Netsmart Technologies

ARRA – New Opportunities for Community Mental Health

Presented to:

The Indiana Council of Community Behavioral Health

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Executive Vice-President, Corporate Development
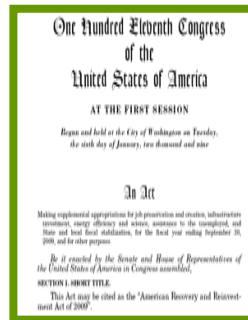
February 11, 2010

Overview

- Review of Healthcare Reform and ARRA

- Discuss the ARRA Incentives

- What is Meaningful Use?

- What do you have to do to achieve Meaningful Use?

- Questions

Feb 2009 ····· ARRA

May 2009 ····· Policy/Standards committee

July 2009 ····· **Draft Meaningful Use Requirements to ONC**

Oct 2009 ····· **Draft CCHIT ARRA Certification Guides**

Dec 2009 ····· **Final MU Requirements Published**

Jan 2010 ····· **IFR Rules Published for Providers and Vendors**

May 2010 ····· **EHR ARRA Certification**

Oct 2010 ····· **Hospitals Eligible for ARRA Incentives**

Jan 2011 ····· EPs Eligible for ARRA Incentives

FEBRUARY 2009

AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA)

One Hundred Eleventh Congress
of the
United States of America

AT THE FIRST SESSION

*Begun and held at the City of Washington on Tuesday,
the sixth day of January, two thousand and nine*

An Act

Making supplemental appropriations for job preservation and creation, infrastructure investment, energy efficiency and science, assistance to the unemployed, and State and local fiscal stabilization, for the fiscal year ending September 30, 2009, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "American Recovery and Reinvestment Act of 2009".

$787 Billion, $50+ Billion for HIT

TITLE XIII of ARRA - HIT

"Health Information Technology for Economic and Clinical Health Act" or the "HITECH" Act

Health IT becomes a major Federal program – overnight!

Fastest funding growth of any program since WW2 (except Homeland Security post 9/11)

Health IT and Transformed Health Care

- Vision is significant and measurable improvements in population health through a transformed health care delivery system

- Priorities, Goals, Objectives, Measures

- Key goals:
  - Improve quality, safety, & efficiency
  - Engage patients & their families
  - Improve care coordination
  - Improve population and public health; reduce disparities
  - Ensure privacy and security protections

Bending the Curve Towards Transformed Health
Achieving Meaningful Use of Health Data

*"These goals can be achieved only through **the effective use of information** to support **better decision-making** and **more effective care processes** that improve health outcomes and reduce cost growth"*

Improved outcomes

Advanced clinical processes

Data capture and sharing
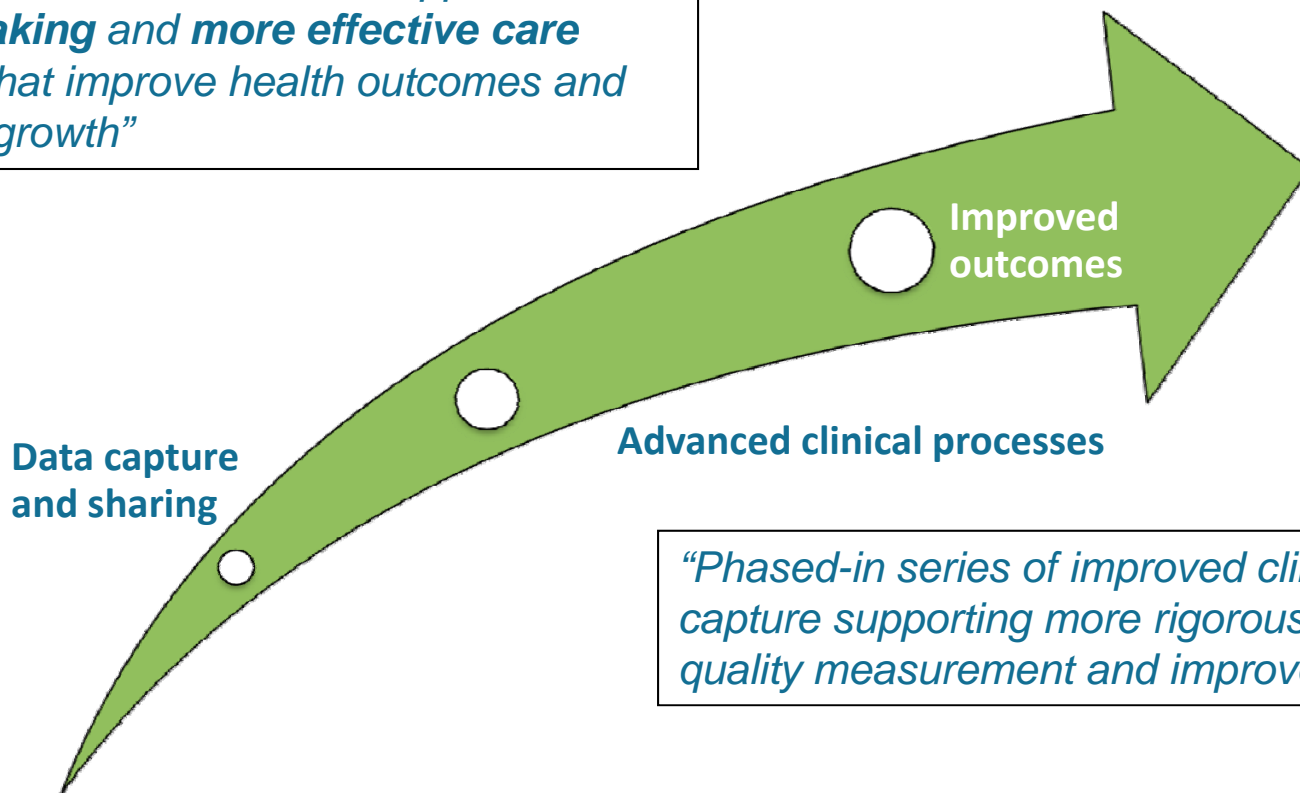
"Phased-in series of improved clinical data capture supporting more rigorous and robust quality measurement and improvement."

