

# GE Healthcare

## Centricity Healthcare User Group B02\_03: Troubleshooting Stage 1 of Meaningful Use in the Ambulatory Setting

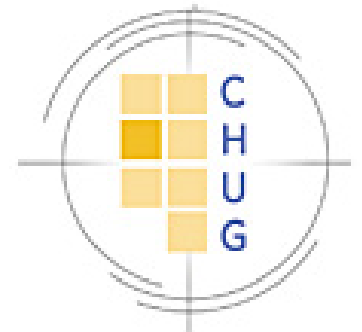
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imagination at work



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# Today's discussion and Goal's Moderated Discussion

- Get help with MU Implementation Questions
- Hear how others are addressing their MU issues
- Share best practices
- Bring questions for a hands-on look at how to resolve these issues
- Let's review some basic steps

# Meaningful Use- Current Environment



# Medicare's MU Fiscal Cliff: The Sooner the Better

Year	Adopt 2011	Allowable Charges	Adopt 2012	Adopt 2013	Adopt 2014	Adopt 2015+
2011	\$18,000	\$24,000	-	-	-	-
2012	\$12,000	\$16,000	\$18,000	-	-	-
2013	\$8,000	\$10,666	\$12,000	\$15,000	-	-
2014	\$4,000	\$5,333	\$8,000	\$12,000	\$12,000	-
2015	\$2,000	\$2,666	\$4,000	\$8,000	\$8,000	-
2016	-	-	\$2,000	\$4,000	\$4,000	-
<b>TOTAL</b>	<b>\$44,000</b>	<b>\$58,665</b>	<b>\$44,000</b>	<b>\$39,000</b>	<b>\$24,000</b>	<b>2015+</b>

**2015+**  
**Payments**

# 10 Step Program for Meaningful Use





# Step 1: Register

- Registration for both Medicare and Medicaid occur at the National Level Repository (NLR)
  - Managed by CMS
- Registration available now:  
[http://www.cms.gov/EHRIncentivePrograms/Downloads/EHRMedicareEP\\_RegistrationUserGuide.pdf](http://www.cms.gov/EHRIncentivePrograms/Downloads/EHRMedicareEP_RegistrationUserGuide.pdf)

## Registration Guide:

[http://www.cms.gov/EHRIncentivePrograms/Downloads/EHRMedicareEP\\_RegistrationUserGuide.pdf](http://www.cms.gov/EHRIncentivePrograms/Downloads/EHRMedicareEP_RegistrationUserGuide.pdf)



## 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: Latest Manual and Files

Download and Read All Documentation  
Download the latest version (v1.10)

GE Healthcare

Using Centricity Practice Solution  
Meaningful Use Reports























Version 9.5, 10.0, and 11.0

January 2013

<https://engage.gehealthcare.com/welcome>



# Step 3: 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		

# Step 4: Select 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**



# Step 5: 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:  inches Previous Values  Height:

Wt:  lb  lb Previous Values  Weight:

Temp:  °F Previous Values  Temp:

Temp Site:  Previous Values

Resp:  /min. Previous Values  BP supine:  /

O2 Sat  % Previous Values  BP sitting:  /

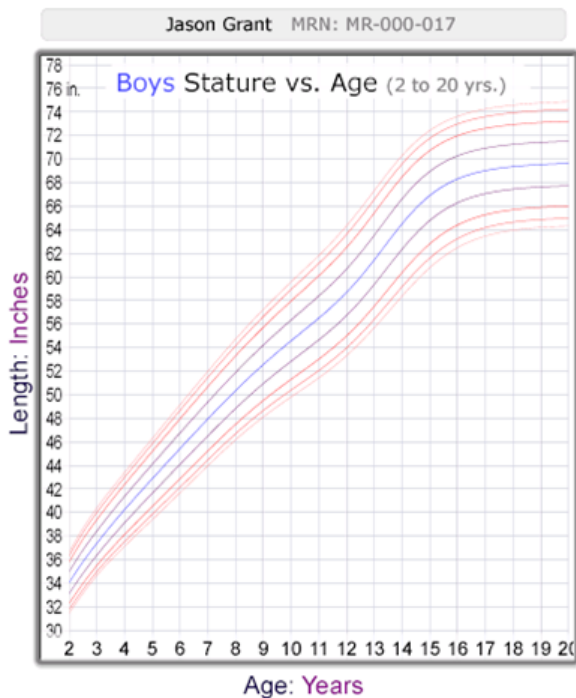
Pulse:  /min Previous Values  BP stand:  /

