The Use of Technology to Increase Efficiency and Effectiveness of Health Care Access and Outcomes

HANDOUTS

Presentation to

Senate Health and Social Services Committee

April 1, 2013

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II. Improving Access to Care: Health Information Technology & Telehealth

Challenge:

Improve access to safe, cost effective, quality healthcare in Alaska.

- Technology can help increase access, decrease costs, and improve the quality of health care.
- Public and nonprofit rural health care providers need access to advanced communications services equivalent to those in urban areas. Investment in telecommunications infrastructure and interoperable data systems is needed; systems should be sustainable beyond the initial seed money or grant that originally created it.

Strategies:

Increasing use of telehealth to bring quality primary health care and specialty services to remote areas where it might not otherwise be economical to do.

- Can increase efficiency of care in emergency situations; follow-up care often can be done locally, reducing travel costs; improves patient safety by increasing supervision of health aides; and provides opportunities for distance education and training of health professionals.
- Use of mobile devices for distance delivery of telebehavioral health care being considered Application of telemedicine to acute inpatient psychiatric care in a remote hospital..
- Establish a telehealth network in Alaska with the U.S. Veterans Administration to provide telebehavioral services to rural veterans.
- Establish connectivity and deploy telebehavioral health technology in Juneau, Gustavus, Coffman Cove, Naukati, Tenakee Springs and Elfin Cove to increase access to care.

Exchange electronic health information securely through direct messages between providers to improve patient safety and quality of care.

- Reduce errors through real-time sharing of relevant patient information; allows health care providers to provide a continuum of care, keep a closer watch on patients with a history of multiple or complex health issues or who receive care from multiple heath care systems.
- More than 4,000 users from 350 health organizations are exchanging health information via secure encrypted Direct Messaging. Alaska Public Health Laboratories is piloting a program to send electronic lab results directly to providers.
- A query-based health information exchange is expected to go live in April in the Fairbanks area and expand across the State shortly afterwards. Open enrollment for providers to join the query-based exchange is now available.

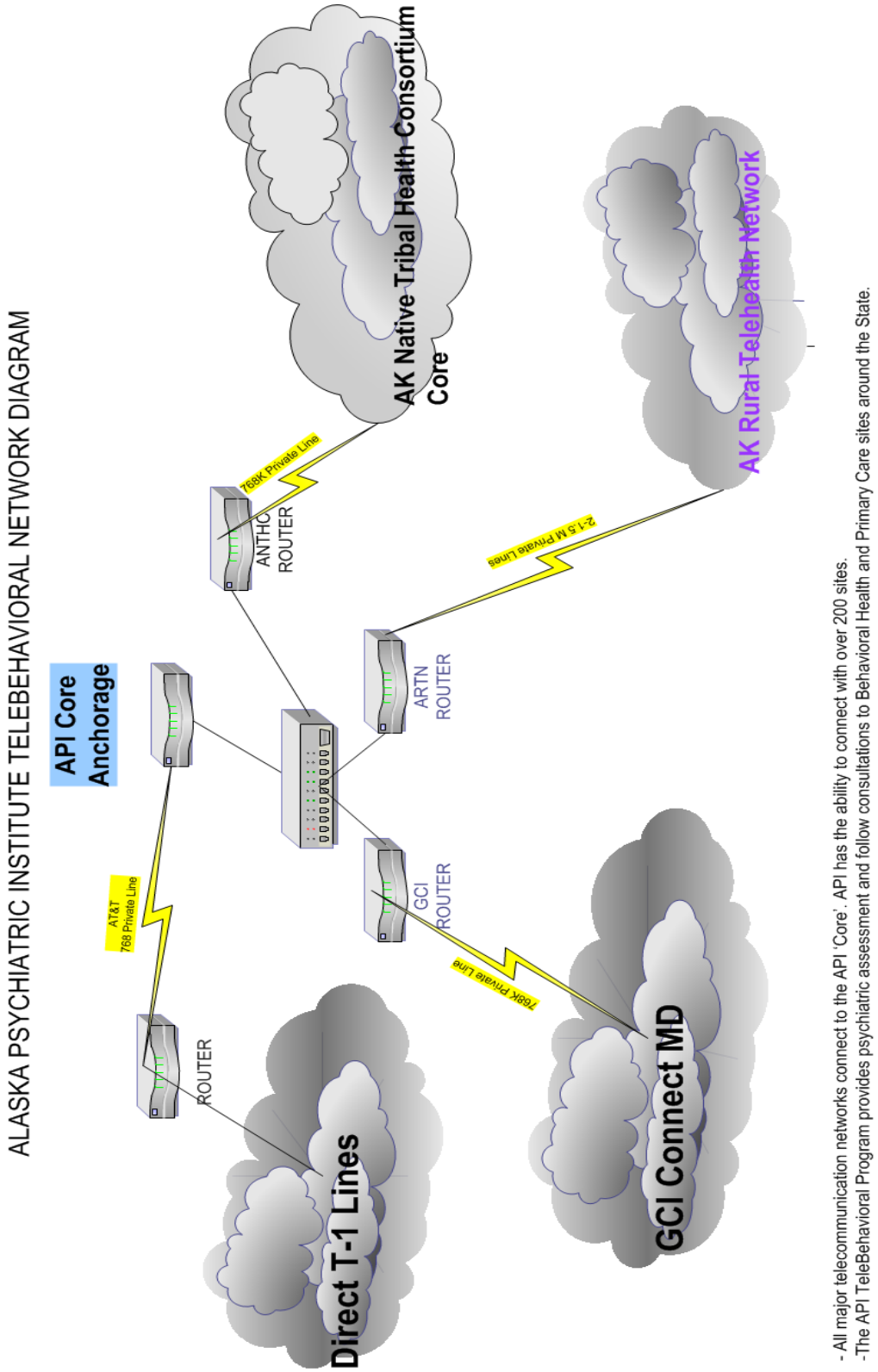
Assist providers in adopting electronic health records.

- Lowers costs and avoids duplication by ordering referrals and lab tests electronically.
- Improves efficiencies and streamlines patient-related administrative tasks by eliminating double and triple handling of patient forms, repetitive dictation, and manual note-taking.
- More than 400 Alaska healthcare providers have received nearly than $23 million in federal payments for adopting electronic health records and using them in a meaningful way to improve their practices. Not all providers qualify for incentives such as long term care, behavioral health and nurse practitioners.

