

Electronic Health Records:

State Incentives and Usability Across Hospitals

Commission Brief

October 17, 2013



The MARYLAND
HEALTH CARE COMMISSION

Background

- **Health & Government Operations Committee Chair requested MHCC to:**
 - **Evaluate the State-Regulated Payor Electronic Health Record (EHR) Adoption Incentive Program (State incentive program)**
 - **Explore challenges with usability of EHR systems across acute care hospital settings**
- **To develop recommendations:**
 - **Reconvened the EHR Adoption Incentive Workgroup**
 - **Interviewed hospital CMIOs, CIOs, providers and EHR vendors**

Observations – State Incentive Program

- Largely aimed at paying for the purchase of software
- Two-year uptake at about 4% of primary care practices as compared to 29% in the federal incentive program
- Misalignment with the federal incentive program creates operational challenges for primary care practices
- Current program is an administrative challenge for most primary care practices and State-regulated payors

Recommendations – State Incentive Program

- **Qualification for an EHR incentive payment: (1) one or more physicians within the practice have attested to Meaningful Use; or (2) a primary care physician practice participates in an MHCC approved PCMH program and achieves NCQA PCMH recognition**
- **Streamline the administration of the State incentive program application and payment process**
- **Clarify the definition of a primary care practice eligible for an incentive payment**
- **Extend the sunset date by two years to December 31, 2016**
- **Assess the impact of the State incentive program at the end of 2015**

Addressing EHR Usability Across Hospital Settings

- Purchasing decisions are seldom made by users
- Key challenges
 - A wide EHR market and unique/customized site specific installations
 - Variability in training on EHR solutions
- Recommendations
 - Collaborate with the Maryland Hospital Association (MHA) to establish a uniform EHR training curriculum for acute care hospitals

Next Steps

- **Propose changes to the Commission on existing State incentive regulation in November 2013**
- **Convene a workgroup in the winter of 2014 to develop a standard EHR training curriculum for voluntary adoption by acute care hospitals**
 - **Workgroup consisting of the MHA, CMIOs, and CIOs**

Thank You!



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Appendix



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State Incentive Program Payments

Eligible Maryland primary care practices = 2,357

Payor	Payments Made	Total Base Incentive Amount Paid (\$)	Total Additional Incentive Amount Paid (\$)	Total Amount Paid (\$)	Average Incentive Amount (\$)
Aetna, Inc.	84	226,342	622,500	848,842	10,105
CareFirst BlueCross BlueShield	86	287,736	645,000	932,736	10,846
CIGNA Health Care Mid-Atlantic Region	80	25,288	6,124	31,412	393
Coventry Health Care	70	26,592	525,000	551,592	7,880
Kaiser Permanente	5	1,728	37,500	39,228	7,846
UnitedHealthcare, MidAtlantic Region	85	123,792	123,792	247,584	2,913
Total	410	691,478	1,959,916	2,651,394	6,467
Total Unique Practices	106				
Percent of Eligible Practices Paid	4%				

Reported period October 2011 – April 2013