Main Line Health Community Physician EMR Program

Overview

The American Recovery and Reinvestment Act of 2009 (ARRA) created a national incentive program for physicians to adopt an EMR. It allows Main Line Health (MLH) to provide an electronic medical record (EMR) program to community physicians that are on a Main Line Health affiliated hospital medical staff by creating a national incentive program for physicians to adopt an EMR. The details of the ARRA incentive program include:

1. Physicians can receive up to a total of $44k in incentive payments from Medicare from 2011-2015.
2. Incentive payments are based on up to 75% of a physician's total Medicare allowable charges.
3. Physicians must meet EMR "meaningful-use criteria" in order to receive incentive payments, including 15 core and 5 additional objectives.

Failure to comply with "meaningful-use criteria" will result in a reduction in physician reimbursement for total Medicare payments as follows:

1. 1% in 2015
2. 2% in 2015
3. 3% in 2017 & 2018
4. Up to 5% in 2019+

For additional information on incentive payment distributions by year and "meaningful-use criteria", refer to "Incentive Payments and Meaningful-Use Criteria".

Source: MGMA Government Affairs Department (2010, Sep). The federal EHR incentive program: Achieving 'meaningful use'. *MGMA Connexion/Medical Group Management Association, 10*(8), 14-16.

The ARRA EMR Incentive Program is further regulated by Stark Law and the Anti-Kickback Statute. Main Line Health intends for the Community Physician EMR Program to be in compliance with the applicable Stark Law Exception and Anti-Kickback Statute Safe Harbor.

1. MLH can only provide software and IT technology and training services. Hardware must be purchased by the physician.
2. The EMR must have e-prescribing functionalities.
3. The physician cannot already have an EMR that is the same as the EMR provided by the MLH program.
4. The EMR must be interoperable and MLH cannot limit the EMR's functionalities.
5. The physician must pay at least 15% of the total cost of the EMR implementation.
6. MLH cannot provide the EMR program contingent on a business relationship.
7. The EMR must be able to be used by a physician for any patient with any form of payment.
8. MLH cannot decide which physicians can participate in the EMR program based on the volume or value of referrals.
9. A contract must be signed between MLH and the physician specifically denoting what MLH will be providing and at what cost.
10. All components of the contract must be completed by December 31, 2013.

Source: Gottlieb, D.F. (2010, June). The regulatory framework for qualifying EHR donations. *Healthcare Informatics, 27*(7), 36-39.

Incentive Payments and Meaningful-Use Criteria

Physician Incentive Payments

Calendar Year	**First calendar year that a physician receives an incentive payment**				
	2011	**2012**	**2013**	**2014**	**2015+**
2011	**$18,000**				
2012	**$12,000**	**$18,000**			
2013	**$8,000**	**$12,000**	**$15,000**		
2014	**$4,000**	**$8,000**	**$12,000**	**$12,000**	
2015	**$2,000**	**$4,000**	**$8,000**	**$8,000**	**$0**
2016		**$2,000**	**$4,000**	**$4,000**	**$0**
Total	**$44,000**	**$44,000**	**$39,000**	**$24,000**	**$0**

Source: MGMA Government Affairs Department (2010, Sep). The federal EHR incentive program: Achieving 'meaningful use'. *MGMA Connexion/Medical Group Management Association, 10*(8), 14-16.

Meaningful-Use Criteria Requirements

Core Objectives (Required)	Menu Objectives (Choose Five)
Implement Computerized Physician Order Entry	Use drug formulary checks
e-Prescribing	Incorporate clinical lab test results as structured data
Report ambulatory clinical quality measures to CMS/state	Generate lists of patients by condition
Implement one clinical decision support rule	Send reminders to patients per patient preference for preventive/follow-up care
Provide patients with electronic copy of record upon request	Provide patients with timely electronic access to health information
Provide patient with clinical summary for every visit	Use EHR technology for education resources and provide to patient
Use drug-drug and drug-allergy interaction checks	Perform medication reconciliation
Demographics	Provide summary of care record for each transition of care/referrals
Maintain up-to-date problem and diagnosis list	Submit electronic data to immunization registries/systems
Maintain medication list	Provide electronic syndromic surveillance data to public health agencies
Maintain medication allergy list	
Record and chart vital sign changes	
Record smoking status for patients ages 13+	
Transfer clinical information between providers and patient-authorized entities	
Protect electronic health information	

Source: MGMA Government Affairs Department (2010, Sep). The federal EHR incentive program: Achieving 'meaningful use'. *MGMA Connexion/Medical Group Management Association, 10*(8), 14-16.

Main Line Health Community Physician EMR Program Description

The EMR for the Main Line Health Community Physician EMR program is provided by eClinicalWorks. The eClinicalWorks EMR is a good system for smaller physician practices, including primary care and specialist practices, and boasts high user-satisfaction ratings. The eClinicalWorks EMR includes the following components:

1. Electronic Practice Management (EPM): Patient Registration, Scheduling, and Billing
2. Electronic Medical Record (EMR): e-Prescribing, Documentation, Clinical Reports

The eClinicalWorks EMR is hosted remotely. This is a significant benefit for physician practices as they are not required to purchase and manage hardware, backups, and disaster recovery. For additional information on the eClinicalWorks EPM and EMR, refer to "eClinicalWorks EPM and EMR".