Connecting for Health, Markle Foundation "Achieving the Health IT Objectives of the American Recovery and Reinvestment Act" April 2009

behavioral/mental health | public health | substance abuse | methadone | i/dd | social services | population health

www.ntst.com

Three Parts of the HITECH Act

- Create standards, implementation specifications and certification criteria for HIT Infrastructure interoperability

- Implement the HIT Infrastructure and EHRs through grants, loans, and incentives for the "Meaningful Use of Certified" EHRs;

- Encourage the use of the HIT Infrastructure by improving information privacy and security

- Very aggressive timelines for completion

Meaningful Use

- A **Meaningful user of Certified Technology** is an eligible provider who:

  - Uses **certified** EHR technology

  - Includes the use of **electronic prescribing**

  - Provides **for the electronic exchange of health information to improve the quality of health care, such as promoting care coordination**

  - Submits information on **clinical quality measures** selected by the Secretary

Medicare Incentives

Acute/Primary Care ⭐

Behavioral Health ⭐❌

Medicaid Incentives

Acute/Primary Care ⭐

Behavioral Health ⭐❌

HIT Grants

Acute/Primary Care ⭐

Behavioral Health ⭐❌

$787 Billion, $50+ Billion for HIT

ARRA Technical Correction Legislation

- Under Medicaid Eligible Facilities add:
  - Psychiatric hospitals
  - Community mental health centers
  - Substance use treatment facilities
- Extension of HIT Assistance to:
  - Behavioral and mental health professionals
  - Substance use professionals
  - Psychiatric hospitals
  - Behavioral and mental health clinics
  - Substance use treatment facilities

Important Policy Changes in the Act

- Codifies the Office of the National Coordinator for Health Information Technology (ONCHIT)

- Federal Advisory Committees
  - HIT Policy Committee
  - HIT Standards Committee

