HIESuccess - Physician Education Series

Health Information Technology Overview

ARRA and HITECH Programs

Your HIE Faculty:
Walt Culbertson

- President and Founder, Connecting Healthcare®

- Host and Producer, Medical Update Show

- Served as Technical and Operations Lead, HIE Project Manager Florida Health Information Exchange

- Served as the State of Florida - Technical SME for the ONC State Health Policy Consortium, Southeast Regional HIT-HIE Collaboration (SERCH)
  - Developed a framework for facilitating cross-border Health Information Exchange (HIE) for Disaster Preparedness in the Southeast and Gulf States

- Past Executive Director and co-Founder, ePrescribe Florida and President, ePrescribe America

Healthcare Reform Pushing Healthcare Technology

2008 - MIPPA

2009 - ARRA

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ARRA LEGISLATIVE OVERVIEW

AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA) TITLE XIII IN DIVISION A, PAGES 112 THROUGH 165 AND TITLE IV IN DIVISION B, PAGES 353 THROUGH 398:

Health Information Technology for Economic and Clinical Health Act (HITECH) created from ARRA

Provides $19.2 Billion to increase use of Health Information Technology (HIT) like Electronic Health Record (EHR) systems in healthcare.

Objectives:

- Medicare and Medicaid EHR Incentive Programs *(Achievement of Meaningful Use)*

- Standards, Implementation Specifications, and Certification Criteria

- Privacy and Security Protections

- Health Information Exchange (HIE)

What is HIT and HIE?

- Health information technology (HIT) is the use of computer hardware and software to privately and securely store, retrieve, and share patient health and medical information.

- Health information exchange (HIE) is the movement of health information electronically across multiple organizations.

- Exchanging health information is important:
  - Make sure that health care providers have access to the most up-to-date information.
  - Make the most informed decisions about patient care that is possible.

Health Information Technology for Economic and Clinical Health Act (HITECH) Framework

