

Meaningful Use Report

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Year 1, Stage 1 MU

- Information contained in this presentation pertains only to Year 1, Stage 1 of Meaningful Use
- Information was obtained from the CMS website and the IHS website
- All information is based on the Final Rule.
(<http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>)

What is the Electronic Health Record (EHR) Incentive Program?

Voluntary EHR Incentive Programs established by American Recovery and Reinvestment Act (ARRA)

- Separate & different incentive programs for Eligible Hospitals and Eligible Professionals (EPs):
 - Federally-run CMS Medicare incentive program
 - State-run Medicaid incentive program
 - Medicare penalties start in 2015 for Hospitals and EPs that do not demonstrate MU; there are no Medicaid penalties
 - EPs must choose between the Medicare and Medicaid programs; they are not eligible for both
 - Hospitals may participate in both programs if meet eligibility requirements
- Must demonstrate adoption, implementation, or upgrade (A/I/U) to certified EHR technology (*Medicaid Year 1*)
- Must demonstrate achievement of MU of a certified EHR (*Medicare Year 1*)

What is Meaningful Use?

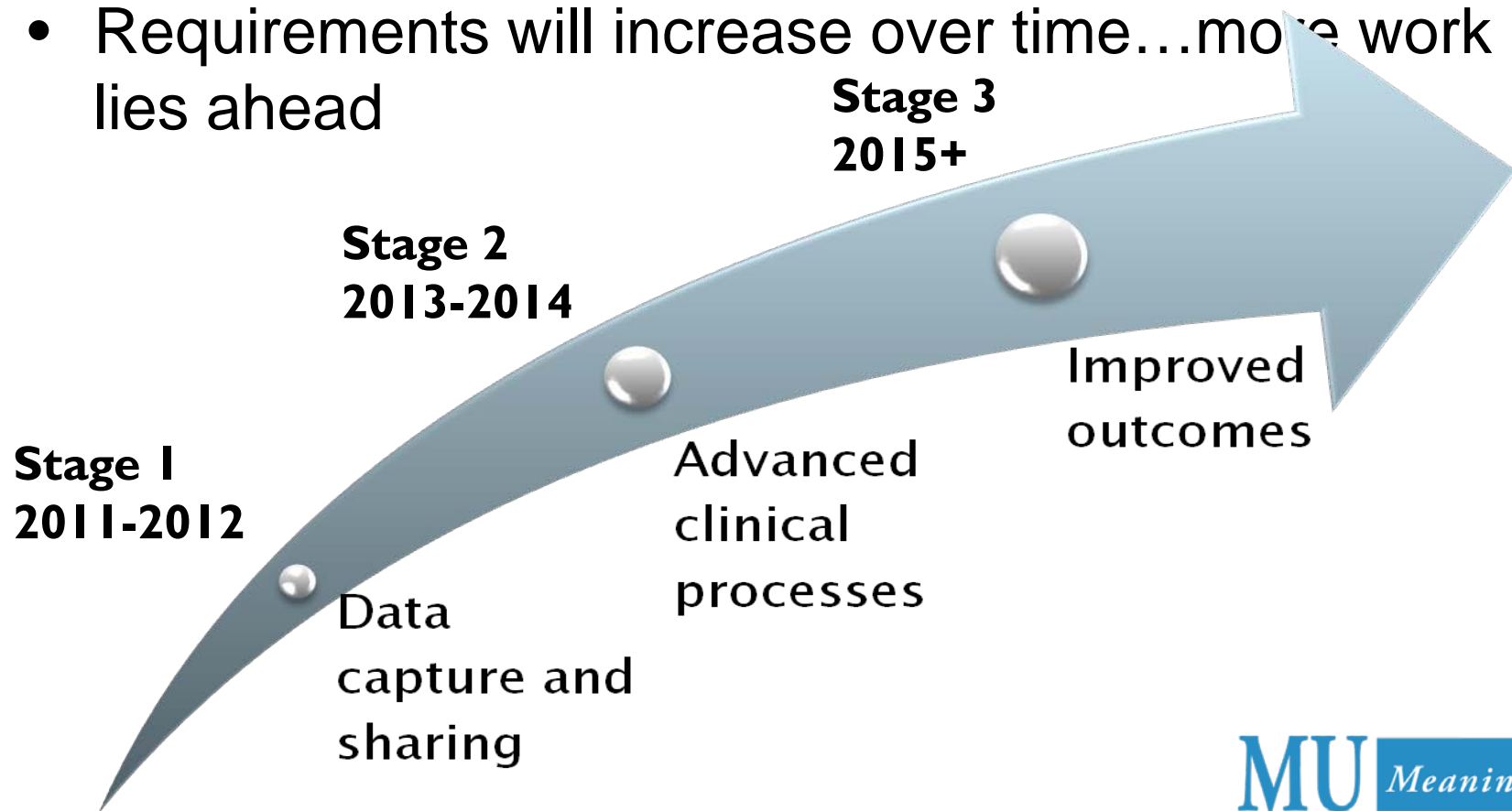
- **Meaningful Use is using certified EHR technology to:**
 - Improve quality, safety, efficiency, and reduce health disparities
 - Engage patients and families in their health care
 - Improve care coordination
 - Improve population and public health
 - All the while maintaining privacy and security
- **CMS provides incentive payments to promote adoption and meaningful use of a certified EHR**