Relationship of Committees


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                    ┌──────────┐
         ┌─────────▶│   ONC    │─────────┐
         │          └──────────┘◀──┐     │
         │                         │     ▼
┌──────────────────┐      ┌──────────────────────┐
│ HIT Policy       │      │ HIT Standards        │
│ Committee        │      │ Committee            │
│ (FACA)           │      │ (FACA)               │
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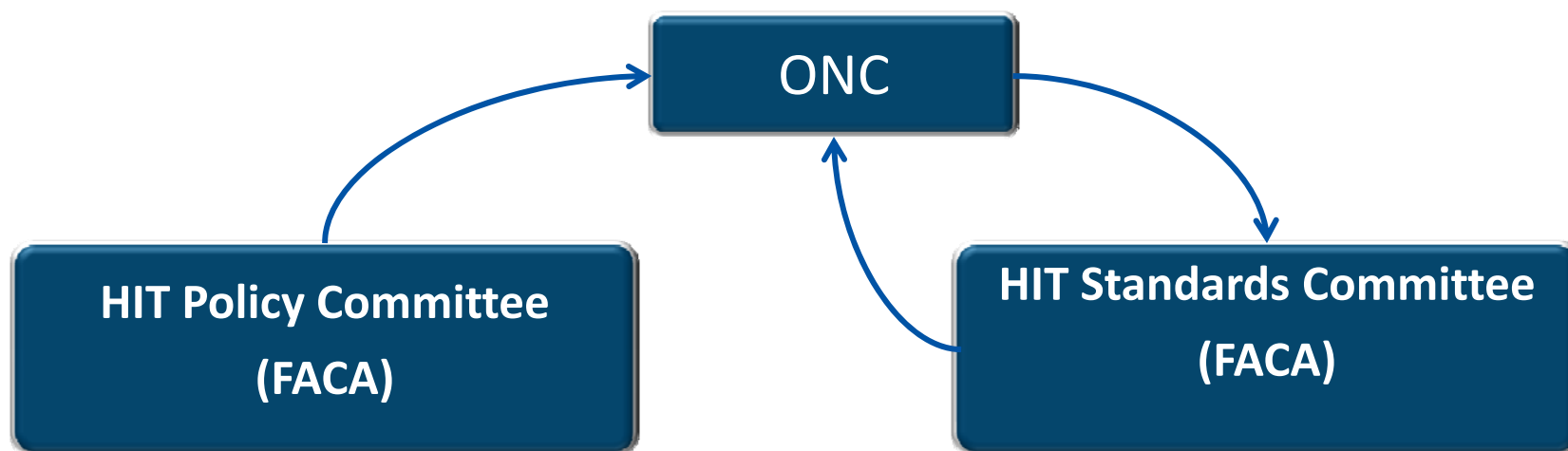
- Workgroups
  - Meaningful Use
  - Information Exchange
  - Certification/Adoption

- Workgroups
  - Clinical Operations
  - Clinical Quality
  - Privacy and Security

Phasing of MU Criteria: A Balancing Act

- Urgency of health reform
- Outcomes improvement

- Currently available EHR capabilities
- Time needed to implement
- Small practice realities
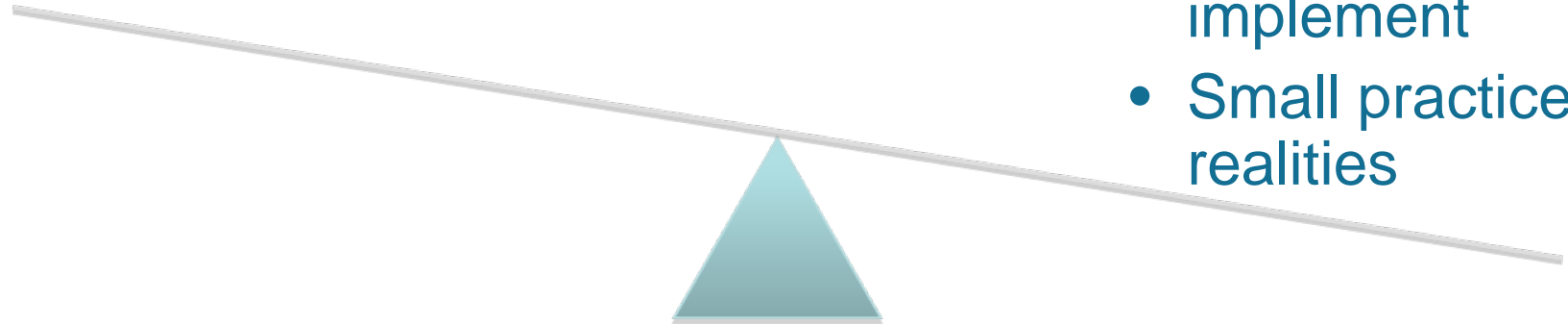
Availability of Technical Assistance and Exchange Capabilities

