Overview of Meaningful Use Requirements

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DISCLAIMER: The views and opinions expressed in this presentation are those of the author and do not necessarily represent official policy or position of HIMSS.
Why Meaningful Use Matters to Me
Session Learning Objectives

• Review the CMS Meaningful Use EHR Incentive Program, including criteria, purpose, timeline and updates

• Discuss how to overcome challenges eligible providers and staff may face in achieving Meaningful Use
Stages of Meaningful Use

**Stage 1: Data Capture and Sharing**
- Capturing health information in a standardized format
- Track key clinical conditions
- Communication of information for care coordination processes
- Report Clinical Quality Measures & public health information
- Patient and family engagement

**Stage 2: Advanced Clinical Processes**
- More rigorous health information exchange (HIE)
- Improved Patient Care through clinical decision support, care coordination and patient engagement
- Electronic transmission of patient care summaries
- More patient-controlled data

**Stage 3: Improved Outcomes**
- Improving quality, safety, and efficiency
- Decision support for national high-priority conditions
- Patient access to self-management tools
- Access to comprehensive patient data through patient-centered HIE
- Improving population health
### Active Registrations thru December 2014

<table>
<thead>
<tr>
<th>Category</th>
<th>December-14</th>
<th>Program-to-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicare Eligible Professionals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctors of Medicine or Osteopathy</td>
<td>2,130</td>
<td>339,991</td>
</tr>
<tr>
<td>Dentists</td>
<td>(1)</td>
<td>433</td>
</tr>
<tr>
<td>Optometrists</td>
<td>123</td>
<td>15,868</td>
</tr>
<tr>
<td>Podiatrists</td>
<td>37</td>
<td>10,004</td>
</tr>
<tr>
<td>Chiropractors</td>
<td>169</td>
<td>14,688</td>
</tr>
<tr>
<td><strong>Medicaid Eligible Professionals</strong></td>
<td>2,589</td>
<td>169,259</td>
</tr>
<tr>
<td>Physicians</td>
<td>1,400</td>
<td>108,966</td>
</tr>
<tr>
<td>Certified Nurse-Midwives</td>
<td>46</td>
<td>3,485</td>
</tr>
<tr>
<td>Dentists</td>
<td>368</td>
<td>18,791</td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>669</td>
<td>34,909</td>
</tr>
<tr>
<td>Optometrists</td>
<td>44</td>
<td>329</td>
</tr>
<tr>
<td>Physicians Assistants</td>
<td>62</td>
<td>2,779</td>
</tr>
<tr>
<td><strong>Hospitals</strong></td>
<td>12</td>
<td>4,801</td>
</tr>
<tr>
<td>Medicare Only</td>
<td>(6)</td>
<td>236</td>
</tr>
<tr>
<td>Medicaid Only</td>
<td>0</td>
<td>159</td>
</tr>
<tr>
<td>Medicare/Medicaid</td>
<td>18</td>
<td>4,406</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4,731</td>
<td>514,051</td>
</tr>
</tbody>
</table>

From HIT Policy/Standards Meeting 2/10/15
2014 Attestations thru February 1, 2015

- EPs successfully attested for 2014 – 127,815
  - New participants (Program Year 1) – 25,312
  - Attested to Stage 1 – 91,033
  - Attested to Stage 2 – 36,782
  - Scheduled to attest to Stage 2 (Program Year 3 and beyond) – 71,519
Nine in 10 eligible hospitals achieved meaningful use by FY2014

### EHR Incentive Program Progress through FY2014

<table>
<thead>
<tr>
<th>Hospital type</th>
<th>MU Attested</th>
<th>AIU Paid</th>
<th>Registered</th>
<th>Not Participating</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Eligible Hospitals (~5K)</td>
<td>90</td>
<td>5</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Children's (~100)</td>
<td>55</td>
<td>26</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Critical Access Hospitals (CAHs) (~1,300)</td>
<td>89</td>
<td>5</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>All other eligible hospitals (~3,600)</td>
<td>91</td>
<td>4</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

Based on CMS EHR Incentive data through December, 2014.

From HIT Policy/Standards Meeting 2/10/15
The Three Part Aim

Control Costs for High Value Care

Improve the health of patient populations

Improve individual patient experiences
In one year, value-oriented payment systems went from 10 percent of the market to 40 percent of all commercial health care contract dollars.
HHS Announcement:

“Our goal is to have 85% of all Medicare fee-for-service payments tied to quality or value by 2016, and 90% by 2018.”

