



Welcome to TIM Talks: Business Acumen

“Health IT Interoperability and the Community Based Organization (CBO)”

January 31 , 2017



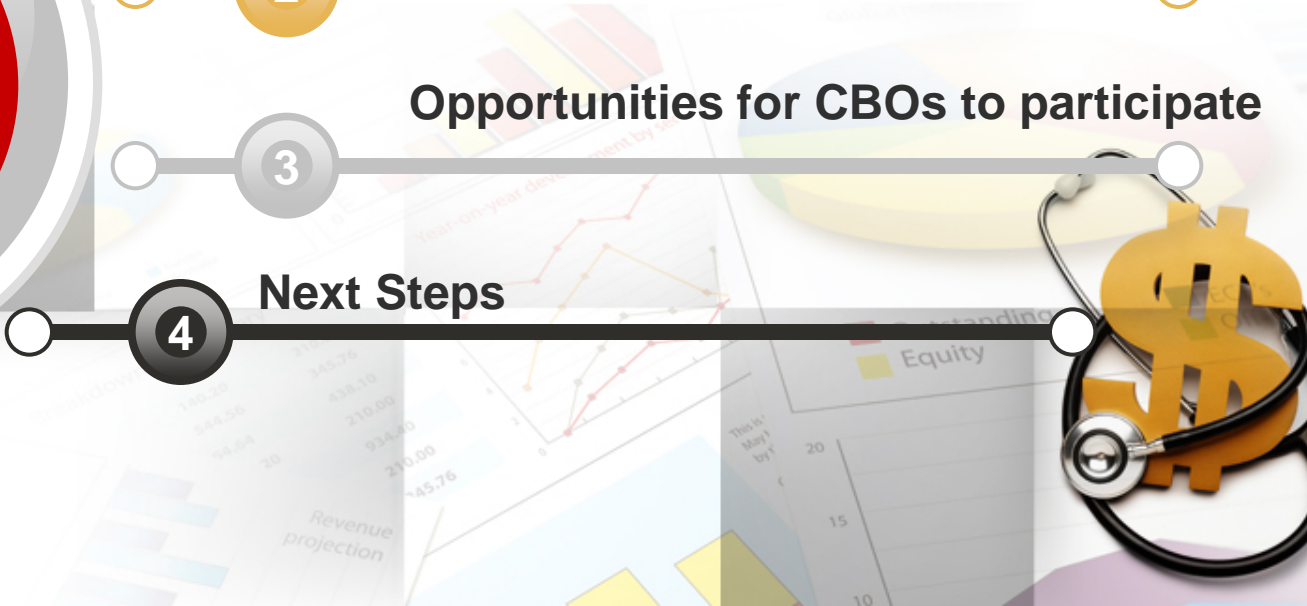


Health IT and the CBO

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- 1 Role of Health IT in Reform
- 2 Application of Health IT with CBO
- 3 Opportunities for CBOs to participate
- 4 Next Steps



Health Information Technology Investment

- Office of the National Coordinator (ONC)
 - Authorized by the American Recovery and Reinvestment Act of 2009 (ARRA) -- also known as the Stimulus Bill
 - HITECH Act (Health Information Technology for Economic and Clinical Health Act)
 - Administers the provider/hospital electronic health record (E.H.R) incentive program
 - Provides direct financial payment to physicians and hospitals that adopt qualified electronic health records and use the products in a meaningful way – "Meaningful Use Standards"
- State and Regional Health Information Exchanges
 - Financial assistance to State and localities that develop health information exchanges



Role of Health IT Policy in Payment Reform

- The Patient Protection and Affordable Care Act
 - Health Reform. Commonly called the Affordable Care Act or ACA
 - Signed into law by President Obama on March 23, 2010
 - On June 28, 2012, the Supreme Court rendered a final decision to uphold the law
- MACRA – Medicare Access and CHIP Reauthorization Act
 - Increased emphasis on Physician participation in “Alternative Payment Models (APMs)”
 - APMs – ACOs and Bundled Payment



