your hit toolkit
On February 17, 2009, President Obama signed into law the American Recovery and Reinvestment Act (ARRA) of 2009. Provisions of the ARRA provided funding to encourage the adoption and use of health information technology (HIT) systems and to promote health information exchange. The ARRA provided a total of $19 billion nationwide for HIT and the majority of the funding, $17 billion, is currently being distributed as Medicare and Medicaid HIT incentive payments for hospitals and physicians over the next several years.

Research has shown that information technology can be used to improve patient care and coordination, quality and efficiency. Over the last several years, hospitals in South Carolina and nationwide have worked to attain those goals and meet the incentive timeline to implement meaningful use. For FY2011, six hospitals in South Carolina received the first year of meaningful use payments and many more are expected to do so in 2012.

As hospitals in South Carolina assess how to move forward to meet meaningful use, the South Carolina Hospital Association is providing the enclosed content. We are pleased to announce that SCHA Solutions has partnered with Avery Partners Healthcare and Maestro Strategies to provide an array of consulting services to help hospitals meet the meaningful use requirements and maximize your HIT efforts. Included in this toolkit you will find information for both preferred consulting services. Additional resources are enclosed, and we hope these items and services will serve as helpful tools. Be sure to look for educational opportunities and HIT updates throughout the year.

If you have any questions regarding the enclosed materials or on the HIT incentive program, please contact me directly at eburt@scha.org or 803.796.3080.

Sincerely,

[Signature]

Elizabeth Burt
Director, Federal and Member Advocacy
South Carolina Hospital Association
who we are

Avery Partners Healthcare is headquartered in Roswell, Georgia and is a leading provider of health care information technology (HIT) consulting and staffing services for hospitals and physicians nationwide. We develop “Trusted Advisor” relationships with our clients through the delivery of world class consulting services, physician and clinical staffing and health care executive team recruitment.

Dan Stewart, Executive Vice President of Avery Partners Healthcare, leads our consulting services practice and has over 30 years in the health care information technology industry in a variety of roles with several industry leading technology vendors and consulting firms. He and his staff bring extensive experience in IT assessments, system selection, strategic planning, HIE development, system implementation, project management, operational support and the development of sourcing options for health care providers. A focus of our practice is in meaningful use and health reform adoption strategies. We have specialized in these line of services and have completed more than 50 engagements in the past two years helping our clients attain meaningful use and be positioned for success under health reform. We have managed software and technology implementation projects at several large national health care providers and led consulting engagement for a variety of organizations from large, complex IDNs to small community hospitals.

how we can help

Avery Partners Healthcare offers a complete life cycle of HIT services to assist our clients in navigating through the current industry transformation. See below for specifics and pricing.

what we offer

**Meaningful Use Readiness Assessment and Roadmap Development** – The assessment will identify and determine the readiness of the hospital and associated physicians to meet each specific meaningful use criteria in the allotted timeframe for Stage 1 as well as projected Stage 2 and 3 requirements and all subsequent updates and clarifications.

**Meaningful Use Progress Assessment Program** – This program will assess the client’s progress toward the attainment of meaningful use for all stages to determine if the client is on track to achieve MU within the projected timeframes and provide recommendations for any changes or updates to the current plan to be better positioned for success.

**Physician Alignment and Adoption Services** – This assessment determines the scope, approach, and plan for physician alignment and adoption. This is the most critical success factor in achieving meaningful use.

**Quality Measures Services** – Stage 1 meaningful use criteria include the reporting of quality measures as core requirements for hospitals and eligible professionals. This engagement provides a detailed analysis of current data capture for the requirements and a gap analysis to determine the remediation required from a data, process, workflow and policy standpoint. A roadmap is then developed to address the deficiencies and implement an automation workplan.

**Privacy and Security Assessment** – This assessment will review and document the hospitals current state of security and compare it to HIPAA Security and Privacy Rules as well as recent changes to health care security enacted by the HITECH Act of 2009. The assessment will provide information regarding the standards and recommendations for remediation that will bring about compliance.

**HIE Assessment and Roadmap Development** – Assist the client organization in determining the most appropriate approach to HIE. A roadmap is developed laying out the steps and timeframes necessary to meet the client’s objectives.

**System Selection** – Assist clients with vendor selection using the most appropriate approach for each client including full RFP, focused RFP (limited vendors), prime vendor validation and custom. The service can also include vendor knowledge workshops, market position evaluation, pre-implementation planning and contract negotiations.
Strategic Planning – Service focuses on working with hospital leadership to assist in the creation of a strategic plan for information technology that is in sync with and supports the overall goals and objectives of the organization.

HIT Staffing Services – Assesses the hospital’s current HIT staff in terms of numbers and skill set compared to current needs and projected requirements for the future. Strategy services for developing an HIT retention program can also be provided.

ICD-10-CM/PCS and V5010 Services – Includes the assessment, implementation and operational optimization of this new required coding system and EDI transaction set respectively.

Revenue Cycle Services – In order to meet the new payment reform requirements these services include the assessment of patient access, patient logistics and flow, charge capture, HIM, billing, follow up and receivables, payor and system integration as well as PM and implementation services.

Meaningful Use Program Management (MUPM) – The objective of this service is to assist the client in complying with the “meaningful use” criteria within its projected timeframes by facilitating the ongoing activities required for attainment, identifying decisions to be made and potential impacts of those decisions on attainment, recommending the appropriate governance structure and staffing requirements and providing ongoing education and support to all stakeholders.

EHR Implementation and Project Management – Provides the appropriate support resources in the clinical, technology and project management areas, to supplement the hospital staff increasing the probability of a successful electronic health record implementation.

Legacy Support and Outsourcing – The service provides selective sourcing services for application and legacy system support, service desk, remote processing, and infrastructure support.