HHS Secretary Burwell
 Meaningful Use Is An Ever Growing Foundation

**Adopt**

- Basic EHR functionality, structured data
- Privacy & security protections
- Structured data utilized for Quality Improvement
- Connect to Public Health

**Stage 1 MU**

- Care coordination
- Patient engaged

**Stage 2 MU**

- Data utilized to improve delivery and outcomes
- Care coordination
- Evidenced based medicine
- Registries for disease management
- Privacy & security protections
- Connect to Public Health

**PCMHs 3-Part Aim**

**ACOs Stage 3 MU**

**Enhanced access and continuity**

- Data utilized to improve delivery and outcomes
- Patient self management
- Patient engaged, community resources
- Patient centered care coordination
- Team based care, case management
- Registries to manage patient populations
- Privacy & security protections
- Connect to Public Health

**Improve Outcomes**
EHR Meaningful Use Defined

• Meaningful use is using certified electronic health record (EHR) technology to:
  – Improve quality, safety, efficiency, and reduce health disparities
  – Engage patients and family
  – Improve care coordination
  – Improve population and public health
  – Maintain privacy and security of patient health information
Medicare EHR Incentive Program Basics

• Program began in 2011

• The last year to begin participation is 2014
  – To receive the maximum payment, EPs must have started by 2012
    • Maximum incentive payment is $43,720
    • Subject to 2% sequestration

• Who is eligible?
  – Doctors of medicine or osteopathy
  – Doctors of dental surgery or dental medicine
  – Doctors of podiatry
  – Doctors of optometry
  – Chiropractors
Medicaid EHR Incentive Program Basics

• Program began in 2012 and will end in 2021
  – The last year to begin participation is 2016
  – First year is typically Adopt, Implement or Upgrade (AIU)
  – EPs can skip multiple years and receive up to 6 payments by 2021
    • Maximum incentive payment is $63,750

• Who is eligible?
  – Doctors of medicine or osteopathy
  – Nurse practitioners
  – Certified nurse-midwives
  – Dentists
  – Physician Assistants in an FQHC or RHC that is PA-led
Physician Regional Event Dinner Series:

The Meaningful Use Paradigm: Connecting Providers, Engaging Patients and Transforming Healthcare

Core and Menu Set Objectives
Stage 2 Meaningful Use At a Glance

Stage 2

17 Core Measures
3 of 6 Menu Measures

9 Total Clinical Quality Measures

29 Total Measures
# Stage 2 Core Objectives – Measure Increases

<table>
<thead>
<tr>
<th>EP Objective</th>
<th>Stage 1 Measure</th>
<th>Stage 2 Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-Prescribing</td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td>Record Demographics</td>
<td>50%</td>
<td>80%</td>
</tr>
<tr>
<td>CPOE*</td>
<td>30% (meds)</td>
<td>60% / 30% / 30%</td>
</tr>
<tr>
<td>Record Vitals</td>
<td>50%</td>
<td>80%</td>
</tr>
<tr>
<td>Record Smoking Status</td>
<td>50%</td>
<td>80%</td>
</tr>
<tr>
<td>Clinical Decision Rule(s)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Clinical Summaries</td>
<td>50% / 3 days</td>
<td>50% / 1 day</td>
</tr>
<tr>
<td>Secure Electronic Messages</td>
<td>N/A</td>
<td>5%</td>
</tr>
</tbody>
</table>

* CPOE = 60% medication, 30% laboratory, and 30% radiology orders

New!
## Stage 2 Core Objectives – Menu to Core

<table>
<thead>
<tr>
<th>EP Objective</th>
<th>Stage 1 Measure</th>
<th>Stage 2 Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Lists</td>
<td>Yes</td>
<td>Yes – Menu to Core</td>
</tr>
<tr>
<td>Patient-Specific Education Resources</td>
<td>10%</td>
<td>10% - Menu to Core</td>
</tr>
<tr>
<td>Medication Reconciliation</td>
<td>50%</td>
<td>50% - Menu to Core</td>
</tr>
<tr>
<td>Clinical Lab-Test Results</td>
<td>40%</td>
<td>55% - Menu to Core</td>
</tr>
<tr>
<td>Patient Reminders* / Preventive Care**</td>
<td>20%</td>
<td>10% - Menu to Core</td>
</tr>
</tbody>
</table>

* Patient Reminders (Stage 1) – 20% off all patients 65+ or 1-5 yrs. sent reminder

** Preventive Care (Stage 2) – 10% of all patients with 2+ office visits within 24 months prior to EHR reporting period
Menu Set Objectives

- Stage 2 has a total of 6 Menu Set Objectives
  - EPs must report on 3 of 6
    - Of the 6, 5 are brand new objectives!
    - 3 are public health focused and 3 address capturing information as structured data

  - Electronic Notes – **New!**
    - 30% / Record electronic notes in patient records (created, edited and signed by EP)

  - Imaging Results – **New!**
    - 10% / Imaging results consisting of the image and any explanation or other accompanying information are accessible through CEHRT

