

The background of the slide is a faded, high-angle photograph of several people sitting at computer workstations in what appears to be a training or office environment. They are looking at their monitors, and the overall lighting is bright and slightly overexposed.

# THSA



TEXAS HEALTH SERVICES AUTHORITY

## **EHR Adoption and Consumer Engagement Workgroup** *Facilitated Session II*

May 12, 2010

2:30 PM C.T.

Baylor Health Care System, Dallas, Texas

# Agenda

- Welcome and introductions
- Key definitions
- Subgroup findings: EHR provider adoption
- Subgroup findings: Consumer adoption
- Preparation for June 9 meeting
- Open discussion

# Adoption & Engagement Workgroup Project Schedule

Meeting #1 April 20: Austin	Meeting #2 May 12: Dallas	Meeting #3 June 9: San Antonio	Meeting #4 July: Lubbock (tent.)
<ul style="list-style-type: none"> <li>▪ Introduce project and workgroup charter</li> <li>▪ Review survey results and core principles</li> <li>▪ Review deliverables</li> <li>▪ Discuss possible subgroups</li> <li>▪ Introduce engagement and adoption models</li> </ul>	<ul style="list-style-type: none"> <li>▪ Patient ownership and control</li> <li>▪ Transparency and engagement with consumers</li> <li>▪ Consumer participation and engagement</li> <li>▪ Recommend engagement and adoption model</li> </ul>	<ul style="list-style-type: none"> <li>▪ Encourage provider participation and active consumer involvement</li> <li>▪ Support provider adoption of HIE with Federal Health IT REC</li> <li>▪ Consumer education and outreach</li> <li>▪ Develop HIE rollout plan and milestones</li> </ul>	<ul style="list-style-type: none"> <li>▪ Review and finalize deliverables</li> </ul>

# Decisions on Key Definitions

## Provider Adoption:

- A physician's active participation in implementing and using health information technologies to manage patient care.
  - The American Recovery and Reinvestment Act of 2009 (Recovery Act) authorizes the Centers for Medicare & Medicaid Services (CMS) to provide reimbursement incentives for eligible professionals and hospitals who are successful in becoming "meaningful users" of certified electronic health record (EHR) technology.

# Decisions on Key Definitions, *cont.*

## Consumer Engagement:

- Consumer: “any actual or potential recipient of health care, such as a patient in a hospital, a client in a community mental health center, or a member of a prepaid health maintenance organization.”

*Source:* Mosby's Medical Dictionary, 8th edition. © 2009, Elsevier

Subgroup Findings:

# **EHR PROVIDER ADOPTION**

# Provider Adoption

## Incentives: ARRA and Meaningful Use

- As a provision of the American Recovery and Reinvestment Act of 2009, funds have been made available to physicians who adopt a “meaningful” EHR
- Medicaid incentive has potential to be larger (max incentive of \$64K) but has stricter eligibility requirements
- Medicare incentive is 75% of Medicare Part B charges (max \$44K)



	<b>First incentive opportunity</b> Earliest date to demonstrate meaningful use	<b>Max incentive opportunity</b> Latest you can begin meaningful use to still get maximum incentive	<b>Last incentive opportunity</b> Latest you can begin meaningful use to still get any incentive
<b>Physicians</b>	2011 (1/1/11)	2012 (10/1/12)	2014 (10/1/14)
<b>Hospitals</b>	FY2011 (10/1/10)	FY2013 (7/1/13)	FY2015 (7/1/15)

# Provider Adoption

## ARRA and Meaningful Use: Medicare

### Medicare Incentive for Physicians Schedule:

The incentive is 75% of the physician's Medicare Part B Charges capped by the following Amounts

If you first are a meaningful EHR user	Incentive cap in \$ thousands								Total Over all	Fee Schedule penalties for not
	2011	2012	2013	2014	2015	2016	2017	2018		
2011	18	12	8	4	2	0	0	0	44	No Reduction
2012	0	18	12	8	4	2	0	0	44	No Reduction
2013	0	0	15	12	8	4	0	0	39	No Reduction
2014	0	0	0	12	8	4	0	0	24	No Reduction
2015	0	0	0	0	0	0	0	0	0	99% (1% reduction)
2016	0	0	0	0	0	0	0	0	0	98% (2% reduction)
2017	0	0	0	0	0	0	0	0	0	97% (3% reduction)
2018	0	0	0	0	0	0	0	0	0	97%* (3% reduction)

\* HHS Secretary may continue annual 1% decrease to 95% if less than 75% of professionals have adopted

