

The Next Steps: An Overview of Meaningful Use Stage 2

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March 26, 2012



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Spotlight Learning Series: HIE Leadership and Sustainability	Spotlight Learning Series: Beacon Communities
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Update on the Proposed Rules

Expert speakers will describe the proposed rules, communicate the process and timelines for public comment, and respond to your questions.

Mark Your Calendar

- **Standards and Certification**
 - *Date:* Friday, March 30, 2012
12:00PM-1:00PM ET

Register here:

<http://www.nationalehealth.org/CertificationandStandards>

Spotlight Learning Series: Beacon Communities



This series will provide in-depth case studies of the Beacon Community grantees' projects as they work to further build and strengthen their health IT infrastructure and exchange capabilities.

Mark Your Calendar!

- **Spotlight on Western New York and Southeast Michigan**
 - Faculty:
 - Terrisca Des Jardins, Director – Southeast Michigan Beacon Community
 - Dan Porreca, Executive Director – HEALTHeLINK
 - Date: Wednesday, April 11 1:00PM-2:30PM ET
- **Spotlight on San Diego and Utah**
 - Faculty:
 - Christie North, Vice President of Utah Programs – HealthInsight
 - Anupam Goel, Co-Principal Investigator – San Diego Beacon Collaborative
 - Date: Thursday, May 24 1:00PM-2:30PM ET

Presentation slides are available now!

<http://www.nationalehealth.org/MU2>

Recorded webinar will be available in 24 to 48 hours

Full transcript will be available in approximately 7 to 10 days

Want more?

Check out the supplemental materials available on the NeHC website!

You can also continue today's discussion by joining the Meaningful Use Stage 2 group in NeHC's Collaborate online community:

<http://www.nationalehealth.org/collaborate/groups/meaningful-use-stage-2>

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Medicare & Medicaid EHR Incentive Programs

Stage 2 NPRM Overview

Robert Anthony

Office of E-Health Standards and Services





Proposed Rule

Everything discussed in this presentation is part of a notice of proposed rulemaking (NPRM).

We encourage anyone interested in Stage 2 of meaningful use to review the NPRM for Stage 2 of meaningful use and the NPRM for the 2014 certification of EHR technology at

CMS Rule: <https://federalregister.gov/a/2012-4443>

ONC Rule: <https://federalregister.gov/a/2012-4430>

Comments can be made starting March 7 through May 7 at www.regulations.gov



What is in the Proposed Rule

- Minor changes to Stage 1 of meaningful use
- Stage 2 of meaningful use
- New clinical quality measures
- New clinical quality measure reporting mechanisms
- Appeals
- Details on the Medicare payment adjustments
- Minor Medicaid program changes



Stages of Meaningful Use

1 st Year	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	1	1	1	2	2	3	3	TBD	TBD	TBD	TBD
2012		1	1	2	2	3	3	TBD	TBD	TBD	TBD
2013			1	1	2	2	3	3	TBD	TBD	TBD
2014				1	1	2	2	3	3	TBD	TBD
2015					1	1	2	2	3	3	TBD
2016						1	1	2	2	3	3
2017							1	1	2	2	3



Stage 1 to Stage 2 Meaningful Use

Eligible Professionals

15 core objectives
5 of 10 menu objectives
20 total objectives



Eligible Professionals

17 core objectives
3 of 5 menu objectives
20 total objectives

Eligible Hospitals & CAHs

14 core objectives
5 of 10 menu objectives
19 total objectives



Eligible Hospitals & CAHs

16 core objectives
2 of 4 menu objectives
18 total objectives



Stage 2 EP Core Objectives

1. Use CPOE for more than **60%** of medication, **laboratory and radiology** orders
2. E-Rx for more than **50%**
3. Record demographics for more than **80%**
4. Record vital signs for more than **80%**
5. Record smoking status for more than **80%**
6. Implement **5** clinical decision support interventions + drug/drug and drug/allergy
7. Incorporate lab results for more than **55%**



Stage 2 EP Core Objectives

8. Generate patient list by specific condition
9. Use EHR to identify and provide more than 10% with reminders for preventive/follow-up
10. Provide **online access** to health information for more than 50% with more than **10% actually accessing**
11. Provide office visit summaries in **24 hours**
12. Use EHR to identify and provide education resources more than 10%



Stage 2 EP Core Objectives

- 13. More than 10% of patients send secure messages to their EP**
14. Medication reconciliation at more than **65%** of transitions of care
15. Provide summary of care document for more than **65%** of transitions of care and referrals with **10%** sent electronically
- 16. Successful ongoing** transmission of immunization data
17. Conduct or review security analysis and incorporate in risk management process



Stage 2 EP Menu Objectives

- 1. More than 40% of imaging results are accessible through Certified EHR Technology**
- 2. Record family health history for more than 20%**
- 3. Successful ongoing transmission of syndromic surveillance data**
- 4. Successful ongoing transmission of cancer case information**
- 5. Successful ongoing transmission of data to a specialized registry**



Stage 2 Hospital Core Objectives

1. Use CPOE for more than **60%** of medication, **laboratory and radiology** orders
2. Record demographics for more than **80%**
3. Record vital signs for more than **80%**
4. Record smoking status for more than **80%**
5. Implement **5** clinical decision support interventions + drug/drug and drug/allergy
6. Incorporate lab results for more than **55%**



