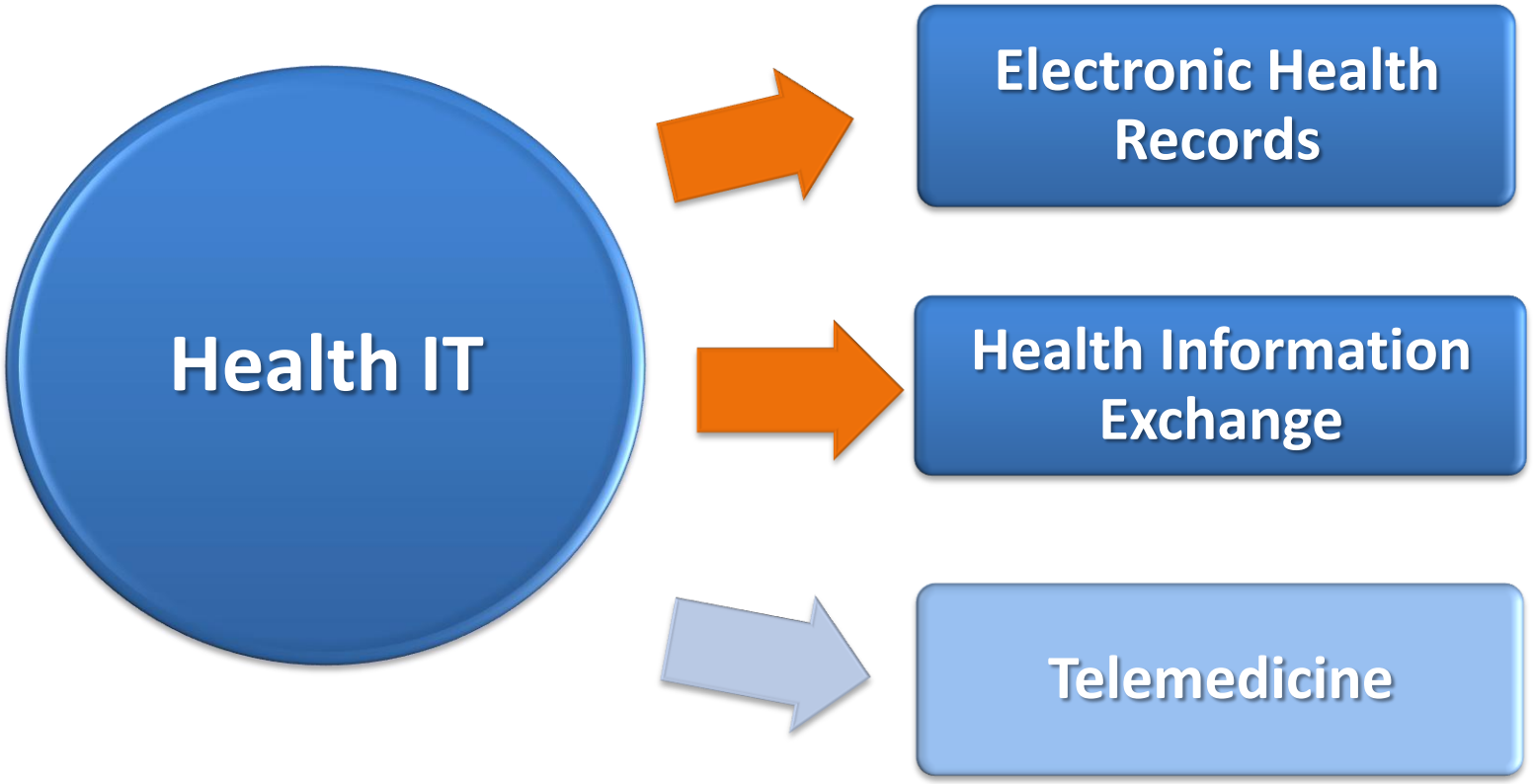
Maryland House Health
&
Government Operation Committee

