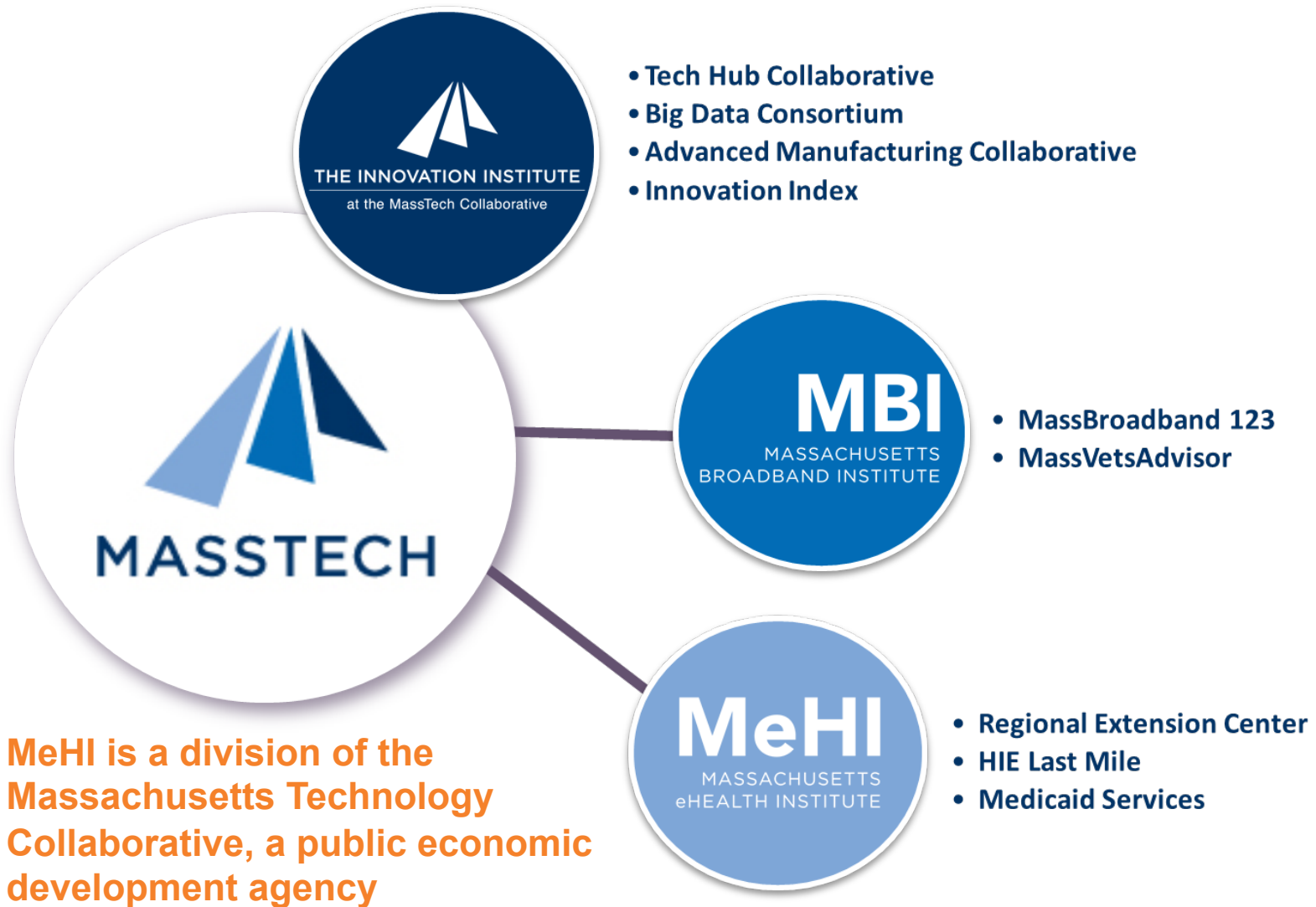# Achieve Meaningful Use with MeHI Funding Programs