MACRA and Health IT requirements

- The shift towards value-based payments requires an analysis of the quality and cost of services rendered.
- Assessment of quality and cost is done primarily through the submission of electronic quality measures
- Certified E.H.Rs have components to track and report mandatory electronic quality measures
- Inability to report electronic quality measures is a failure on the measure



eCQMs or eMeasures

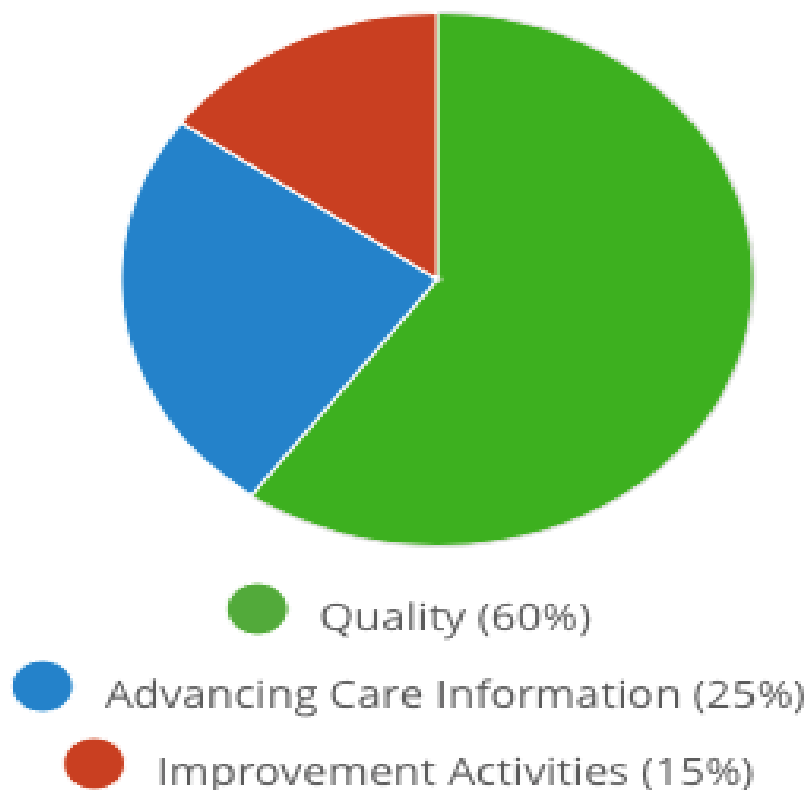
- electronic Clinical Quality Measures – eCQMs
- Specific clinical quality measures that must be reported by physicians, providers, and hospitals that are eligible for incentive payments
- MACRA regulations begin to link provider performance on eCQMs to payment



Provider Merit Incentive Payment System

MIPS Overview

2017 MIPS Performance



Provider MIPS Categories

- Quality
- Advancing Care Information
- Improvement Activities
- Cost



MIPS Quality Category

- Must report up to 6 quality measures, including an outcome measure
- Most measures are clinical in nature
 - All-cause hospital readmission
 - Diabetes management
 - Depression Screening
 - Falls
 - Plan of Care
 - Risk Assessment
 - Screening for Future Fall Risk



Potential Role of CBO in supporting MIPS Quality Measures

- Identify which measures the provider is going to report
- Align CBO programs with the planned reporting measures
- Examples:
 - Fall Risk – Matter of Balance, Stepping On, Etc.
 - Diabetes Management – DSMT
 - Depression Screening/Mgmt – PEARLS
 - Readmissions – Care Transitions and chronic care mgmt



MIPS – Advancing Care Information

- In 2017, providers must report on two measures.
- Focus in on how the E.H.R is utilized to coordinate care
- Examples:
 - E-Prescribing
 - Request/Accept Summary of Care
 - Send a Summary of Care
 - Secure Messaging



