Cardiothoracic and Vascular Surgeons

Electronic Health Records (E.H.R.) Committee

February 4, 2011

John Ricchini

E.H.R.

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Why CTVS Is Considering Implementing an E.H.R.?

- Stimulus money
- Improved CTVS workflow
- Patient experience
- Interacting with other physicians / health systems when E.H.R. systems are all connected in 2013 / 2014

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E.M.R. (Electronic Medical Records) vs. E.H.R (Electronic Health Records)

- E.M.R.
  - EMR is automating everything in the doctors office such as past medical history, social history, medications, encounter note, etc..
- E.H.R.
  - EHR does all the same but takes it a step further and encompasses the connectivity or interoperability with third parties such as labs, hospitals, pharmacies, payers, etc
- Both will help you automate your charts but EHR will connect you to your community.

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Meaningful Use & Certified E.H.R. Technology

- The American Recovery & Reinvestment Act (ARRA) set aside nearly $20 billion in incentive payments for physicians who adopt E.H.R. technology over the next five years.
- In order to qualify for the up to $44,000 in incentives, physicians must be using "certified E.H.R. technology" in a "meaningful manner."

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Medicare E.H.R. Incentives – Eligibility

- Eligible Providers
  - Doctor of Medicine, Doctor of Osteopathy, Dental surgeon, Doctor of Dental Medicine, Podiatrist, Optometrist, Chiropractor
  - Cannot be hospital based (e.g. radiology, lab, ED)
  - Must choose either Medicare or Medicaid but can switch once
  - A payment year is a calendar year starting in 2011
  - Additional incentive for eligible professionals who provide services in a Health Professional Shortage Area (HSPA)
  - Non-hospital based physicians who participate with Medicare (CTVS)
  - For Medicaid Qualifications must have 30% Medicaid Volume (20% pediatrics)

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Meaningful Use & Certified E.H.R. Technology (Continued)

- On 7/13/10, the Office of the National Coordinator for Health Information Technology (ONC) and the Centers for Medicaid and Medicare Services (CMS) released final rulings on the definitions of meaningful use and certified E.H.R. technology.

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Meaningful Use & Certified E.H.R. Technology (Continued)

- These documents tell physicians what software features their E.H.R. will require, what goals they should be using the software to reach, and how the government will measure the meaningful use of E.H.R. technology.

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What is Meaningful Use?

- Meaningful use isn't a term defined in one sentence.
- Rather, it is a set of goals that the government wants accomplished by physicians using E.H.R. software.

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What is Meaningful Use? (Continued)

- Using an E.H.R. in a meaningful manner means you are working towards these high-level goals:
  - Improving quality, safety, efficiency, care coordination, and public health;
  - Reducing health disparities;
  - Engaging patients and their families; and,
  - Ensuring adequate privacy and security protections for personal health information.

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What is Meaningful Use? (Continued)

- Meaningful Use Qualifications
  - Stage 1
  - Stage 2
  - Stage 3
- *(See Handout)*

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What is Meaningful Use? (Continued)

Meaningful Use by Payment Year

1st Payment Year	Payment Year				
	2011	2012	2013	2014	2015
2011	Stage 1	Stage 1	Stage 2	Stage 2	Stage 3
2012		Stage 1	Stage 1	Stage 2	Stage 3
2013			Stage 1	Stage 2	Stage 3
2014				Stage 1	Stage 3
2015					Stage 3

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What is Certified E.H.R. Technology?

- In early January 2010, the ONC release this definition of "certified E.H.R. technology".
- "A complete E.H.R. or a combination of E.H.R. Modules, each of which (1) meets the definition of a Qualified E.H.R.; and (2) has been tested and certified in accordance with the certification program established by the National Coordination as having met all applicable certification criteria adopted by the ONC."