HIT-Enabled Health Reform
Achieving Meaningful Use

HIT-Enabled Health Reform

2009

2011

2013

2015

Meaningful Use Criteria

HITECH Policies

Stage 1

2011 Meaningful Use Criteria (**Capture/share data**)

Stage 2

2013 Meaningful Use Criteria (**Advanced care processes with decision support**)

Stage 3

2015 Meaningful Use Criteria (**Improved Outcomes**)
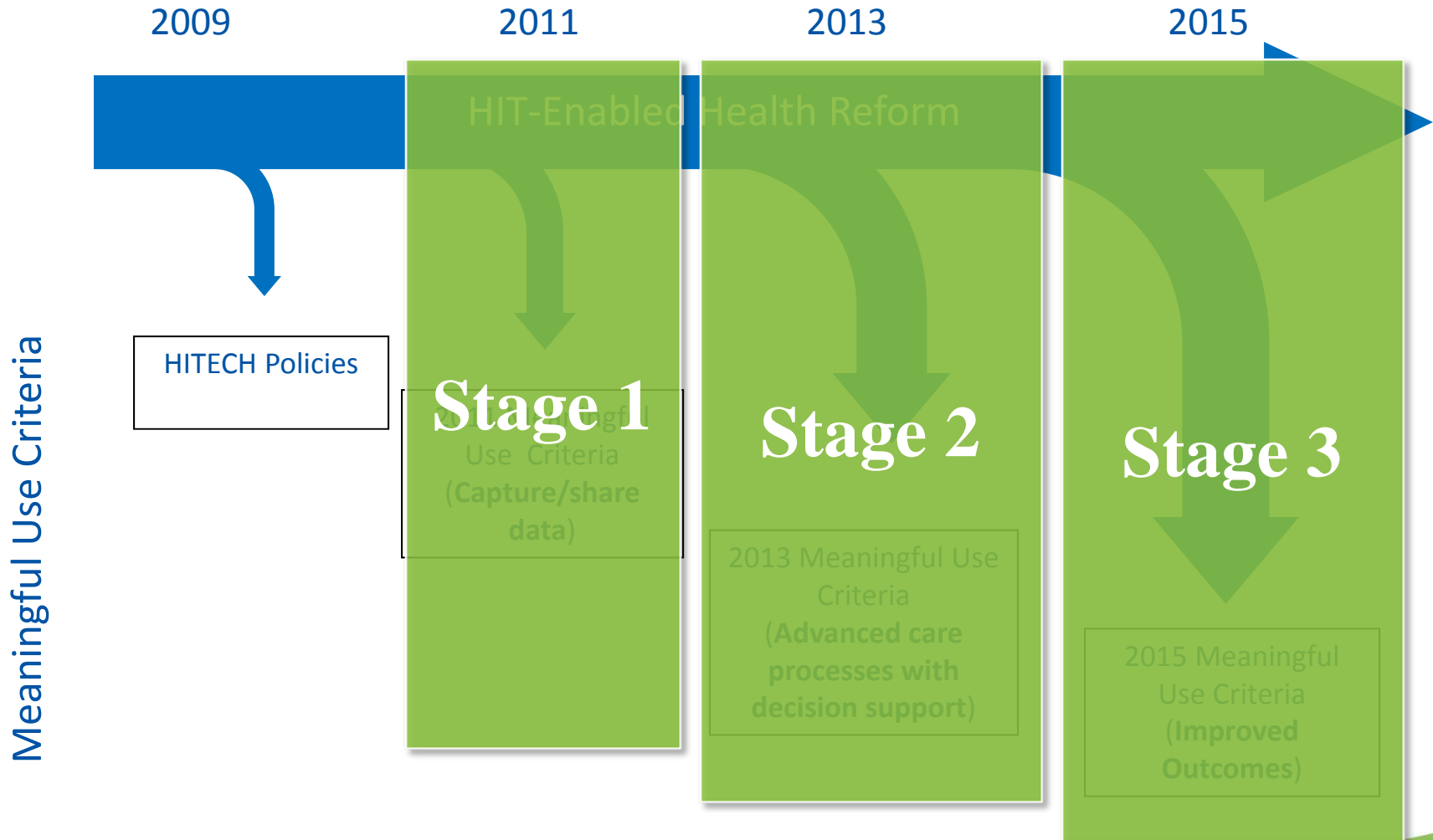
ARRA GRANTS AND INCENTIVES

Wednesday,
January 13, 2010

Federal Register

Part II

Department of Health and Human Services

Centers for Medicare & Medicaid Services

42 CFR Parts 412, et al.
Medicare and Medicaid Programs;
Electronic Health Record Incentive
Program; Proposed Rule

Medicare and Medicaid Incentives

- "Adoption/Meaningful Use of Certified EHR Technology"

- Incentives actually total $34B - $50B depending on assumptions about ROI and percentage of providers achieving meaningful use

Medicare Incentives

- The Medicare incentives for "meaningful use of certified EHR technology" by "eligible professionals and hospitals" and will become available in 2011

- Hospitals must be classified Sub-Part D – BH hospitals are not

- Talk to your elected officials about supporting Kennedy legislation when introduced

Medicare Incentives per Provider

	Payment ($ 000)								
Year Designated Meaningful EHR User	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**Total**
2009	$ -	$ -	$ 18	$ 12	$ 8	$ 4	$ 2	$ -	$ 44
2010		$ -	$ 18	$ 12	$ 8	$ 4	$ 2	$ -	$ 44
2011			$ 18	$ 12	$ 8	$ 4	$ 2	$ -	$ 44
2012				$ 18	$ 12	$ 8	$ 4	$ 2	$ 44
2013					$ 15	$ 12	$ 8	$ 4	$ 39
2014						$ 12	$ 8	$ 4	$ 24
2015							$ -	$ -	$ -
2016								$ -	$ -

68%

The reductions are: 2015 - 99%, 2016 - 98%, 2017 – 97%, each subsequent year - 95%.