Pulse (Ortho)  /min. Previous Values

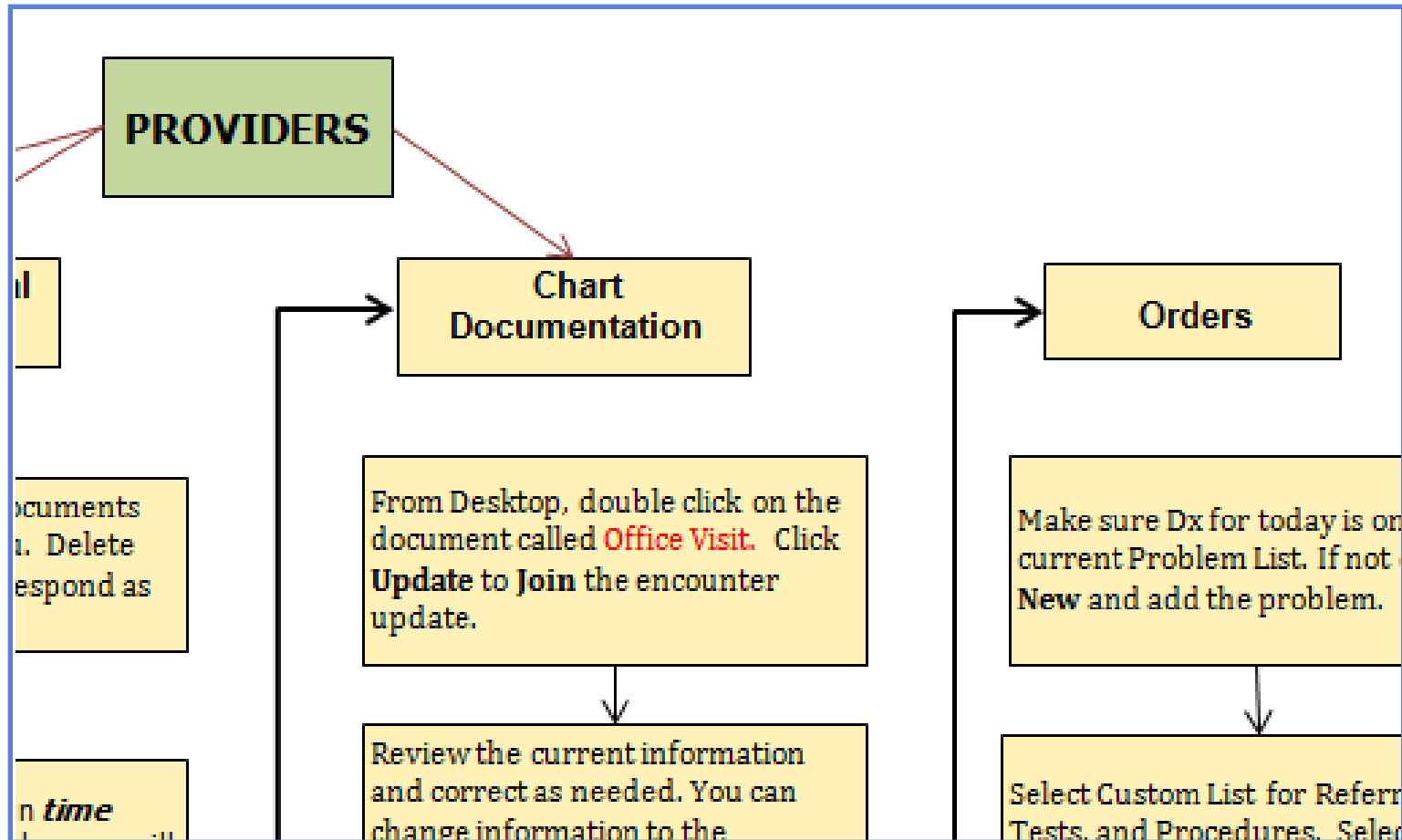
Rhythm:

Ht conversion table BMI Calc  lbs/in<sup>2</sup>

Recommended BMI: 19-25



# Step 6: Prepare Training Documents



# Step 7: Check Admin Tables

- Job titles: Licensed, Physician, Nurse, Medical Director or Resident
- All document types must start with name “Office”, or:
- Add any custom encounter documents to Patient Encounter (MU) global chart document view
- Set up Race/Ethnicity Tables
- If additional choices needed will need to change report
- Check data elements being pulled to be sure reports use that Obs term
  - HEIGHT, Height (cm), WEIGHT, Weight (kg), BP DIASTOLIC, SMOK STATUS
- Install Auth Form: Clinkits/BasicPR/Items/FormComp/Auth Form/AuthFormCKT
- Set up Quick Text
- PATPORTALPIN, CARETRANSIN, CARETRANOUT
- Make sure audit log monitors printing and audit events (save to chart)

# Step 8: Focus on Workflows

- eRX must be transmitted
- Eligible Provider must be used for “Authorized By”
- Click add to “Patient Problem List” buttons
- Check NKDA boxes
- Patient Authorization form requires several elements:
  - Information Disclosed - check “Entire Record”
  - Date Sent - must be filled in
  - Purpose of Disclosure - select “Copy” for patient
  - Authorized By - provider must be selected (this is the eligible provider for the measure)
  - Sent Via - select “Electronic”
  - Date Request Received - must be filled in

# Step 8: Workflows

- Clinical Summaries
  - Must be generated during an update
  - Use Clinical Visit Summary or \*Patient Instructions-CCC
- Reminders
  - Generated from printing a letter or report that contains “Reminder,” “Recall,” “appointment”, “due”, “follow”, “next”, “recall”, or “remind” in the title
  - Select “Save to Chart”
- Patient Education only counts if medication handouts are used in an open update



# Step 8: Workflows

- Medication Reconciliation-Transition of Care
  - Must check “Meds Reviewed” button
  - Must add quick text CARETRANSIN to note
- Summary of Care-Transition of Care
  - Print or Fax (if integrated) letter with “Chart Summary” in title
  - Will count exported CCD
  - Must add quick text CARETRANOUT to note
- For patients given access to portal, must document PATPORTALPIN in chart.

# Step 9: Test MU Reports

The screenshot displays a software interface for generating reports. The main window is titled "Chart - NOT FOR PATIENT USE". The top navigation bar includes "Go", "Actions", "Options", "Help", "Find Patient", "Print", "New Flag", "Phone Note", "Renew Rx", and user information for "Harry Winston MD".

The left sidebar shows a navigation menu with "Inquiries", "Reports" (highlighted), and "Quality". At the bottom of the sidebar are buttons for "Desktop", "Chart", "Quality & Reports", and a link icon.

The main content area is titled "Reports" and is divided into two columns:

- Print Topics:** A tree view showing a hierarchy: Reports > CMS Functional Measures > Core (highlighted with a red arrow) > Menu > CMS Quality Measures > MedicalLogic > Test.
- Print Items:** A list of report titles, including:
  - 01 CPOE for Medication Orders
  - 01 CPOE for Medication Orders - Prescribed Med
  - 01 CPOE for Medication Orders - Qualification Re
  - 03 Maintain Problem List
  - 04 e-Prescribing (eRx)
  - 05 Active Medication List
  - 06 Medication Allergy List
  - 07 Record Demographics
  - 08 Record Vital Signs
  - 09 Record Smoking Status
  - 12 Provide Electronic Copy of Health Information
  - 13 Clinical (Visit) Summaries

Below the report lists are several controls:

- Page Range:** Radio buttons for "All" (selected) and "Pages".
- Copies:** A text input field containing "1".
- Letterhead:** A dropdown menu with "MHS" selected.
- Printer:** A dropdown menu with "KodakESP5200+1575#3" selected.
- Buttons:** "Printers...", "Preview...", "Customize...", and "Print".

