ESSENTIALS FOR HEALTH REFORM:
Using Networks to Implement and Improve EHRs and other HIT

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4727)

NIATx

SAAS
STATE ASSOCIATIONS OF
ADDICTION SERVICES

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE

Behavioral Health providers are being challenged to adopt health information technology with very limited resources. There is a need to prepare for increased numbers of patients receiving health insurance benefits, requirements for electronic billing, data exchange among treating providers and an ever increasing need to collect and use health information to improve care.

These intense one day seminars will provide attendees with the necessary information to move forward in adopting, acquiring and implementing electronic health records and other health information technology. Presenters will review the various stages of implementation from initial planning and assessment through advanced topics such as data warehousing. There will be a focus on utilizing networks of care to build on economies of scale. Participants will leave with a thorough understanding of where they are in the process, and a plan for next steps in their health information technology implementation efforts.

These seminars are a collaborative work of NIATx, SAAS and The National Council supported by SAMHSA.

Topics include:

- ➤ **Overview of the CMS Rule on Medicare and Medicaid Incentive Payments**
- ➤ **Practice Management Systems vs EHRs**
- ➤ **Benefits & Economies of Scale when working with a Network**
- ➤ **HIT Planning and Assessment Process**
- ➤ **HIT Workflow Redesign**
- ➤ **Due Diligence and Vendor Negotiations**
- ➤ **EHR Selection and Implementation**
- ➤ **Disaster Recovery and Business Continuity Planning**
- ➤ **Data Warehousing**
- ➤ **Use of Telemedicine**
- ➤ **Health Information Exchange and Behavioral Health**

Overview of CMS Final Rule On EHR Adoption

American Recovery and Reinvestment Act (ARRA) (Pub. L. 111-5)
  ➢ **Enacted February 17, 2009**

  ➢ **Modernize nation's infrastructure**
  ➢ **Enhance energy independence**
  ➢ **Expand educational opportunities**
  ➢ **Provide tax relief, and**
  ➢ **Preserve and improve affordable health care**

  ➢ **Title IV of Division B of ARRA**
      ➢ **Amends Titles XVIII and XIX of the Social Security Act**
          ➢ **Established incentive payments to eligible professionals (EPs) to promote**
                  ➢ **Adoption and**
                  ➢ **Meaningful Use of Interoperable health information technology**

  ➢ **Together with Title XIII of Division A of ARRA =**
      ➢ **Health Information Technology for Economic and Clinical Health or the HITECH Act**

- **CMS Final Rule Initial Release on July 13, 2010**
  - **Federal Register July 28, 2010**

- **ONC also published a related Rule**

    - **Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology**

      - **Governs the Establishment of Certification Programs for Health Information Technology**

        - **http://www.nachc.com/meaningfuluseofhit.cfm**

➢ **HHS Ultimate Goal**

   ➢ **Reform the health care system**

   ➢ **Improve**
      ➢ **Health care quality**
      ➢ **Efficiency**
      ➢ **Patient Safety**

➤ Requirements for "Meaningful Use"

➤ Demonstrates Meaningful Use of Certified EHR technology in a meaningful manner
- ➤ E.g. electronic prescribing

➤ The certified technology is
- ➤ Connected in a manner that provides for
  - ➤ Electronic exchange of health information to
    - ➤ Improve quality care

➤ In using the certified EHR technology
- ➤ Provider submits to the Secretary information on
  - ➤ Clinical Quality Measures
  - ➤ Other measures selected by the Secretary
    - ➤ For Medicaid EPs to the States

➢**Staged Approach**

  ➢**Stage 1 Focus**

    ➢**Capture information in a structured format**

    ➢**Using the information to track key clinical conditions**

    ➢**Communicating the information for Care Coordination Purposes**

    ➢**Implementing Clinical Decision Support Tools to**
        ➢**Facilitate Disease and Medication Management**

