NEW PATCH AVAILABLE FOR 2013 PERFORMANCE MEASURE REPORTS

If you haven't already done so, be sure to download the latest MU Performance Reports patch, APCM v1.0 p2, for Stage 1, 2013. The patch has been available since late March and contains the following items:

- M13P 2013 Stage 1 MU Performance Report (EPs)

- PL13 2013 Stage 1 MU Patient Lists (EPs)

- M13H 2013 Stage 1 MU Performance Report (EHs)

- HL13 2013 Stage 1 MU Patient List (EHs)

The reports incorporate the following changes for demonstrating meaningful use in Stage 1, 2013:

- CPOE—Measure change from number of unique patients to number of medication orders.

- E-Prescribing—New exclusion added to allow for no pharmacies within a 10-mile radius that accept electronic prescriptions.

- Electronic Exchange of Key Clinical Information Objective—Removed.

- Clinical Quality Measures Objective—Removed.

Other changes address various issues that had been identified in the Stage 1, 2011 reports:

- Immunization Registries—if an EP answers "No Registry Available" to the attestation question, "Yes" displays on the summary sheet in the exclusion column.

- Patients with no chart numbers are now excluded from the Patient Reminders denominator.

- Demo patients are now screened out of the e-Rx measure.

- A "0" will display in the delimited report numerator and denominator columns if the EP meets an exclusion (previously the field was left blank).

If you'd like to see a specific topic covered, feel free to email coleen.maddy@ihs.gov with your suggestion.

DON'T LET PROBLEM LISTS BECOME A PROBLEM

With Stage 2 of Meaningful Use only months away, sites have begun to ask what they should be doing to get ready for the changes. Susan Pierce-Richards, Federal Lead EHR, Clinical Reminders, PCCOIT, believes, "The most important thing EPs can do to prepare for the new 2014 EHR is to clean up their problem lists."

To de-clutter the existing problem list, inactivate resolved problems and delete redundant entries. Look for duplicate ICD9 codes and either remove or re-code the extra(s). Keep in mind that an ICD9 code may be used more than once with different provider narratives. With the new SNOMED-based problem list being deployed for Stage 2 Meaningful Use, the problem list will be non-redundant based on the SNOMED concept. Finally, be sure to code problems whenever possible. Engage your data entry/coding team to assist with this task by running and reviewing the following report in PCC:

> PRB Fix Uncoded PROBLEM File Diagnoses [APCDFIXPROBLEM]

Such prep work is important as part of the conversion from ICD9 codes to SNOMED CT codes in the problem list. A new mapping tool will be available to help users convert problems currently coded in ICD9 to the appropriate SNOMED CT code. If the problem list is cleaned up and the appropriate ICD9 codes have been documented, the transition to SNOMED CT and the 2014 Certified EHR Technology will be much smoother.

The next issue will be distributed July 5, 2013. Submit articles for publication to Coleen Maddy by June 24, 2013.

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eRx AND 2014 CERTIFICATION

Like many applications, eRx is developing a variety of features in preparation for 2014 Certification. EPs will still have to report on eRx for Stage 2 with an increased threshold of 50 percent. eRx has also been added to the menu set for EHs to report on in Stage 2. Here are the measures for EPs and EHs:

EPs: "More than 50 percent of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT."

EHs: "More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new, changed, and refilled prescriptions) are queried for a drug formulary and transmitted electronically using certified EHR technology."

A new exclusion also exists for both EPs and EHs:

"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."

This exclusion is in addition to the exclusion specified in Stage 1, which applies to any EP who writes fewer than 100 prescriptions during the EHR reporting period.

What does all of this mean for RPMS users?

While the new eRx release will be MU-compliant, it will include some extra bells and whistles. For example, the new release will include changes to the EHR order screens that will delineate patient instructions and notes to pharmacists. It will also allow the instructions in a quick order to be edited. Order dialogs will now remember the eRx pharmacy between orders improving the process for building a prescription that will be transmitted on the Surescripts, LLC network. The eRx team has also improved the pharmacy search process in response to feedback from the eRx sites. The changes will align with other functionality in the order dialog and decrease the overall time to search for pharmacies actively participating on the network. The prescription tracking process has also been improved, along with several other aspects of e-Prescribing.

"Our users have been asking for more flexibility, and I believe they will be pleased with the new capabilities this release will provide," says Lori Moore, pharmacy consultant for OIT. "That being said, we know there is more work ahead of us to improve ePrescribing and we will continue to work closely with our prescribers in the field to improve the process."

Beta testing of the new version is expected this summer with a fall rollout of the EHR version 1.1, patch 12, and APSP version 7, patch 1016.

IMPORTANT DATES

EHs

- **July 3, 2013:** Last day for EHs in their first year of Stage 1 to begin their 90-day reporting period for FY 2013 (EHs in their second or third participation year must demonstrate MU for the entire FY).

- **September 30, 2013:** FY 2013 reporting year ends for EHs/CAHs.

- **October 1, 2013:** Reporting period begins for EHs for FY 2014 (90 days for all participants, regardless of stage).

- **November 30, 2013:** Last day EHs can register and attest to receive an incentive payment for FY 2013.

EPs

- **October 3, 2013:** Last day for EPs in their first year of Stage 1 to begin their 90-day reporting period for CY 2013 (EPs in their second or third participation year must demonstrate MU for the entire CY).

- **December 31, 2013:** CY 2013 reporting year ends for EPs.

- **January 1, 2014:** Reporting period begins for EPs for CY 2014 (90 days for all participants, regardless of stage).

- **February 28, 2014:** Last day EPs can register and attest to receive an incentive payment for CY 2013.

Note: 2014 is the last year that EPs can begin the Medicare EHR Incentive Program.

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