What are the Components of Meaningful Use?

- **ARRA specifies the following 3 components of Meaningful Use:**
 - Use of *certified EHR* in a meaningful manner (e.g., e-prescribing)
 - Use of *certified EHR* technology for electronic exchange of health information to improve quality of health care
 - Use of *certified EHR* technology to submit clinical quality measures (CQM) and other such measures selected by the Secretary

What are the Stages of Meaningful Use?

- 3 stages of Meaningful Use
- Requirements will increase over time...more work lies ahead



What is Certified EHR?

Life before Certified EHR



Life after Certified EHR



What is Meaningful Use?



MEANINGFUL USE REPORT RPMS



PCC Management

** PCC Management Reports **

IHS PCC Suite Version 2.0

2011 DEMO HOSPITAL

MUR Meaningful Use Reports ...

PLST Patient Listings ...

RES Resource Allocation/Workload Reports ...

INPT Inpatient Reports ...

QA Quality Assurance Reports ...

APC APC Reports ...

PCCV PCC Ambulatory Visit Reports ...

Select PCC Management Reports Option:

Meaningful Use Report

```
*****  
**           PCC Management Reports           **  
** Meaningful Use Performance Reports **  
*****
```

IHS PCC Suite Version 2.0

DEMO IHS CLINIC

- 1 Stage 1 MU Performance Report-EPs
- 2 Stage 1 MU Patient Lists-EPs
- 3 Stage 1 MU Performance Report-Hospitals
- 4 Stage 1 MU Patient List-Hospitals
- 5 Establish Meaningful Use 'Clean Date'

Select Meaningful Use Performance Reports Option:

Steps to Run the MU Performance Reports for Eligible Providers (M1IP)

*** IHS 2011 Stage 1 Meaningful Use Performance Report for EPs

This report determines if primary and secondary providers have met the minimum requirements to achieve Meaningful Use. The report identifies the 15 Core Performance Measures and 10 Menu Set Performance Measures designated by the CMS Final Rule for Stage 1, July 28, 2010.

In order to achieve Meaningful Use, a provider must meet all 15 Core Performance Measures simultaneously. They must also meet 5 of the 10 Menu Set Performance Measures simultaneously, one of which must be a designated Public Health Performance Measure. Public Health measures are identified within the report by an asterisk.

