Proposed Meaningful Use Incentives, Criteria and Quality Measures Affecting Critical Access Hospitals

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Regional Extension Assistance Center for HIT

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Objectives

- Understand the proposed calculation of incentives for Critical Access Hospitals
- Describe elements of the proposed meaningful use framework that make up the objectives and measures
- Understand the proposed quality measures that you may need to submit as a requirement for meaningful use
- Identify some of the unknowns

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Outline

- Financial Incentives for Critical Access Hospitals and Their Providers
- Proposed Elements of Meaningful Use
- Proposed Quality Measures
- What We Don't Know

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Incentive Program Overview

The Notice of Proposed Rule Making (NPRM) specified...

- Eligibility requirements for professionals and hospitals
- Criteria for Stage 1 Meaningful Use
- Reporting methodology and timeframes
- Payment periods
- Payment calculations/procedures for Medicare & Medicaid
- Medicare penalties for failing to meaningfully use certified EHRs
- Medicaid Agencies' implementation of incentives

Source: Brian Wagner, Senior Director of Policy and Public Affairs, eHealth Initiative (eHI) presentation to the MN Exchange and Meaningful Use Workgroup January 15, 2010

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Incentive Program Key Provisions

Eligibility

- Eligible Hospitals can receive both Medicare and Medicaid incentives
- Critical Access hospitals are only eligible for Medicare Incentives
- Eligible professionals must choose between Medicare & Medicaid Incentives, but may switch once

“Stage 1” Meaningful Use Criteria

- 25 objectives and measures for eligible professionals (EP), 7 require attestation; 18 require data submission
- 23 objectives and measures for eligible hospitals (EH), 8 require attestation; 15 require data submission
- EPs and EHs must meet all of the criteria.
- In 2012, CMS expects eligible professionals and hospitals to report clinical quality metrics electronically

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Incentive Program Key Provisions (contd.)

Timeframe for Demonstrating Meaningful Use (MU):

- In the 1st payment year, hospitals must demonstrate MU over any continuous 90 period in a fiscal year; for subsequent payment years hospitals must demonstrate MU over the entire fiscal year.
- In the 1st payment year, professionals must demonstrate MU over any continuous 90 period in a calendar year; for subsequent payment years professionals must demonstrate MU over the entire calendar year.

Adapted from: Brian Wagner, Senior Director of Policy and Public Affairs, eHealth Initiative (eHI) presentation to the MN Exchange and Meaningful Use Workgroup January 15, 2010

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Definition of a Medicare Eligible Provider

- A physician, defined by the Social Security Act Sec 1861(r):
  - A doctor of medicine or osteopathy
  - A doctor of dental surgery or dental medicine
  - A doctor of podiatric medicine
  - A doctor of optometry
  - A chiropractor
- Does not provide more than 90% of services with a place of service (POS) code of 21, 22 or 23 (considered hospital inpatient or outpatient based)
- Incentive amount is 75% of the physician's Medicare charges up to the payment year limit

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Maximum Medicare Incentives for EPs in a non shortage area*

2010	2011	2012	2013	2014	2015	2016	2017	
	Stage 1 $18k	Stage 1 $12k	Stage 2 $8k	Stage 2 $4k	Stage 3 $2k	Stage 3	Stage 3	$44k
		Stage 1 $18k	Stage 1 $12k	Stage 2 $8k	Stage 3 $4k	Stage 3 $2k	Stage 3	$44k
			Stage 1 $15k	Stage 2 $12k	Stage 3 $8k	Stage 3 $4k	Stage 3	$39k
				Stage 1 $12k	Stage 3 $8k	Stage 3 $4k	Stage 3	$24k
					Stage 3	Stage 3	Stage 3	0
Penalty (deduction from Medicare charges) if not at stage 3 by January 1 of that year:					**1%**	**2%**	**3%**	

* Providers with >50% Medicare services in a health professional shortage area see a 10% increase in the maximum payment

