



# **Regional HIT Extension Center Program – Michigan Center for Effective IT Adoption (M-CEITA)**

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Director  
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## Disclosure

- I have no relevant financial relationships with the manufacturers of any commercial products and/or provider of commercial services discussed in this CME activity.



## Health Information Technology Extension Program

- The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 is part of the 2009 stimulus package or ARRA
- Section 3012 (a) establishes the **Health Information Technology Extension Program (Extension Program)** which consists of:
  - Health Information Technology Regional Extension Centers (Regional Extension Centers – RECs)
  - Health Information Technology Research Center (HITRC)
- Additional HITECH programs: state health information exchange; health IT workforce; Beacon communities; standards and certification; and the Medicare & Medicaid EHR incentive programs.
  - Visit: <http://healthit.hhs.gov>



# Health Information Technology Extension Program

- The Extension Program established a network of Health Information Technology Regional Extension Centers (Regional Extension Centers – RECs) that will offer:
  - Technical assistance
  - Guidance
  - Information on best practices to support and accelerate health care providers' efforts to become meaningful users of electronic health records (EHRs)



## SERVICES

- M-CEITA is a consortium of 16 MI based health care organizations
- A provider advocate whose services are intended to facilitate EHR adoption by Priority Primary Care Providers (PPCPs)
- Designed as full service for providers who don't have the time, expertise, or staffing to select the right EHR, adjust their processes to fully leverage the tool, or make sure they are Meaningfully Using it.
- M-CEITA is designated by Office National Coordinator (ONC) to help providers achieve Meaningful Use (MU) of EHRs.



## M-CEITA's Executive Committee

- [Alliance for Health](#)
- [Altarum Institute](#)
- [American Academy of Pediatrics – Michigan Chapter](#)
- [American Congress of Obstetricians and Gynecologists, Michigan Section](#)
- [Central Michigan University Research Corporation](#)
- [Michigan Academy of Family Physicians](#)
- [Michigan Health & Hospital Association](#)
- [Michigan Osteopathic Association](#)
- [Michigan Primary Care Association](#)
- [Michigan Public Health Institute](#)
- [MPRO – Michigan's Quality Improvement Organization](#)
- [Michigan State Medical Society](#)
- [Michigan's University Research Corridor](#)
  - [Michigan State University](#)
  - [University of Michigan](#)
  - [Wayne State University](#)
- [Upper Peninsula Health Care Network](#)



## Who will M-CEITA serve?

- Services for all Michigan health care providers but incentivized through our funding to focus on “priority primary care providers” for the first two years of operation.
- Priority primary care providers are MDs, DOs, NPs, CNMs & PAs who practice family, general internal or pediatric medicine or obstetrics and gynecology in the following settings:
  - Individual and small group (<10) primary care practices
  - Public and Critical Access Hospitals
  - Community Health Centers and Rural Health Clinics
  - Settings serving uninsured, underinsured, and **medically underserved** populations
- Goal is to serve 4,000 PPCPs and 2,000 other providers in the next two years



## Other Underserved Settings

- In MI includes:
  - State, county correctional settings
  - **School-based and School-Linked health centers where REC can claim up to 10 PPCPS/practice**
  - Public health clinics that provides primary patient care, or a sub-section of primary patient care where REC can claim up to 10 PPCPs per practice
  - **Pediatrician offices seeing at least 10% combined Medicaid, MI Child and uncompensated care where the REC can claim up to 10 PPCPS per practice (i.e. physical location/geographic)site**
  - Visiting and home help providers providing primary care services in alternative settings
  - Primary care settings in which at least 20% of care consists of any combination of Medicaid and uninsured



