



The Office of the National Coordinator for
Health Information Technology

Clinical Documentation

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Disclosures

- The views expressed herein do not necessarily represent the views of the Department of Health & Human Services or the United States Government (5 CFR §2635.807)
- No other disclosures

Agenda

- Introduction to HHS delivery system reform and ONC
- Importance of Documentation
 - » Patient Safety
 - » EHR Safety and documentation
 - » Program Integrity
 - » Value based care & Reimbursement
- Questions

Delivery System Reform: Better, Smarter, Healthier

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Improving the way providers are incentivized, the way care is delivered, and the way information is distributed will help provide better care at lower cost across the health care system.

FOCUS AREAS

Pay
Providers

Deliver
Care

Distribute
Information

A health system that provides better care, spends dollars more wisely, and has healthier people

Focus Areas	Description
INCENTIVES	<ul style="list-style-type: none">▪ Promote value-based payment systems<ul style="list-style-type: none">– Test new alternative payment models– Increase linkage of Medicaid, Medicare FFS, and other payments to value▪ Bring proven payment models to scale▪ Align quality measures
CARE DELIVERY	<ul style="list-style-type: none">▪ Encourage the integration and coordination of clinical care services▪ Improve individual and population health▪ Support innovation including for access
INFORMATION	<ul style="list-style-type: none">▪ Bring electronic health information to the point of care for meaningful use▪ Create transparency on cost and quality information▪ Support consumer and clinician decision making

Health IT Adoption

For ONC, it has been a productive journey where we have seen remarkable progress in the adoption of health IT since 2009, when we began the electronic health records incentive programs.

As of last year:

- 74% of physicians have adopted EHRs
- 96.9% of hospitals have adopted EHRs
- Nearly four in ten providers offered patients access to their electronic medical records, and of that, more than half (55%) accessed these records at least once.

- ONC focus is on a person centered learning health IT system that enables open flow of health data across the care continuum.
- ONC actions:
 - » The Federal Health IT Strategic Plan
 - » The 2015 Edition Certified EHR Technology Final Rule
 - » Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Road Map
 - » The 2016 Interoperability Standards Advisory
- To achieve open, connected care for our communities, our private sector partners must lead in the transformation.

Commitments and Call to Action

- **Consumers** easily and securely access their electronic health information, direct it to any desired location.
- Share individual's health information for care with other providers and their patients as much as permitted by law and refrain from **blocking** electronic health information.
- Implement **federally recognized, national interoperability standards**, policies, guidance, and practices for electronic health information and adopt best practices including those related to privacy and security.

Clinical Documentation

- "If you didn't document it, it didn't happen"
- Record of what happened
 - » Establishes the legal record
 - » Used for billing and reimbursement
 - » Increasingly being opened up to patients - Open Notes initiative
- To improve your organization's documentation:
 - » Need buy-in of busy clinicians
 - » What are benefits to them? To your patients?
 - Clinical Decision Support
 - » To succeed, need all parties at the table - clinicians, coders, HIM department, billing

Documentation and Patient Safety

- Patient Safety – proper documentation and coding
 - » Referrals - Specialists rely on PMD note
 - » Tool for subsequent care and subsequent clinician review
 - » Avoids duplication of tests/procedures
 - » Prevents unnecessary treatments
 - » Prevents clinicians from having to rely on memory
 - » As care becomes more complex with more clinicians involved, more detailed documentation is needed

EHR Safety and Clinical Documentation

- EHRs are powerful tools but can introduce new opportunities for errors
- Several “hot topic” health IT safety issues to consider:
 - » Copy and Paste
 - » Patient Identification
 - » Test reporting and follow up
 - » Problem list maintenance
 - » Clinical Decision Support