Stage of Meaningful Use Criteria by Year

First 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.

* Avoids payment adjustments only for EPs in the Medicare EHR Incentive Program.
** Stage 3 criteria of meaningful use or a subsequent update to the criteria if one is established through rulemaking.

Hospital Based Medicare/Medicaid Incentives

Incentive Payment for a Typical 100-Bed Hospital with an Average Occupancy Rate of 50% ($)						
Payment Component	Incentive per Unit	Year 1 (100%)	Year 2 (75%)	Year 3 (50%)	Year 4 (25%)	Cumulative Total
Base payment, year 1 only	2,000,000	2,000,000				2,000,000
Bonus per discharge: from 1,150 (minimum) to 23,000 (maximum) discharges	200	563,400	422,550	281,700	140,850	1,408,500
Total		2,563,400	422,550	281,700	140,850	3,408,500

(Overall EHR Amount) * (Medicaid Share) or

$2,000,000 + [Discharge Related Amount] [Transition Factor] [Medicaid IP-bed-days / (total IP-bed days)] [total charges / (total charges-charity care charges)]

Transaction Factor for Medicare Hospitals

Fiscal year	Fiscal year that eligible hospital first receives the incentive payment				
	2011	**2012**	**2013**	**2014**	**2015**
2011	1.00				
2012	0.75	1.00			
2013	0.50	0.75	1.00		
2014	0.25	0.50	0.75	0.75	
2015		0.25	0.50	0.50	0.50
2016			0.25	0.25	0.25

Medicaid Incentive Eligibility

Fiscal year	Minimum 90-day Medicaid patient volume threshold (percent)
Physicians	30
Pediatricians	20
Dentists	30
Certified nurse midwives	30
Physician Assistants when practicing at an FQHC/RHC led by a physician assistant	30
Nurse Practitioner	30
Acute care hospital	10
Children's hospital	None

Medicaid Incentive Payment Structure

Cap on net average allowable costs, per the HITECH Act	85 percent allowed for eligible professionals	Maximum cumulative incentive over 6-year period
$25,000 in Year 1 for most professionals	**$21,250**	
$10,000 in Years 2-6 for most professionals	**$8,500**	**$63,750**

Medicaid Incentives and Penalties

- Medicaid incentives at the provider level are greater than Medicare incentives − 85% of allowable costs vs. 75% of charges ($63K vs. $44K)

- If not a meaningful user by 2015 your Medicare revenue will be affected by the penalties

- Payments can begin before EHR system is fully up and running if you are in the process of "adopting"

Medicaid Incentives (continued)

- If you already have a certified EHR by 2011 you can still get the full incentives (maybe)

- You can only receive incentives from one state's Medicaid program – issue for providers on borders

- Beware - States will be setting the rules under the IFR

- IFR contain minimum federal standards, states can impose more

MEANINGFUL USE OF HEALTHCARE INFORMATION TECHNOLOGY

Meaningful Use

- A **Meaningful user of Certified Technology** is an eligible provider who:

    - Uses **certified** EHR technology

    - Includes the use of **electronic prescribing**

    - Provides **for the electronic exchange of health information to improve the quality of health care, such as promoting care coordination**

    - Submits information on **clinical quality measures** selected by the Secretary

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ARRA EHR Certification

Preliminary ARRA 2011 Certification

This **EHR Technology** supports the following **Meaningful Use Objectives** for **Eligible Providers** in compliance with proposed Federal standards:

1. Foundational Infrastructure: Security and Privacy	★	15. Patient Reminders	✓
2. Computer Physician Order Entry	★	16. Clinical Decision Rule	★
3. Drug Decision Support	★	17. Progress Note	★
4. Problem List	★	18. Insurance Eligibility	
5. Electronic Prescribing	★	19. Electronic Claims Submission	
6. Medication List	★	20. Patient Electronic Copy of Health Information	✓
7. Medication Allergy List	★	21. Patient Electronic Access to Health Information	✓
8. Demographics	★	22. Patient-specific Educational Resources	★
9. Advance Directives	✓	23. Patient Clinical Summary	★
10. Vital Signs	✓	24. Exchange Clinical Information	★
11. Smoking Status	✓	25. Medication Reconciliation	✓
12. Lab Test Results	★	26. Immunization Registries	✓
13. Patient Lists	★	27. Reportable Lab Submission	✓
14. CMS Quality Reporting	✓	28. Electronic Syndromic Surveillance	✓
✓ = MEETS proposed Federal standards		★ = EXCEEDS proposed Federal standards	