    ➢**Use EHRs to Engage Patients and Families**

    ➢**Reporting Clinical Quality Measures and Public Health Reporting States**

➢**Focuses on functionalities that will allow for**

  ➢**Continuous Quality Improvement**

  ➢**Ease of Information Exchange**

➢ **Requirements for "Meaningful Use"**

➢ **Use of EHR technology in a meaningful manner**
  ➢**E.g. electronic prescribing**

➢**The certified technology is**
  ➢**Connected in a manner that provides for**
    ➢**Electronic exchange of health information to**
      ➢**Improve quality care**

➢**In using the certified EHR technology**
  ➢**Provider submits to the Secretary information on**
    ➢**Clinical Quality Measures**
    ➢**Other measures selected by the Secretary**
      ➢**For Medicaid EPs to the States**

➢**Definitions of "Qualified EHR Technology"**

➢ **A Qualified EHR must be applicable to the type of practice**
➢**E.g. ambulatory EHR for office based physicians**

➢**An electronic record of health information on an individual that includes:**
➢**Patient demographics**
➢**Clinical health Information**
➢**Medical History**
➢**Problem lists**

➢**Has capacity to**
➢**Provide clinical decision support**
➢**Support physician order entry**
➢**Capture and query information relevant to health care quality**
➢**Exchange electronic health information**
➢**Integrate such information from other sources**

Three Stages of "Meaningful Use"

Staged Approach

- ○ **Stage 1 Focus**

  - **Capture information in a structured format**
  - **Using the information to track key clinical conditions**
  - **Communicating the information for Care Coordination Purposes**
  - **Implementing Clinical Decision Support Tools to**
    - » **Facilitate Disease and Medication Management**
  - **Use EHRs to Engage Patients and Families**
  - **Reporting Clinical Quality Measures and Public Health Reporting States**

Eligible Professionals (EPs) in Behavioral Health Organizations

➢ **Psychiatrists and other physicians in your organization**
  ➢ **Eligible for Medicaid or Medicare Incentives**

➢ **Nurse Practitioners**
  ➢ **Eligible for Medicaid**

Incentive Payments

Payments to Medicaid EPs:

⭕ **Maximum of 85% of $75,000 over 6 years**
- **85% of $25,000 1st year ($21,250)**
  » **Adopting, Implementing or Upgrading**

- **85% of $10,000 years 2 - 6 ($8,500)**
  » **Demonstrating "Meaningful Use"**

Total $63,750

- **Must begin receiving incentive payments no later than CY 2016**

Calendar Year	Medicaid EPs who begin adoption in					
	2011	2012	2013	2014	2015	2016
2011	$21,250	----------	----------	----------	----------	----------
2012	$8,500	$21,250	----------	----------	----------	----------
2013	$8,500	$8,500	$21,250	----------	----------	----------
2014	$8,500	$8,500	$8,500	$21,250		
2015	$8,500	$8,500	$8,500	$8,500	$21,250	
2016	$8,500	$8,500	$8,500	$8,500	$8,500	$21,250
2017	----------	$8,500	$8,500	$8,500	$8,500	$8,500
2018	----------	----------	$8,500	$8,500	$8,500	$8,500
2019	----------	----------	----------	$8,500	$8,500	$8,500
2020	----------	----------	----------	----------	$8,500	$8,500
2021						$8,500
TOTAL	$63,750	$63,750	$63,750	$63,750	$63,750	$63,750

Calendar Year	Medicare EPs who begin adoption in					
	2011	2012	2013	2014	2015	2016
2011	$18,000	----------	----------	----------	----------	----------
2012	$12,000	$18,000	----------	----------	----------	----------
2013	$8,000	$12,000	$15,000	----------	----------	----------
2014	$4,000	$8,000	$12,000	$12,000	----------	----------
2015	$2,000	$4,000	$8,000	$8,000	----------	----------
2016	----------	$2,000	$4,000	$4,000	----------	----------
2017	----------	----------	----------	----------	----------	----------
2018	----------	----------	----------	----------	----------	----------
2019	----------	----------	----------	----------	----------	----------
2020	----------	----------	----------	----------	----------	----------
2021	----------	----------	----------	----------	----------	----------
TOTAL	**$44,000**	**$44,000**	**$39,000**	**$24,000**	----------	----------

