Overview: Health Information Technology for Economic and Clinical Health (HITECH) Act

The American Recovery and Reinvestment Act (ARRA) includes the HITECH Act, which is designed to accelerate the adoption of interoperable electronic health records (EHRs) and other health information technology (HIT), and to promote health information exchanges (HIEs). The HITECH Act is not merely about technology implementation; it is about improving health outcomes through the application and use of technology. Meaningful use is derived from this concept. The intent is to have “meaningful users” who don’t just purchase a certified EHR system but who use it in a meaningful way to improve clinical outcomes.

The goal is for health care providers to use EHR-captured and -generated measures to monitor key policy outcomes. While the requirements for EHRs differ for eligible hospitals (EHS) and eligible professionals (EPs), they are both derived from the National Priorities Partnership convened by the National Quality Forum (NQF) in 2008 and stress achievement of the following national priorities to help focus performance improvement efforts:

- Improve quality, safety, and efficiency and reduce health disparities
- Engage patients and families
- Improve care coordination
- Improve population and public health
- Ensure adequate privacy and security protections for personal health information

Many clinicians may need to significantly change their workflow and patient care processes to more fully utilize an EHR in their daily patient care activities to achieve these priorities.

Current meaningful use Stage I requirements are intended to be a starting point for improved outcomes; and will continue to evolve to align with emerging national priorities. Accordingly, meaningful use requirements are intended to ramp-up in later stages, as the government expects that the resulting new processes from implementing Stage I will deliver better clinical outcomes, increased efficiency and an enhanced patient experience in future stages.

What should providers do to support their efforts to achieve Stage I meaningful use?

In order for providers to hit what is essentially a moving target, Deloitte has outlined a four-step approach to help providers achieve effective and safe EHR adoption in a “meaningful way” to improve clinical outcomes. These four steps help providers focus on increased patient safety, delivering higher levels of clinical quality, improving operational and technical performance, enhancing decision support and implementing uniform IT management methods – all of which are required to drive significant improvements to quality care.

1. Fully understand and analyze the final rules for the EHR Incentive Program and its key implications...

   ... and identify gaps, risks and challenges to achieving Stage I meaningful use.

2. Determine organizational readiness from a people, process and technology perspective...

   ... and identify major gaps and potential impacts to the provider; develop recommended remediation activities.

3. Develop or revise an effective and robust meaningful use strategy in alignment with organization objectives...

   ... and build a roadmap to initiate tactical planning and design activities.

4. Execute and monitor the implementation plan and training activities...

   ... and lead clinicians to adopt EHRs in a “meaningful way” to drive toward significant quality-of-care improvements
What are the four steps that providers should follow to support their meaningful use Stage I efforts?

1. Understand/Analyze Final Rules and Identify Gaps
   - Obtain understanding of the meaningful use objectives, measures, incentives, eligibility, timing and clinical quality metrics requirements.
   - Understand which incentives the provider qualifies for, and how implementation timing may affect the incentive value.
   - Identify gaps, challenges and risks to achieve meaningful use.
   - Assess additional considerations for implementation such as the need to:
     - Accelerate EHR functionality deployment or modify current implementation plans.
     - Revise deployment plans to align with HITECH incentives and minimize potential penalties.
     - Evaluate EHR vendor selection and implementation strategy.
     - Understand the new security and privacy requirements.
     - Overcome cultural, process and technology challenges to implement an EHR.
     - Address financial barriers to EHR adoption.
     - Implement compliance, reporting and outcome management in association with meaningful use requirements.

2. Determine Organizational Readiness
   - People
     - Evaluate need for dedicated resources and subject matter experts (SMEs).
     - Assess training needs.
   - Workflow/Process
     - Evaluate need to deploy additional advanced clinical functionality and/or improve adoption of existing EHRs.
     - Assess need to change workflow processes and design.
     - Develop processes to support data collection for meaningful use reporting.
     - Identify and address operational impediments to meaningful use, e.g. clinician adoption and governance structure.
   - Technology
     - Validate if certified EHR system is in place and if the modules allow for demonstration of all required meaningful use objectives and measures.
     - Determine capital needs.
     - Ensure system capability to collect and report both meaningful use and quality measures.
     - Validate system support for data interoperability (e.g., standardized clinical content and data repositories.)
     - Ensure vendor/provider-developed systems are compliant with content, privacy and security standards.

3. Develop Meaning Use Strategy, Initiate Planning and Design
   - Meaning Use Strategy and Planning
     - Develop/refine meaningful use strategy and align with organization objectives.
     - Develop project plan for Stage I meaningful use and establish an integrated PMO team.
     - Outline governance structure, scope, meaningful use and mitigation strategy, and project team resource strategy.
   - Design
     - Develop future-state processes/workflow design.
     - Design and develop data collection and electronic reporting capabilities.
     - Select new and/or improve existing EHR system functionality to meet new requirements and certification criteria.
     - Evaluate re-sequencing of EHR implementation given new criteria.
     - Develop clinical adoption strategy and clinical content including Clinical Decision Support (CDS).
     - Perform integration activities for implementation of certified EHR.
     - Develop detailed plan for testing, training, communications and change management.
     - Design appropriate clinical staff retention programs.
     - Assess necessary process/system changes to achieve Stages II and III goals as associated rules are known.

4. Develop, Execute and Monitor Implementation Plan
   - Implement
     - Develop and execute detailed implementation plan.
     - Consider current implementation timelines, and aim to coordinate efforts whenever possible.
     - Implement changes to business processes and systems.
     - Execute change management strategy and plan.
   - Training and Materials
     - Develop implementation toolkits to support transition activities.
     - Execute training strategy, clinician adoption and workforce transition plans.
   - Monitor and Improve
     - Monitor and evaluate implementation quality and business benefits.
     - Develop metrics and scorecard/dashboard to assess progress and change.
What is the timeline for Eligible Professionals?

