Center for Medicare & Medicaid Services (CMS)

Electronic Health Record Demonstration Project

*Physician Stakeholder Meeting*

*Friday, March 28, 2008*
Agenda

- Introductions
- Overview of CMS EHR Demonstration Project
- Development of Community Partnership
- Physician Participation in Project
- Overview of the DCH Office of Health Information Technology & Transparency (HITT)
• CMS is embarking upon a 5-year demonstration project aimed at:

  ❖ Small **Primary Physician Practices** ( <20) that serve Medicare members

  ❖ Creating **financial incentives** for physicians to adopt CCHIT certified EHR Systems

  ❖ Studying impact of **EHR adoption** among targeted physicians on quality of care
Role of DCH

- United States Department of Health and Human Services Secretary Leavitt named Commissioner Medows convener for the state of Georgia’s Medicare EHR demonstration project.

- DCH is seeking community partners to assist with the creation of a successful application.
Role of Community Partners

- Physicians are needed to participate in demonstration and help recruit other physicians.

- Private sector support is needed to develop incentive programs that are as good, or better than the one being initiated by CMS.

- Community partners needed to craft a program that will promote the successful implementation of EHRs among Georgia physicians.
## Payment Incentives to Physicians

<table>
<thead>
<tr>
<th>Demo Year</th>
<th>Basis of Payment</th>
<th>Max $ per MD per Year</th>
<th>Max $ per Practice per Year</th>
<th>Timing of Payment from CMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>EHR Adoption</td>
<td>$5,000</td>
<td>$25,000</td>
<td>~2 months post 1&lt;sup&gt;st&lt;/sup&gt; year</td>
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<tr>
<td>2</td>
<td>Reporting of Clinical Measures</td>
<td>$8,000</td>
<td>$40,000</td>
<td>~9 months post 1&lt;sup&gt;st&lt;/sup&gt; year</td>
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<tr>
<td>3 – 5</td>
<td>Performance on Clinical Measures</td>
<td>$15,000</td>
<td>$75,000</td>
<td>~9 months post 5&lt;sup&gt;th&lt;/sup&gt; year</td>
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<tr>
<td>Total Payments</td>
<td></td>
<td>$58,000</td>
<td>$290,000</td>
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Phases of Implementation

• CMS will implement project in 2 Phases:
  – Phase I will include four demonstration sites across country in Fall 2008
  – Phase II will include an additional eight demonstration sites by Spring 2009

• Georgia EHR Community Partnership is applying on behalf of Georgia to serve as one of the 12 demonstration sites

• When Georgia is awarded the project, **200 physician practices** will be needed for participation in the demonstration
Requirements for Participation

• Small to medium sized primary care practices (No specialty or large practices >20)

• Willingness to be randomly assigned to the experiment or control group
  – Experimental group must have or adopt a CCHIT certified EHR during first year of project making it eligible for CMS incentive payments
  – Control group is not required to adopt an EHR, but it may adopt one as part of non-CMS sponsored incentive programs

• Completion of initial application for participation and baseline survey

• Complete an assessment of quality measures and quality performance (frequency to be determined by CMS)
Community Partnerships

- The successful application from the Georgia HER Community Partnership to CMS will include strong community partners.

- DCH is seeking partners to:
  - Physicians to participate in this demonstration project
  - Payors to offer additional incentives to experimental and control group physicians
  - Help DCH promote and encourage project participation as well, as widespread adoption of EHRs among ALL physicians
Need Your Help

• What types of incentives will encourage and sustain participation among providers?

• What is the best vehicle for recruiting eligible physicians?

• How can your practice or organization help Georgia develop a successful application and EHR adoption program?
Application Process

• Step 1: Convene Key Stakeholders to discuss components of application and brainstorm ideas.

• Step 2: Draft application for review and comment by Key Stakeholders.

• Step 3: Revise and Submit application to CMS by May 13th deadline.

• Step 4: Notification of Selection as a Demonstration Community by CMS in June 2008.

