



HIT: The time is now

Federal incentives for electronic health records, CO-REC free assistance program and statewide health information exchange plan are ready: Are you?

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Last month, the federal government released final rules for its electronic health record (EHR) incentive program, spelling out just what physicians must do to receive payments in 2011 and 2012. The Colorado Regional Extension Center (CO-REC) officially began assisting qualifying practices to achieve “meaningful use” of health information technology (HIT). And local and national health care leaders called on physicians to act.

“The time is right to do things differently,” Joan Henneberry, executive director of Colorado’s Department of Health Care Policy and Finance, told a group of more than 200 at a summit organized by CORHIO, the state-designated entity for health information exchange (HIE).

David Blumenthal, the national coordinator for health information technology at the Department of Health and Human Services, called widespread use of EHRs and HIE inevitable, and urged physicians to take advantage of the federal incentive money while it’s available.

“There is up to \$27 billion (in federal incentive funds) on the table, ready to help physicians that have come to the conclusion that their future is electronic,” said Blumenthal, who appeared at the CORHIO event via live video feed from Washington, D.C. “Who’s going to help you pay for this in 10 years?” he asked.

It won’t be the government. Incentive funds of up to \$44,000 or \$63,500 per physician, depending on the program, are available only for the next few years.

To qualify for the full amount, a physician must demonstrate meaningful use by Oct. 1, 2012. After that date, the maximum payment gets smaller each year. Physicians who can’t demonstrate meaningful use of HIT by 2015 will lose a portion of

their Medicare payments, and that penalty will increase each year.

Meaningful use

The EHR incentive fund program was part of the federal stimulus bill signed into law in early 2009. The program provides money to physicians and other eligible providers who demonstrate “meaningful use” of a certified EHR.

The final rule released last month states that physicians and other eligible providers may begin signing up for the program in January 2011. The first payments, for the Medicare incentive program, will be issued to qualifying physicians in mid-May 2011.

To get that first payment, physicians must demonstrate meaningful use for 90 days. (To receive a payment in 2012, physicians must demonstrate meaningful use for a full 12 months).

The rule released in July makes clear that just implementing an EHR isn’t enough. Physicians must also attest or otherwise demonstrate that they are using the EHR to improve quality, safety and efficiency. The rule requires physicians to meet a series of 20 objectives, and to report at least six clinical quality measures, in order to demonstrate meaningful use.

For 2011 and 2012, there is a “core set” of 15 objectives that all physicians must meet. In addition, physicians may

choose five additional objectives from a list of 10 “menu set” objectives. For the clinical quality measures, all physicians must report three core measures. They must also report three additional measures of their choosing.

A full list of the objectives and clinical quality measures is available on the CMS/Component Societies’ HIT Web site: <http://cms.org/HIT/1HITHome.html>.

Help has arrived

Colorado Medical Society and the component medical societies are working closely with CORHIO and the CO-REC to help physicians prepare for and make decisions about HIT and HIE.

CO-REC received federal grant funding to help physicians and other eligible providers reach meaningful use. Their services include free project management provided by staff from several CO-REC partners, including the Colorado Foundation for Medical Care, Health TeamWorks and Physician Health Partners (PHP). These providers work with practices to determine if they are ready for HIT, to select an EHR if they do not have one, and to work with them to reach meaningful use.

Last month Suman Morarka, MD, became one of the first Colorado physicians to take advantage of CO-REC services.

“(HIT) is coming,” said Morarka, a member of the CMS Board of Directors. “I think (the EHR) will be more efficient. It will reduce errors and questions about prescriptions. I think it will save me time.”

Dr. Morarka had been eagerly awaiting the final rule on meaningful use so she could begin working with CO-REC to select and implement an EHR. Because she is a member of PHP’s Colorado Pediatric Partners IPA, a PHP staff member is serving as her CO-REC provider.

“I need somebody who is an expert in this technology and who can be on my side,” Morarka added. “They are doing it at no cost. There is no downside.”

At this point, CO-REC services are free for “priority primary care providers,” or primary care physicians (including OB-GYN) in small practices. They are striving to assist 2,295 primary care providers to achieve meaningful use by February 2012. CO-REC hopes to have the capacity to work with specialists and larger primary care providers around the middle of 2011.

“CO-REC and its six partner organizations provide the needed hands-on, field support for primary care providers in Colorado to advance the rapid adoption and use of health IT,” said Robyn Leone, director of CO-REC. “CO-REC services launched last month and having the final rule for meaningful use will help us assist small, primary care practices to achieve meaningful use and access federal stimulus funds as soon as possible. Colorado health care providers are poised to make rapid advancements in the adoption of



Suman Morarka, MD, (center), and her staff members Yanet Calzontzi and Julie MacDonnell (left) are working with PHP staff Glenn Smith and Britta Fuglevand (right) to implement HIT.

electronic health records and health information exchange, and we are excited to be part of helping them improve patient care and get to meaningful use.”

Meanwhile CMS and the component societies continue to work with CO-REC and CORHIO to provide tools for physicians and their staff, regardless of practice type. Look for more information online and in future issues of *Colorado Medicine*. ■

Additional HIT Resources

**CMS/Component Societies’
HIT Web site:**

<http://cms.org/HIT/1HITHome.html>

CO-REC:

720-285-3245

www.co-rec.org

CORHIO:

www.corhio.org

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