Health Information Technology Update

January 23, 2013

The MARYLAND
HEALTH CARE COMMISSION

Discussion Points –Technology and Policy

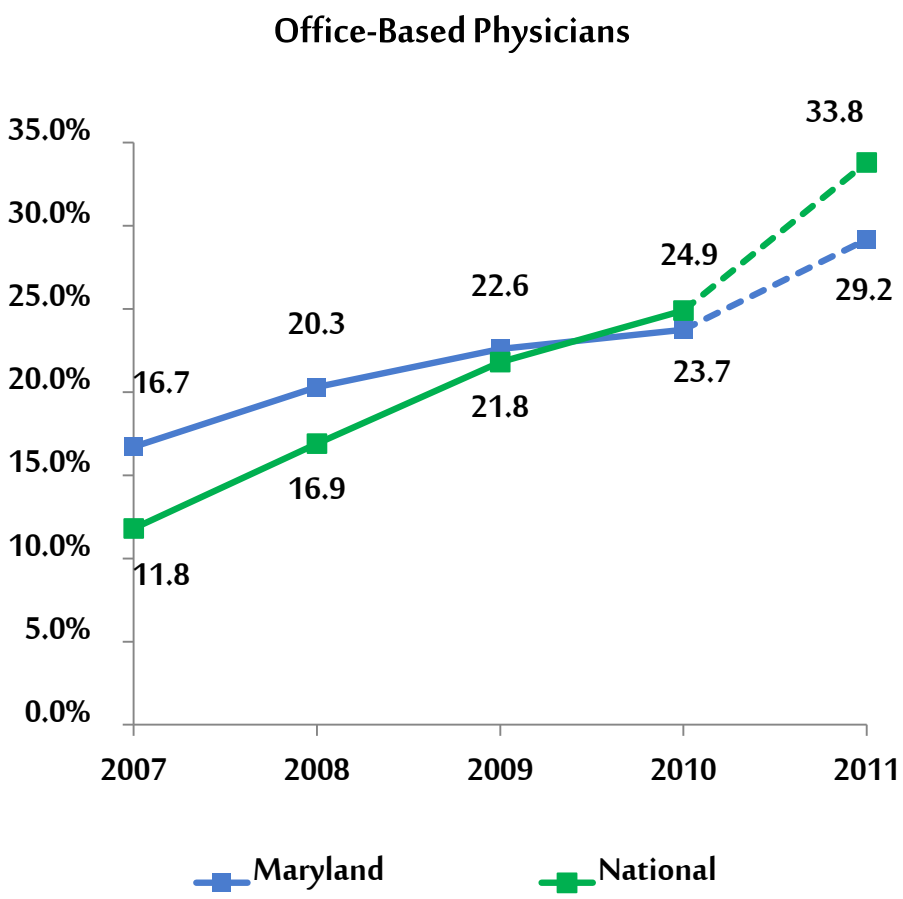


Advancing Health IT

- MHCC has an ambitious plan for advancing health IT adoption and integration that balances the need for information sharing with the need for strong privacy and security policies:
  - Promote and facilitate the adoption and optimal use of health IT for the purposes of improving the quality and safety of health care
  - Identify challenges to health IT adoption and use, and formulate solutions and best practices that address these challenges
  - Increase the availability and use of standards-based health IT through consultative, educational, and outreach activities
  - Plan and implement a statewide health information exchange (HIE)
  - Harmonize service area HIE efforts throughout the State
  - Designate management service organizations (MSOs) to promote the adoption and advanced use of electronic health records (EHRs)