• Step 5: Work with CMS to recruit physicians to participate in Demonstration in Late Summer/Fall 2008.
Components of the Application

1. Cover Letter
2. Medicare Waiver Demonstration Applicant Data Sheet
3. Executive Summary
4. Problem Statement
5. Demonstration Design
6. Organizational Structure & Capabilities
7. Performance Results
8. Demonstration Implementation Plan
9. Supplemental Materials
Overview:
DCH Office of HITT
Office of HITT

• Formed on January 17, 2008

• Purpose:
  – To lead Georgia’s strategic efforts to improve the quality and efficiency of health care services through the adoption and utilization of electronic health information
  – To coordinate the state’s HITT activities, and facilitate collaboration among public and private health care stakeholders to accomplish the goals outlined in Georgia’s HITT Strategic Plan (visit: www.dch.georgia.gov/gahitt)
October 2006
Governor Sonny Perdue issued an executive order creating the HITT Advisory Board.

October 2006
The Georgia Department of Community Health (DCH) created HITT Advisory Board to advise DCH on best practices for encouraging the use of HIT and on a statewide strategy to enable health information to be available and transparent. 12 members and 16 ad-hoc.

October 2007
Received a $3,929,855 Medicaid Transformation Grant from CMS to assist with the implementation of Transparency Web site for health care consumers.

November 2007
Awarded $853,088 in HIE grants to four organizations that will help foster the development of HIE, electronic prescribing, and/or adoption of electronic medical records across Georgia.
HITT Accomplishments

December 2007

DCH submitted a proposal to participate in the Health Information Security and Privacy Collaborative with seven other states. Purpose of collaborative is to build consumer trust in privacy and security of electronic health information.

January 2008

DCH announced creation of the Office of HITT.

Presentation of the HITT Strategic Plan to the HITT Advisory Board.

February 2008

Secretary Leavitt announced Georgia’s HHS EHR demonstration project. Dr. Medows named Georgia’s convener.
HITT Strategic Plan

- HITT goals and objectives include:
  - Encourage universal e-prescribing for the state
  - Maintain and promote the Georgia’s HIE grant program
  - Develop and promote the value of HITT
  - Launch the health information transparency Web site
  - Conduct HITT outreach and consumer education activities
  - Promote the adoption of electronic health records
DCH Initiatives
FY 2007 and FY 2008

FY 2007

- Medicaid Transformation
- Integrity of our Programs & Safety Net
- Consumerism
- Health Improvement & Resolving Disparities
- Uninsured: Community Solutions

FY 2008

- Medicaid Transformation
- Health Care Consumerism
- Financial Integrity
- Health Improvement
- Solutions for the Uninsured
- Medicaid Program Integrity
- Workforce Development
- PeachCare for Kids™ Program Stability
- SHBP Evolution
- Customer Service and Communication
For More Information

Office of Health Information Technology and Transparency
Department of Community Health
2 Peachtree Street, NW
Atlanta, GA 30303
404.656.9653
www.dch.georgia.gov/gahitt
List of CCHIT Certified EHR products
2007 Ambulatory EHR criteria.