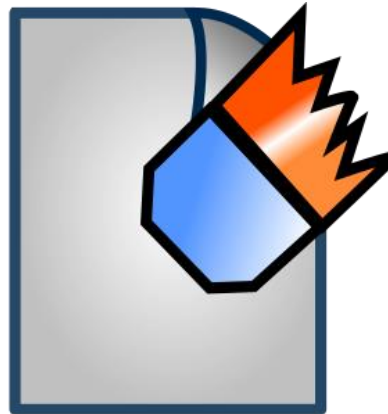


Documentation and Program Integrity

- Medicare and Medicaid
 - » An accurate record is necessary for program integrity
 - » Fraud - Up-coding, unbundling, billing unnecessary services, billing for services not rendered, billing for worthless services, duplicate billing, lack of documentation
- Must use correct code, not code that provides best reimbursement
- Proper documentation helps to avoid fraud/abuse problems
- EHR tips – practices to avoid:
 - » Over documentation / auto populate
 - » Cloning records / incorrect use of copy+paste

Documentation change management

- Your EHR should include the following change management abilities:
 - » Procedures for signing, time-stamp
 - » Proper methods of amending records, while preserving original versions and original author's work
 - » Certified EHR systems do not allow back-dating, and institutions should have policies to limit how long a record can be open prior to finalizing



PROPOSED RULE: CMS MACRA

The Quality Payment Program is part of a broader push towards value and quality

In January 2015, the Department of Health and Human Services announced **new goals** for **value-based payments** and **APMs in Medicare**

Medicare Fee-for-Service

GOAL 1: **30%** 

Medicare payments are tied to quality or value through **alternative payment models** (categories 3-4) by the end of 2016, and 50% by the end of 2018

GOAL 2: **85%** 

Medicare fee-for-service payments are **tied to quality or value** (categories 2-4) by the end of 2016, and 90% by the end of 2018



STAKEHOLDERS:

Consumers | Businesses
Payers | Providers
State Partners



Set **internal** goals for HHS



Invite **private sector payers** to match or exceed HHS goals

PROPOSED RULE: Quality Payment Program

- ✓ **Repeals** the Sustainable Growth Rate (SGR) Formula
- ✓ **Streamlines** multiple quality reporting programs into the new Merit-based Incentive Payment System (MIPS)
- ✓ **Provides incentive payments** for participation in **Advanced Alternative Payment Models (APMs)**



**The Merit-based
Incentive
Payment System
(MIPS)**

or

**Advanced
Alternative
Payment Models
(APMs)**

- ✓ **First step to a fresh start**
- ✓ **We're listening and help is available**
- ✓ **A better, smarter Medicare for healthier people**
- ✓ **Pay for what works to create a Medicare that is enduring**
- ✓ **Health information needs to be open, flexible, and user-centric**

PROPOSED RULE: First Step to a Fresh Start

- ✓ **MIPS is a new program**
 - **Streamlines 3 currently independent programs to work as one and to ease clinician burden.**
 - **Adds a fourth component to promote ongoing improvement and innovation to clinical activities.**



Quality



Resource use



**Clinical practice
improvement
activities**



**Advancing care
information**

- ✓ **MIPS provides clinicians the flexibility to choose the activities and measures that are most meaningful to their practice to demonstrate performance.**

PROPOSED RULE: What is an Alternative Payment Model (APM)?