Electronic Health Records

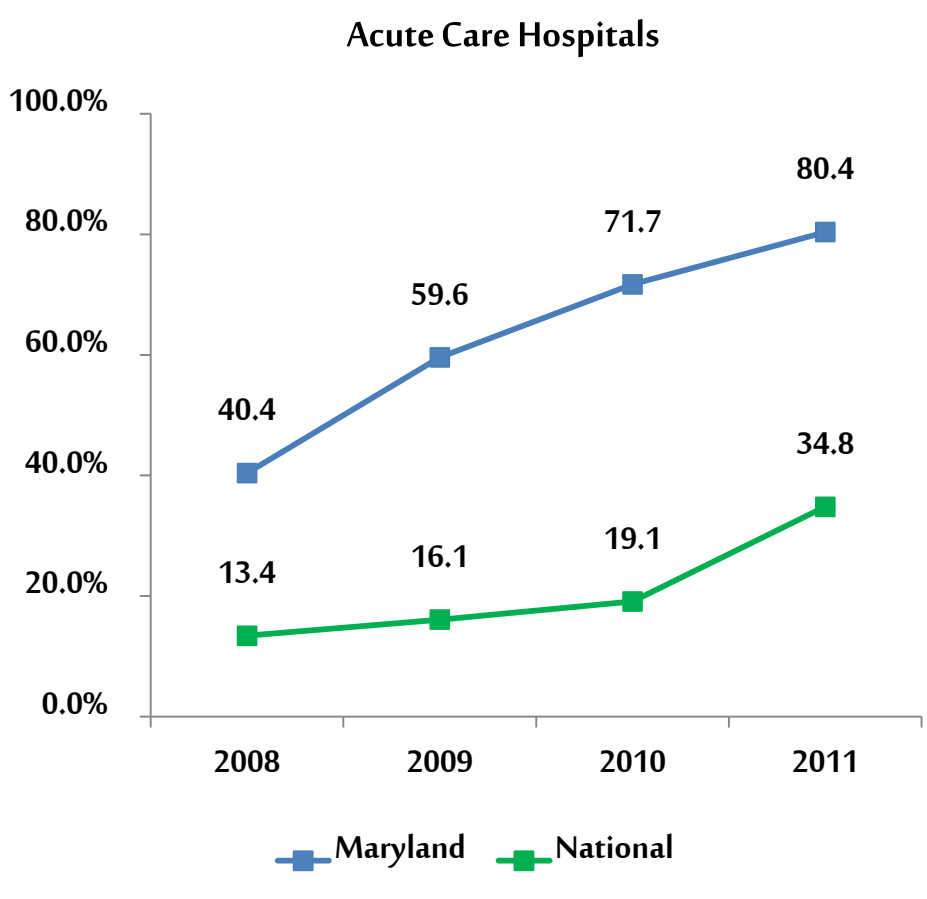
EHR Adoption



Maryland Data – Maryland Board of Physicians

National Data – National Center for Health Statistics

Dash lines – Preliminary Data



MHCC Annual Health IT Assessment of Acute Care Hospitals

Office of the National Coordinator for Health Information Technology

February 2012

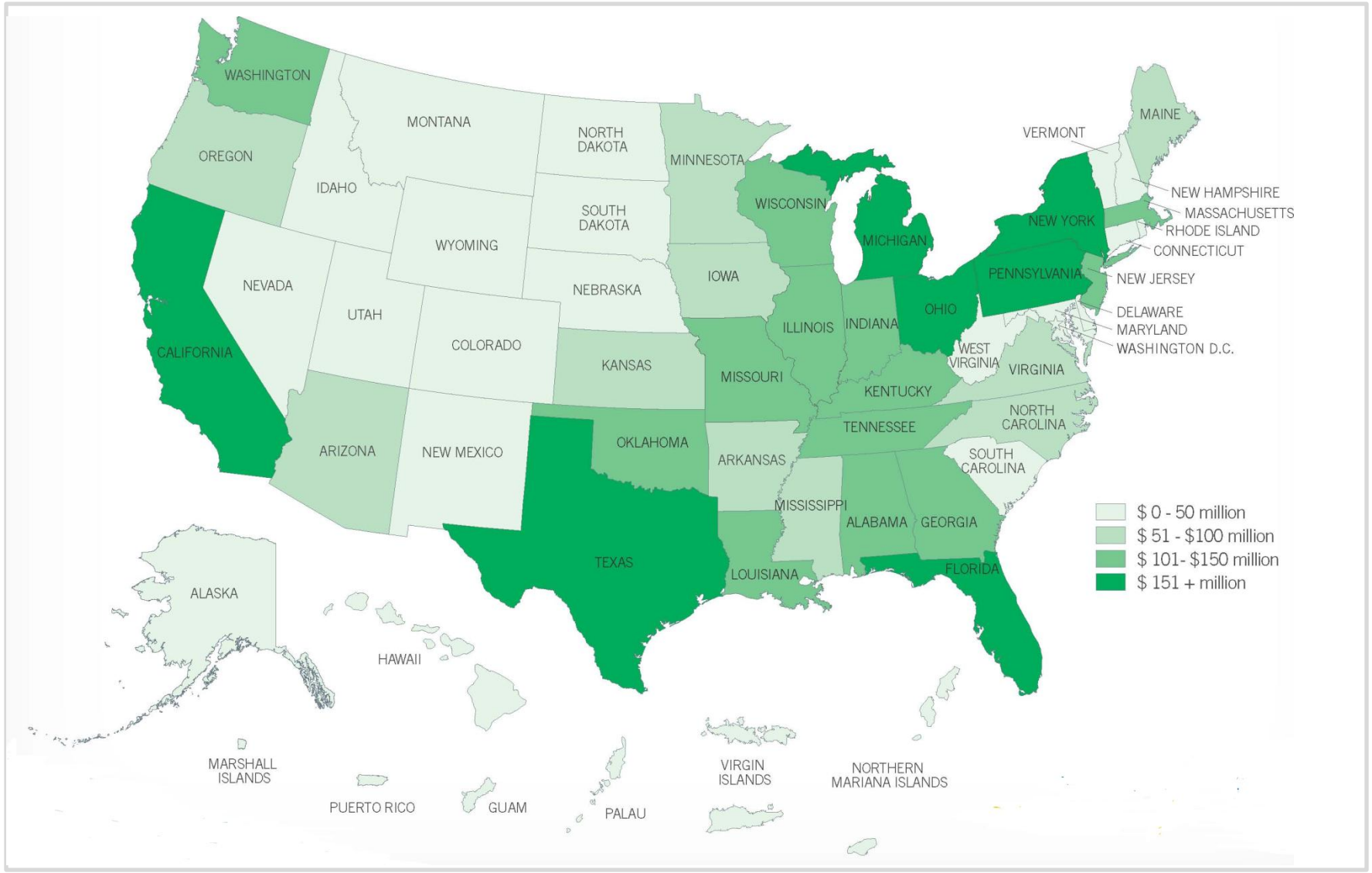
Federal EHR Incentive Programs Overview

- The *Health Information Technology for Economic and Clinical Health* (HITECH) *Act* was enacted as part of the *American Recovery and Reinvestment Act* of 2009 to promote the adoption and meaningful use of health IT

- Eligible professionals (EPs), eligible hospitals (EHs), and critical access hospitals can qualify for Medicare and Medicaid incentive payments when they adopt certified EHR technology and demonstrate meaningful use of the technology

- Three progressive stages of requirements exist to demonstrate meaningful use: Stage 1, 2, and 3

Federal EHR Incentive Payments



Centers for Medicare & Medicaid Services, Medicare and Medicaid through October 2012

Medicare EHR Incentives Program Impact

Provider Type	Registered (#)		Payments ($M)	
	National Average	Maryland Actual	National Average	Maryland Actual
Hospitals[1]	71	42	60.5	51.1
Providers[2]	3,986	4,693	29.2	29.4
Total	4,057	4,735	89.7	80.5

January 2011 to November, 2012

[1] Hospitals includes Medicare and Medicare/Medicaid registered and paid.