III. Telehealth Projects in Department of Health & Social Services

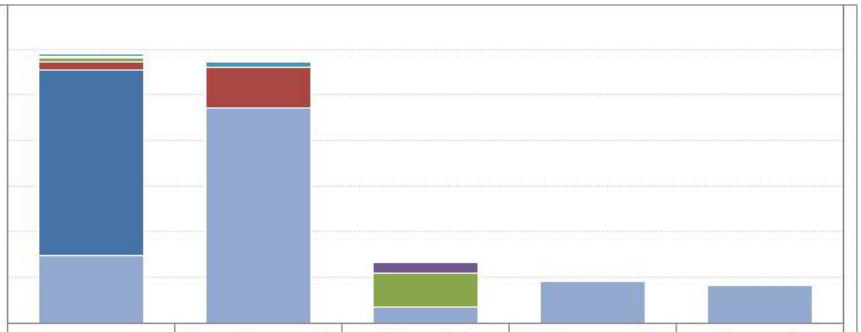
Agency	Behavioral Health Consults	Clinical Consults	Assessments & Case Planning	Visitation	Training & Administration
Health Care Services		Physician, ear/nose/throat, orthopedic surgery and speech therapy services for Medicaid enrollees.			
Office of Children's Services	Child protective services case consultations.	Psychiatric nurse consultation with other providers; medication consultations.	Case planning for youth aging out of system & placement from residential treatment into home communities.		Future – connect field offices
Behavioral Health	Planned – Telebehavioral health to grantees that serve rural veterans. Planned -- Mobile device pilot project.				
Alaska Psychiatric Institute	Behavioral Health consultations. Planned – ePsych alternative delivery to hospitals.	Consultation with out of state providers.	Assessments and case planning in rural facilities		
Juvenile Justice	Behavioral health services & crisis stabilization.		Assessments & case planning Planned – Adult Protective Service investigation, care coordination and case management	Visitation and therapy with families	Connects 8 detention facilities.
Senior & Disability Services			Planned -- Initial assessments/ reassessments for Medicaid Waivers		Future – Distance education and training for providers
Public Health	Planned -- Telebehavioral health in 6 Southeast AK communities.	Planned -- Network with Veterans Administration.			Future – supervision of health aides; distance education for providers; connect 26 health centers
Public Assistance			WIC nutrition assessment & case planning		

