The Future of Meaningful Use, EHRs and Accountable Care

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Chairman Emeritus, EHR Association
State of Healthcare

Healthcare Reform/ Transformation
- 27% Medicare rate cut averted for 2013
  - 2013 “doc fix” cost $25B+
  - MedPAC recommendations to realign fee-schedule to support primary care and ACOs, bundled payments, capitated models & shared savings programs
  - Bipartisan support now in Congress for permanent SGR fix

Sequestration
- Went into effect on March 1st
  - Automatic budgetary measure to cut $1.2 trillion over 10 years if Congress and the Administration do not agree on a plan
    - 2% Medicare cuts across the board; EP Meaningful Use funds reduced by $240 - $360

National & Global Efforts
- Create efficiencies, increase access and stabilize rocketing costs
  - As compared globally, we ranked #1 on costs but avg. 20-40 on outcomes
State of ARRA & HITECH Act

**EHR Meaningful Use**
- Over $27B available with no cap. Protected in Medicare Trust Fund
- Stage 1 criteria well within expectations ~ 14 EH/15 EP Core Measures & 5 Menu
- Stage 2 criteria well within expectations ~ 16 EH/17 EP Core Measures & 3 Menu
- Incentives are front-loaded so begin as soon as you can
- As of January, over 388,000+ care providers registered for Meaningful Use
- Over $12.7 billion in incentives paid to eligible providers & hospitals already!
  - Over $351 Million just to Nurses & PAs under Medicaid
- Meaningful Use Stage 2 Overview Chart ~ [http://tiny.cc/bnqrjw](http://tiny.cc/bnqrjw)

**Regional Extension Centers**
- Operations underway at various levels of execution
Health IT Foundation

Health IT is a cornerstone of the future of Healthcare

- Improve Quality, Care Coordination & Patient Safety
  - IOM Report ~ up to 98,000 Americans die each year from medical errors

- Patient Satisfaction
  - Reduce duplicative paperwork, increase access, education & accountability

- Improve Billing & Collections
  - Revenue cycle management; coordinated & accountable care navigation

- Clinical Research
  - Participate with no workflow disruption with provider & patient revenue

- Reduce Waste, Fraud & Abuse
  - $70B-$200B+ annually in fraud; $600B-$850B annually overall
Today’s Healthcare & IT Innovation

- **Clinical**
  - Quality measurement, quality reporting & business intelligence

- **Process**
  - Best practices (clinical, financial & administrative)

- **Software**
  - Usability advancements, flexibility, customizable & intuitive

- **Hardware**
  - Faster, more efficient technology, platforms & devices

- **Training**
  - Enhanced, more efficient & scalable deployment models

- **Research**
  - Clinical trials, evidence-based medicine & Pharma research
Key EHR Incentive Milestones

Sec. 4101: Medicare Incentives for Eligible Professionals
- EHR Meaningful Use ~ Began 01/03/2011
- Medicare MU Attestation ~ Began 04/18/2011
- Pay Out ~ Began mid-May 2011

Sec. 4201: Medicaid Incentives for Eligible Professionals
- 1st Pay Out Year ~ All state-based but 40+ states currently paying
  - 1st Medicaid Pay Year is for EHR Adoption, Implementation or Upgrade (AIU): No MU reporting required. *(Much different than Medicare)*
- 2nd Pay Out Year ~ Expected mid-2012
  - 2nd – 6th Medicaid Payment Years for EHR Meaningful Use & Reporting

Section 4102/ 4201 – Incentives for Hospitals
- Meaningful Use year ~ Began 10/01/2010
- Pay Out ~ Began mid-May 2011
## Medicare Meaningful Use Payment Schedule