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Eligible CAH Medicare Incentives

Reasonable EHR costs × Medicare Share plus

Reasonable EHR costs:

- *Software / hardware costs during the first payment year*
- *In the first payment year, the cost less depreciation of the software / hardware from the previous period*

Medicare Share Plus

Medicare Share (MS%):

$$\frac{\textit{Medicare Inpatient Days}}{\textit{Total Inpatient Days}\left(\frac{\textit{Gross Revenue} - \textit{Charity}}{\textit{Gross Revenue}}\right)}$$

Plus:

MS% + 20% or 100% whichever is less

Paid on an interim basis for a up to 4 years or through 2015

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Medicare Incentives for Eligible Critical Access Hospitals

2010	2011	2012	2013	2014	2015	2016	Payments
	Stage 1 Payment	Stage 1 Payment	Stage 2 Payment	Stage 2 Payment	Stage 3	Stage 3	4
		Stage 1 Payment	Stage 1 Payment	Stage 2 Payment	Stage 3 Payment	Stage 3	4
			Stage 1 Payment	Stage 2 Payment	Stage 3 Payment	Stage 3	3
				Stage 1 Payment	Stage 3 Payment	Stage 3	2
					Stage 3 Payment	Stage 3	1
						Stage 3	0
Penalties: Reasonable cost reimbursement of 101% would be reduced to:					100.66%	100.33%	100%

Incentive payments calculation based on the Medicare Share of the EHR cost

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Broad Goals for Meaningful Use

Vision

Enable significant and measurable improvements in population health through a transformed health care delivery system

Goals*

1. Improve quality, safety, efficiency and reduce health disparities
2. Engage patients and families
3. Improve care coordination
4. Improve population and public health
5. Ensure adequate privacy and security protections for personal health information

*Adapted from National Priorities Partnership. National Priorities and Goals: Aligning Our Efforts to Transform America's Healthcare. Washington, DC: National Quality Forum; 2008.

