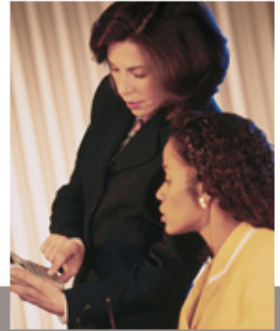




NATIONAL ASSOCIATION OF

Community Health Centers



America's Voice for Community Health Care

Rev 1/19/10



America's Voice for Community Health Care

The NACHC Mission

To promote the provision of high quality, comprehensive and affordable health care that is coordinated, culturally and linguistically competent, and community directed for all medically underserved people.



NATIONAL ASSOCIATION OF
Community Health Centers

SAAS/NIATx Annual Conference

Meaningful Use and its Implications for Behavioral Health Providers

Michael R. Lardiere, LCSW

Director HIT; Sr. Advisor Behavioral Health

July 11, 2011



- “My presentation today does not include any discussion about a particular commercial product/service and I do not have any significant financial interest/relationship with any organizations that make/provide this product/service”



- Copies of the presentation and the Final Rule document referenced in the presentation can be found on the NACHC web site in the HIT section at:



To Find on NACHC Web Site



Health Center Information

[Home Page](#)

[Member Center](#)

[Policy Issues](#)

[Clinical Issues](#)

[Health Center Information](#)

[Research & Data](#)

[Advocacy/Voter Registration](#)

[Conferences/Trainings/Events](#)

[Publications & Resources](#)

[Career Center](#)

► In this Section

[Financial/Operations Management](#)

[Capital Development](#)

[Governance](#)

[Health Center Growth/Development](#)

[Emergency Management](#)

[Health Information Technology \(HIT\)](#)

Health Information Technology (HIT)

Text Size: [A](#) [A](#) [A](#)

This site provides tools and resources to assist health centers in the selection and successful implementation of various health information technologies (HIT). NACHC recognizes that HIT is an important component in a health center's operations, however, HIT is not an end unto itself but rather a tool to assist health care providers to provide quality care that is safe, effective, timely, patient-centered, efficient and equitable.

[Getting Started](#)

[Grants](#)

[Helpful Links and Resources](#)

[New News](#)

[Tools for Implementing EHRs](#)

[Security and Privacy](#)

[User Groups](#)

[Definitions](#)

[Health Center Controlled Networks](#)

[HIT and Change in Scope](#)

[Online Learning Materials](#)

[Telemedicine](#)

[EHR Vendors](#)

[Meaningful Use of HIT](#)

Stay updated on
Community Health Care



To Find on NACHC Web Site

Site Search:



Health Center Information

- Home Page
- Member Center
- Policy Issues
- Clinical Issues
- Health Center Information**
- Research & Data
- Advocacy/Voter Registration
- Conferences/Trainings/Events
- Publications & Resources
- Career Center

In this Section

- Financial/Operations Management
- Capital Development
- Governance
- Health Center Growth/Development
- Emergency Management

Health Information Technology (HIT)

Meaningful Use of HIT

"Meaningful Use" of Health Information Technology

Download Overview of CMS Final Rule on EHR Adoption 7/17/10

7/13/10 CMS/ONC announce Final Rules on "Meaningful Use" of EHR

- **Secretary Sebelius Press Release**
- **CMS and ONC Final Regulations Define Meaningful Use And Set Standards for Electronic Health Record Incentive Programs**
- **Medicare and Medicaid Programs; Electronic Health Record Incentive Programs; FINAL RULE**
- **Dr. Blumenthal's Views on Use of EHRs**
- **Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology ONC FINAL RULE**

On January 13, 2010 the Centers for Medicare and Medicaid Services (CMS) and the National Coordinator (ONC) published Interim Rules governing the Electronic Health Record (EHR) Incentive Program and the Initial Set of Standards, Implementation Specifications and Certification Criteria for Electronic Health Record Technology. Visit this page for updates and comments provided by NACHC on these Interim Rules. Comm. 15, 2010.

