
MEANINGFUL USE “GO LIVE” FOR PHYSICIAN PRACTICES

Centricity Healthcare User Group

San Diego, California

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WHAT IS MEANINGFUL USE?

- » **Quality, efficiency, and information sharing**
 - » Will require electronic exchange of quality measures
 - » Will facilitate coordination of care through the transmission of clinical summaries

- » **Drives importance of decision support**
 - » preventive services
 - » medication management
 - » diagnostic testing

- » Over the next 5 years, the definition of meaningful use **will evolve** and requirements expand - requiring more features and more data exchange

THE PATH TO 2015

First Payment Year	2011	2012	2013	2014	2015 and later**
2011	Stage 1	Stage 1	Stage 2	Stage 2	TBD
2012		Stage 1	Stage 1	Stage 2	TBD
2013			Stage 1	Stage 1	TBD
2014				Stage 1	TBD
2015 and later*					TBD

*Avoids payment adjustments only for EPs in Medicare EHR Incentive Program

**In Final Ruled, CMS defers on establishing policy after 2014

ALL-OR-NOTHING-AT ALL APPROACH

- » Not required to participate....yet
- » Must meet all of the requirements
- » Purchasing EMR is not enough
- » Will need to qualify again in Stage 2 & Stage 3

OPPORTUNITY COST

- » You need a plan and commitment to this initiative
 - » Manage the MU project – people, resources, knowledge assets
 - » Upgrade or install hardware and software
 - » Conduct routine team meetings
 - » Physician involvement - clinical cons
 - » Training for staff and providers

MEANINGFUL USE FINAL REQUIREMENTS

REQUIRED OBJECTIVES AND MEASURES-STAGE 1

Eligible Providers
<p>15 Core objectives Most require achievement of performance targets</p>
<p>5 Objectives out of 10 from Menu set Most require achievement of performance targets</p>
<p>6 total Clinical Quality Measures Do not have performance targets</p> <ul style="list-style-type: none">- 3 core or alternate core- 3 out of 38 from menu set

Attestation 2011, Reporting 2012

15 CORE MEASURES – ALL APPLY

1. Use CPOE – by licensed healthcare professionals – **at least 1 medication order for 30% unique patients**
2. Implement drug-drug and drug-allergy interaction checks **Enabled**
3. E-Prescribing **40% of all permissible prescriptions are transmitted**
4. Record demographics **50% of all unique patients have in structured data**
5. Maintain an up-to-date problem list **80% of all unique patients**
6. Maintain active medication list **80% of all unique patients**
7. Maintain active medication allergy list **80% of all unique patients**
8. Record and chart changes in vital signs **50% of all unique patients over 2**
9. Record smoking status **50% of all unique patients over age 13**
10. Implement one clinical decision support rule **One rule and track progress**
11. **Report 6 Clinical Quality Measures to CMS Attest 2011, report 2012**
12. Electronically exchange key clinical information **Perform one test**
13. Provide electronic copy of their health information **50% requesting, within 3 days**
14. Provide clinical summaries for patients for each office visit **50%, within 3 days**
15. Protect electronic health information for EHR **Perform risk analysis**

MENU SET – SELECT 5

1 MUST BE A PUBLIC HEALTH MEASURE

1. Implement drug-formulary checks **Enable function**
2. Incorporate clinical lab test results into EHR as structured data **40%, all**
3. List of patients by specific conditions **One list**
4. Send reminders to patients for preventive/ follow up **20% of unique patients >64 years, or <6 years of age**
5. Provide timely electronic *access* to pt. health records (portal) **10% (including lab results, problem list, medication lists, medication allergies)**
6. Provide patient education resources to the patient **10% of all unique pts**
7. Perform medication reconciliation at relevant encounters and each transition of care **50%**
8. Provide summary of care record for each transition and referrals **50%**
9. **Submit electronic data to immunization registries One Test**
10. **Submit syndromic surveillance data to public health agency One Test**

EPs 3 CORE QUALITY MEASURES

Select 3 Core Measures

- 1 Blood pressure measurement
- 2 Tobacco screening and cessation
- 3 Adult weight screening and follow-up

Alternate Measures if the above do not apply

- Child/Adolescent weight counseling
- Childhood immunization status
- Adult over 50 Influenza screening

Select 3 other Quality Measures

38 additional clinical quality measures to choose from

If none of the **Core or Alternate Measures** are appropriate, select three others and report those measures