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>2011 Payment</th>
<th>2011 Stage</th>
<th>2012 Payment</th>
<th>2012 Stage</th>
<th>2013 Payment</th>
<th>2013 Stage</th>
<th>2014 Payment</th>
<th>2014 Stage</th>
<th>2015 and later Payment</th>
<th>2015 and later Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$18,000</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2012</td>
<td>$12,000</td>
<td>1</td>
<td>$18,000</td>
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<td></td>
<td></td>
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<tr>
<td>2013</td>
<td>$8,000</td>
<td>1</td>
<td>$12,000</td>
<td>1</td>
<td>$15,000</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>$4,000</td>
<td>2</td>
<td>$8,000</td>
<td>2</td>
<td>$12,000</td>
<td>1</td>
<td>$12,000</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>$2,000</td>
<td>2</td>
<td>$4,000</td>
<td>2</td>
<td>$8,000</td>
<td>2</td>
<td>$8,000</td>
<td>1</td>
<td>$0</td>
<td>1</td>
</tr>
<tr>
<td>2016</td>
<td></td>
<td>3</td>
<td>$2,000</td>
<td>3</td>
<td>$4,000</td>
<td>2</td>
<td>$4,000</td>
<td>2</td>
<td>$0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$44,000</strong></td>
<td><strong>44,000</strong></td>
<td><strong>$39,000</strong></td>
<td><strong>39,000</strong></td>
<td><strong>$24,000</strong></td>
<td><strong>24,000</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Due to sequestration, incentive funds issued after April 1, 2013 are subject to a 2% reduction, which ranges between $240-360.

All EPs and EHs allowed a 90-day reporting period in 2014
Medicaid Eligible Professional Incentives for Meaningful Use of a Certified EHR

Medicaid Incentives up to $63,750 for Providers/Eligible Professionals with a 30% Medicaid “patient volume” or Pediatricians with at least a 20% Medicaid “patient volume”. Pediatricians below 30% may be reimbursed at 2/3’s ($42,500) of the total allowable incentive.

Incentives over 6 years

- 1st Year: $21,250
- 2nd Year: $8.5k
- 3rd Year: $8.5k
- 4th Year: $8.5k
- 5th Year: $8.5k
- 6th Year: $8.5k

No Medicaid Penalties

2015

0% Penalty Reductions

2016+

Up to $63,750 per provider
Medicaid State Information

The Medicaid EHR Incentive Program provides incentive payments for certain Medicaid health care providers to adopt and use EHR technology in ways that can positively affect patient care. Eligible professionals who take part in the program can receive up to a maximum of $63,750 over six years of participation.

For a basic overview of how the Medicaid EHR Incentive Program works, download our Introduction to Medicaid EHR Incentive Program guide.

Each state offers the Medicaid EHR Incentive Program voluntarily. Check the map below to see if your state's Medicaid EHR Incentive Program is active.

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
Meaningful Use Goals

- To improve the quality, safety, and efficiency of care while reducing disparities
- To engage patients and families in their care
- To promote public and population health
- To improve care coordination
- To promote the privacy and security of EHRs
Meaningful Use
Stage 1
### 15 Meaningful Use Stage 1
Criteria for EPs, 14 for Hospitals/ CAHs

| CPOE for medication orders ~ (>30% of patients with a med list, whose records are maintained using a certified EHR, must have at least 1 order entered using CPOE) | Maintain active medication allergy list ~ (>80% of patients, at least 1 entry) | Adopt/track compliance of clinical decision support rule |
| Drug-drug/drug allergy checks | Record patient demographics (hospitals record preliminary cause of death) (>50%) | Provide digital copy of health record on request ~ (>50%, within 3 Business Days) |
| Maintain current diagnoses problem list ~ (>80%, ≥1 entry) | Record vitals, children growth charts (>50%) | Electronic information exchange / Interoperability ~ (1 test of PL, ML, MA, DTR, etc.) |
| E-prescribe (EPs only) ~ (>40%) | Record smoking status, 13 yrs and older ~ (>50% who qualify) | Privacy/security capability (Security Analysis, Updates) |
| Maintain active medication list ~ (>80% of patients, at least 1 entry) | Provide clinical summaries (EPs) and discharge summary (hospitals) ~ (>50%) | Report quality measures to CMS or state entity |
## Menu Set EPs, Hospitals & CAHs

Select/Defer any 5 of the 10 Total

<table>
<thead>
<tr>
<th>Implement drug formulary checks/maintain access to formulary</th>
<th>Medication reconciliation between care settings ~ (&gt;50% of transitions of care)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Import/store lab results ~ (&gt;40%)</td>
<td>Care summaries to referred/transitioned patients ~ (&gt;50%)</td>
</tr>
<tr>
<td>Patient lists by condition</td>
<td>Submit immunization data to registries ~ (at least one test/follow-up)</td>
</tr>
<tr>
<td>Provide patient-specific education materials ~ (&gt;10%)</td>
<td>Submit syndromic surveillance data to public health agencies ~ (at least one test/follow-up)</td>
</tr>
</tbody>
</table>