IV. Alaska Psychiatric Institute Telebehavioral Health Network



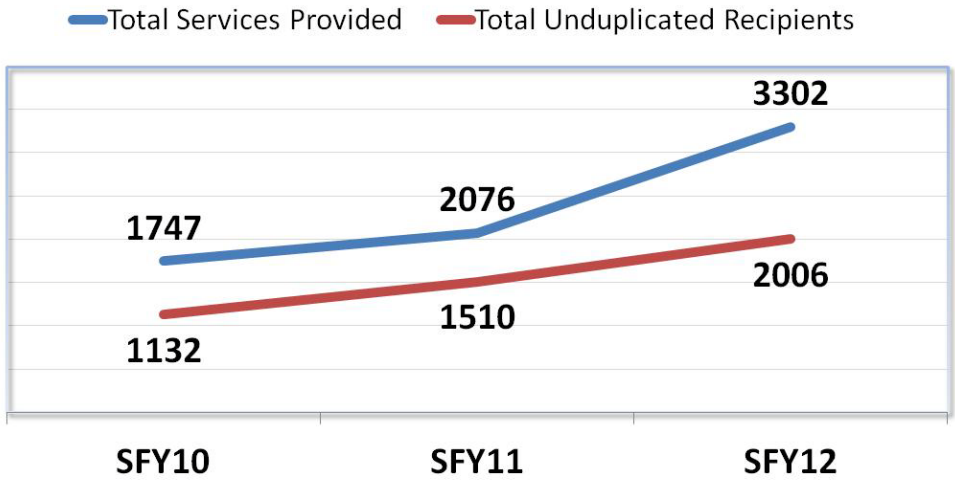
V. Medicaid Telehealth Services

Top 5 Telehealth Specialty Consults in Medicaid, FY 2012

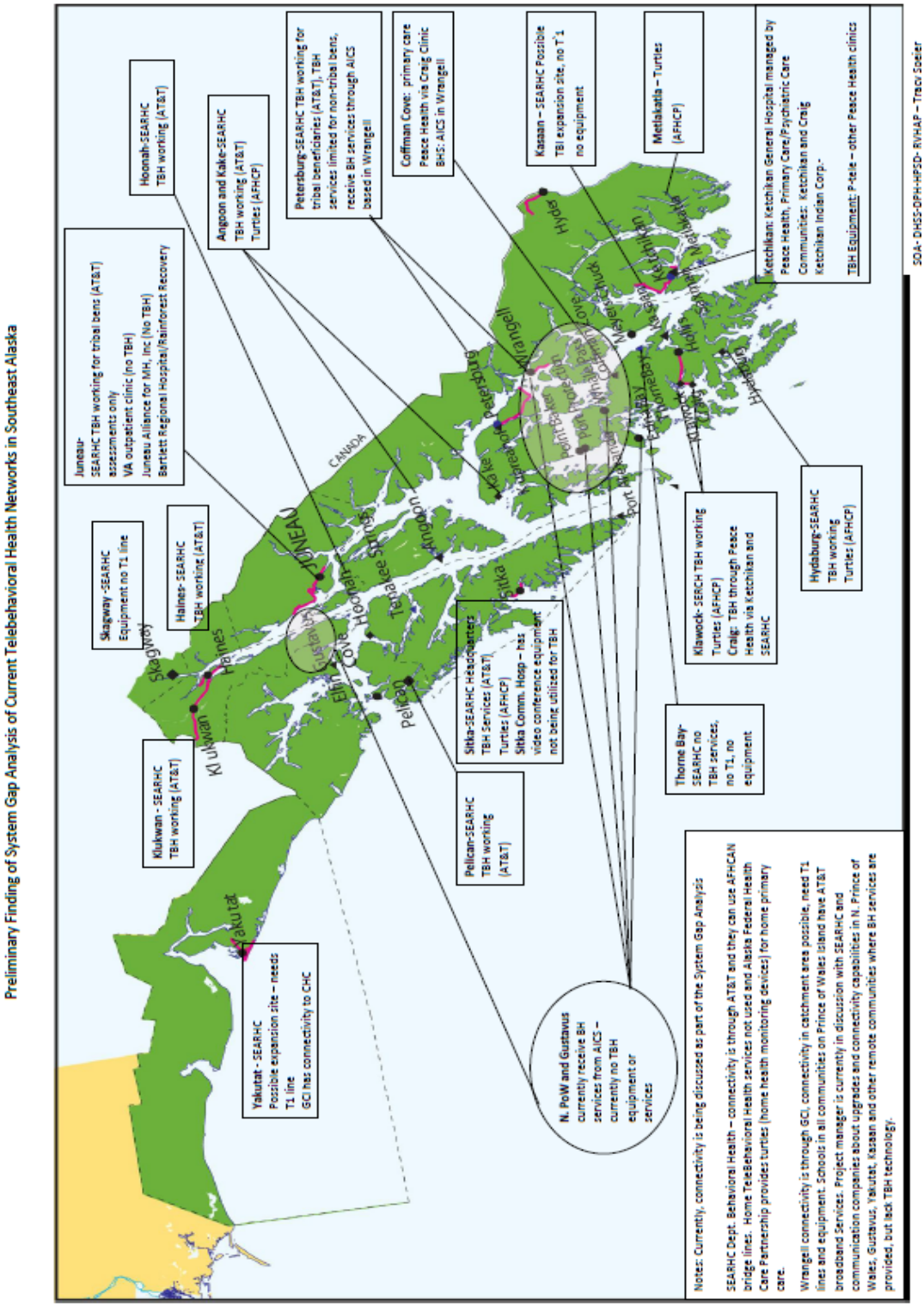


	Physician	Ear, Nose & Throat	Mental Health	Orthopedic Surgery	Speech Therapy
Y-K Health Corp.	16	26	6	0	0
Tanana Chiefs Conference	3	0	48	0	0
Chugachmiut	21	0	148	0	0
Norton Sound Health Corp.	35	178	0	0	0
Maniilaq Assoc.	815	0	0	0	0
Soutcentral Foundation	296	946	72	185	169

Medicaid Recipients Accessing Telehealth Doubled from SFY10 – SFY12



VI. Telehealth Gaps in Southeast Alaska



VII. Blue Button Basics

What is Blue Button?

"Blue Button" is a way for you to get easy, secure online access to your health information. To "Blue Button" means you can "download your health data" so you can use it to improve your health and be more engaged in your healthcare. As Americans, we each have the legal right to access our own health information held by doctors, hospitals and others that provide health care services for us. But many of us don't, either because we don't know we can, or because we're not sure what to do with our health information once we have it. Until recently, most medical information was stored in paper files, so it wasn't very easy to access or use anyhow. But all that is changing as more health care providers (doctors and hospitals) adopt electronic health record systems and other health information technology (health IT). Patients will have more opportunities to get access to their health records electronically and to engage with their clinical teams about their medical records.

What are the benefits of Blue Button?

America's health care system is rapidly going digital, and health care providers, insurance companies and others are starting to give patients and consumers access to their health information electronically through "Blue Button". Being able to access your health information on demand can be lifesaving in an emergency situation, can help prevent medication errors, and can improve care coordination so everyone who is caring for you is on the same page. As a result of Blue Button, many patients can now electronically access the vital health information they need such as current medications and drug allergies, claims and treatment data, and lab results. They can securely access and download that information and share it with people they trust. Increasingly, they can also plug their health data into mobile apps and other tools that help them to better understand their health, prevent illness, and modify their own behaviors in healthy ways. Study after study shows that engaged patients recover more quickly, and stay healthy longer.

How can I "Blue Button" or download my health information?

Today, Blue Button is available to Veterans, uniformed service members, and Medicare beneficiaries, and almost a million people have downloaded their own health information. Other federal agencies and many companies in the private sector such as UnitedHealthCare[1] and Aetna[2], are also offering their beneficiaries or members a way to "Blue Button" or download their health data. Many people in the U.S. still don't have easy, electronic access to their health information, and many don't know that the Federal government has taken a large step towards solving that problem. More and more health care providers, health plans, pharmacies, labs and others are giving patients easy-to-use tools to securely access, reliably download, and conveniently share their own health information. We encourage you to ask your health care provider, health plans, pharmacies and others if you can download your own health information and use it to better manage your health and engage in your healthcare!

References

1. Business Wire. "Blue Button® Goes Viral: UnitedHealthcare Promotes Importance of Personal Health Records to Millions of Enrollees".
2. Aetna. "Aetna Makes it Easier for Members to Share Personal Health Information with Care Providers to Improve Quality Care".

VIII. Blue Button – White House Article

Subscribe

'Blue Button' Provides Access to Downloadable Personal Health Data

Posted by Aneesh Chopra, Todd Park, and Peter L. Levin on October 07, 2010 at 03:47 PM EDT

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In August, President Obama announced the creation of a new "Blue Button"—a web-based feature through which patients may easily download their health information and share it with health care providers, caregivers, and others they trust. Since then, the Department of Veterans Affairs (VA) and the Centers for Medicare & Medicaid Services (CMS) in the Department of Health and Human Services (HHS) have beta-tested their respective systems—with great success.

Today the Administration is announcing the formal launch of Blue Button for Veterans and Medicare beneficiaries, as well as announcing the winners of a groundbreaking challenge by two leading foundations for private-sector vendors to create applications that have the potential to provide secure, reliable, and portable personal health records while supporting the Administration's goal of encouraging greater use of health information technology, including electronic health records.

Veterans who log onto My HealtheVet at www.myhealth.va.gov and click the Blue Button can save or print information from their own health records. Using a similar Blue Button, Medicare beneficiaries who are registered users of www.mymedicare.gov can log onto a secure site where they can save or print their Medicare claims and self-entered personal information. Data from of each site can be used to create portable medical histories that will facilitate dialog with Veterans' and beneficiaries' health care providers, caregivers, and other trusted individuals or entities.