CLINICAL QUALITY MEASURES (CQM)

- » Stage 1 requires data only – no measurement of quality performance
- » Clinical quality measures consist of:
 - » Denominator which defines the population of patients eligible for the quality measure,
 - » Numerator, which defines the quality action for each patient
- » If you do not have any eligible patients, the denominator reported would be zero
- » Limited to measures that can be captured electronically
- » EPs required to collect measures for all patients, regardless of payer

3 OTHER CLINICAL QUALITY MEASURES

There are a 6 clinical measures needed. Three are required (or alternates to be used) and you select 3 others from measures on the list of 44 measures.

1	% of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.
2	% of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.
3	% of children 2-18 years of age, who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.
4	% of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had 2 or more additional services with an AOD diagnosis within 30 days of the initiation visit.
5	% of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.
6	% of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.
7	% of women 15- 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

SECURITY RISK ANALYSIS

- » All e-PHI created, received, maintained or transmitted by an organization is subject to the HIPAA Security Rule
- » Security Rule does not prescribe a specific risk analysis methodology
- » HITECH requires entities to re-evaluate risks and vulnerabilities in their environments and to implement reasonable and appropriate security measures to protect against reasonably anticipated threats or hazards to the security or integrity of e-PHI.
- » The Office of the National Coordinator has posted a Guidance for Practices: <http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/radraftguidance.pdf>

HIMSS INFORMATION TECHNOLOGY SECURITY PRACTICES QUESTIONNAIRE

- 3.3 Is functionality built into the application which allows remote user access and/or control?
- 3.4 If requested, can the application associate remote support activities with an individual employee of the vendor? (accountability)
- 3.5 Do vendor support personnel have specific roles and accesses that control access to ePHI? (*See section 1.11*)
- 3.6 Does the audit system log remote support connection attempts and remote support actions such as application or configuration modifications?
- 4. PROTECTION FROM MALICIOUS CODE**
- 4.1 Is the application compatible with commercial off the shelf (COTS) virus scanning software products for removal and prevention from malicious code?
 - a. If no, indicate what additional security controls are included with the application/system used to mitigate the risks associated with malicious code:**
- 4.2 Does the application's client software operate without requiring the user to have local administrator level rights in order to run the application?
- 5. CONFIGURATION MANAGEMENT AND CHANGE CONTROL** Yes
No

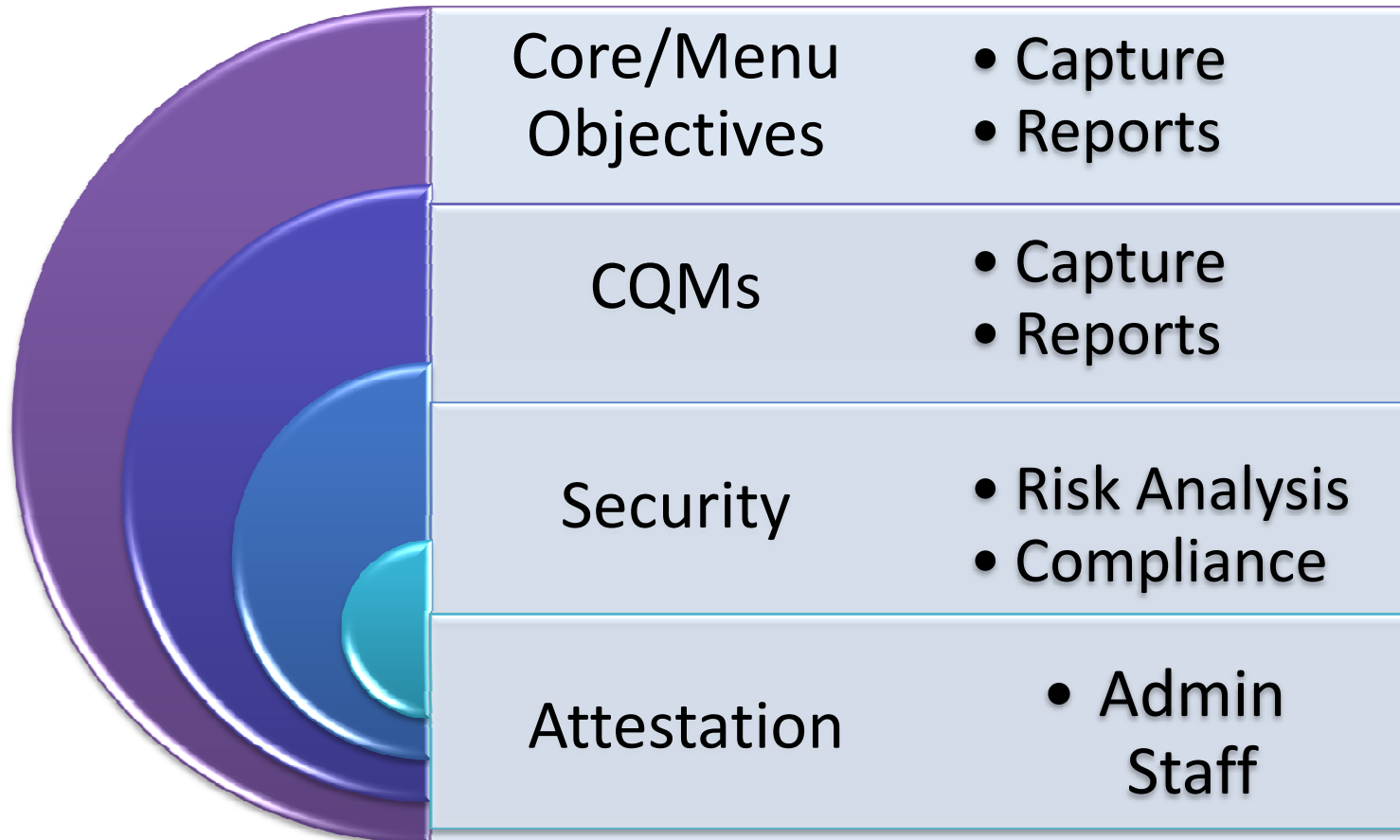
<http://www.himss.org/content/files/ApplicationSecurityv2.3.pdf>

