



Meaningful Use Stage 2 Modifications 2015-2017 APCM v1 p7

IHS Office of Information Technology

February 2, 2016



Modified Stage 2 Performance Measure Report

- APCM v1 p7
 - Released January 15, 2016
 - Follow up patch TBD
 - Updated Secure Messaging logic based on development



Alpha/Beta Testers

- Oklahoma Area
 - Claremore
 - Lawton
- Phoenix Area
 - Ft. Yuma



APCM v1.0 p7

- New Menus
- New Reports
- Modified logic
- Changed thresholds to align with Mod S2
 - Alternate Exclusions



Objectives Removed from 2015

- Record Demographics
- Record Vital Signs
- Record Smoking Status
- Clinical Summaries
- Structured Lab Results
- Patient List
- Patient Reminders
- Summary of Care (Measure 1 & 3 Only)
- Electronic Notes
- Imaging Results
- Family Health History
- eMAR (Hospital Only)
- Advanced Directives (Hospital Only)
- Structured Labs to Ambulatory Providers



Demonstrating Modified Stage 2

Eligible Professionals

- 10 Objectives*
- 9 CQMs

Eligible Hospitals

- 9 Objectives*
- 16 CQMs

* Objectives may have multiple measures associated with them. Objectives also include the consolidated public health objective.



EHR Reporting Period

Year	Reporting Timelines
2015	All EPs & EHs use the calendar year for MU reporting for a continuous 90 day reporting period.
2016	90 day reporting period for first time participants; Full year reporting period for participants beyond their first year of participation.
2017	90 day reporting period for first time participants 90 days for Stage 3 adopters Full year reporting period for participants beyond their first year of participation and new Medicare EPs



Modified Stage 2 Objectives

Eligible Providers

- CPOE
- eRx
- Clinical Decision Support
- Patient Electronic Access
- Protect Electronic Health Info
- Patient Specific Education
- Medication Reconciliation
- Summary of Care/HIE
- Secure Messaging
- Public Health Reporting

Eligible Hospitals

- CPOE
- eRx
- Clinical Decision Support
- Patient Electronic Access
- Protect Electronic Health Info
- Patient Specific Education
- Medication Reconciliation
- Summary of Care
- Public Health Reporting



Modified Stage 2

- EPs and EHs in program year 2015 -2017 will report on Modified Stage 2 objectives and measures.
- Alternate exclusions added for Stage 1 EPs & EHs to meet Modified Stage 2 in 2015 and some for 2016.
- Providers scheduled to demonstrate Stage 1 may choose to use the alternate exclusions and specifications, but they **are not required** to use them.



Modified Stage 2

Objectives & Measures 2015-2017



Protect Electronic Health Information

Conduct or review a security risk analysis in accordance with the requirements in 45CFR 164.312(a)(2)(iv) and 45CFR 164.306 (d)(3), and implement security updates as necessary and correct identified deficiencies as part of the EP, EH or CAH's risk management process. **(Y/N)**

Stage 1 Alternate Exclusions and Specifications

N/A

RPMS logic change: No



Clinical Decision Support

Measure 1: Implement 5 clinical decision support interventions related to 4 or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period.

Measure 2: The EP has *enabled* and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Stage 1 Alternate Exclusions and Specifications

For an EHR reporting period in 2015 only, an EP, eligible hospital or CAH who is scheduled to participate in Stage 1 in 2015 may implement one clinical decision support rule.

RPMS logic change: No



CPOE

> 60% of medication, 30% of laboratory and 30% of radiology orders are created by the EP or the authorized provider of the Eligible Hospital or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.

Stage 1 Alternate Exclusions and Specifications

2015: Providers scheduled to demonstrate Stage 1 may report on >30% Medications orders.
2015 & 2016: Providers scheduled to demonstrate Stage 1 may claim an exclusion for Measure 2 (laboratory orders) and Measure 3 (radiology orders).

RPMS logic change: No



Electronic Prescribing (e-Rx)

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

EHS: **>10%** of hospital discharge medication orders for permissible prescriptions (for new, changed, and refilled prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.

Stage 1 Alternate Exclusions and Specifications

2015: EPs scheduled to demonstrate Stage 1 may report on >40% permissible prescriptions are transmitted electronically.

2015 & 2016: EHS that did not intend to select eRX may claim an exclusion. (eRX was a menu objective for Stage 2)

RPMS logic change: No



Health Information Exchange aka: Summary of Care

The EP or EH that transitions or refers their patient to another setting of care or provider of care:

1. Uses CEHRT to create a summary of care record;
and
2. Electronically transmits the summary to a receiving provider for **>10%** of transitions of care and referrals.

Stage 1 Alternate Exclusions and Specifications

2015: Providers may claim an exclusion if they were scheduled to demonstrate Stage 1.

