

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

13 April 2009

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

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HITECH ACT

(Part of Recovery Act)

- **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

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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**

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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

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