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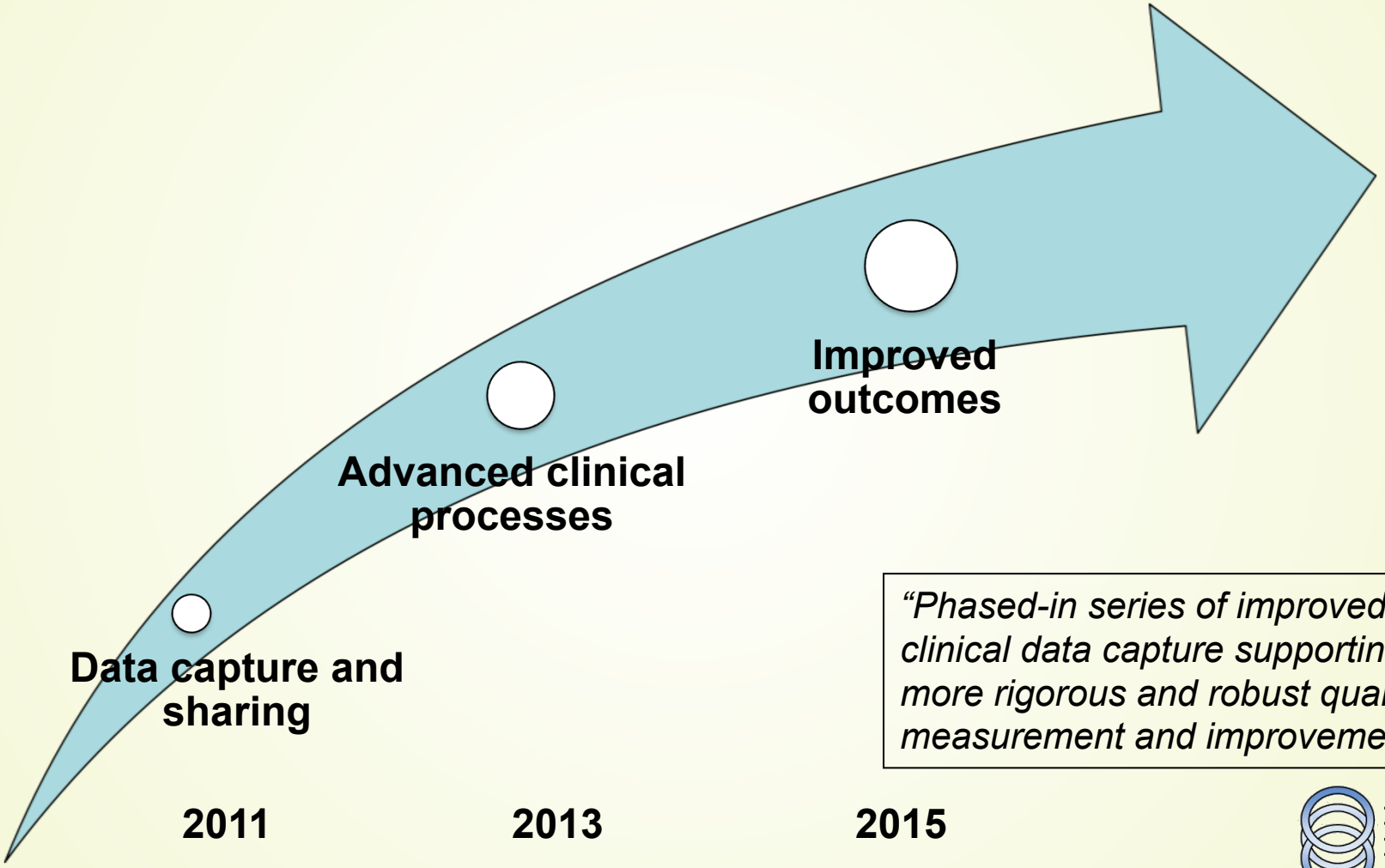
Bending the Curve Towards Transformed Health



"Phased-in series of improved clinical data capture supporting more rigorous and robust quality measurement and improvement."

Source: Connecting for Health, Markle Foundation "Achieving the Health IT Objectives of the American Recovery and Reinvestment Act" April 2009

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Meaningful Use Criteria

Organized according to the Health Outcomes Policy Priorities:

- Improving quality, safety, efficiency, and reducing health disparities
- Engage patients and families in their health care
- Improve care coordination
- Improve population and public health
- Ensure adequate privacy and security protections for personal health information

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Improve quality, safety, efficiency and reduce health disparities

Care Goals:

- Provide access to comprehensive patient health data for patient's health care team
- Use evidence-based order sets and CPOE
- Apply clinical decision support at the point of care
- Generate lists of patients who need care and use them to reach out to patients
- Report information for quality improvement, public reporting

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Improve quality, safety, efficiency and reduce health disparities

Objective	Ambulatory Measure	Hospital Measure
CPOE	**80% of all orders**	**10 % of all orders**
ePrescribe	**75% of permissible scripts**	**-**
Demographics	**80% of patients seen: language, insurance, gender, race, ethnicity, DOB**	**80% of patients seen: language, insurance, gender, race, ethnicity, DOB, date and cause of death**
Quality Reporting	**Report specialty specific quality measures to CMS or states**	**Report specialty specific quality measures to CMS or states**
Drug Interactions	Turned on (attestation)	Turned on (attestation)
Med List	80% of patients seen at least one or “none”	80% of patients seen at least one or “none”
Med Allergies	80% of patients seen at least one or “none”	80% of patients seen at least one or “none”

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Improve quality, safety, efficiency and reduce health disparities cont.

