Understanding STAGE 2 Meaningful Use and the Incentive Program

Eligible Professionals (EPs)
About Incentives

• Eligible Professionals report during a calendar year
• Eligible Professionals can only attest to one incentive program
• 2014 was the last year to enter the Medicare incentive program with the last payout in 2016
• 2016 is the last year to enter the Medicaid incentive program with the last payout in 2021
• Penalties occur beginning 2015 but professionals need to be compliant before then to avoid penalty
Medicare Part B Payment Adjustments
In 2015 & Beyond

Are you subject to a Medicare Part B payment adjustment in 2015?

- Did you attest to MU in 2013?
- If it was your first year participating in MU, did you attest by October 1, 2014?

<table>
<thead>
<tr>
<th>Year</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>99%</td>
<td>98%</td>
<td>97%</td>
<td>96%</td>
<td>95%</td>
<td>95%</td>
</tr>
</tbody>
</table>

Eligible professionals receive the payment adjustment amount that is tied to the year that they did not demonstrate meaningful use.
Avoiding Payment Adjustments
In 2015 & Beyond

What year did you demonstrate Stage 1/Yr 1 MU?
• **2011 or 2012:** Demonstrated a full year of MU in 2013
• **2013:** Demonstrated 90 in 2013
• **2014:**
  – Demonstrate 90 days before 4th quarter (prior to Oct. 1)
  – Complete attestation submission NO LATER than October 1, 2014

Avoiding Medicare payment adjustments in the future
• Continue to demonstrate MU every year
• If eligible for Medicare and Medicaid, must demonstrate every year
• If eligible for Medicaid ONLY, you are not subject to adjustments
Understanding the Timing of Stage 2

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>2012</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>2013</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>2014</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>2015</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>2016</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>2017</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>
Understanding the Timing of Stage 2

• 2015 & Beyond
  – Reporting Period = 365 days = January 1st – December 31st, 2015

*If you have attested to MU before (Stage 1, Year 1), then you are now in your 2015 reporting period!*
Stage 2 Meaningful Use

• Report on a total of 20 Objectives, plus CQMs
  • 17 Core Objectives
    • All Required
  • 6 Menu Objectives
    • Choose 3

• Clinical Quality Measures (CQM)
  • Must report 9 of 64 approved CQMs
  • Must relate to Clinical Decision Support
  • Selected CQMs must cover at least 3 of 6 National Quality Strategy Domains
  • Electronically report to CMS or the States
Computer Provider Order Entry (CPOE)

Objective
Use CPOE for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

Denominator
- **Medications**: Number of medication orders created by the EP during the EHR reporting period
- **Radiology**: Number of radiology orders created by the EP during the EHR reporting period
- **Laboratory**: Number of lab orders created by the EP during the EHR reporting period

Numerator
The number of orders in the denominator recorded using CPOE.

Threshold:
- Medications: >60%
- Labs: >30%
- Radiology: >30%

Increased medication threshold 30% to 60%
30% radiology & 30% lab orders added to objective
New denominator required in 2014, Optional in for MU1
**ePrescribing (eRx) & Formulary**

**Objective**
Generate and transmit permissible prescriptions electronically (eRx)

**Denominator**
Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period

OR

Number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period

**Numerator**
The number of prescriptions in the denominator, queried for a drug formulary and transmitted electronically using CEHRT

**Threshold**
The resulting percentage must be >50%

- eRX & Formulary combined into one objective
- Formulary enabled the entire reporting period
- Threshold increased from 40% to 50%
Record Demographics

Objective
Record all of the following demographics:
• Preferred language
• Sex
• Race
• Ethnicity
• Date of birth

Denominator
Number of unique patients seen by the EP during the EHR reporting period

Numerator
The number of patients in the denominator who have all the elements of demographics (or a specific notation if the patient declined to provide one or more of the elements) recorded as structured data

Threshold
The resulting percentage must be >80%

The term “gender” is now replaced with “sex”

Threshold increased from 50% to 80%
Record Vital Signs

**Objective**
Record and chart changes in the following vital signs:
- Height/length and weight (no age limit)
- Blood pressure (ages 3 and over)
- Calculate and display BMI
- Plot and display growth charts for patients 0-20 years, including BMI

**Denominator**
Number of unique patients seen by the EP during the EHR reporting period

**Numerator**
Number of patients in the denominator who have at least one entry of their height/length and weight (all ages) and/or blood pressure (ages 3 and over) recorded as structured data

**Threshold**
The resulting percentage must be >80%

- Blood pressure changed from ≥2 to ≥3 year olds
- Growth charts for 0-20 years included in requirement
- Threshold increased from 50% to 80%
Record Smoking Status

Objective
Record smoking status for patients 13 years old and older

Denominator
Number of unique patients age 13 or older seen by the EP during the EHR reporting period

Numerator
Number of patients in the denominator with smoking status recorded as structured data

Threshold
The resulting percentage must be >80%

- 8 smoking status selections; includes cigar and pipe smokers
- Heavy tobacco user & light tobacco user
- Threshold increased from 50% to 80%
Clinical Decision Support Rule

Objective
Use clinical decision support to improve performance on high-priority health conditions

Measure
Implement five (5) clinical decision support interventions related to four (4) or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period

AND

The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Attestation Requirement
Self-Attestation, YES

Increased from 1 CDS to 5

CDS and Drug-Drug/Drug-Allergy Interaction check objectives combined
Patient Electronic Access

Objective
Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP

Denominator
Number of unique patients seen by the EP during the EHR reporting period

Numerator
- **Access:** Number of patients in the denominator who have timely (within 4 business days after the information is available to the EP) online access to their health information
- **Engagement:** Number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient’s health information

Threshold
Access: >50%
Engagement: >5%
Patient Portals & Minors

What can the organization do?