Exclusions for Core and Menu Objectives

Meaningful Use Core Measures: 1-15		
#	Title	Exclusion
1	CPOE for medication order	Any physician who writes fewer than 100 prescriptions during reporting period.
4	Eprescribe	Any physician who writes fewer than 100 prescriptions
8	Record vital signs	Any physician who either sees no patients 2 years or older, or who believes that all three vital signs of height, weight, and blood pressure have no relevance to the scope of their practice
9	Record smoking status	Any physician who sees no patients 13 years or older
12	Electronic copy of health information	Any physician who has no requests from patients for an electronic copy of health information
13	Clinical summaries	Any physician who has no office visits during the reporting period
Meaningful Use Menu Set Measures: 1-10		
1	Drug formulary checks	Any physician who writes fewer than 100 prescriptions
2	Clinical lab test results	Any physician who orders no lab tests whose results are in either a positive/negative or numeric format during the reporting period.
4	Patient reminders	A physician who has no patients 65 years or older or 5 years or younger with records maintained using certified EHR technology
5	Patient electronic access	Any physician who neither orders lab tests or information that would be contained in the problem list, medication list, or medication allergy list during the reporting period.
7	Medication reconciliation	Any physician who was not the recipient of any transitions of care
8	Transition of care summary	Any physician who neither transfers or refers a patient
10	Syndromic surveillance	A physician who does not collect any reportable syndromic information

PLANNING FOR INCENTIVES

WHO WILL BE THE COORDINATOR?