# Provider Adoption ARRA and Meaningful Use: Medicaid

## Medicaid Incentive Eligibility Requirements for Physicians:

1. Physicians who are not hospital based and have at least 30% of their population attributable to Medicaid.
2. Pediatricians who are not hospital based and have 20-30 % of their volume attributable to Medicaid are eligible for 2/3 of the incentive amount
3. FQHC's or rural clinics with at least 30% patient volume attributable to needy individuals

## Medicaid Incentive Covered Costs:

1. Purchasing, implementing, or upgrading of certified EHR technology
  2. Demonstrating that you are engaged in efforts to implement and adopt EHR technology
  3. Demonstrating that an investment in adoption of certified EHR Technology was made prior to the beginning of the funding period
- Second-sixth payment years: Operation, maintenance and use of a certified EHR

## Medicaid Incentive for Physician Schedule:

If you first are a meaningful EHR user before this year:	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Total over all years	Fee schedule penalties for not using an EHR
2011	21.3	8.5	8.5	8.5	8.5	8.5	0	0	0	0	0	64	No Reduction
2012	0	21.3	8.5	8.5	8.5	8.5	8.5	0	0	0	0	64	No Reduction
2013	0	0	21.3	8.5	8.5	8.5	8.5	8.5	0	0	0	64	No Reduction
2014	0	0	0	21.3	8.5	8.5	8.5	8.5	8.5	0	0	64	No Reduction
2015	0	0	0	0	21.3	8.5	8.5	8.5	8.5	8.5	0	64	No Reduction
2016	0	0	0	0	0	21.3	8.5	8.5	8.5	8.5	8.5	64	No Reduction
2017	0	0	0	0	0	0	0	0	0	0	0	0	No Reduction
2018	0	0	0	0	0	0	0	0	0	0	0	0	No Reduction

Proposed rule for Electronic Health Record Incentive Program (CMS)

**References:** Interim Final rule for standards, Implementation Specifications, and Certification Criteria for EHR Technology (ONC)

[www.regulations.gov](http://www.regulations.gov)

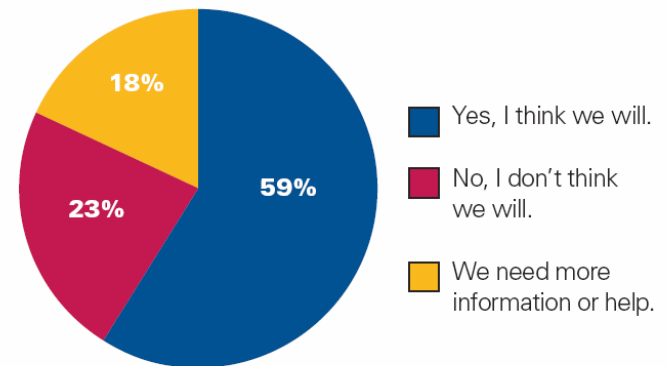
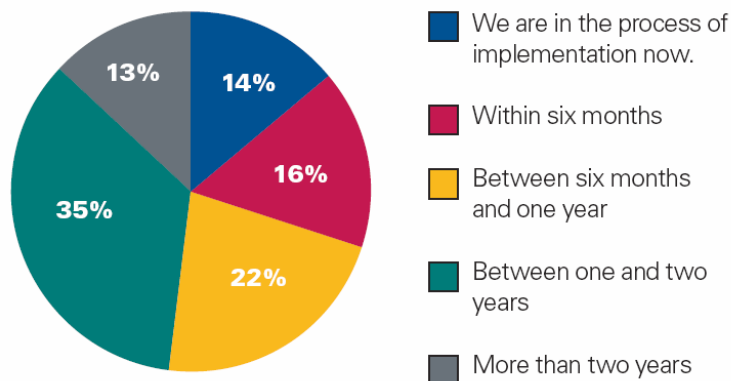
# Physician Adoption

## Current State of Adoption in Texas

- The percentage of respondents who report using an EMR continues to rise, with 43 percent in 2009 reporting current use, up from 33 percent in 2007 and 27 percent in 2005
- The percentage of respondents with no plans to implement an EMR decreased to 16 percent in 2009 from 25 percent

### Plans to Implement an EMR

Among physicians who plan to implement an EMR, 14 percent are doing so now, up from 11 percent in 2007. Of those respondents who report waiting more than two years to implement an EMR, the majority report the cost as being prohibitive (58 percent) or say they are waiting for critical mass adoption (21 percent).



