MU MONTHLY

APRIL 2013

WHO'S WHO: MEET THE MU NATIONAL TEAM

The Indian Health Service Office of Technology (OIT) is committed to supporting Eligible Professionals (EPs), Eligible Hospitals (EHs), and Critical Access Hospitals (CAHs) in adopting and demonstrating Meaningful Use (MU) of certified Electronic Health Record technology (CEHRT).

MU National Team Members

To help ensure that EPs, EHs, and CAHs across Indian Country achieve MU for all stages, OIT has created an MU National Team, under the direction of Chris Lamer, federal lead. Other team members, all of whom are DNC contractors, are listed below, including four new MU national consultants and the specific areas they will be supporting. Their assistance will involve a variety of responsibilities, such as serving as subject matter experts on the CMS EHR Incentive program, eligibility requirements, changes to Stage 1 and Stage 2 of the Final Rule, and State Medicaid Health Plans (SMHPs). They will also assist with registration and attestation, maintain provider inventories, and track incentives.

- **Luther Alexander**, MU project manager
- **Cecelia Rosales**, MU requirements manager
- **JoAnne Hawkins**, senior healthcare policy analyst/MU consultant team lead
- **Coleen Maddy**, communications specialist
- **Amy Padilla**, MU national consultant for Alaska, Portland, and California
- **James Croft**, MU national consultant for Bemidji, Billings, and Aberdeen
- **Lisa Meadows**, MU national consultant for Nashville and Oklahoma
- **Valerie Villanueva**, MU national consultant for Albuquerque, Navajo, Phoenix, and Tucson

Contact information is available on the IHS web site: http://www.ihs.gov/meaningfuluse/index.cfm?module=contacts.

Contents of this Issue

INTRODUCING *MU MONTHLY*

Welcome to the first issue of MU Monthly, an electronic newsletter created by the MU National Team to serve the Meaningful Use needs across Indian Country.

As the name implies, this newsletter is a monthly publication that will bring you timely information concerning everything you've always wanted to know—and more—about Meaningful Use. From updates about the progress toward achieving a 2014 certified EHR to announcements about the latest MU requirements from CMS, MU Monthly will serve as an excellent resource material.

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

CHANGES FOR STAGE 1, 2013

Beginning with CY/FY 2013, CMS has offered both optional and mandatory changes for the Stage 1 meaningful use (MU) objectives and performance measures for EPs, EHs, and CAHs. Indian Health Service (IHS) is making all of the mandatory changes and one of the optional changes (see CPOE below) as well. These changes are reflected in a new performance measures report that was released in March. Note, however, that ***these adjustments are not retroactive for FY/CY 2012***.

Now let's take a sneak peak at some of the specifics for those EPs and EHs participating in ***Stage 1 during CY/FY 2013***.

EPs will report on 13 core objectives, 5 out of 10 from the menu set and 6-9 CQMs. EHs will report on 12 core objectives, 5 out of 10 from the menu set, and 15 CQMs.

Calculations for the Computerized Provider Order Entry (CPOE) measure will be determined according to the number of medication orders rather than by the number of unique patients seen. The new measure reads as follows:

> More than 30 percent of medication orders created by the EP or authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.

E-Prescribing includes a new exclusion for any EPs who do not have a pharmacy within their organization and who do not have any pharmacies that accept electronic prescriptions within 10 miles of their practice location at the start of their EHR reporting period. The original exclusion, which applies to any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period, is still available.

Electronic Exchange of Key Clinical Information has been removed from the core objectives for FY/CY 2013.

Clinical Quality Measures (CQMs) have been removed as a standalone objective from the list of core objectives. However, EPs and EHs will still need to report on CQMs by entering their numerators and denominators during attestation in order to achieve MU.

> Medicare EPs and EHs who do not demonstrate MU in FY/CU 2013 will be subject to a payment adjustment in FY/CY 2015.

Patient volume is still an eligibility requirement for EPs and EHs to participate in the Medicaid EHR Incentive Program. Beginning in CY 2013, CMS has changed the EP patient volume calculation, which now includes:

- Medicaid-paid claims
- Zero-paid claims
- Claims for individuals enrolled in Medicaid at the time of service
- CHIP encounters for patients in Title 19 and Title 21 Medicaid expansion programs (doesn't include CHIP stand-alone Title 21 encounters)

Note that for both EPs and EHs, the look-back period now includes two options:

- a 90-day period in the last 12 months preceding the provider's attestation; or
- a 90-day period in the previous calendar year

A new patient volume report will be available in late spring 2013.