BUDGET PLANNING

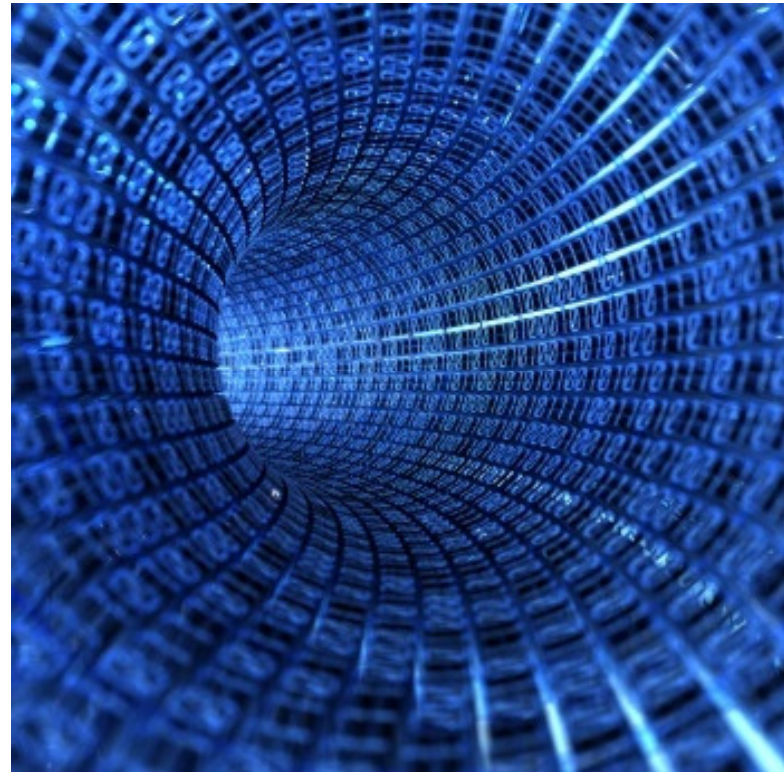
2.2 Meaningful Use Budget				
Item	Cost	#	Total Cost	Notes
Software Licensing				
Provider EMR License	\$ 4,253	6	\$ 25,515	
Other EMR Licenses	\$ 2,138	3	\$ 6,413	
Patient Portal Per Provider	\$ 1,000	6	\$ 6,000	
Secure Messaging Per Provider	\$ 1,000	6	\$ 6,000	
Upgrade technician	\$ 75	6	\$ 450	
Project Manager	\$ 50	60	\$ 3,000	
Staff Training	\$ 125	8	\$ 1,000	
Sub Total Content and Software			\$ 48,378	

INCENTIVE PAYMENTS

Provider	# Prov	Qualified Incentive	Date to Implement for 2011	Pymt Yr 2011	Pymt Yr 2012	Pymt Yr 2013	Pymt Yr 2014	Pymt Yr 2015	Pymt Yr 2016	Total
Example Medicare	1	Medicare	By Oct. 1, 2011	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$0	\$44,000
Example Medicaid	1	Medicaid	By Oct. 1, 2011	\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$63,750
Example Medicaid Peds	1	MCaid Peds	By Oct. 1, 2011	\$14,167	\$5,667	\$5,667	\$5,667	\$5,667	\$5,667	\$42,502
Medicare Specialists	6	Medicare	By Oct. 1, 2011	\$108,000	\$72,000	\$48,000	\$24,000	\$12,000	\$0	\$264,000
Medicare Primary	0	Medicare	By Oct. 1, 2011	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medicaid Providers (30%)	0	Medicaid	By Oct. 1, 2011	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medicare Psychiatrist (MD)	1	Medicare	By Oct. 1, 2011	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$0	\$44,000
CNM/NP (30% Medicaid encounters)	1	Medicaid	By Oct. 1, 2011	\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$63,750
PEDS Medicaid Providers (20%)	0	MCaid Peds	By Oct. 1, 2011	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rural PA Heading Clinic	0	Medicaid	By Oct. 1, 2011	\$0	\$0	\$0	\$0	\$0	\$0	\$0
# Providers	8		ANNUAL	\$147,250	\$92,500	\$64,500	\$36,500	\$22,500	\$8,500	\$371,750