### Incentives

The Health Information Technology for Economic and Clinical Health (HITECH) Act allows incentive payments for physicians who show "meaningful use" of an EMR. The majority of respondents (59 percent) will try to qualify for the stimulus funds.

Source: TMA Special Survey Electronic Medical Records (EMRs) 2009 Report

# Physician Adoption Change Management



## Guiding Principles

- **Physician engagement and a streamlined and efficient governance and decision-making model is essential**
- **All providers need to be supported regardless of position on the adoption curve**
- **Tools must make it easy for physicians that are not technologically sophisticated**
- **Providers need to feel supported not obstructed by the process**
- **Implementing best practices at the point of care empower your providers**
- **Provider representation, participation, and sponsorship is critical for successful implementation**

# Physician Adoption

## Guiding Principles

“To be accepted, EHR products must contain features that create ongoing value directly to the practice.

That is, they must make the physician more effective in areas that matter to the physician (not only in matters that are critical to the sponsoring organization).

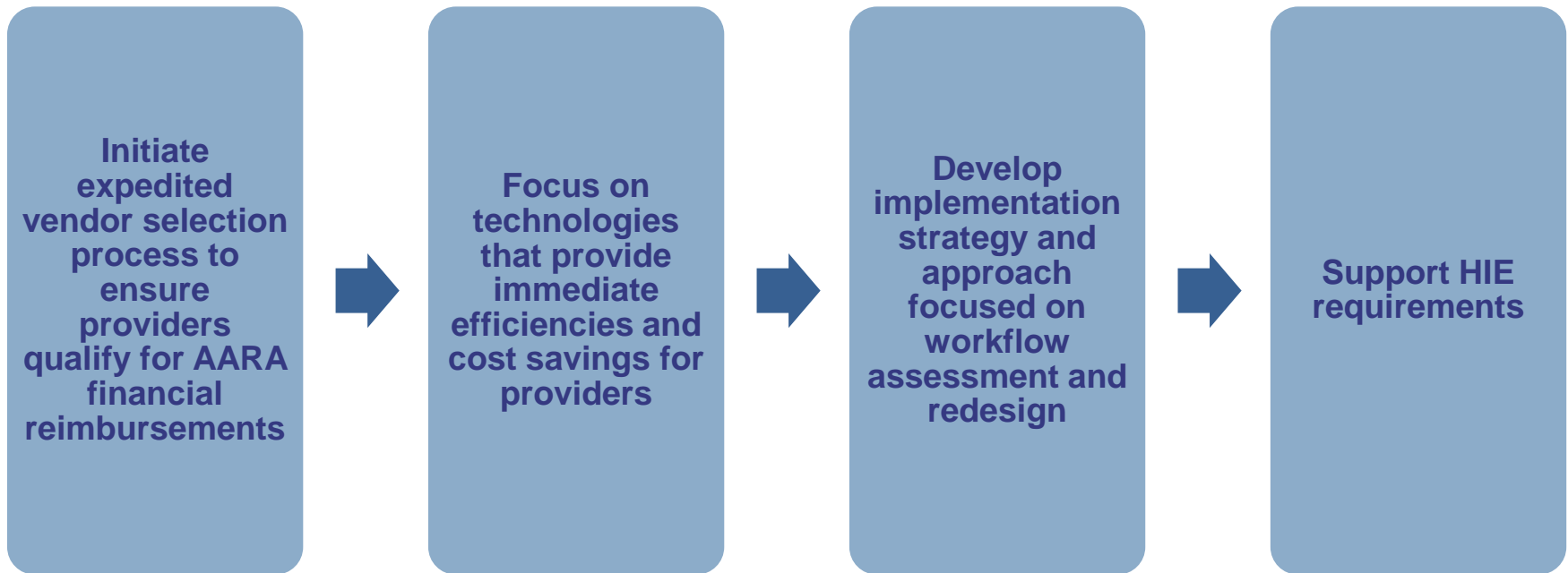
If such features are absent in a product or are implemented improperly, physicians are unlikely to accept EHRs or continue to use them.”

