

Center for Medicare & Medicaid Services
(CMS)

Electronic Health Record Demonstration Project

Health Plans Stakeholder Meeting

Friday, April 4, 2008



Agenda

- Introductions
- Overview of CMS EHR Demonstration Project
- Physician Participation in Project
- Development of Community Partnership
- Overview of the DCH Office of Health Information Technology & Transparency (HITT)

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



Description of Demonstration Project

- 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

Payment Incentives to Physicians

Demo Year	Basis of Payment	Max \$ per MD per Year	Max \$ per Practice per Year	Timing of Payment from CMS
1	EHR Adoption	\$5,000	\$25,000	~2 months post 1 st year
2	Reporting of Clinical Measures	\$8,000	\$40,000	~9 months post 1 st year
3 – 5	Performance on Clinical Measures	\$15,000	\$75,000	~9 months post 5 th year
Total Payments		\$58,000	\$290,000	

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



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, and
- Health plans are asked to provide additional financial incentives for physicians participants

Community Partnerships

- The successful application from the Georgia EHR Community Partnership to CMS will include strong community partners.
- DCH is seeking partners to:
 - Payors to offer additional incentives to experimental and control group physicians
 - Physicians to participate in this demonstration project
 - Help DCH promote and encourage project participation as well, as widespread adoption of EHRs among ALL healthcare stakeholders



Requirements for Physician 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)

Need Your Help

- What types of incentives can health plans offer to physician participants to encourage and sustain participation among providers?
- How can the health plans help recruit eligible physicians?
- What is the best vehicle for recruiting physicians?
- How can your organization help Georgia develop a successful application and increase the 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





List of CCHIT Certified EHR products 2007 Ambulatory EHR criteria.

<http://www.cchit.org/choose/ambulatory/2007/>

Certification Commission for Healthcare Information Technology

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COMPANY (PRODUCT VERSION)	DATE CERTIFIED
Allscripts (Healthmatics EHR Version 2007.1)	1/23/2008
CareData Solutions Corporation(The CareData Soln, Version 2.7*)	1/18/2008
Community Computer Service (MEDENT 17)	7/11/2007
digiChart, Inc. (digiChart OB-GYN Version 7.0)	3/20/2008
eCast Corporation (eCast EMR 7.0)	9/21/2007
eClinicalWorks, LLC (eClinicalWorks 7.6.15)	8/10/2007
e-MDs, Inc. (e-MDs Solution Series 6.1.2)	7/18/2007
Epic Systems Corp (EpicCare Ambulatory EMR Spring '07)	11/30/2007
Greenway Medical Technologies (PrimeSuite 2007 R2)	6/22/2007
HIT Services Group (Acumen EHR 5)	12/11/2007
McKesson Provider Technologies (Practice Partner 9.2.1)	7/17/2007
McKesson Provider Technologies (Practice Partner 9.2.2)	7/17/2007
MedAppz (iSuite version 3.5)	11/1/2007
MediNotes Corporation (MediNotes e Version 5.2)	1/24/2008
Misys Healthcare Systems (Misys EMR, Version 9.10*)	2/22/2008
Misys Healthcare Systems (Misys MyWay, Version 2008*)	2/22/2008
NextGen Healthcare Informtn Systems, Inc.(NextGen EMR 5.4.29)	6/25/2007
NextGen Healthcare Information Systems, Inc. (NextGen EMR 5.5)	6/25/2007
Nightingale Informatix Corporation (Nightingale On-Demand, Version 8.2*)	2/22/2008
Noteworthy Medical Systems (NetPractice EHR 6.0)	1/17/2008
PracticeOne (e-Medsys Electronic Health Record)	11/30/2007
Purkinje (CareSeries EHR 2.0)	7/27/2007
Sage (Intergy EHR by Sage, Version V4)	1/17/2008
Wellogic and GBA Health Network Systems (Wellogic Consult Version 3.10 Release 10 and GBA MEDfx Version 2.8)	3/26/2008

Healthcare Information Technology Standards Panel

www.hitsp.org

- 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.

Healthcare Information Technology Standards Panel

- 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.



Overview: DCH Office of HITT

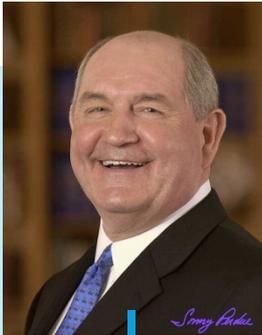


Office of HITT

- 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)

HITT Accomplishments

October 2006



Governor Sonny Perdue issued an executive order creating the HITT Advisory Board .

November 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

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www.dch.georgia.gov/gahitt



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