Health Information Technology

Maryland Health Care Quality and Cost Council Update

February 2010
Health IT – A Value Add

- Health IT can help improve health care quality, prevent medical errors, and reduce health care costs by delivering essential information to the time and place of care
  - Widespread use of electronic health records (EHRs) with decision support
  - The ability to exchange health information privately and securely
- The MHCC has been working for several years to implement a health information exchange (HIE) and to increase the adoption of EHRs
- Health IT can also gather information efficiently for better health services research, public health and homeland security surveillance, and quality reporting
HIE
Activities Update
The MHCC convened a series of multi-stakeholder groups to discuss a range of policy issues and published a number of major policy reports.

Two multi-stakeholder groups were competitively selected for an 18-month planning project to build a statewide HIE:

- The Chesapeake Regional Information System for our patients (CRISP) and the Montgomery County Health Information Exchange Collaborative

- Final report addressed governance, privacy and security, access policies, strategies to ensure appropriate patient engagement, general architecture, proposed technology, estimated costs, and possible sustainable model.
A Request for Application (RFA) to build a statewide HIE was released in April 2009

- Four responses to the RFA were received
- A technical panel recommended that CRISP receive funding through Maryland’s all-payor hospital rate setting system

CRISP formally designated by the MHCC in July and by the HSCRC in August

- CRISP is a particularly strong not-for-profit collaborative effort among the Johns Hopkins Health System, MedStar Health, University of Maryland Medical System, and the Erickson Foundation with support from multiple stakeholder groups
The Policy Board consists of 25 members that have been selected to assure expertise, breadth of stakeholder representation, and a strong consumer voice in establishing the policies essential to building trust.

Strong representation from the general public associated with the MHCC will establish the policies governing the statewide HIE.

The separation of responsibilities between the Policy Board and CRISP assures a strong role for the public in both policy development and operational oversight.
MHCC Involvement with CRISP

- Participation on Advisory Board Committees
- Bi-weekly meetings with the CRISP staff
- A requirement to approve technology vendor selection(s)
- Collaboration on Use Case development
- Ensure policies developed by the Policy Board are appropriately implemented
Status of the CRISP Implementation

- Board and Advisory Committees are well-established
- CRISP has issued RFAs for acquisition of the main technology components
  - Bidders for the master patient index and the exchange infrastructure have been narrowed
  - Vendor presentations are in process
  - Initial selection of successful bidders is anticipated within the month
- Issues: use cases and the optimal implementation strategy
  - Rolling use cases versus rolling geography
EHR Activities Update
EHR adoption for a “basic system” is consistent with the nation

- Physician adoption ~22 percent
- National data (December 2009)

Hospital adoption ~77 percent (MHCC Hospital Survey April 2009)
The Centers for Medicare and Medicaid Services began the demonstration project in April 2009.

Statewide, roughly 127 practices specializing in family practice, general practice, internal medicine, and gerontology are eligible for funding of up to $290K over a five-year period.

Maryland is one of four states participating in this project.
ARRA Incentives – Medicare

- Requires “meaningful use” of certified EHRs
  - Up to $44K per physician over five years
  - A 10 percent bonus for physicians in shortage areas
- No payments after 2016
- Penalties begin in 2015
  - 2015 – 1 percent; 2016 – 2 percent; 2017 and beyond – 3 percent to 5 percent pending overall market rate of adoption

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ARRA Incentives – Medicaid

- Pays 85 percent of the net allowable costs up to ~$64K per physician over six years
  - Includes system, implementation, training, maintenance, etc.
- Requires “meaningful use” by year two – must qualify by 2016 to receive max
- No payments after 2011
- Requires 30 percent Medicaid patient volume
  - 20 percent for pediatricians

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Following the passage of the *American Recovery and Reinvestment Act of 2009* (ARRA), Maryland passed a law requiring state-regulated payers to provide EHR adoption incentives (HB 706, *Electronic Health Records – Regulation and Reimbursement*)

- Maryland is the first state to build on the EHR adoption incentives by paralleling the requirements of the federal incentives

An Advisory Committee consisting of private payers and other stakeholders are presently evaluating monetary incentive options that would qualify under the new law

- The MHCC expects to propose regulations in 2010
The EHR product portfolio includes 26 vendors that meet the latest CCHIT certification requirements.

The web-based document includes a vendor contact list, privacy and security policies, product overview, pricing, and a user reference report.

The EHR product portfolio is updated semi-annually and all CCHIT vendors are invited to participate.
Hosted EHRs

Existing law (HB 706) requires the MHCC to designate one or more management service organizations (MSOs) to offer services in the state by October 1, 2012, MSOs:

- Use an application service provider to host one or more EHR systems through the Internet
- Are well positioned to leverage buying power and manage the technical aspects of EHRs
- Will likely compete for market share based on their EHR solutions and other administrative practice support services

An Advisory Board has been convened to identify criteria for MSOs that seek state designation

The MHCC expects to begin designating MSO during the third quarter of 2010
Stakeholder EHR Involvement

- Active participation with the Hospital Chief Information Officers
- Collaboration with the Maryland Hospital Association
- Participation with the State Medical Society, MedChi on education and outreach activities
- Working with the LTC industry to increase adoption among the approximately 55 independent nursing homes in Maryland
ARRA Grant Opportunities
In August, the Department of Health and Human Services (HHS) released a Funding Opportunity Announcement (FOA) for planning and implementation projects to advance appropriate and secure HIE across health care systems.

The application and *Health Information Technology State Plan* were submitted by the October 16, 2009 due date.

- Award announcements scheduled in early 2010
- Likely amount of the grant is $9.3M
In August, HHS released an FOA for Regional Centers to plan and implement the outreach, education, and technical assistance for providers to become meaningful users of EHRs.

CRISP was the lead applicant with support from the MHCC in developing the response that was submitted by November 3, 2009.

- Award announcement scheduled for early 2010
- Average award is $8.5M
- Minimum match requirement starting in year two – applicant/federal dollars (1/10, 1/7, 1/3)
In December, HHS released a FOA for approximately 15 communities to build and strengthen their health IT infrastructure. Communities must have advanced rates of EHR adoption and the readiness to incorporate HIT to advance community-level care coordination and quality monitoring and feedback.

- Application due date – February 1st
- Average award is $15M
- Award announcement scheduled for March
CMS will fund the development of an HIT Planning Advanced Planning Document (HIT P-APD) to obtain prior approval and to secure 90 percent Federal Financial Participation for the planning activities that will lead to development of the *State Medicaid HIT Plan*

- States have flexibility in the completion date of the HIT P-APD
- Average award is $1.5M
- Award determination made within 60-90 days from submission of the HIT P-APD
Questions?