The HITECH Act's Framework

ONC as of 1/2013
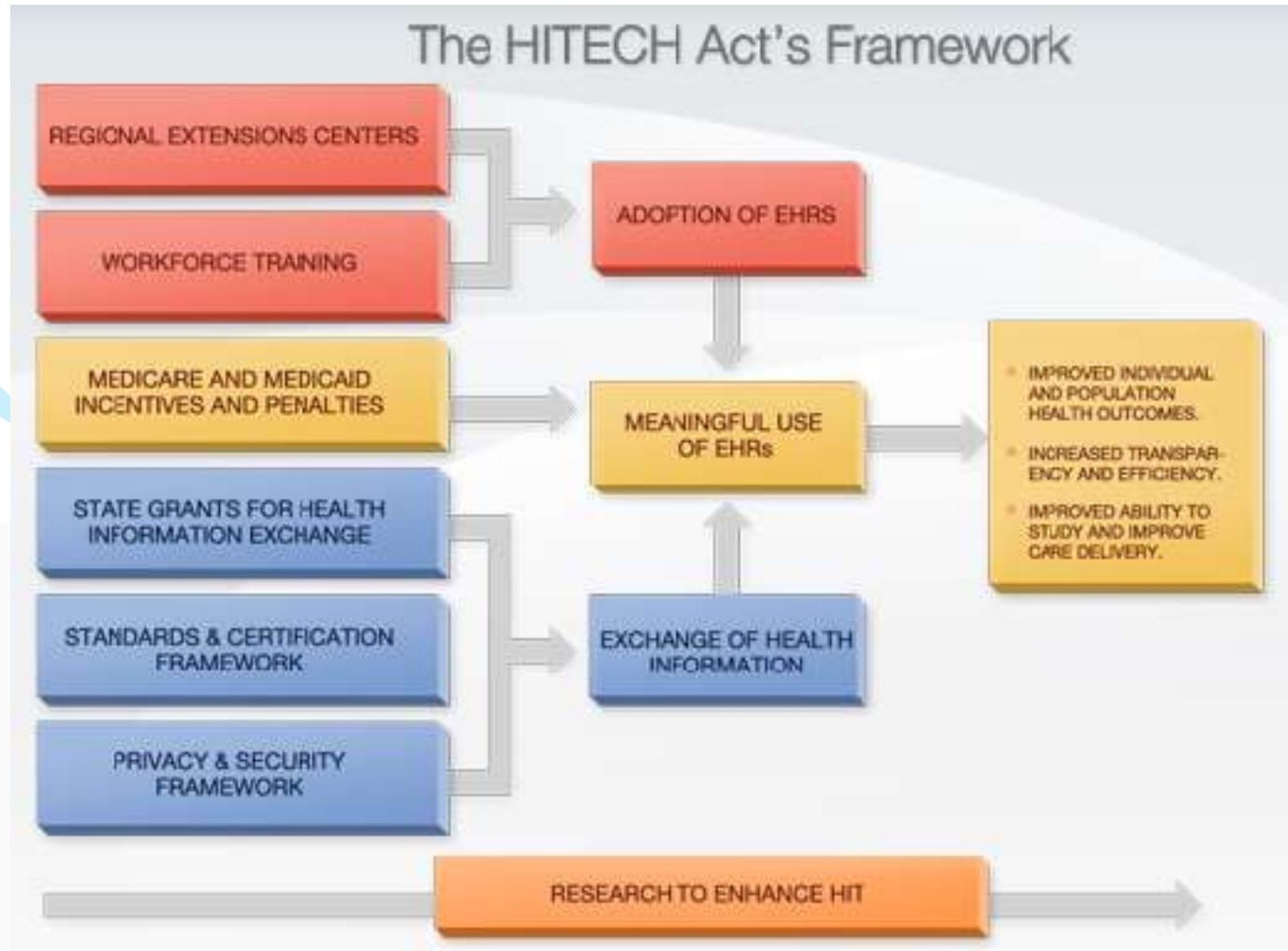
Bending the Curve Towards Transformed Health