- **CMS Interim Rule from Federal Register January 13, 2010 - Electronic Health Record Incentive Program**
- **ONC Interim Rule from Federal Register January 13, 2010 Initial Set of Standards, Implementation Specifications and Certification Criteria for Electronic Health Record Technology**

Stay updated on Community Health Care

Email Address GO



CMS Interim Rule Authority

American Recovery and Reinvestment Act (ARRA) (Pub. L. 111-5)

- Enacted February 17, 2009

- Modernize nation's infrastructure
- Enhance energy independence
- Expand educational opportunities
- Provide tax relief, and
- Preserve and improve affordable health care

- Title IV of Division B of ARRA
 - Amends Titles XVIII and XIX of the Social Security Act
 - Established incentive payments to eligible professionals (EPs) to promote
 - Adoption and
 - Meaningful Use of Interoperable health information technology

- Together with Title XIII of Division A of ARRA =
 - Health Information Technology for Economic and Clinical Health or the HITECH Act



- **CMS Final Rule Initial Release on July 13, 2010**
 - **Federal Register July 28, 2010**
- **ONC also published a related Rule**
 - **Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology**
 - **Governs the Establishment of Certification Programs for Health Information Technology**
 - **<http://www.nachc.com/meaningfuluseofhit.cfm>**



- *HHS Ultimate Goal*
 - *Reform the health care system*
 - *Improve*
 - *Health care quality*
 - *Efficiency*
 - *Patient Safety*



➤ Requirements for “Meaningful Use”

- Demonstrates Meaningful Use of Certified EHR technology in a meaningful manner
 - E.g. electronic prescribing

- The certified technology is
 - Connected in a manner that provides for
 - Electronic exchange of health information to
 - Improve quality care

- In using the certified EHR technology
 - Provider submits to the Secretary information on
 - Clinical Quality Measures
 - Other measures selected by the Secretary
 - For Medicaid EPs to the States



➤ Staged Approach

➤ Stage 1 Focus

- Capture information in a structured format
- Using the information to track key clinical conditions
- Communicating the information for Care Coordination Purposes
- Implementing Clinical Decision Support Tools to
 - Facilitate Disease and Medication Management
- Use EHRs to Engage Patients and Families
- Reporting Clinical Quality Measures and Public Health Reporting States



- **Focuses on functionalities that will allow for**
 - **Continuous Quality Improvement**
 - **Ease of Information Exchange**



➤ Definitions of “Qualified EHR Technology”

- A Qualified EHR must be applicable to the type of practice
 - E.g. ambulatory EHR for office based physicians
- An electronic record of health information on an individual that includes:
 - Patient demographics
 - Clinical health Information
 - Medical History
 - Problem lists
- Has capacity to
 - Provide clinical decision support
 - Support physician order entry
 - Capture and query information relevant to health care quality
 - Exchange electronic health information
 - Integrate such information from other sources



➤ Payments to Medicaid EPs:

➤ Maximum of 85% of \$75,000 over 6 years

➤ 85% of \$25,000 1st year (\$21,250)

➤ Adopting, Implementing or Upgrading

➤ 85% of \$10,000 years 2 – 6 (\$8,500)

➤ Demonstrating “Meaningful Use”

➤ Total \$63,750

➤ Must begin receiving incentive payments no later than
CY 2016

The Secretary HHS has the authority to determine average
allowable costs (pg. 551)



| Calendar Year | Medicaid EPs who begin adoption in | | | | | |
|---------------|------------------------------------|----------|----------|----------|----------|----------|
| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
| 2011 | \$21,250 | ----- | ----- | ----- | ----- | ----- |
| 2012 | \$8,500 | \$21,250 | ----- | ----- | ----- | ----- |
| 2013 | \$8,500 | \$8,500 | \$21,250 | ----- | ----- | ----- |
| 2014 | \$8,500 | \$8,500 | \$8,500 | \$21,250 | | |
| 2015 | \$8,500 | \$8,500 | \$8,500 | \$8,500 | \$21,250 | |
| 2016 | \$8,500 | \$8,500 | \$8,500 | \$8,500 | \$8,500 | \$21,250 |
| 2017 | ----- | \$8,500 | \$8,500 | \$8,500 | \$8,500 | \$8,500 |
| 2018 | ----- | ----- | \$8,500 | \$8,500 | \$8,500 | \$8,500 |
| 2019 | ----- | ----- | ----- | \$8,500 | \$8,500 | \$8,500 |
| 2020 | ----- | ----- | ----- | ----- | \$8,500 | \$8,500 |
| 2021 | | | | | | \$8,500 |
| TOTAL | \$63,750 | \$63,750 | \$63,750 | \$63,750 | \$63,750 | \$63,750 |
| | | | | | | |

