

Medicare Physician EHR Demonstration Project: Phases & Timeline

The EHR demonstration will be operational for a **5-year period**

The demonstration will be implemented in **two phases**, with 4 sites being implemented in the first phase and the remaining 8 sites being implemented one year later.

CMS will determine which sites participate in which phase of the demonstration.

1. During the first phase, the first 4 sites will be implemented.
2. The second phase will follow one year later with 8 additional sites.

Timeline for Years 1- 5 for each phase:

Each phase will operate for the full five-year period.

1st Year:

- **The first operational year of the demonstration will provide payments to participating practices based on CCHIT-certified EHR functionalities used to manage the care of patients**, with higher payment for more sophisticated HIT use (e.g., use of the EHR to facilitate care management activities, sharing of records among providers of care, etc.).
- **Payments will be determined by a practice's score on an Office Systems Survey (OSS)**, which will be administered annually to track the level of EHR implementation at the practice level and the specific EHR functions employed by each participating practice to support the delivery of care.
- Higher scores on the OSS will result in increased incentive payments to participating practices.

2nd Year

After the second operational year of the demonstration, payments will be made to participating physician practices that are using CCHIT-certified EHRs and reporting clinical quality measures, again with additional payments based on EHR functionalities employed by the practice.

Practices that have not yet implemented a CCHIT-certified EHR or do not meet minimum functional use requirements by the end of the second year will be terminated from the demonstration.

3rd -5th Year:

During years 3 to 5 of the demonstration, payments to participating practices will be based on actual performance on the clinical quality measures, rather than just reporting, with an added payment each year based on the degree to which the practice has used the EHR to change and improve the way it operates.

Medicare Physician EHR Project: Roles & Responsibilities:

Federal Government:

- ❖ This is a Medicare Project.
- ❖ CMS staff will take the lead in implementation and retain full control over the design of the demonstration, which will be consistent across sites
- ❖ CMS plans to begin recruiting individual physician practices in September 2008.
- ❖ Therefore, Community Partner applicants should expect to have no more than 3 months to work with CMS in planning a recruitment strategy followed by 3 months to work with CMS to recruit individual physician practices.
- ❖ Although CMS is seeking partners to help in the outreach and recruitment effort, CMS and/or its independent contractors will be responsible for all operational activities related to receiving and processing applications from physician practices seeking to participate in the demonstration.
- ❖ In addition, CMS will be responsible for all decisions regarding eligibility of individual physician practices to participate in the demonstration as well as assignment to the treatment or control group.
- ❖ A CMS technical review panel will assess and score applicant responsiveness and ability to meet the mandatory and preferred criteria listed.
- ❖ The CMS Administrator will make the final selection of participants from among the most highly qualified proposals. CMS plans to select 12 demonstration sites
- ❖ **Payments made to the physician practices chosen to participate in this demonstration project will be paid directly by CMS (Medicare).**

Community Partners:

- ❖ CMS is seeking partners for each of the communities where the demonstration will be implemented.
- ❖ Community Partners will:
 1. **Develop and submit an application to participate in this Medicare EHR Demonstration Project**
 2. **If Georgia is chosen by CMS, these "community partners" will assist with education, outreach activities, and recruitment of physician practices.**
- ❖ Community partners will also collaborate with CMS on an ongoing basis in an effort to assist us in achieving our goal of leveraging the combined forces of private and public payers to drive physician practices to widespread adoption and use of EHRs.
- ❖ Time commitment: If Georgia's application is chosen, our Community Partnership will have no more than 3 months to work with CMS in planning a recruitment strategy, followed by 3 months to work with CMS to recruit individual physician practices.
- ❖ No funds will be available from CMS to assist organizations in their role as partners with CMS in this demonstration.
- ❖ Organizations applying to partner with CMS in each community must complete the "Medicare Waiver Demonstration Application" and use that form to document how well it meets each of these criteria.
- ❖ **Physicians are encouraged to be the integral part of the this Community Partnership for Georgia**

DCH Department of Community Health

- ❖ As the HHS designated convener, we will be working with physicians and health care industry stakeholders across Georgia to form a "Community Partnership" that will submit an application for Georgia.
- ❖ The State of Georgia and DCH will not receive the project funds.