RPMS logic change: Yes



Summary of Care – Logic Update

- Removed:
 - Denominator and Numerator: Expected date of service field
- Updated:
 - Denominator: To exclude CPT Service Category of diagnostic imaging, pathology, and laboratory
 - Numerator: Looks before (Jan 1 of reporting year), during, and after EHR reporting period up to date report generated.



Patient-Specific Education Resources

Patient-specific education resources identified by CEHRT are provided to patients for **>10%** of all unique patients seen by the EP or discharged from the EH or CAH inpatient or emergency department during the EHR reporting period.

Stage 1 Alternate Exclusions and Specifications

2015: Providers may claim an exclusion if they were scheduled to demonstrate Stage 1, and did not intend to select the Patient Education menu objective.

RPMS logic change: Yes



Patient ED – Logic Update

- Updated:
 - Numerator: Looks before (Jan 1 of reporting year), during, and after EHR reporting period up to date report generated.



Medication Reconciliation

The EP, EH or CAH performs medication reconciliation for **>50%** of transitions of care in which the patient is transitioned into the care of the EP or admitted to the EH's inpatient or emergency department.

Stage 1 Alternate Exclusions and Specifications

2015: Providers may claim an exclusion if they were scheduled to demonstrate Stage 1, and did not intend to select Medication Reconciliation menu objective.

RPMS logic change: Yes



Med Rec – Logic Update

- Updated
 - Denominator: To only look at CCD-Summary type that were for existing patients with an outside summary of care document.
- Denominator for Transitions of Care and Referrals: The denominator includes transitions of care and referrals (as finalized in the Stage 2 rule where the definition of transitions of care includes: "When the EP is the recipient of the transition or referral, first encounters with a new patient and encounters with existing patients where a summary of care record (of any type) is provided to the receiving EP"(77 FR 53984).



Patient Electronic Access

(View, Download, Transmit)

Measure 1: **>50%** of all unique patients seen by the EP or discharged from the inpatient or emergency departments of the EH or CAH during the EHR reporting period are provided timely online access to their health information (within 4 business days after the information is available to the EP or 36 hours of discharge).

RPMS logic change: No



Patient Electronic Access (cont.)

(View, Download, Transmit)

Measure 2 (VDT):

2015 & 2016: - At least **1** patient seen by the EP or discharged from the inpatient or emergency department views, downloads or transmit their health information during the EHR reporting period.

2017: **>5%** of unique patients seen by the EP or discharged from the inpatient or emergency department views, downloads or transmit their health information during the EHR reporting period.

Alternate Measure or Exclusions

2015: Providers may claim an exclusion for measure 2 (VDT) if they were scheduled to demonstrate Stage 1.

RPMS logic change: Yes, Threshold only



Secure Messaging

2015: The capability for patients to send and receive a secure electronic message with the EP was **fully enabled** during the EHR reporting period. **(Y/N)**

2016: At least **1 patient** seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.

2017: **>5%** of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.

Alternate Measure or Exclusions

2015: Providers may claim an exclusion for Secure Messaging if they were scheduled to demonstrate Stage 1.

RPMS logic change: 2015: Yes, attestation question.
2016 and 2017 logic will be released in p8



Public Health Reporting

EPs must meet 2 of 3 measures; eligible hospitals/CAHs must meet 3 of 4 measures:

Measure 1 -Immunization Registry Reporting: The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit immunization data.

Measure 2–Syndromic Surveillance Reporting: The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit syndromic surveillance data.

Measure 3–Specialized Registry Reporting: The EP, eligible hospital, or CAH is in active engagement to submit data to a specialized registry.

Measure 4 – Electronic Reportable Laboratory Result Reporting (for EHs/CAHs only): The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.

Alternate Measure or Exclusions

2015: An EP scheduled to be in Stage 1 in 2015 may meet 1 measure and an eligible hospital or CAH scheduled to be in Stage 1 in 2015 may meet 2 measures.



Sample Alternate Report

MODIFIED STAGE 2 EP MEANINGFUL USE PERFORMANCE REPORT SUMMARY

Performance Measures	Target	Current Rate	Num	Den	Excl Met	Alt Met
1. Protect e-Health Info+	Yes	Yes	N/A	N/A	N/A	N/A
2. Clin Decision Support+						
Imp 1 CDS 2015+	Yes	Yes	N/A	N/A	N/A	N/A
Imp 5 CDS 2016+	Yes	Yes	N/A	N/A	N/A	N/A
Drug Interaction Check+	Yes	Yes	N/A	N/A	Yes	N/A
3. CPOE Medications 2015	>30%	0.00%	0	0	Yes	N/A
CPOE Medications 2016	>60%	0.00%	0	0	Yes	N/A
CPOE Laboratory	>30%	0.00%	0	0	Yes	Yes
CPOE Radiology	>30%	0.00%	0	0	Yes	Yes

Excl Met: Regular MU exclusion for the measure

Alt Met: Alternate Exclusions/Specifications for Stage 1 in 2015 and 2016

Questions?

