



Medicare & Medicaid EHR Incentive Programs

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HIT Standards Committee
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Active Registrations - December 2011

		December-11	YTD
Medicare	Eligible Professional	8,996	123,923
	Hospital	0	168
	Total	8,996	124,089

Medicaid	Eligible Professional	9,614	49,051
	Hospital	9	75
	Total	9,623	49,126

Medicare/Medicaid	Hospital (registered for both Medicare & Medicaid)	200	2,834
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TOTAL		18,819	176,049
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For final CMS reports, please visit:
http://www.cms.gov/EHRIncentivePrograms/56_DataAndReports.asp



Medicare Incentive Payments – December 2011 Meaningful Use (MU)

	December 2011 Providers Paid	December 2011 Payments	YTD Providers Paid	YTD Payments
Eligible Professional	4,997	\$ 86,946,000	15,255	\$ 295,760,910
Medicare Only Hospital	4	\$ 5,600,870	38	\$ 56,782,557
Medicare & Medicaid Hospital (Medicare Payment)	189	\$ 369,136,265	566	\$ 1,052,839,955
TOTAL	5,190	\$ 464,683,136	15,859	\$ 1,384,212,512

For final CMS reports, please visit:
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Medicaid Incentive Payments – December 2011 (Both MU and AIU)

	December 2011 Providers Paid	December 2011 Payments	YTD Providers Paid	YTD Payments
Eligible Professional	2,794	\$ 58,373,535	14,089	\$ 295,760,910
Medicare & Medicaid Hospital (Medicaid Payment) + Medicaid Only Hospital	230	\$ 171,007,212	1,043	\$ 853,715,723
TOTAL	3,024	\$ 229,380,747	15,132	\$ 1,149,476,633

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EHR Incentive Programs – December 2011 Totals

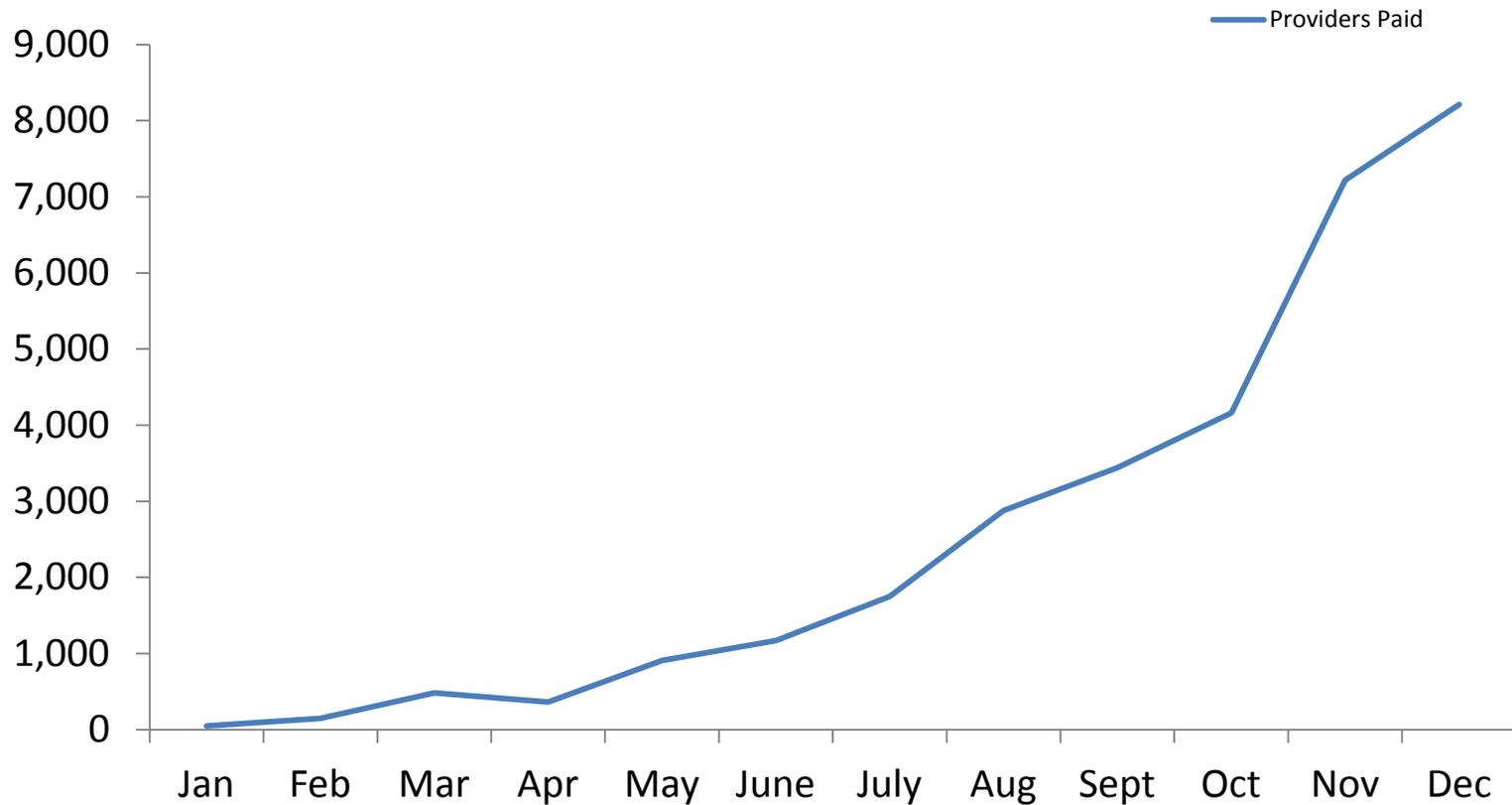
Registrations	December-11	YTD
Medicare EPs	8,996	123,921
Medicaid EPs	9,614	49,051
Medicaid/Medicare Hospitals	200	2,834
Total	18,819	176,049