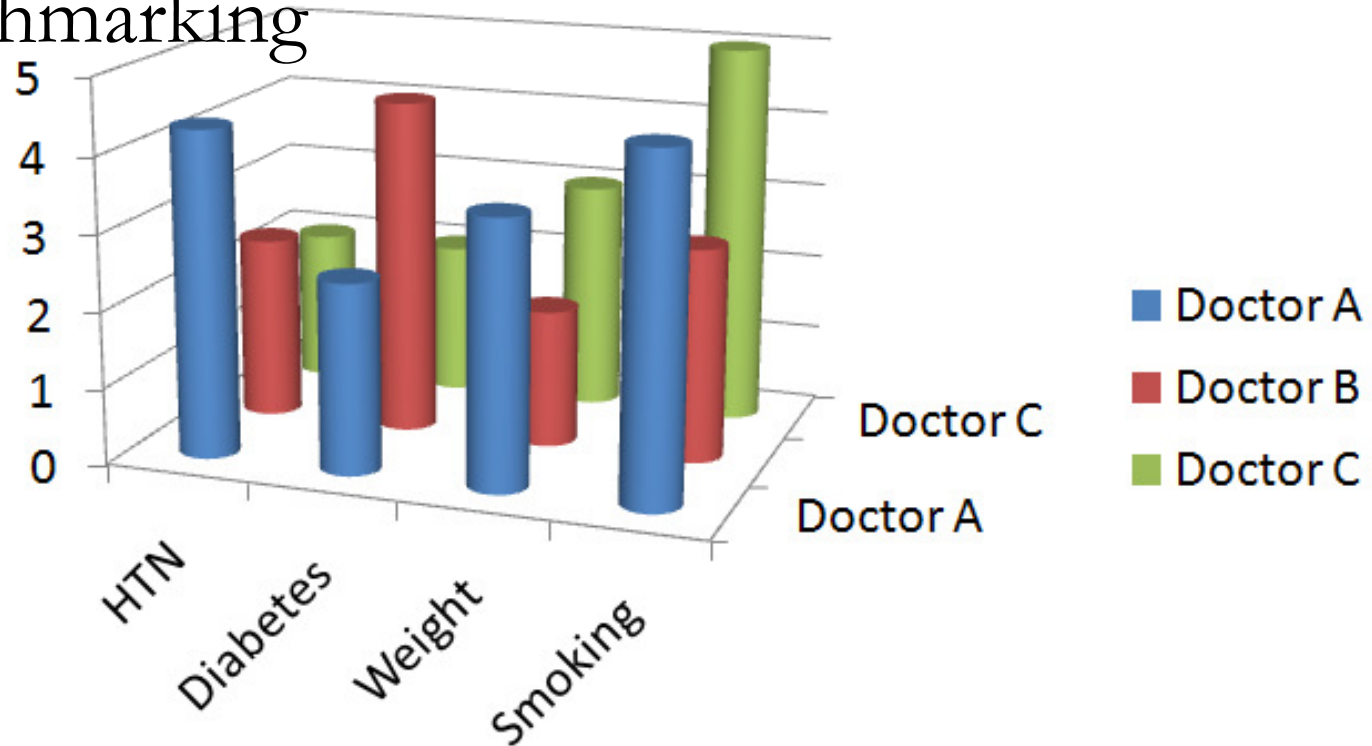
WHO WILL COLLECT THE DATA?

- » CPOE/ePrescribing – Licensed Healthcare only
- » Medication reconciliation
- » Language preference
- » Smoking status
- » Race/Ethnicity



WHO WILL REPORT AND MONITOR?

- » Weekly monitoring
- » CMS/State quality reports
- » Benchmarking



REGISTER NOW

REGISTRATION & REPORTING

- » Who
 - » All **register** on CMS website
 - » Medicaid Providers register with their State
 - » **“Attest” or report** Clinical Quality Measures (CQM) to State for Medicaid and CMS for Medicare

- » What
 - » Demographics, NPI, planned participation program, Certified EHR Technology, and Tax ID for payments

 - » States will ask providers for additional information, patient encounter volume, costs, and A/I/U or Meaningful Use

- » When
 - » Now, registration opened January 3, 2011
 - » Any time before October 1, 2011 to meet 90 day requirement in 2011

STEP 1

- » Registration for both the Medicare and Medicaid occur at the National Level Repository (NLR) which is managed by CMS Registration Guide: http://www.cms.gov/EHRIncentivePrograms/Downloads/EHRMedicareEP_RegistrationUserGuide.pdf
- » Registration available now: <http://www.cms.gov/EHRIncentivePrograms/>

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | Help | Log Out

Home | **Registration** | Attestation | Status | Account Management

EHR Incentive Program

Incentive Program Questionnaire

(*) Red asterisk indicates a required field.

Not sure which incentive program to select? For information on the requirements and the differences between the Medicare and Medicaid EHR incentive programs visit the [CMS Website](#)

***Please select your Incentive Program**
 Medicare Medicaid **Note:** Medicare EPs cannot receive both Medicare EHR and e-Prescribing incentive payments.

***Medicaid State/Territory:** [Why is my state not here?](#)

***Please select your Eligible Professional Type:**

The EHR incentive programs require the use of EHR technology certified for this program. For more information about certified EHRs, visit the [CMS Website](#)

***Do you have a certified EHR?**
 Yes No **Note:** A certified EHR is not required to complete the registration process, but an EHR Certification Number will be required when you attest for payment.