For more information about these changes, check out the various tools available from CMS and IHS:

- http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful_Use.html
- http://www.ihs.gov/meaningfuluse/index.cfm?module=toolkit

STAGE 2: WHAT TO EXPECT

In its August 2012 release of the CMS Final Rule, CMS presented MU Stage 2, which will go into effect for FY/CY 2014. Stage 2 introduces increased thresholds, new core objectives, and objectives moved from menu to core for both EPs and EHs.

In order to demonstrate MU, EPs and EHs must meet the following requirements.

EPs will need to report on:

- 17 core objectives
- 3 of 6 menu objectives
- 9 CQMs (must report on 3 of 6 HHS National Quality Strategy domains)

EHs will need to report on:

- 16 core objectives
- 3 of 6 menu objectives
- 16 CQMs (must report on 3 of 6 HHS National Quality Strategy domains)

More information about Stage 2 changes will be shared in upcoming issues of MU Monthly. In the meantime, be sure to sign up for the MU ListServ at http://www.ihs.gov/meaningfuluse/ to learn more.

New Reporting Period in 2014 Only

All meaningful users, regardless of their stage, will have to implement a 2014-certified EHR beginning in FY/CY 2014. (See related article about 2014 certification standards.) As a result, CMS has determined that participants will only have to demonstrate MU for 90 days in 2014, based on the quarters within the CY/FY.

Patient Engagement

With the incorporation of specific objectives into the 2014 certified EHR, EPs and EHs will be able to use the technology to help improve their patients' involvement in their health care needs. (Read the HIE and PHR articles for details.)

PERSONAL HEALTH RECORD PROMOTES PATIENT ENGAGEMENT

As part of the 2014 Certified Electronic Health Record Technology (CEHRT), Indian Health Service is creating a personal health record (PHR) that will assist patients in accessing some of their medical information via a web browser at home or on a mobile device. By using the PHR, which is a secure portal, patients will be able to view, download, and transmit demographic information, medications, lab results, problems, vital signs, immunizations, and other visit-related information. Clearly, the PHR will help address one of the major focal points of MU by encouraging patient engagement.

"Measuring" up the PHR

Although the PHR will impact a number of MU measures in 2014, the three measures directly related to the PHR are listed below.

Patient Electronic Access:

1. More than 50 percent of all unique patients during the EHR reporting period are provided timely (available to the patient within four business days after the information is available to the EP or within 36 hours of discharge for an EH) online access to their health information.

2. More than five percent of all unique patients seen by the EP during the EHR reporting period or who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or their authorized representatives) view, download, or transmit to a third party their health information.

Secure Electronic Messaging:

A secure message was sent using the electronic messaging function of CEHRT by more than five percent of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.

To use the PHR, the patient must first set up a PHR account by creating a username and password and entering some information. Once the account has been established, the patient will be prompted to validate his or her identity at the clinic or hospital. To assist with this process, a PHR registrar at each health care facility will validate the patient's identity and link his or her PHR and medical record accounts using a PHR administrative application. Because the PHR also interfaces with the Master Patient Index (MPI), the PHR registrar can link the patient with multiple RPMS EHR accounts. Once the PHR and RPMS EHR accounts are linked, patients are able to view their health information online. If the patient receives care in more than one place, he or she can see information from each place with the same PHR account.

The information available to patients comes from the Consolidated Clinical Document Architecture (CCDA) which is used by the Health Information Exchange (see HIE article). Since the CCDA is updated with changes at least every 24 hours, patients are assured timely access to their most recent medical record information. However, not all information in the patient's medical record will be available. A small set of highly sensitive data will not be provided to patients through the PHR in accordance with federal and state laws.

In addition to permitting patients to view their health information, the PHR will allow patients to interact with their health care team through secure email messages.

Deployment of the PHR software will begin later this year after beta testing has finished. More information will be shared in the coming months as development continues.

HIE CORNER

IHS continues to enhance the Health Information Exchange (HIE) to achieve 2014 certification. As part of this development, OIT is working with area sites to implement a local instance of their Master Patient Index (MPI), a required component that matches patient records across facilities within IHS. The HIE will interface with the eHealth Exchange Connect gateway, formerly known as the Nationwide Health Information Network or NwHIN.

