

How The Economic Stimulus Affects Your Practice

March, 2009

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About Your Presenter

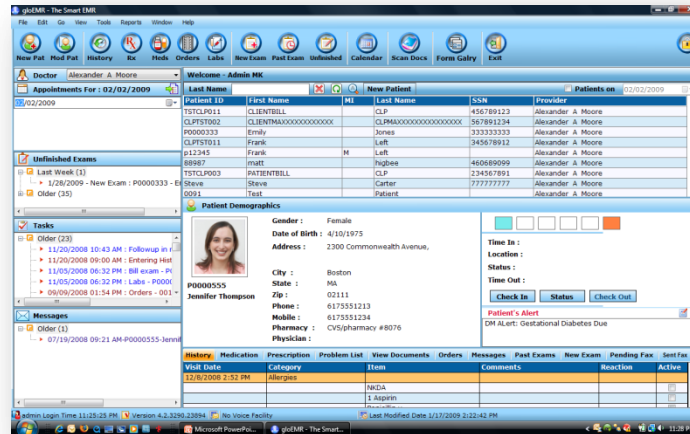
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 - gloStream: Director of Communications
 - Experience / Education
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 - Microsoft, Airfoil Public Relations
 - Education
 - Boston University: J.D. / M.S.
 - University of Michigan: B.A.



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About gloStream

gloStream develop and sells voice enabled, Microsoft Office embedded EHR, EMR and practice management solutions delivered and supported through a nationwide network of local technology partners.



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Today's Agenda

- Provide an overview of the healthcare IT portions of the American Recovery and Reinvestment Act (ARRA), focusing specifically on the incentives doctors will receive from Medicare and Medicaid for implementing EHR technology.
- We won't be reviewing incentives provided to hospitals.
- Answer your questions about the ARRA.



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American Recovery & Reinvestment Act of 2009 (www.recovery.gov)

- \$787 billion spending bill aimed at stimulating the economy via:
 - Tax cuts
 - Expansion of unemployment benefits
 - Social welfare programs
 - Domestic spending on education, energy and **healthcare**



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Title XIII – Promotion of Healthcare IT (pg. 112)

- **HITECH Act** (“health Information Technology for Economic and Clinical Health Act”)
 - Office of the National Coordinator
 - Develop, plan and promote HIT adoption
 - HIT Policy Committee
 - Make recommendations on HIT infrastructure
 - Implement the ONC strategic plan
 - HIT Standards Committee
 - Make recommendations regarding implementation specifications and certification criteria for the use of EHRs



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Title XIII – Promotion of Healthcare IT (cont'd)

- **Grants and Programs**

- Creation of Health IT Research and Regional Centers
 - Provide technical assistance and develop best practices to help accelerate EHR adoption
- State Grants
 - Facilitate and expand electronic movement and use of EHR technology among organizations
- Integrate HIT into Clinical Education
 - Develop academic curriculum that integrates EHR into education
- Increase Number of IT Professionals in Healthcare
 - Expand health informatics programs
- Comparative Effectiveness Research
 - Investigate how use of electronic data impacts care and treatments.



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Title IV – Medicare & Medicaid Incentives (pg. 353)

- \$30 billion in **incentives** for **meaningful use** of **certified EHR** technology.
- Medicare: \$44k per doctor; Medicaid: \$64k per doctor?
- Incentive money is per doctor; not per practice.
- Incentive money goes directly to the doctor; there is no aggregator
- There are penalties:
 - Beginning in 2015, physicians not demonstrating meaningful use of EHR technology will have their Medicare fee schedule reduced:
 - 2015: -1%
 - 2016: -2%
 - 2017 and beyond: -3%



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Medicare Incentives

- **Eligible professionals** who are **meaningful users of certified EHR technology** will receive incentive payments according to the following schedule:

YFF	Incent. 2011	Incent. 2012	Incent. 2013	Incent. 2014	Incent. 2015	Incent. 2016	Incent. 2017	Total
2011	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	-	-	\$44,000
2012		\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	-	\$44,000
2013			\$15,000	\$12,000	\$8,000	\$4,000	-	\$39,000
2014				\$12,000	\$8,000	\$4,000	-	\$24,000
2015					-1%			-1% MFS
2016					-1%	-2%		-3% MFS
2017					-1%	-2%	-3%	-6% MFS

*YFF=Year First File

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“Eligible Professionals”

- Doctors of medicine
- Doctors of osteopathy
- Doctors of dental surgery
- Doctors of dental medicine
- Doctors of podiatric medicine
- Doctors of optometry
- Chiropractors

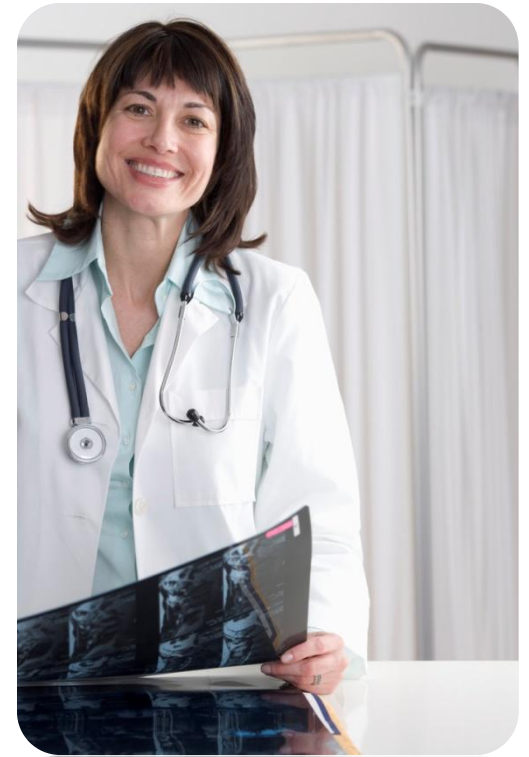


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“Meaningful Use”

- A meaningful user is an eligible professional who demonstrates:
 - Use of electronic prescribing functionality,
 - Their EHR is connected in a manner that provides for the electronic exchange of health information to improve the quality of healthcare, and
 - Submits information on clinical quality measures.