• Ensure compliance with applicable Federal & State laws regarding minors
• Consult internal HIPAA privacy liaison to ensure portal access/rights are consistent with Federal & State laws and other organizational practices
• Approaches by other Healthcare Providers:
  – For patients under the age of 14, parents are able to access the portal with parental signed request
  – For patients aged 14-18,
    • Require the child to sign a release form
    • Restrict parental access to certain sensitive data as required by applicable laws
    • Restrict portal access for minors ages 14-18
• Providers can withhold information if they believe it would jeopardize the health of their patient in accordance with HIPAA privacy regulations
  – Consult internal HIPAA privacy liaison
• Also note that there are differences for minors who are emancipated
Clinical Summaries

Objective
Provide clinical summaries for patients or patient authorized representatives for each office visit

Denominator
Number of office visits conducted with an EP during the EHR reporting period

Numerator
Number of office visits in the denominator where the patient or patient-authorized representative is provided a clinical summary of their visit within one (1) business day

Threshold
The resulting percentage must be >50%

- Time requirement reduced from 3 business days to 1
- Can be sent to patient portal
- Threshold remains at 50%
Protect Electronic Health Information

Objective
Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities

Measure
Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the encryption/security of data stored in CEHRT in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider’s risk management process.

Attestation Requirement
Self-Attestation, YES

Risk analysis function required to emphasize encryption of PHI
Not meant to replace, change, or supersede HIPAA Privacy & Security Rules
Each subsequent reporting period requires a new review
Clinical Lab Test Results

Objective
Incorporate clinical lab test results into certified EHR technology as structured data

Denominator
Number of lab tests ordered during the EHR reporting period whose results are expressed in a positive or negative affirmation or as a number

Numerator
Number of lab test results which are expressed in a positive or negative affirmation or as a numeric result which are incorporated in CEHRT as structured data

Threshold
The resulting percentage must be >55%

Moved from Menu in Stage 1 to Core in Stage 2

Threshold increased from 40% to 55%
Patient Lists

Objective
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach

Measure
Generate at least one (1) report listing patients of the EP with a specific condition

Attestation Requirement
Self-Attestation, YES
Preventative Care

Objective
Use clinically relevant information to identify patients who should receive reminders for preventative/follow-up care and send these patients the reminders, per patient preference

Denominator
Number of unique patients who have had two or more office visits with the EP in the 24 months prior to the beginning of the EHR reporting period

Numerator
Number of patients in the denominator who were sent a reminder per patient preference when available during the EHR reporting period

Threshold
The resulting percentage must be >10%
Patient-Specific Education Resources

**Objective**
Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.

**Denominator**
Number of unique patients seen by the EP during the EHR reporting period.

**Numerator**
Number of patients in the denominator who are subsequently provided patient-specific education resources identified by CEHRT.

**Threshold**
The resulting percentage must be \( >10\% \).

- Moved from Menu in Stage 1 to Core in Stage 2
- Use problem list, med list, allergy list, or lab results to identify resources
- Threshold remains at more than 10\%
Medication Reconciliation

Objective
The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.

Denominator
Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.

Numerator
Number of transitions of care in the denominator where medication reconciliation was performed.

Threshold
The resulting percentage must be >50%.

Moved from Menu in Stage 1 to Core in Stage 2
Information included is determined by provider and patient
Threshold remains at > 50%
Summary of Care

Objective
The EP that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care, provides a summary of care record for each transition of care or referral.

Measure 1
Provide a summary of care record for >50% of transitions and referrals.

Measure 2
Provide a summary of care record for >10% of such transitions and referrals either:
- Electronically transmitted using CEHRT to a recipient
- Via NwHIN Exchange participant

Measure 3
The EP must self-attest YES to satisfying one of the two following criteria:
- Conduct at least one successful exchange of a summary of care document, which is counted for measure 2 with a recipient who has a different EHR
- Conduct at least one successful test with the CMS designated test EHR during the EHR reporting period

3 required measures for this objective
Electronic transmission required for >10% of transitions & referrals
Option to conduct test with CMS-designated test EHR
Immunization Registries

Objective
Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice

Measure
Successful, ongoing submission of electronic immunization data from CEHRT to an immunization registry or immunization information system for the entire EHR reporting period

Attestation Requirement
Self-Attestation, YES

Moved from Menu in Stage 1 to Core in Stage 2
Successful ongoing submission is required
Secure Electronic Messaging