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What is Certified E.H.R. Technology? (Continued)

- Certified Health IT Product List
  - http://onc-chpl.force.com/ehrcert
- All vendors (6) looked were checked as certified E.H.R. products on February 2, 2011

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Medicare E.H.R. Bonus Schedule

		HITECH Act - Medicare Physician Payment Year & Incentive					
First Year Of Use	Total	2011	2012	2013	2014	2015	2016
2011	$44,000	$18,000	$12,000	$8,000	$4,000	$2,000	$0
2012	$44,000	$0	$18,000	$12,000	$8,000	$4,000	$2,000
2013	$39,000	$0	$0	$15,000	$12,000	$8,000	$4,000
2014	$24,000	$0	$0	$0	$12,000	$8,000	$4,000
2015	$0	$0	$0	$0	$0	$0	$0

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CTVS Potential Medicare E.H.R. Bonus Schedule

Year	# of CTVS Physicians	Incentive Per Physician	CTVS' Potential Incentive Payment
2011	20	$44,000	$880,000
2012	20	$44,000	$880,000
2013	20	$39,000	$780,000
2014	20	$24,000	$480,000
2015	20	$0	$0

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Medicare Reimbursement Penalties for Non-Participation

YEAR	PENALTY - REDUCTION
2015	1%
2016	2%
2017 & beyond	3%

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CTVS' Medicare Reimbursement Penalties for Non-Participation

Year	Penalty	CTVS Medicare Collections	Potential Penalty
2015	1.00%	$7,000,000	$70,000
2016	2.00%	$7,000,000	$140,000
2017	3.00%	$7,000,000	$210,000

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Meeting Meaningful Use Timelines (2011)

- 2011 Implementation
  - Meaningful use must be demonstrated for 90 days.
  - Last day to implement is October 1, 2011 to receive the 2011 incentive payments
  - Payments from the government occur within 15 to 45 days after the meaningful use guidelines are met.

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Meeting Meaningful Use Timelines (2012 & 2013)

- 2012 & 2013 Implementation
  - Meaningful use must be demonstrated for 365 days.
  - Last day to implement is January 1, 2012 to receive the 2012 incentive payments
  - Last day to implement is January 1, 2013 to receive the 2013 incentive payments
  - Payments from the government occur within 15 to 45 days after the meaningful use guidelines are met.

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PHYSICIANS PRACTICE

- **Republican Bill Would Make 'Meaningful Use' Meaningless**
  - By Keith L. Martin | January 28, 2011

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The Real Risks of Adopting the Wrong E.H.R.

- Spiraling costs
  - Practices can fail to anticipate the hidden costs of the E.H.R., such as ongoing maintenance, upgrade fees, or additional IT support and staff.
- Disruption in productivity and slowing doctors down.
- Practice melt-downs.
  - E.H.R. implementation means changing roles and expectations for staff.

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The Right E.H.R. Can Transform Your Practice

- Stronger practice profitability
  - With more accurate clinical documentation, a practice can bill at appropriate service levels.
- Better patient care
  - Improved access to patient information and clinical data could mean reduced medical errors, better patient safety, and strong support for clinical decision making.
- Process integrity
  - An E.H.R. can help get things done the right way, at the right time, and the same way each time.

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The Right E.H.R. Can Transform Your Practice (Continued)

- Provider and staff satisfaction
  - A successful implemented E.H.R. can strengthen the practice team, provide more time for direct patient care, and reduce admin burdens.
- Practice growth
  - Access to clinical and financial data gives the practice greater control and visibility into practice operations, which provide direction for growth.

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Types of E.H.R. Systems

Client-Server Vs. Application Service Provider (ASP) Models

	Client Server	ASP
Location of Software/Data	On a server located in the physicians' office	Located on a remote server and commonly accessed via the Internet
Security and Backups Responsibilities	Practice is responsible for maintaining a secure data center	ASP provider is responsible for data backup and security
Technical Staff	Practice is responsible for providing technical support for the servers and service operating systems	Vendor typically provides support and service
Cost	Higher up-front costs used for hardware and installation	Lower initial fees, but there is a monthly fee payable to the vendor for access

