

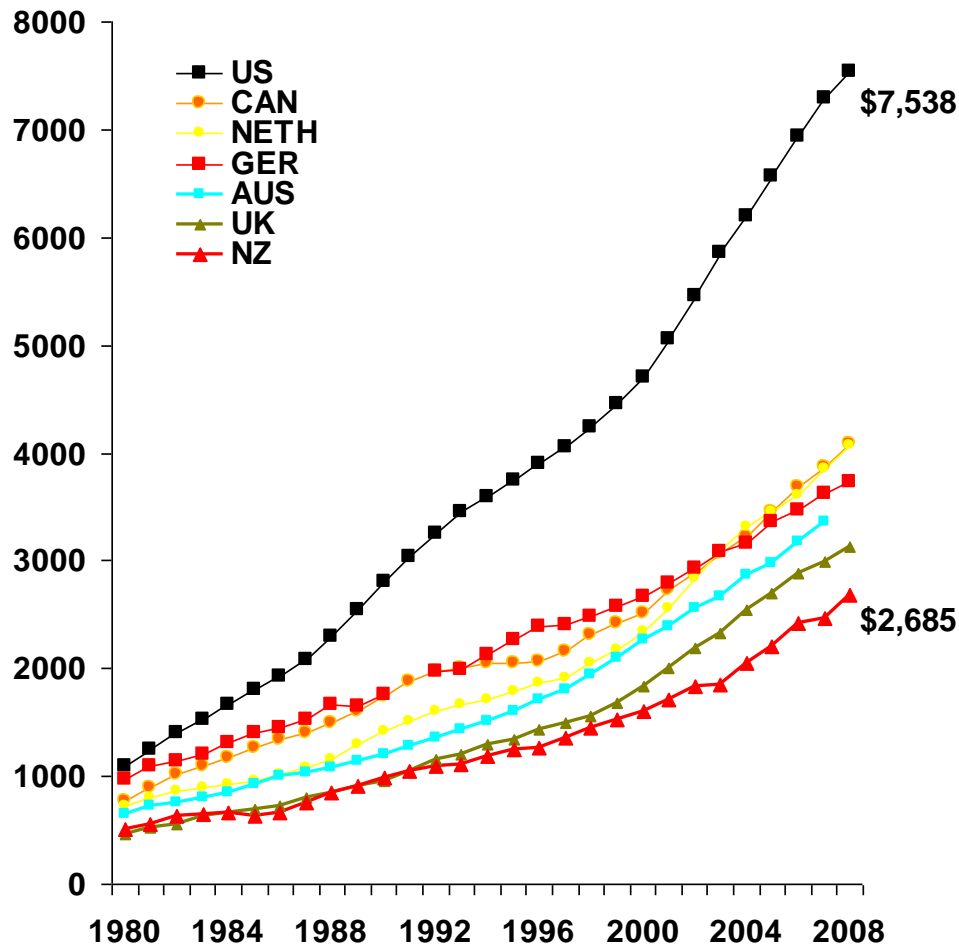


Technology and the Independent Practicing Physician

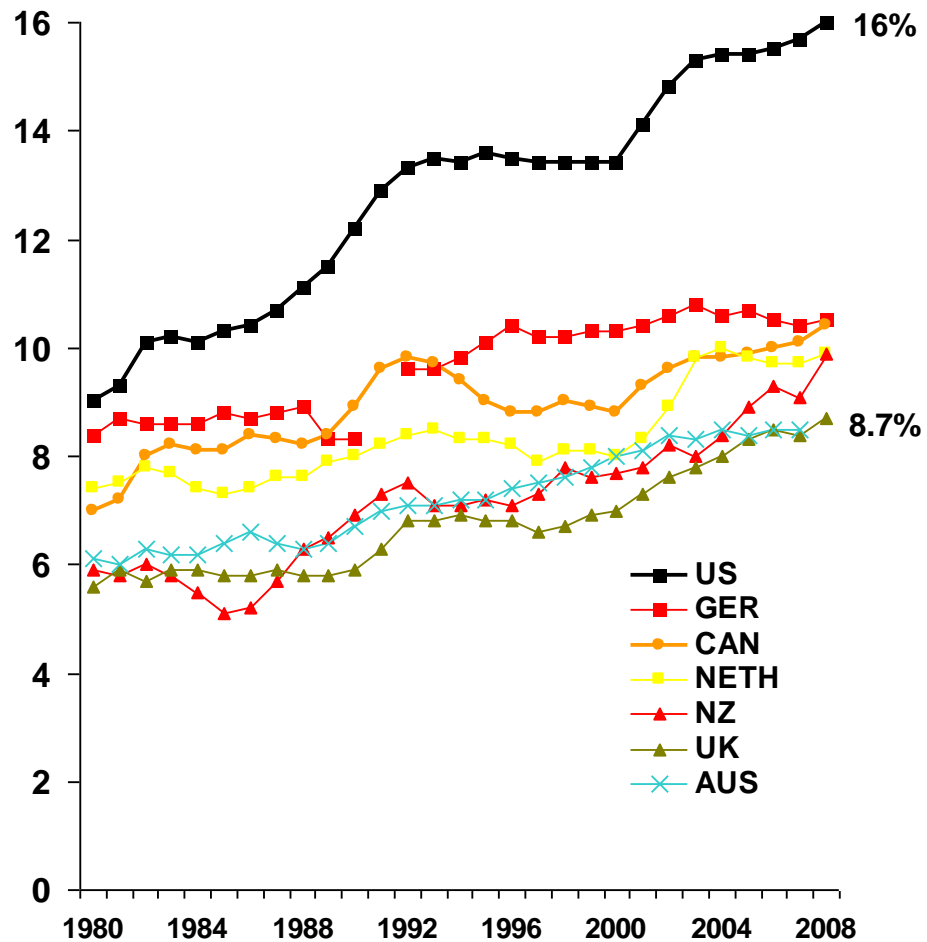
Matthew C. Katz,
Executive Vice President
Connecticut State Medical Society