Objective
Use secure electronic messaging to communicate with patients on relevant health information

Denominator
Number of unique patients seen by the EP during the EHR reporting period

Numerator
Number of patients or patient-authorized representatives in the denominator who send a secure electronic message to the EP that is received using the electronic messaging function of CEHRT during the EHR reporting period

Threshold
The resulting percentage must be >5%

New objective
Patients or their authorized representative may send

EP is not required to personally respond to electronic messages
Syndromic Surveillance

Objective
Capability to submit electronic syndromic surveillance data to public health agencies except where prohibited, and in accordance with applicable law and practice

Measure
Successful, ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period

Attestation Requirement
Self-Attestation, YES

Remains in Menu for Stage 2
Successful ongoing submission is required

ISDH is not currently accepting ongoing Syndromic Surveillance submissions from EPs for Program Year 2015
Electronic Notes

Objective
Record electronic notes in patient records

Denominator
Number of unique patients with at least one office visit during the EHR reporting period

Numerator
Number of unique patients in the denominator who have at least one electronic progress note from an EP recorded as text-searchable data

Threshold
The resulting percentage must be >30%

New objective

Drawings can be included if they contain searchable text notes

EP or authorized provider may author, edit, and sign note in any manner
Imaging Results

Objective
Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT

Denominator
Number of tests whose result is one or more images ordered by the EP during the EHR reporting period

Numerator
Number of results that are accessible through CERHT

Threshold
The resulting percentage must be >10%

New objective
No limitations on resolution of images
Native storage is not required
**Family Health History**

**Objective**
Record patient family health history as structured data

**Denominator**
Number of unique patient seen by the EP during the EHR reporting period

**Numerator**
Number of patients in the denominator with a structured data entry for one or more first-degree relatives

**Threshold**
The resulting percentage must be >20%

- New objective
- First degree relatives include parents, offspring, siblings
- Structured data entry of “unknown” is acceptable, when applicable
Report Cancer Cases

**Objective**
Capability to identify and report cancer cases to a public health central cancer registry, except where prohibited, and in accordance with applicable law and practice.

**Measure**
Successful, ongoing submission of cancer case information from CEHRT to a public health central cancer registry for the entire EHR reporting period.

**Attestation Requirement**
Self-Attestation, YES
Report Specific Cases

Objective
Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice

Measure
Successful, ongoing submission of specific case information from CEHRT to a specialized registry for the entire EHR reporting period

Attestation Requirement
Self-Attestation, YES

New objective
Successful ongoing submission is required

ISDH is not currently accepting ongoing Specialized Case submissions from EPs for Program Year 2015
Clinical Quality Measures (CQM)

Objective
Starting in 2014, EPs must report on 9 out of the 64 approved CQMs. Selected CQMs must cover at least 3 of the 6 National Quality Strategy domains:

• Patient Safety
• Care Coordination
• Patient & Family Engagement
• Clinical Processes & Effectiveness
• Effective Use of Healthcare Resources
• Population & Public Health

Reporting
2 reporting methods currently available:

- Attestation
- eReporting

Recommended core CQMs available; are encouraged, but not required

Report 9 of 64, covering 3 of 6 National Quality Strategy domains

Electronic submission begins in 2014
Clinical Quality Measures (CQM)

- All EPs required to report on CQMs in order to demonstrate MU
- 2014 & Beyond: EPs must report on 9 of 64 approved CQMs
  - Recommended Core CQMs (Encouraged, but not required)
    - 9 CQMs for Adult Population
    - 9 CQMs for Pediatric Population
    - NQF0018: Controlling High Blood Pressure
      - Strongly encouraged
      - High priority goal in many national health initiatives, including Million Hearts campaign
  - All Medicare-eligible EPs beyond MU Year 1 can electronically report CQM data to CMS
  - Medicaid EPs that are eligible only for the Medicaid EHR Incentive Program will electronically report CQM data to the States
• **Readiness Assessment and Recommendations**
  - Data and process reviews for each objective, per provider
  - Root cause analysis of any gaps where objectives are marginally or not being met

• **Attestation Preparation**
  - Periodic review of individual provider metrics
  - Facilitate communications with outside parties to achieve interoperability or for public health measures
  - Attestation documentation management guidance
  - Attestation day support

• **Security Risk Assessment**
  - Remote and onsite interviews with key staff members in charge of policy, administration, day-to-day operations, software architecture, software development, system maintenance, system administration, database administration, network management and facilities management
  - Review of key systems for system configuration, security procedures, backup processes, redundancies, etc.
  - Visual walk through of the facilities with administrative & facilities personnel to assess physical security.
  - Network scan to enumerate addressable devices and to assess each systems available network services.
  - Review of policies, procedures, guidelines, system documentation, network diagrams, & other relevant materials.
  - Completion of an assessment that determines, for each of the items above, the existing controls, effectiveness of those controls, exposure potential, risk likelihood, risk impact, and the overall risk rating.
Contact Us

Allison Bryan-Jungels
Senior Advisor, Client and Business Development
Purdue Healthcare Advisors
(765) 496-9791
abryan@purdue.edu