

# Electronic Health Records (EHR) Demonstration

## Demonstration Overview

## EHR Demonstration Goals

- Broader implementation & adoption of EHRs by physicians
  - EHRs a vehicle for transforming how health care is provided
  - Improve quality and efficiency

# EHR Demonstration Design

- Modeled after MCMP Demonstration
- 5-year operational period
  - 2 implementation phases (each phase 5 years)
- Up to 12 sites (states or regions)
- Up to 2,400 total practices recruited (approx. 200 per site)
  - Randomized design (1,200 demonstration practices; 1,200 control group practices)

## Practice Requirements

- Small to medium-sized practices targeted ( $\leq 20$ )
  - NPs / PAs as well as MDs/DOs
  - Health centers - to be determined if eligible
- Primary care practices
  - IM, FP, GP, gerontology
- At least 50 Medicare beneficiaries who use practice for most primary care visits
- May or may not have EHR implemented at time of application

## Eligible Medicare Beneficiaries

- FFS only (not HMO, PPO, PFFS)
- Must have Medicare A & B
- Includes dual-eligibles (Medicare/Medicaid)
- Medicare must be primary payer
- Not in hospice

# Incentive Payments

- 2 separate incentive payments:

HIT incentive payment for performance on Office Systems Survey (OSS)

Quality incentive payment for reporting/performance on 26 clinical measures

- Diabetes
- Congestive Heart Failure
- Coronary Artery Disease
- Preventive Services

## Measurement of HIT Adoption

- Annual Office System Survey (OSS)
  - OSS for control group practices – years 2 & 5 only
- OSS is modified version of tool used by QIOs for DOQ-IT program and for MCMP Demonstration evaluation
- Practices must have implemented CCHIT certified EHR by end of second year to remain in demonstration.
- Higher scores yield higher payments

## Minimum Required EHR Functionalities

- Eligible practices must, by end of second year, be utilizing the EHR to perform specified core minimum functionalities:
  - Clinical documentation
  - Ordering of lab/diagnostic tests
  - Recording test results
  - Recording prescriptions

## Clinical Quality Measures

- Same clinical measures and data collection process used for MCMP Demonstration
  - Diabetes
  - Congestive Heart Failure
  - Coronary Artery Disease
  - Preventive Services
- Clinical measures not reported until the end of the second year (“Pay for Reporting”)
- Pay for Performance in Years 3-5

## Payment Varies by Year

- **Year 1**
  - Payment for use of HIT based on OSS score
  - No payment if core functionalities not used
- **Year 2**
  - Payment for *reporting* quality measures
  - Payment for use of HIT based on OSS score
  - No payment for HIT unless quality measures reported
  - Practice terminated from demonstration if it has not adopted CCHIT EHR and using minimum core functionalities
- **Years 3 - 5**
  - Payment *performance* on quality measures
  - Payment for use of HIT based on OSS score
  - Minimum quality performance required to receive HIT payment

## Maximum Potential Payment Evaluation

- Independent Evaluation
- Control Group Requirements
  - Office System Survey at the end of 2nd & 5<sup>th</sup> year
    - Practice will be paid for time to complete survey
  - No required reporting of clinical quality measures
    - Quality comparisons will be based on claims based quality measures and beneficiary survey data
  - No requirements for / restrictions on EHR implementation
- No limitation on demo or control group participation in other P4P or EHR incentive programs

## Site Selection

- Up to 12 sites to be selected through a competitive process to identify locally based “Community Partners”
- Application submission period: February 20 – May 12
- Sites announced- June 2008

## Role of Community Partners

- Assist with outreach, education, and recruitment of practices
- Facilitate leveraging of demo and private sector activities to increase demonstration impact
- Actual activities may vary by site (e.g. hosting physician meetings, mailings, newsletters etc.)
- Demonstration design will not vary by community
- No funding will be provided by CMS to “Community Partners”

## Eligible Organizations

- No specific organizational entity type/structure required
- Must have capability to support outreach, education & recruitment activities
- Reflect community stakeholders (e.g. CVE, CL, BQI, or other similar type of collaboration)
- Clear ties to primary care physician community

## Selection Criteria

- Mandatory Minimum Criteria:
  - Does not conflict/compete with other CMS demos
    - Application instructions includes list of excluded areas
  - Defined geographic area with sufficient # practices (demo & control groups)
  - Defined community stakeholder collaborative
  - Private sector employers / health insurers likely to implement similar programs with regionally based employers

## Selection Criteria

- Desirable Criteria:
  - Other local programs likely to use CMS measures and/or tools for physician recognition/incentive programs
  - National Health Information Network site
  - Geographic area includes underserved populations
  - Mix of rural / urban populations (either within a site or ultimate selection of all sites includes a mix)

## Selection Process

- Standard format application must be submitted
  - Generic application and **instructions** on demo web site:  
[http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/2008\\_Electronic\\_Health\\_Records\\_Demonstration.pdf](http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/2008_Electronic_Health_Records_Demonstration.pdf)
- Questions about demonstration design:  
[EHR\\_Demo@cms.hhs.gov](mailto:EHR_Demo@cms.hhs.gov)
- Questions about community partner selection process and/or application:  
[EHR\\_Demo\\_CommunitySelections@cms.hhs.gov](mailto:EHR_Demo_CommunitySelections@cms.hhs.gov)

# Implementation Time Frame

- Select Community Partners: late Spring 2008
  - Phase 1
    - Recruit practices: Fall 2008
    - Demonstration Year 1 starts: Spring 2009
    - First year payment: Spring/Summer 2010
    - Demonstration ends: Spring 2014
  - Phase 2
    - Recruit practices: Fall 2009
    - Demonstration Year 1 starts: Spring 2010
    - First year payment: Spring/Summer 2011
    - Demonstration ends: Spring 2015

## Next Steps

- Applications from Community Partners - May 13
- Announcement of all 12 sites – mid June
- Kick off meeting with 4 Phase I sites – late June or early July in DC or Baltimore
  - Working meeting with all partner members
  - Detailed overview of demonstration design
  - Begin development of recruitment strategy
  - Establish follow up plan / assignments
- Recruit individual practices for phase I – Sept- Nov
- Phase II sites “on hold” until next spring

## Information Links

- Demonstration Information-
  - Fact Sheets, FAQs, Community Partner Application and instructions :  
[http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/2008\\_Electronic\\_Health\\_Records\\_Demonstration.pdf](http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/2008_Electronic_Health_Records_Demonstration.pdf)
- Questions about demonstration design:  
[EHR\\_Demo@cms.hhs.gov](mailto:EHR_Demo@cms.hhs.gov)

Jody Blatt  
(410)786-6921

Debbie Van Hoven  
(410) 786-6625