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CTVS' Current Practice Management (PM) Vendor

athenahealth

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Vendor Options

athenahealth

GE Healthcare

sage

NEXTGEN HEALTHCARE

Allscripts

eClinicalWorks

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athenahealth

- Advantages
  - Existing PM System
  - CTVS familiar with Athena Health
  - Shorter installation time line for E.H.R.
  - ASP / Web based model
  - Strong Practice Management System that CTVS likes
  - E.H.R. costs from Athena are based on percentage of collections and CTVS collections are currently decreasing

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athenahealth

- Disadvantages
  - AthenaClinicals (E.H.R.) is ranked around the middle of the pack

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sage Allscripts eClinicalWorks

- Advantages
  - Sage, Allscripts, and eClinicalWorks have Web based and server model options available

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sage Allscripts eClinicalWorks NEXTGEN GE Healthcare

- Disadvantages
  - Would want to change PM system from Athena to them if make change
    - CTVS to hire additional billing & collection staff to submit claims and post payments.

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NEXTGEN HEALTHCARE GE Healthcare

- Disadvantages
  - Larger and more complex systems

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eClinicalWorks

- Advantages
  - Cheap
  - Ties with HCA / St. David's and Ascension / Seton
- Disadvantages
  - Geared to small physician practices
  - Too cheap?
  - Ties with HCA / St. David's and Ascension / Seton
  - Poor support
  - Not well known Practice Management system

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"Soft" Quotes Received To Date

	ASP Model Athena	*ASP Model* Sage	*Server Based* GE Centricity
Upfront Costs	$55,000	$100,000	$541,000
Annual Maintenace Fee	$140,000	$128,808	$50,000
Additional CTVS Info Tech Staff (2a) (2b)	$13,750	$13,750	$55,000
PCs, Tablets, etc for Providers	$100,000	$100,000	$100,000
Total Costs Year 1	$308,750	$342,558	$746,000
2 Year Total Costs	$448,750	$471,366	$851,000
3 Year Total Costs	$588,750	$611,366	$956,000
4 Year Total Costs	$728,750	$751,366	$1,061,000
5 Year Total Costs (1)	$868,750	$891,366	$1,166,000
6 Year Total Costs	$1,008,750	$1,031,366	$1,271,000
7 Year Total Costs	$1,148,750	$1,171,366	$1,376,000
8 Year Total Costs	$1,288,750	$1,311,366	$1,481,000
9 Year Total Costs	$1,428,750	$1,451,366	$1,586,000
10 Year Total Costs (1)	$1,568,750	$1,591,366	$1,691,000

(1) Server based systems have $75,000 added in year 5 and 10 for new servers, upgrades, etc
(2a) An additional IT staff is hired under Server Based Models at $40,000 base, but $55,000 with benefits
(2b) An additional IT staff is utilized for 3 months during implementation (Temporary Employee)

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Practice Management System Considerations

- Must look at both PM and E.H.R. systems together
- Interfaces
  - Don't always work as expected and promised
  - Expensive

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KLAS Ratings

- What KLAS Does:
  - KLAS helps healthcare providers make informed technology decisions by reporting accurate, honest, and impartial vendor performance data.
- How KLAS Does It:
  - KLAS independently monitors vendor performance through the active participation of thousands of healthcare organizations. KLAS uses a stringent methodology to ensure all data and ratings are accurate, honest, and impartial.

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KLAS Ratings (Continued)

- KLAS conducts over 1,900 healthcare provider interviews per month, working with over 4,500 hospitals and over 3,000 doctor's offices and clinics
- KLAS is independently owned and operated
- KLAS has ratings on over 250 healthcare technology vendors and over 900 products and services
- KLAS publishes approximately 40 performance and perception reports per year
- KLAS is headquartered in Orem, Utah, with independent researchers working throughout North America

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Surgical Leadership Alliance (SLA)

- Peripheral Vascular Associates *(San Antonio, TX)*
  - Athena to Allscripts
- North Florida Surgeons *(Jacksonville, FL)*
  - Athena to Allscripts, Sage close second
- Premier Surgical Associates *(Knoxville, TN)*
  - Misys to Sage
- The Surgical Clinic *(Nashville, TN)*
  - Converted to Sage

