

Health Information Technology, Reimbursement, and the American Recovery & Reinvestment Act of 2009



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TOPIC

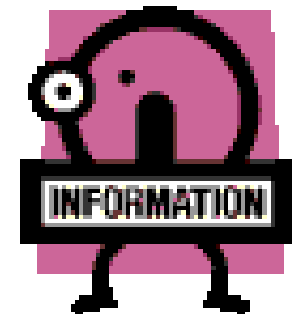
- Orientation to HITECH
- The rush to implement electronic health records and health information exchanges, what are the incentives and penalties?
- What are the standards and reporting requirements for “meaningful use”?
- How do we get started?



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HITECH

- Health Information Technology for Economic and Clinical Health (HITECH) Act includes:
 - Incentives and Penalties for EHR Adoption
 - Research and Development Funding
 - Infrastructure Grants
 - Regional HIT Extension Centers
 - State Grants for HIE and Loans
 - Clinical Education Grants
 - Medical Informatics Program Grants



HIT Policy Committee

- Formal national advisory committee and forum for stakeholder input recommends
 - Technologies to protect privacy of health information and promote security in EHRs
 - Includes segmentation, as well as the use and disclosure of limited data sets
 - EHR technologies for accounting of disclosures made for TPO
 - Technologies that allow identifiable health information to be rendered unusable, unreadable, or indecipherable to unauthorized individuals when transmitted or physically transported



National EHR Policies

- HIT Policy Committee will define **meaningful use!**
 - Membership and how to participate are here:
http://healthit.hhs.gov/portal/server.pt?open=512&objID=1269&parentname=CommunityPage&parentid=1&mode=2&in_hi_userid=10741&cached=true
 - Responsibility for designating technologies, as well as their use across a broad range including exchange, telemedicine, home health, etc.



Qualified Electronic Health Record

- ARRA, Title XIII, Subtitle A, Part I, Sec. 13101 (13)
- Electronic record of health-related information on an individual that:
 - Includes patient demographic and clinical health information such as medical history and problem lists, and
 - Has the capacity to (continued on next slide):



Qualified EHR Capacity

- To provide clinical decision support
- To support physician order entry
- To capture and query information relevant to health care quality; and
- To exchange electronic health information with, and integrate such information from other sources





Acute Care Hospital Incentives

- Medicare: [(Base amount + Discharge related amount) x Medicare share] x Transition factor
 - Base Amount = \$ 2 million
 - Discharge related amount = (\$200 per discharge from 1,150 to 23,000 w/in 12 months)
 - Medicare Share = Medicare Inpatient Days under Part A (fee-for-service and enrollees under Part C)/ total inpatient days adjusted to exclude any charges attributable to charity care



Acute Care Hosp Incentives (cont'd)

- Transition Factor
 - First payment year: 100%
 - Second payment year: 75%
 - Third payment year: 50%
 - Fourth payment year: 25%
 - EHR adoption after 2015: 0%
- Medicaid – same formula, 10% of total volume must be Medicaid to qualify (children's hospitals any M'Caid volume)





Acute Care Hosp Incentives (cont'd)

- Overall incentive payment percentages based on EHR adoption year:

Year of Adoption	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016
2011	100%	75%	50%	25%		
2012		100%	75%	50%	25%	
2013			100%	75%	50%	25%
2014				75%	50%	25%
2015					50%	25%



Acute Care Hosp Penalties

- Unless hardship is demonstrated, hospitals that are not meaningful EHR users BY 2015 (October 1, 2014); will see 75% of their market-basket update reduced by the following: 33.33% for 2015; 66% for 2016; and 100% for 2017 and beyond.
- Receiving the remaining 25% of the market-basket update will depend on successful quality reporting.



October 1, 2014

- The deadline for ALL providers to have an EHR implemented or they will be subject to Medicare and Medicaid payment penalties.





Meaningful Use Defined

- 2011 Final Measures on August 14, 2009
 - Grid available at http://healthit.hhs.gov/portal/server.pt/gateway/PTAR_GS_0_10741_888532_0_0_18/FINAL%20MU%20RECOMMENDATIONS%20TABLE.pdf
 - Health Policy Priorities
 - Improve quality, safety, efficiency and reduce health disparities
 - Engage patients and families
 - Improve care coordination
 - Improve population and public health
 - Ensure adequate privacy and security protections for personal health information



Clinical Quality Examples

- % eligible surgical patients who receive VTE prophylaxis [IP]
- % of orders for high-cost imaging services with specific structured indications recorded [EP, IP]
- % of all patients with access to patient-specific educational resources [EP, IP]



Certification

- HR 1, Page 118, #5
- The National Coordinator, in consultation with the Director of the National Institute of Standards and Technology, shall keep or recognize a program or programs for the voluntary certification of health information technology as being in compliance with applicable certification criteria adopted under this subtitle.



Certification Commission for Health Information Technology

- No guarantee they will be the certifying body!
- Totally revised certification process in June 2009
- Now three approaches:
 - Comprehensive EHR certification to exceed federal requirements
 - Modular certification for electronic prescribing, personal health records, registries, etc.
 - Low cost, site level for self-developed systems



Where Do We Start?

1. Strategic Plan for EHR Adoption
 - A. What, if any, will the impact of this be on other organizational strategic goals?
 - B. What costs and benefits can we identify at this stage?
 - C. What is the current level of interest, understanding, and readiness of all stakeholders?



Assessment

2. Current Healthcare Process

- A. Workflow
- B. Dataflow
- C. HIT already in use

3. Functional Needs

- A. All Users, including front-line
- B. Meet “meaningful use” requirements

4. Infrastructure

- A. Data
- B. Information Technology and Systems



Impact Analysis

- Cost-benefits Analysis
- Payback Period
- EHR Implementation Evaluation
 - Quantitative
 - Qualitative



EHR System Selection

- Criteria based on Assessment
 - Build
 - Buy
 - Borrow
 - Blend
- Request for Information or Request for Proposals
- Vendor Demonstrations are essential



EHR System Selection

- Due Diligence
 - EHR Product
 - Company
- Contract Negotiation
 - Pricing, especially maintenance and required upgrading
 - Key personnel
 - Performance Warranties
- Now you begin implementation



Government Resources

- ARRA law:
http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f%3Ah1enr.txt.pdf
- DHHS website: <http://healthit.hhs.gov/>
- ONC Implementation Plan:
http://www.hhs.gov/recovery/reports/plans/onc_hit.pdf
- US Health Information Knowledgebase:
<http://www.us hik.org/registry/index.html?Referer=Index>



Resources

- Texas Hospital Association:
<http://www.tha.org/HealthCareProviders/Advocacy/FederalIssues/StimulusPackage.asp>
- Medicare Incentive Payment Calculator:
<http://www.himss.org/EconomicStimulus/>
– Must be HIMSS member
- American Health Information Management Association ARRA website:
<http://www.ahima.org/arra/>



QUESTIONS ??





THANK YOU FOR YOUR ATTENTION!

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