Seminar 3012

Melinda M. Rathkopf, MD, FAAAAI
David Shulan, MD, MS, FAAAAI
DISCLOSURE : DAVID SHULAN

• I or my family own stock:
  • GE
  • IBM
  • Apple
  • Microsoft
  • HP
  • Google
  • CISCO
ARRA ACT AND MEANINGFUL USE

• Can I get a financial subsidy for EMR?
• The government will only cover part of your costs.
• To get money you must meet government meaningful use rules.
  • These rules will increase in stringency from 2011 (stage 1), 2013 (now 2014) (stage 2) to 2015 (now 2016) (stage 3) and likely beyond.
You can receive up to 75% of gross billing but no more than that listed in the table in the next slide.

- The e-prescribing incentive is dropped.
- The penalties for not e-prescribing have begun.
Medicare Physician Payment Incentives

<table>
<thead>
<tr>
<th>Maximum Payment by Start Year</th>
<th>Annual Incentive Payment by Stage of Meaningful Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1</td>
</tr>
<tr>
<td>$44,000</td>
<td>$18,000</td>
</tr>
<tr>
<td>2012</td>
<td>1</td>
</tr>
<tr>
<td>$44,000</td>
<td>$18,000</td>
</tr>
<tr>
<td>2013</td>
<td>1</td>
</tr>
<tr>
<td>$39,000</td>
<td>$15,000</td>
</tr>
<tr>
<td>2014</td>
<td>1</td>
</tr>
<tr>
<td>$24,000</td>
<td>$12,000</td>
</tr>
</tbody>
</table>

Note for those starting in 2013, the maximum is now reduced and will be further reduced in 2014.
The American Recovery and Reinvestment Act of 2009

10% increase in bonuses in rural health shortage areas.

Doctors who have not adopted an EHR before 2015 without a hardship exemption will see a 1% cut to their Medicare pay, a reduction that phases up to 3% for 2017 and remains each year after that.
Medicaid

• For Medicaid: Providers with 30% minimum Medicaid patients or Pediatricians with 30% Medicaid or more participation are eligible for full incentive payments.
• The payments shall not exceed 85% cost of EMR acquisition, training and maintenance. With a maximum of $25,250 in the first year and $8,850 the second through year 6 for maintenance. (maximum $63,750)
• One can start as late as 2016 to get full incentive.
Medicaid

• There is a provision for incentives up to six years. Pediatricians with 20% Medicaid enrollment are eligible for only 2/3 of the maximum payments.
• Physicians can get incentives from Medicare or Medicaid but not both.
STAGES IN MEANINGFUL USE

• Stage 1
  • Ability to do a use.
  • We have the final rules.

• Stage 2
  • Final rules recently published.
  • The requirements are increased.
  • The start date was put back to 2014.
  • For 2014 only 3 months of stage 2 attestation required.

• Stage 3
  • To show practice improvement.
  • Rules yet to be determined.
MEANINGFUL USE STAGE 1: WHAT WE DID

15 Core Objectives:

1. Computerized Provider Order Entry (CPOE)
2. E-Prescribing (eRx)
3. Report ambulatory clinical quality measures to CMS/States
4. Implement one clinical decision support rule (we did smoking cessation)
5. Provide patients with an electronic copy of their health information, upon request
6. Provide clinical summaries for patients for each office visit
7. Drug-drug and drug-allergy interaction checks
8. Record demographics
MEANINGFUL USE STAGE 1: WHAT WE DID

15 Core Objectives:

9. Maintain an up-to-date problem list of current and active diagnoses
10. Maintain active medication list
11. Maintain active medication allergy list
12. Record and chart changes in vital signs
13. Record smoking status for patients 13 years or older
14. Capability to exchange key clinical information among providers of care
15. Protect electronic health information
MENU SET (CHOOSE 5 OF 10)

1. *Drug-formulary checks
2. *Incorporate clinical lab test results as structured data
3. *Generate lists of patients by specific conditions
4. *Send reminders to patients per patient preference for preventive/follow up (we used reminders for flu vaccine)
5. Provide patients with timely electronic access to their health information

* For measures we used
6. Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate
7. Medication reconciliation
8. Summary of care record for each transition of care/referrals
9. *Capability to submit electronic data to immunization registries/systems (we linked to the NYS immunization registry)
10. Capability to provide electronic syndromic surveillance data to public health agencies

* For measures we used
CLINICAL QUALITY MEASURES (CQM) (3 NEEDED)

1. *Hypertension – Blood Pressure Measurement
2. *Preventive Care and Screening Measure Pair
   A. Tobacco Use Assessment
   B. Tobacco Cessation Intervention
3. *Adult Weight Screening and Follow up
4. Weight Assessment and Counseling for Children and Adolescents
5. *Preventive Care and Screening
   A. Influenza Immunization for Patients > 50 Years old
6. Childhood Immunization Status

* For measures we used
• Asthma Pharmacologic Therapy
• Asthma Assessment
• Smoking and Tobacco Use Cessation, Medical Assistance:
  • Advising Smokers and Tobacco Users to Quit
  • Discussing Smoking and Tobacco Use Cessation Medications
  • Discussing Smoking and Tobacco Use Cessation Strategies

* For measures we used
2014 CHANGES

• EHRs Meeting ONC 2014 Standards – starting in 2014, all EHR Incentive Programs participants will have to adopt certified EHR technology that meets ONC’s Standards & Certification Criteria 2014 Final Rule

• Reporting Period Reduced to Three Months – to allow providers time to adopt 2014 certified EHR technology and prepare for Stage 2, all participants will have a three-month reporting period in 2014.

• For stage 2, 9 out of 64 Clinical Quality Measures (CQMs) will need to be reported.
OTHER CHANGES FROM STAGE 1 TO STAGE 2

Stage 1
Eligible Professionals
15 core objectives
5 of 10 menu objectives
20 total objectives

Stage 2
Eligible Professionals
17 core objectives
3 of 6 menu objectives
20 total objectives
Clinical Outcomes Research

- One can store data points for patient status for comparisons in the future.
- One must make the data searchable by using templates to store data.
- From this data one can compare patients and review outcomes.
- This is what the government will be doing with meaningful use.
Clinical Outcomes Research

• One meaningful use measure looks at daytime and nighttime asthma symptoms.
• The practitioner can use this to follow response to treatment. CMS will use this to compare your performance in treating patients to others as well as patient response to therapy.
Useful Resources


- **American EHR Partners**  [http://www.americanehr.com](http://www.americanehr.com)


- **LinkedIn : Allergy/Immunology EMR User group**  (stated by Dr. Rathkopf)
CONTACT INFORMATION

DAVID J. SHULAN, MD
RAGWEED @MSN.COM
Certified Allergy & Asthma Consultants
8 Southwoods Blvd.
Albany, NY 12211
518.434.1446