The HIE supports participating I/T/U providers and clinicians in their exchange of Continuity of Care Documents (CCDs), soon to be referred to as the Consolidated Clinical Document Architecture (CCDA). In order to exchange patient data electronically within the IHS HIE network and across the eHealth Exchange, that data must be in the CCDA format.

The Personal Health Record (PHR) provides patients the ability to view their patient health history remotely. To facilitate this process, functionality is being developed that will allow the PHR to access the HIE in order to obtain the patient data stored in the CCDA format.

The integration of the MPI, HIE, CCDA, and

PHR will prove vital to sites achieving Meaningful Use. These efforts are important initiatives for IHS as they support the agency's goal "to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people."

To join the HIE Listserv, click HIE Listserv or visit the HIE web site

- http://www.ihs.gov/listserver/index.cfm?module=signUpForm&list_id=218
- http://www.ihs.gov/hie/

MU 2014 CERTIFICATION PROGRESS

All EPs and EHs participating in the MU program, whether in Stage 1 or Stage 2, will be required to use certified EHRs beginning in FY/CY 2014 that have met the 2014 certification standards governed by ONC. IHS's goal is to have the RPMS EHR certified by this summer to meet the 2014 criteria.

According to the ONC 2014 Final Rule, more than 40 requirements are needed to meet certification. After analyzing these requirements, the upgrades and functionality necessary to meet certification have been identified. Development teams are collaborating to ensure that each application is updated to meet certification and to create a better user experience. Almost every package in the RPMS EHR will be modified to meet these 2014 certification standards. The 2014 RPMS EHR system will incorporate certain industry standards such as SNOMED® and ICD-10.

As development progresses and new packages are released, sites are encouraged—though not required—to install and use them right away. By implementing them when released, sites will be able to address any necessary workflow changes incrementally rather than needing to make numerous changes all at once.

Watch for the release of new packages/patches as the RPMS EHR starts achieving the 2014 certification standards for demonstrating MU.

MEET AND GREET: INTRODUCING THE NEW NATIONAL TEAM MEMBERS

Coleen Maddy, communications specialist (DNC contractor), supports the MU national consultants by creating MU materials, updating information on the MU website, and facilitating discussions on the ListServ. She served for almost 13 years as the publications editor for Sun Healthcare Group, Inc. and two years as the internal communications manager for the University of Iowa Hospitals and Clinics. Her background also includes 10 years as an adjunct professor of English and four years as a software quality assurance manager for a literacy company. She has two master's degrees, one in English literature and one in dogmatic theology.

Amy Padilla, MU national consultant (DNC contractor), supports the California, Portland, and Alaska areas. She recently served NM Primary Care Association in collaboration with NM HITREC by providing training regarding the State Medicaid Electronic Health Record (EHR) Incentive program and the corresponding registration and attestation process. She has an associate's degree in applied science in health information technology and three years of clinical experience as a medical assistant.

Contact Us!

We're here to help you succeed. If you need the answer to a specific MU question, you have several options:

- Submit it to the MU ListServ at http://www.ihs.gov/meaningfuluse
- Check with your area MU coordinator or national area MU consultant.
- Email meaningfuluseteam@ihs.gov.

James Croft, MU national consultant (DNC contractor), supports the Bemidji, Billings, and Aberdeen areas. He first joined the Navy as a hospital corpsman and then spent 12 years as an

E-5 with the Marines. After serving in the military, he became a certified cardiographic technician and worked in a family practice clinic for 10 years, three of which were spent as the operations manager. His credentials include a bachelor's degree in biology as well as published research concerning the development of a scoring scale for vicarious trauma and secondary traumatic stress among military healthcare providers.

Lisa Meadows, MU national consultant (DNC contractor), supports the Nashville and Oklahoma areas. She has worked as both a management analyst and a payment coordinator for New Mexico's EHR Incentive Program during her 10 years in healthcare management and customer service. In addition, she has experience as a teleservice representative for the Social Security Administration and as a customer service manager for ValueOptions Behavioral Healthcare. She is currently pursuing a bachelor's degree in communications.

Valerie Villanueva, MU national consultant (DNC contractor), supports the Albuquerque, Navajo, Phoenix, and Tucson areas. She has more than nine years of experience in healthcare information technology, education, and training. She also has an extensive background in system administration for web-based systems, including the configuration, implementation, and testing of various software applications. She holds a bachelor's degree in information technology as a business analyst as well as an associate's degree in information technology in visual communications.

Contact information for these individuals is available on the IHS web site: http://www.ihs.gov/meaningfuluse/index.cfm?module=contacts.