[2] Includes doctors of medicine, osteopathy, dental surgery, dental medicine, podiatry, optometry, or chiropractors.

Source: CMS EHR Incentive Programs, Data and Program Reports. January 2011 to November, 2012. Available at: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/DataAndReports.html

Medicaid EHR Incentives Program Impact

Provider Type	Registered (#)		Payments ($M)	
	National Average	Maryland Actual	National Average	Maryland Actual
Hospitals[1]	69	41	45.8	20.0
Providers[2]	1,806	1,930	24.8	6.3
Total	1,875	1,971	70.6	26.3

January 2011 to November, 2012

[1] Hospitals includes Medicaid and Medicaid/Medicare registered and paid.

[2] Includes physicians (MD and DO), dentists, nurse practitioners, certified nurse-midwives, or physician assistants (working for a federally qualified health center only) that meet the minimum 30 percent Medicaid patient volume threshold or 20 percent for pediatricians.

Source: CMS EHR Incentive Programs, Data and Program Reports. January 2011 to November, 2012. Available at: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/DataAndReports.html

Federal EHR Adoption Incentives

Medicare

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015 and later
CY2011	$18,000				
CY 2012	$12,000	$18,000			
CY 2013	$8,000	$12,000	$15,000		
CY 2014	$4,000	$8,000	$12,000	$12,000	
CY 2015	$2,000	$4,000	$8,000	$8,000	$0
CY 2016		$2,000	$4,000	$4,000	$0
TOTAL	$44,000	$44,000	$39,000	$24,000	$0

Medicaid

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
CY 2011	$21, 250					
CY 2012	$8,500	$21,250				
CY 2013	$8,500	$8,500	$21,250			
CY 2014	$8,500	$8,500	$8,500	$21,250		
CY 2015	$8,500	$8,500	$8,500	$8,500	$21,250	
CY 2016	$8,500	$8,500	$8,500	$8,500	$8,500	$21,250
CY 2017		$8,500	$8,500	$8,500	$8,500	$8,500
CY 2018			$8,500	$8,500	$8,500	$8,500
CY 2019				$8,500	$8,500	$8,500
CY 2020					$8,500	$8,500
CY 2021						$8,500
TOTAL	$63,750	$63,750	$63,750	$63,750	$63,750	$63,750

State EHR Adoption Incentives

- Maryland is the first State to build on the Medicare and Medicaid adoption incentive programs under the ARRA, requiring State-regulated payers to provide incentives for the adoption of EHRs
- The State incentives are separate and independent of the federal Medicare and Medicaid incentives; there are different eligibility and participation requirements for each of the programs
- Current Legislation
  - The 2009 House Bill 706 *Electronic Health Records – Regulation and Reimbursement* (HB 706) requires MHCC to establish regulation to require State-regulated payers (payers) to offer incentives to providers to promote the adoption of EHRs
  - The 2011 House Bill 736 *Electronic Health Records – Incentives for Health Care Providers –Regulations* (HB 736) further clarifies the incentive program established under HB 706

The Incentives

- A one-time cash incentive per payer or an agreed upon alternative payment
- Incentive of equivalent value, if agreed upon by practice and payer, that includes:
  - Specific services
  - Gain-sharing arrangements
  - Rewards for quality and efficiency
  - In-kind payment
  - Other items that can be assigned a specific value
- A payer must provide a description of the incentive and a timeframe for distribution

Base Incentive

- Calculated at $8 per member and limited to Maryland residents
  - Total number of members on the practice panel, where the payer assigns a primary care provider; or
  - Total number of members treated by the practice in the last 24 months
- Member eligibility used in the calculation is based on enrollment with the payer at the time a practice makes a request for the incentive payment
- Up to $7,500 is available per practice per payer