--Requirements for Helping Physicians Adopt EHRs, Gartner, May 21, 2009

# Key Components of HIE Strategy

1. Incremental, bottom-up deployment approach: First, connect hospitals, physician practices, and ancillary service providers (e.g., reference labs and imaging centers) at a local level, as opposed to a top-down approach that attempts to connect all possible stakeholders at once
2. Standards-based interoperability
3. Support for care collaboration and coordination
4. Coherence
5. Flexible and adaptable technology

# Provider Adoption Recommendations



***Concurrently develop an active physician leadership group that is engaged throughout the lifecycle of the program***

# Provider Adoption Model

## Case Study #1

- Nonprofit integrated healthcare delivery system:
  - 1,200 physicians
  - 4 acute care hospitals
  - 15 primary care sites
  - 12 long-term sites
  - 8 rehab and 2 home care
- **Business case:** Entity needed a way to electronically deliver clinical results and reports to its affiliated physicians securely without significant cost and IT investment requirements by either the hospitals or physician practices
- **Solution:** Deployed Novo Grid to leverage existing internet connections without the need for point to point interfaces or need for additional hardware
- **Results:**
  - 65 practices with 328 providers receiving 600,000 lab results per year
  - 30 practices receiving 3,000 radiology results per month

# Provider Adoption Model

## Case Study #2

- Statewide clinical HIE
- **Key guiding principle:** To meet clinicians where they were along the HIT adoption curve with low barriers to entry
- **Core goal:** To enable data to flow as quickly as patients move from one point of care to another across the system
- HIE went live with secure results delivery in 2007, exchanging laboratory and pathology results, radiology reports, and admission face sheets in a standard format via secure web-based solution
- Implementation (from contract to initial go-live) was completed in six months
- For providers that deployed EHRs, clinical data is integrated directly into EHRs in discrete data formats in addition to offering web-based access and EHR integration
- **Results:**
  - Over 60% of state providers are enrolled in the statewide HIE with over 40 million transactions per year and growing
  - Eighty-five percent of lab tests in the state are distributed through HIE, which has over 700,000 unique patient records

# Provider Adoption Model

## Case Study #3

- Statewide HIE launched in 2008
- Initial participants included two large regional health systems, affiliated practices, and a federally qualified health center with 11 clinics across six counties
- **Goal:** To improve clinical decision-making and patient outcomes
- **Challenge:** After Hurricane Katrina destroyed the medical records of thousands of evacuees, the state needed to restore the medical information system within the area of the state most devastated
- Phase 1 enabled physicians to access longitudinal patient records that include outpatient medication history, ADT data, laboratory results, transcribed reports, and radiology results
- Initial focus was on Emergency Departments of participating hospitals, but expanded very quickly beyond the ED

Subgroup Findings:

# **CONSUMER ENGAGEMENT**

## Consumer Engagement

# Why Engage Consumers?

- Consumers are becoming more savvy and expect instant and seamless integration of their medical record across the continuum of care
- RECs may support providers in engaging their patients (indirect)

# Consumer Engagement Objectives

- Current meaningful use criteria clearly document the need to engage patients through EHR support
- Requirements include:
  - Ability to provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, and allergies) upon request
  - Support to provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies) within 96 hours of the information being available to the eligible provider
  - Document and distribute clinical summaries to patients for each office visit

# Consumer Engagement

## How to Reach Consumers

- Education
- Marketing
- For each group/type of consumers, identify a source that speaks for them (advocacy group)
- Leverage expertise of a public relations firm

# Consumer Engagement Models

## EHR Product Web Portals

- Healthcare-related online applications
- Allow patients to interact and communicate with their healthcare providers
- Data created by and for healthcare professionals in the course of delivering care
- Resides in healthcare provider's system
- Portal provides a view of data in the system to the patient
- Patient interaction typically includes prescription refill requests, appointment requests, electronic case management, etc.

## Personal Health Records (PHR)

- Hosted application that stores health information that is initiated and maintained by the patient
- Data resides with patient in system of patient's choosing
- Data may have been exported directly from an EMR, but *now resides in a location of the patient's choosing*
- Access controlled by the patient

## Universal Health Records (UHR)

- Concept phase
- Open source platform stored of the patient's choosing
- Stores all personal health data initiated by the patient and extracted from disparate healthcare systems

# Consumer Engagement

## Important Considerations

- Privacy
  - Secure and compliant with HIPAA regulations
- Consent
- Mental/behavioral health confidentiality

June 9, 2010

# **PREPARATION FOR NEXT MEETING**

# Adoption & Engagement Workgroup

## Objectives for June 9 Meeting

- Recommend steps toward provider participation and active consumer involvement
- Review results of discussion with RECs regarding provider adoption, including consumer engagement and outreach

# Adoption & Engagement Workgroup

## Upcoming Meetings

- June 9
  - University Health System, San Antonio
  - 1:00-3:00 PM
- July: Lubbock (tentative)

# OPEN DISCUSSION



**Thank you!**