Definitions of Adopting, Implementing or Upgrading EHR Technology

Attest to
- **"Adopted" =Having Acquired, Purchased or Secured**
- **"Implemented" = Install or Commenced utilization**
- **"Upgraded" = Expanded the available functionality**

Implementing and Upgrading includes
- **Staffing, Maintenance & Training**
- **Upgrading from an existing system to one that is "Certified"**

States must establish a verification process
- **Submission of a vendor contract is recommended by CMS as one means of verification**

Functional Measures

Objectives for the Core Set of Functional Measures
- Use CPOE (any licensed healthcare professional per state guidelines)
- Implement drug to drug and drug allergy interaction checks
- E-Prescribing (EP only)
- Record demographics
- Maintain an up-to-date problem list
- Maintain active medication list
- Maintain active medication allergy list
- Record and chart changes in vital signs
- Record smoking status
- Implement one clinical decision support rule
- Report CQM as specified by the Secretary
- Electronically exchange key clinical information
- Provide patients with an electronic copy of their health information
- Provide patients with an electronic copy of their discharge instructions (Eligible Hospital/CAH Only)
- Provide clinical summaries for patients for each office visit (EP Only)
- Protect electronic health information created or maintained by certified EHRs

Must choose one of the population & public health measures

CORE SET		
	Stage 1 Objectives	
Health Outcomes Policy Priority	Eligible Professionals	Stage 1 Measures
Improving quality, safety, efficiency, and reducing health disparities	Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	More than 30% of unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE

CORE SET		
Stage 1 Objectives		
Health Outcomes Policy Priority	Eligible Professionals	Stage 1 Measures
Improving quality, safety, efficiency, and reducing health disparities	Implement drug-drug and drug-allergy interaction checks Reauires only a Yes/No Attestation	The EP/eligible hospital/CAH has enabled this functionality for the entire EHR reporting period
	Generate and transmit permissible prescriotions electronically (eRX)	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology

CORE SET

Health Outcomes Policy Priority	Stage 1 Objectives	
	Eligible Professionals	Stage 1 Measures
Improving quality, safety, efficiency, and reducing health disparities	Record demographics ○ preferred language ○ gender ○ race ○ ethnicity ○ date of birth	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's impatient or emergency department (POS 21 or 23) have demographics recorded as structured data
	Maintain an up-to-date problem list of current and active diagnoses	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data

CORE SET		
	Stage 1 Objectives	
Health Outcomes Policy Priority	Eligible Professionals	Stage 1 Measures
Improving quality, safety, efficiency, and reducing health disparities	Maintain active medication list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data
	Maintain active medication allergy list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data

CORE SET		
	Stage 1 Objectives	
Health Outcomes Policy Priority	Eligible Professionals	Stage 1 Measures
Improving quality, safety, efficiency, and reducing health disparities	Record and chart changes in vital signs ○ Height ○ Weight ○ Blood pressure ○ Calculate and display BMI ○ Plot and display growth charts for children 2-20 years, including BMI	More than 50% of all unique patients age 2 and over seen by the EP or admitted to the eligible hospital's or CAH's impatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structured data
	Record smoking status for patients 13 years old or older	More than 50% of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital's or CAH's impatient or emergency department (POS 21 or 23) have smoking status recorded as structured data

CORE SET		
	Stage 1 Objectives	
Health Outcomes Policy Priority	Eligible Professionals	Stage 1 Measures
Improving quality, safety, efficiency, and reducing health disparities	Implement one clinical decision support rule relevant to specialth or high clinical priority along with the ability to track compliance that rule Reauires only a Yes/No Attestation	Implement one clinical decision support rule
	Report ambulatory clinical quality measures to CMS or the States **Not applicable for most Medicaid eligible providers as they will meet requirements under adoption, implementation or upgrading in 2011**	For 2011, provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II (A)(3) of this final rule For 2012, electronically submit the clinical quality measures as discussed in section II(A)(3) of this final rule

