CMS Electronic Health Record (EHR) Demonstration Project Overview

Presentation to
Medical Association of Georgia, 154th House of Delegates Meeting
October 4th 2008

RENEA STEELE, DIRECTOR Office of Health Information Technology and Transparency (OHITT)
Department Community Health 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
Agenda

• Overview of DCH

• Overview Office of Health Information Technology and Transparency (OHITTT)

• EHR Demo Overview

• Practice Requirements

• Measurement of HIT and Quality
Department of Community Health

- Provides health care benefits to over two million citizens under various Medicaid and PeachCare for Kids™ programs and the State Health Benefit Plan (SHBP) for state employees, teachers, retirees and their dependents.

- Develops health policy,

- Approves the development and expansion of health care services and facilities through the Certificate of Need program, and

- Provides access to other resources for affordable and quality health care (including Georgia Families, Georgia Enhanced Care, and Georgia Health Partnership).
Department Community Health Initiatives
FY 2008 and FY 2009

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

FY 2009
- Medicaid Transformation
- Health Care Consumerism
- Financial & Program Integrity
- Health Improvement
- Solutions for the Uninsured
- Workforce Development
- PeachCare for Kids™ Program
- Stability
- Customer Service
Office of Health Information Technology and Transparency

Georgia HITI
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.

February 2007
Governor Sonny Perdue issued an executive order on Health Care Transparency.
More informed health care choices lead to a more competitive marketplace, which will improve healthcare in Georgia.

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.

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.

February 2008
Secretary Leavitt announced Georgia’s HHS EHR demonstration project.
Dr. Medows named Georgia’s convener.
HITT Accomplishments

March 2008
Governor Sonny Perdue signed an executive order creating the Georgia RX Exchange with DCH, DJJ, DOC and DHR

May 2008
DCR submitted an application on behalf of the Georgia Electronic Health Record Community Partnership for the EHR Demonstration project. The research project will study the impact of incentives on EHR adoption and quality by primary care providers

May 2008
DCR awards Transparency Web site contract to IBM. IBM will be responsible for building the infrastructure of the Georgia Transparency Web site for health care consumers
HITT Accomplishments

Georgia named Medicare Demonstration Community, one of 12 pilots sites in the nation

June 2008
Electronic Health Records (EHR) Demonstration Overview
Overview

• 5-year demonstration project designed to show that widespread adoption of EHRs will:
  • Reduce medical errors
  • Improve quality of care for approximately 3.6 million consumers

• Two implementation phases (each 5 years)

• Up to 2,400 practices will be recruited nationwide
  – 200 per site (community)

• Randomized design
  – 1,200 assigned to a treatment group
  – 1,200 assigned to a control group
Phased Implementation

Phase 1
1. Louisiana
2. Maryland / DC
3. Pittsburg (11 counties)
4. South Dakota (some counties in IA, MN and ND)

Phase II
1. Alabama
2. Delaware
3. Florida (Jacksonville & 6 counties)
4. Georgia
5. Maine
6. Oklahoma
7. Wisconsin (some counties)
8. Virginia
Practice Requirements

Size

• Small to medium-sized practices (<= 20 total providers)
• MDs, DOs, NPs and PAs
• At least 50 Medicare FFS beneficiaries for which they provide the majority of the primary care visits

Specialty

• Primary care, Internal Medicine, Family Practice General Medicine and Geriatrics
• Medical sub-specialists only if practice is predominately primary care
More Practice Requirements

• May or may not have EHR at time of application

• Must bill office visits on a CMS-1500 form or electronic equivalent
  – Most community health centers bill for office visits on an institutional claim form and will likely not be eligible

• Recruitment cannot be restricted to a specific network, health plan, or other affiliation
Medicare Beneficiary Requirements

• Practices must provide the plurality of primary care visits for at least 50 Medicare beneficiaries

• FFS Only - excludes beneficiaries enrolled in Medicare Advantage (MA) plans
  – Medicare must be primary - excludes “working” aged
  – Must have both A & B
  – Excludes those enrolled in hospice
Beneficiary Assignment

- Beneficiaries assigned to practice with greatest # of primary care visits during reporting period
  - Assignment at the practice level vs individual physician
  - Accurate assignment dependent upon correct use of provider numbers, diagnosis and procedure codes

- All assigned beneficiaries categorized based on diagnoses on all claims (not just primary care providers)
  - Misc. chronic conditions
  - Specific chronic condition: CHF, CAD, Diabetes

- Beneficiaries assignment not fixed – can vary each year based on where patient received most care during reporting period
Measurement of HIT Adoption

- Treatment Group practice – Complete the Office System Survey (OSS) each year
  - OSS is modified version of tool used by Quality Information Organization (QIOs) for Doctor Office Quality – IT (DOQ-IT) program & Medicare Care Management Performance (MCMP) Demo

- Control group practices – years 2 & 5 only

- Practices must have implemented CCHIT* certified EHR by end of 2nd year and using core functions to stay in demonstration
  - Patient visit notes
  - Recording of prescriptions
  - Recording of lab/diagnostic test orders and results

- Higher scores yield higher payments – More sophisticated use of EHR score higher on OSS

* CCHIT = Certification Commission for Healthcare Information Technology
Clinical Quality Measures

- 26 Clinical Measures
  - 8 Diabetes Mellitus (DM)
  - 7 Congestive Heart Failure (CHF)
  - 6 Coronary Artery Diseases (CAD)
  - 5 Preventive Service (PS)

- Pay for Reporting in Year 2 (not reported until end of the 2nd year)

