MURTHA CULLINA

Meaningful Use for Physician Offices

Eligibility, Registration and Meeting the Criteria

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March 8 & 9, 2011

Hospital Donations of EHR

- Changes to the Stark and anti-kickback regulations in 2006 allowed hospitals to make donations of 85% of EHR software costs to members of their medical staffs through December 31, 2013.
- So far, 1/3 of hospitals have done so. More than 60% offer physicians access to the hospital's electronic medical record system.

More EHRs—but many won't qualify for incentives

- The AMA reports:
- More than 50% of office-based physician practices have adopted an EHR;
- But *only 10%* of these qualify for the "meaningful use" incentives offered under the American Recovery and Reinvestment Act -- the "stimulus package."

What If I Don't Get an EHR?

- No incentives for you!
- But, Medicare downward payment adjustments will begin in 2015 for EPs that do not demonstrate meaningful use of certified EHR technology. (No Medicaid penalties).

When and How Are Incentives Paid?

- Physicians can receive as much as $44,000 over five years from Medicare, **or** $63,750 over six years from Medicaid. CHOOSE ONLY 1 !
- Payments begin May 2011, but only after:
  - the EP meets $24,000 threshold in allowed charges and
  - 4-6 weeks after EP attests to meaningful use of certified EHR technology.
- Payments to Medicare providers will be made to the physician's TIN and made electronically or by check through usual claims processor.
- Medicaid incentives to begin in 2011, but timing will vary.

Which EPs Are Eligible?

- Each member in a practice may qualify for an incentive. Must qualify individually.
- If doctor is active in two practices, must choose one.
- MD, DO, dentist, podiatrist, optometrist, and chiropractor, but *not* practitioners who perform *more than 90%* of services in inpatient hospital or ED (codes 21 or 23).

I Don't Have an EHR Yet! Now What?

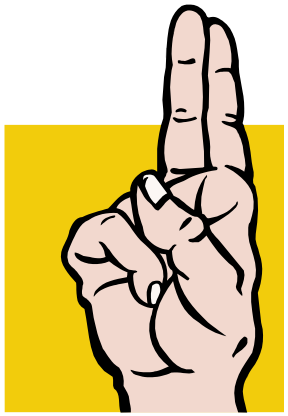
- You can register now for Medicare Incentive.
- No payment until you can "attest" that you have demonstrated meaningful use of certified EHR technology for the reporting period.
- A list of certified EHR technology
  - http://onc-chpl.force.com/ehrcert

Register

- Medicare: can register now https://ehrincentives.cms.gov
- Medicaid: Connecticut not yet ready http://www.cms.gov/EHRIncentivePrograms/40_MedicaidStateInfo.asp gives information on specific state readiness

When Can I Attest?

- Medicare EHR Incentive Program: April 2011.
- Medicaid: check with the state.
  - In the **first** year, can get Medicaid incentives if attest that you have adopted, implemented, or upgraded *certified* EHR technology.
  - After that, must show meaningful use.



Medicare: What Do I Have to Attest to?

- To obtain the Medicare incentive for 2011, must attest to meeting 20 out of 25 objectives: 15 "core" measures and an additional 5 selected from a list of 10 possible measures.
- The percentages listed for these measures are either based on all patients seen **or** only on those whose records are maintained using certified EHR technology.

Meaningful Use for How Long?

- For an EP's first reporting period, the Medicare and Medicaid incentives require "meaningful use" for a continuous 90-day period within the calendar year.
- After first year, must attest to a full year of MU.
- Medicaid program also offers an incentive for the adoption, implementation, or upgrade of certified EHR technology, which has no reporting period.

Core Measures

1. Use computerized physician order entry (CPOE) for 30% of patients on meds.
2. Run drug-drug, drug-allergy, and drug-formulary checks.
3. Maintain problem list of diagnoses (80%).
4. Prescribe electronically 40% of medications.
5. Maintain active medication list (80%).

Core Measures *continued*

6. Maintain active medication allergy list (80%).
7. Record demographics (50%).
8. Record and chart vital signs (50%).
9. Record smoking status for patients thirteen years and older (50%).
10. Be able to report ambulatory quality measures to CMS.

Core Measures *continued*

11. Implementation and tracking of *one* clinical decision support rule.
12. Supply electronic copy of health information to patients within 3 days (50%).
13. Provide clinical summaries within 3 days of office visit (50%).
14. Ability to electronically exchange clinical information with third parties.
15. Protect electronic health information using certified EHR technology.

And Must Satisfy 5 of These 10 criteria

1. Maintain a drug-formulary check system for entire reporting period.
2. Incorporate 40% of clinical lab test results into EHR as structured data.
3. Generate lists of patients by specific conditions to use for quality improvement.

5 of these 10 *continued*

4. Send reminders for preventative/follow-up care to patients over 65 or 5 and under (>20%).
5. Give patients timely electronic access to their records (>10%).
6. Provide patients with educational resources and information (>10%).

5 of these 10 *continued*

7. Perform medication reconciliation after transition between care settings (>50%).
8. Provide summary care record for each transition of care and referral (>50%).
9. Demonstrate ability to submit electronic data to immunization registries (perform at least one test).

5 of these 10 *continued*

10. Demonstrate ability to provide electronic syndromic surveillance data to public health agencies (perform at least one test and follow-up).

These Measures Make No Sense in My Practice!

- CMS got an earful about this so an EP can "exclude" some core and "choose five" measures
- Don't take vitals or write scripts? Exclude them. No office visits? Exclude clinical summaries. Don't immunize?. . . .
- Good news: you don't have to replace them!

Measures You Can't Exclude

- Demographics
- Problem lists/active diagnoses
- Medications and allergies
- Drug-drug/drug-allergy checks
- Exchange clinical info electronically
- Clinical decision support rule (at least one)

Measures You Can't Exclude

continued

- Data privacy and security
- Clinical quality measures
- Drug formulary checks
- Ability to run patient report by condition
- Patient-specific education resources
- http://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf - shows requirements and exceptions

Very Useful Links for MU

- CMS
  - http://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp#BOOKMARK3
- AMA
  - http://www.ama-assn.org/ama1/pub/upload/mm/472/meaningful-use-table.pdf

Thank You! Questions?