This new option will help Veterans and Medicare beneficiaries save their information on individual computers and portable storage devices or print that information in hard copy. Having ready access to personal health information from Medicare claims can help beneficiaries understand their medical history and partner more effectively with providers. With the advent of the Blue Button feature, Medicare beneficiaries will be able to view their claims and self-entered

Button feature, Medicare beneficiaries will be able to view their claims and self-entered information—and be able to export that data onto their own computer. The information is downloaded as an "ASCII text file," the easiest and simplest electronic text format. This file is also easy to read by the individual; it looks like an organized report.

The My HealtheVet personal health record includes self-entered health metrics (including blood pressure, weight, and heart rate), emergency contact information, test results, family health history, military health history, and other health-related information. The ASCII text file that Veterans can download will include this information. As additional personal health information becomes available to VA patients through the My HealtheVet personal health record, this will also be added to the VA Blue Button download. The VA's Blue Button system has generated an overwhelmingly positive response since its soft launch this summer; more than 60,000 Veterans have already used it to access their records.

Registered users of MyMedicare.gov have long been able to view their Medicare claims information, and they have been able to add their personal and health information such as emergency contact information, names of pharmacies and providers, self-reported allergies, medical conditions, and prescription drugs. Now, with the Blue Button, CMS is making it convenient and safe for them to download and share this information in an easy-to-read and portable format. The CMS Blue Button has generated a positive response since its soft launch as well; more than 5,600 beneficiaries have already used it to download their data.

An open-government initiative, Blue Button results from a collaboration between VA and HHS to develop an online feature that would enable Veterans and Medicare beneficiaries to easily read, use, and share their personal health information with providers and others they trust. The ASCII text file format was selected for its ease of use by individuals, while allowing computers to easily "read" the information.

In developing this opportunity, VA and CMS both stress the importance to users of protecting the electronic information on their personal computers with appropriate security measures. Once individuals download their data, they will need to ensure its safety—for example, by encryption or password protection.

As of today, Blue Button will be accessible to all My HealtheVet accounts—about one million Veterans in all—as well as 47 million Medicare enrollees. The VA and Medicare systems protect patient privacy by allowing access only to authenticated users. Also, reflecting the Obama Administration's emphasis on fostering new innovation ecosystems, Blue Button is designed to encourage and accommodate improvements by third-party application developers.

In fact, to make this information even more useful, the Markle and Robert Wood Johnson Foundations recently challenged developers to create applications that expand on the Blue Button's promise by helping consumers use their data to stay healthy and manage their care. Eighteen companies competed for the $2,500 prize and the opportunity to have coffee with Clay Shirky, author of Here Comes Everybody and Cognitive Surplus. Submissions were judged on their usefulness, potential impact on health, ease of use, and accessibly from a variety of computing platforms.

Today we are pleased to announce the winner of this challenge: Adobe's Blue Button Health Assistant. This new "app" provides a comfortable and familiar user layout and eases the linkage of consumer information—including immunizations, allergies, medications, family health history, lab test results, and military service histories—among patients, providers, and caregivers using My HealtheVet, or claims data for those using the CMS Button.

Soon, Blue Button users may be able to augment the downloaded information that is housed on their computers—or that they transferred to a commercial personal health record or other health application—through automated connections to, and downloads from, major pharmacies including Walgreens and CVS; lab systems such as Quest and LabCorp; and an increasing number of inpatient and outpatient electronic medical records systems.

Adobe's achievement, along with the recently announced Blue Button capability for Microsoft's HeathVault, demonstrates the innovative power that advanced information technology can bring to healthcare. The Blue Button challenge has empowered tens of thousands of Americans and seeded a growth industry that should help lower healthcare costs and improve quality.

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IX. Health Information Exchange Press Release

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STATE OF ALASKA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Press Release

COMMISSIONER'S OFFICE

FOR IMMEDIATE RELEASE: March 20 2013

Contact: Catherine Stadem, 907-269-3495; Catherine.stadem@alaska.gov;
Susan Morgan, 907-269-4496, susan.morgan@alaska.gov

Alaska recognized as leader in advancing the use of health information technology

Federal government lauds state's efforts to increase use of health information technology

ANCHORAGE — Alaska officials have been recognized by the federal government as national leaders for their efforts to enhance the safety and quality of health care by embracing the use of health information technology.

Despite the near-universal use of electronic and automated processes across many industries — including banking, shopping, communication, news, and entertainment — America's medical system has remained stuck in the past, with doctors, pharmacies and hospitals often relying upon paper records. As a result, the different health care providers who treat a single patient (primary care physician, cardiologist, and dermatologist, for example) rarely have access to the same medical history, which makes diagnoses and developing treatment plans for that patient more difficult.

Use of paper records can also undermine good coordination of care among a patient and all of his/her care providers since health care officials have to copy and fax or mail needed information to each other.
"The state of Alaska is working to help Alaska's health care providers, hospitals and pharmacies adopt and implement technologies that allow them to communicate securely and electronically, in real time," said Sheetal Shah, HIE Project Officer, the Office of the National Coordinator for Health Information Technology. The Office of the National Coordinator is specifically recognizing the efforts in Alaska because:

- **3,984 health care providers and their office staff are enabled for electronic care summary exchange.** This means that after a patient goes to see her cardiologist, for example, her primary care physician will electronically receive a care summary with details from the appointment. This care summary helps update the patient's file and medical history and creates a complete view of her information for providers, thus ensuring better care coordination.

"We're proud of the work being done to improve care of people throughout Alaska and are thrilled the effort is receiving national recognition," said Paul Cartland, Health Information Technology Coordinator, Alaska Department of Health and Social Services. "Good communication among everyone involved in keeping a person healthy is vital to ensure good outcomes."

Current technologies make it easy and safe for doctors, nurses, pharmacists and others to communicate with each other on their patients' behalf. It results in fewer errors and means health care providers and their staff can spend more time actually talking with their patients, Cartland said. "That's what we're working toward."

The Office of the National Coordinator for Health Information Technology — which has led the process of establishing the essential building blocks to support this secure exchange of health information—is recognizing the early achievements of 22 of 56 U.S. states and territories participating in this effort.

X. Health Information Technology & Health Information Exchange

What is health information technology?

Your medical information, which used to be in a paper chart, is being converted to an electronic medical record using health information technology (HIT). Eventually, you and your doctor or nurse will be able to send messages back and forth using HIT.