Interim IT Management – Provides experienced IT professionals to manage the department and provide the necessary system and administrative guidance to ensure staff efficiency, customer satisfaction, and continuation of existing projects while the organization searches for a permanent replacement.

Pricing Strategies – Provides pricing analytics services solution that analyses and optimizes a hospital’s pricing decisions by properly aligning every single item in the charge description master.

how to contact us

Please visit www.averypartners.com or contact Dan Stewart at dan.stewart@averypartners.com or 678.699.4229.
who we are

A nationally recognized healthcare advisory firm, Maestro Strategies was founded in 1989. Based in Atlanta, Georgia; Maestro provides Transformation Consulting Services. We work with the leadership of hospitals and health systems to align enterprise strategy with information technology, key processes, people and metrics to drive improvements in outcomes and cost.

how we can help

Through assessment, insight into best practice, planning and execution we help your team manage your complex portfolio of strategic projects including clinical integration, quality improvement, care delivery innovation and redesign, informatics and analytics, performance improvement and patient engagement. Our team helps you improve your decision making and governance structures, engage clinicians in technology adoption, strengthen leadership of patient safety and quality initiatives, and develop strategies to prepare for value based healthcare.

what we offer

**Merger, Acquisition and Partnership: IT and Operational Planning and Execution** – As pressures increase to reduce hospital bottom lines and the advantages of scale in capital, IT, quality improvement, cost reduction and population health management become more apparent; healthcare industry consolidation will occur. Maestro has a strong track record supporting due diligence, developing integration plans, and providing Interim Transition Officers to oversee consolidation

**Information Technology Applications Rationalization** – Many IT portfolios contain duplicate, obsolete or “one-off” systems that add significant cost for vendor maintenance contracts, internal resources and computing capacity. Maestro works to inventory applications, identify opportunities to streamline and standardize the application footprint, define contracts to renegotiate and develop an Applications Rationalization Roadmap, financial analysis and timeline

**Clinician Adoption and Clinical Integration** – New strategies, decision making frameworks, leadership, processes and communication tools are essential for clinician adoption of electronic health records. Maestro provides experienced program managers, consultants and coaches to help clinicians take the necessary steps to CPOE, clinical documentation, medication management, problem list management, medical informatics, ambulatory systems, e-quality measurement and more

**Business Intelligence Strategy** – Historically, health systems leaders have made decisions without access to information. In the future, data from all aspects of the delivery system – quality and safety, financial and claims, patient care, marketing, operational and cost data must come together to support improved value. While technology plays an important role through data repositories and other analysis and reporting tools, a BI Strategy is essential to determine the who, what, when and how of decision making

**Meaningful Use and ICD-10** – Maestro has a track record conducting readiness assessments, progress reviews and mitigation planning -- including threshold analysis to determine sustainability of key metrics after attestation. Additionally, Maestro helps organizations think more broadly toward the long term strategies necessary for Stage 2 and beyond.

**Enterprise Portfolio Management** – Healthcare systems and hospitals are undergoing relentless change. Strategic projects, regulations and new business partners have stretched traditional, functional siloed decision making structures beyond their capacity. Maestro will work with your organization to design and deploy agile decision making structures, using tools and methodologies that complement your organization and leadership structure

**Health Information Exchange (HIE)** – Whether creating a new Health Information Organization (HIO), laying the foundation for a regional network or community HIE, or supporting the private exchange of information between hospitals and their physicians, Maestro has extensive experience in HIE through crafting Unified Visions, Plans for Sustainability, and Governance Structures. With over twenty HIE clients; Maestro has a forte in measuring health information exchange return on investment
Informatics and IT Operations Assessment – Questions regarding staffing, internal processes, roles and responsibilities and organization structure can be addressed through an Operations Assessment of IT and Informatics. Maestro works with CIOs, CMIOs, CNIOs and others to design the Information Technology and Informatics function for the 21st century healthcare enterprise.

“Hard-wired” Process Redesign – Many organizations are becoming trained in Lean, Six Sigma and other forms of process improvement. Yet, these initiatives are often still focused on manual processes and are not integrated with information technology implementation initiatives. Maestro helps you build on your current PI methodologies and adapt them to “hard-wire” new processes through enabling information technology.

Interim Leadership, Leadership Coaching and Leadership Education – Maestro provides Program Managers, CIOs and CMIOs to augment your internal staffing. We also support new leaders or those wanting to take their knowledge to the next level through CIO and CMIO Coaches/Mentors. Maestro can provide a facilitator and/or speakers for your next leadership or board retreat on a variety of topics.

how to contact us

Please visit www.maestrostrategies.com or contact Pam Arlotto at parlotto@maestrostrategies.com or 770.587.5309.
medicare ehr incentive timeline for hospitals: which road will you take?

If Adopted by 2011, receive maximum incentives.$$$

If Adopted by 2012, receive maximum incentives.$$$

If NOT Adopted by 2015, partial penalties enforced.$$

If NOT Adopted by 2016, higher partial penalties enforced. $$

If NOT Adopted by 2017, maximum penalties enforced. $$$

If Adopted by 2013, receive maximum incentives.$$$

If Adopted by 2014, receive partial incentives.$$
hospitals: which road will you take?

If Adopted by 2011, receive maximum incentives.

If Adopted by 2012, receive maximum incentives.

If NOT Adopted by 2015, partial penalties enforced.

If NOT Adopted by 2016, higher partial penalties enforced.

If NOT Adopted by 2017, maximum penalties enforced.

If Adopted by 2013, receive maximum incentives.

If Adopted by 2014, receive partial incentives.

If Adopted by 2015, receive lower partial incentives.
scha’s hit team

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