  - Family Health History – **New!**
    - 20% / Record patient family health history as structured data; first-degree relatives
Menu Set – Public Health Objectives

• Syndromic Surveillance Data Submission – Updated!
  – Successful ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period

• Report Cancer Cases – New for Stage 2!
  – Successful ongoing submission of cancer case information from CEHRT to a public health central cancer registry for the entire EHR reporting period

• Report Specific Cases – New for Stage 2!
  – Successful ongoing submission of specific case information from CEHRT to a specialized registry for the entire EHR reporting period
Four Areas of Focus in 2014

**Transitions of Care**
- Sharing structured summary of care records electronically for each transition of care or referral

**Patient Engagement**
- Sharing or communicating information with patient electronically

**Public Health Reporting**
- Reporting information to your Department of Public Health (or similar agency) as appropriate

**Protect Electronic Health Information**
- Protecting electronic health information through appropriate technical capabilities
Ensuring that Patients Don’t Get Readmitted to Hospitals
Summary of Care / Transitions of Care

• Objective:
  – EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide a summary care record for each transition of care or referral

• 3 Measures:
  – Measures 1 & 2 must both be met
    • Measure 1: EP who transitions or refers patients provides a summary of care record for more than 50% of transitions of care and referrals
    • Measure 2: EP who transitions or refers patients provides a summary of care record for more than 10% of such transitions and referrals with
      – (a) Electronically transmitted using the CEHRT to a recipient, or
      – (b) Where the recipient receives the summary of care record via exchange facilitated by an organization that is a eHealthExchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the eHealthExchange
Summary of Care / Transitions of Care

• Third Measure:
  – Measure 3 must have one of the following criteria met
    • Conducts one or more successful electronic exchanges of a summary of care document counted in “Measure 2”
      – The sending and receiving EHRs must be different
    • Conducts one or more successful test with the CMS designated test EHR during the EHR reporting period
      – CMS is setting up a “Test” site for this exchange so that the EP may meet the measure
A standard Continuity of Care Document (CCD) is used by many EHRs. Items that need to be included in a summary of care record:

- Patient Name
- Referring or transitioning provider’s name & contact
- Procedures
- Encounter diagnosis
- Immunizations
- Laboratory test results
- Vital signs (height, weight, blood pressure, BMI)
- Smoking status
- Functional status
- Demographic information
- Care plan field, including goals and instructions
- Care team
- Reason for referral
- Current problem list
- Current medication list
- Current medication allergy list

- Fields for problem list, medication list, and medication allergy list must be completed or that the patient has none of these
- Minimum of 100 in a measurement period necessary
- This far, 89.5% of EPs excluded this measure in 2014 (CMS)
Empowering patients to get better care
Patient Electronic Access / Engagement

• **Objective:**
  – Provide patients the ability to **view online**, **download**, or **transmit** their health information within 4 business days of the information being available to the EP
  • Transmission does not include electronic media (USB, CD, etc.)

• **Measures:**
  – Measure 1 = More than 50% of all unique patients are provided timely online access to their health information
  – Measure 2 = More than 5% of all unique patients view, download, or transmit their health information to a third party
  – Starting in 2014, Stage 1 EPs must meet Measure 1 also
Patient Electronic Access / Engagement

- CMS has listed these possible exclusions:
  - Any information that is prohibited by any federal, state or local law does not need to be included.
  - Any information that the provider believes could cause substantial harm to the patient does not need to be included.
  - If a specific data field is not available to the EP at the time the information is sent to the patient portal, it does not have to be made available and the EP can still meet the measure.
    - Once the information becomes available, the EP must make it available within four (4) business days.

- This provides coordination with HIPAA Privacy regulations.
Helping Public Health Officials Monitor Population Health

19 MEASLES CASES REPORTED WITH TIES TO DISNEY THEME PARKS IN CALIFORNIA
Core – Immunization Registries Data Submission

• Objective:
  – Capability to submit electronic data to immunization registries or immunization information systems (IIS) except where prohibited, and in accordance with applicable law and practice

• Measure:
  – Successful ongoing submission of electronic immunization data from CEHRT to an immunization registry or Immunization Information System for the entire EHR reporting period

• Exclusions:
  – See your State Medicaid Program for details
Protecting data is important
Core – Protect Electronic Health Information

• HIPAA Compliance and Security Risk Analyses (SRA)
  – The requirement to conduct a HIPAA SRA was codified with the April 20, 2005 HIPAA SECURITY RULE EFFECTIVE DATE!!
  – Thus it has been a requirement since that time, including the need for periodic evaluations
  – Meaningful Use simply added another reason for completing a SRA-and the need to conduct or review for each MU payment year
Core – Protect Electronic Health Information