CORE SET		
	Stage 1 Objectives	
Health Outcomes Policy Priority	Eligible Professionals	Stage 1 Measures
Engage patients and families in their health care	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon Request Within 3 business days pg.161	More than 50% of all unique patients of the EP or admitted to the eligible hospital's or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days
	Provide clinical summaries for patients for each office visit Within 3 business days pg.178	clinical summaries provided to patients for more than 50% of all office visits within 3 business days

CORE SET		
	Stage 1 Objectives	
Health Outcomes Policy Priority	**Eligible Professionals**	**Stage 1 Measures**
Improve care coordination	Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically Requires Only a Yes/No Attestation	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information From EHR to EHR or through an HIE pg.186. Must be different legal entities with distinct EHRs pg. 191
Ensure adequate privacy and security protections for personal health information	Protect electronic health information created or maintained be the certified EHR technology through the implementation of appropriate technical capabilities Requires Only a Yes/No Attestation	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process

MENU SET		
	Stage 1 Objectives	
Health Outcomes Policy Priority	Eligible Professionals	Stage 1 Measures
Improving quality, safety, efficiency, and reducing health disparities	Implement drug formulary checks Reauires only a Yes/No Attestation	The EP/eligible hospital/CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period
	Incorporate clinical lab test results into certified EHR technology as structured data	More than 40% of all clinical lab tests results ordered by the EP …during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data

MENU SET		
	Stage 1 Objectives	
Health Outcomes Policy Priority	Eligible Professionals	Stage 1 Measures
Improving quality, safety, efficiency, and reducing health disparities	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach Reauires only a Yes/No Attestation	Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition
	Send reminders to patients per patient preference for preventive/follow up care	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period

MENU SET		
	Stage 1 Objectives	
Health Outcomes Policy Priority	Eligible Professionals	Stage 1 Measures
Engage patients and families in their health care	Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP Within 4 business days pg. 171 & 172 PHR, portal, web site, secure email, USB, CD or paper pg. 179	More than 10% of all unique patients seen the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information
	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	More than 10% of all unique patients seen by the EP… are provided patient-specific education resources

MENU SET		
	Stage 1 Objectives	
Health Outcomes Policy Priority	Eligible Professionals	Stage 1 Measures
Improve care coordination	The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation Ability to calculate the measure is incorporated into certified EHRs pg. 196	The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to...
	The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral Electronic, via HIE, or paper - must be generated by EHR Pg. 200	The EP, eligible hospital or CAH who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals Ability to calculate the measure is incorporated into certified EHRs pg. 201

MENU SET		
	Stage 1 Objectives	
Health Outcomes Policy Priority	Eligible Professionals	Stage 1 Measures
Improve population and public health	Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice Only applies if performed 1 or more immunizations during reporting period pg. 203	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP, …submits such information have the capacity to receive the information electronically)
	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice Requires Only a Yes/No Attestation	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP, …submits such information have the capacity to receive the information electronically)

Reporting on Clinical Quality Measures

> **States must identify how they will accept Quality Measures in their HIT Plan**

  ○ **Directly or**

  ○ **Via Attestation**

> **Describe how they will inform EPs of their timeframe to accept submission of Quality Measures**

Quality Measures can be

> Process
> Experience
> Outcomes of Patient Care
> Observations or Treatment that relate to other quality aims
  - Effective
  - Safe
  - Efficient
  - Patient-Centered
  - Equitable and
  - Timely Care

CMS will seek to align Quality Measures in future rulemaking

Core Measures Required for Reporting Table 7 pg. 287

NQF Measure Number & PQRI Implementation Number	Clinical Quality Measure Title
NQF 0013	Title: Hypertension: Blood Pressure Measurement
NQF 0028	Title: Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment b. Tobacco Cessation Intervention
NQF 0421 PQRI 128	Title: Adult Weight Screening and Follow-up
	Alternate Core Measures
NQF 0024	Title: Weight Assessment and Counseling for Children and Adolescents
NQF 0041 PQRI 110	Title: Preventive Care and Screening: Influenza Immunization for Patients ≥ 50Years Old
NQF 0038	Title: Childhood Immunization Status