Achieving Meaningful Use of Health Data

2009 **2011** **2013** **2015**

Improved outcomes

Advanced clinical processes

Data capture and sharing
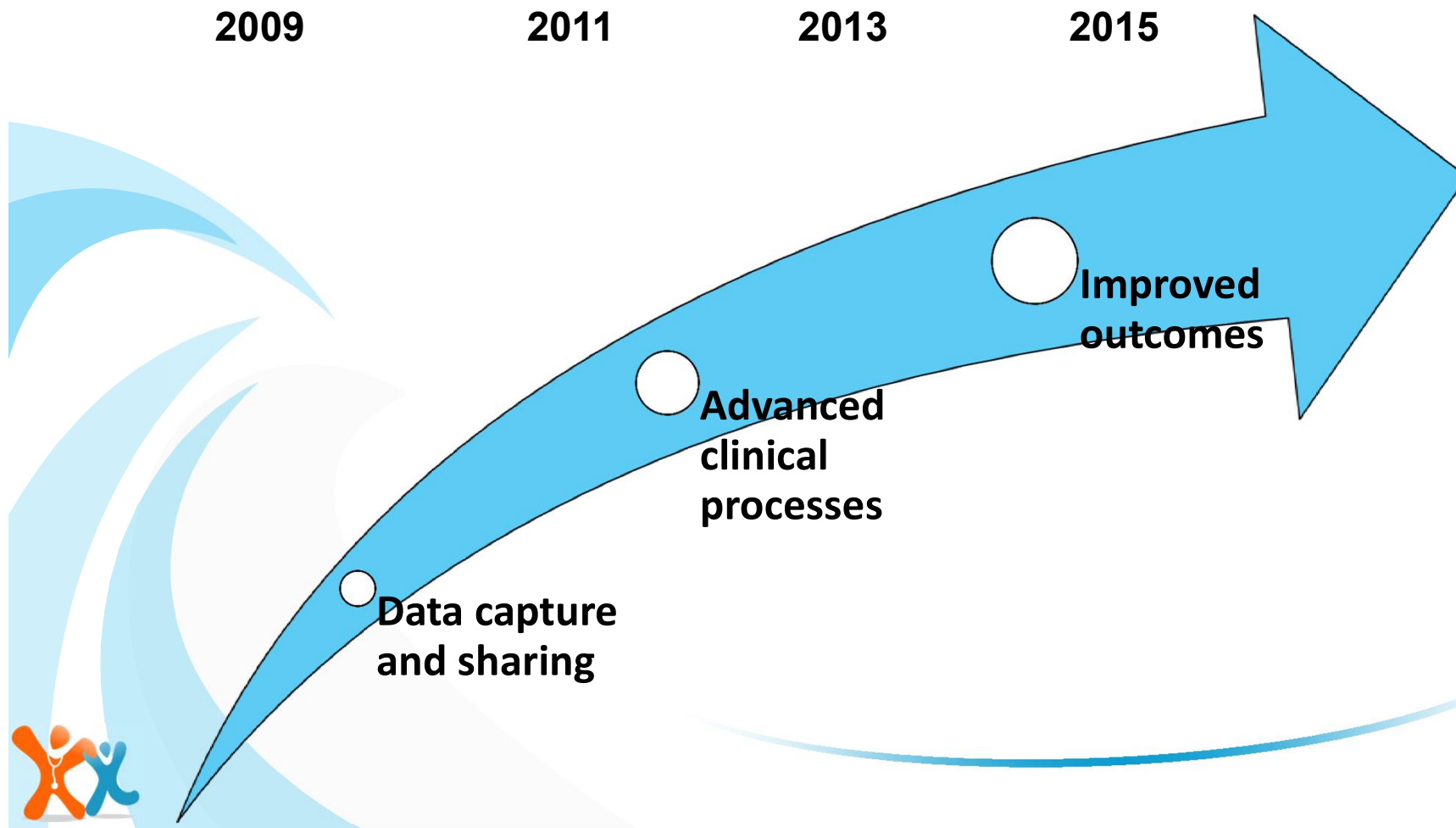
HIT-Enabled Health Reform