You will be able to pull your record from multiple systems using secure software and hardware developed specifically to protect your information. HIT is designed to collect, store, and exchange patient data.

HIT replaces the paper processes of the past. Your health information is securely stored and shared only with the same providers and insurers who received the paper information. Doctors and hospitals can now replace unsecure fax machines, copiers, and mailing processes with a secure method for transmitting your health data from point to point.

Health data is protected by a process known as encryption, which makes the data unreadable except by a health care professional who has a decryption key.

What is health information exchange?

The ability to exchange health information electronically is the foundation of efforts to improve health care quality, safety, and efficiency in the United States.

Health information exchange (HIE) is the electronic *sharing* of health-related information.

The Alaska eHealth Network (AeHN) is the organization that manages the electronic sharing of health-related information between electronic health record (EHR) systems for Alaska. This is done through secure, encrypted data exchange using standards developed specifically for health care. The only person who can access and view your data is your physician or their designated staff using a decryption key.
Sharing health information electronically eliminates the need for faxing, copying, and hand-carrying your record from doctor to doctor.

Nationally, electronic health information exchange has resulted in:

- Faster and more effective emergency treatment,
- Greater patient satisfaction,
- Improved public health disease reporting, and
- Avoidance of duplicate testing, negative drug interactions, and allergic reactions.

AeHN is a non-profit organization governed by a board of directors from all across Alaska with representation from consumers, hospitals, physicians, businesses, and state government. These leaders are committed to securing your health information at all times to ensure it is only accessed by authorized individuals for authorized use by law for treatment and payment.

Why is health information technology important to me?

In the same way that information technology has revolutionized everyday life from the way we manage our finances to how we watch movies, information technology is changing the way we address the health of our communities.

What are the benefits of health information technology?

- **Better information means safer care.** Electronic health records (EHRs) offer a more complete picture of your health than paper records. Providers aren't just treating one specific ailment; they're improving your overall health.
- **Faster, more accurate prescriptions.** E-prescribing systems automatically send orders to the pharmacy. Say "good bye" to deciphering your provider's cryptic handwriting.
- **Reduce unnecessary tests. You** have probably answered the same questions about personal information and medical history dozens of times on seemingly identical forms. Allowing authorized providers to share your health information reduces redundancies in x-rays, lab testing, and paperwork.
- **Secure access to information. In the event of a tragedy or natural disaster, your health information can be transferred and accessed electronically. Paper health records may be unrecoverable or completely destroyed under these circumstances.**

In the very near future, you will be able to view the information in your own medical record. Those with access to their own medical information are more informed about their care and tend to lead healthier lives.

How is my health information used?

Whether it's on paper or in an electronic health record (EHR), there won't be any difference in how your health information will be used or shared. Just like your health information in the paper record, your health information in the EHR is protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule.

Under this rule, your health information can be shared with:

- Other doctors and hospitals for treatment purposes,
- Insurers for billing purposes, and
- State and federal health reporting agencies (such as immunization and cancer registries), as required by law.

It's also important to understand that your health information can't be given to your employer, used for sales or advertising, or used for other purposes without your signed permission.

An EHR provides a digital version of the paper file you see at the doctor's office. When an EHR is connected to all of your health care providers, it gets your health information accurately into the hands of people who need it.

In the very near future, you will be able to subscribe and view the information in your own electronic medical record. Those who have access to their own medical information are more informed about their care and tend to lead healthier lives.

How is my health information protected?

The Alaska eHealth Network (AeHN) utilizes the highest technology security standards available in the industry today to protect your health information.

In no circumstances is data provided to anyone other than your provider or your insurer, as allowed by law. This is the same reporting that currently occurs with your paper health information by fax or mail. Electronic transfer allows your data to be transferred securely and provides you with an audit of where your data has been sent.
You can rest assured knowing that your health information is also encrypted into a type of language that can only be translated, or decrypted, by someone who has the certificates and authority to do so. You will also have peace of mind

knowing that every time your personal health information is accessed by your physician or nurse, an audit trail is recorded. This type of accountability provides an additional layer of security for your health information.

There are federal and state laws regarding who can access your data. These laws permit access to health data only for treatment and payment. Access to your health information is mediated by permission controls, such as passwords or security certificates. This ensures that only authorized individuals like your doctor or nurse can have access to your protected health information.

AeHN also has trust agreements with all health information exchange (HIE) participants. These agreements define who can access and change data. All AeHN participants agree to follow the privacy and security policies that govern data protection and use.

What are my options for participation?

Participation in health information technology (HIT) and data sharing in Alaska is voluntary. The choice you make will not affect your ability to access medical care. If you believe the risks of health information technology outweigh the benefits, you may choose to Opt-Out, or not participate.

You should understand that when you Opt-Out, your medical information will not be available to help participating physicians manage your care, even in an emergency. Your choice is personal and will only be shared with your physician.

When you Opt-Out, all of your health information will be removed from the system and only enough demographic information will be kept to make sure that no health information about you is added to the system. This means that if you choose to Opt-In at some future date, there will be no access to past information.

If you are unsure if you wish to participate, you can choose Partial Opt-Out. This means that your health information is stored in an encrypted file and will only be accessed in an emergency, such as an ER visit. The emergency doctor will be given a decryption key to view your data and will be required to answer a question about why the record is being accessed.

Information about access is stored with your health record and can you can request this information by contacting the Alaska eHealth Network.

XI. Direct Secure Messaging (DSM) General Information

What is Alaska eHealth Network direct secure messaging?
Direct secure messaging (DSM) is a secure, encrypted web-based communication system for physicians, nurse practitioners, physician assistants, and other healthcare providers to share protected health information (PHI).

Practical uses for direct secure messaging

- Provider refers a patient to a specialist
- Specialist sends a care summary back to a referring provider
- Clinical lab delivers preliminary, final, or amended lab results
- Care coordinator shares care plans with providers, Medicaid, or other payers
- Mandatory public health reporting

Benefits of direct secure messaging

- Replaces non-secure fax, phone, mail, and other courier methods for delivery of PHI
- Reduces cost for physician offices and hospital medical record departments
- Provides structured data for importing into electronic health records (EHRs)
- Enables physicians to meet meaning use stage 1 outcome—improve care coordination
    - Core objective: Capability to exchange key clinical information among providers of care and patient-authorized entities electronically
    - Measure: Perform at least one test of the certified EHR technology's capacity to electronically exchange key clinical information
    -

For more information, please contact info@ak-ehealth.org.