Additional Incentives

- An additional incentive of $7,500 per payer may be available to practices that have achieved payer specific requirements and can include one of the following:
  - Practice adopts an EHR system or uses services through a State Designated MSO or MSO in Candidacy status;
    - State Designated MSOs are entities that offer hosted EHR solutions to practices and provide technical assistance, guidance, outreach, and education to support providers in achieving meaningful use
  - Practice demonstrates advanced use of an EHR as determined by the payer; or
  - Practice participates in quality improvement initiative(s) and has achieved established performance goals

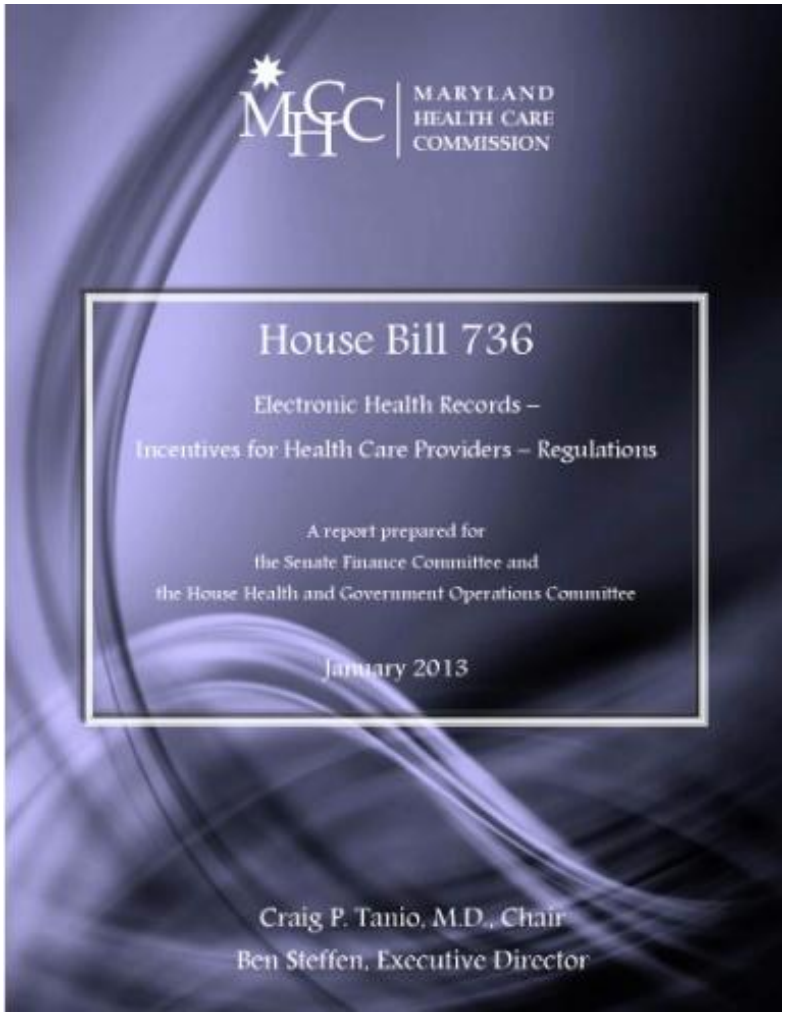
Program Progress

Payer	Applications Received	Acknowledgment Letters Sent	Payment Requests	Payments Made	Total Amount Paid ($)
Aetna, Inc.	237	237	63	0	0
CareFirst BlueCross BlueShield	261	226	66	33	378,084
CIGNA Health Care Mid-Atlantic Region	226	216	56	35	17,497
Coventry Health Care	163	125	48	12	92,484
Kaiser Permanente	73	72	11	3	23,364
UnitedHealthcare, MidAtlantic Region	227	207	59	35	151,224
Total	1,187	1,083	303	118	662,653

Reported period October 2011 - December 2012

HB 736 – The Legislative Report

- MHCC consulted with the EHR Adoption Incentive Workgroup, consisting of the Department of Health and Mental Hygiene; State-regulated payers; MedChi, The Maryland State Medical Society; and CRISP in formulating three options for changes to the State incentive program