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Estimated Vendor Costs to Achieve EHR Certification

Type	One time vendor cost per EHR ($M)		
	Low	High	Mid-point
Complete EHRs for Eligible Professionals	$1.2	$3.6	$2.4
Complete EHRs for Eligible Hospitals	$1.8	$4.8	$3.3

Estimates of capital costs for providers and hospitals to implement a certified EHR and meet meaningful use for 2011 and 2012 is ~$50B

Meaningful Use

- A **Meaningful user of Certified Technology** is an eligible provider who:

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  - Includes the use of **electronic prescribing**

  - Provides **for the electronic exchange of health information to improve the quality of health care, such as promoting care coordination**

  - Submits information on **clinical quality measures** selected by the Secretary

STAGE 1 MEANINGFUL USE CRITERIA

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
Improving quality, safety, efficiency, and reducing health disparities.	Provide access to comprehensive patient health data for patient's health care team.	Use CPOE	Use of CPOE for orders (any type) directly entered by authorizing provider (for example, MD, DO, RN, PA, NP).	For EPs, CPOE is used for at least 80% of all orders. For eligible hospitals, CPOE is used for 10% of all orders.

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
Improving quality, safety, efficiency, and reducing health disparities.	Use evidence-based order sets and CPOE.	**Implement drug-drug, drug-allergy, drug-formulary checks.**	**Implement drug-drug, drug-allergy, drug-formulary checks.**	**The EP/eligible hospital has enabled this functionality.**

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
Improving quality, safety, efficiency, and reducing health disparities.	Apply clinical decision support at the point of care. Generate lists of patients who need care and use them to reach out to patients. Report information for quality improvement and public reporting.	**Maintain an up-to-date problem list of current and active diagnoses based on ICD–9–CM or SNOMED CT®.**	**Maintain an up-to-date problem list of current and active diagnoses based on ICD–9–CM or SNOMED CT®.**	**At least 80% of all unique patients seen by the EP or admitted to the eligible hospital have at least one entry or an indication of none recorded as structured data.**

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
Improving quality, safety, efficiency, and reducing health disparities.	Apply clinical decision support at the point of care. Generate lists of patients who need care and use them to reach out to patients. Report information for quality improvement and public reporting.	**Generate and transmit permissible prescriptions electronically (eRx).**		**At least 75% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.**

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	**Hospitals**	
Improving quality, safety, efficiency, and reducing health disparities.	Apply clinical decision support at the point of care. Generate lists of patients who need care and use them to reach out to patients. Report information for quality improvement and public reporting.	**Maintain active medication list.**	**Maintain active medication list.**	**At least 80% of all unique patients seen by the EP or admitted to the eligible hospital have at least one entry (or an indication of "none" if the patient is not currently prescribed any medication) recorded as structured data.**

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	**Hospitals**	
Improving quality, safety, efficiency, and reducing health disparities.	Apply clinical decision support at the point of care. Generate lists of patients who need care and use them to reach out to patients. Report information for quality improvement and public reporting.	**Maintain active medication allergy list.**	**Maintain active medication allergy list.**	**At least 80% of all unique patients seen, by the EP or admitted to the eligible hospital have at least one entry or (an indication of "none" if the patient has no medication allergies) recorded as structured data.**

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
Improving quality, safety, efficiency, and reducing health disparities.	Apply clinical decision support at the point of care. Generate lists of patients who need care and use them to reach out to patients. Report information for quality improvement and public reporting.	**Record demographics ..** • **preferred language** • **insurance type** • **gender** • **race** • **ethnicity** • **date of birth**	**Record demographics ..** • **preferred language** • **insurance type** • **gender** • **race** • **ethnicity** • **date of birth** • **date and cause of death in the event of mortality**	**At least 80% of all unique patients seen by the EP or admitted to the eligible hospital have demographics recorded as structured data.**