Quality Measures

> **EPs must report on 6 total Quality Measures**

  ○ **3 from previous slide (Table 7)**

     Or

  ○ **The Alternates from previous slide if the first 3 are 0**

     And

  ○ **3 from the list of 38**

States will determine how attestation will be administered in each state

Information Required from EPs

> **EPs must provide**
  - ○ **Name of EP**
  - ○ **National Provider Number (NPI)**
  - ○ **Business Address and phone number**
    - • **Practice address - cannot be a PO Box**
  - ○ **Taxpayer Identification Number (TIN) to which EPs incentive payment should be made**
  - ○ **Notify CMS if the EP is choosing the Medicaid or Medicare incentive program**
    - • **EPs allowed to make a one-time switch from one program to the other**
  - ○ **A medical secretary can register on their behalf**
  - ○ **EPs are permitted to reassign their incentive payments to their employer or to an entity with which they have a contractual arrangement (including part 424, subpart F)**

Must be consistent with § 495.10 with Defined in clause (A) of section 1842(b)(6) of the Act and in accordance with regulations at 42 CFR 424.73 and 42 CFR 424.80

Why is "Meaningful Use" so Important?

Federal Health IT Strategic Plan 2011 - 2015

HHS Goals

> **Improve Care,**

> **Improve Population Health, and**

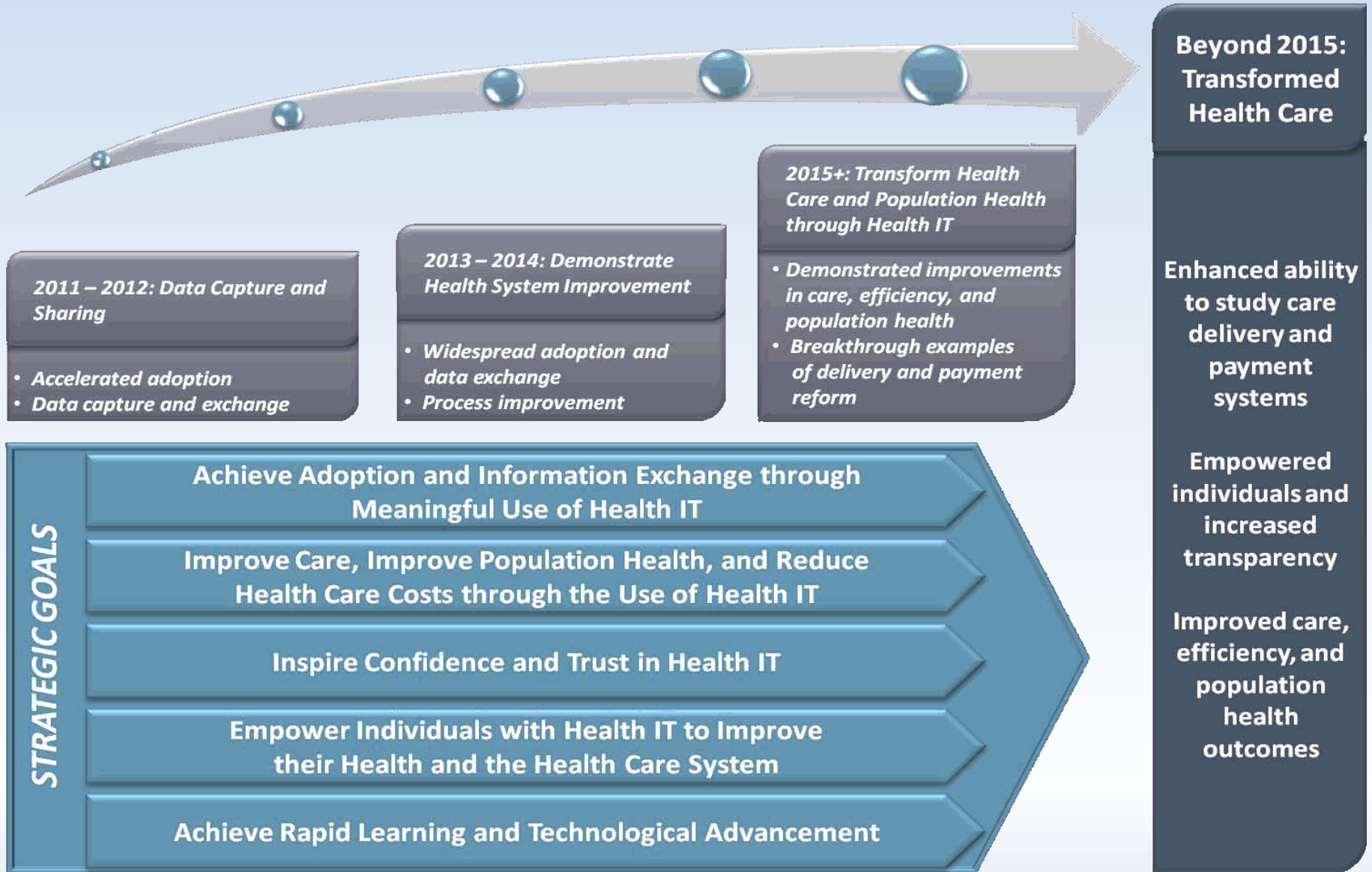> **Reduce Health Care Costs through the Use of Health IT**