Option 1

Maintain the existing EHR adoption incentive program and clarify sections of the regulation

- **Revise the program to simplify the application process and payment process**
- **Clarify the Additional Incentive component requirements**
- **Define provider eligibility with State-regulated payers for participation in the program**

Option 2

Rely on the REC to administer the incentive program

- Incentives based on physicians meeting select federal Meaningful Use requirements
- REC required to meet performance goals
- Payer contribution based on share of the fully insured market in Maryland and reduced by funds already spent on the program
- Most stakeholders said this approach merits additional consideration, as it would enable almost all physicians to be eligible for the program, provide opportunity for payers to potentially reduce their financial contribution, and likely reduce administrative work for payers and providers participating in the program

Option 3

Expand the incentive program to include select specialty care practices

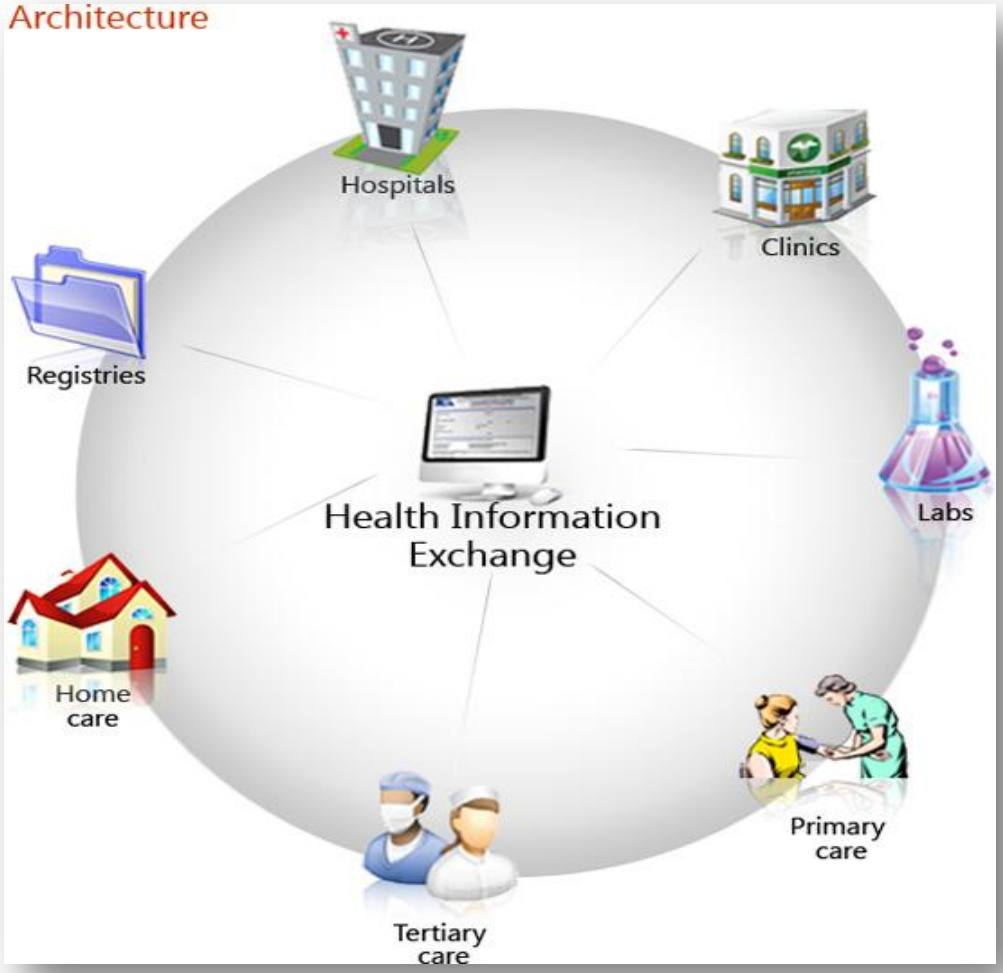
- **Include select non-hospital based single specialty care physician practices**
  - **Input from the EHR Adoption Incentive Workgroup is needed to identify select specialty care practices**
  - **Financial and administrative challenges for payers would need to be addressed**

