Meaningful Use Stage 2 and
Your Future in Healthcare

Justin T. Barnes
VP, Greenway Medical Technologies
Chairman Emeritus, EHR Association
The Current State of Healthcare

Justin T. Barnes,
VP of Industry & Government Affairs
State of Healthcare

• Healthcare Reform/Transformation
  – MedPAC recommendations to realign fee schedules to support primary care, ACOs, bundled payments, capitated models, and shared savings programs
  – 2013 Final Rule further extends Stark exemption through 2021; labs are no longer considered donors
  – The Bipartisan Budget Act of 2013 was signed by the President, creating a temporary SGR fix through March 2014 averting 24% payment reduction

• EHR Meaningful Use
  – Stage 2 is extended through 2016; Stage 3 set to begin in 2017 for EPs
  – HIT Policy Committee released Stage 3 recommendations this month
  – As of December, over 440,000 care providers registered for meaningful use
  – Over $19.2 billion in incentives paid to eligible providers & hospitals
  – Meaningful Use Stage 2 Overview Chart: http://tiny.cc/bnqrjw
• Over 30% of providers have comprehensive EHRs
• Training and usability are key
• Established data liquidity

• 340,000+ providers have achieved incentives
• If you don’t qualify, use criteria as a “playbook”
• MU Stage 2 = PCMH/ACO foundation

• Quality reporting
• Outcomes-based payments
• ACO/APM/VBP

These are essential building blocks for a sustainable healthcare system
The Goals of Meaningful Use

- To improve the quality, safety, and efficiency of care while reducing disparities
- To engage patients and families in their care
- To promote public and population health
- To improve care coordination
- To promote the privacy and security of EHRs
Meaningful Use Stage 2

Kevin Kornegay, Product Analyst
2014 Meaningful Use Requirements for EPs

Stage 1
- 13 core objectives
- 5 of 9 menu objectives
- 9 of 64 CQMs

Stage 2
- 17 core objectives
- 3 of 6 menu objectives
- 9 of 64 CQMs

Incentives will not be paid until clinical quality measures are submitted. [More information here.](#)
• Providers must participate in Stage 1 for at least two years before moving to Stage 2
• Stage 2 is extended through 2016
• Stage 2 for EPs began January 1st, 2014 and October 1, 2013 for EHs
• Medicare EPs who are not meaningful users will be subject to payment adjustments beginning on January 1, 2015
• EPs choose 9 from 64 potential Clinical Quality Measures (CQM) from at least 3 different domains, which now align closely with PQRS, Shared Savings, etc.
• Medicaid allows any 90-day reporting period; Medicare allows a 3-month reporting period during a fixed quarter for all EPs and EHs in 2014
Meaningful Use Stage 2: Changes to Current Measures

• Changes to denominator of CPOE
  – Now includes lab & radiology orders; measurement on orders instead of unique patients

• Changes to the age limitations for vital signs
  – From 2 years old to 3 years old

• Elimination of the "exchange of key clinical information"

• Replacing "provide patients with an electronic copy of their health information" objective with a "view online, download and transmit"

• New exclusions for vital signs (height, weight and blood pressure)
Meaningful Use Stage 2: Increased Thresholds

• The use of computerized provider order entry (CPOE) for medication orders increases from 30% to 60%
  – Addition of 30% laboratory and 30% radiology orders

• Generate and transmit permissible scripts electronically (eRx) increases from 40% to 50%

• Threshold levels to increase from 50% to 80% for the following:
  – Recording demographics
  – Record and chart changes in vital signs (over age 3)
  – Record smoking status for patients 13 years of age or older
Meaningful Use Stage 2: Core Measures

Use secure electronic messaging to communicate with patients
• >5% of unique patients seen during reporting period receive a secure message on relevant health information

Provide clinical summaries to patients for each office visit
• Clinical summaries provided within one business day for >50% of office visits

Protect information created or maintained by the Certified EHR Technology
• Protect electronic health information by conducting or reviewing a security risk analysis and implement security updates as necessary

Use of clinical decision support to improve performance on high-priority health conditions
• Increase from one clinical decision support intervention to five, encompassing drug-drug and drug-allergy checks
**Meaningful Use Stage 2: Moving from Menu to Core**

- Provide **online access to their health information** (via a web portal) to **>50%** of unique patients, while **>5%** unique patients actually view, download or transmit that data to a third party.

- Successful **ongoing submission of electronic immunization data** to an immunization registry is now required for the entire EHR reporting period, previously only a test was required.