### Additional Menu Set for EPs Only

| Patient reminders ~ (>20% patients 65+ or <5)               | Provide patients with health record ~ (>10% within 4 days of updating) |

### Additional Menu Set for Hospitals & CAHs

| Record advance directives ~ (>50% of patients 65+)          | Submit lab results to public health agencies ~ (at least one test/follow-up) |
Stage 1 Extension Explained

- Foster the increased EHR adoption nationally within the foundation Stage 1 reporting criteria
- Allow time for EHR providers to embed more sophisticated Stage 2 requirements and certification into their technology
- Stage 1 Medicare and Medicaid incentive funds extended through the end of 2013 for EPs
- EPs beginning program in 2011 can receive within Stage 1 measures:
  - Medicare program incentives totaling $38,000
  - Medicaid program incentive totaling $38,250
Medicaid Eligibility Expansion

- Affects all stages of the Medicaid EHR Incentive Program

- **New patient volume calculations ease eligibility requirements**
  - Billable services provided to a patient enrolled in Medicaid count toward meeting the minimum volume thresholds
  - Previous non-reimbursable services to an enrolled patient may now be included in the Medicaid patient volume calculation
  - Examples of newly eligible encounters might include:
    - Behavioral health services and HIV/AIDS treatment
  - Examples of newly eligible services:
    - Oral health, immunization/vaccination and women’s health

- **CHIP encounters included in patient volume calculation**
  - Patients in Title 19 **and** Title 21 Medicaid expansion programs

- **CMS Medicaid Webpage:** [http://tiny.cc/my08kw](http://tiny.cc/my08kw)
Meaningful Use
Meaningful Use Stage 2 Final Rule Overview

- Eligible professional Stage 2 begins Wednesday, January 1st, 2014
- Eligible hospitals would begin Stage 2 on Thursday, Oct. 31, 2013
- EPs must achieve 17 core measures and choose 3 of 6 menu items
- EHs and Critical Access Hospitals (CAH) must achieve 16 core measures and choose 3 of 6 menu items
- EPs choose 9 from 64 potential Clinical Quality Measures (CQM), which now align closely with PQRS, Shared Savings, etc.
- 2014 will allow a 90-day reporting period for all EPs and EHs
Meaningful Use Stage 2: Changes to Current Measures

- Changes to denominator of **CPOE**
  - Now includes lab & radiology orders; measurement on orders instead of unique patients

- Changes to the age limitations for **vital signs**
  - From 2 years old to 3 years old

- Elimination of the "**exchange of key clinical information**" core in favor of a "**transitions of care**" & patient summary data

- Replacing "**provide patients with an electronic copy of their health information**" objective with a "**view online, download and transmit**"
Meaningful Use Stage 2: Increased Thresholds

- The use of **computerized provider order entry (CPOE)** for medication orders increases from **30% to 60%**
  - Addition of labs and radiology to this quality measure with 30% threshold

- Generate and transmit **permissible scripts electronically (eRx)** increases from **40% to 50%**

- Threshold levels to increase from **50% to 80%** for the following:
  - Recording demographics
  - Record and chart changes in vital signs (over age 3)
  - Record smoking status for patients over 13 years of age
Meaningful Use Stage 2: Core Measures

- **Secure electronic messaging** is utilized to communicate with patients on relevant health information >5% of unique patients.

- Provide **clinical summaries** to >50% of patients within 1 business day.

- Protect electronic health information by conducting or reviewing a **security risk analysis** and implement security updates as necessary.

- **Increase from one clinical decision support intervention to five**, encompassing drug-drug and drug-allergy checks.
  - CQM Stage 2 Link ~ [http://tiny.cc/wzvyqw](http://tiny.cc/wzvyqw)
Meaningful Use Stage 2: Moving from Menu to Core

- Patients are provided **online access to their health information** (via a web portal) on >50% of the occasions, while >5% unique patients actually view, download or transmit that data to a third party.