STEP 2

State	Expected Launch Date	State	Expected Launch Date
AK	Jan-11	IL	late Spring 2011
IA	Jan-11	IN	Mid-2011
KY	Jan-11	AR	Spring 2011
LA	Jan-11	DE	Spring 2011
MI	Jan-11	MT	Spring 2011
MS	Jan-11	NV	Summer 2011
NC	Jan-11	OR	Summer 2011
OK	Jan-11	WY	Summer 2011
SC	Jan-11	ME	Aug-11
TN	Jan-11	NY	Sep-11
TX	Jan-11	UT	Sep-11
CA	Feb-11	ID	Fall 2011
MO	Feb-11	MN	Fall 2011
ND	Feb-11	NE	Fall 2011
AL	Mar-11	SD	Fall 2011
WA	Apr-11	VA	Fall 2011
KS	Jun-11	NH	Winter 2011/2012
RI	Jun-11		

https://www.cms.gov/EHRIncentivePrograms/40_MedicaidStateInfo.asp

STEP 3

- » EPs must attest to CMS that:
 - » A certified EHR system is used
 - » That EHR successfully achieves the EHR functionality requirements and associated measures.
- » EPs must also attest to CMS on the quality reporting requirements in 2011, that:
 - » The measure data was generated as output of a certified EHR;
 - » Report aggregate results to CMS or states (in the case of Medicaid providers);
 - » The data (including numerators, denominators, and exclusions for each of the applicable measures) are accurate; and
 - » The data for each measure include all patients to whom the measure applies.

STAGE 2 & 3























1. Use the CMS portal to perform upload process
 2. Submit the required clinical quality measures data through Health Information Exchange (HIE)
 3. Submit through certified registries
- Attestation on achieving meaningful use will be required as part of the submission.
 - Specifications for quality submissions will be developed by July 1, 2011.

GETTING STARTED

MAKE A PROJECT PLAN

ID	Notes	% Complete	Task Name	Duration	Start
72		0%	Conduct or review a security risk analysis	1 day?	Fri 10/22/10
73		0%	Collaborate with Security and HIPAA Committees	1 day?	Fri 10/22/10
74		0%	Perform Risk analysis	1 day?	Fri 10/22/10
75		0%	Report gaps	1 day?	Fri 10/22/10
76		0%	Identify Policy and Procedures that need update or development	1 day?	Fri 10/22/10
77		0%	Identify resource for policy implementation	1 day?	Fri 10/22/10
78		0%	Clinical Content Management	1 day?	Fri 10/22/10
79		0%	Determine which editors to use	1 day?	Fri 10/22/10
80		0%	Clinical Committee Sign-off	1 day?	Fri 10/22/10
81		0%	Document Templates & Encounter Types	1 day?	Fri 10/22/10
82		0%	Test	1 day?	Fri 10/22/10
83		0%	Develop test scenarios	1 day?	Fri 10/22/10
84		0%	Sign off on Test cases	1 day?	Fri 10/22/10
85		0%	Validate test scenarios produce expected results	1 day?	Fri 10/22/10
86		0%	Sign Off on Test Results	1 day?	Fri 10/22/10
87		0%	Manage MU Incentive Payments	1 day?	Fri 10/22/10
88		0%	Complete tables to identify which providers will qualify under which plan	1 day?	Fri 10/22/10
89		0%	Assure all providers have NPI number	1 day?	Fri 10/22/10
90		0%	Assure all Medicare providers are on the PECOS system	1 day?	Fri 10/22/10
91		0%	Identify timing of report submission	1 day?	Fri 10/22/10
92		0%	Identify responsible party for report submission	1 day?	Fri 10/22/10
93		0%	Identify locations for report submission	1 day?	Fri 10/22/10
94		0%	Identify sign up location for providers	1 day?	Fri 10/22/10
95		0%	Identify team to enroll providers	1 day?	Fri 10/22/10
96		0%	Develop timing spreadsheet estimating provider qualifications	1 day?	Fri 10/22/10

