EHR JumpStart Webinars Series

“To Be Electronic, or Not To Be”

Introduction and Welcome:
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Center for Health Policy
MO HIT Assistance Center

Presenter:
Margalit Gur-Arie
Foundering Partner
EHR Pathway
Before we begin...

- Phone lines are now muted

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MO HIT Assistance Center

Missouri’s Federally-designated Regional Extension Center

- University of Missouri:
  - Department of Health Management and Informatics
  - Center for Health Policy
  - Department of Family and Community Medicine
  - Missouri School of Journalism

- Partners:
  - EHR Pathway
  - Hospital Industry Data Institute (Critical Access Hospitals)
  - Missouri Primary Care Association
  - Missouri Telehealth Network
  - Primaris
What is our role?

- For providers who do not have a certified EHR system - We help you choose and implement one in your office

- For providers who already have a system - We help eligible providers meet the Medicare or Medicaid criteria for incentive payments
MO HIT Assistance Center Now Serves Large Practices & Specialists

- Contact MO HIT Assistance Center for details and pricing
CME & AOA Credit Now Available

- Instructions provided after today’s presentation
Disclosures

The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Office of Continuing Education, School of Medicine, University of Missouri designates this live Internet educational activity for a maximum of oneAMA PRA Category 1 Credit™. Physicians should only claim the credit commensurate with the extent of their participation in the activity.

The learning objectives of this live Internet educational activity are:

- Choose an appropriate electronic health record for the practice, create a change team, redesign practice workflow and successfully implement transition to electronic records.
- Appropriately track quality measures in electronic health records and to create accurate reports of quality indicators; physicians will understand how to use indicators to improve patient outcomes.
- Identify potential privacy and security issues in individual practices that are utilizing electronic health records and provide tools for practices to use to assess their security measures to see if they are appropriate.
- Measure and track the way individual practices are reporting on the meaningful use requirements in the federal HITECH Act; understand additional clinical reporting requirements contained in meaningful use phases two and three.
- Appropriately design and implement patient portals for patients to access their health care information and learn how to better take care of their health conditions.

The planning members and presenter for this activity have no commercial relationships to disclose.
Cerner and the University of Missouri Health System have an independent strategic alliance to provide unique support for the Tiger Institute for Health Innovation, a collaborative venture to promote innovative health care solutions to drive down cost and dramatically increase quality of care for the state of Missouri. The Missouri Health Information Technology Assistance Center at the University of Missouri, however, is vendor neutral in its support of the adoption and implementation of EMRs by health care providers in Missouri as they move toward meaningful use.

This regional extension center is funded through an award from the Office of the National Coordinator for Health Information Technology, Department of Health and Human Services Award Number 90RC0039/01
EHR JumpStart
To Be Electronic or Not To Be?

Margalit Gur-Arie
Founding Partner, EHR pathway LLC

February 16, 2012
To Be Electronic or Not To Be?

- doing fine without it
- complicated
- too hard
- retiring soon
- can’t type
- too busy seeing patients
- too expensive
What’s in a name? EMR or EHR?

Electronic Health Record (EHR)

Electronic Medical Record (EMR)
an electronic patient chart

Analytics
- Population Management
- Registries
- Clinical Decision Support

Interoperability
- Other care facilities
- Patient generated data
- Clinical Quality Measures
EHR Components

Pharmacies

Labs, Imaging

Hospitals, Specialists, Long Term Care, Public Health

New scripts Renewals

Orders Results

Chronic Disease Management

Population Management

Preventive Care

Evidence Based Decision Support

Patient Engagement

New scripts Renewals

Orders Results

Chronic Disease Management

Population Management

Preventive Care

Evidence Based Decision Support

Patient Engagement
What can an EHR do for.....

You
- Reduce hassles – pharmacy faxes, forms, letters
- Better longitudinal view of chronic disease
- Availability of charts from everywhere

Your Staff
- Reduce scanning, printing and filing
- Reduce phone calls
- Delegate data collection to patients

Your Business
- Improve patient retention – recall messages, reminders
- Improved coding accuracy
- A few more square feet of office space

Your Patients
- Improve readability
- Improve access to records
- Improve communications
What EHRs cannot do

- An EHR will not make you a better doctor
- An EHR will not give you more time with patients
- An EHR will not enable you to see more patients
- An EHR will not significantly reduce your overhead
- An EHR will not make you a better business person
# Why Now?