Objective	Ambulatory Measure	Hospital Measure
Problem List	80% of patients seen at least one or “none”	80% of patients seen at least one or “none”
Vitals	80% of patients seen: height, weight, BP, BMI, & for age 2-20: growth charts	80% of patients seen: height, weight, BP, BMI, & for age 2-20: growth charts
Smoking	80% of patients ≥ age 13, record status	80% of patients ≥ age 13, record status
Lab Results	50% of labs with numeric or +/- result in chart as structured data	50% of labs with numeric or +/- result in chart as structured data
Patient Lists	Generate pt lists (attestation)	Generate pt lists (attestation)
Reminders	50% of pts ≥ 50 sent reminders for follow up care	-

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Improve quality, safety, efficiency and reduce health disparities cont.

Objective	Ambulatory Measure	Hospital Measure
Decision Support	5 CDS rules relevant to the specialty specific quality metric	5 CDS rules relevant to the specialty specific quality metric
Insurance Eligibility	80% of patients seen	80% of patients seen
Electronic claim submission	80% of patients seen	80% of patients seen

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Engage Patients and Families in Their Health Care

- Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health

Objective	Ambulatory Measure	Hospital Measure
eDischarge info	-	**80% of patients who request it (incl: d/c instructions, procedures)**
Visit summaries	**80% of patients seen get visit summary**	-
eResults	10% patients seen with electronic access to lab results, prob lists, med list, allergies	-
eHealth summary	80% of patients who request it (incl: test results, prob list, med list allergies)	80% of patients who request it (incl: test results, prob list, med list allergies. d/c summary, procedures)

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Improve Care Coordination

- Exchange meaningful clinical information among professional health care teams

Objective	Ambulatory Measure	Hospital Measure
Exchange with providers	**Electronic exchange of prob list, med list, allergies, test results. One attempt year one (Attestation)**	**Electronic exchange of prob list, med list, allergies, test results, procedures, d/c summary. One attempt year one (Attestation)**
Medication reconciliation	80% of relevant encounters and transitions of care	80% of relevant encounters and transitions of care
Referral summary	80% of referrals and transitions of care	80% of referrals and transitions of care

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Improve Population and Public Health

- Communicate with public health agencies

Objective	Ambulatory Measure	Hospital Measure
Immunization records	One test of submission to state immunization registry (attestation)	One test of submission to state immunization registry (attestation)
Reportable labs	-	One test of submission to state public health agency (attestation)
Syndromic Surveillance	One test of submission to state public health agency (attestation)	One test of submission to state public health agency (attestation)

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Privacy and security protections for personal health information

- Ensure privacy and security protections for confidential information through operating policies, procedures, and technologies and compliance with applicable law.
- Provide transparency of data sharing to patient.

Objective	Ambulatory Measure	Hospital Measure
Protect Patient PHI	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary (Attestation)	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary (Attestation)

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Quality Measures

- Relate to healthcare quality aims such as effective, safe, efficient, patient-centered, equitable, and timely care."
- Includes "measures of processes, experience, and/or outcomes of patient care, observations or treatment
  - Draws primarily from PQRI and NQF endorsed measures
  - NQF is modifying existing quality measures to meet MU requirements
- Quality reporting will be done by attestation in 2011
  - Reporting not limited to Medicare or Medicaid patients
- CMS is reviewing comments on the clinical utility of the measures, as well as their readiness for use in the incentive programs

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Reporting of Clinical Quality Measures

- EPs would be required to submit clinical data on 2 measure groups:
  - A core set of measures
  - A subset of measures appropriate to the EP's specialty
- EHs would be required to submit a single set of measures
- Patient information must be submitted regardless of payer
- Some, but not all, measures:
  - Are currently reported (although not via EHRs) under existing Medicare pay-for-reporting programs
  - Are currently calculated based on chart abstracts
  - Have specifications for electronic reporting

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Proposed Specialty EP Quality Measures

All EPs will need to select one or more of the following specialties:

Cardiology	Obstetrics and Gynecology
Pulmonology	Neurology
Endocrinology	Psychiatry
Oncology	Ophthalmology
Proceduralist/Surgery	Podiatry
Primary Care	Radiology
Pediatrics	Gastroenterology
Nephrology	

Source: CMS presentation January 20, 2010

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Proposed EH Quality Measures

- In 2011 payment year eligible hospitals will be required to report summary data to CMS on a set of clinical quality measures
- For the 2012 payment year, hospitals will be required to submit these measures to CMS electronically if eligible for both Medicare and the Medicaid EHR incentives
- For hospitals only eligible for Medicaid incentives they will report to the states
- For eligible hospitals to which the standard measures do not apply, they may select alternative measures to meet the Medicaid reporting requirements

Source: NPRM Section II (3) (f)

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35 Proposed EH Quality Measures

- ED Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients
- ED Throughput – admitted patients Admission decision time to ED departure time for admitted patients
- ED Throughput – discharged patients Median Time from ED Arrival to ED Departure for Discharged ED Patients
- Ischemic stroke – Discharge on anti-thrombotics
- Ischemic stroke – Anticoagulation for A-fib/flutter
- Ischemic stroke – Thrombolytic therapy for patients arriving within 2 hours of symptom onset
- Ischemic or hemorrhagic stroke – Antithrombotic therapy by day 2
- Ischemic stroke – Discharge on statins
- Ischemic or hemorrhagic stroke – Stroke education
- Ischemic or hemorrhagic stroke – Rehabilitation assessment
- VTE prophylaxis within 24 hours of arrival
- ICU VTE prophylaxis
- Anticoagulation overlap therapy
- Platelet monitoring on unfractionated heparin
- VTE discharge instructions
- Incidence of potentially preventable VTE
- Primary PCI Received Within 90 Minutes of Hospital Arrival
- Blood Cultures Performed in the ED Prior to Initial Antibiotic Received in Hospital
- Aspirin Prescribed at Discharge

Source: NPRM Table 20

35 Proposed EH Quality Measures (Cont.)

- Angiotensin Converting Enzyme Inhibitor(ACEI) or Angiotensin Receptor Blocker (ARB) for Left Ventricular Systolic Dysfunction (LVSD)
- Beta-Blocker Prescribed at Discharge
- Hospital Specific 30 day Risk-Standardized Readmission Rate following AMI admission
- Hospital Specific 30 day Rate following AMI admission
- Hospital Specific 30 day Risk-Standardized Readmission Rate following Heart Failure admission
- Hospital Specific 30 day Rate following Heart Failure admission
- Hospital Specific 30 day Risk-Standardized Readmission Rate following Pneumonia admission
- Hospital Specific 30 day Rate following Pneumonia admission
- Infection SCIP Inf-2 Prophylactic antibiotics consistent with current recommendations
- Ventilator Bundle
- Central Line Bundle Compliance
- Ventilator-associated pneumonia for ICU and high-risk nursery (HRN) patients
- Urinary catheter-associated urinary tract infection for intensive care unit (ICU) patients
- Central line catheter-associated blood stream infection rate for ICU and high-risk nursery (HRN) patients
- All-Cause Readmission Index (risk adjusted)
- All-Cause Readmission Index

Source: NPRM Table 20

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What We Don't Know

- The final rules
- What EHR cost will be covered:
  - Financial needed for some MU reports
  - PACS
  - Network and wireless
  - Other items needed for EHR use but not part of a "certified" EHR
- How will the hospital be able to deprecate their EHR assets over time
- How will the "prompt interim" payment timing work

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In Review

- Incentives are available for both eligible hospitals and providers who meaningfully use an EHR
- Eligibility for incentives will require demonstration of meaningful use of certified technology
- Criteria for meaningful use will become more demanding over time
- First measures of quality and then demonstration of quality will be required to be considered for incentives or payment increases
- Begin planning now
- Begin evaluating your workflow now

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