- Successful **ongoing submission of electronic immunization data** to an immunization registry is now required, previously only a test was required.

- Provide a **summary of care record for >50%** of transitions of care and electronically transmit >10%.
  - Transmit at least one summary of care record to a different EHR system at a separate healthcare entity or to a CMS-designated test EHR.
  - Summary of care includes Stage 1 core items problem list, active medication list and active medication allergy list.
Meaningful Use Stage 2: Moving from Menu to Core

- Incorporate >55% of clinical lab-test results into Certified EHR

- Generate at least one report listing patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach

- Use clinically relevant information to identify >10% of unique patients who should receive reminders for follow-up

- Provide patient-specific education resources identified by Certified EHR Technology to >10% of patients with an office visit

- When an EP receives a patient from another setting of care, they should perform medication reconciliation >50% of care transitions
Meaningful Use Stage 2: The EP Menu Set

- More than **10% of all scans and tests** whose result is an image ordered by the EP during the reporting period are made available.

- Record **patient family health history** for more than **20%** of all unique patients seen by the EP during the reporting period.

- **Ongoing** submission of cancer cases to a **state cancer registry**.

- **Ongoing** submission of specific cases to a **specialized registry (other than cancer)**.

- **Ongoing** submission of electronic **syndromic surveillance** data to a public health agency.

- Record **>1 progress note** in patient records for **30% unique patients**.
Meaningful Use Stage 3

- Stage 3 set to begin in 2016 for EPs
- Many measures will require higher standards
  - Many menu items will become core measures
  - Threshold levels will increase as capabilities of HIT infrastructures grow
- HITPC has suggested new measures for Stage 3
  - EHR assists with follow-up on test results
  - Further utilize CPOE for referrals/transition of care orders
  - Provide patients the ability to request an amendment to their record
  - Allow submission of patient-generated health information
  - Implement an immunization recommendation system
  - Query research enrollment systems to identify clinical trials
Example Dashboard

Dashboard Criteria: Show

Dashboard Results:

*Please be advised that the Meaningful Use Dashboard data is processed nightly and therefore will reflect data as of the previous day.

<table>
<thead>
<tr>
<th>Incentives</th>
<th>Allowable Charges</th>
<th>Expected Incentives</th>
<th>Core Objectives met</th>
<th>Menu Objectives met</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24,167.21</td>
<td>10000.00</td>
<td>15/15</td>
<td>5/5</td>
</tr>
</tbody>
</table>

This dashboard view is configured to include measure data from visits where I see the patient or the patient is seen on my behalf.

<table>
<thead>
<tr>
<th>Core Requirement</th>
<th>Current progress</th>
<th>Statistics</th>
<th>Requirement Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use CPOE</td>
<td><img src="chart1" alt="progress bar" /></td>
<td>1041 1050</td>
<td>Current: 99.1% Required: 50%</td>
</tr>
<tr>
<td>Drug Drug &amp; Drug Allergy Checks</td>
<td><img src="chart2" alt="progress bar" /></td>
<td>Requirement Met</td>
<td></td>
</tr>
<tr>
<td>Record Demographics</td>
<td><img src="chart3" alt="progress bar" /></td>
<td>1027 1067</td>
<td>Current: 96.3% Required: 50%</td>
</tr>
<tr>
<td>Problem List</td>
<td><img src="chart4" alt="progress bar" /></td>
<td>1012 1067</td>
<td>Current: 94.8% Required: 50%</td>
</tr>
<tr>
<td>Medication List</td>
<td><img src="chart5" alt="progress bar" /></td>
<td>1050 1067</td>
<td>Current: 98.4% Required: 50%</td>
</tr>
<tr>
<td>Medication-Allergy List</td>
<td><img src="chart6" alt="progress bar" /></td>
<td>972 1067</td>
<td>Current: 91.8% Required: 50%</td>
</tr>
<tr>
<td>Vital Signs</td>
<td><img src="chart7" alt="progress bar" /></td>
<td>1046 1056</td>
<td>Current: 98.1% Required: 50%</td>
</tr>
<tr>
<td>Smoking Status</td>
<td><img src="chart8" alt="progress bar" /></td>
<td>1012 1065</td>
<td>Requirement Met</td>
</tr>
<tr>
<td>Clinical Decision Support</td>
<td><img src="chart9" alt="progress bar" /></td>
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</table>
Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

About This Site
The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

This web system is for the Medicare and Medicaid EHR Incentive Programs. Those wanting to take part in the program will use this system to register and participate in the program.