| Calendar Year | Medicare EPs who begin adoption in | | | | | |
|---------------|------------------------------------|----------|----------|----------|-------|-------|
| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
| 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 | ----- | ----- |
| 2016 | ----- | \$2,000 | \$4,000 | \$4,000 | ----- | ----- |
| 2017 | ----- | ----- | ----- | ----- | ----- | ----- |
| 2018 | ----- | ----- | ----- | ----- | ----- | ----- |
| 2019 | ----- | ----- | ----- | ----- | ----- | ----- |
| 2020 | ----- | ----- | ----- | ----- | ----- | ----- |
| 2021 | ----- | ----- | ----- | ----- | ----- | ----- |
| TOTAL | \$44,000 | \$44,000 | \$39,000 | \$24,000 | ----- | ----- |
| | | | | | | |



➤ Definitions of Adopting, Implementing or Upgrading EHR Technology

➤ Attest to

- “Adopted” = Having Acquired, Purchased or Secured
- “Implemented” = Install or Commenced utilization
- “Upgraded” = Expanded the available functionality (pg. 814)

➤ Upgraded includes

- Staffing, Maintenance & Training
- Upgrading from an existing system to one that is “certified” (pg. 814)

➤ States must establish a verification process

- Submission of a vendor contract is recommended by CMS as one means of verification



➤ Objectives for the Core Set of Functional Measures

- Use CPOE (any licensed healthcare professional per state guidelines)
- Implement drug to drug and drug allergy interaction checks
- E-Prescribing (EP only)
- Record demographics
- Maintain an up-to-date problem list
- Maintain active medication list
- Maintain active medication allergy list
- Record and chart changes in vital signs
- Record smoking status
- Implement one clinical decision support rule
- Report CQM as specified by the Secretary
- Electronically exchange key clinical information
- Provide patients with an electronic copy of their health information
- Provide patients with an electronic copy of their discharge instructions (Eligible Hospital/CAH Only)
- Provide clinical summaries for patients for each office visit (EP Only)
- Protect electronic health information created or maintained by certified EHRs

-MUST CHOOSE ONE OF THE POPULATION & PUBLIC HEALTH MEASURES



➤ Objectives for the Core Set of Functional Measures

➤ All EPs Must Demonstrate Meaningful Use by Reporting on 15 Core Measures

And

➤ Reporting on an additional 5 Measures from a Menu of 10 Measures

➤ Medicaid EPs do not need to demonstrate Meaningful Use if they are adopting, implementing or upgrading in their 1st year



| CORE SET | | |
|---|--|---|
| | Stage 1 Objectives | |
| Health Outcomes Policy Priority | Eligible Professionals | Stage 1 Measures |
| Improving quality, safety, efficiency, and reducing health disparities | Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines | More than 30% of unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE |
| | | |



| CORE SET | | |
|---|---|---|
| | Stage 1 Objectives | |
| Health Outcomes Policy Priority | Eligible Professionals | Stage 1 Measures |
| Improving quality, safety, efficiency, and reducing health disparities | Implement drug-drug and drug-allergy interaction checks <u>Requires Only a Yes/No Attestation</u> | The EP/eligible hospital/CAH has enabled this functionality for the entire EHR reporting period |
| | Generate and transmit permissible prescriptions electronically (eRx) | More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology |



| CORE SET | | |
|---|--|---|
| | Stage 1 Objectives | |
| Health Outcomes Policy Priority | Eligible Professionals | Stage 1 Measures |
| Improving quality, safety, efficiency, and reducing health disparities | Record demographics > preferred language > gender > race > ethnicity > date of birth | More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data |
| | Maintain an up-to-date problem list of current and active diagnoses | More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data |



| CORE SET | | |
|---|--|--|
| | Stage 1 Objectives | |
| Health Outcomes Policy Priority | Eligible Professionals | Stage 1 Measures |
| Improving quality, safety, efficiency, and reducing health disparities | Maintain active medication list | More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data |
| | Maintain active medication allergy list | More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data |



