

Maximum Potential Payment

Year 1

EHR Adoption (OSS) — **\$5,000**
Reporting of Clinical Measures — **n/a**
Performance on Clinical Quality Measures — **n/a**
Maximum per Provider — **\$5,000**
Maximum per Practice — **\$25,000**

Year 2

EHR Adoption (OSS) — **\$5,000**
Reporting of Clinical Measures — **\$3,000**
Performance on Clinical Quality Measures — **n/a**
Maximum per Provider — **\$8,000**
Maximum per Practice — **\$40,000**

Year 3

EHR Adoption (OSS) — **\$5,000**
Reporting of Clinical Measures — **n/a**
Performance on Clinical Quality Measures — **\$10,000**
Maximum per Provider — **\$15,000**
Maximum per Practice — **\$75,000**

Year 4

EHR Adoption (OSS) — **\$5,000**
Reporting of Clinical Measures — **n/a**
Performance on Clinical Quality Measures — **\$10,000**
Maximum per Provider — **\$15,000**
Maximum per Practice — **\$75,000**

Year 5

EHR Adoption (OSS) — **\$5,000**
Reporting of Clinical Measures — **n/a**
Performance on Clinical Quality Measures — **\$10,000**
Maximum per Provider — **\$15,000**
Maximum per Practice — **\$75,000**

Total

Maximum per Provider — **\$58,000**
Maximum per Practice — **\$290,000**

Health Information Security and Privacy

Do new patients frequently forget important information from their medical history? Do they forget to mention which medications they are taking, what allergies they have or the last time they took certain medical tests? Do they have concerns over the security and privacy of their medical records? *If your office is using Electronic Health Records (EHR), your patients should feel at ease knowing their information is secure and they won't have to commit their medical history to memory!*

To learn more about the security and privacy of EHRs, as well as the benefits of electronic health information exchange, log onto georgiahealthinfo.gov and click the *Health Information Security and Privacy* box on the Home Page.

Georgia EHR Community Partners

Georgia's EHR Community Partners, a collaboration of public and private organizations committed to expanding the use of Health Information Technology.

The Partners will assist CMS with outreach activities, education and recruitment of eligible primary care physician practices in their communities. The Partners will also collaborate with CMS on an ongoing basis in an effort to assist them in achieving the goal of leveraging the combined forces of private and public payers to implement similar incentive programs to further drive physician practices toward the widespread adoption of EHRs.

- Albany Internal Medicine (AIM)
- American College of Physicians (ACP) Georgia Chapter
- Amerigroup
- APS Healthcare
- Archbold Medical Center
- Blue Cross Blue Shield of Georgia (BCBSGa)
- Business Computer Applications
- Center for Health Transformation (CHT)
- Chatham County Safety Net Planning Council (Council)
- Cobb County Community Services Board (CCSB)
- Emory Healthcare
- Gainesville Eye Associates
- Georgia Association for Primary Health Care (GAPHC)
- Georgia Department of Community Health - Medical Assistance Plans
- Georgia Department of Community Health - State Health Benefit Plan
- Georgia Department of Human Resources (DHR) Division of Public Health
- Georgia Medical Care Foundation (GMCF)
- Georgia State Medical Association
- Georgia Hospital Association
- Georgia State Senator Judson Hill
- Georgia Statewide Area Health Education Center (AHEC)
- Health Systems Institute (HSI)
- Healthcare Billing and Management Association (HBMA)
- HIMformatics
- Institute of Health Administration of the Robinson College of Business at Georgia State University
- Intel American, Inc.
- Kaiser Permanente
- McDuffie Medical Associates (MMA)
- Medical Association of Georgia (MAG)
- Memorial University Medical Center
- Morehouse School of Medicine
- North Fulton Family Medicine
- North Highland Company
- Peach State Health Plan
- Quest Diagnostics
- Savannah Business Group (SBG)
- State Office of Rural Health (SORH)
- The Meridian Group
- UnitedHealth Group
- WellCare



Electronic Health Record (EHR) Demonstration Project

*Department of Community Health (DCH)
Office of Health Information Technology
and Transparency (OHITT)*

The Centers for Medicare and Medicaid Services (CMS) Electronic Health Record (EHR) Demonstration Project is a five-year, Medicare project that will provide incentive payments to physicians for using certified electronic health records to improve the quality of patient care. The goal is to revolutionize the way health care information is managed, producing better health outcomes and greater patient satisfaction. This project is a major step toward the goal of most Americans having access to a secure, interoperable EHR by 2014.

