

# **2010 Market Factors & Government Policies: Shaping Practice Needs & Pulse Products**



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# The Alphabet Soup

ARRA HIE CCHIT 2011  
ONC HITECH ACT CCHIT 2008 INTEROPERABILITY  
MEANINGFUL USE RHIO STIMULUS CERTIFICATION

# 2009: A Landmark Year...

- ARRA leads to the...
- HITECH Act leads to the...
- CCHIT 'gold rush' leads to the...
- 'Stimulus certification' leads to the...
- 'Meaningful Use' definitions leads to the...
- Office of the National Coordinator leads to...
- 'Interoperability'...HIE...RHIO...leads to the...
- CCHIT 2011 alignment with the ARRA, HITECH Act, Stimulus certification, meaningful use and interoperability...

# Benefits Cited For Fully Functional EHR

- 97% - timely access to medical records
- 95% - prescription refills
- 92% - communication with other providers
- 86% - avoidance of medication errors
- 82% - positive effects on the quality of clinical decisions
- 72% - communication with patients

Source: New England Journal of Medicine, July 2008

# Barriers To Purchasing An EHR

- 66% - Capital requirements
- 54% - Finding an EHR to meet their needs
- 44% - Concern that the EHR will become obsolete

Source: New England Journal of Medicine, July 2008

# \$19 Billion ARRA HITECH Act:

- February 2009: Congress enacts the “American Recovery & Reinvestment HITECH Act of 2009”
- Provides economic incentives to physicians for adoption of EHR
- Physicians can earn up to \$44,000 or \$65,000 over a five year period if they adopt a ‘Certified EHR’ in a ‘meaningful way’

# HITECH: Non-Participation Impact

Physicians electing to not comply by 2014 will have their Medicare reimbursements reduced by:

- 1% for services delivered in 2015
- 2% for services delivered in 2016
- 3% for services delivered in 2017 and thereafter

*Potentially a reduction of up to 5% beginning in 2018 if physician participation is less than 75%*

# HITECH: Payment Qualification

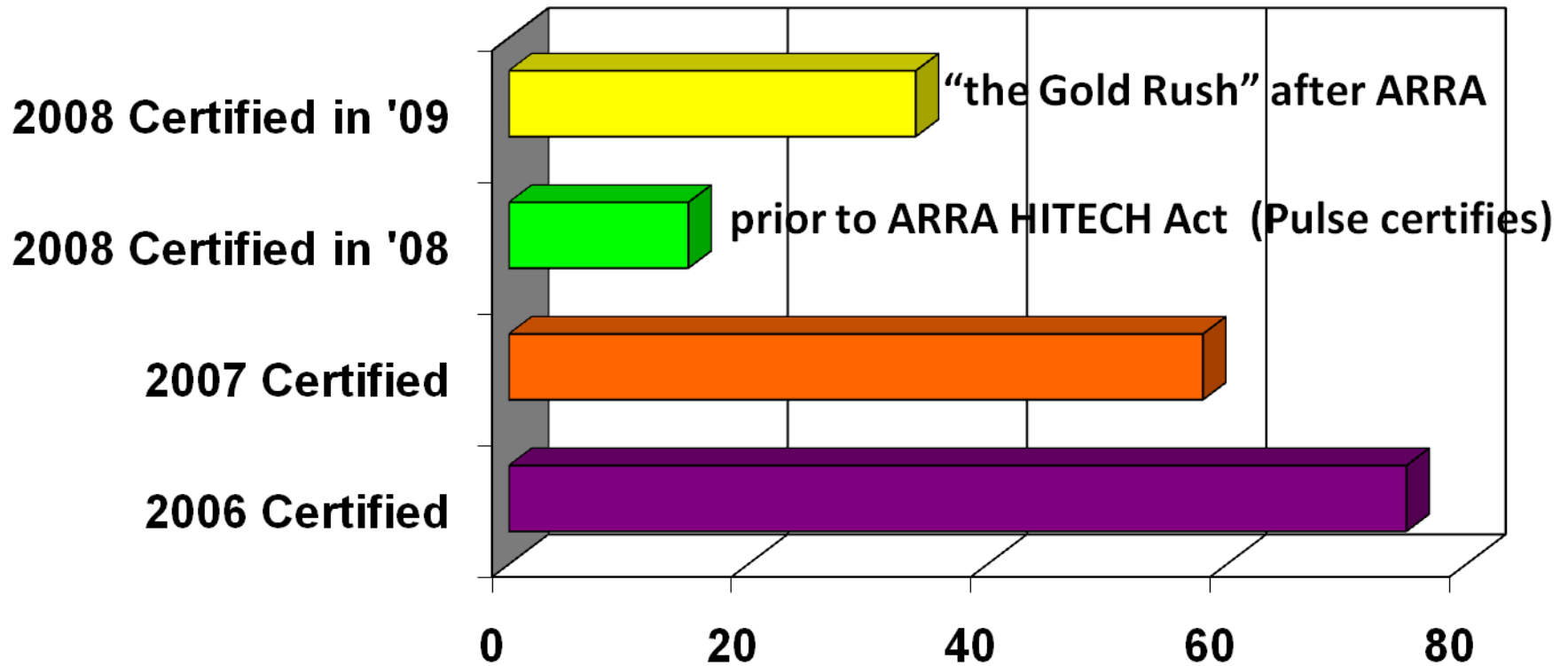
To Qualify Physicians Must:

1. Have a “Certified EHR”
  2. Use the EHR in a “Meaningful Way”
- HHS Secretary is required to approve both definitions
  - Office of the National Coordinator (ONC) charged with developing standards for recommendation to the HHS Secretary

# Qualification: 'Certified EHR'

- ONC has indicated that they will consider more certification entities than CCHIT
- ONC is expected to present certification program to HHS Secretary upon approval of 'Meaningful Use' definition
- CCHIT has 'jumped ahead' with CCHIT 2011 certification program based on ONC 'Meaningful Use' recommendation

# CCHIT Certifications History



# Pulse Certification Plan

- 2011 CCHIT Certification
  - Based on ONC final recommended 'Meaningful Use'
  - Significantly increased hurdle from 2008
  - Pulse applied upon application window opening in October of 2009
- Pulse guarantees the EHR solution will qualify for HITECH EHR certification

# Qualification: 'Meaningful Use'

- ONC Policy Committee released final recommendation on August 14, 2009
- 90 day public comment period
- Announced plan to present to HHS Secretary in Q1 2010 for final approval.

# Recommended Reporting Measures as of October 1, 2009

Health Outcomes Policy Priorities	Care Goals	2011 Objectives	2011 Measures
<p>Improve quality, safety, efficiency, and reduce health disparities</p>	<ul style="list-style-type: none"> <li>Provide access to comprehensive patient health data for patient's health care team</li> <li>Use evidence-based order sets and CPOE</li> <li>Apply clinical decision support at the point of care</li> <li>Generate lists of patients who need care and use them to reach out to patients (e.g., reminders, care instructions, etc)</li> <li>Report to patient registries for quality improvement, public reporting, etc</li> </ul>	<ul style="list-style-type: none"> <li>Use CPOE for all order types including medications [0P, 1P]</li> <li>Implement drug-drug, drug-allergy, drug-formulary checks [0P, 1P]</li> <li>Maintain an up-to-date problem list [0P, 1P]</li> <li>Generate and transmit permissible prescriptions electronically (eRx) [0P]</li> <li>Maintain active medication list [0P, 1P]</li> <li>Maintain active medication allergy list [0P, 1P]</li> <li>Record primary language, insurance type, gender, race, ethnicity [0P, 1P]</li> <li>Record vital signs including height, weight, blood pressure [0P, 1P]</li> <li>Incorporate lab-test results into EHR [0P, 1P]</li> <li>Generate lists of patients by specific condition to use for quality improvement, reduction of disparities, and outreach [0P]</li> <li>Send reminders to patients per patient preference for preventive/follow-up care [0P, 1P]</li> <li>Document a progress note for each encounter [0P]</li> </ul>	<ul style="list-style-type: none"> <li>Report quality measures, including:               <ul style="list-style-type: none"> <li>% diabetics with A1c under control [0P]</li> <li>% hypertensive patients with BP under control [0P]</li> <li>% of patients with LDL under control [0P]</li> <li>% of smokers offered smoking cessation counseling [0P, 1P]</li> </ul> </li> <li>% of patients with recorded BMI [0P]</li> <li>% eligible surgical patients who received VTE prophylaxis [1P]</li> <li>% of orders entered directly by physicians through CPOE</li> <li>Use of high-risk medications in the elderly [0P, 1P]</li> <li>% of patients over 50 with annual colorectal cancer screenings [0P]</li> <li>% of females over 50 receiving annual mammogram [0P]</li> <li>% patients at high-risk for cardiac events on aspirin prophylaxis [0P]</li> <li>% of patients with current pneumovax [0P]</li> <li>% eligible patients who received flu vaccine [0P]</li> <li>% lab results incorporated into EHR in coded format [0P, 1P]</li> <li>Stratify reports by gender, insurance type, primary language, race, ethnicity [0P, 1P]</li> </ul>