Achieving Meaningful Use

2009   **2011**   **2013**   **2015**

HIT-Enabled Health Reform

Meaningful Use Criteria

HITECH Policies

2011 Meaningful Use Criteria (**Capture/share data**)

2013 Meaningful Use Criteria (**Advanced care processes with decision support**)

2015 Meaningful Use Criteria (**Improved Outcomes**)
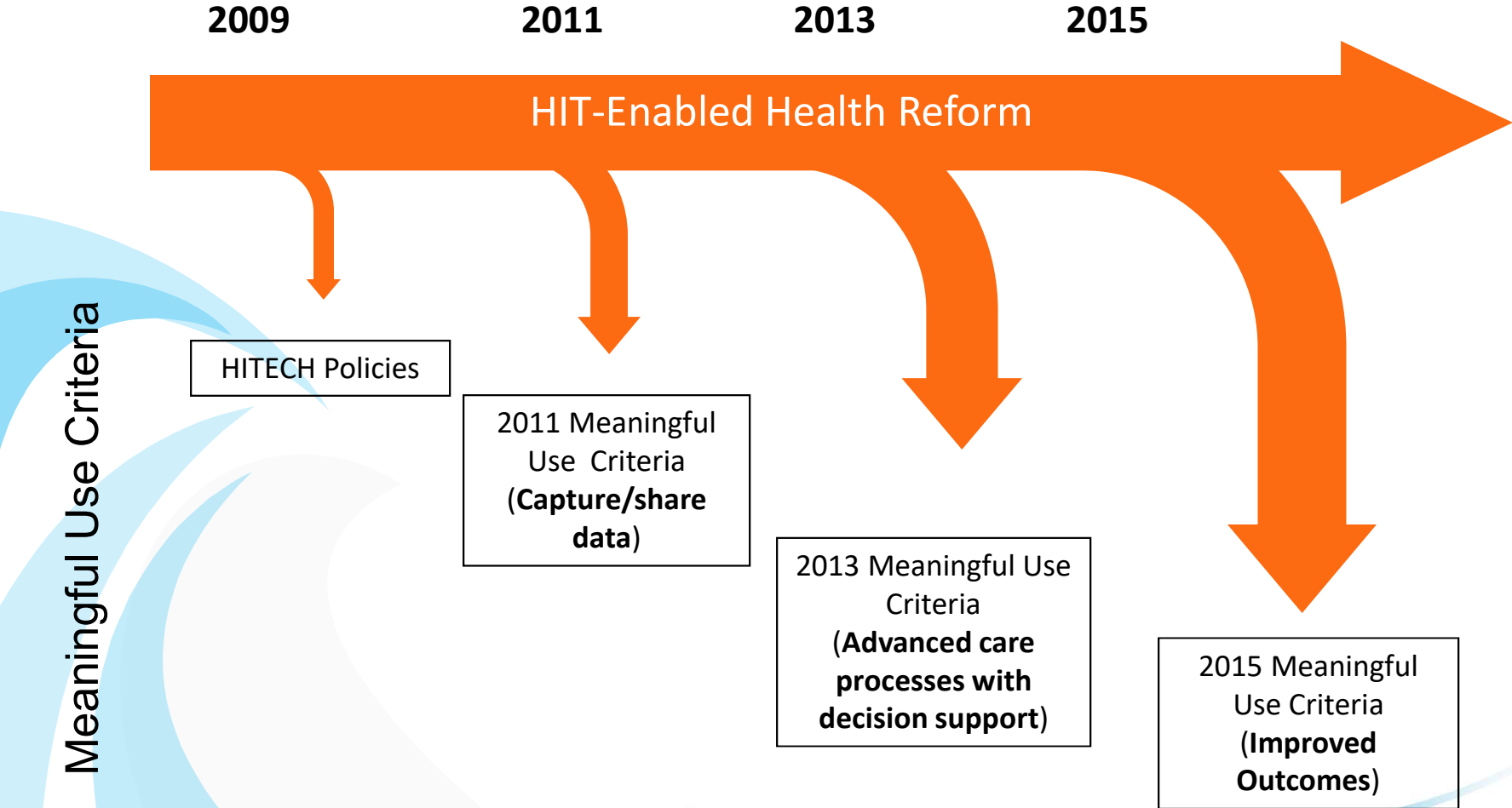
Managing the HITECH Program

- Signed into law in February 2009, the Health Information Technology for Economic and Clinical Health Act (HITECH) is a component of the American Recovery and Reinvestment Act (P.L. 111-5, Recovery Act).

- This law provided legislation, statutory authorization, and $2 billion in stimulus funds to the Office of the National Coordinator for Health IT (ONC) to accelerate the development and diffusion of health information technology through a number of grant programs, policy activities, and strategic partnerships.

HITECH Funding Distributed by Office of the National Coordinator for HIT (ONC)