- Pay for Performance in Years 3-5
Evaluation

• Independent Evaluation by Mathematica Policy Research (MPR)
  – Impact on rate of adoption of EHRs
  – Impact on Quality of Care
  – Impact on Medicare costs

• Data Sources
  – OSS
  – Quality measures
  – Claims
  – Practice Surveys
  – Beneficiary Surveys
  – Site visits

• All Data will be kept confidential
Incentive Payments

Two separate per Medicare beneficiary incentive payments:

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

2. Quality incentive payment for reporting and performance on 26 clinical measures
HIT Adoption Incentive Calculations

HIT Incentive (Years 1-5)
- \( $45 \times \text{Score on OSS} \times \text{# beneficiaries assigned who have a chronic condition} \)

Example:
Practice A was assigned 100 beneficiaries with a chronic condition for the reporting year and scores 60% on the OSS.
Payment: \( 60\% \times 100 \times 45 = \$2700 \)

The next year Practice A is assigned 142 beneficiaries with a chronic condition and scores 75% on the OSS.
Payment: \( 75\% \times 142 \times 45 = \$4792.50 \)
Quality Incentive Calculations

• **Quality Incentive - Pay for Reporting (Year 2)**
  
  $20 \times \# \text{ beneficiaries assigned per condition}

• **Quality Incentive – Pay for Performance (Years 3-5)**
  
  – **DM/CHF/CAD**: $45 \times \text{Composite score for category} \times \# \text{ beneficiaries with given condition}
  
  – **Preventive Services**: $25 \times \text{Composite score for category} \times \# \text{ beneficiaries with a range of chronic conditions}

• **Per Beneficiary Payment tied to \# beneficiaries assigned in each condition category**

• **Patients with multiple conditions counted in every category applicable**
Summary: Payments By Year

Year 1
- Payment for use of HIT based on OSS score
- No payment if core functionalities not used

Year 2
- Payment for use of HIT based on OSS score
- Payment for reporting quality measures
- No payment for HIT unless quality measures reported
- Practice terminated from demonstration if it has not adopted CCHIT
- EHR and using minimum core functionalities

Years 3 - 5
- Payment for use of HIT based on OSS score
- Payment for performance on quality measures
- Minimum quality performance required to receive HIT payment
## Maximum Potential Payment

<table>
<thead>
<tr>
<th>Basis of Payment</th>
<th>Years Applicable</th>
<th>Max/Provider/yr</th>
<th>Max/Practice/yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHR Adoption (OSS)</td>
<td>All 5 years</td>
<td>$5,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>Reporting of Clinical Quality Measures</td>
<td>Year 2</td>
<td>$3,000</td>
<td>$15,000</td>
</tr>
<tr>
<td>Performance on Clinical Quality Measures</td>
<td>Years 3-5</td>
<td>$10,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>Total Potential Payment over 5 years</td>
<td></td>
<td>$58,000</td>
<td>$290,000</td>
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Application and Selection Process

• Online applications will be available in the Fall of 2009

• CMS will review all applications and make decisions regarding eligibility

• Eligible practices will be randomly assigned to a Treatment or Control Group

• Treatment Groups will receive the incentives

• Control Groups
  – Not eligible to receive incentives
  – Required to complete OSS at end of 2nd and 5th year (will be paid to complete OSS)
  – Not required to report on Quality Measures
  – No Requirements for or restrictions on EHR implementation
  – No limitation on demo or control group participation in other P4P or EHR incentive programs
Georgia’s EHR Demonstration Implementation Time Line

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
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<tbody>
<tr>
<td>February through April 2008</td>
<td>Community Stakeholder meetings and forums</td>
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<tr>
<td>April through May 9th 2008</td>
<td>Application draft and comment</td>
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<tr>
<td>May 13, 2008</td>
<td>Submit Application</td>
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<tr>
<td>June 2008</td>
<td>CMS notifies Demonstration sites selected</td>
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<tr>
<td>August 2008 – July 2009</td>
<td>EHR Community Partners - physician recruitment planning</td>
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<tr>
<td>July 2009</td>
<td>CMS Kick off meetings</td>
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<tr>
<td></td>
<td>Georgia EHR Community collaboration with CMS on Recruitment strategy</td>
</tr>
<tr>
<td>September through November 2009</td>
<td>Recruit individual practices</td>
</tr>
<tr>
<td>June 2010</td>
<td>Demonstration Year 1 Begins</td>
</tr>
<tr>
<td>June 2011</td>
<td>Year 2</td>
</tr>
<tr>
<td>June 2012</td>
<td>Year 3</td>
</tr>
<tr>
<td>June 2013</td>
<td>Year 4</td>
</tr>
<tr>
<td>June 2014</td>
<td>Year 5</td>
</tr>
<tr>
<td>May 2015</td>
<td>Demonstration Ends</td>
</tr>
</tbody>
</table>
## Key Dates

<table>
<thead>
<tr>
<th>Year</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>Summer 2011</td>
<td>Practices complete 1st OSS</td>
</tr>
<tr>
<td>Fall 2011</td>
<td>Practices receive 1st HIT incentive payment</td>
</tr>
<tr>
<td>May 2012</td>
<td>All practices must have implemented EHR</td>
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<tr>
<td>Summer 2012</td>
<td>Complete 2nd OSS</td>
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<tr>
<td>Fall 2012</td>
<td>Submit Year 2 Quality data</td>
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<tr>
<td>Winter 2013</td>
<td>Incentive for OSS and Quality reporting</td>
</tr>
<tr>
<td>2013 to 2015</td>
<td>Incentive OSS &amp; Quality Performance</td>
</tr>
<tr>
<td>May 2015</td>
<td>Demonstration Ends</td>
</tr>
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Thank you