MIPS – Improvement Activities

- New Category
- Physicians are rewarded for care focused on care coordination, beneficiary engagement, and patient safety
- Examples:
 - Care transition documentation practice improvements
 - Chronic care and preventative care management
 - Engagement of community for health status improvement
 - Evidence-based techniques to promote self-management
 - Collection and follow-up on patient experience and satisfaction data on beneficiary engagement



MIPS – Cost Measure

- Not included in the 2017 measurement – delayed until 2018
- No data submission required
- Performance is based on adjudicated claims
 - What was the total cost of care for the population of patients under your care



MIPS and Provider Payment

- Providers will earn a performance-based payment adjustment to their Medicare payments
- Payment adjustments are directly tied to their performance and practice-specific quality data
- 2017 is the based performance year
- Payment adjustments will begin based how well provider perform on measures in 2017



CBO role in supporting MIPS

- MIPS requires providers to report on specific e-Measures
- e-Measures originate from the electronic health record
- Many e-Measures can be influenced by partnering with CBOs
- Compatible systems are required to track, share, and report performance on required e-Measures



Application of the Concept - Depression

- Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan
 - Provider screens for clinical depression
 - Any beneficiary identified with mild to moderate depression referred to a CBO PEARLS program
 - PEARLS program has the capacity to receive referrals, document services rendered, and report outcomes
 - PEARLS program submits electronic reports back to the provider
 - Provider submits eMeasure showing the following outcomes
 - Depression Screening
 - Send and Receive care plans
 - Intervention provided and outcomes documented in physician E.H.R



What type of system is required?

- Your ability to support the change to value-based payment is dependent upon your ability to support eMeasure performance
- Questions to Ask:
 - Provide documentation showing system is Meaningful Use Certified
 - If certified, it can communicate with **ANY other system** – EPIC, Cerner, Athena, etc.
 - Integration with Billing and Revenue Cycle Mgmt Services
 - Secure Messaging capability
 - Ability to use on mobile platforms (Tablets, Laptops, Etc.)
 - Willingness to customize workflows to align with CBO programs



Funding Opportunity to Support CBO Participation

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



SMD# 16-003

RE: Availability of HITECH Administrative Matching Funds to Help Professionals and Hospitals Eligible for Medicaid EHR Incentive Payments Connect to Other Medicaid Providers

February 29, 2016

Dear State Medicaid Director:

This letter updates guidance issued by the Centers for Medicare & Medicaid Services (CMS) about the availability of federal funding at the 90 percent matching rate for state expenditures on activities to promote health information exchange (HIE) and encourage the adoption of certified Electronic Health Record (EHR) technology by certain Medicaid providers. CMS previously

CMS Notice Excerpts

- ...State costs of facilitating connections between Eligible Providers and other Medicaid providers (for example, through an HIE or other interoperable systems), or costs of other activities to promote other Medicaid provider' use of E.H.R and HIE, can also be matched at the 90 percent HITECH matching rate.



CMS Notice Excerpt #2

- States may thus be able to claim 90 percent HITECH match for expenditures related to connecting Eligible Provider to other Medicaid providers, ...**including community-based Medicaid providers.**



Draft eMeasure Impacting Nutrition Programs

- Proposed hospital eMeasure for screening and identifying malnutrition in hospitalized patients
- Research shows that up to 1 in 4 hospitalized older adults have malnutrition.
- eMeasure requires screening, diagnosing, and establishing an intervention to address malnutrition
- Diagnosis of malnutrition requires a community intervention and follow-up



Next Steps

- Identify Programs that align with required eMeasures
 - eMeasures can be found at the following website:
 - <https://qpp.cms.gov/learn/qpp>
- Determine if you have a meaningful use certified system or access to one through partnership
 - Certified Systems can be found at the following website:
 - <https://chpl.healthit.gov/#/search>



Next Steps (Cont.)

- Develop your pitch and analyze the market
- Finalize your strategy and enter the market
- New rules are spurring new entrants to the market which also open opportunities for teaming or public-private partnerships
 - MSOs:
 - General Electric (GE),
 - United Healthcare/Optum,
 - Centene/Envolv



Questions?