- Provide a **summary of care record for >50%** of transitions of care and referrals, and electronically transmit **10%**
  - Transmit at least one summary of care record to a different EHR system at a
Meaningful Use Stage 2: Moving from Menu to Core

- Incorporate >55% of clinical lab-test results into Certified EHR
- Generate at least one report listing patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach
- Use EHR to identify and provide reminders for >10% patients with two or more office visits in the last two years
- Provide patient-specific education resources identified by Certified EHR Technology to >10% of unique patients with an office visit
- When an EP receives a patient from another setting of care, they should perform medication reconciliation >50% of care transitions
Meaningful Use Stage 2: The EP Menu Set

Submit electronic syndromic surveillance data to public health agencies

- *Ongoing* submission of electronic **syndromic surveillance** data to a public health agency

Record patient family history

- For **more than 20%** of all unique patients seen by the EP during the reporting period

Report cancer cases to a public health central cancer registry

- *Ongoing* submission of cancer cases to a **central cancer registry** for the reporting period

Report specific cases to a specialized registry

- *Ongoing* submission of specific cases to a **specialized registry (other than cancer)**

Imaging results accessible through Certified EHR Technology

- More than **10% of all tests** whose result is an image ordered by the EP during the reporting period are accessible through CEHRT

Record electronic notes in patient records

- Record **>1** electronic progress note in patient records for **>30% unique patients**
Meaningful Use Stage 3

- Stage 3 set to begin in 2017 for EPs who have completed at least two years of Stage 2

- Many measures will require higher standards
  - Many menu items will become core measures
  - Threshold levels will increase as capabilities of HIT infrastructures grow

- HITPC has suggested new measures for Stage 3
  - EHR assists with follow-up on test results
  - Further utilize CPOE for referrals/transition of care orders
  - Provide patients the ability to request an amendment to their record
  - Allow submission of patient-generated health information
  - Implement an immunization recommendation system
  - Query research enrollment systems to identify clinical trials
*Please be advised that the Meaningful Use Dashboard data is processed nightly and therefore will reflect data as of the previous day.

<table>
<thead>
<tr>
<th>Incentives</th>
<th>Allowable Charges</th>
<th>Expected Incentives</th>
<th>Core Objectives met</th>
<th>Menu Objectives met</th>
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<tbody>
<tr>
<td></td>
<td>24,167.21</td>
<td>18000.00</td>
<td>15/15</td>
<td>5/5</td>
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</table>

This dashboard view is configured to include measure data from visits where I see the patient or the patient is seen on my behalf.

<table>
<thead>
<tr>
<th>Core Requirement</th>
<th>Current progress</th>
<th>Statistics</th>
<th>Requirement Status</th>
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<tbody>
<tr>
<td>Use CPOE</td>
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<td>99.14%</td>
<td>1041</td>
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<td></td>
<td></td>
<td></td>
<td>1050</td>
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<tr>
<td></td>
<td></td>
<td>Current%: 99.1%</td>
<td>Required: 90%</td>
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<tr>
<td>Drug-Drug &amp; Drug-Allergy Checks</td>
<td></td>
<td>98.25%</td>
<td>1027</td>
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<td></td>
<td></td>
<td></td>
<td>1057</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Requirement Met</td>
<td></td>
</tr>
<tr>
<td>Record Demographics</td>
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<td>96.85%</td>
<td>1012</td>
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<td></td>
<td></td>
<td></td>
<td>1057</td>
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<tr>
<td></td>
<td></td>
<td>Current%: 96.8%</td>
<td>Required: 80%</td>
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<tr>
<td>Problem List</td>
<td></td>
<td>94.05%</td>
<td>1050</td>
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<td></td>
<td></td>
<td></td>
<td>1057</td>
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<tr>
<td></td>
<td></td>
<td>Current%: 94.0%</td>
<td>Required: 80%</td>
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<tr>
<td>Medication List</td>
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<td>98.31%</td>
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<td></td>
<td></td>
<td>Current%: 98.3%</td>
<td>Required: 80%</td>
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<td>Medication-Allergy List</td>
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<td></td>
<td></td>
<td>Current%: 91.7%</td>
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<td>Vital Signs</td>
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<td>98.12%</td>
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<td></td>
<td></td>
<td>Current%: 98.1%</td>
<td>Required: 50%</td>
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<tr>
<td>Smoking Status</td>
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<td>1055</td>
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<tr>
<td></td>
<td></td>
<td>Current%: 95%</td>
<td>Required: 50%</td>
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<tr>
<td>Clinical Decision Support</td>
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<td>98%</td>
<td>1050</td>
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<td></td>
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<td>1057</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Requirement Met</td>
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</tr>
</tbody>
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Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

About This Site
The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

This web system is for the Medicare and Medicaid EHR Incentive Programs. Those wanting to take part in the program will use this system to register and participate in the program.