Payments	December-11	YTD
Medicare EPs	\$95,546,870	\$331,372,557
Medicaid EPs	\$64,239,678	\$362,010,379
Medicaid/Medicare Hospitals (Medicare Payment)	\$369,136,265	\$1,052,839,955
Medicaid/Medicare Hospitals (Medicaid Payment)	\$165,141,069	\$787,466,254
Total	\$694,063,883	\$2,533,689,145



EHR Incentive Programs – December 2011

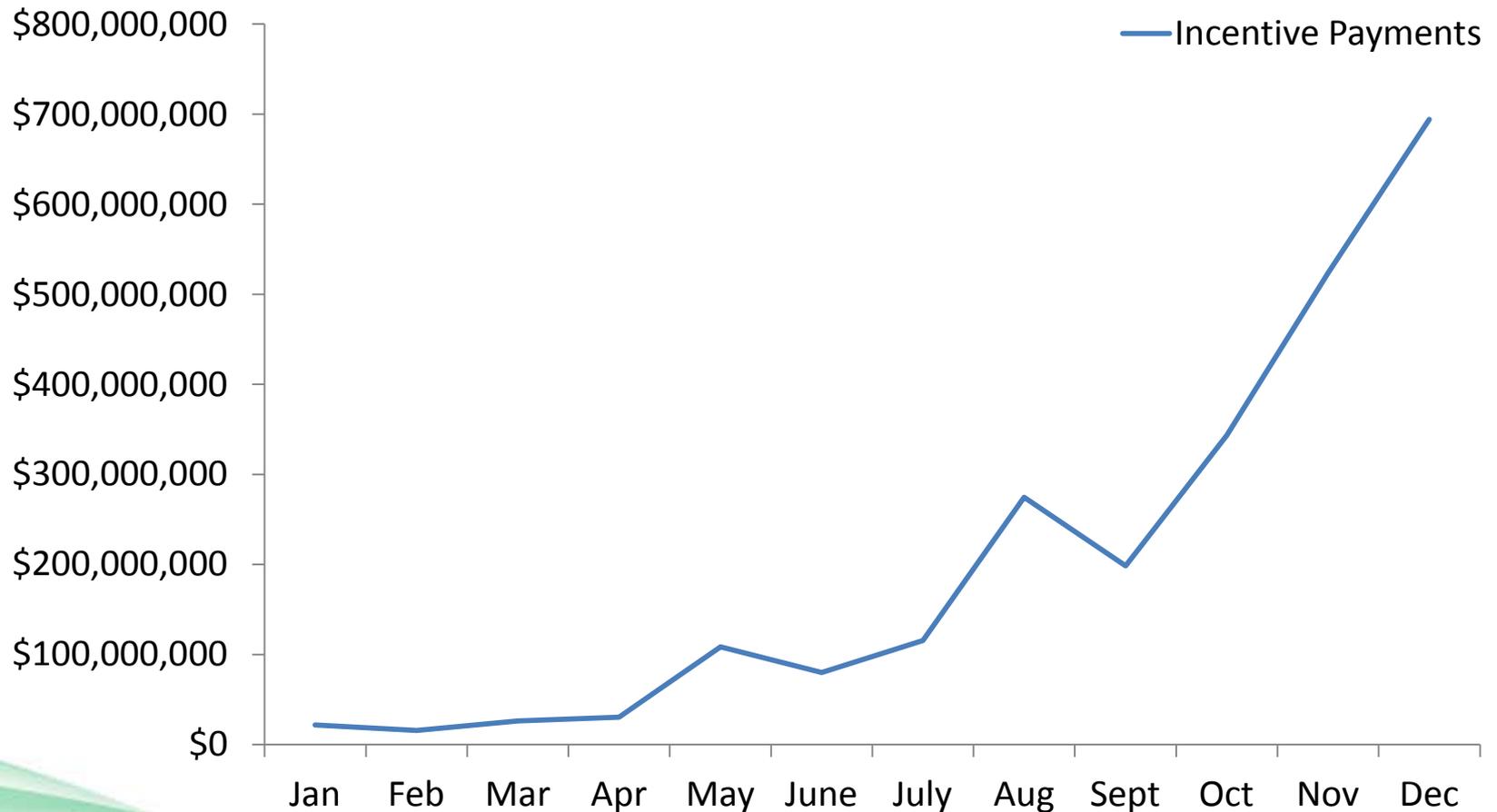
Providers Paid by Month





EHR Incentive Programs – December 2011

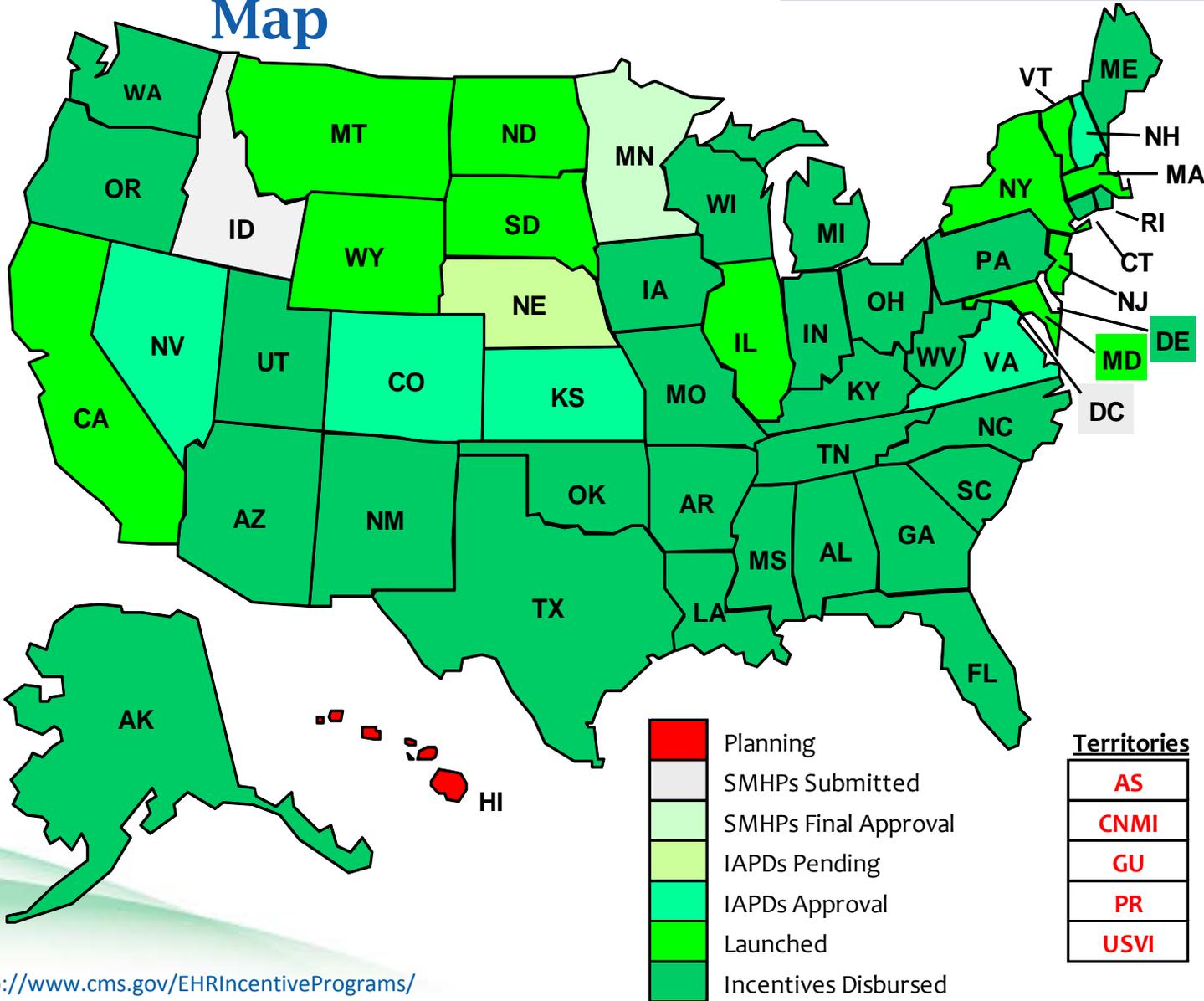
Incentive Payments by Month





Medicaid National Status Map

States launched as of January 2012: **42**
of States that disbursed incentives: **33**