Overview of Eligible Professional (EP) and Eligible Hospital Types

<table>
<thead>
<tr>
<th>Eligible Professionals (EPs)</th>
<th>Medicaid EPs include:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Physicians</td>
</tr>
<tr>
<td></td>
<td>Nurse Practitioners</td>
</tr>
<tr>
<td></td>
<td>Certified Nurse - Midwife</td>
</tr>
<tr>
<td></td>
<td>Dentists</td>
</tr>
</tbody>
</table>

Additional Resources: For User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete registration and attestation, please visit CMS website.

Eligible to Participate - There are two types of groups who can participate in the programs. For detailed information, visit CMS website.

https://ehrincentives.cms.gov/hitech/login.action
Achieving Meaningful Use with a Certified EHR

- Assign a Meaningful Use Leader in your Facility
  - Ensure review of MU Stage 1 Final Rule, CMS/ONC Site & FAQs
  - Review of MU Stage 2 Final Rules & new criteria
  - Understand how it affects you today and tomorrow

- Seek a Trusted Advisor & Partner
  - Ensure you partner with a company that is an expert in EHR meaningful use, certification, standards & accountable care
  - Track record of being proactive in the evolution of healthcare
    - EHR Certification, Standards Development & Interoperability

- Reassess MU Stage 2 Partners
  - Functionality and criteria have increased substantially and it is important to ensure your current partners are certified for MU Stage 2 and share their product and strategic roadmap
Achieving Meaningful Use with a Certified EHR

- Request Reference Sites in your Specialty and with Similar Size Practices
  - Be practical and seek EHRs that are currently used at POC today
  - Accept references where >70% of care providers use EHR today

- Product Workflow is Consistent with your Facility/Practice Requirements
  - Ensure the EHR “meets you in the middle” with regards to workflow

- Can be “Meaningfully Used” at the Point-of-Care
  - The EHR is easily customizable & flexible to your workflow
  - Easily create customized reports for quality, outcomes & research
Seize the Opportunity Today

- Begin Fostering the EHR Discussion with your Practice, Hospital or Facility

- Use the “Meaningful Use” Criteria as a “Playbook” to Navigate the Future of Healthcare

- Understand your Goals for EHR Adoption
  - Financial, quality, patient satisfaction, clinical research, community leadership, accountable care, value-based medicine, all of the above, etc...

- Begin EHR Product Review Process Today
  - EHR Meaningful Use incentive program well underway
  - It takes time to properly research, purchase, implement and “meaningfully use” an EHR so experts suggest you “get your place in line now”
Accountable Care & Value-based Medicine
The Evolution

EHR Adoption
- 30%+ have comp. EHRs
- Training & usability are key

Meaningful Use
- 260,000+ providers est. to achieve incentive
- If you don’t qualify, use criteria as a “playbook”

Value-based Medicine
- Quality Reporting
- Outcomes-based Payments

...essential building blocks for a sustainable healthcare system
Value-based Medicine

- Overriding approach to delivery and payment reform
  - Population management rewarding outcomes and cycle of care over episodic care and volume

- ACO, PCMH are well-known value models introducing shared savings, shared risk and bundled payments

- ACA Medicare and private models to evolve, establishing national data aggregation and cost transparency:
  - Practices-Hospitals-Home Health Agencies-Skilled Nursing Facilities, CAHs in ACA law
Value-based Medicine

- Aligns incentives across providers, payers, members, employers as integrated approach
  - Payers retain insurance risk, providers retain performance risk
  - Transparent, comparative research fosters national standards, competition and consumerism
  - Organizes care around medical conditions, acute and ambulatory coordination
  - EHRs provide evidence-based CDS, aggregation and standards-based interoperability
Accountable For What?