# Run by Locations of Care

**Enter Values**

**Enter startdate:** startdate  
Please enter Date in format "yyyy-mm-dd".  
2012-7-1

**Enter enddate:** enddate  
Please enter Date in format "yyyy-mm-dd".  
2012-9-21

**Select Provider's Home Location:** Location

Available Values:

- Millennium Health System
- Southside Clinic
- Eastside Clinic
- Eastside Internal Medicine
- Eastside Cardiology
- Eastside Obstetrics and Gynecology
- Eastside Pediatrics
- Southside Internal Medicine

Selected Values:

- Millennium Health System
- Southside Clinic
- Eastside Clinic
- Eastside Internal Medicine
- Eastside Cardiology
- Eastside Obstetrics and Gynecology
- Eastside Pediatrics
- Southside Internal Medicine

Remove Remove All

OK Cancel

Select to and from dates. Select one or more or all locations. OK

# Check for Exclusions

Southside Clinic  
 10288 SW 43rd Ave Suite 400, Portland, OR, USA 97202  
 Ph:(503) 233-2233 Fax: (503) 233-2234

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## Patients with documented Problem

Reporting period from 7/1/1996 to 7/7/2011

42 CFR 495.6(d)(3)

**Objective.** Maintain an up-to-date problem list of current and active diagnoses.

**Measure.** More than 80 percent of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.

Cardino MD, Anthony N.	4 /	5=	80.0%
Choong MD, Lynn L.	1 /	1=	100.0%
Intile MD, Dan A.	1 /	1=	100.0%
Janoff MD, Robin C.	20 /	20=	100.0%
Marks LPN, Lynn J.	1 /	1=	100.0%
Mitchell MD, Sam A.	17 /	17=	100.0%
Montanero MD, Casey J.	2 /	2=	100.0%
Redfern MD, Chris A.	2 /	3=	66.7%
Starr MD, Kelly G.	13 /	14=	92.9%
Winston MD, Harry S.	18 /	21=	85.7%

not met

Excluded/Not Met indicators

Users counted

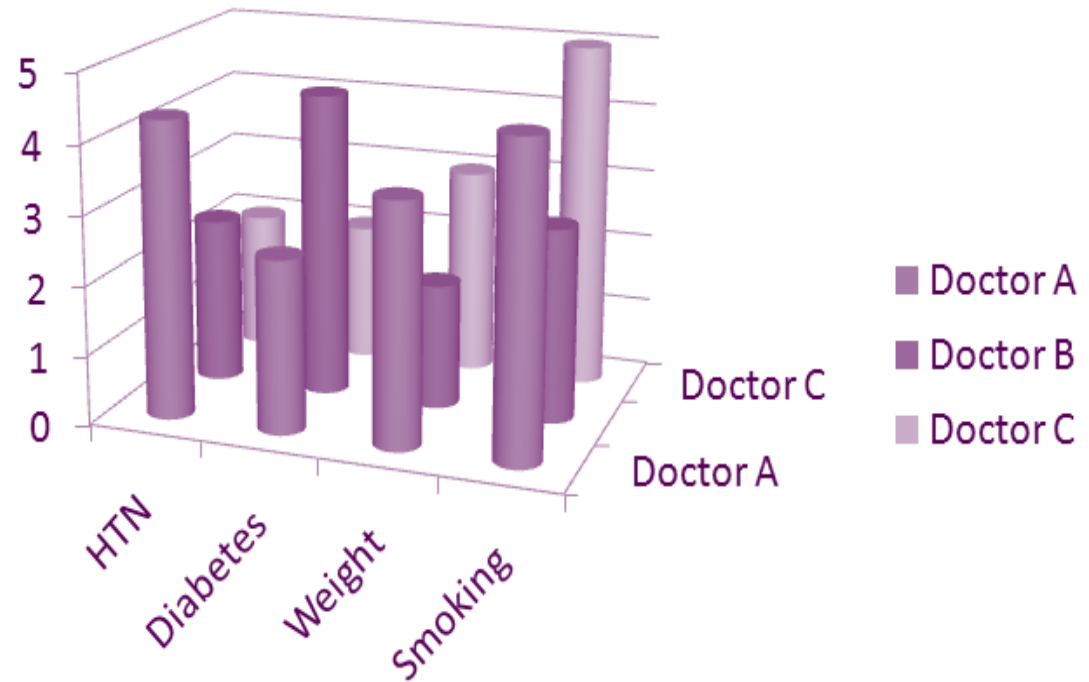
Numerator/denominator  
counts per provider

Percentage met by provider

GE\_HCIT\_IP\_MU\_REPORT\_VERSION=1.0  
 Printed at 7/7/2011 7:44:00AM

# Step 10: Plan for Monitoring

- Weekly monitoring
- CMS/State quality reports
- Benchmarking





**Where are your Eligible Provider's Struggling?  
Let's review....**

# Required Objectives and Measures - Stage 1

## 14 Core Objectives

Most require achievement of performance targets.