Agenda

- MeHI Overview
- Regional Extension Center Program
- Direct Assistance Grant Program
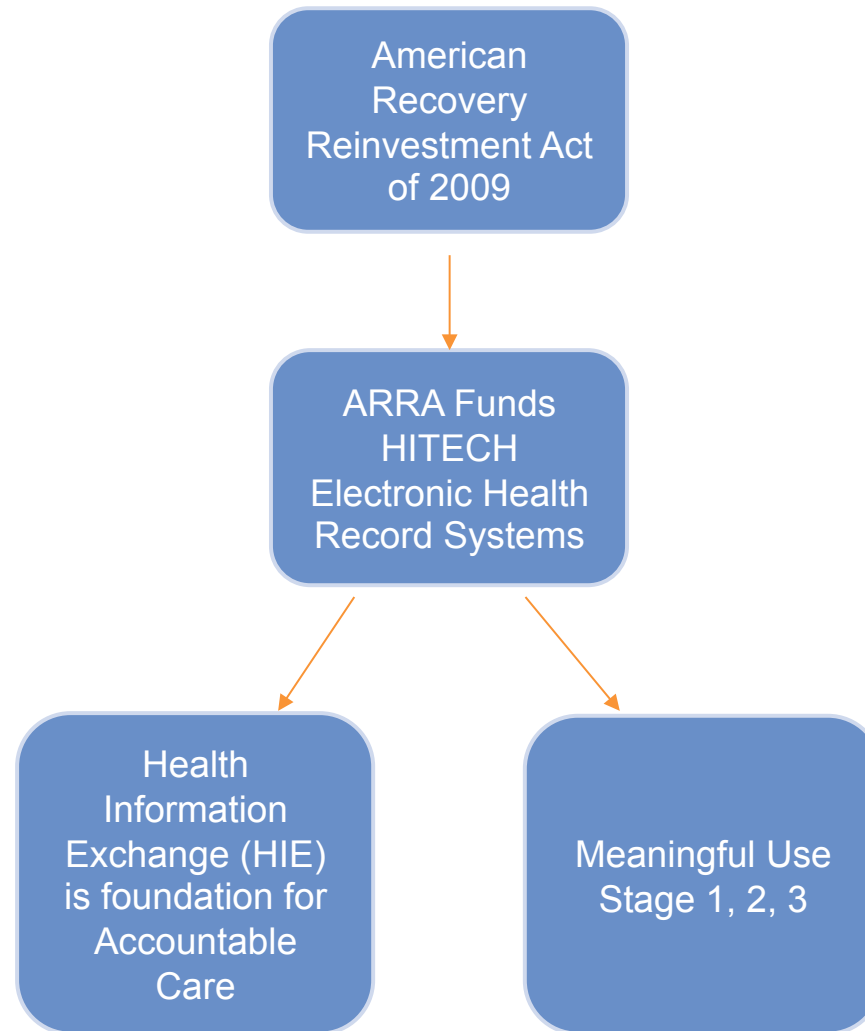- Meaningful Use

MeHI Overview

- **The Innovation Institute at the MassTech Collaborative**
  - • Tech Hub Collaborative
  - • Big Data Consortium
  - • Advanced Manufacturing Collaborative
  - • Innovation Index

- **MBI — Massachusetts Broadband Institute**
  - • MassBroadband 123
  - • MassVetsAdvisor

- **MeHI — Massachusetts eHealth Institute**
  - • Regional Extension Center
  - • HIE Last Mile
  - • Medicaid Services