Physician Practices

- ❖ **Needed AFTER CMS Chooses The Winning Applicants:**
- ❖ For each site or state chosen to participate in this research demonstration project:
- ❖ Approximately 200 practices will need to be recruited in each location where the demonstration is implemented.
- ❖ Half of the practices will be randomly selected to participate in the demonstration and the other half will be assigned to a control group
- ❖ The core incentive payment to be made to physicians by CMS will be based on performance on the quality measures, with an additional incentive payment based on the degree of HIT functionality used to manage care

Source: Information from the CMS website

Medicare Physician EHR Project: Application Criteria

I. Mandatory Criteria

All community partner applicants must document in the Medicare Waiver Demonstration Application how they meet these criteria.

- ❖ Does not conflict/compete with other active CMS Demonstrations. (None in Georgia)
- ❖ Defined geographic area with sufficient number of practices to support demonstration (treatment and control). Goal is to recruit approximately 200 small to medium-sized primary care practices.
- ❖ Defined community stakeholder collaboration, such as an AHRQ recognized Community Leader or Chartered Value Exchange, Better Quality Information to Improve Care for Medicare Beneficiaries (BQI) project site, or other similar **entity committed to expanding the use of HIT**.
- ❖ The organization must have an infrastructure (e.g., staff, partners, etc.), already in place to help support this project.
- ❖ The collaboration **must have clear ties to the medical community, and specifically primary care physicians groups** (e.g., via medical societies; professional associations, etc.) to facilitate recruitment across the defined geographic area.
- ❖ Private sector support from employers and health insurers within the specified geographic area for the EHR demo, with likely probability that insurers will implement similar programs among regionally-based employers.

II. Desirable Criteria

Community applicants meeting these criteria may be given preference over other sites in the selection process.

- ❖ Private sector support from employers and health insurers within the specified geographic area, as evidenced by a willingness to use CMS measures and/or tools for physician recognition/incentive programs.
- ❖ Preference for Nationwide Health Information Network (NHIN) sites.
- ❖ Preference for geographic regions to include under-served populations.
- ❖ Preference for a mix of geographic regions that serve rural and urban populations.

Source: Information from the CMS website

Medicare Physician EHR Project: Components of the Application

1. Cover Letter
 2. Medicare Waiver Demonstration Applicant Data Sheet
 3. Executive Summary
 - 4. Problem Statement**
 - 5. Demonstration Design**
 - 6. Organizational Structure & Capabilities**
 - 7. Performance Results**
 - 8. Demonstration Implementation Plan**
 9. Supplemental Materials
- * Payment Methodology & Budget Neutrality: not required.

Description of Application Components

Problem Statement:

- Describe Medicare's current coverage and payment policy, and describe how or why changes to current policy would lead to reductions in Medicare expenditures or improvements in Medicare beneficiaries' access to and/or quality of care.
- Provide local examples.
- Describe the policy rationale for the proposal, who will benefit and why, and any previous experience with the proposed intervention.

Demonstration Design:

- Describe the intervention including the scope of services covered and/or benefit design, and payment methodology including financial incentives and/or risk sharing arrangements.
- Indicate how eligible beneficiaries will be identified, targeted, and enrolled in the demonstration (if applicable).
- If applicable, describe the study design. Identify the intervention and comparison groups, and how Medicare beneficiaries will be assigned to each group.
- Describe the process for notifying beneficiaries about participation in the demonstration and provide copies of informed consent, and beneficiary notification and communication materials to be used.

Organizational Structure & Capabilities:

- Describe your governance structure, and management and clinical teams, and their prior success in implementing the proposed/similar intervention.
- Provide an organizational chart that describes the functional and reporting lines of major departments and/or entities. Demonstrate that infrastructure exists to implement and carry out the demonstration project.
- Provide documentation of your organization's financial viability that will enable it to participate actively and successfully in the demonstration.....

Performance Results:

- Describe your systems and processes for monitoring clinical, financial, and operational performance. Identify key metrics collected, provide quantitative performance results, and describe how you use this information to continuously improve quality, access and efficiency; correct deficiencies; and satisfy beneficiaries, providers, and/or payers.

Demonstration Implementation Plan:

- Describe your implementation strategy, including tasks, resources, and timeline to implement the demonstration.
- Identify internal system and process modifications required to implement the demonstration. Describe your recruitment strategy and contingency plans for achieving beneficiary participation thresholds.
- Identify the individuals and staff responsible for implementing the demonstration and attach biographies.