Stage 2 Hospital Core Objectives

7. Generate patient list by specific condition
8. **EMAR is implemented and used for more than 10% of medication orders**
9. Provide **online access** to health information for more than 50% with more than **10% actually accessing**
10. Use EHR to identify and provide education resources more than 10%
11. Medication reconciliation at more than **65%** of transitions of care



Stage 2 Hospital Core Objectives

12. Provide summary of care document for more than **65%** of transitions of care and referrals with **10% sent electronically**
13. **Successful ongoing** transmission of immunization data
14. **Successful ongoing** submission of reportable laboratory results
15. **Successful ongoing** submission of electronic syndromic surveillance data
16. Conduct or review security analysis and incorporate in risk management process



Stage 2 Hospital Menu Objectives

1. Record indication of advanced directive for more than 50%
- 2. More than 40% of imaging results are accessible through Certified EHR Technology**
- 3. Record family health history for more than 20%**
- 4. E-Rx for more than 10% of discharge prescriptions**



Changes to Stage 1

	Current	Proposed	Timeframe
CPOE	Denominator: Unique Patient with at least one medication in their med list	Denominator: Number of Orders during the EHR Reporting Period	Optional in 2013 Required in 2014+
Vital Signs	Age Limits: Age 2 for Blood Pressure & Height/Weight	Age Limits: Age 3 for Blood Pressure, No age limit for Height/Weight	Optional in 2013 Required in 2014+
Vital Signs	Exclusion: All three elements not relevant to scope of practice	Exclusion: Allows BP to be separated from height/weight	Optional in 2013 Required in 2014+
Test of Health Info Exchange	One test of electronic transmission of key clinical information	Requirement removed effective 2013	Effective 2013
E-Copy and Online Access	Objective: Provide patients with e-copy of health information upon request Objective: Provide electronic access to health information	Replacement Objective: Provide patients the ability to view online, download and transmit their health information	Required in 2014+
Public Health Objectives	Immunizations, Reportable Labs, Syndromic Surveillance	Addition of “except where prohibited” to all three	Effective 2013



CQM - Changes from July 28, 2010 Final Rule

Through 2013

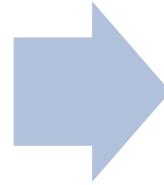
Eligible Professionals

3 core OR 3 alt. core CQMs

plus

3 menu CQMs

6 total CQMs



Eligible Hospitals & CAHs

15 total CQMs

Beginning in 2014

Eligible Professionals

1a) 12 CQMs (≥ 1 per domain)

1b) 11 core + 1 menu CQMs

2) PQRS

Group Reporting

12 total CQMs

Eligible Hospitals & CAHs

24 CQMs (≥ 1 per domain)

24 total CQMs

Align with ONC's

2011 Edition Certification

Align with ONC's

2014 Edition Certification



CQM Reporting for EPs Beginning in CY2014

- Group Reporting (3 options – Medicare only):

(1) ≥ 2 EPs, each with a unique NPI under one TIN	Submit 12 CQMs from EP measures table, ≥ 1 from each domain
(2) EPs in an ACO (Medicare Shared Savings Program)	Satisfy requirements of Medicare Shared Savings Program using Certified EHR Technology
(3) EPs satisfactorily reporting via PQRS GPRO option	Satisfy requirements of PQRS GPRO option using Certified EHR Technology



Medicaid Changes

- Expansion of the definition of a Medicaid patient encounter
- Enabling the participation of 12 children's hospitals



Medicare Payment Adjustments

EP or hospital that demonstrated meaningful use in 2011 or 2012

Payment Adjustment Year	2015	2016	2017	2018	2019	2020
Full Year EHR Reporting Period	2013	2014	2015	2016	2017	2019

EP or hospital that demonstrates meaningful use in 2013 for the first time

Payment Adjustment Year	2015	2016	2017	2018	2019	2020
90 day EHR Reporting Period	2013					
Full Year EHR Reporting Period		2014	2015	2016	2017	2019

EPs = Calendar Year / Hospitals = Fiscal Year



EHR Reporting Period

EP or hospital that demonstrates meaningful use in 2014 for the first time

Payment Adjustment Year	2015	2016	2017	2018	2019	2020
90 day EHR Reporting Period	2014*	2014				
Full Year EHR Reporting Period			2015	2016	2017	2019

*In order to avoid the 2015 payment adjustment the EP must attest no later than Oct 1, 2014 which means they must begin their 90 day EHR reporting period no later than July 2, 2014. Hospital must attest no later than July 1, 2014 which means they must begin their 90 day EHR reporting period no later than April 1, 2014



EP Hardship Exception

Proposed Exception on an application basis

- Insufficient internet access two years prior to the payment adjustment year
- Newly practicing EPs for two years
 - New hospitals for at least 1 full year cost reporting period
 - New CAHs for 1 year after they accept first patient
 - Extreme circumstances such as unexpected closures, natural disaster, EHR vendor going out of business, etc.

Applications need to be submitted no later than July 1 of year before the payment adjustment year; however, we encourage earlier submission



EP Hardship Exception

Other Possible Exception Discussed in NPRM

- Concerned that the combination of 3 barriers would constitute a significant hardship
 - Lack of direct interaction with patients
 - Lack of need for follow-up care for patients
 - Lack of control over the availability of Certified EHR Technology
- We do not believe any one of these barriers taken independently constitutes a significant hardship
- In our discussion we consider whether any specialty may nearly uniformly face all 3 barriers

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Questions or Suggestions? Send us an email at
university@nationalehealth.org

Thank you for your participation!

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