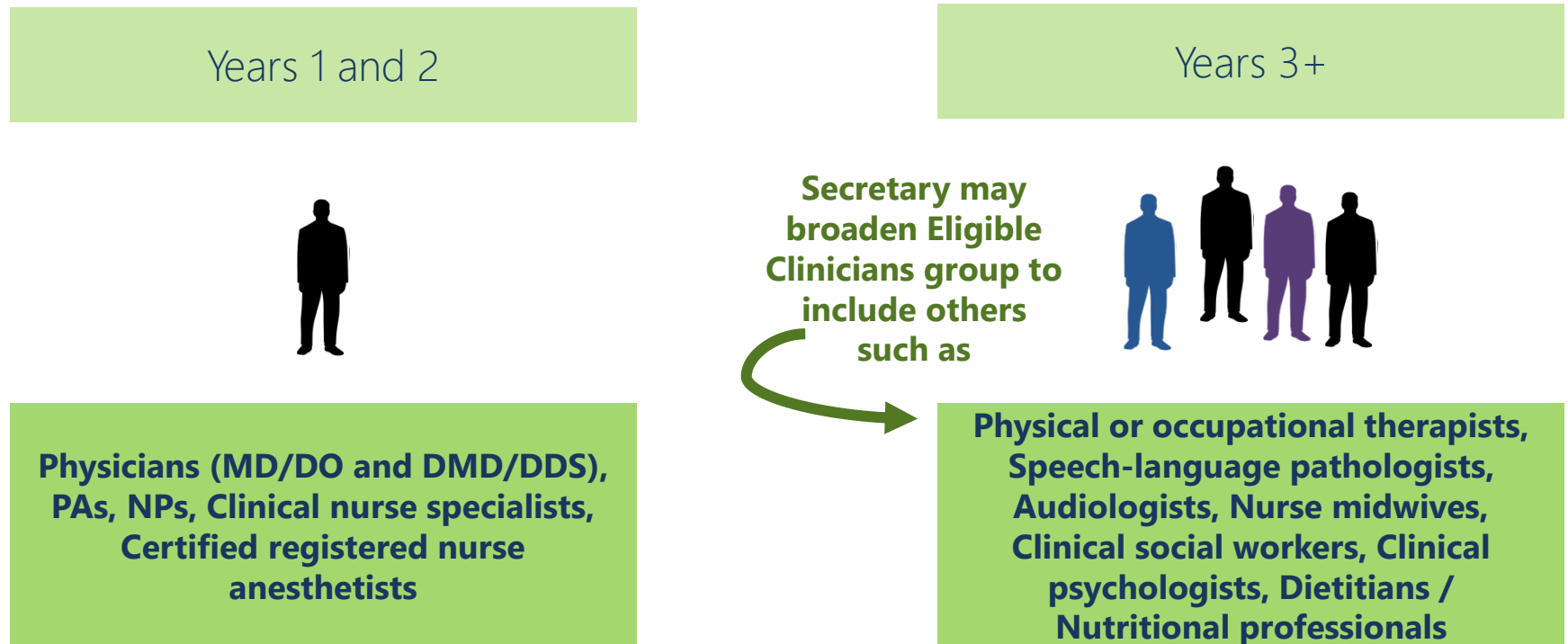
APMs are **new approaches to paying** for medical care through Medicare that **incentivize quality and value**.

As defined by
MACRA,
APMs
include:

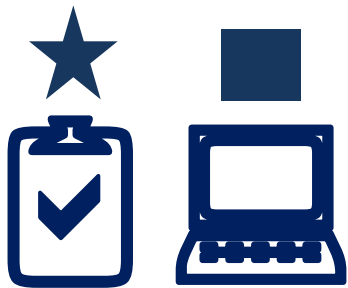
- ✓ **CMS Innovation Center model** (under section 1115A, other than a Health Care Innovation Award)
- ✓ **MSSP** (Medicare Shared Savings Program)
- ✓ **Demonstration** under the Health Care Quality Demonstration Program
- ✓ **Demonstration** required by federal law

PROPOSED RULE: Who Will Participate in MIPS?

- Affected clinicians are called “MIPS eligible clinicians” and will participate in MIPS. The types of Medicare Part B eligible clinicians affected by MIPS may expand in future years.




PROPOSED RULE: MIPS Performance Period



**MIPS Performance
Period
(Begins 2017)**

- ✓ All MIPS performance categories are aligned to a performance period of one full calendar year.
- ✓ Goes into effect in first year
(2017 performance period, 2019 payment year).

2017	2018	2019	2020	2021	2022	2023	2024	2025
								
Performance Period		Payment Year						

References

- 2011 OIG HHS presentation on provider compliance training, importance of documentation
 - » <https://www.youtube.com/watch?v=44r5la-UQo8>
- ONC SAFER guides for EHR safety
 - » <https://www.healthit.gov/safer/safer-guides>
- CMS MACRA Information
 - » <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>



Thank you

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