Obligation Amount (Dollars in Millions)
- $1 - $12
- $13 - $19
- $20 - $28
- $29 - $46
- $47 - $112
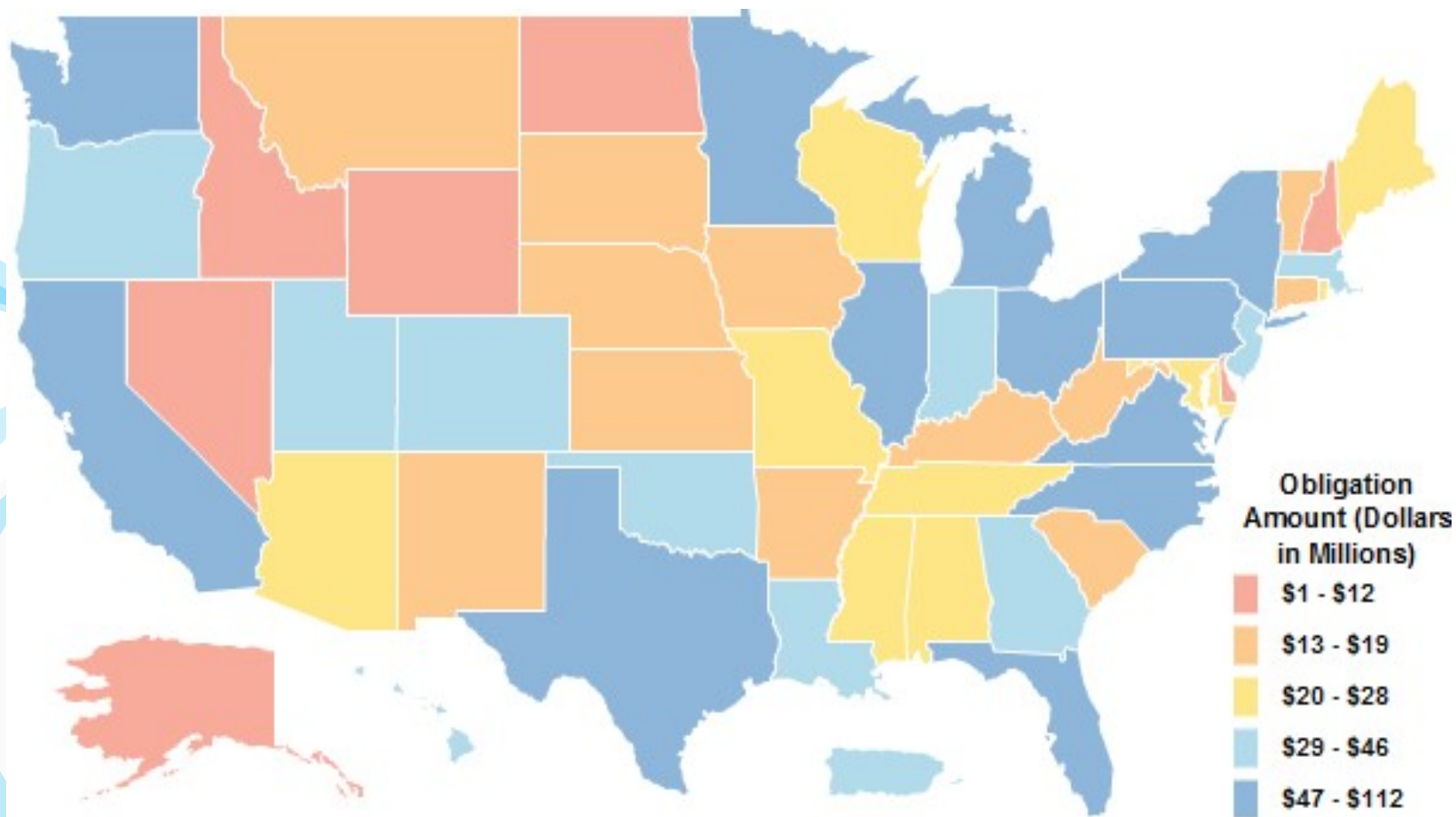
ONC as of 1/2013

Components of the ONC Planned HITECH Funding for 2009-2014

Legend:
- Beacon Community Program
- Health IT Workforce Program
- Health IT Regional Extension Centers Program
- Transfer to National Institutes for Standards and Technology
- Other Omnibus Initiatives
- Privacy and Security: Enforcement
- Privacy and Security: Regulations, Guidelines and Studies
- Transfer to Centers for Disease Control and Prevention for Publi
- State Health Information Exchange Program [1]

Pie chart values: 774, 118, 265, 21, 204, 17, 8, 31, 564

(Dollars in Millions)

[1] State HIE Program promoting two national standards for securely exchanging health information: *CONNECT and DIRECT*

ONC as of 1/2013

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PROVIDER HELP!
REGIONAL EXTENSION CENTERS (RECs)

► Congress created the Health Information Technology Extension Program for the establishment of non-profit Health Information Technology Regional Extension Centers (RECs).