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Surgical Leadership Alliance (SLA)

- Meaningful Use Time Lines
  - North Florida Surgeons *(Jacksonville, FL)*
    - 6 to 7 months
  - Premier Surgical Associates *(Knoxville, TN)*
    - 5 to 6 months
  - Muskegon Surgical Associates *(Michigan)*
    - 6 to 7 months
  - The Oregon Clinic *(Portland, OR)*
    - 4 to 5 months
  - Consultant
    - Recommended 3 to 4 months

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ePRESCRIBE™

- Will be included in the purchase of an E.H.R. Systems

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Charge Capture Devices

- Vendors
  - MediMobile – Georgetown, TX
  - Patient Keeper – Boston, MA
  - Still researching
- Timeline
  - Prior to E.H.R of after E.H.R. ?

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Selection & Implementation Process

- Three options
  - Internally by CTVS
  - Externally by E.H.R. Consultant
  - Combination
    - Internally by CTVS
    - Externally by E.H.R. Consultant

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Selection & Implementation Process

- Regional Extension Center (REC)
  - College Station, TX
- The Weston Group
  - Houston, TX
- Fortis IT Solutions
  - Austin, TX
- Other Consulting Groups

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E.H.R. Consultant

CentrEast Regional Extension Center

- Regional Extension Center (REC)
  - Grant Funded for Primary Care
    - $300 per primary care physician per year
  - CTVS are considered specialist physicians
    - Therefore, not grant funded
      - $5,300 per specialist per year ($106,000 for CTVS)

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E.H.R. Consultants

THE WESTON GROUP

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Action Plan

- Does CTVS manage E.H.R. selection and implementation process itself or hire a E.H.R. consultant to help with the process?
- If yes:
  - Obtain quote from Weston Group, Fortis, and other consultant

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Next Steps / Action Plan (Continued)

- Obtain and gather quotes for comparison from all vendors
  - Practice Management & E.H.R.
  - Web based and Server Based
- Quotes Needed
  - Sage = Server Based
  - eClinicals = Both models
  - Allscripts = Both models
  - Nextgen = Server Based
- Obtain references from Vendors

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Next Steps / Action Plan (Continued)

- Work flow analysis
  - CTVS or consultant
- E.H.R. Committee Selection of 3 to 4 Vendors
- Set-up 3 to 4 Demonstrations for E.H.R. Committee
- Site Visit by a few members of E.H.R. Committee
- E.H.R. Committee to meet and select a vendor
- E.H.R. Committee to take recommendation to CTVS Board of Directors

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Next Steps / Action Plan (Continued)

- CTVS Board of Directors to Approve
- Review and Signing of Contract

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Next Steps / Action Plan (Continued)

- Time Frame
  - 2.5 to 5 months for selection process
  - 4 to 6 months for E.H.R. implementation
  - E.H.R. system should be up for 3 to 6 months to work kinks out and get the workflow operating to start to meet meaningful uses phase 1
  - If change PM systems, the process will take even longer (3 months).

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Next Steps / Action Plan (Continued)

- Time Frame Considerations
  - Don't rush the system just for the incentive payments from the government.
  - At least one CTVS physician champion
  - All CTVS physicians must be committed to major operational changes

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Action Plan
(Time Line Options for Being E.H.R. Meaningful Use Ready)

1. October 1, 2011
2. January 1, 2012
3. January 1, 2013
4. No implementation

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Recommendation of Selection & Implementation

- February 8, 2011 to May 31, 2011 (3.5 months)
  - Gather quotes, references, consultant, demonstrations, & site visits
- June 1, 2011 to October 31, 2011 (5 months)
  - E.H.R. Implementation Process by Vendor

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Recommendation of Selection & Implementation

- November 1, 2011 through December 31, 2011
  - Work kinks / issues out of system
  - Strive for achieving meaningful use by December 31, 2011
- January 1, 2012
  - Obtain meaningful use for 12 months of 2012 for payments in first quarter of 2013

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