

Meaningful Use and Health Information Exchange

Summary of final MU regulatory
changes released by HHS on July 13

The Only Information You Can Trust

- We have done our best to understand the rules but many things are open to interpretation by the Federal Government.
- The only information you can trust comes from Health and Human Services (HHS) and the Centers for Medicare and Medicaid (CMS)
- <http://www.cms.gov/EHRIncentivePrograms>

Upcoming CMS Training Events

http://www.cms.gov/EHRIncentivePrograms/05_Spotlight_and_Upcoming_Events.asp

EHR Incentive Programs for Eligible Professionals:

A session just for individual practitioners on the specifics about the Medicare & Medicaid EHR incentive program

Tuesday, August 10, 2010

2:00-3:30 pm EST

EHR Questions and Answers for Hospitals and Individual Practitioners:

Have questions? Join this session to have an opportunity to ask a question and hear answers by our panel of experts on the Medicare and Medicaid EHR incentive programs.

Thursday, August 12, 2010

2:00-3:30 pm EST

What did not change in the final rule

- Adopted statutory provider eligibility and payment requirements
- Meaningful Use matrix goals remained the same.
- Hospital definition did not change.
- EPs will still be required to demonstrate MU individually
- Clinical quality measures reporting timeline will stay the same
- MU reporting period of 90 days for first year and one year thereafter.

MU: Changes from the NPRM to the FR

NPRM	Final Rule
Meet all MU reporting objectives	Must meet “core set” /can defer 5 from optional “menu set”
25 measures for EPs/23 measures for eligible hospitals	25 measures for EPs/24 for eligible hospitals
Measure thresholds range from 10% to 80% of patients or orders (most at higher range)	Measure thresholds range from 10% to 80% of patients or orders (most at lower to middle range)
Denominators – To calculate the threshold, some measures required manual chart review	Denominators – No measures require manual chart review to calculate threshold
Administrative transactions (claims and eligibility) included	Administrative transactions removed
Measures for Patient-Specific Education Resources and Advanced Directives discussed but not proposed	Measures for Patient-Specific Education Resources and Advanced Directives (for hospitals) included

Meaningful Use: Changes from the NPRM to the Final Rule, cont'd

NPRM	Final Rule
States could propose requirements above/beyond MU floor, but not with additional EHR functionality	States' flexibility with Stage 1 MU is limited to seeking CMS approval to require 4 public health-related objectives to be core instead of menu
Core clinical quality measures (CQM) and specialty measure groups for EPs	Modified Core CQM and removed specialty measure groups for EPs
90 CQM total for EPs	44 CQM total for EPs – must report total of 6
35 CQM total for eligible hospitals and 8 alternate Medicaid CQM	15 CQM total for eligible hospitals
5 CQM overlap with CHIPRA initial core set	4 CQM overlap with CHIPRA initial core set

Meaningful Use: Denominators

- Two types of percentage based measures are included to address the burden of demonstrating MU
 - Denominator is all patients seen or admitted during the EHR reporting period
 - The denominator is all patients regardless of whether their records are kept using certified EHR technology
 - Denominator is actions or subsets of patients seen or admitted during the EHR reporting period

Meaningful Use: Applicability of Objectives and Measures

- Some MU objectives are not applicable to every provider's clinical practice, thus they would not have any eligible patients or actions for the measure denominator.
- In these cases, the EP, eligible hospital or CAH would be excluded from having to meet that measure
 - Ex: Dentists who do not perform immunizations; Chiropractors do not e-prescribe
 - The denominator only includes patients, or actions taken on behalf of those patients, whose records are kept using certified EHR technology

AMA: EHRs don't meet all Stage 1 meaningful use criteria

There is no EHR on the market today that does all of the steps required for physicians to successfully meet Stage 1 meaningful use criteria, according to an [American Medical Association](#) (AMA) statement released this week.

The association believes that it will be challenging for many physicians to participate successfully in the program. “This will be especially true for those physicians in solo or small group practices who have not previously utilized an EHR,” added the Chicago-based organization.

Although AMA acknowledged that the CMS did change certain regulations in the notice of proposed rulemaking on the final rule on the incentive programs, many challenges remain.

AMA: EHRs don't meet all Stage 1 meaningful use criteria

According to AMA, key barriers include:

- **Timing**: Physicians will only have a couple of months to purchase, implement and assess the usability of certified EHR technology prior to January 2011 (the start date of the program);
- **Volume of measures**: The volume of measures that physicians must meet totals 20, which is still too high;
- **Hospital-based professionals**: Hospital-based physicians are not eligible for incentives if they provide 90 percent or more of their services in an inpatient or emergency room setting;
- **Timeframes for furnishing patient information electronically**: The measures that require physicians to electronically produce, within several days, health information contained in EHRs conflict with HIPAA requirements that allow for a longer period of time for the production of medical records;
- **Threshold requirements still too high**: Some of the threshold requirements are still too high and some of the measures have narrow exclusions, which will be burdensome for physicians to meet;
- **No appeals process**: There is no mechanism for physicians to appeal any aspect of the incentive program;
- **Usability**: The certification process does not take into account whether a product will meet a physician's unique workflow and practice needs, rather, it will only provide the means for meeting the meaningful use criteria;
- **Early adopters**: Physicians who are EHR early adopters must upgrade their systems to meet certification criteria in order to be eligible for incentives; and
- **Testing of re-tooled measures**: There is no guarantee that the e-specifications imbedded in EHR vendor products are accurate and operational.