Press Enter to Continue:

Eligibility Notice for EPs



***** IMPORTANT NOTICE *****

This report does not verify CMS Medicare or Medicaid EHR Incentive Program eligibility. Please speak to your Area Meaningful Use Coordinator for guidance in determining eligibility.

Do you wish to continue to report? Y//

Full Report or Summary Report Selection

A full report will include an itemized listing of all Performance Measures and will include a summary report. The summary report excludes itemized data. The full report will produce approximately 40 pages of data for each provider. Please take this into consideration when running print jobs, ensuring dedicated time on your printer and sufficient paper supplies to complete your job.

Select one of the following:

- | | |
|---|----------------|
| F | Full Report |
| S | Summary Report |

Enter Selection: F//

Report Period Selection



Report may be run for a 90-day or a one year period.

Select one of the following:

- A January 1 - December 31
- B User Defined 90-Day Report

Select Report Period: [A/B]

Calendar Year Selection



Enter Calendar Year for which report is to be run. Use a 4 digit year, e.g. 2011.

Enter Year: [CCYY]

Calculating Previous Period Option for Calendar Year

Historical data from the previous calendar year can be included in this report? IMPORTANT NOTICE: Including previous period data may significantly increase run time.

Do you wish to include the previous period? Y//

User Defined 90-Day Report Selection & Previous Period

Enter Start Date for the 90-day Report (e.g.
01/01/2011):

Historical data from the 90-days immediately preceding the currently selected report period can be included? IMPORTANT NOTICE: Including previous period data may significantly increase run time.

Do you wish to include the previous period? Y//

Provider Selection



Select one of the following:

IP Individual Provider

SEL Selected Providers (User Defined)

TAX Provider Taxonomy List

Enter Selection: [XXX]

Individual Provider (IP)



Enter the name of the provider for whom the Meaningful Use Report will be run.

Enter PROVIDER NAME: [Provider Name]

Demo Patient Selection

Select one of the following:

- I Include ALL Patients
- E Exclude DEMO Patients
- O Include ONLY DEMO Patients

Demo Patient Inclusion/Exclusion: E//

Attestation Performance Measures for EPs



Clinical Quality Measures: Were ambulatory quality measures reported to CMS during the EHR reporting period?

Does *Provider Name* attest to this? Y//Y

Do you wish to continue? Y//

Output Selection

SUMMARY OF 2011 MEANINGFUL USE REPORT TO BE GENERATED

The date ranges for this report are:

Report Period: [Specified Report Period]

Previous Period: [Period Immediately Preceding Specified
Report Period]

Providers:

[Provider Name]

[Provider Name]

Please choose an output type. For an explanation of the delimited file please see the user manual.

Select one of the following:

P Print Report on Printer or Screen

D Create Delimited output file (for use in Excel)

B Both a printed Report and Delimited File

Select an Output Option: P//

MU Performance Measures for EPs

PERFORMANCE MEASURE SELECTION Mar 15, 2011 15:29:50

Page: 1 of 2

IHS MU PERFORMANCE MEASURE

* Indicates the Performance Measure has been selected.

- 1) CPOE Medications
- 2) e-Prescribing
- 3) Demographics
- 4) Problem List
- 5) Medication List
- 6) Medication Allergy List
- 7) Vital Signs
- 8) Smoking Status
- 9) Electronic Copy of Health Information
- 10) Clinical Summaries
- 11) Drug-Drug & Drug-Allergy Checks
- 12) Clinical Decision Support
- 13) Exchange of Key Clinical Information
- 14) Privacy/Security
- 15) Clinical Quality Measures
- 16) Lab Results into EHR

+ Enter ?? for more actions

S Select Measure C Core Measure

D De Select Measure M Menu Set Measures

Select Action:+//

Report Output

Cover Page

Date Report Run: May 17, 2011

** IHS 2011 Stage 1 MU Performance Report for Eligible Hospitals/CAHs **

Report Generated by: LYON,LISA A

Facility Name: CN WW HASTINGS INDIAN HOSPITAL

Report Period: Oct 01, 2010 to Dec 29, 2010

RUN TIME (H.M.S): 5.22.38

This report determines if hospitals and CAHs have met the minimum requirements to achieve Meaningful Use. The report identifies the 14 Core Performance Measures and 10 Menu Set Performance Measures designated by the CMS Final Rule for Stage 1, July 28, 2010.