International Comparison of Spending on Health, 1980–2008

Average spending on health per capita (\$US PPP)



Total expenditures on health as percent of GDP

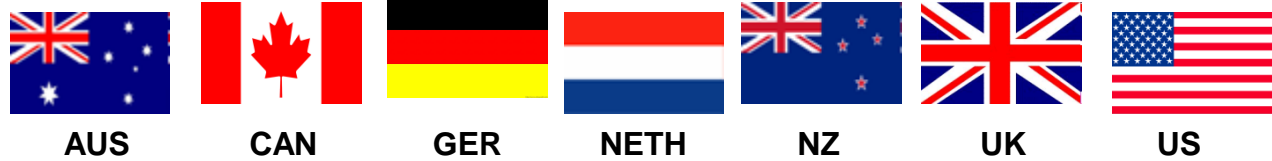


Note: \$US PPP = purchasing power parity.

Source: Organization for Economic Cooperation and Development, OECD Health Data 2010 (Paris: OECD, October 2010). Source- The Commonwealth Fund

Overall Ranking

Country Rankings	
	1.00–2.33
	2.34–4.66
	4.67–7.00



	AUS	CAN	GER	NETH	NZ	UK	US
OVERALL RANKING (2010)	3	6	4	1	5	2	7
Quality Care	4	7	5	2	1	3	6
Effective Care	2	7	6	3	5	1	4
Safe Care	6	5	3	1	4	2	7
Coordinated Care	4	5	7	2	1	3	6
Patient-Centered Care	2	5	3	6	1	7	4
Access	6.5	5	3	1	4	2	6.5
Cost-Related Problem	6	3.5	3.5	2	5	1	7
Timeliness of Care	6	7	2	1	3	4	5
Efficiency	2	6	5	3	4	1	7
Equity	4	5	3	1	6	2	7
Long, Healthy, Productive Lives	1	2	3	4	5	6	7
Health Expenditures/Capita, 2007	\$3,357	\$3,895	\$3,558	\$3,837*	\$2,454	\$2,992	\$7,290

Note: * Estimate. Expenditures shown in \$US PPP (purchasing power parity).

Source: K. Davis, C. Schoen, and K. Stremikis, *How the Performance of the U.S. Health Care System Compares Internationally 2010 Update*, (New York: The Commonwealth Fund, June 2010). The Commonwealth Fund



Connecticut physician landscape

- < 85% of physicians practice solo or in groups of fewer than 5 physicians
 - Small practices face inherent challenges in access to capital
- Exponential increase in hospitalists over past five years
- < 44% of physicians over age 55