<table>
<thead>
<tr>
<th>Better Care</th>
<th>Better Health</th>
<th>Lower Cost</th>
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<tbody>
<tr>
<td>Coordination</td>
<td>Prevention</td>
<td>Error Reduction</td>
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<td>Evidence Based</td>
<td>Patient Education</td>
<td>Reduce Duplication</td>
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<tr>
<td>Disease Management</td>
<td>Patient Engagement</td>
<td>Care Management</td>
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</table>

Data Standardization · Data Collection · Information Exchange
The Incentives

2009 – HITECH Act – Health Information Technology for Economic and Clinical Health Act (part of the American Recovery and Reinvestment Act of 2009, a.k.a. the stimulus bill)

~ $30 Billion Allocated

- Meaningful Use Incentives
- Support, Innovation, Exchange, Research

$2,533,689,145 paid out in 2011

- ~1100 Hospitals
- 29,344 Professionals

$570,350,910 paid to Professionals

A little over $19,000 per EP on average
## Other CMS Incentives

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<tr>
<th>Year</th>
<th>eRx</th>
<th>EMR</th>
<th>PQRS</th>
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<tr>
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<td>$18,000</td>
<td>1.0%-1.5%</td>
</tr>
<tr>
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<td>1.0%</td>
<td>$12,000-$18,000</td>
<td>0.5%-1.0%</td>
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<tr>
<td>2013</td>
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<td>2014</td>
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<td>$2,000-$4,000</td>
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<td>2017</td>
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Sources: 2012 Medicare physician fee schedule; Medicare and Medicaid EHR Incentive Program Basics, Centers for Medicare & Medicaid Services
Medicaid Broke

Medicare almost Broke

Baby Boomers Retiring

Health Care at 18% GDP

$1.3 Trillion Deficit

Millions Uninsured

Patient Protection and Affordable Care Act

- Insurance Reform
- Individual Mandate
- Insurance Subsidies
- IPAB

- Payment Reform
- Accountable Care
- Pilot Projects & Demonstrations
- Clinical Quality Measures
- Value based purchasing
Future Payment Models

**Value Based Purchasing**
- Reimbursement is affected by reported quality measures – bonus and penalties

**Accountable Care – Shared Savings**
- Capitation and/or bundled payments in addition to, or instead of, fee for service. A certain amount of risk is assumed and savings from benchmarks, if any, are in part shared back to providers, if quality measures are satisfied

**Patient Centered Medical Home**
- Additional per-capita fee paid to Primary Care practices accredited as PCMH

CMS:
- HVBP – Hospitals
- PQRS – Physicians
- Private: Performance bonuses

CMS:
- Demonstrations, Pioneer ACO & regular ACO
- Private: Multiple ACO & ACO-like, risk sharing contracts

CMS:
- Demonstration projects
- Private: Aetna, BCBS, UHC, WellPoint & more – starting State and National programs

**Quality measures** – Population management – Risk management – Disease management
- Process – Data – Exchange – Analytics – Reporting
State of Affairs

Adoption of EMR/EHR systems by office-based physicians has increased.

Figure 1. Percentage of office-based physicians with EMR/EHR systems: United States, 2001–2009, and preliminary 2010–2011

NOTES: EMR/EHR is electronic medical record/electronic health record. “Any EMR/EHR system” is a medical or health record system that is all or partially electronic (excluding systems solely for billing). Data for 2001–2007 are from the in-person National Ambulatory Medical Care Survey (NAMCS). Data for 2008–2009 are from combined files (in-person NAMCS and mail survey). Data for 2010–2011 are preliminary estimates (dashed lines) based on the mail survey only. Estimates through 2009 include additional physicians sampled from community health centers. Estimates of basic systems prior to 2006 could not be computed because some items were not collected in the survey. Data include nonfederal, office-based physicians and exclude radiologists, anesthesiologists, and pathologists.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.
What will EHRs do for you?

- Get incentives – avoid penalties
- New revenue streams – better contracting
- Retain existing revenue streams
- Exchange clinical information - utility
- Keep your options open

The future practice of medicine will require you to produce, share and consume Electronic Data. This is what an EHR can do for you.
## Why Not Now?

### EHRs not ready for prime time
- Clunky
- Don’t talk to each other
- Will slow me down

### EHRs are too expensive
- Hundreds of thousands of dollars
- Technology will loose its value
- Disruption and loss of productivity

### EHRs are not a priority
- Too busy seeing patients
- Health care reform won’t last
- Can’t really type
EHR - A Balancing Act

- Extract current EHR utility
- Secure a spot on the IT escalator
- Start data collection & analysis
- Maintain/Improve revenues
- Practice Medicine

doing fine without it
complicated
too hard
too clunky
can’t type
retiring soon
too busy seeing patients
too expensive
Next Webinar – March 15

Selecting an EHR

Where do I start?

What do I do next?

Which one should I pick?
Resources & References


If you would like to discuss the content presented here in more detail, or have other questions, please call or email

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1-314-651-9137
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Upcoming Advanced Webinar:

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ICD-10 & Meaningful Use
Challenges & Opportunities

Marsha Dolan
Professor
Missouri Western State University
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