<p>Engage patients and families</p>	<ul style="list-style-type: none"> <li>Provide patients and families with access to data, knowledge, and tools to make informed decisions and to manage their health</li> </ul>	<ul style="list-style-type: none"> <li>Provide patients with electronic copy of — or electronic access to — clinical information (including lab results, problem list, medication lists, allergies) per patient preference (e.g., through PHR) [0P, 1P]</li> <li>Provide access to patient-specific educational resources [0P, 1P]</li> <li>Provide clinical summaries for patients for each encounter [0P, 1P]</li> </ul>	<ul style="list-style-type: none"> <li>% of all patients with access to personal health information electronically [0P, 1P]</li> <li>% of all patients with access to patient-specific educational resources [0P, 1P]</li> <li>% of encounters for which clinical summaries were provided [0P, 1P]</li> </ul>
<p>Improve care coordination</p>	<ul style="list-style-type: none"> <li>Exchange meaningful clinical information among professional health care team</li> </ul>	<ul style="list-style-type: none"> <li>Exchange key clinical information among providers of care (e.g., problems, medications, allergies, test results) [0P, 1P]</li> <li>Perform medication reconciliation at relevant encounters [0P, 1P]</li> </ul>	<ul style="list-style-type: none"> <li>Report 30-day readmission rate [1P]</li> <li>% of encounters where med reconciliation was performed [0P, 1P]</li> <li>Implemented ability to exchange health information with external clinical entity (specifically labs, care summary and medication lists) [0P, 1P]</li> <li>% of transitions in care for which summary care record is shared (e.g., electronic, paper, eFax) [0P, 1P]</li> </ul>
<p>Improve population and public health</p>	<ul style="list-style-type: none"> <li>Communicate with public health agencies</li> </ul>	<ul style="list-style-type: none"> <li>Submit electronic data to immunization registries where required and accepted [0P, 1P]</li> <li>Provide electronic submissions of reportable lab results to public health agencies [1P]</li> <li>Provide electronic syndrome surveillance data to public health agencies according to applicable law and practice [1P]</li> </ul>	<ul style="list-style-type: none"> <li>Report up-to-date status for childhood immunizations [0P]</li> <li>% reportable lab results submitted electronically [1P]</li> </ul>
<p>Ensure adequate privacy and security protections for personal health information</p>	<ul style="list-style-type: none"> <li>Ensure privacy and security protections for confidential information through operating policies, procedures, and technologies and compliance with applicable law</li> <li>Provide transparency of data sharing to patient</li> </ul>	<ul style="list-style-type: none"> <li>Compliance with HIPAA Privacy and Security Rules and state laws</li> <li>Compliance with fair data sharing practices set forth in the Nationwide Privacy and Security Framework<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>Full compliance with HIPAA Privacy and Security Rules</li> <li>An entity under investigation for a HIPAA privacy or security violation cannot achieve meaningful use until the entity is cleared by the investigating authority</li> <li>Conduct or update a security risk assessment and implement security updates as necessary</li> </ul>

<sup>1</sup>The Nationwide Privacy and Security Framework was released by The Department of Health and Human Services in December 2008. It is anticipated that further revisions may be made to this document during the calendar year 2010.