Dates for the Eligible Professional EHR Incentive Program for both Medicare and Medicaid are based upon the Calendar Year (January 1st – December 31st).

MU = Meaningful Use

Example Scenario: Dr. Hart, an Eligible Professional

If Dr. Hart is eligible for receiving both Medicare and Medicaid incentive funds, she has to choose to participate in either program but not both. Dr. Hart ultimately chooses the Medicaid program as incentive payments are higher for that program. However, an example scenario is provided for both possibilities.

2011

1/1/2011: Cardiologist Dr. Hart is live on a certified EHR and begins the 90 day collection of meaningful use and quality measures for the first payment year. She has timed it perfectly to complete data collection right before attestation can begin.

4/1/2011: Dr. Hart attests to demonstrating meaningful use using the National Level Repository (NLR) for Medicare, as this is the first possible day to attest.

5/1/2011: This is the earliest that Dr. Hart may receive her first payment.

2015

CY 2015: Dr. Hart continues to demonstrate meaningful use, so she avoids the Medicare penalties that begin this year for those EPS still not demonstrating meaningful use.

2016

CY 2016: Dr. Hart will receive her final incentive payment this year, and has hit the maximum of $44,000, as she demonstrated meaningful use consecutively from 2011-2015.

2017

CY 2017: Dr. Hart would receive her final incentive payment this year and has hit the maximum $63,750, as she demonstrated meaningful use consecutively from 2011-2016.

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Example Scenario: St. Joseph’s Hospital, Mid-America

2010

10/1/2010: St. Joseph’s Hospital is live on their certified EHR system and after conducting a current state assessment, determined that they are ready to begin collecting meaningful use and quality measures for the first payment year. They use the next 3 months to test the reporting mechanisms.

2011

1/1/2011: St. Joseph’s Hospital has successfully tested their reporting mechanisms. They begin the 90 day data collection of meaningful use and quality measures for their first payment year. They have timed it perfectly to complete data collection right before attestation can begin.

April 2011

Attestation for the EHR Incentive Program begins

May 2011

Incentive payments may begin

7/1/2011

Last day to commence MU compliance for Medicare incentives for FY 2011

11/30/2011

Last day for EHs to register and attest to receive incentive for FY 2011

FY 2011

First year to receive Medicaid EHR incentive payments (from demonstrating efforts to adopt, implement, or upgrade certified EHR technology)

FY 2014

St. Joseph’s Hospital continues to demonstrate meaningful use and are receiving incentive payment from both Medicare and Medicaid. However, since States are required to disburse payment over 3-6 years, actual payments could occur later. For this reason, St Joseph’s Hospital could receive payment from 2016 to 2021 for choosing to demonstrate meaningful use consecutively from 2011 to 2015.

FY 2015: St. Joseph’s Hospital will receive their final Medicare incentive payment this year. They qualified in FY2011-FY2014 for the maximum four years.

FY 2016: Last year to receive Medicaid EHR incentive payment and maximum amount (assuming continuous demonstration of MU thereafter)

2016

FY 2016: Last year to receive Medicare EHR incentive payment

FY 2015: St. Joseph’s Hospital continues to demonstrate meaningful use, and avoids Medicare penalties that begin for this year for those hospitals still not demonstrating meaningful use.

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What are the critical success factors to achieve Stage I meaningful use?

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<th>Critical success factor</th>
<th>Components</th>
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| Secure Organizational Support/Leadership | • Alignment with organization/practice strategic objectives  
                                         • Strategic plan to achieve meaningful use within the organization/practice                                                   |
| Include Meaningful Use Project Governance Structure | • Defined meaningful use project (program) governance structure with appropriate internal reporting  
                                           • Defined budget and allocated resources                                                                                       |
| Execute Meaningful Use Program/Project Management | • Established PMO structure that supports Stage I and planning for future stages  
                                             • Dedicated, experienced resources to ensure coordination with other technology and implementation efforts  
                                             • Assigned SMEs representing all applications, legal/regulatory and training                                                   |
| Implement Certified EHR                 | • A vendor solution that meets organization/practice EHR objectives  
                                             • Incorporated access to clinical data that’s relevant to providers – give them a reason to use the EHR beyond demonstrating meaningful use  
                                             • An EHR privacy and security framework to manage access, support audit logging, and maintain security of personal health information (PHI) |
| Promote EHR System Meaningful Users     | • EHR (Clinical Information System) clinician adoption strategy  
                                             • Clinical content development including CDS  
                                             • Comprehensive end-user training with focus on meaningful use requirements/system use and clinical vocabulary standards  
                                             • Process/workflow redesign to support system adoption (leads to use and achievement of meaningful use objectives) |
| Define Quality Metrics                  | • Ensure that all core and required menu-set quality metrics are met  
                                             • Measure improved clinical outcomes (as defined by the organization)                                                        |
| Start the Planning Process Early        | • Earliest-possible adoption of meaningful use requirements, as the requirements increase in specificity over time and incentive payments decrease until the non-compliance penalties begin in 2015 (for Medicare) |
| Develop a Community Interoperability Strategy | • Ensure Health Information Exchange (HIE) integration and alignment with State/Local/Regional HIE, Regional Extension Centers (REC) initiatives and State Medicaid  
                                             • Plan for interoperability, exchange, and related standards implementation and regulation, keeping in synch with community initiatives |
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