MeHI is a division of the Massachusetts Technology Collaborative, a public economic development agency
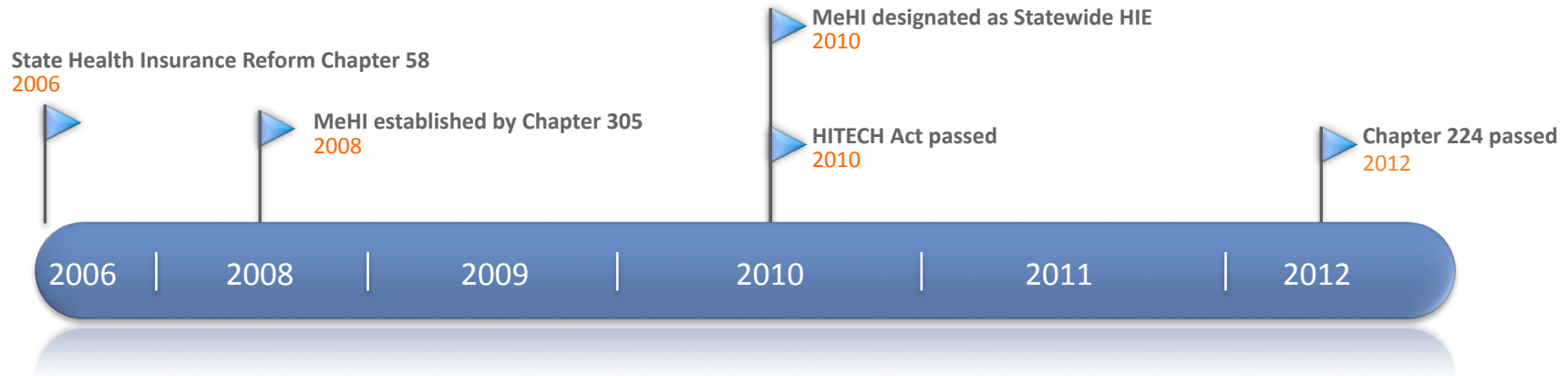
MeHI Overview

MeHI is designated state agency for:

- Coordinating health care innovation, technology and competitiveness
- Accelerating the adoption of health information technologies
- Promoting health IT to improve the safety, quality and efficiency of health care in Massachusetts
- Advancing the dissemination of electronic health records systems in all health care provider settings
- Connecting providers through the Mass HIway statewide HIE
- Managing HIE and REC grants from Office of National Coordinator

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Healthcare Reform

American Recovery Reinvestment Act of 2009

↓

ARRA Funds HITECH Electronic Health Record Systems

Health Information Exchange (HIE) is foundation for Accountable Care

Meaningful Use Stage 1, 2, 3

Massachusetts Healthcare Reform

State Health Insurance Reform Chapter 58
2006

MeHI established by Chapter 305
2008

MeHI designated as Statewide HIE
2010

HITECH Act passed
2010

Chapter 224 passed
2012

| 2006 | 2008 | 2009 | 2010 | 2011 | 2012 |

- Chapter 305 created MeHI in 2008
- Focused on cost containment, Chapter 224 refined MeHI's focus and established funding for 2013-2017
- MeHI will support Behavioral Health, Long Term Care, Community Hospitals and providers that do not qualify for federal incentives.

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Collaborative

Massachusetts Healthcare IT Requirements

- Requirements
  - Provider Licensing - January 2015
    - Massachusetts requires physicians to be proficient in the use of health information technology as a condition of licensure. Proficiency, at a minimum means complying with the "meaningful use" requirements.
  - HIE Connection - January 2017
    - All providers in the Commonwealth shall implement fully interoperable electronic health records systems that connect to the statewide health information exchange.
- Benefits
  - Achieve Meaningful Use & receive program incentive payments
  - Improve care quality and costs
  - Participate in statewide interoperability

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MeHI - How We Help

Education →
- MeHI Website
- MeHI Community

EHRs →
- REC IOO Program
- Medicaid Incentive Payment Program
- BORIM Support
- Chapter 224 Grant Program

HIway →
- HIway Last Mile Adoption Program
- Vendors
- Technical Support
- Provider Communities
- Implementation Stories and Support

Innovation →
- eHealth Roundtable
- "Identify and Promote Technology" Charge from 224

Outreach - Communication

MeHI | How We Help

Regional Extension Center

Support priority primary care providers implement and meaningfully use EHRs and engage in HIE

Medicaid

Partnership with EOHHS to support key operational components of the Medicaid Incentive Payment Program

Health Information Exchange

Connects participants to, enables integration with, and maximizes adoption of the Mass HIway

Regional Extension Center

Program Overview | Regional Extension Center

- Part of a national network of organizations that help providers transition to a practice that meaningfully uses electronic health records