XII. Direct Secure Messaging – Provider Experience

Melinda M. Rathkopf, MD, FAAAAI, FACAAI, FAAP

Allergy, Asthma and Immunology Center of Alaska

The fax machine has long overstayed its welcome in the world of healthcare. Today, there's a much better way to share clinical information that's safer and more secure than a stack of fax pages could ever hope to be—it's called direct secure messaging. Also known simply as DSM, direct secure messaging is an encrypted, web-based email client where healthcare providers can share clinical data, such as referrals, patient summaries, and lab results. Compatible with the web browser of your choice–all you need is an internet connection, your unique username and password, and you're in! The interface with DSM is simple and should seem familiar to anyone who uses email regularly, which makes learning how to use DSM easy and intuitive. Dr. Melinda Rathkopf of the Allergy, Asthma and Immunology Center of Alaska first used DSM as a participant in a pilot community to send test messages to other providers. She's been so pleased with the service that she hasn't looked back. With DSM, she can download the clinic note from her EHR as a PDF, and with just a few clicks can send protected, encrypted patient information to the clinic that needs it. Sharing clinical information between those who have it and those who need it allows providers to give patients the best care possible. "DSM is simple to use, but I wish more people were on it so I could send messages to anyone", Rathkopf said.

XIII. Alaska Medicaid Electronic Health Record Incentive Program – Program Information

The Medicaid Electronic Health Records (EHR) Program provides incentive payments for certain Medicaid health care providers to adopt and use EHR technology in ways that can positively affect patient care.

An EHR, is sometimes called electronic medical record (EMR), allows health care providers to record patient information electronically instead of using paper records. However, EHRs are often capable of doing much more than just recording information. The EHR Incentive Program asks providers to use the capabilities of their EHRs to achieve benchmarks that can lead to improved patient care.

The Medicaid EHR Incentive Program is not a reimbursement program for purchasing or replacing an EHR. Providers have to meet specific requirements to receive incentive payments.

A provider can select to participate in either the Medicaid Incentive program or the Medicare Incentive program, and they are only allowed to switch between programs one time. There are no penalties for not participating in the Medicaid EHR Incentive Program; however Medicaid eligible providers who also treat Medicare patients will have a payment adjustment to Medicare reimbursements in 2015 if they do not successfully demonstrate meaningful use.

Differences between the Medicaid and Medicare EHR Incentive Programs:

Medicaid EHR Incentive Program	Medicare EHR Incentive Program
Every state runs its own program	Run by Centers for Medicare & Medicaid Services (CMS)
Program runs from 2011 through 2021	Program runs from 2011 through 2016
Maximum incentive amount is $63,750 (across 6 years of program participation)	Maximum incentive amount is $44,000 (across 5 years of program participation)
No Medicaid payment reductions if you choose not to participate	Payment reductions begin in 2015 for providers who are eligible but choose not to participate
In the first year, providers can receive an incentive payment for adopting, implementing, or upgrading a certified EHR.	In the first year and all remaining years, providers must demonstrate meaningful use of certified EHR technology to get incentive payments.
In all remaining years, providers will meet meaningful use guidelines, just like in the Medicare program.	

Program Eligibility Requirements for Eligible Professionals (EPs)

- Be an Eligible Provider (EP)
  - Physicians (MD and DO)
  - Nurse practitioners
  - Certified nurse-midwives
  - Dentists
  - Physician assistants who work in a Federally Qualified Health Center (FQHC)or Rural Health Clinic (RHC) that is lead by a physician assistant

- EPs will need to meet patient volume thresholds – 30% Medicaid Patient Volume for most EPs and 20% Medicaid Patient Volume for board certified pediatrician.
    - The Alaska patient volume thresholds are calculated using as the numerator the individual EP's total number of Alaska Medicaid encounters in any consecutive 90-day period in the previous full calendar year or in the most recent 12 month period preceding attestation, or any consecutive 3 month period greater than or equal to 90 days and the denominator is all patient encounters for the same individual professional over the same selected time period
    - EPs who work predominantly in FQHCs or RHCs may meet "needy individual" volume requirements when the clinical location for over 50% of his/her total patient encounters over a period of 6 months in the prior calendar year occurs at an FQHC or RHC. To be identified as a "needy individual," patients must meet one of following criteria: (1) received medical assistance from Alaska or the Children's Health Insurance Program; (2) Were furnished uncompensated care by the provider; or (3) Were furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay
    - DHSS will allow clinics or group practices to use the practice or clinic patient volume and apply it to all EP's in their practice if the three conditions are met. (1) The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP; (2) there is an auditable data source to support the clinic's patient volume determination; and (3) so long as the practice and EPs decide to use one methodology in each year.
    - Medicaid encounters that comprise patient volume are defined consistent with CMSs final rule and include encounters for which Medicaid paid in whole or in part, such as those within Medicaid fee-for-service, 1115 waiver programs (includes Title XIX and Title XXI funded Medicaid expansions), and certain zero-pay claims. Zero-pay claims include:
        - Claims denied because the Medicaid beneficiary has achieved maximum service limits
        - Claims denied because the service wasn't covered under the State's Medicaid Program
        - Claims paid at $0 because another payer's payment exceeded the Medicaid payment (third party liability)
        - Claims denied because the claim was not submitted timely.