| CORE SET | | |
|---|---|---|
| | Stage 1 Objectives | |
| Health Outcomes Policy Priority | Eligible Professionals | Stage 1 Measures |
| Improving quality, safety, efficiency, and reducing health disparities | Record and chart changes in vital signs: <ul style="list-style-type: none"> ➤ Height ➤ Weight ➤ Blood pressure ➤ Calculate and display BMI ➤ Plot and display growth charts for children 2-20 years, including BMI | For more than 50% of all unique patients age 2 and over seen by the EP or admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structured data |
| | Record smoking status for patients 13 years old or older | More than 50% of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data |



| CORE SET | | |
|---|--|--|
| | Stage 1 Objectives | |
| Health Outcomes Policy Priority | Eligible Professionals | Stage 1 Measures |
| Improving quality, safety, efficiency, and reducing health disparities | Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance that rule <u>Requires Only a Yes/No Attestation</u> | Implement one clinical decision support rule |
| | Report ambulatory clinical quality measures to CMS or the States **Not applicable for most Medicaid eligible providers as they will meet requirements under adoption, implementation or upgrading in 2011** | For 2011, provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of this final rule ----- For 2012, electronically submit the clinical quality measures as discussed in section II(A)(3) of this final rule |



| CORE SET | | |
|--|--|---|
| | Stage 1 Objectives | |
| Health Outcomes Policy Priority | Eligible Professionals | Stage 1 Measures |
| Engage patients and families in their health care | Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon Request <u>Within 3 business days pg. 161</u> | More than 50% of all patients of the EP or the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days |
| | Provide clinical summaries for patients for each office visit <u>Within 3 business days pg. 178</u> | Clinical summaries provided to patients for more than 50% of all office visits within 3 business days |



| CORE SET | | |
|---|--|--|
| | Stage 1 Objectives | |
| Health Outcomes Policy Priority | Eligible Professionals | Stage 1 Measures |
| Improve care coordination | <p>Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically</p> <p><u>Requires Only a Yes/No Attestation</u></p> | <p>Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information</p> <p><u>From EHR to EHR or through an HIE pg. 186</u></p> <p><u>Must be different legal entities with distinct EHRs pg. 191</u></p> |
| Ensure adequate privacy and security protections for personal health information | <p>Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities</p> <p><u>Requires Only a Yes/No Attestation</u></p> | <p>Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process</p> |



| MENU SET | | |
|---|---|--|
| | Stage 1 Objectives | |
| Health Outcomes Policy Priority | Eligible Professionals | Stage 1 Measures |
| Improving quality, safety, efficiency, and reducing health disparities | Implement drug formulary checks <u>Requires Only a Yes/No Attestation</u> | The EP/eligible hospital/CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period |
| | Incorporate clinical lab test results into certified EHR technology as structured data | More than 40% of all clinical lab tests results ordered by the EPduring the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data |



| MENU SET | | |
|---|--|---|
| | Stage 1 Objectives | |
| Health Outcomes Policy Priority | Eligible Professionals | Stage 1 Measures |
| Improving quality, safety, efficiency, and reducing health disparities | Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach <u>Requires Only a Yes/No Attestation</u> | Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition |
| | Send reminders to patients per patient preference for preventive/ follow up care | More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period |



MENU SET

| MENU SET | | |
|--|--|--|
| | Stage 1 Objectives | |
| Health Outcomes Policy Priority | Eligible Professionals | Stage 1 Measures |
| Engage patients and families in their health care | <p>Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP</p> <p><u>Within 4 business days pg. 171 & 172 PHR, portal, web site, secure email, USB, CD or paper pg. 179</u></p> | <p>More than 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP’s discretion to withhold certain information</p> |
| | <p>Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate</p> | <p>More than 10% of all unique patients seen by the EP.....are provided patient-specific education resources</p> |



MENU SET

| MENU SET | | |
|---|---|---|
| | Stage 1 Objectives | |
| Health Outcomes Policy Priority | Eligible Professionals | Stage 1 Measures |
| <p>Improve care coordination</p> | <p>The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation</p> <p style="text-align: center;"><u>Ability to calculate the measure is incorporated into certified EHRs pg. 196</u></p> | <p>The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to.....</p> |
| | <p>The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral</p> <p style="text-align: center;"><u>Electronic, via HIE, or paper – must be generated by EHR Pg. 200</u></p> | <p>The EP, eligible hospital or CAH who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals</p> <p style="text-align: center;"><u>Ability to calculate the measure is incorporated into certified EHRs pg. 201</u> 32</p> |