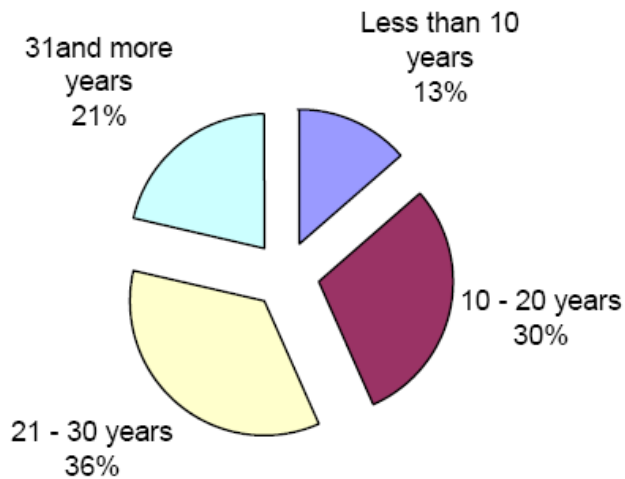


2007 enetrix CSMS member survey

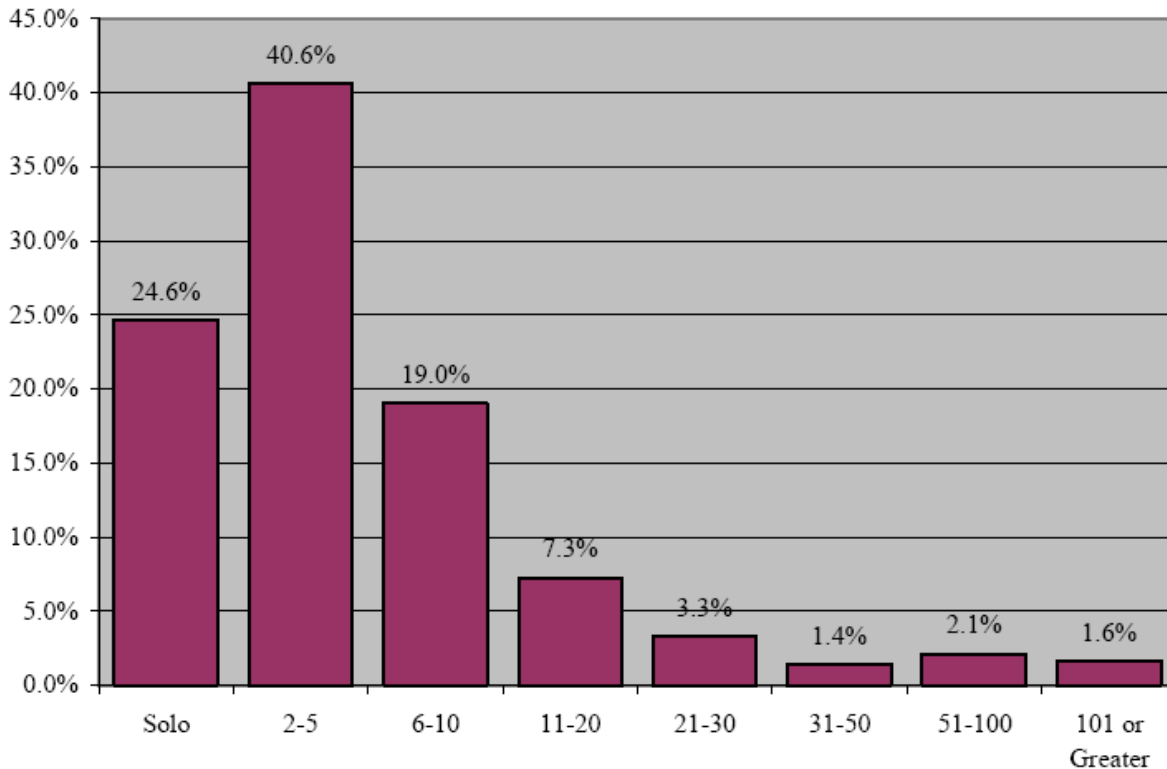
- 22% using EMR
- 19% moving into EMR in next year
- 28% investigating systems
- 31% lacked resources for implementation
 - 59% of solo practices
 - 34% of groups numbering 2-5 physicians
- Financing identified by 34% as most difficult obstacle to implementing EMR

