



What does the HITECH Act mean to Physicians?

An unprecedented and historical event has occurred, Congress has passed a federal bill that allocates grants and funding as well penalties to help physicians and hospitals transition to technology that supports automated processes in an effort to improve the quality and safety of all health care delivered in the US. With this economic stimulus bill, over \$19 billion is available to physicians and hospitals who implement an EHR system by 2011. The following is the announced financial disbursement schedule.

Year EHR use demonstrated	2011	2012	2013	2014	2015	2016	TOTAL
2011	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$0	\$44,000
2012	\$0	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$42,000
2013	\$0	\$0	\$15,000	\$12,000	\$8,000	\$4,000	\$39,000
2014	\$0	\$0	\$0	\$12,000	\$8,000	\$4,000	\$24,000

Whether you need to select and implement an EHR solution or make sure your current system meets the requirements and timeline necessary to receive the stimulus incentive, MedSym can provide the products, services, and expertise to help.

What are the qualifying guidelines?

In order to qualify for incentive payments, physicians and hospitals must:

Demonstrate “meaningful use” of a certified EHR technology.

- The Department of Health and Human Services (HHS) will be defining “meaningful use” in greater detail during 2009. While the act does not specify what certification will mean, it is believed in the industry that the Certification Commission for Healthcare Information Technology (CCHIT) will be the certifying body.

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Use e-Prescribing.

- The EHR must provide features that enable electronic prescribing.

Exchange information electronically.

- At this time it is understood that this means the EHR system is connected and supports electronic exchange of health information with other health care providers.

Submit reports on clinical quality measures.

- The EHR must be able to perform electronic data interchange of clinical information with applicable networks and report on quality measures.

What will MedSym do to assure compliance?

MedSym will commit to understanding and supporting the forthcoming requirements as they are released by the Department of Health and Human Services (HHS). In fact, MedSym will guarantee that the EHR will meet the federally mandated qualifiers. MedSym will put it in writing.

The MedSym EHR is a fully integrated, web-based or server resident physician EHR and practice management solution that provides features that will qualify for the stimulus incentive.

- The MedSym EHR is CCHIT Certified[®], thus the EHR protects privacy and ensures that physicians have the information required to deliver high-quality care and meaningful improvements within their practice.
- The MedSym EHR automatically generates electronic prescriptions and sends them to the appropriate pharmacy. Refill requests can be processed 24/7.
- The MedSym EHR enables data to be electronically exchanged through safe and secure real-time connections with labs, pharmacies, hospitals, and more.
- The MedSym EHR contains auto-prompting for Physician Quality Reporting Index (PQRI) reporting to facilitate a 2% bonus from Medicare.



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What is the current knowledge on the HITECH ACT?

June 2009

HHS Outlines Plans for Health IT Incentive Payment Program

HHS has unveiled its plan for providing Medicare and Medicaid incentive payments for the “meaningful use” of electronic health records as authorized under the federal economic stimulus package, Health Data Management reports. HHS announced that Medicare incentive payments to eligible hospitals will begin in October 2010, while Medicare incentive payments to physicians and Medicaid incentive payments to physicians and hospitals will begin in January 2011.

HHS Timeline

By the conclusion of 2009, HHS expects to have:

- Coordinated with the Office of the National Coordinator for Health IT to create related policies for the incentive programs, including the definition of meaningful use;
- Established proposed rules to permit public input on the incentive program policies;
- Mapped out systems and other requirements to support the incentive programs; and
- Planned a national outreach program.

Meanwhile, by the end of 2010, HHS expects to have:

- Conducted outreach to eligible health care professionals, health care providers and state Medicaid agencies;
- Developed systems to support the payment of incentives;
- Developed final rules to establish policies to pay incentives; and
- Created systems to track and evaluate incentive payments.

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