MENU SET

| MENU SET | | |
|---|---|--|
| | Stage 1 Objectives | |
| Health Outcomes Policy Priority | Eligible Professionals | Stage 1 Measures |
| <p>Improve population and public health</p> <p><u>(Must Complete 1 of these as part of Menu Set)</u></p> | <p>Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice</p> <p><u>Only applies if performed 1 or more immunizations during reporting period pg.203</u></p> | <p>Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP,submits such information have the capacity to receive the information electronically)</p> |
| | <p>Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice</p> <p><u>Requires Only a Yes/No Attestation</u></p> | <p>Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP,submits such information have the capacity to receive the information electronically)</p> |



Reporting on Clinical Quality Measures

- States must identify how they will accept Quality Measures in their HIT Plan
 - Directly or
 - Via Attestation

- Describe how they will inform EPs of their timeframe to accept submission of Quality Measures



➤ Quality Measures can be

- Process
- Experience
- Outcomes of Patient Care
- Observations or Treatment that relate to other quality aims
 - Effective
 - Safe
 - Efficient
 - Patient-Centered
 - Equitable and
 - Timely Care

CMS will seek to align Quality Measures in future rulemaking



Core Measures Required for Reporting Table 7 pg. 287

| NQF Measure Number & PQRI Implementation Number | Clinical Quality Measure Title |
|--|---|
| NQF 0013 | Title: Hypertension: Blood Pressure Measurement |
| NQF 0028 | Title: Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment b. Tobacco Cessation Intervention |
| NQF 0421 PQRI 128 | Title: Adult Weight Screening and Follow-up |
| | <i>Alternate Core Measures</i> |
| NQF 0024 | Title: Weight Assessment and Counseling for Children and Adolescents |
| NQF 0041 PQRI 110 | Title: Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old |
| NQF 0038 | Title: Childhood Immunization Status |



➤ Quality Measures

➤ EPs must report on 6 total Quality Measures

➤ 3 from previous slide (Table 7)

➤ Or

➤ the Alternates from previous slide if the first 3 are 0

➤ And

➤ 3 from the list of 38 in Table 6 (pg. 272)

➤ States will determine how attestation will be administered in each state



Information Required from EPs (pg 355 & 356)

- **EPS must provide**
 - **Name of EP**
 - **National Provider Number (NPI)**
 - **Business Address and phone number**
 - **Practice address – cannot be a PO Box**
 - **Taxpayer Identification Number (TIN) to which EPs incentive payment should be made**
 - **Notify CMS if the EP is choosing the Medicaid or Medicare incentive program**
 - **EPs allowed to make a one-time switch from one program to the other**
 - **A medical secretary can register on their behalf (pg. 667 & 672)**
 - **EPs are permitted to reassign their incentive payments to their employer or to an entity with which they have a contractual arrangement (including part 424, subpart F)**

Must be consistent with §495.10 with Defined in clause (A) of section 1842(b)(6) of the Act and in accordance with regulations at 42 CFR 424.73 and 42 CFR 424.80



Why is “Meaningful Use” so Important?



Federal Health IT Strategic Plan 2011 – 2015

HHS Goals

- Improve Care,
- Improve Population Health, and
- Reduce Health Care Costs through the Use of Health IT