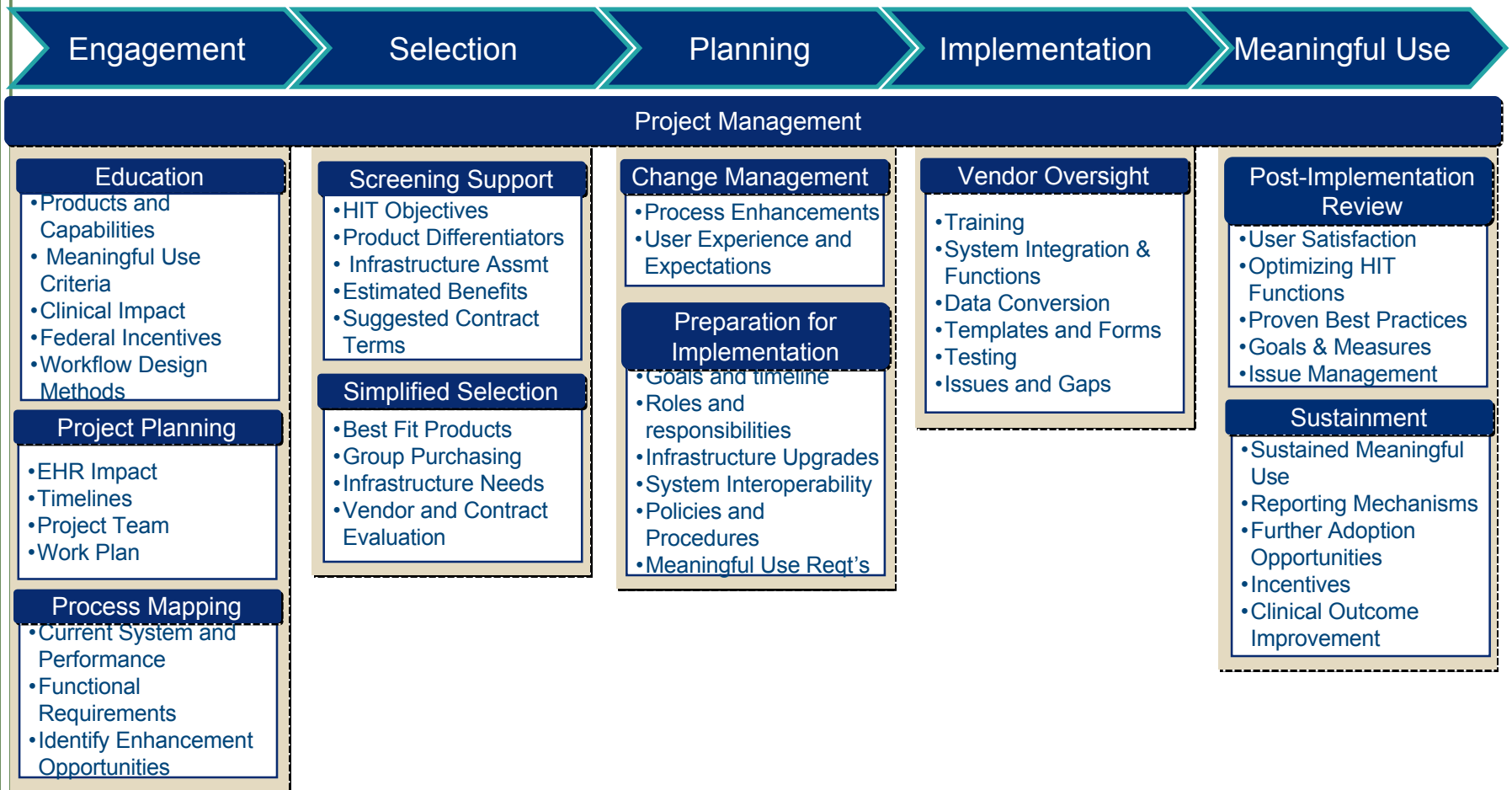
## Medicaid EHR Incentives

- Eligible Professionals (EPs) must serve a minimum percentage of Medicaid patients according to the definitions
- IN MI—Pediatrician offices seeing at least 10% Medicaid, MI Child and uncompensated care
- Also, pediatricians with Medicaid patient volume between 20—29% total patient volume can receive 2/3 of maximum, with those reaching 30% threshold receive full incentive
- EPs can receive 85% of “net average allowable costs”, capped at \$63,750 per provider over 6 year period



