MU *Meaningful Use*

INDIAN HEALTH SERVICE

Improving Health Care within the Indian Health System

Achieving Meaningful Use Stage 2, 2014

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Today's Session

- Stage 2 Rule (August 23, 2012)
  - Timelines and Incentives
  - Stage 2 Requirements
  - Performance Measures
  - CQMs
  - Payment Adjustments
  - Preparing for Stage 2

Meaningful Use

➢ Meaningful Use (MU) aims to improve:
  ▪ Health outcomes
  ▪ Patient engagement
  ▪ Care coordination
  ▪ Efficiency of the healthcare system

Stages of Meaningful Use

Improved outcomes

Advanced clinical processes

Data capturing and sharing

Stage 1
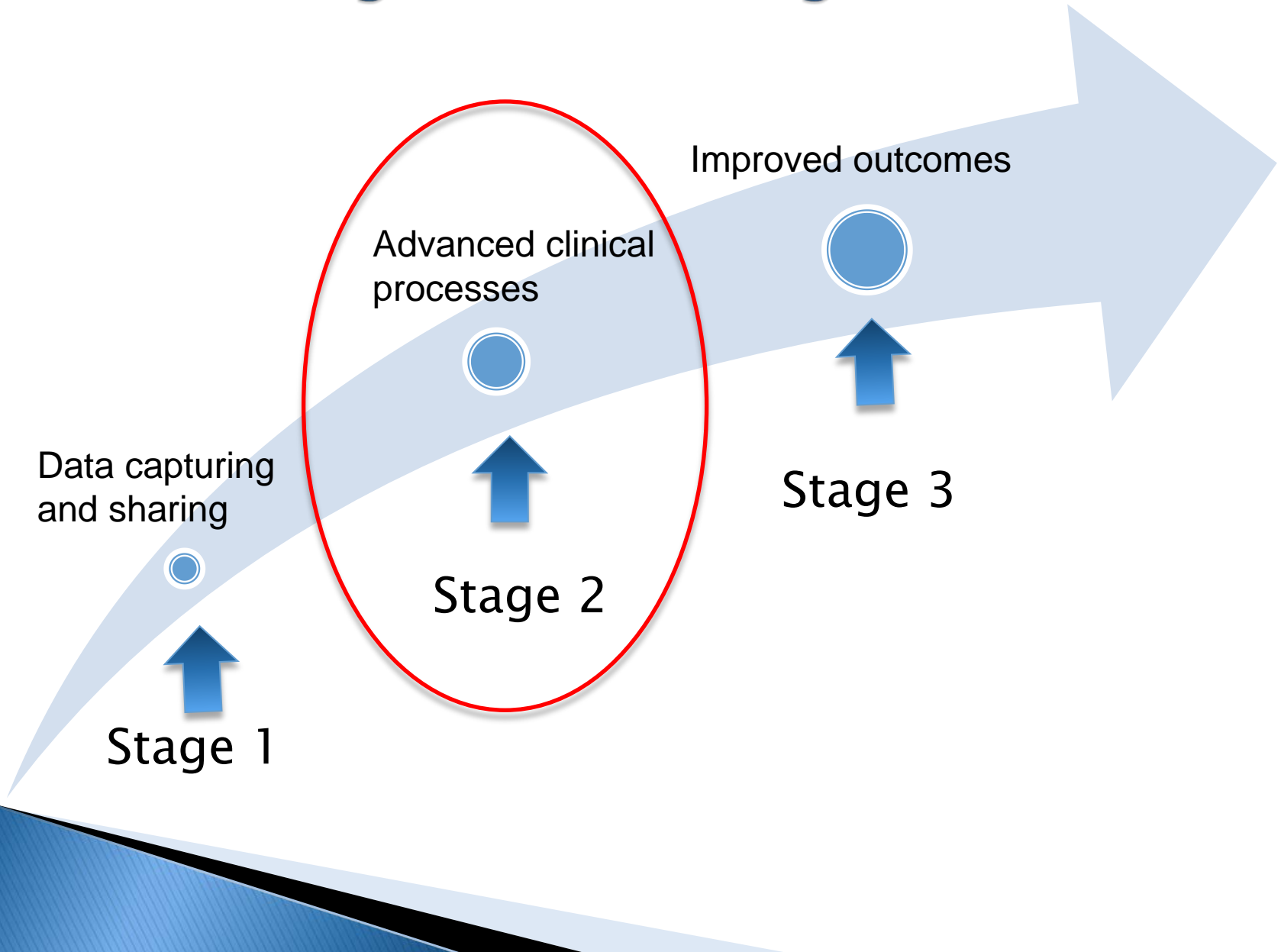
Stage 2

Stage 3

What Stage 2 Means to You

- **New Criteria** – Starting in 2014, providers participating in the EHR Incentive Programs who have met Stage 1 for two or three years will need to meet MU Stage 2 criteria.

- **Improving Patient Care** – Stage 2 includes new objectives to improve patient care through better clinical decision support, care coordination and patient engagement.

- **Saving Money, Time, and Lives** – With this next stage, EHRs will bring about a further reduction in costs to our health care system, create more time for doctors and hospitals, and most importantly save lives.