2007 enetrix survey demographics

Years in practice

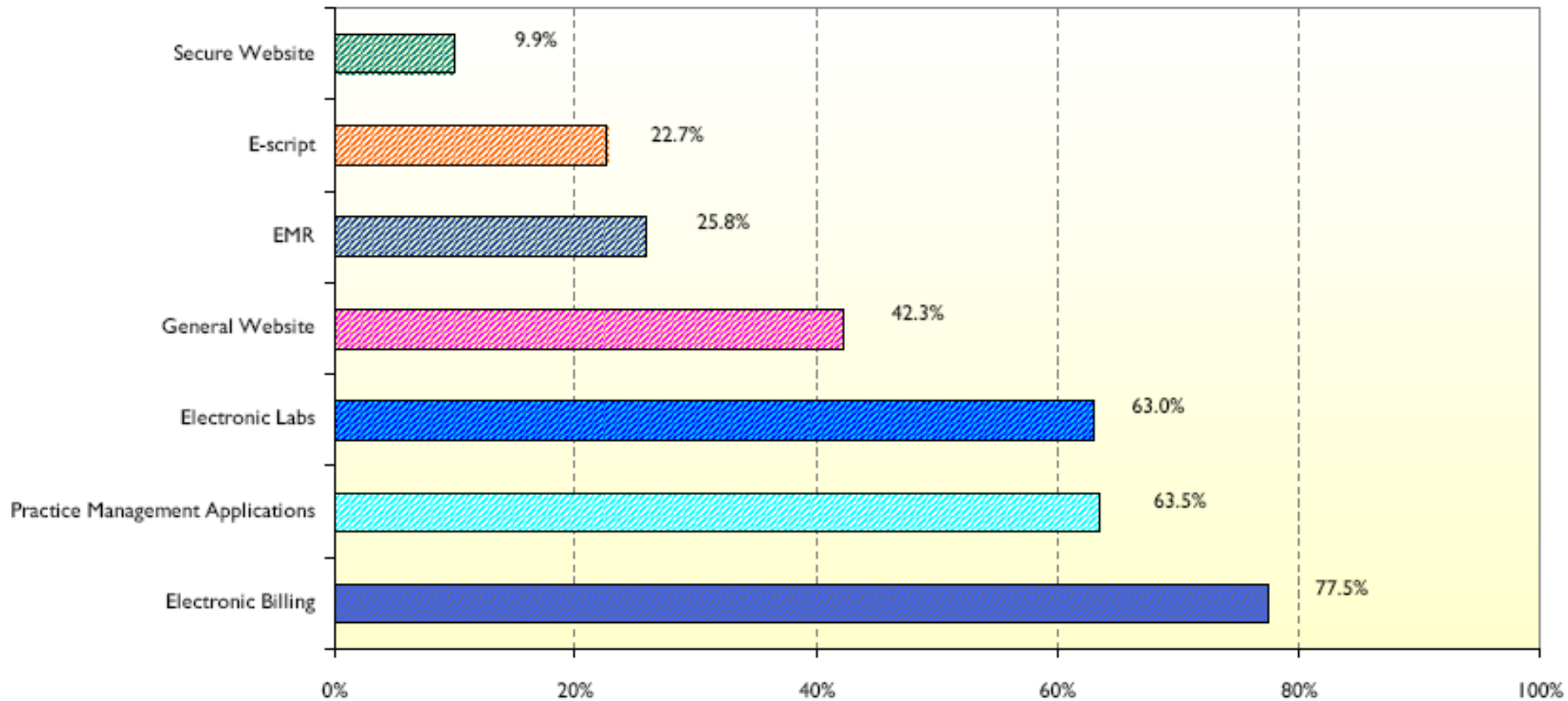


Practice size



CSMS 2008 Workforce Survey – Technology Use

Figure 13. Percent of physicians using various technologies in their practice



2008 WF Survey (con'td)

- Demographics
 - 52% self-employed; 28% group; 11% hospital-employed
 - 21% solo; 36% 2-5 physicians; 34% 6-20 physicians; 9% 21+ physicians
- 26% reported EMR adoption
 - 54% radiologists
 - 46% neurologists
 - Least used in emergency medicine, anesthesiology, psychiatry
- The larger the practice size, the greater rate of adoption



CSMS 2009 Primary Care Survey

- Demographics
 - 42% self-employed; 23% group; 19% hospital-employed
- 39% of primary care physicians in CT using EMR systems
 - 52% family physicians
 - 43% internists
 - 65% pediatricians
- The larger the practice, the more likely to use EMRs



Health System Reform and technology

Federal reform

- Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act (HCERA)
- American Recovery and Reinvestment Act (ARRA)



PPACA and HCERA (cont'd)

- State-based and state-administered health insurance exchanges
- Facilitates and encourages use of shared decision making process
- Increases funding for health care fraud and abuse control program
- Requires physicians to establish anti-fraud and abuse compliance programs
- Expands Recovery Audit Contractor (RAC) program



PPACA and HCERA (cont'd)

- Several demonstration programs to test alternative payment models
 - Bundling payments
 - Accountable Care Organizations
 - Patient-Centered Medical Homes
- CO-OPs



What are ACOs?

“ACOs are a method of integrating local physicians with other members of the health care system and rewarding them for controlling costs and improving quality.”