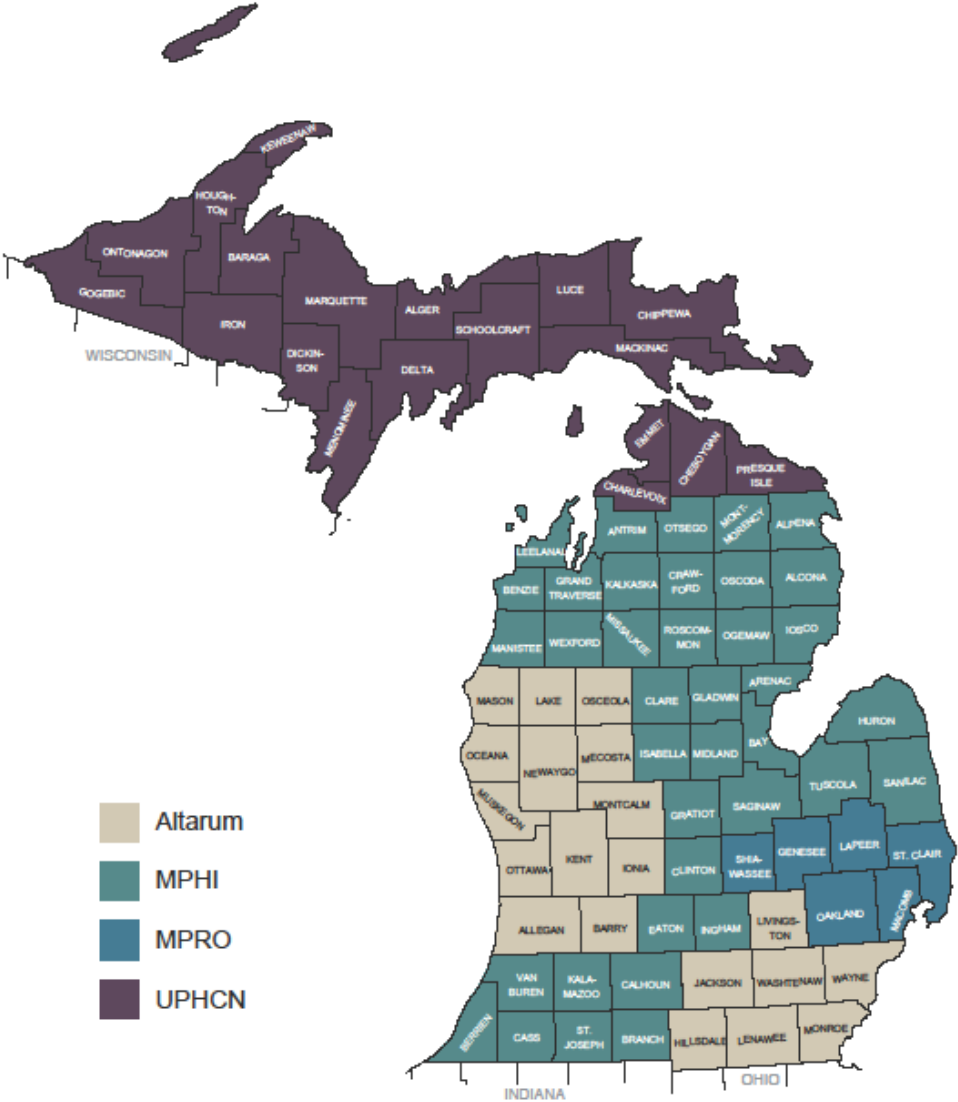
# Services: Big Picture

- Engagement, Selection, Planning, Implementation, Meaningful Use



# M-CEITA Region Map

- Regional responsibility zones encourage focus and ability to ‘know’ our regions
- The partners collaborate to serve entities that cross regions – seamlessly



## For More Info

- Contact Denise Sloan, Executive Director MIAAP
  - [miaap.org](http://miaap.org)
  - [mceita.org](http://mceita.org)
  - [cms.hhs.gov](http://cms.hhs.gov)
  - 800-MICH-EHR