HIE Technology

Connecting Communities

- HIE is the secure electronic sharing of clinical and administrative information among disparate health information systems

- HIEs have the potential to create efficiencies in the health care delivery system by reducing duplicate medical tests and improving care coordination among health care providers



The Maryland Statewide HIE

- The infrastructure went live in September 2010
- All 46 acute care hospitals and two specialty hospitals are connected and provide admission, discharge, and transfer information
- Around 38 hospitals have established live clinical data feeds (e.g., labs, radiology, clinical documents) to the infrastructure
- Two national laboratory and three radiology centers are connected and provide laboratory and radiology reports

State Designated HIE Progress

	October		November		December		Progress (Oct 11- Present)	
	Month	Percent Annual Goal	Month	Percent Annual Goal	Month	Percent Annual Goal	Total	Percent Annual Goal
Documents Uploaded	7,948,257	*84%*	7,545,172	*86%*	7,930,455	*87%*	113,611,404	*87%*
ADT	5,900,758		5,554,601		5,830,628		84,835,459	
Labs	1,464,860		1,407,773		1,499,329		21,163,792	
Rads	347,246		358,374		364,021		5,058,036	
Trans	235,393		224,424		236,477		2,554,117	
Hospitals Exchanging Clinical Documents	38	93%	39	93%	40	93%	40	93%
Provider Queries	7,175	239%	7,347	245%	7,798	260%	40,500	113%
Number of Unique Providers Querying the Exchange	211		251		258		144	
Hit Rate	70%		74%		75%		72%	

HIE Policy Development

Policy and Technology Solutions Must Be Linked

- Ability to exchange and transmit information in support of improved care delivery for individual patients and improved population health requires an extensive commitment to developing policies
- Early experience with large-scale HIEs suggests that policy and technology are inextricably linked where health information collection and exchange are concerned
- Technical challenges are associated with linking information across an extremely diverse and highly fragmented system of health care
- Policy challenges, particularly privacy concerns, are affected by factors such as the technology used, community needs, market economics, and the way in which systems of exchange are created

Policy Challenges

- HIE presents many State policy issues that need to be addressed, including:
  - Leadership, governance, and oversight of health IT
  - Collaboration among private and public stakeholders
  - Appropriate standards for data creation and exchange
  - Regulations of an evolving HIE industry
  - Appropriate privacy and security law, regulation, and practice
  - Financing of health IT adoption and sustainability of HIE
  - Alignment of health IT and HIE initiatives with broader health system reforms

Maryland's Approach

- To address privacy and security challenges, MHCC convened the HIE Policy Board (a staff advisory workgroup), which is composed of a diverse group of stakeholders
    - Responsibilities of the HIE Policy Board include, although are not limited to, the development and recommendation of policies for privacy and security of protected health information shared through HIEs in Maryland
- MHCC considers the recommendations of the HIE Policy Board and adopts regulations for HIEs to implement that will ensure a high level of privacy and security protections

HIE Regulation Development

- Progress to Date
  - MHCC staff drafted regulatory language from 10 HIE Policy Board recommended and staff endorsed policies
    - Approved policy on Secondary Data Use will be vetted with the general public prior to being brought into the regulatory language
  - Last winter proposed draft regulations were released
    - Comments received from 33 organizations
  - MHCC reviewed comments and proposed revisions with stakeholders
  - External council provided a review of the revised draft
  - February 2013, second version of the proposed draft regulations are scheduled to be released
  - May 2013, proposed timeframe for promulgating regulations

Telemedicine

HGO Briefing Scheduled January 24th

"Now inhale deeply, Mrs. Saunders"

Thank You!

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HEALTH CARE COMMISSION