Deloitte Center for Health Solutions, Accountable Care Organizations 5 (2010)



ACO Requirements

- Established mechanism for shared governance
- Leadership and management structure that includes clinical and administrative systems (integration)
- Formal legal structure that allows it to receive and distribute payments
- Accountable for quality, cost and overall care of the Medicare beneficiaries
- Accountable for quality, cost and overall care of the Medicare beneficiaries
 - Systems to track and report costs
 - Systems to track and report quality
 - Must “define processes to promote evidence-based medicine and patient engagement ... and coordinate care, such as through the use of telehealth, remote patient monitoring, and other such enabling technologies.”



ACO Requirements

- 5,000 Medicare beneficiaries assigned to it
- Sufficient primary care providers to serve assigned beneficiaries
- Agree to participate for three years
- Meet “patient centeredness” criteria to be established by HHS



CO-OPs

Individual and small group coverage offered through a qualified nonprofit, member-run health insurance company in the individual and small group markets. Such nonprofit insurers will be eligible for grants and loans distributed through the new Consumer Operated and Oriented Plan (CO-OP) program.

How Much Data

- Bit (b)
- Byte (B)
- Kilobyte (KB)
- Megabyte (MB)
- Gigabyte (GB)
- Terabyte (TB)
- Petabyte (PB)
- Zettabyte (ZB)



American Recovery and Reinvestment Act (ARRA)

- Established two federal advisory committees: HIT Policy and HIT Standards
- Established the Office of the National Coordinator for Health Information Technology (ONCHIT)
- CBO suggests that by 2019 70% of physicians and 90% of hospitals will have adopted HIT
- \$19 billion (\$17 billion of which is Medicare and Medicaid incentive program)
- \$1.1 billion to fund comparative effectiveness research



Health Information

- EMRs
 - An electronic record of health information on a patient that is created, gathered, managed, and consulted by authorized physicians and staff within one health care organization or entity (practice).
- EHRs
 - An electronic record of health information on a patient that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized physicians and staff across more than one health care organization or entity (systemwide).
- PHRs
 - An electronic record of health information on a patient that conforms to nationally recognized interoperability standards and that can be drawn from multiple sources while being managed, shared, and controlled by the patient (patient owned and controlled)



Health Information Exchanged

- Health Information Exchange (HIE)
 - The electronic movement of health information among organizations (physician practices, hospitals, insurers, employers) according to nationally recognized standards.
- Health Information Organization (HIO)
 - An organization that oversees and governs the exchange of health information among organizations according to nationally recognized standards.
- Regional Health Information Organization (RHIO)
 - A health information organization that brings together health care stakeholders within a defined geographic area and governs health information exchange among them for the purpose of improving health and care in that community.



What is Meaningful Use?

- The use of a certified EHR in a meaningful manner, such as e-prescribing
- The use of certified EHR technology for electronic exchange of health information to improve quality of health care
- The use of certified EHR technology to submit clinical quality and other measures



Criteria for Meaningful Use

- Stage 1 (2011 and 2012) sets the baseline for electronic data capture and information sharing
- Stage 2 (expected to be implemented in 2013)
- Stage 3 (expected to be implemented in 2015) will continue to expand on this baseline and be developed through future rule-making



How do you meet Meaningful Use?

- Medicare EHR Incentive Program
 - successfully demonstrate meaningful use of certified electronic health record technology every year you participate in the program
- Medicaid EHR Incentive Program
 - adopt, implement, upgrade or demonstrate meaningful use in your first year of participation. Must successfully demonstrate meaningful use for subsequent participation years
 - Adopted - Acquired and installed certified EHR technology
 - Implemented - Began using certified EHR technology
 - Upgraded - Expanded existing technology to meet certification requirements



ARRA Incentives

- Medicare
 - Up to \$44,000
 - Rural designated HCPSA- 10% increase
- Medicaid
 - Up to \$63,750 (6 year period)
- Non-adopters 1% loss in 2015, 2% loss in 2016 and 3% loss in 2017



Health Insurance Exchange

- What is an HIE?
- State vs. federal
 - Connecticut General Assembly: Senate Bill 921 An Act Concerning A State Health Insurance Exchange
- Physician involvement



Ongoing CSMS HIT projects

Achieving Meaningful Use (NCQA Level 3) Toward a Medical Home

Partnership with CSMS IPA and Qualidigm

Physicians Foundation grant

PQRI Reporting

Partnership with CSMS IPA

DocSite Licenses

Physicians Foundation grant

- Situation changing rapidly
- Physician members: email news@csms.org to receive electronic news updates
- www.CSMS.org for latest public information
 - *Connecticut Medicine* digital subscription available