## 5 Objectives out of 10 from Menu Set

Most require achievement of performance targets

## 6 Total Clinical Quality Measures

Do not have performance targets

3 core or alternative core

3 out of 38 of menu set



# Changes in 2013

Capability to exchange key clinical information among providers of care and patient authorized entities electronically: will no longer be a required core measure. Actual exchange will be required for Stage 2 starting in 2014

Public Health Objectives: addition “except where prohibited” to the objective regulation text for the three public health measures.

Vital signs exclude any of the parameters

## 14 Core Measures

1. Use CPOE – by licensed healthcare professionals **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
11. Report 6 Clinical Quality Measures to CMS
12. Provide electronic copy of their health information **50%**
13. Provide clinical summaries for each office visit **50%**
14. Protect electronic health information for EHR **Perform risk analysis**

## 10 Menu Measures-Choose 5

1. Implement drug formulary checks **E-Prescribe**
2. Incorporate clinical lab test results **40%**
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%**
6. Provide patient education resources **10%**
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

# 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

# Common Roadblocks-Discussion Points

## Where are your Eligible Providers Struggling?

- Record Demographics
- E-Prescribing-Pharmacies not loaded or incorrect
- Protect Electronic Health Information – Risk analysis not done.
- Provide Clinical Summaries for each office visit-workflow
- Medication Reconciliation – miss care transferred in obs. term
- Patient reminders
- One clinical decision support rule
- CPOE-job titles/medical assistants
- Thresholds for CQM's
- Audit events not set in admin
- Unsigned Documents

# Creative Solutions

Bubble Forms - Collect patient demographics and medical histories (Smoking, Problems, Medications, Allergies)

Patient Portal - Allows for exchange of information, patient access, appointment request, and pre-registration

CCD (Continuity of Care Document) – Request from local providers

Kiosks – Patients enter their own information

Need assistance  
preparing for the  
October 1, 2014  
Meaningful Use  
deadline?





## Take Advantage of GE Healthcare's Meaningful Use Consulting Services

As the window for accessing incentives is closing and penalties are looming, GE Healthcare's Meaningful Use Consulting services will equip practices with insights to Centricity Practice Solution and Centricity EMR features to help your organization successfully prepare for regulatory compliance.



## Tailored Specifically for CPS/EMR Customers

- Access varying degrees of support, ranging from education and report generation, through a fully customized offering
- Implement best practices for MU workflow mapping, reporting, data analysis and clinical data capture reviews, including alignment for future measures
- Understand all necessary MU regulatory measures, reports and incentives



# Three Meaningful Use services designed to meet your specific needs, applicable for Stage 1 or Stage 2

## Accelerator

- An interactive, web-based education and optimization program
- MU1 includes education, setup, data capture, report generation, and attestation support
- MU2 includes education, workflow and software review, report generation, and attestation support

## 360

- A combination of virtual sessions and on-site planning
- Includes education, data analysis, workflow mapping and 2014 Certified EHR transition tips
- You will receive a summary report that documents progress on each measure

## Customized

- A comprehensive full service program that provides a complement of services ranging from education through audit support
- Accounts for custom needs around workflow data aggregation and Meaningful Use progress
- Depending upon need, may include the delivery of training for all staff and optimization of EMR adoption

We can help you  
navigate the  
meaningful use  
program  
and prepare for  
regulatory compliance

Want to learn more?

[www.gehealthcare.com/muconsulting](http://www.gehealthcare.com/muconsulting)

[inside.sales@med.ge.com](mailto:inside.sales@med.ge.com)





Thank you for joining us.

Questions