Note: ME, MA, DE, VT and NY have also disbursed incentives as of 12/31



CMS EHR Incentive Programs Attestation Data



Data Caveats

As of December 2011:

- Only Medicare EPs are attesting to meaningful use.
- Medicaid EPs are attesting to AIU
- Acute care/critical access hospitals could be receiving a meaningful use incentive payment from both Medicare and Medicaid
- Medicaid-only hospitals are only attesting to AIU
- Reports from January onward will include both Medicare and Medicaid MU data, as well as Medicaid AIU data as available



Highlights

- MU data is only for Medicare physicians and for acute care and critical access hospitals. It is not a representative sample of EPs, nor of all eligible hospitals.
- Do we have the n?
- What we know about early adopters:
 - On average all thresholds were greatly exceeded, but every threshold had some providers on the borderline
 - Little difference between EP and hospitals
 - Little difference among specialties in performance, but differences in exclusions



Providers Included in MU Analysis

At the time of the analysis:

- 33,595 Medicare EPs had attested
 - 33,240 Successfully
 - 355 Unsuccessfully (89 previously unsuccessful resubmitted)
- 842 Acute Care and Critical Access Hospitals had attested
 - All successfully



EP Quality, Safety, Efficiency, and Reduce Health Disparities

Objective	Performance	Exclusion	Deferral
Recording objectives*	90%+	9%*	N/A
CPOE	85%	17%	N/A
Electronic prescribing	78%	22%	N/A
Incorporate lab results	91%	4%	36%
Drug-formulary checks	N/A	14%	17%
Patient lists	N/A	N/A	27%
Send reminders to patients	61%	0.5%	77%

*Refers to problem, med, allergy lists, vital signs, demographics and smoking status. Exclusion is for vital signs and smoking status.



EP Engage Patients and Their Families

Objective	Performance	Exclusion	Deferral
E – Copy of Health Information	96%	75%	N/A
Office visit summaries	78%	2%	N/A
Patient Education Resources	50%	N/A	49%
Timely electronic access	75%	1%	62%



EP Improve Care Coordination

Objective	Performance	Exclusion	Deferral
Medication reconciliation	89%	3%	56%
Summary of care at transitions	88%	3%	85%



EP Improve Population and Public Health

Objective	Performance*	Exclusion	Deferral
Immunizations	34%	45%	20%
Syndromic Surveillance	3%	27%	70%

*Performance is percentage of attesting providers who conducted test



EHR Quality, Safety, Efficiency, and Reduce Health Disparities

Objective	Performance	Exclusion	Deferral
Recording objectives*	+93%	0.5%	0%
CPOE	85%	N/A	N/A
Advance directives	95%	0.1%	13%
Incorporate lab results	95%	N/A	18%
Drug-formulary checks	N/A	N/A	13%
Patient lists	N/A	N/A	34%

*Refers to problem, med, allergy lists, vital signs, demographics and smoking status. Exclusion is for vital signs and smoking status.



EH Engage Patients and Their Families

Objective	Performance	Exclusion	Deferral
E – copy of health information	96%	68%	N/A
E – copy of discharge Instructions	96%	59%	N/A
Patient education resources	71%	N/A	62%



EH Improve Care Coordination

Objective	Performance	Deferral
Medication reconciliation	84%	75%
Summary of care at transitions	81%	93%



EHR Improve Population and Public Health

Objective	Performance*	Exclusion	Deferral
Immunizations	48%	15%	37%
Reportable Lab Results	16%	7%	77%
Syndromic Surveillance	18%	3%	79%

*Performance is percentage of attesting providers who conducted test



Specialty Performance

- Family practice, internal medicine, and optometry highest for CPOE
- Optometry and podiatry had lowest rates of recording vitals
- Gastroenterology lowest rate for patient electronic access by almost 10%
- For providing patient education resources, optometry was nearly 10% higher than others, podiatry was nearly 20% lower.
- All others measures were consistent across specialties.



Concluding Points

- Preliminary monthly data is provided to the HITPC for consideration
- Official data should be sourced and cited from the CMS website, updated monthly (http://www.cms.gov/EHRIncentivePrograms/56_DataAndReports.asp)
- Some States began accepting meaningful use attestations for Medicaid-only EHRs in January
- Some States will begin accepting meaningful use attestations from Medicaid EHRs in April