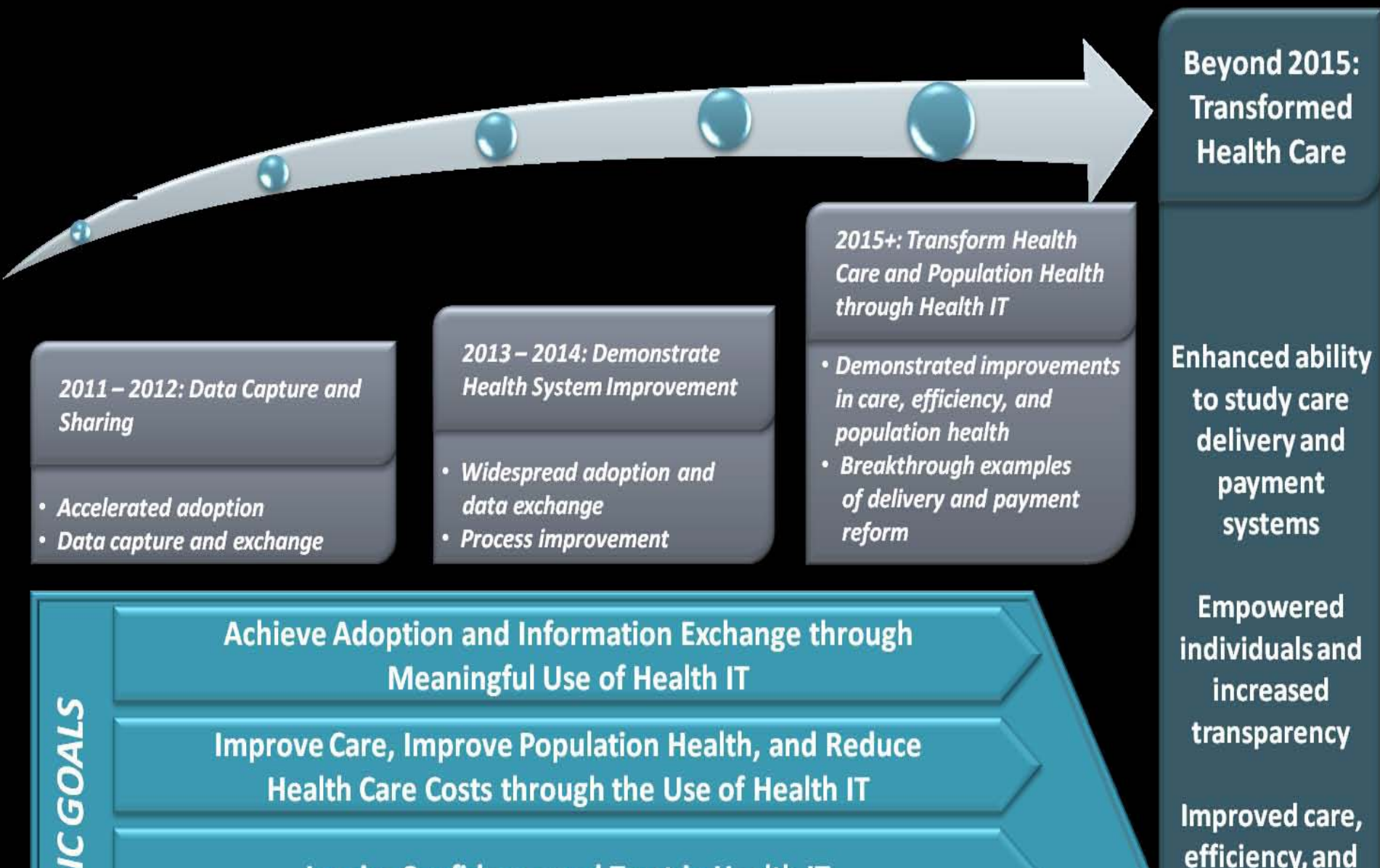
Federal Health IT Strategic Plan 2011 – 2015

Four Objectives for these goals

- A. Support more sophisticated uses of EHRs and other health IT to improve health system performance
- B. Better manage care, efficiency, and population health through EHR-generated reporting measures
- C. Demonstrate health IT-enabled reform of payment structures, clinical practices, and population health management
- D. Support new approaches to the use of health IT in research, public and population health, and national health security



Federal Health IT Strategic Map





Behavioral Health Providers will be included!!

ONC Strategic Plan

Objective A

Strategy I.A.7: Align federal programs and services with the adoption and meaningful use of certified EHR technology

Specifically The Substance Abuse and Mental Health Services Administration (SAMHSA) is working to foster adoption and implementation of certified EHRs among its providers that are ineligible for the Medicare and Medicaid EHR Incentive Programs, including community mental health centers and substance use disorder treatment programs....

**Senator Sheldon Whitehouse introduced the
"Behavioral Health Information Technology Act of 2011"
March 10, 2011 S. 539**



For more information and to download the document referred to throughout this presentation visit the NACHC web site HIT Section at

<http://www.nachc.com/meaningfuluseofhit.cfm>

Download – [Overview of CMS Final Rule on EHR Adoption](#)

To find certified health information technology go to the “ONC Certified Health Product List” <http://onc-chpl.force.com/ehrcert>

Contact Information

**Michael R. Lardiere, LCSW
NACHC Director HIT, Sr. Advisor Behavioral Health
mlardiere@nachc.com**