Certification Commission for Healthcare Information Technology
<table>
<thead>
<tr>
<th>Company/Product</th>
<th>Date Certified</th>
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<tbody>
<tr>
<td>Allscripts (Healthmatics EHR Version 2007.1)</td>
<td>1/23/2008</td>
</tr>
<tr>
<td>CareData Solutions Corporation (The CareData Soln, Version 2.7+)</td>
<td>1/18/2008</td>
</tr>
<tr>
<td>Community Computer Service (MEDENT 17)</td>
<td>7/11/2007</td>
</tr>
<tr>
<td>digiChart, Inc. (digiChart OB-GYN Version 7.0)</td>
<td>3/20/2008</td>
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<tr>
<td>eCast Corporation (eCast EMR 7.0)</td>
<td>9/21/2007</td>
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<tr>
<td>eClinicalWorks, LLC (eClinicalWorks 7.6.15)</td>
<td>8/10/2007</td>
</tr>
<tr>
<td>e-MDs, Inc. (e-MDs Solution Series 6.1.2)</td>
<td>7/18/2007</td>
</tr>
<tr>
<td>Epic Systems Corp (EpicCare Ambulatory EMR Spring ‘07)</td>
<td>11/30/2007</td>
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<tr>
<td>HIT Services Group (Acumen EHR 5)</td>
<td>12/11/2007</td>
</tr>
<tr>
<td>McKesson Provider Technologies (Practice Partner 9.2.1)</td>
<td>7/17/2007</td>
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<tr>
<td>McKesson Provider Technologies (Practice Partner 9.2.2)</td>
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</tr>
<tr>
<td>MediNotes Corporation (MediNotes e Version 5.2)</td>
<td>1/24/2008</td>
</tr>
<tr>
<td>Nightingale Informatix Corporation (Nightingale On-Demand, Version 8.2+)</td>
<td>2/22/2008</td>
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<tr>
<td>Noteworthy Medical Systems (NetPractice EHR 6.0)</td>
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<td>PracticeOne (e-Medsys Electronic Health Record)</td>
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<td>Purkinje (CareSeries EHR 2.0)</td>
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<tr>
<td>Sage (Intergy EHR by Sage, Version V4)</td>
<td>1/17/2008</td>
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U.S. Department of Health and Human Services (HHS) Secretary Mike Leavitt has recognized the first set of interoperability standards developed by the Health Information Technology Standards Panel (HITSP).

HITSP advanced three of its “Interoperability Specifications” to help support the advancement of interoperable health records and a Nationwide Health Information Network.

The HITSP “Interoperability Specifications,” which pertain to three initial priority work areas (“Use Cases”) assigned to the Panel by the American Health Information Community (AHIC), were accepted by Secretary Leavitt in December 2006 as interoperability standards in these areas:

- **Electronic Health Record** (EHR) (e.g., the electronic delivery of lab results to providers of care),
- **Biosurveillance** (e.g., data networks supporting the rapid alert to a disease outbreak), and
- **Consumer Empowerment** (e.g., giving patients the ability to manage and control access to their registration and medication histories).

Each Interoperability Specification is an unambiguous “cookbook” that identifies the “named” standards and provides implementation guidance to all stakeholders exchanging the health care information specified in each Use Case.

During 2007, the HITSP continued its work by focusing on security and privacy constructs and a new set of Use Cases supplied by AHIC:

- **Security and Privacy constructs** will help to keep patient health information secure in an electronic environment. The standards will also help to assure that this information will only be used by authorized personnel for official purposes, including electronic delivery of lab results to a clinician, medication workflow for providers and patients, quality, and consumer empowerment.

- **Emergency Responder-Electronic Health Record** will track and provide on-site emergency care professionals, medical examiner/fatality managers, and public health practitioners with needed information regarding care, treatment, or investigation of emergency incident victims.

- **Consumer Access to Clinical Information** will assist patients in making decisions regarding care and healthy lifestyles. Accessible information could include registration information, medication history, lab results, current and previous health conditions, allergies, summaries of healthcare encounters, and diagnoses.

- **Quality** indicators will benefit providers by providing a collection of data for inpatient and ambulatory care, and will benefit clinicians by providing real-time or near-real-time feedback regarding quality indicators for specific patients.

- **At its meeting on January 22, 2008, AHIC unanimously recommended the 2007 work to Secretary Leavitt.**

- **If the Secretary accepts the recommendations as reported, the requisite one-year period of review and testing for the new Interoperability Specifications will begin.**

Source: American National Standards Institute News:
DCH Mission

**ACCESS**
Access to affordable, quality health care in our communities

**RESPONSIBLE**
Responsible health planning and use of health care resources

**HEALTHY**
Healthy behaviors and improved health outcomes