Medicare EHR Demonstration Project

Project Design and Objective:
• 5-year project encouraging small-medium sized primary care practices to use EMR to improve patient care quality

• To show that widespread adoption and use of EMR will reduce medical errors and improve care quality

CANCELLED
HITECH ACT
(Part of Recovery Act)

• INCENTIVE PAYMENTS
  – Medicare (Medicaid a separate choice)
    • Eligible: Physicians
    • Based on “Meaningful EMR Use”
      – CCHIT Certified
      – E-prescribing
      – Health information exchange connection
      – Submission of clinical quality measures
  • Begins 2011
  • Maximum $44,000 over 5 years per physician (system costs ~ $40,000)
    – Medicaid incentives available as well (providers choose one or the other)
• AFTER 2015
  – Decremental reimbursement for not using EMR
HITECH ACT
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• Grants to states
  – Health information exchange planning and development, to states or state-designated entities
  – HIT extension programs (to non-profits)
  – EMR Adoption Loan program
    • Previously created with MeHAF & FAME for EHR Demonstration
    • 5:1 federal match
HIT: New Directions

• Next Steps:
  – HIT Steering Committee convened by Governor’s Office of Health Policy and Finance
    • HealthInfoNet
    • Dirigo Health Agency
      – Dirigo Health Agency’s Maine Quality Forum
    • Department of Health and Human Services
      – MaineCare
      – Maine CDC
      – Maine Hospital Association
      – Maine Osteopathic Association
      – Maine Medical Association
      – Maine Health Access Foundation
  – Developing Strategic Plan (required for grant eligibility
    • Consistent with National Coordinator’s plan
    • Business case, gaps, barriers, by sector
    • Target date for completion June 2009
HAI: MDRO Prevention

- Unanimous “Ought to Pass” by Health and Human Services Committee on 4-9-09
  - LD 960 (Rep. Linda Sanborn)
    - MQF/MHDO shall adopt rules regarding public reporting on:
      - Targeted Surveillance (screening) of high-risk populations for MRSA
      - Reporting on elements of MDRO prevention programs including
        » Hand hygiene
        » Contact precautions
        » Isolation policies
        » Response to increase in infection rates
      - (above metrics to be determined by MQF and Maine Infection Prevention Collaborative, expanded to include bedside nurse and consumer)
  - LD 1038 (Rep. Goode)
    - Requires targeted surveillance for MRSA in high-risk populations as defined by MQF