      Also allowed are encounters where the services rendered on any one day to a Medicaid-enrolled individual regardless of the payment liability (Medicaid recipient seen but Medicaid not billed as the service not a Medicaid covered service). The provider is responsible for providing proof of these patient encounters
- Out-of-state providers are eligible to participate in this program. Out-of-state providers have the same eligibility requirements as in-state providers. Alaska must be the only state they are requesting an incentive payment from during that participation year. For audit purposes, out-of-state providers must make available any and all records, claims data, and other data pertinent to an audit by either the Alaska Department of Health and Social Services or Centers for Medicare and Medicaid Services. The out of state provider must be enrolled with Alaska Medical Assistance in order to participate in the Alaska Medicaid EHR Incentive Program.
- Hospital based EP's may be eligible starting in 2013 if they meet the CMS guidelines. If the EP can demonstrate use of their own funds for acquisition, implementation and maintenance of certified EHR technology, although they may be "hospital based", they may be eligible for an EHR Incentive Payment. Hospital-based means 90% or more of their covered professional services are in an inpatient setting.
- Have a valid professional license, no sanctions nor OIG Exclusions

Adopt, Implement or Upgrade (AIU). Federal regulations allow EPs and EHs who participate in EHR Incentive Program to receive incentive payments if they adopt, implement or upgrade to a certified EHR technology in the first year of participation. (This option is not available through the Medicare Incentive Program in which all providers must meet meaningful use in the first year.) At the time of attestation, the EP or EH will be required to provide documentation supporting the claim of AIU, such as a contract or paid invoice.

What does Adopt, Implement or Upgrade Mean?	
Adopt	Acquire, purchase, or secure access to certified EHR technology
Implement	Install or commence utilization of certified EHR technology capable of meeting meaningful use requirements;
Upgrade	Expand the available functionality of certified EHR technology capable of meeting meaningful use requirements at the practice site, including staffing, maintenance, and training, or upgrade from existing EHR technology to certified EHR technology per the ONC EHR certification criteria.

Meaningful Use (MU) of EHR Technology is a major goal of this program. CMS has determined that MU will be rolled out in three stages. The current rule provides specific information on Stage 1 which focuses heavily on establishing the functionalities in certified EHR technology that will allow for continuous quality improvement and ease of information exchange. They include:

- Electronically capturing health information in a structured format;
- Using that information to track key clinical conditions and communicating that information for care coordination purposes (whether that information is structured or unstructured, but in structured format whenever feasible);
- Implementing clinical decision support tools to facilitate disease and medication management;
- Using EHRs to engage patients and families; and
- Reporting clinical quality measures and public health information.

Stage 1 Meaningful Use – Eligible Professionals (EPs)

To meet Stage 1 MU measures, the EP must meet thresholds or have exclusion for 15 Core Objectives, report on 5 of the 10 Menu Objectives (including at least one of the Public Health Measures), and demonstrate 6 Clinical Quality Measures

Core Objectives

- Computerized provider order entry (CPOE)
- Drug-drug and drug-allergy checks
- Maintain an up-to-date problem list of current and active diagnoses
- E-Prescribing (eRx)
- Maintain active medication list
- Maintain active medication allergy list
- Record demographics
- Record and chart changes in vital signs

- Record smoking status for patients 13 years or older
- Report ambulatory clinical quality measures to States
- Implement clinical decision support
- Provide patients with an electronic copy of their health information, upon request
- Provide clinical summaries for patients for each office visit
- Capability to exchange key clinical information
- Protect electronic health information

Menu Objectives

- Submit electronic data to immunization registries (Public Health Measure)
- Submit electronic syndromic surveillance data to public health agencies (Public Health Measure)
- Drug formulary checks
- Incorporate clinical lab-test results
- Generate lists of patients for preventive/follow-up care
- Patient-specific education resources
- Electronic access to health information for patients
- Medication reconciliation
- Summary of care record for transitions of care

There are approximately 38 Clinical Quality Measurers and they do not have thresholds to meet, the provider need only to demonstrate use.

Stage 2 Meaningful Use – Eligible Professionals (EPs)

- For Stage 2 Meaningful Use the EP must meet 17 Core Objectives, 3 out of 6 Menu Objectives, and 9 out of 64 Clinical Quality Measures.

New for Stage 2 in 2014

- Use secure electronic messaging to communicate with patients on relevant health information
- Provide patients the ability to view online, download and transmit their health information within 4 business days of the information being available to the provider
- Record electronic notes in patient records
- Imaging results accessible through Certified EHR Technology (CEHRT)
- Record patient family history
- Identify and report cancer cases to a State cancer registry
- Identify and report specific cases to a specialized registry (other than cancer registry)
- EPs can electronically report CQMs either individually or as a group using Physician Quality Reporting System (PQRS) in Quality Reporting Data Architecture (QRDA) Category I format or a CMS-designated transmission method – Electronic submission of aggregate-level data in QRDA Category III format.

New for Public Health – Stage 2 in 2014

- EPs and EHs are required to utilize the transport method or methods supported by PHA in order to achieve meaningful use. Public Health Agency (PHA) can partner with HIE organizations to facilitate the submission of public health data electronically from EHRs.
- Registration of intent to initiate ongoing submission was made by the deadline and the EP/EH is still engaged in testing and validation of ongoing electronic submission
- Registration of intent to initiate ongoing submission was made by the deadline.

- There is a Joint Public Health Informatics Taskforce (JPHIT) that is a collaboration of national public health associations created to assist agencies with achieving meaningful use criteria, specifically with the creation of the repository for syndromic surveillance, lab reports, and cancer registries

Program Eligibility Requirements for Eligible Hospitals (EHs)

- Must be Acute Care hospital with at least 10% Medicaid patient volume. May include Critical Access Hospital and cancer hospitals.
- Adopt, Implement, or Upgrade your EHR to an Office of the National Coordinator for Health Information Technology (ONC) certified EHR technology for the first year payment. An acute care hospital including Critical Access Hospitals (CAH)
    - Acute Care and Critical Access Hospitals must have:
    - Medicaid discharges of at least 10% for the Medicaid patient volume,
    - An average Length of Stay (LOS) of 25 days or less,
- Children's Hospitals with a CCN that ends in 3300 – 3399 do not to meet the patient volume threshold.

There are some hospitals that do not have CCNs that end in the numbers listed above however; CMS has provided special guidance as to which hospitals qualify under this change in the rule.