- Supported by funding made available through the Office of the National Coordinator for Health Information Technology (ONC)

- Provides funding for services to help reduce providers' costs of EHR adoption

- Assists providers in achieving Meaningful Use to qualify for maximum Medicare/ Medicaid EHR Incentive Payments

- National goal of supporting 100,000 providers by 2014

- MeHI was first REC in nation to reach its enrollment goal (2500 PPCPs)

62 Federally–Designated Regional Extension Centers

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Progress

National

- Over 130,000 providers participating in national REC programs
- Over 100,000 REC providers are live on an EHR System
- $10B + paid in federal incentives to date

Massachusetts

Ranked #3 for Incentive Payments

- **2,487** Primary Care Providers enrolled with the REC
- **2,346 or 94%** of Providers Live on an EHR System
- **1,032 or 42%** of Providers Achieving Stage 1 Meaningful Use
- $6.3M in Direct Assistance grants paid on behalf of MA

January 31, 2013
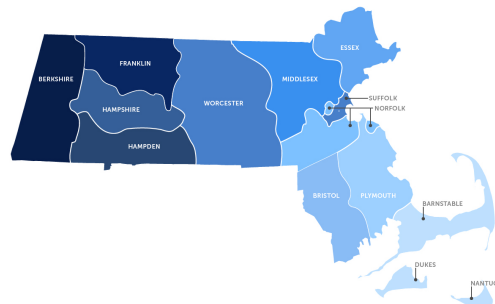
CURRENT PROVIDER SERVICES AND SUPPORT

- Direct Assistance Grant Program for primary care providers

    - $2,500 - $4,500 per provider for consulting services

- Pre-negotiated contracts and discounted pricing with Implementation and Optimization Organizations(IOOs) and EHR vendors

- Oversight of project implementations

- Experienced Clinical Relationship Managers (CRMs) assigned to each practice as a resource

- MeHI Community – online Community of Practice

- Information Resources on Stage 2 and 3 Meaningful Use

- Regional Meetings and Educational Summits

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Direct Assistance Grant Program - Who is Eligible ?
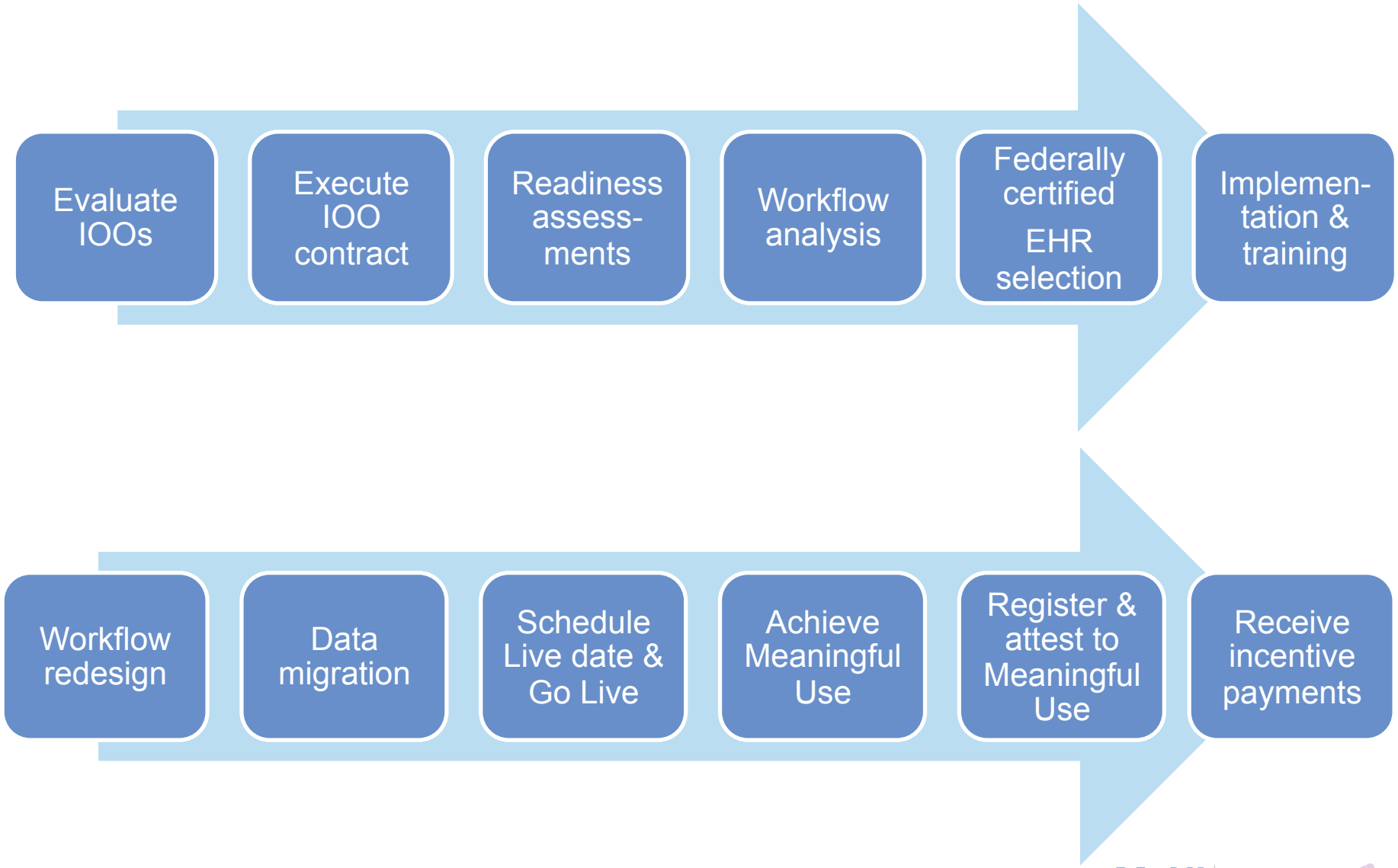
- Primary Care Providers