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	**Hospitals**	
Improving quality, safety, efficiency, and reducing health disparities.	Apply clinical decision support at the point of care. Generate lists of patients who need care and use them to reach out to patients. Report information for quality improvement and public reporting.	**Record and chart changes in vital signs:** • **height** • **weight** • **blood pressure** • **Calculate and display: BMI.** • **Plot and display growth charts for children 2–20 years, including BMI.**	**Record and chart changes in vital signs:** • **height** • **weight** • **blood pressure** • **Calculate and display: BMI.** • **Plot and display growth charts for children 2–20 years, including BMI.**	**For at least 80% of all unique patients age 2 and over seen by the EP or admitted to eligible hospital, record blood pressure and BMI; additionally plot growth chart for children age 2–20.**

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
Improving quality, safety, efficiency, and reducing health disparities.	Apply clinical decision support at the point of care. Generate lists of patients who need care and use them to reach out to patients. Report information for quality improvement and public reporting.	**Record smoking status for patients 13 years old or older.**	**Record smoking status for patients 13 years old or older.**	**At least 80% of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital have "smoking status" recorded.**

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	**Hospitals**	
Improving quality, safety, efficiency, and reducing health disparities.	Apply clinical decision support at the point of care. Generate lists of patients who need care and use them to reach out to patients. Report information for quality improvement and public reporting.	**Incorporate clinical lab test results into EHR as structured data.**	**Incorporate clinical lab test results into EHR as structured data.**	**At least 50% of all clinical lab tests ordered whose results are in a positive/ negative or numerical format are incorporated in certified EHR technology as structured data.**

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
Improving quality, safety, efficiency, and reducing health disparities.	Apply clinical decision support at the point of care. Generate lists of patients who need care and use them to reach out to patients. Report information for quality improvement and public reporting.	**Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach.**	**Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach.**	**Generate at least one report listing patients of the EP or eligible hospital with a specific condition.**

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	**Hospitals**	
Improving quality, safety, efficiency, and reducing health disparities.	Apply clinical decision support at the point of care. Generate lists of patients who need care and use them to reach out to patients. Report information for quality improvement and public reporting.	**Report ambulatory quality measures to CMS or the States.**	**Report hospital quality measures to CMS or the States.**	**For 2011, provide aggregate numerator and denominator through attestation as discussed in section II(A)(3) of this proposed rule.** **For 2012, electronically submit the measures as discussed in section II(A)(3) of this proposed rule.**

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	**Hospitals**	
Improving quality, safety, efficiency, and reducing health disparities.	Apply clinical decision support at the point of care. Generate lists of patients who need care and use them to reach out to patients. Report information for quality improvement and public reporting.	**Send reminders to patients per patient preference for preventive/ follow up care.**		**Reminder sent to at least 50% of all unique patients seen by the EP that are age 50 or over.**

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	**Hospitals**	
Improving quality, safety, efficiency, and reducing health disparities.	Apply clinical decision support at the point of care. Generate lists of patients who need care and use them to reach out to patients. Report information for quality improvement and public reporting.	**Implement 5 clinical decision support rules relevant to specialty or high clinical priority, including diagnostic test ordering, along with the ability to track compliance with those rules.**	**Implement 5 clinical decision support rules related to a high priority hospital condition, including diagnostic test ordering, along with the ability to track compliance with those rules.**	**Implement 5 clinical decision support rules relevant to the clinical quality metrics the EP/Eligible Hospital is responsible for as described further in section II(A)(3).**

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	**Hospitals**	
Improving quality, safety, efficiency, and reducing health disparities.	Apply clinical decision support at the point of care. Generate lists of patients who need care and use them to reach out to patients. Report information for quality improvement and public reporting.	**Check insurance eligibility electronically from public and private payers.**	**Check insurance eligibility electronically from public and private payers.**	**Insurance eligibility checked electronically for at least 80% of all unique patients seen by the EP or admitted to the eligible hospital.**

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	**Hospitals**	
Improving quality, safety, efficiency, and reducing health disparities.	Apply clinical decision support at the point of care. Generate lists of patients who need care and use them to reach out to patients. Report information for quality improvement and public reporting.	**Submit claims electronically to public and private payers.**	**Submit claims electronically to public and private payers.**	**At least 80% of all claims filed electronically by the EP or the eligible hospital.**

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	**Hospitals**	
Engage patients and families in their health care.	Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health.	**Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies), upon request.**	**Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies, discharge summary, procedures), upon request.**	**At least 80% of all patients who request an electronic copy of their health information are provided it within 48 hours.**

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
Engage patients and families in their health care.	Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health.		Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request.	At least 80% of all patients who are discharged from an eligible hospital and who request an electronic copy of their discharge instructions and procedures are provided it.