MAKE A CHECKLIST

#	Eligible Professionals	Data Element Identified	Work Flow Done
1	Use CPOE 30%		
2	Implement drug-drug and drug-allergy interaction checks Enabled		
3	E-Prescribing 40%		
4	Record demographics 50%		
5	Maintain an up-to-date problem list 80%		
6	Maintain active medication list 80%		
7	Maintain active medication allergy list 80%		
8	Record and chart changes in vital signs 50%		
9	Record smoking status 50%		
10	Implement one clinical decision support rule One rule (all can share)		
11	Report 6 Clinical Quality Measures to CMS Attest 2011, report 2012		

SELECT YOUR 3 QUALITY MEASURES

Measure Title: Hypertension: Blood Pressure Measurement
Measure Description: Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded
Numerator Calculation:
1. A diagnosis of Hypertension must be recorded in the patient's Summary Active Problem field. (401.0, 401.1, 401.9, 402.00, 402.01, 402.10, 402.11, 402.90, 402.91, 403.00, 403.01, 403.10, 403.11, 403.90, 403.91, 404.00, 404.01, 404.02, 404.03, 404.10, 404.11, 404.12, 404.13, 404.90, 404.91, 404.92, 404.93)
2. Patient must be at least 18 years of age or older at the start of the reporting period and have at least two face-to-face encounters with the provider during the reporting period.
3. At least one Blood Pressure reading should be performed and documented during the reporting period in the Vital Signs chart section.
Denominator Calculation:
1. The number of patients that were at least 18 by the start of the reporting period;
2. And have had at least two face-to-face encounters with the physician during the reporting period;
3. And have a diagnosis of Hypertension in the Summary Active Problems field

http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage

MAP YOUR DATA ELEMENTS

Vital Signs-2-CCC: Laura P. Simpson

Vital Signs Vision

Vital Signs:

VS View Standard Metric Convert to Metric VS Entered By =>

Standard

Ht: 68 inches

Wt: lb or: 138 lb

Temp: 102 °F

Temp Site: oral

Resp: 19 /min

O2 Sat %

Pulse: 88 /min

Pulse (Ortho) /min

Rhythm:

Previous Values

68 (04/10/2005) Height:

135 (04/10/2005) Weight:

98.6 (04/10/2005) Temp:

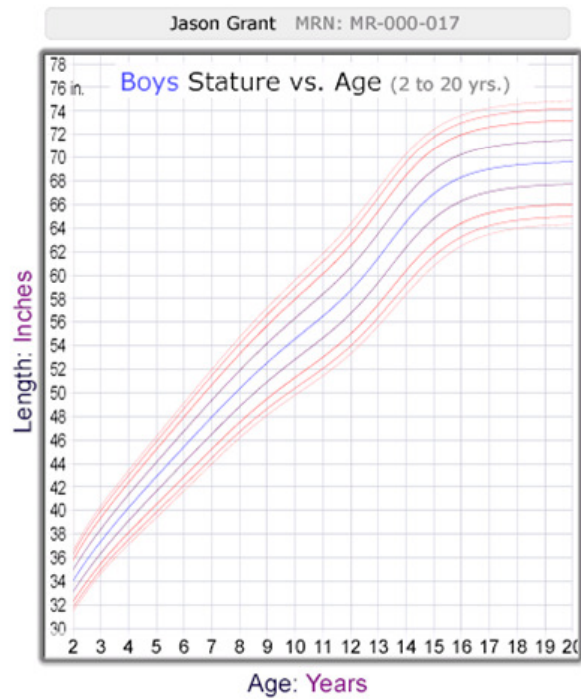
16 (04/10/2005) BP supine: /

BP sitting: 122 / 78

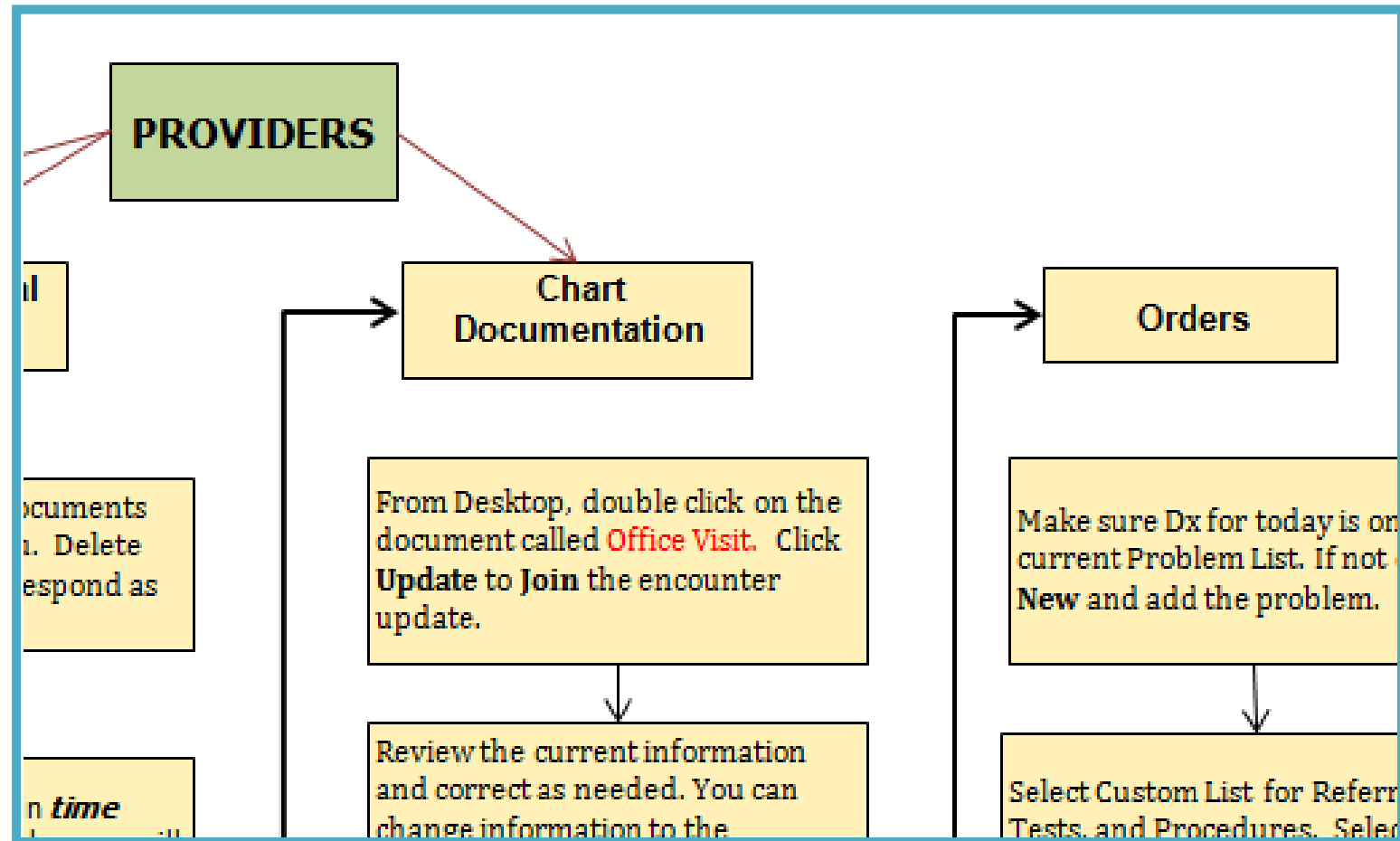
BP stand: /

Ht conversion table BMI Calc 21.06 lbs/in²









Recommended BMI: 19-25



PREPARE TRAINING DOCUMENTS



TEST ALL REPORTS

#	Stage 1 Reporting Needs	Report Tested
1	% of orders entered directly by physicians through CPOE	
2	Formulary or drug to drug checking was used, or function is enabled Y or N	
3	% of patients with problem lists updated	
4	% of all medications ordered that were ePrescriptions	
5	% of all patients with updated medication lists	
6	% of all patients with updated allergy lists	
7	% of all patients with complete demographics recorded	
8	% of patients with recorded BMI and vital signs	

Your Vendor Will Supply Report Tools for MU

WHAT'S IN THE TEA LEAVES?

Stage 1	Proposed Stage 2
CPOE for medication orders (30%)	CPOE (by licensed professional) for at least 1 medication, and 1 lab or radiology order for 60% of unique patients who have at least 1 such order (order does not have to be transmitted electronically)
E-prescribing (eRx) (40%)	50% of orders transmitted as eRx
Send patient reminders (20%)	Make core requirement.
NEW	30% of visits have at least one electronic EP note

FINAL THOUGHTS

- » Start now
- » Use resources:
 - » CHUG
 - » Peers
 - » Professional Groups
- » Keep it simple and clear