# 'Meaningful Use' Simplified

- e-Prescribing; prescription benefits, history and routing (SureScripts Solution Provider)
- Drug decision support
- Electronic receipt of lab data
- Problem list
- Quality reporting
- Interoperability

# Interoperability

ARRA HITECH funding interoperability organizations as critical aspect of HIT adoption success.

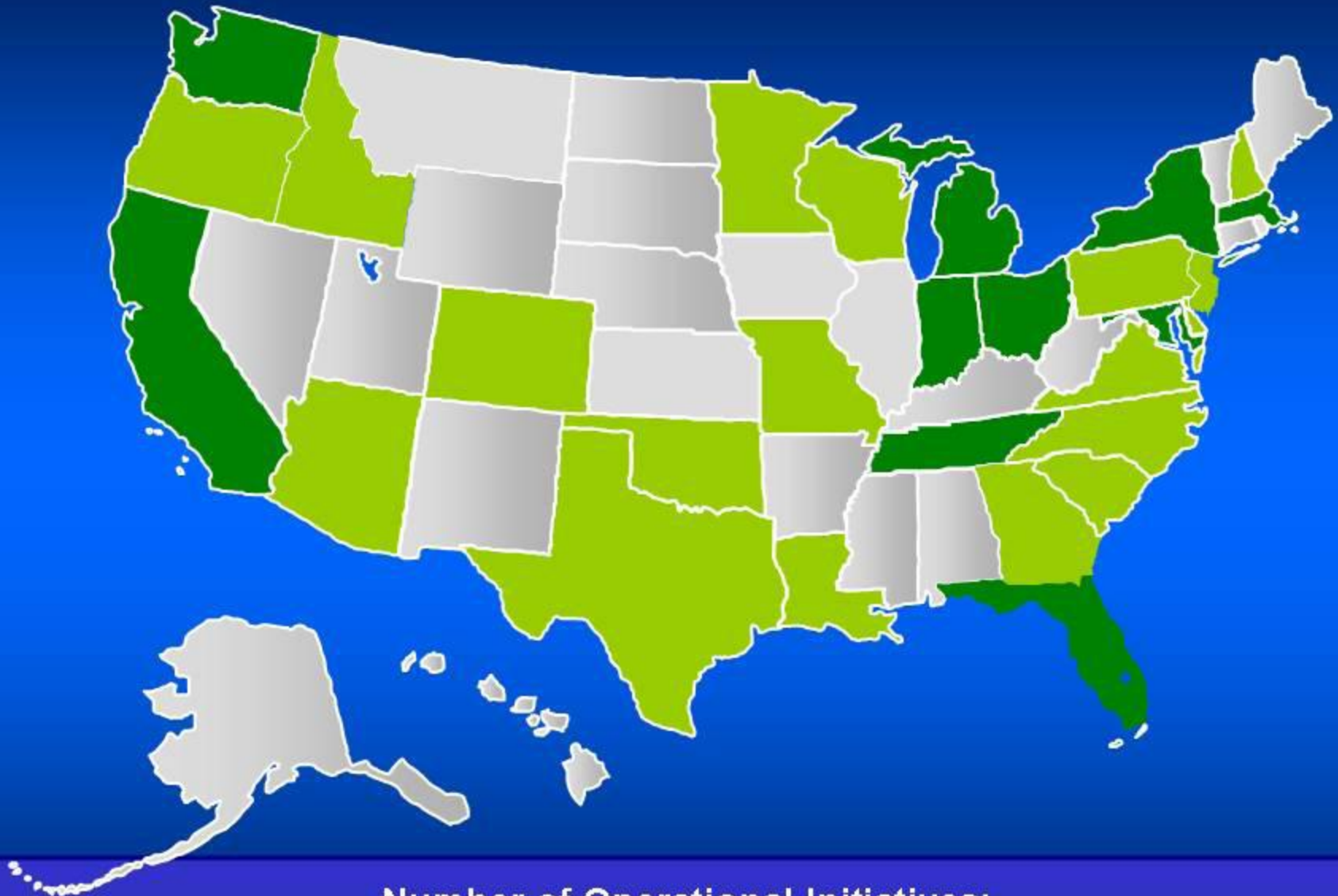
- Health Information Exchange (HIE)
  - Connect providers, hospitals, labs and payors with patient medical information access using CCD
- Regional Health Information Organization (RHIO)
  - Organizations that connect multiple HIE's
  - The building blocks of the proposed National Health Information Network (NHIN) initiative proposed by the Office of the National Coordinator (ONC)