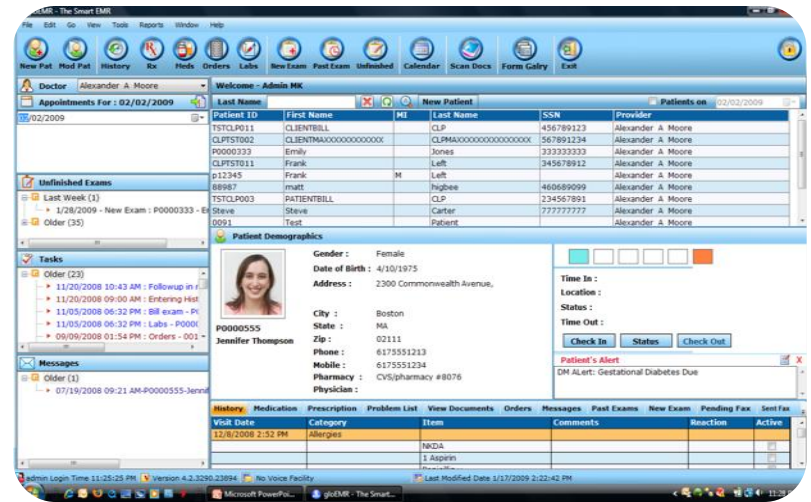


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“Certified EHR Technology”

- The EHR technology includes:
 - **patient demographic and clinical health information** such as medical history and problem lists,
 - have the capacity to provide **clinical decision support** that includes physician order entry to capture and query information relevant to healthcare quality, and
 - **exchange electronic health information** with, and integrate such information from other sources.
- Full definition by Dec., 2009.



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How do doctors demonstrate “Meaningful Use”?

- An attestation (witness statement)
- Submission of claims with appropriate coding (such as a code indicating that the patient was seen using a certified EHR)
- A survey response
- A report
- Other means specified by the Secretary of HHS



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Medicaid Incentives

- Incentive payments are provided for **eligible providers** who are **meaningful users** of **certified** EHR technology
- Eligible providers can receive (not in excess of) 85 percent of **net average allowable costs** for certified EHR technology
 - To determine costs, the Secretary of HHS will study EHR adoption requirements
- Payment structure:

Year	Incentive
Year 1	No more than \$25k
Year 2	No more than \$10k
Year 3	No more than \$10k
Year 4	No more than \$10k
Year 5	No more than \$10k



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“Eligible Provider”

- A non-hospital-based **professional** with at least 30% of their patient volume coming from Medicaid patients.
- A non-hospital-based **pediatrician** with at least 20% of his/her patient volume coming from Medicaid patients.
- A professional who practices predominately in a **Federally-qualified health center or rural health clinic** with at least 30% of the professional’s patient volume coming from Medicaid patients.
- A **children’s hospital, or an acute-care hospital**, that has at least 10% of the hospital’s patient volume coming from Medicaid patients.
- **AND...**



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“Eligible Provider”

- Professionals must be:
 - Physicians
 - Dentists
 - Certified Nurse Midwives
 - Physician Assistants practicing in federally qualified health centers lead by a PA



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“Meaningful Use”

- The definition of **meaningful use** must be established through a means that is approved by the State and acceptable to the Secretary of HHS. As a further step, the definition **must be in alignment with the one used for Medicare.**
- E-prescribing, connected, submits info on clinical quality measures.

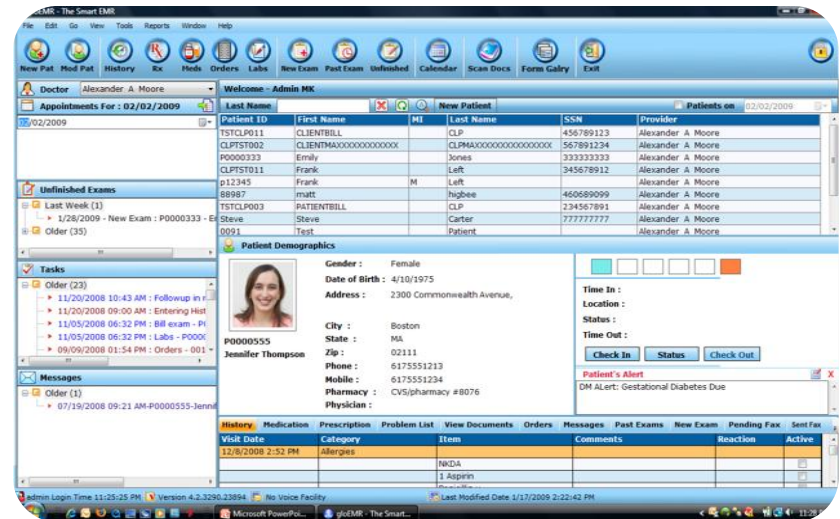


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What Should You Do Today

- Don't wait! Starting weighing your options today.
 - Look for technology with a balanced architecture (a mix of discreet data elements and free flow text).
 - Look for local support.
- You have to show meaningful use before 2011.
- With 750k-1 mil doctors in cue to get deployed there will be a wait – beat the rush.



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For Additional Questions...

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Questions and Answers

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