- EHR Utilization – Double Weighted Measure
- Interoperability
- Care Coordination
- Best Practices
- Quality and Outcomes Improvement
- Patient Education
- Patient Satisfaction
Medicare ACO Initiatives

- **285 MSSP ACOs** voluntarily coordinate care to Medicare patients
  - Accountable Care Coalition of Texas: an ACO comprised of IPAs, medical groups and health systems, serving nearly 70,000 beneficiaries

- **32 Pioneer ACOs** actively seek to improve patient care
  - Sharp Healthcare ACO: is comprised of an IPA, medical groups, multi-specialty practices, and hospitals with over 56,000 members

- **35 Advance Payment ACOs** have been awarded upfront payments to design care coordination infrastructure for smaller models
  - North Country ACO: is comprised of hospitals, home health agencies, mental health centers, emergency services, and physician practices

Commercial ACO Initiatives

- Every major carrier has an ACO-type plan
  - Aetna, Blue Cross Blue Shield, Cigna and Anthem/Wellpoint
  - Meet quality improvement and cost reduction criteria to receive benefits

- Various approaches utilized across the board
  - Shared Savings, Shared-Risk, Partial Capitation

- Cigna has 58 programs in 24 states
  - Serving 650,000 customer/patients
  - Primary care, multi-specialty, IDNs, physician-hospital organizations
  - Partners In Care, an ACO based in Central New Jersey with 14,000 members, is striving to achieve the “triple aim” of improved health outcomes, lower costs and increased patient satisfaction
Medicaid ACO Initiatives

Major goal:
- Reduce the inappropriate utilization of high-cost emergency care
- Create “best practices” such as preventing one hospital readmission within a specific patient population to pay for a parent for 3 years

State efforts vary; but three common characteristics include:
- Organizations assume responsibility for a defined population of patients
- Participants are held accountable through payments linked to value
- Accountability facilitated by reliable performance measurements

Varying Medicaid state structures influenced by:
- Individual states’ experience with managed care and delivery models
- Low-income and chronically ill population needs
Patient-Centered Medical Homes: Foundation to Accountable Care

- An inventive program that focuses on improving primary care
  - The program is outlined by a set of clear standards, empowering practices with information needed to personalize care to their patients

- National Committee for Quality Assurance (NCQA) is the top certification body for provider organizations
  - Look for EHRs that offer PCMH “auto-credits”

- Benefits of being a PCMH:
  - Key piece to ensuring care coordination
  - Provide patients with enhanced levels of care
  - Receive financial incentives
  - May see increase in patient population growth
Assess your Organization

- Utilize Health IT to increase care coordination in your community
  - Focus on the importance of EHRs & meaningful use as a foundation
  - Standards-based interoperability

- Evaluate beneficiary volume in your organization and research if expansion strategies are warranted:
  - Partnering with local practices and hospitals
  - New organizational structures emerging

- Research the average cost for episodes of care
  - Medicare is sharing cost data; Inquire with commercial payers as well
  - Knowledge is power when negotiating with payers
Community Accountability

- Assess relationships in your community with peers, associations, payers, employers & health systems
  - Evaluate current and potential future opportunities

- Benchmark yourself against regional and national peers
  - Understand how you rate in outcomes, costs, etc..

- Ensure you create a network with the best providers possible:
  - Providers will be accountable for the level of care their peers provide
  - Ultimately, you will care who is in your “network”

- Evaluate interoperability to effectively share patient data
Accountable Care Positioning

- Assess EHR, interoperability & overall technology infrastructure
- Assess beneficiary patient volume; patients can opt in/out voluntarily
- Engage peers, associations, payers, employers & health systems in your community
- Identify CMS, commercial or combined care coordination/ACO opportunities
- Don’t wait; ACOs, Accountable Care & “At-Risk” communities are forming today around the country
Additional Resources

Greenway’s Government Affairs Updates

Accountable Care Strategies (http://tiny.cc/m2nsfw)
Gov’t Affairs (http://bit.ly/y5XArU)

Important Government & HHS Sites

CMS Innovation Center (http://www.innovations.cms.gov/)
HHS Breach Notification Rule (http://tiny.cc/xytg5)
HHS Privacy Rule (www.hhs.gov/healthprivacy/)

Agency ACO Sites

Medicare ACO Final Rule (http://tiny.cc/pem0cw)
CMS Educational Events Page (http://tiny.cc/aszkn)
CMS ACO/ Shared Savings Page (http://www.cms.gov/sharedsavingsprogram)
Questions or Comments?

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