# Health Information Exchange Initiatives Across the United States



- 2009 Survey Participant
- 2008 Survey Participant (still active)

# States with Operational HIE Initiatives



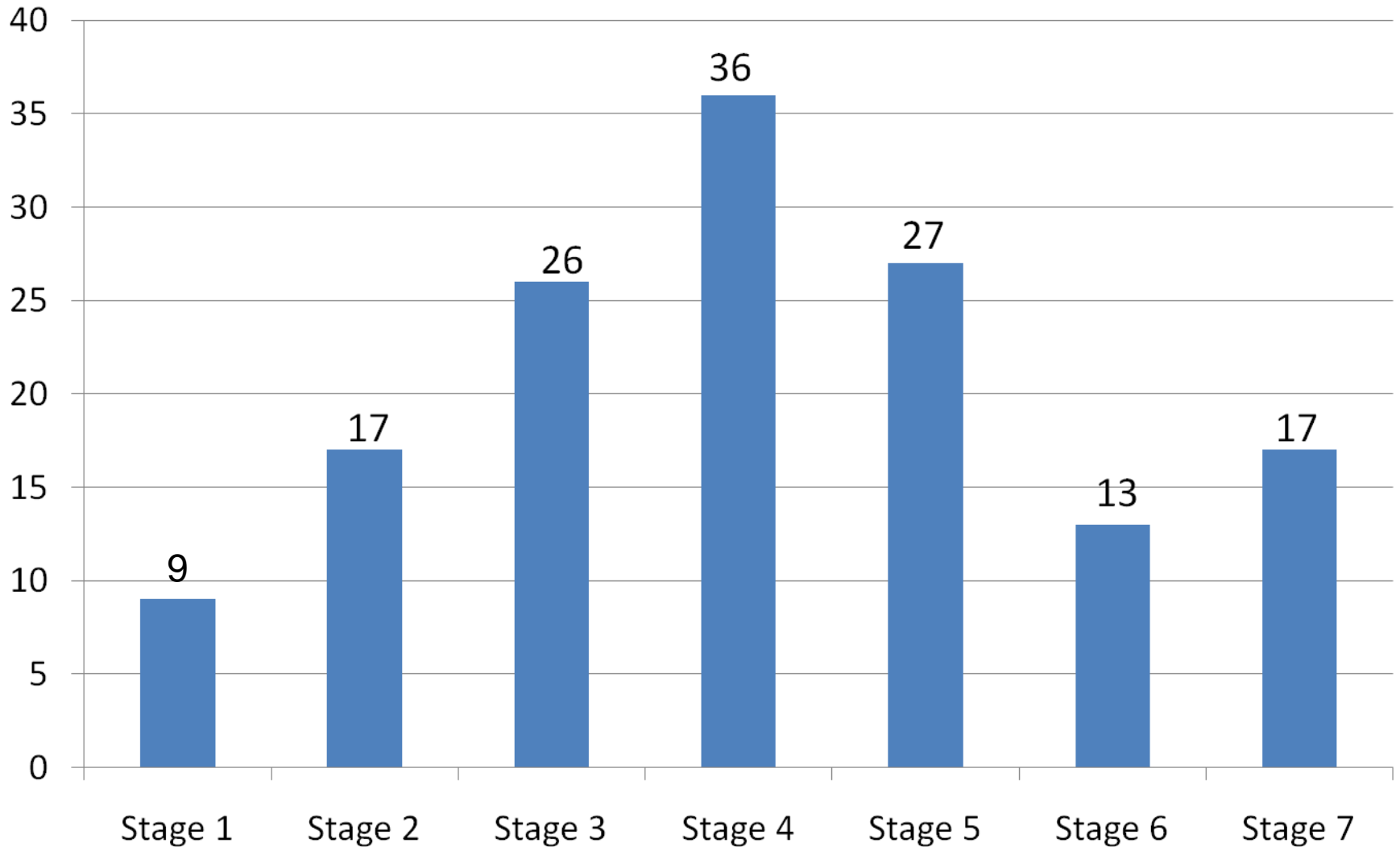
Number of Operational Initiatives:

None

One

Two or more

# 2009 HIE Stages of Development



# How Do We Stack Up?

- Industry estimates over 300 vendors
- Only 49 that are 2008 CCHIT Certified
  - Pulse was one of the Initial group of 10 vendors certified
  - How many will be 2011 certified?
- Fully adhere to SureScripts requirements for prescription benefits, history and routing.
  - Pulse is 1 of only 9 SureScripts Solution Providers
- MEDCIN - a UMLS adopted by the National Library of Medicine (NIH-HHS)
  - Pulse is 1 of only 8 utilizing the MEDCIN UMLS (list includes US Department of Defense and Microsoft)

# With Pulse, You are Prepared!

- Guaranteed HITECH EHR Certification
- Advanced Interoperability
  - CCD (Continuity of Care Document)
  - HL7 standards
  - SureScripts™ Solution Provider
  - HIE and RHIO organizations participation

Payments To An Eligible Professional  
Based On The Year In Which They Became A Meaningful User

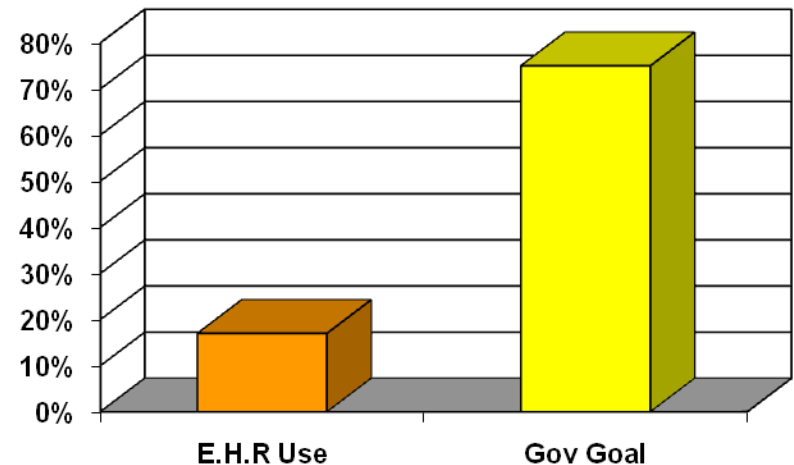
Payment Year	2011	2012	2013	2014	2015 & Thereafter
2011	\$ 18,000				
2012	12,000	\$ 18,000			
2013	8,000	12,000	\$ 15,000		
2014	4,000	8,000	12,000	\$ 12,000	
2015	2,000	4,000	8,000	8,000	\$ -
2016	-	2,000	4,000	4,000	-
2017	-	-	-	-	-
Total Incentive Payments	<u><u>\$ 44,000</u></u>	<u><u>\$ 44,000</u></u>	<u><u>\$ 39,000</u></u>	<u><u>\$ 24,000</u></u>	<u><u>\$ -</u></u>

When is the time to act?



# EHR Adoption

- 4% have a fully-functional EHR
- 13% have a basic EHR
- Of the remaining 83%
  - 16% have purchased an EHR but have not implemented it
  - 26% plan to purchase an EHR in the next two years



# How can we make your job easier?

An easier way.

- Easier to buy; \$0 Down, simple monthly fee
- Easier to install; Fully integrated PM, EHR, EDI, Document Management, Mobility...
- Easier to learn; customized training, PACE
- Easier to use; intuitive design
- Easier to adopt; modular implementation and multi-mode of encounter documentation

# Questions and Answers