Overview of Eligible Professional (EP) and Eligible Hospital Types

<table>
<thead>
<tr>
<th>Eligible Professionals (EPs)</th>
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</thead>
<tbody>
<tr>
<td>Medicare EPs include:</td>
</tr>
<tr>
<td>• Doctors of Medicine or Osteopathy</td>
</tr>
<tr>
<td>• Doctors of Dental Surgery or Dental Medicine</td>
</tr>
<tr>
<td>• Doctors of Podiatric Medicine</td>
</tr>
<tr>
<td>Medicaid EPs include:</td>
</tr>
<tr>
<td>• Physicians</td>
</tr>
<tr>
<td>• Nurse Practitioners</td>
</tr>
<tr>
<td>• Certified Nurse - Midwife</td>
</tr>
<tr>
<td>• Dentists</td>
</tr>
</tbody>
</table>

Additional Resources: For User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete registration and attestation, please visit CMS website.

Eligible to Participate - There are two types of groups who can participate in the programs. For detailed information, visit CMS website.

https://ehrincenatives.cms.gov/hitech/login.action

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ONC 2015 EHR Certification

• Expected publication of prosed certification this month, followed by 60 day comment period

• Voluntary program; Providers participating in the EHR Incentive Programs would not be required to upgrade
  – 2014 Certification still expected to serve as baseline certification criteria

• Intended to create a new, more frequent and updated regulatory approach under ONC HIT Certification program:
  – Improve on and address issues in the 2014 Edition of certification criteria
  – Create transparency for what is coming in 2017 certification
  – Provide public input on policy proposals
  – Enable ONC certification to adapt quickly to new industry standards that can lead to greater interoperability
Meaningful Use Audits Overview

• Pre-payment and post-payment audits underway
  • CMS conducting Medicare and dually-eligible providers meaningful use audits; 5-10% of Medicare providers are subject to audits
  • Individual states conducting Medicaid providers meaningful use audits

• Example documentation for audits:
  – EHR licensing and proof of MU certification
  – Reporting methods utilized
  – Documentation supporting affirmative (“yes”) measure compliance

• Tips:
  – Save all documents to support attestation for six-years post attestation
  – Assure certified EHR/version for complete duration of reporting period
  – Assemble submitted CQMs with numerators and denominators

Visit CMS for additional guidance.
Strategic Takeaways
Meaningful Use Best Practices

• Avoid waiting until the last quarter or 90-day period to attest
• Properly document patient information electronically; print/save copies of all important items
• Use a patient portal to provide quality care and timely access to patient medical records; engage your patients early
• Develop an understanding of Clinical Quality Measures and their role in the EHR incentive program
• Be an activist throughout the entire process
• Use your resources
Meaningful Use Best Practices

• Examine how adherence to MU measures could impact workflows and staff allocations
• Research before commencement, as it takes time and commitment to learn the process
• Participate in your EHR supplier’s training; encourage entire staff to engage
• Appoint a meaningful use leader in your facility to act as a liaison and subject expert
• Implement and utilize a visual MU dashboard to help track core and menu set items
Achieving Meaningful Use with a Certified EHR

• **Assign a Meaningful Use Leader or MU Champion in your facility**
  – Ensure review of MU Stage 1 Final Rule, CMS/ONC Site & FAQs
  – Review of MU Stage 2 Final Rules & new criteria
  – Understand how it affects you today and tomorrow

• **Seek a trusted advisor & partner**
  – Ensure you partner with a company that is an expert in EHR meaningful use, certification, standards & accountable care
  – Track record of being proactive in the evolution of healthcare
    • EHR Certification, Standards Development & Interoperability

• **Reassess MU Stage 2 partners**
  – Functionality and criteria have increased substantially and it is important to ensure your current partners are certified for MU Stage 2 and share their product and strategic roadmap
Seize the Opportunity Today

• Begin fostering the EHR discussion with your practice, hospital or facility

• Use the “Meaningful Use” criteria as a “Playbook” to navigate the future of healthcare

• Understand your goals for EHR adoption
  – Financial, quality, patient satisfaction, clinical research, community leadership, accountable care, value-based medicine, all of the above, etc...

• Begin EHR product review process today
  – EHR Meaningful Use incentive program well underway
  – It takes time to properly research, purchase, implement and “meaningfully use” an EHR so experts suggest you “get your place in line now”
Additional Resources

Greenway’s Government & Industry Affairs Updates

Gov’t Affairs (http://tiny.cc/w5nicw)
EHR MU Navigation (http://tiny.cc/6unicw)
Interoperability (http://tiny.cc/hdzjqw)

Important Government & HHS Sites

ONC Funding Opportunities (http://tiny.cc/mmhvcw)
HHS Breach Notification Rule (http://tiny.cc/xytg5)
HHS Privacy Rule (http://tiny.cc/i1nicw)

CMS Educational Webpages

CMS Stage 2 Final Rule (http://tiny.cc/3eqnqw)
CMS Meaningful Use Page (http://tiny.cc/fsnicw)
CMS ACO/ Shared Savings Page (http://tiny.cc/xqnicw)
Thank you