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	**Hospitals**	
Engage patients and families in their health care.	Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health.	**Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies) within 96 hours of the information being available to the EP.**		**At least 10% of all unique patients seen by the EP are provided timely electronic access to their health information.**

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
Engage patients and families in their health care.	Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health.	**Provide clinical summaries for patients for each office visit.**		**Clinical summaries are provided for at least 80% of all office visits.**

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	**Hospitals**	
Improve care coordination.	Exchange meaningful clinical information among professional health care team.	**Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.**	**Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.**	**Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.**

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	**Hospitals**	
Improve care coordination.	Exchange meaningful clinical information among professional health care team.	**Perform medication reconciliation at relevant encounters and each transition of care.**	**Perform medication reconciliation at relevant encounters and each transition of care.**	**Perform medication reconciliation for at least 80% of relevant encounters and transitions of care.**

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	**Hospitals**	
Improve care coordination.	Exchange meaningful clinical information among professional health care team.	**Provide summary care record for each transition of care and referral.**	**Provide summary care record for each transition of care and referral.**	**Provide summary of care record for at least 80% of transitions of care and referrals.**

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
Improve population and public health.	Communicate with public health agencies.	Capability to submit electronic data to immunization registries and actual submission where required and accepted.	Capability to submit electronic data to immunization registries and actual submission where required and accepted.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries.

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
Improve population and public health.	Communicate with public health agencies.		Capability to provide electronic submission of reportable lab results (as required by state or local law) to public health agencies and actual submission where it can be received.	Performed at least one test of the EHR system's capacity to provide electronic submission of reportable lab results to public health agencies (unless none of the public health agencies to which eligible hospital submits such information have the capacity to receive the information electronically).

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
Improve population and public health.	Communicate with public health agencies.	Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice.	Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies (unless none of the public health agencies to which an EP or eligible hospital submits such information have the capacity to receive the information electronically).

Stage 1 Criteria For Meaningful Use

Health outcomes policy priority	Care Goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
Ensure adequate privacy and security protections for personal health information.	Ensure privacy and security protections for confidential information through operating policies, procedures, and technologies and compliance with applicable law. Provide transparency of data sharing to patient.	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis per 45 CFR 164.308(a)(1) and implement security updates as necessary.

Criteria for 2013 and Beyond

- Additional metrics required
  - Additional efficiency, "inappropriate use" measures
  - Patient safety
  - Care coordination

- Transition from "pay for reporting" to "pay for outcomes" as per the CMS EHR demonstrations

Meaningful Use

- A **Meaningful user of Certified Technology** is an eligible provider who:

  - Uses **certified** EHR technology

  - Includes the use of **electronic prescribing**

  - Provides **for the electronic exchange of health information to improve the quality of health care, such as promoting care coordination**

  - Submits information on **clinical quality measures** selected by the Secretary

OUTCOMES MEASURES

Core Measures for All EPs

Measure No.	Clinical Quality Measures Title
PQRI 114 **NQF 0028**	**Title: Preventive Care and Screening: Inquiry Regarding Tobacco Use.**
NQF 0013	**Title: Blood pressure measurement**

NQF 0022	**Title: Drugs to be avoided in the elderly:**
	    a. **Patients who receive at least one drug to be avoided**
	    b. **Patients who receive at least two different drugs to be avoided**

Psychiatry Outcome Measures

Measure No.	Clinical Quality Measures Title
PQRI 9 NQF 0105	Title: Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD
PQRI 106 NQF 0103	Title: Major Depressive Disorder (MDD): Diagnostic Evaluation
PQRI 107 NQF 0104	Title: Major Depressive Disorder (MDD): Suicide Risk Assessment.
NQF 0004	Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement
NQF 0105	Title: New Episode of Depression: (a) Optimal Practitioner Contacts for Medication Management, (b) Effective Acute Phase Treatment, (c) Effective Continuation Phase Treatment
NQF 0110	Title: Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use

Summary of ARRA & MU

- The Parity Act moves us closer to parity for consumers, but the ARRA still shows lack of parity for MH providers

- Help us lobby to change the definition of eligible provider for mental health providers

- Make sure that your EHR qualifies for "meaningful use" (certified, e-prescribing, outcomes and interoperable)

- Work collaboratively with other providers and states

- Move quickly to capture grant funding under ARRA

White Papers available for further review

www.ntst.com/papers and www.ntst.com/meaningfuluse

Analysis of the American Recovery and Reinvestment Act and its Impact on Behavioral Health

Netsmart CareConnect™—Creating a Consumer-Centric, Behavioral Health Information Exchange (HIE)

The Future of Behavioral Health Information Systems

Letter to HIT Policy Committee on Meaningful Use Definition