Georgia is among the 12 sites (states/regions) selected by the U.S. Department of Health and Human Services to participate in the program. Recruitment for physicians will begin in the Fall of 2009.

The EHR project will study the impact of EHR adoption among targeted physicians on quality of care. Findings from the demonstration will help determine the role of EHRs in delivering high-quality care and reducing errors.



Incentive/Payment Calculations

Two separate per-beneficiary incentive payments will be available.

1. HIT incentive payment for performance on Office Systems Survey (OSS)

HIT Adoption Incentive Calculation

$\$45 \times \text{OSS Score} \times \# \text{ beneficiaries assigned with chronic condition}$

Example: Practice was assigned 100 beneficiaries with a chronic condition for the reporting year and scores 60% on the OSS

Payment: $\$45 \times 60\% \times 100 = \2700

2. Quality incentive payment for reporting and performance on 26 Clinical Measures

8 Diabetes Mellitus (DM)

7 Congestive Heart Failure (CHF)

6 Coronary Artery Disease (CAD)

5 Preventative Services (PS)

Quality Incentive Calculations

- Pay for Reporting (Year 2)
 $\$20 \times \# \text{ beneficiaries assigned per condition}$
- Pay for Performance (years 3-5)
 $\text{DM/CHF/CAD} - \$45 \times \text{Composite score for category}$
 $\times \# \text{ beneficiaries with given conditions}$

$\text{PS} - \$25 \times \text{Composite score for category} \times \# \text{ beneficiaries with a range of chronic conditions}$

Per Beneficiary Payment tied to # of beneficiaries assigned in each condition category

Patients with multiple conditions counted in every category applicable

Measurements/Evaluation

Measurement of HIT Adoption

- Treatment group practice – Office System Survey (OSS) years 1 to 5
- Control group practices – OSS years 2 and 5 only
- Practices must have implemented CCHIT* certified EHR by end of 2nd year and using core functions to stay in demonstration and use the following features:
 - ▲ Patient visit notes
 - ▲ Recording of lab/diagnostic test orders & results
 - ▲ Recording of prescriptions
- Higher scores on the OSS yield higher payments. No payments if minimum requirements not met.

Clinical Quality Measures

- Same measures and data collection process used for MCMP
- Clinical measures not reported until after the end of the 2nd year – “Pay for Reporting”
- Pay for Performance in years 3-5

Evaluation

Independent Evaluation by Mathematica Policy Research

- Impact on rate of adoption of EHRs
- Impact on quality of care
- Impact on Medicare costs

Randomized Treatment – Control Group Design

Control Group

- Not eligible to receive incentive payments
- OSS at the end of 2nd and 5th year (payment for completing survey)
- No required reporting of clinical measures – Quality comparisons based on claims based quality measures and beneficiary survey data
- No requirements for EHR implementation
- Control group will be eligible for participation in other P4P or EHR incentive programs

*Certification Commission for Healthcare Information Technology

Practice Requirements

Size

- Small to medium sized practices (< = 20 providers)
- MDs/DOs as well as NPs/PAs
- At least 50 Medicare Fee For Service (FFS) Beneficiaries for which they provide the plurality of primary care visits

Specialty

- Primary Care, Internal Medicine, Family Practice, General Practice, Geriatrics
- Medical Subspecialties only if practice is predominately Primary Care
- May or may not have EHR at time of application
- Must bill office visits on a CMS – 1500 form or electronic equivalent
- Recruitment can not be restricted to a specific network, health plan, or other affiliation
- FFS only—excludes beneficiaries enrolled in Medicare Advantage (MA) plan
 - Excludes hospice
 - Medicare must be primary (excludes “working” aged)
 - Must have both A & B

Application / Selection Process

In the fall of 2009 Georgia Practices will have an opportunity to submit an application in order to participate in the demonstration. CMS will review all applications and have the final say regarding eligibility. 200 Eligible practices will be randomly assigned to either a treatment or control group.

Community partners will not determine which practices are selected to participate in the demonstration.

For more information contact DCH office of HITT at hitt@dch.ga.gov

For updates on Georgia’s Community Partnership go to: <http://dch.georgia.gov>; click Office of Health Information Technology and Transparency; click EHR Partnership.

For CMS info go to: EHR_demo@cms.hhs.gov