Stage 2 Changes

- 2014 Certified Electronic Health Record Technology
  - Certification ensures that the EHR technology offers the necessary capabilities, functionalities, and security to help providers achieve MU.
- Performance Measures
  - Thresholds increased
  - Menu Set measures moved to Core
  - Measures removed
  - Measures added
- Clinical Quality Measures
  - Increased reporting
  - New reporting tools and process

2014 CEHRT

➤ Starting in 2014, all participants in an EHR Incentive Program regardless of stage, will have to implement 2014 Certified Electronic Health Record Technology (CEHRT).

➤ RPMS EHR – Is expected to be certified to the 2014 standards summer of 2013.

Medicaid EP Timeline and Incentives

2011	2012	2013	2014*	2015	2016	2017
A/I/U $21,250	Stage1 90 Days $8,500	Stage 1 365 Days $8,500	Stage 2 3 Months* $8,500	Stage 2 365 Days $8,500	Stage 3 366 Days $8,500	Stage 3 365 Days $8,500
	A/I/U $21,250	Stage1 90 Days $8,500	Stage 1 3 Months* $8,500	Stage 2 365 Days $8,500	Stage 2 366 Days $8,500	Stage 3 365 Days $8,500
		A/I/U $21,250	Stage1 3 Months* $8,500	Stage 1 365 Days $8,500	Stage 2 366 Days $8,500	Stage 2 365 Days $8,500
			A/I/U $21,250	Stage 1 90 Days $8,500	Stage 1 366 Days $8,500	Stage 2 365 Days $8,500
				A/I/U $21,250	Stage 1 90 Days $8,500	Stage 1 365 Days $8,500
					A/I/U $21,250	Stage 1 90 Days $8,500

For CY 2014, the reporting period for all EPs, regardless of their stage, has been reduced to a three-month reporting period. States have the option to limit this reporting period to the quarters within the CY or to any consecutive 90-day period.

Medicare EP Timeline and Incentives

2011	2012	2013	2014*	2015	2016
Stage1 90 Days $18,000	Stage 1 366 Days $12,000	Stage 1 365 Days $8,000	Stage 2 3 Months* $4,000	Stage 2 365 Days $2,000	Stage 3 366 Days
	Stage1 90 Days $18,000	Stage 1 365 Days $12,000	Stage 2 3 Months* $8,000	Stage 2 365 Days $4,000	Stage 3 366 Days $2,000
		Stage1 90 Days $15,000	Stage 1 3 Months* $12,000	Stage 2 365 Days $8,000	Stage 2 366 Days $4,000
			Stage1 3 Months* $12,000	Stage 1 365 Days $8,000	Stage 2 366 Days $4,000

For CY 2014, the reporting period has been reduced to three months based on the quarters within the calendar year. (Jan. 1 – March 31, April 1 – June 30, July 1 – Sept. 30, Oct. 1 – Dec. 30.) Incentives are based on 75% of allowable Medicare Part B charges.

Performance Measures

Stage 2 Requirements

➢ Eligible Professionals

      17 Core Objectives

      3 of 6 Menu Objectives

      9 CQMS

    17+3+9=MU

Stage 2 Core Performance Measures

CPOE	More than **60%** of medication, **30%** of laboratory and **30%** of radiology orders are created by the EP during the EHR reporting period and recorded using CPOE.
e-Prescribing (eRx)	More than **50%** of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.
Record Vital Signs	More than **80%** of all unique patients seen by the EP during the EHR reporting period have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) recorded as structured data.
Record Demographics	More than **80%** of all unique patients seen by the EP have demographics recorded as structured data.
Record Smoking Status	More than **80%** of all unique patients 13 years old or older seen by the EP during the EHR reporting period have smoking status recorded as structured data.
Clinical Decision Support Rule	**(1):** Implement **five** clinical decision support interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. Absent four CQMs related to an EP's scope of practice, the clinical decision support interventions must be related to high-priority health conditions. **(2):** The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.
Patient Lists	Generate at least **one** report listing patients of the EP with a specific condition.
Medication Reconciliation	The EP performs medication reconciliation for more than **50%** of transitions of care in which the patient is transitioned into the care of the EP.

Core Performance Measures continued…

Summary of Care	(1): Provides a summary of care record for more than 50% of transitions of care and referrals. (2): Provides a summary of care record using electronic transmission through CEHRT or eHealth Exchange for more than 10% of transitions of care and referrals. (3): At least one summary care record must be electronically transmitted to a recipient with a different EHR vendor or to the CMS test EHR.
Clinical Summaries:	Clinical summaries provided to the patients or patient-authorized representatives within one business day for more than **50%** of office visits.
Immunization Registries Data Submission	Successful ongoing submission of electronic immunization data from CEHRT to an immunization registry or immunization information system for the entire EHR reporting period.
Protect Electronic Health Information	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the encryption/security of data stored in CEHRT in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process for EPs.
Preventive Care	More than **10%** of all unique patients who have had two or more office visits with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder, per patient preference when available.
Education Resources	More than **10%** of all unique patients seen by the EP are provided specific education resources identified by CEHRT.