• 2014 Edition Stage 1 and Stage 2 Requirement
  – Eligible Professional CORE Measure “Protect Electronic Health Information”
    • Protect electronic health information created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities
  – This is a yes/no attestation measure with no exclusions

• What does the HIPAA Security Rule say?
  – “Risk analysis (Required). Conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic protected health information held by the covered entity.”
Core – Protect Electronic Health Information

• HIPAA Security Risk Analysis – what does this mean?
  – It is **NOT** a checklist but specifically defined steps!
  – It entails a formal review of risks to ePHI and your information security:
    • ePHI inventory and network or system characterization
    • Review of controls or safeguards
    • Review of threats and vulnerabilities including prior incidents
    • Criticality analysis
    • Review policies and procedures
    • Review likelihood of threat exploitation
    • Risk analysis
Core – Protect Electronic Health Information

• EHR Specific Focus – what should I do?
  – Roles and permissions - security settings
  – Audit logs
  – Server location (even if you use a remote data center)
  – Contingency and disaster recovery
  – Periodic testing
  – Specific MU areas like providing an electronic copy, patient summaries, patient reminders, patient access (portals), exchange of data

• Why should I care?
  – Audit focus
How are you feeling?
Network of Support for Every Provider: Regional Extension Centers (RECs)

Paper-Based Practice → Support Network
- Regional Extension Center
- Community College Workforce
- Communities of Practice
- Health Information Technology Research Center (HITRC)

REC-Provider Partnership → Fully Functional EHR
- Education and Outreach
- Workforce
- Vendor Relations
- Implementation
- Workflow Redesign
- Functional Interoperability
- Privacy and Security
- Meaningful Use

Population Health
Health Care Efficiency
Outcomes
When in Doubt: Call KFMC, your REC

Regional Extension Centers (REC) Priority Primary Care Providers Meaningful Use Milestone

The REC Program's goal is to assist 100,000 or more priority primary care providers (PPCPs) to achieve meaningful use of an EHR

December 2014

PHYSICIAN REGIONAL EVENT DINNER SERIES
# Health IT State Summary

from the Office of the National Coordinator for Health IT (ONC)
U.S. Department of Health and Human Services (HHS)

<table>
<thead>
<tr>
<th>HITECH Programs - Health IT Regional Extension Centers Program (REC)</th>
<th>Kansas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Providers</strong></td>
<td></td>
</tr>
<tr>
<td>Providers Signed Up with REC</td>
<td>1,207</td>
</tr>
<tr>
<td>REC Providers Live with an EHR</td>
<td>1,045</td>
</tr>
<tr>
<td>REC Providers Demonstrating Meaningful Use</td>
<td>789</td>
</tr>
<tr>
<td><strong>Priority Primary Care Providers</strong></td>
<td>KC</td>
</tr>
<tr>
<td>Providers Signed Up with REC</td>
<td>1,129</td>
</tr>
<tr>
<td>REC Providers Live with an EHR</td>
<td>980</td>
</tr>
<tr>
<td>REC Providers Demonstrating Meaningful Use</td>
<td>746</td>
</tr>
</tbody>
</table>

**Primary Care Providers Enrolled for Assistance in the Regional Extension Centers (REC) Program**

- **1,129 of all STATE Primary Care Providers ENROLLED**
  - 37%
  - 149 Enrolled, NOT LIVE on an EHR
    - 13% (13%)
    - 21% (21%)
    - 66% (66%)

- **141,078 of all NATIONAL Primary Care Providers ENROLLED**
  - 46%
  - 9,217 Enrolled, NOT LIVE on an EHR
    - 7% (7%)
    - 21% (21%)
    - 73% (73%)

- 746 Demonstrating Meaningful Use of an EHR
  - 28,959 LIVE on an EHR
When all the pieces come together....
Resources

• HHS.GOV Meaningful Use definitions and Objectives: http://www.healthit.gov/providers-professionals/meaningful-use-definition-objectives

• HIMSS Meaningful Use One Source
Additional Resources

- EHR Incentive Programs Website
  - http://www.cms.gov/EHRIncentivePrograms/

- EHR Incentive Program Information Center
  - 888-734-6433, TTY: 888-734-656

- General Info on CQMs
Resources

CEHRT Rule Resources

» **CEHRT Interactive Decision Tool** – providers answer a few questions about their current stage of meaningful use and Edition of EHR certification, and the tool displays the corresponding 2014 options.

» **2014 CEHRT Flexibility Chart** – chart provides a visual overview of CEHRT participation options for 2014.

» **2014 CEHRT Rule Quick Guide** – guide provides corresponding resources based on the option a provider chooses for 2014 EHR Incentive Programs participation.

*These resources are all available on the Educational Resources webpage:*

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