- OB/GYN (offering primary care)

- Internal Medicine

- Family Medicine

- Pediatricians

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Implementation and Optimization Organizations (IOOs)

Services Provided by IOOs

- Project Initiation and Planning

- Project Management

- Clinical Workflow Analysis and Design

- Provider Training (complementary to EHR vendor training)

- Optimization for Meaningful Use
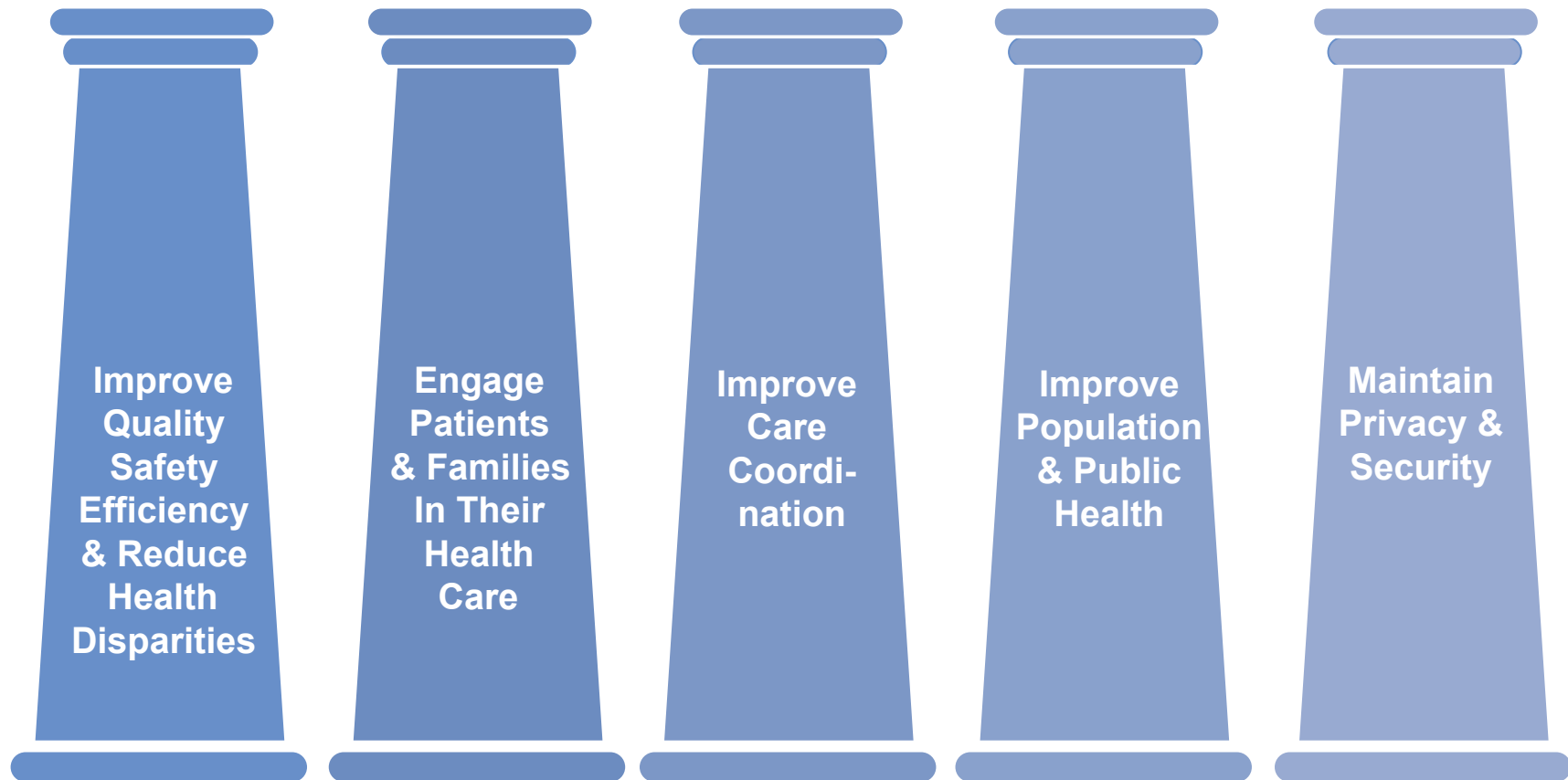
Direct Assistance Program Steps

Evaluate IOOs → Execute IOO contract → Readiness assess-ments → Workflow analysis → Federally certified EHR selection → Implemen-tation & training

Workflow redesign → Data migration → Schedule Live date & Go Live → Achieve Meaningful Use → Register & attest to Meaningful Use → Receive incentive payments

Direct Assistance Program Funding

Milestones	Basic Services 1 (No EHR)	Basic Services 2 (EHR)
Execution of IOO Contract	$1000	$1000
EHR Go-Live	$2000	-------
Meaningful Use	$1500	$1500
Total per Provider:	$4500	$2500

Provider Type	Payments
Priority Primary Care Provider (PPCP)	From MeHI to IOO
Specialist	From Specialist to IOO

REC Enrollment Fee = $600 per provider

Meaningful Use

THE FIVE PILLARS OF MEANINGFUL USE

| Improve Quality Safety Efficiency & Reduce Health Disparities | Engage Patients & Families In Their Health Care | Improve Care Coordi-nation | Improve Population & Public Health | Maintain Privacy & Security |

Meaningful Use Stages

THE CRITERIA FOR MEANINGFUL USE WILL BE STAGED IN THREE STEPS OVER THE NEXT FIVE YEARS:

STAGE 1 - **Data capture and information sharing**

- Sets baseline

STAGE 2 - **Advanced Clinical Processes**

- Final rules released on August 23, 2012

- Guidelines build upon Stage 1

STAGE 3 – Improved Outcomes

- To be developed through future rule making

- Expected to be implemented in 2015 (subject to change)

Focus of Stage 1 Meaningful Use Criteria

STAGE 1 →	STAGE 2 →	STAGE 3 →

- Electronically capturing health information in a structured format and using that information to track key clinical conditions

- Establishing the functionality of certified EHR technology that will allow for continuous quality improvement and easy information exchange

- Communicating information for care coordination purposes (whether that information is structured or unstructured, but in a structured format whenever feasible)