► Congressional funding will:

  ► Provide $643 Million to establish up to 70 REC's

  ► Help to underwrite a large portion of the cost of all REC services to priority primary care providers and

  ► Keep them affordable for all participating practices.

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Regional Extension Centers Mission

- The regional centers will offer to all providers in their coverage area access to information and some level of assistance.

- The major focus for the centers' work will be to help to select and successfully implement certified electronic health records (EHR).

- All regional centers will assist adopters to effectively meet or exceed the requirements to qualify as a meaningful user.

- Centers will also work to disseminate lessons and best practices learned from working with providers.

Medicare/Medicaid EHR Incentive Program

Maximum EHR Incentive Payments by Program Based on the First Calendar Year (CY) for Which the Eligible Professional Receives Payment

CY	CY 2011		CY 2012		CY 2013		CY 2014		CY 2015		CY 2016	
	Medicare	Medicaid	Medicare	Medicaid	Medicare	Medicaid	Medicare	Medicaid	Medicare	Medicaid	Medicare	Medicaid
2011	$18,000	$21,250										
2012	$12,000	$8,500	$18,000	$21,250								
2013	$8,000	$8,500	$12,000	$8,500	$15,000	$21,250						
2014	$4,000	$8,500	$8,000	$8,500	$12,000	$8,500	$12,000	$21,250				
2015	$2,000	$8,500	$4,000	$8,500	$8,000	$8,500	$8,000	$8,500		$21,250		
2016		$8,500	$2,000	$8,500	$4,000	$8,500	$4,000	$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 (if EP does not switch programs)	$44,000	$63,750	$44,000	$63,750	$39,000	$63,750	$24,000	$63,750	$0	$63,750	$0	$63,750

NOTE: Medicare Eligible Professionals may not receive EHR incentive payments under both Medicare and Medicaid.

NOTE: The amount of the annual EHR incentive payment limit for each payment year will be increased by 10 percent for EPs who predominantly furnish services in an area that is designated as a Health Professional Shortage Area.

Providers who do not adopt an EHR by 2014 will see there Medicare reimbursements reduced by
- 1% in 2015
- 2% in 2016
- 3% in 2017 -
- 4% in 2018 (each subsequent year)

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Eligible Provider Types

- Independent physicians, dentists, nurse mid-wives, and nurse practitioners (greater than 30% patient volume*)

- Pediatricians (greater than 20% patient volume*)

- Hospitals (greater than 10% patient volume or children's hospitals*)

- Federally qualified health centers (greater than 30% needy individuals*)

*Medicaid Patient Volumes Threshold

Priority Providers and Populations

- Primary Care Providers (Eligible Professionals or EPs)
  - Physicians, or other health care providers, such as physician assistants and nurse practitioners, with prescriptive privileges
  - Primary care includes family medicine, general medicine, ob/gyn and pediatrics

- Priority Populations
  - Individual or small group practices
  - Public and Critical Access Hospitals
  - Community Health Centers and Rural Health Clinics
  - Other settings that predominantly serve uninsured, underinsured and medically underserved populations

HITECH Grants to States to Promote Health Information Exchange ($300 million)

- To States or State Designated Entities for Health Information Exchange (HIE)

- Expand HIE Using Nationally Recognized Standards

- Planning and Implementation Grants

- Required Consultation with Stakeholders

- Application for Implementation Must Include a Plan—
  - Describe activities for use of funds
  - Be consistent with the national Strategic Plan

- Florida received over 19 million to build the Florida Health Information Exchange (FL-HIE)

Have Questions?

Visit our Website,
send us an email,
or give us a call!

(904) 435-3456
(904) 435-3457
Questions@
ConnectingHealthcare.com