Core Performance Measures continued…

Education Resources	More than **10%** of all unique patients seen by the EP are provided specific education resources identified by CEHRT.
Clinical Lab Test Results	More than **55%** of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in CEHRT as structured data.

New Core Performance Measures

Patient Electronic Access	**(1):** More than **50%** of all unique patients seen by the EP during the EHR reporting period are provided timely (available within 4 business days after the information is available to the EP) online access to their health information. **(2):** More than 5% of all unique patients seen or discharged (or their authorized representative) view, download or transmit their health information.
Secure Electronic Messaging	A secure message was sent using the electronic messaging function of CEHRT by more than **5%** of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.

e-Prescribing (eRx)

➤ More than **50%** of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

Exclusions:
- Writes fewer than 100 permissible prescriptions during the EHR reporting period
- Does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his/her EHR reporting period.

Record Vital Signs

➢ More than **80%** of all unique patients seen by the EP during the EHR reporting period have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) recorded as structured data.

Exclusions:

▪ Sees no patients 3 years or older is excluded from recording blood pressure.

▪ Believes that all 3 vital signs of height/length, weight, and blood pressure have no relevance to their scope of practice is excluded from recording them.

▪ Believes that height/length and weight are relevant to their scope of practice, but blood pressure is not, is excluded from recording blood pressure.

▪ Believes that blood pressure is relevant to their scope of practice, but height/length and weight are not, is excluded from recording height/length and weight.

Patient Electronic Access

- (1): More than **50%** of all unique patients seen by the EP during the EHR reporting period are provided timely (available within 4 business days after the information is available to the EP) online access to their health information.
- (2): More than **5%** of all unique patients seen or discharged (or their authorized representative) view, download or transmit their health information.

Exclusion:
- Neither orders nor creates any of the information listed as part of this measure, except for patient name and provider's name or conducts
- **50%** or more of his/her patient encounters in a county that does not have **50%** or more of its housing units with 3Mbps broadband availability.

Menu Measures

Syndromic Surveillance	Successful ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period.
Electronic Notes	Enter at least one electronic progress note created, edited and signed by an EP for more than **30%** of unique patients with at last one office visit during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.
Report Specific Cases	Successful ongoing submission of specific case information from CEHRT to a specialized registry for the entire EHR reporting period.
Imaging Results	More than **10%** of all tests whose result is one or more images ordered by an EP during the EHR reporting period are accessible through CEHRT.
Family Health History	More than **20%** of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives.
Cancer Registry	Successful ongoing transmission of cancer case information.

2014 CQMs

2014 EP Clinical Quality Measures

▸ EPs must report on 9 CQMs.
▸ Selected CQMs must cover at least 3 of 6 HHS National Quality Strategy domains.

NQS Domains
▸ Patient and Family Engagement
▸ Patient Safety
▸ Care Coordination
▸ Population and Public Health
▸ Efficient Use of Healthcare Resources
▸ Clinical Processes/Effectiveness

Recommended CQM Measures

Adult Recommended Measures	Pediatric Recommended Measures
Controlling high blood pressure	Appropriate testing for children with pharyngitis
Use of high-risk medications in the elderly	Weight assessment and counseling for nutrition and physical activity for children and adolescents
Preventive care and screening: tobacco use screening and cessation intervention	Chlamydia screening for women
Use of imaging studies for low back pain	Use of appropriate medications for asthma
Preventive care and screening: clinical depression screening and follow-up	Childhood immunization status
Documentation of current medications in the medical record	Appropriate treatment for children with upper respiratory infection (URI)
Preventive care and screening: Body Mass Index (BMI) screening and follow-up	ADHD: Follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication
Closing the referral loop: receipt of specialist report	Preventive care and screening: clinical depression screening and follow-up
Functional status assessment for complex	Children who have dental decay or cavities

CQM E-Reporting

➢ Medicare – must be reported electronically

➢ Medicaid – reporting options vary by state

Note: The changes to CQM reporting apply to both Stage 1 and Stage 2.

Payment Adjustments

- Medicare EPs who are not meaningful EHR users in CY/FY 2013 are subject to payment adjustments beginning in CY/FY 2015.
- How much?
  - EPs: One percent of Part B Physician Fee Schedule potentially rising to five percent

Preparing for Stage 2

➢ Create an MU Team.

➢ Promote MU awareness.

➢ Continue to monitor Stage 1 performance.

➢ Identify deficiencies and improve performance.

➢ Begin to move toward Stage 2 thresholds.

➢ Become familiar with Stage 2 requirements.

➢ Collaborate with MU coordinator, consultant and REC for additional training.

Resources

CMS Tool Kit: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2_Toolkit_EHR_0313.pdf

CMS Stage 2 References: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html

Clinical Quality Measures: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014_ClinicalQualityMeasures.html

Stage 2 Meaningful Use Rule: http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf

2014 Edition Standards and Certification Criteria Final Rule: http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-20982.pdf

IHS Meaningful Use website: http://www.ihs.gov/meaningfuluse/

USET Training videos: www.usetinc.net/ehr

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Questions?

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