Recent Clarifications by CMS

- EHRs do not have to be certified before the 90 day Stage 1 Meaningful Use demonstration period, just by the end. You can start the demonstration data collection before certification is completed. The entire CMS program begins January 2011, so it's possible to demonstrate Meaningful Use January 1 to March 31 using an EHR that is certified February 15.
- Although the Meaningful Use Menu set contains 10 choices from which Eligible Professionals(EPs) must choose 5, one of those five must be a public health/population health measure. Since there are only two choices for EPs, Immunization reporting and Syndromic Surveillance reporting, every professional must demonstrate one of these two public health transactions to qualify for meaningful use.
- EHRs must be capable of producing electronic Office visit summaries but meaningful use supports (and requires upon patient request) use of paper.
- It's unclear if Meaningful Use/Stimulus payments are taxable income to eligible professionals. No one has clarified this yet.

How simplifyMD will support MU

- This means we support it now
- This means we don't support it now but can support it easily with minimal changes
- This means we plan to support it with partners
- This means it will take some time and more research

Meaningful Use - Core Set

- ☑ Record patient demographics (sex, race, ethnicity, date of birth, preferred language, and in the case of hospitals, date and preliminary cause of death in the event of mortality). More than 50% of patients' demographic data must be recorded as structured data.
- ☑ Record vital signs and chart changes (height, weight, blood pressure, body mass index, growth charts for children). More than 50% of patients 2 years of age or older must have height, weight and blood pressure recorded as structured data.
- ☑ Maintain up-to-date problem list of current and active diagnoses. More than 80% of patients must have at least one entry recorded as structured data.

Meaningful Use - Core Set

- ☑ Maintain an active medication list. More than 80% of patients have at least one entry recorded as structured data.
- ☑ Maintain an active medication allergy list. More than 80% of patients have at least one entry recorded as structured data.

Meaningful Use - Core Set

- ⊗ Record smoking status for patients 13 and older. More than 50% of patients age 13 or older have smoking status recorded as structured data.
- ⊗ Provide patients with clinical summaries for each office visit; for hospitals provide an electronic copy of hospital discharge instructions upon request. Clinical summaries provided to patients for more than 50% of all visits within 3 business days.

Meaningful Use - Core Set

- Generate and transmit permissible prescriptions electronically (does not apply to hospitals). More than 40% must be transmitted electronically using certified EHR technology.
- Computerized Provider Order Entry for Medication Orders. More than 30% of patients with at least one medication in their medication list must have at least one medication ordered through CPOE
- Implement drug-drug and drug-allergy interaction checks. Functionality must be enabled for these checks for the entire reporting period.
- Implement capability to electronically exchange key clinical information among providers and patient-authorized entities. Must perform at least one test of the EHR's capacity to electronically exchange information.

Meaningful Use - Core Set

- ⊗ Implement one clinical decision support rule and track compliance with that rule. One rule must be implemented.
- ⊗ Implement systems to protect privacy and security of patient data in the EHR. Must conduct or review a security risk analysis, implement security updates as necessary and correct identified security deficiencies.
- ⊗ Report clinical quality measures to CMS or states. For 2011, provide aggregate numerator and denominator through attestation. For 2012, electronically submit measures.

Meaningful Use - Menu Set

- Implement drug formulary checks. Drug formulary check system must be implemented and access at least one internal or external drug formulary during the reporting period.
- ⊖ Incorporate clinical laboratory test results into EHRs as structured data. More than 40% of clinical laboratory test results are in positive/negative or numerical format and are incorporated into EHRs as structured data

Meaningful Use - Menu Set

- ⊘ Generate lists of patients by specific conditions for use for quality improvement, reduction of disparities, research or outreach. Must generate one listing of patients with a specific condition
- ⊘ Use EHR technology to identify patient-specific education resources and provide those to the patient as appropriate. More than 10% of patients are provided patient specific education resources

Meaningful Use - Menu Set

- ☒ Perform Medication reconciliation between care settings. Medication reconciliation must be performed for more than 50% of transitions of care.
- ⊖ Provide summary of care record for patients referred or transitioned to another provider or setting. Summary of care record must be provided for more than 50% of patient transitions or referrals

Meaningful Use - Menu Set

- ⊗ Submission of electronic immunization data to immunization registries or immunization information systems. Must perform at least one test of data submission and followup submission (where registries can accept electronic submissions)
- ⊗ Submission of electronic syndromic surveillance data to public health agencies. Must perform at least one test of data submission and followup submission (where public health agencies can accept electronic data)

Meaningful Use - Menu Set

- ⊗ Send reminders to patients (per patient preference) for preventative and follow-up care. More than 20% of patients aged 65 or older or age 5 or younger must be sent appropriate reminders.
- ⊗ Provide patients with timely electronic access to their health information (including laboratory results, problem list, medication list, medication allergies). More than 10% of patients must be provided with electronic access to information within 4 days of its being updated in the EHR.

How the simplifyMD PHR meets MU

Signing up for the PHR for existing clients

- Contact the PHR department
- Attend a 15 minute informational presentation on
 - ✓ Benefits
 - ✓ Revenue
 - ✓ Signing up
 - ✓ Marketing the PHR to patients

Current PHR customers

- Marketing the PHR to patients (there are customers who have signed up but are not marketing the PHR to patients or are having low patient response)
- Not meeting meaningful use due to no/low patient response & the repercussions of not doing so

Questions

- <http://www.simplifyMD.com>
- <http://www.cms.gov/EHRIncentivePrograms>