- Implementing clinical decision support tools to facilitate disease and medication management

- Using EHRs to engage patients, their families, and reporting clinical quality measures and public health information

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Focus of Stage 2 Meaningful Use Criteria

STAGE 1 →	STAGE 2 →	STAGE 3 →

- Expand upon the Stage 1 criteria to encourage the use of health IT for continuous quality improvement at the point of care and the exchange of health information in the most structured format possible (e.g. electronic transmission of orders entered using computerized provider order entry (CPOE))

- More rigorous health information exchange (HIE)

- Increased requirements for e-prescribing and incorporating lab results

- Electronic transmission of patient care summaries across multiple settings

- More patient-controlled data

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Focus of Stage 3 Meaningful Use Criteria

STAGE 1 →	STAGE 2 →	STAGE 3 →

- Improving quality, safety, and efficiency, leading to improved health outcomes

- Decision support for national high priority conditions

- Patient access to self-management tools

- Access to comprehensive patient data through patient-centered HIE

- Improving population health

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Stage 1 Meaningful Use

Includes 2013 & 2014 Stage 1 Changes Outlined in Stage 2 EHR Final Rules

Stage 1 Meaningful Use Requirements

- Stage 1 MU requires a 90-day reporting period in the current calendar year.
  - Any 90-day reporting period from January 1 – December 31, 2013

- For EPs, there are a total of 26 Stage 1 MU measures:

  - 15 required core measures
  - 5 measures may be chosen from the list of 10 menu set measures
    - At least 1 public health measure must be chosen
  - 6 total Clinical Quality Measures (CQM) (3 core or alternative core, and 3 out of 38 from additional set)
  - EPs may be required to provide supporting documentation for specific Meaningful Use Stage 1 measures

Stage 1 Meaningful Use Requirements

- CPOE
  - Measure is based on the number of unique patients with a medication in their medication list that was entered using CPOE.
    - An alternate measure is based on the number of medication orders created during the EHR reporting period (more than 30%)
  - A credentialed medical assistant to be considered a "licensed health care professional" for the purpose of CPOE

- Record & Chart Changes in Vital Signs
  - Vital signs must be recorded for more than 50% of all unique patients ages 2+ years
    - **OPTIONAL IN 2013, REQUIRED IN 2014 AND BEYOND**: Blood pressure must be recorded for all patients ages 3+ years, and height and weight for patients of all ages
  - EP may claim exclusion if all 3 vital signs (height, weight, blood pressure) not relevant to their scope of practice OR if EP sees no patients age 2+ years
    - **OPTIONAL IN 2013, REQUIRED IN 2014 AND BEYOND:** EP may claim an exclusion if:
      - The EP sees no patients age 3+ years (would not need to record blood pressure)
      - All 3 vital signs not relevant to EP's scope of practice (no vital signs)
      - Height/weight not relevant to EP's scope of practice (blood pressure still recorded)
      - Blood Pressure not relevant to EP's scope of practice (height/weight still recorded)

Stage 1 Meaningful Use Requirements

Objective no longer required:

– Electronic transmission of key clinical information
  - Perform at least one test of certified EHR technology's capacity to electronically exchange key clinical information.

Additional Exclusion

– Generate & Transmit eRX objective: Any EP who does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within a 10-mile radius of the EP's practice location.

Beginning in 2014

– EPs will no longer be permitted to select a menu objective (of the minimum of 5 menu objectives on which they must report) and claim an exclusion for it if there are other menu objectives they can meet.
  - EPs will not be penalized for claiming the exclusion if they would also qualify for the exclusions for the remaining menu objectives.

Important Deadlines

2013 IS THE YEAR FOR MEANINGFUL USE!

- Medicare EHR Incentives reduced by $15,000 after 2013
- Meaningful Use is a requirement for licensure effective January 1, 2015
- Connect to HIE requirement for Stage 2 starting in 2014
- REC Direct Assistance grant program available through 1/31/2014

Implementation and Optimization Organizations (IOOs) can help with selecting and implementing an EHR

Register for a CMS EHR Incentive if you are eligible

- Don't wait until you are ready for Meaningful Use attestation

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