Program Goal and Objectives

Program Goal

Our goal is to provide community physicians that are on a Main Line Health affiliated hospital medical staff with an option for implementing a high-quality electronic medical record while reducing the cost of initial investments and meeting the EMR requirements for ARRA funding.

Program Objectives

1. To improve the health of ***patients*** in our community through technology and information sharing.
2. To help Main Line Health ***physicians*** implement EMR technology in their practices and meet the requirements of the Health Information Technology for Economic and Clinical Health Act (HITECH Act).
3. Connect electronically to Main Line Health physicians and create a "Main Line Health ***Information*** Exchange".
4. Further improve overall patient treatment, ***quality***, and ***safety***, while reducing unnecessary costs and paperwork.

Eligibility Criteria

The following eligibility criteria are required for MLH EMR Program participation:

1. Healthcare providers must be on a Main Line Health affiliated hospital medical staff, including Bryn Mawr Rehab Hospital and Riddle Hospital.
2. The main physician office must be located in the primary service area of at least one Main Line Health Affiliated Hospital.
3. Physicians cannot have an equivalent EMR function in place.
4. Primary Care and Specialty physicians are eligible.

Program Costs

The costs of the program are broken down into the following categories:

1. *Practice License Fee:* **Waived.** This $5,000 per practice fee has been waived by eClinicalWorks for physicians who participate in the Main Line Health Community Physician EMR Program.
2. *Physician License Fee:* $5,000 per physician or physician-equivalent (CRNP, PA). The licensing fees are loaned to the physician practice by Main Line Health and paid back in five $1,000 annual installments as part of the Main Line Health Community Physician EMR Program. Refer to "Loan Description" for more details.
3. *Hardware:* Stark Law forbids hospitals to purchase hardware for practices and therefore is the responsibility of the physician practice. As part of the application process, eClinicalWorks will provide the physician practice with an initial estimate for hardware costs with specifications for all required equipment. NOTE: This assessment includes all existing operational computers.
4. *Installation Fee:* This is to be paid by the physician practice. The estimated cost is several thousand dollars per location and exact pricing will be provided by eClinicalWorks. Additional on-site implementation fees will be applied to physician practices with over 10 providers. Details are provided by eClinicalWorks.
5. *On-Site Training:* The cost varies by physician practice size:

    a. 1-3 physicians: $5,000
    b. 4-6 physicians: $10,000
    c. 7-8 physicians: $15,000
    d. 9-10 physicians: $20,000
    e. 10+ physicians: Contact eClinicalWorks for pricing

    On-site training fees are paid by the physician practice to Main Line Health. Main Line Health has contracted with eClinicalWorks to provide the on-site training.
6. *Monthly Support Fee:* This is paid by the physician practice directly to eClinicalWorks and the total cost is based on the options selected by the physician practice. The most common package, including hosting, e-prescribing, and electronic claims submission, costs approximately $400 per physician or physician-equivalent per month.
7. *Connectivity (Maintenance of the Hub and Spoke):* This is the responsibility of Main Line Health.
8. *Data Transfer Fees:* Data from existing EPM and/or EMR systems can be converted to eClinicalWorks for a fee provided by eClinicalWorks.
9. *Other Fees:* Please refer to eClinicalWorks for other applicable costs.

Hardware

Database and application services are not required because eClinicalWorks is hosted at a remote data center. Physician practices do need to purchase workstations, including laptops, computer workstations, tablets, one or more scanners, one or more printers, and additional items as required. eClinicalWorks also requires a high-speed internet connection in order to connect to the eClinicalWorks Data Center.

The eClinicalWorks Team will work with physician practices to provide a hardware cost estimate. Hardware costs are dependent on the number of physicians and physician-equivalents, medical assistants, office and billing staff, examination rooms, offices, and workstations, and personal preferences. If there are existing operational computers in place, they may be utilized if they meet the specifications for eClinicalWorks.

Main Line Health may provide group hardware purchasing in the future. Updates will be posted to the website. **REMINDER: All hardware expenses are paid by the physician practice due to requirements of the Stark Law Exception and Anti-Kickback Statute Safe Harbor.**

Loan Description

As outlined in "Program Costs", Main Line Health provides a $5,000 loan per physician or physician equivalent for the initial software license fee. The physician is required to pay back the loan to Main Line Health in five $1,000 annual installments. Only $5,000 of the maximum $44,000 a physician can receive in total ARRA funding is required to repay the Main Line Health loan.

NOTE: Primary Care Physicians, defined as Family Medicine, Internal Medicine without specialization, Pediatricians, and OB/GYN, are only required to pay back $4,000 with a $1,000 loan forgiveness provided by Main Line Health.