In order to achieve Meaningful Use, a hospital or CAH must meet all 14 Core Performance Measures simultaneously. They must also meet 5 of the 10 Menu Set Performance Measures simultaneously, one of which must be a designated Public Health Performance Measure. Public Health measures are identified within the report by an asterisk.

Output

REPORT PERIOD:

This report can be run to display a specified calendar year or a specified 90-day period. For demonstrating Meaningful Use through the Medicare EHR Incentive Program, the reporting period for the first year is any continuous 90-day period. In subsequent years, the EHR reporting period is the entire year. Under the Medicaid program achieving Meaningful Use and receiving an incentive payment may be awarded for merely adopting, implementing or upgrading to certified EHR technology. Consequently, there is no Medicaid reporting period for year one. The second participation year, during which Meaningful Use must be demonstrated, the reporting period is 90 days and all subsequent reporting periods are a full year.

Output

CURRENT/PREVIOUS PERIOD:

Values in the Current Period column indicate percentage values for Performance Measures that were numerically calculated during the reporting period. The user was prompted to answer a Yes or No question for attestation measures that could not be verified through RPMS. These measures display Yes/No values in the Current Period.

Previous Period values display the time frame immediately preceding, and the same length as, the selected reporting period. For example, if a user selects to run the report for October 1, 2011 through December 31, 2011, the Previous Period values displayed are for July 1, 2011 through September 31, 2011. Attestation values for the Previous Period will display "N/A."

Output

MEASURE EXCLUSIONS:

Indicates the conditions under which the provider is entirely exempt from having to meet the performance measure.

DENOMINATOR EXCLUSION:

Describes specific data, or types of data, that are to be ignored when computing the count of items included in the denominator.

STAGE 1 MEASURE:

Each objective has a minimum performance threshold to meet - or "Performance Measure." The measure or target value displayed indicates the minimum percentage required by CMS for Stage 1.

Output

#1 CPOE Medications, Core

Objective:

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.

Stage 1 Measure:

More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period have at least one medication order entered using CPOE.

NOTE: In Stage 2, the measure target increases to 60%.

CMS Denominator:

Output



CMS Denominator:

Number of unique patients with at least one medication in their medication list admitted to an eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.

CMS Numerator:

The number of patients in the denominator that have at least one medication order entered using CPOE.

Output

IHS Logic:

Denominator Inclusions:

Count each patient WHERE one or more medications are present as structured data on their medication list AND one or more of the following types of services occurred during the EHR reporting period:

1. A hospitalization, defined as Service Category of H.
2. An emergency department visit defined as clinic code of Emergency Department-30 AND a Service Category of A.

Numerator Inclusions:

Count each patient in the Denominator that has a medication order date during the EHR reporting period AND the "Nature of Order" for the medication order does not = "written" AND the medication order was entered by a licensed healthcare professional holding the ORES or ORELSE key AND the order was entered, signed, and released to the service.

Note: Medication orders are defined in ADT as Admission Type UB-04 of 1-Emergency and Admission Source UB-04 of 7-Emergency. All medication orders for the eligible hospital's entire patient population will be counted; not just for Medicare and Medicaid patients. Transmission of the medication order is not required.

Output

uniq pts w/at least 1 med on med list
pts w/at least 1 med ordered w/CPOE

^Current ^Period^	%	^Previous ^Period^	%	^Stage 1 ^Target
^3209^		^0		
^1993	^62.1	^0	^0.0	^>30%

QUESTIONS & CONTACTS



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