Stage 1 Meaningful Use – Eligible Hospitals (EHs)

- For Stage 1 Meaningful Use, the EH must meet 14 core Objectives, 5 of 10 Menu Set Objectives, and 15 Clinical Quality Measures

Core Objectives

- Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per State, local, and professional guidelines
- Implement drug-drug and drug-allergy interactions checks
- Maintain an up-to-date problem list of current and active diagnoses
- Maintain active medication list
- Maintain active medication allergy list
- Record demographics
- Record and chart changes in vital signs
- Record smoking for patients 13 years old or older
- Report hospital clinical quality measures to the states
- Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule
- Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request
- Provide patients with an electronic coy of their discharge instructions at time of discharge, upon request
- Capability to exchange key clinical information among providers of care and patient authorized entities electronically.
- Protect electronic health information

Menu Set Objectives

- Implement drug formulary checks

- Record advance directives for patients 65 years old or older
- Incorporate clinical lab-test results into EHR as structured data
- Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach
- Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate
- The eligible hospital that receives a patient from another setting of care or provider of care believes an encounter is relevant should perform medication reconciliation
- The eligible hospital that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral.
- Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.
- Capability to submit electronic data on reportable lab results to public health agencies and actual submission according to applicable law and practice
- Capability to submit electronic syndromic surveillance data to public health agencies and actual submission according to applicable law and practice.

There are approximately 44 Clinical Quality Measurers and they do not have thresholds to meet, the provider need only to demonstrate use.

Stage 2 Meaningful Use – Eligible Hospitals (EHs)

- For Stage 2 Meaningful Use the EH must meet 16 Core Objectives, 3 out of 6 Menu Objectives, and 16 of 29 Clinical Quality Measures.

New for Stage 2 in 2014

- Automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record
- Provide patients with ability to view online, download and transmit their health information within 36 hours of discharge from the hospital
- Record electronic notes in patient records
- Imaging results accessible through Certified EHR Technology (CEHRT)
- Record patient family health history
- Generate and transmit permissible discharge prescriptions electronically (eRx)
- Provide structured electronic lab results to ambulatory providers
- Hospitals will electronically report their CQMs in the QRDA Category I format through the infrastructure similar to the EHR Reporting Pilot for hospitals, which will be the basis for an EHR-based option in the Hospital Inpatient Quality Reporting program. They may also submit aggregate-level data in QRDA III format.

XIV. Alaska Medicaid Electronic Health Record Incentive Program – Payment Information

Adopt, Implement, or Upgrade (AIU) payments:

- 336 Eligible Professionals (EPs)
- 18 Eligible Hospitals (EHs)

Of those paid AIU, EPs and EHs receiving Meaningful Use (MU) Payments:

- 41 Eligible Providers or 12%
- 6 Eligible Hospitals or 33%

The grace period for 2012 EH payments ended 11/28/2012 (based on Federal Fiscal Year) and EP payments ended 03/01/2013 (based on calendar year). There are 239 EPs who have submitted attestations for 2012 AIU payment and 64 EP's for a 2012 MU payment in February 2013. We conduct a prepayment validation for the program and anticipate eligibility determination to be made in the next 3-4 months for all the submissions. This will add approximately $5M in AIU and $5.5K in MU payment totals.

Eligible Providers and Eligible Hospital's paid as of March 26, 2013

336	EPs Paid AIU	$7,118,752.00
41	EPs Paid MU	$348,500.00
377	**Total Eligible Provider Payments**	**$7,467,252.00**
18	EHs Paid AIU	$12,651,999.91
6	EHs Paid MU	$3,313,886.13
24	**Total Eligible Hospital Payments**	**$15,965,886.04**
401	**Total Payments**	**$23,433,138.04**

Examples of Clinics/Practices Paid for Year 1:

Clinic	Amount	Number of Providers
Alaska Women's Health	$191,250.00	9
Anchorage Pediatric Group	$170,000.00	8
Fairbanks Clinic	$21,250.00	1
Ghosh Psychiatric Services	$21,250.00	1
LaTouche Pediatrics	$382,500.00	18
Homer Medical Clinic	$85,000.00	4
Interior Community Health Center	$148,720	7
Denali OB/GYN Clinic	$127,500.00	6
AK Center for Pediatrics	$148,750.00	7
Kenaitze Tribe	$42,500.00	2
Allergy Asthma and Immunology	$42,500.00	2
Capstone Family Medicine	$42,500.00	2
Tanana Valley Medical Surgical Group	$162.917.00	8
Glacier Pediatrics	$106,250.00	5
Providence Extended Care	$42,500.00	2
Providence Matanuska Health Center	$148,750	9
Providence Physicians Org	$425,000.00	20
Juneau Birth Center	$63,750.00	3
Providence Family Medicine Center	$913,750.00	43
Kodiak Area Native Association	$170,000.00	8
Anchorage Neighborhood Health Center	$170,000.00	8
Maniilaq Health Center	$63,750.00	3
Native Village of Eklutna	$21,250.00	1
The Children's Clinic	$70,835.00	5
SouthEast Alaska Regional Health Consortium	$1,253,750.00	59
Alaska Children's Heart	$85,000.00	4
Southcentral Foundation	$1,020,000	48
Sunshine Community Health Center	$63,750.00	5
Many single providers make up the balance of the totals		

Hospitals Paid Adopt, Implement, Upgrade (AIU) and Meaningful Use (MU):

Hospital	Amount	AIU or MU
Mat-Su Regional	$654,509.32	AIU
Columbia Alaska Regional	$511,831.15	AIU
Central Peninsula	$448,983.50	AIU
Fairbanks Memorial	$686,988.78	AIU
Peacehealth (Ketchikan)	$515,395.63	AIU
Providence Valdez Medical Center	$488,250.00	AIU
City of Seward (Providence)	$443,250.00	AIU
Providence Kodiak Island	$498,750.00	AIU
Providence Health & Services (Anchorage)	$1,800,977.66	AIU
SouthEast Alaska Regional Health Consortium	$192,000.00	AIU
Maniilaq Association	$874,500.00	AIU
Arctic Slope Native Association	$434,750.00	AIU
Bristol Bay Area Health Corporation	$1,431,250.00	AIU
Yukon Kuskokwim Health Corporation	$1,021,546367	AIU
Petersburg Medical Center	$117,000.00	AIU
Alaska Native Tribal Health Consortium	$1,223,767350	AIU
South Peninsula Hospital	$568.250.00	AIU
Norton Sound Regional Hospital	$740,000.00	AIU
Alaska Native Tribal Health Consortium	$979,013.76	MU
Columbia Alaska Regional	$409,464.92	MU
Arctic Slope Native Association	$347,800.00	MU
Mat-Su Regional Medical Center	$523,607.45	MU
City of Seward (Providence)	$354,400.00	MU
Maniilaq Association	$669,600.00	MU