If in any year of the five year loan repayment period a physician's annual ARRA stimulus payment is less than $2,000 annually, Main Line Health will forgive that year's portion of the loan. ***Therefore, physicians are only required to pay back the loan if ARRA funding is received.*** Each year of the five year loan period, if a portion of the loan has been forgiven, the physician practice will receive a 1099 Form for tax purposes that lists any forgiven loan and interest amounts during the time period. Full details on the loan and repayment forgiveness are included in the Main Line Health EMR Physician Contract.

What's Next?

1. *Complete the application form:* Email or fax the completed application form to Matthew Crawley, Main Line Health EMR Program Director. **NOTE: This form is not a binding contract. It states your intent to participate and begin software demonstrations, decision making, hardware estimates, and contract completion.**
2. *Receive two contracts:* You will receive two separate contracts. Please review both contracts as they are the basis for your EMR purchase and implementation.
    a. *eClinicalWorks:* This contract is between the physician practice and eClinicalWorks. This defines all the terms and conditions as a customer and user of eClinicalWorks, including associate fees, service level agreements, liabilities, responsibilities, and other items.
    b. *Main Line Health:* This contract specifies the Stark Law Exception and Anti-Kickback Statute Safe-Harbor, the terms of the loan, loan repayment, and eligibility requirements.
3. *Contact eClinicalWorks Team:* This is the responsibility of the physician practice. This includes any questions regarding the eClinicalWorks contract, hardware estimates, and implementation plans.
4. *Attend additional demonstrations and Q&A sessions:* Main Line Health is providing ongoing local eClinicalWorks demonstrations at our acute care hospitals. Main Line Health can also arrange for a web-based session at your physician practice. Please refer to the website for dates, times, and locations.
5. *Sign contracts:* Once the physician practice has decided to participate in the MLH program, the contracts are signed and processed. At this point, the eClinicalWorks Project Team starts EMR implementation. eClinicalWorks may assist the physician practice with selecting hardware, but they will not purchase it for the physician practice.

Regional Extension Center

As part of the ARRA, Regional Extension Centers (REC) are funded in order to assist community physician practices with EMR implementation. REC services are available at no cost for up to 20 hours per provider for all primary care practices and many specialty practices. Working with the local REC is beneficial for physician practices in several ways:

1. The REC will assess your practice workflow and help optimize your practice for EMR implementation.
2. The REC can help you select a product that is most beneficial for your practice size and type.
3. The REC can help train your staff on EMR use and implementation.
4. The REC can help you understand the meaningful-use criteria in order to help ensure you receive the maximum amount of ARRA funding available.
5. The REC can help ensure you are compliant with privacy and security requirements.

Source: PA REACH East Website (http://www.pareacheast.org/Pages/Benefits.aspx)

For primary care practices (family medicine, internal medicine, pediatrics, OB/GYN), it is an attractive option to work with the REC because of the low cost services. While the REC service rates for non-primary care physicians are not as attractive as for primary care physicians, the REC can still provide beneficial implementation services. During the application process, the Main Line Health team will introduce you to our local REC. The contact information for the REC in our area is provided below.

Anita Somplasky, RN: Executive Director PA Regional Extension Center
asomplasky@wvmi.org
Office: 877-346-6180 Ext. 7852

Frequently Asked Questions

Can I implement the eClinicalWorks EMR but keep my existing billing system?

Yes; however, it is not recommended. It is considered a best practice to have an integrated practice management system and EMR. This allows for patient registration to occur one time and easy reference between all functionalities of the system, including scheduling, e-prescribing, billing, and others. If you are satisfied with your existing practice management system, it is recommended you evaluate the EMR that integrates with your existing system. NOTE: Be sure to check that the vendor has the necessary EMR certification that is required to receive ARRA incentive funding.

Can I participate in the MLH program but have the eClinicalWorks software on site instead of hosted?

Yes; however, for most physician practices, especially small practices, hosting is a better option due to the costs associated with backup servers and disaster recovery.

How much time is required for eClinicalWorks implementation?

Implementation time varies by physician practice size, complexity, physician practice preference, and several other factors. A basic implementation at a small physician practice typically requires three months for full implementation and six to nine months for more complex implementations at large physician practices.

If I have an existing EMR or I choose another EMR, can I still connect to Main Line Health?

Yes. Please contact Matthew Crawley, EMR Program Director, and we will begin connecting your physician practice to Main Line Health through our health information exchange partner, MobileMD.

Upcoming eClinicalWorks Demonstrations

Demonstrations are planned at Paoli Hospital and Bryn Mawr Hospital in April and May 2011.

Contact Information

For additional information on the MLH Community Physician EMR Program and/or questions regarding the contract with MLH, please contact Matthew Crawley, PhD, or Harm Scherpbier, MD.

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Harm Scherpbier, MD: Main Line Health Chief Medical Information Officer
scherpbierh@mlhs.org
Office: 484-596-1790

For additional information on eClinicalWorks and/or questions regarding the contract with eClinicalWorks, please contact Tony Monfreda or Bob Barrett.

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Vendors

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