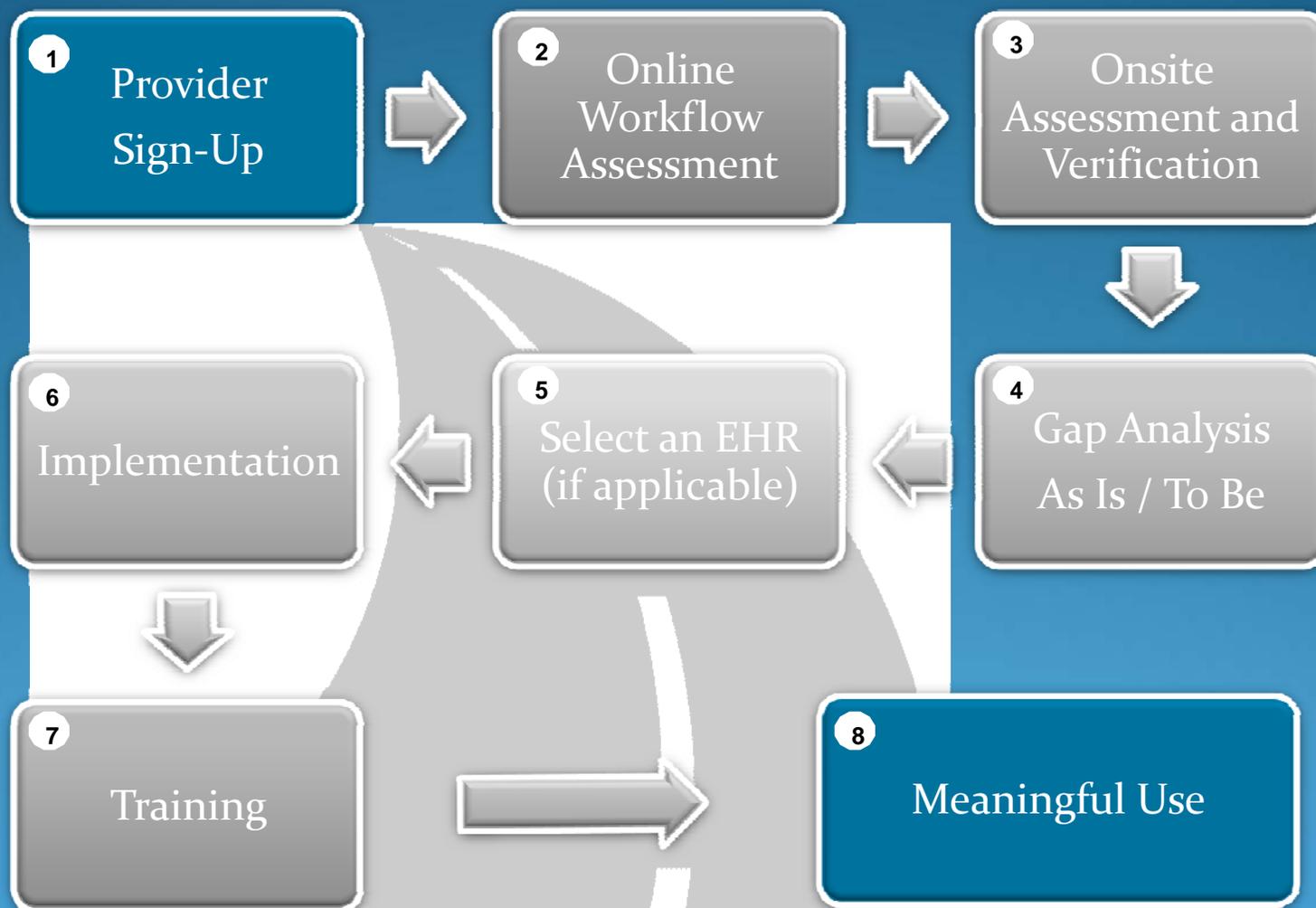
Health One Alliance

NCPC-MSM

Pyramid of Providers



Roadmap to Meaningful Use



Step 1:

Provider Sign Up w/ GA-HITREC

- **Provider agreement** is established and signed
- Provider is assigned **Project Manager**



GA-HITREC Portal

Provider Details

Implementation Details

Training Courses

Technical Support

GA-HITREC CRM Lifecycle

- Partner Relations
- Communities of Practice
- Best Practices

Collaboration & Support



Outreach & Education



- Targeted Marketing Campaigns
- Lead Management
- Signing up Providers

Project Management and Implementation



Vendor Selection & Group Purchasing



- Program Management
- Project/Site Information
- Key Milestone Details

Practice Workflow Design



- Vendor Relations
- Vendor Management

- Practice Demographics
- Site Information

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GA-HITREC Portal

Provider Details

Implementation Details

Training Courses

Technical Support

Who is at the center of this technology?



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Current Partner Organizations

American College of Physicians
Community Health Works
Coalition of Athens Area Physicians
East Georgia Health Cooperative
Georgia Academy of Family Physicians
Georgia Association of Primary Health Care
Georgia Board of Regents
Georgia Department of Community Health
Georgia Hospital Association

Georgia Institute of Technology
Georgia Medical Care Foundation
Georgia Partnership for Telehealth
Georgia State Medical Association
Health One Alliance
HYBRiD Health IT, Inc
MD Tech Pro
Morehouse Medical Associates