Federal Health IT Strategic Plan 2011 - 2015

Four Objectives for those goals

A. Support more sophisticated uses of EHRs and other health IT to improve health system performance
B. Better manage care, efficiency, and population health through EHR-generated reporting measures
C. Demonstrate health IT-enabled reform of payment structures, clinical practices, and population health management
D. Support new approaches to the use of health IT in research, public and population health, and national health security

Federal Health IT Strategic Map

2011 – 2012: Data Capture and Sharing

- Accelerated adoption
- Data capture and exchange

2013 – 2014: Demonstrate Health System Improvement

- Widespread adoption and data exchange
- Process improvement

2015+: Transform Health Care and Population Health through Health IT

- Demonstrated improvements in care, efficiency, and population health
- Breakthrough examples of delivery and payment reform

Beyond 2015: Transformed Health Care

Enhanced ability to study care delivery and payment systems

Empowered individuals and increased transparency

Improved care, efficiency, and population health outcomes

STRATEGIC GOALS

Achieve Adoption and Information Exchange through Meaningful Use of Health IT

Improve Care, Improve Population Health, and Reduce Health Care Costs through the Use of Health IT

Inspire Confidence and Trust in Health IT

Empower Individuals with Health IT to Improve their Health and the Health Care System

Achieve Rapid Learning and Technological Advancement

Behavioral Health Providers will be included!!

ONC Strategic Plan
Objective A
Strategy I.A.7: Align federal programs and services with the adoption and meaningful use of certified EHR technology

SpecificallyThe Substance Abuse and Mental Health Services Administration (SAMHSA) is working to foster adoption and implementation of certified EHRs among its providers that are ineligible for the Medicare and Medicaid EHR Incentive Programs, including community mental health centers and substance use disorder treatment programs…

For more information and to download a <u>Meaningful Use Gap Analysis Tool</u>

Visit the CIHS HIT web site at
http://www.thenationalcouncil.org/cs/resources_services/resource_center_for_healthcare_collaboration/operations/hit

To find certified health information technology go to the "ONC Certified Health Product List"
http://onc-chpl.force.com/ehrcert

To find the State Designated Entity (SDE) for HIE
http://healthit.hhs.gov/portal/server.pt?open=512&objID=1488&parentname=CommunityPage&parentid=58&mode=2&in_hi_userid=11113&cached=true

Questions?