Northern MN Network
Quality & Meaningful Use Meeting

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Linda Ridlehuber

Topics

- Dentists and MU

- Stage 2 preview

- Update on EHR incentive registration

- Questions

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Update on Dentists and MU

- Wisconsin dentists who have received incentive under A-I-U are using certified EHR for ePrescribing & med lists <u>and</u> have not yet attested to 90-days MU

- Dentrix is still being vague, but sounds like they are pursuing discussions with ADA & CMS/ONC

- NACHC webinar 5/11 to have HRSA, CMS & ONC together to discuss MU (basics), might be an opportunity to ask all 3 about dentists: http://www.nachc.com/Health%20Information%20Technology%20Webinars.cfm

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Update on Dentists and MU

- Mark Jurkovich, DDS at eHealth Advisory Committee:
    - Market size, price & maintenance fees for EDRs much lower than for EHRs; vendors don't have resources to scale up for MU criteria & certify
    - Few dentists would qualify [i.e. only FQs] & ADA not focused on MU program
    - Many MU criteria are inappropriate for dentists, even problem lists where SNODENT (dental dx language) is poorly mapped into SNOWMED
        - Making progress on updating SNOWDENT
    - Dental billing through procedure codes, not diagnosis codes: would require change in practice
        - *NNOHA discussion re: adoption of diagnosis code use*
- Stage 2 may hold promise – possible subset of functionality for certifying "specialty" EHRs may lower the bar for EDR *in 2014*

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Stage 2 Update

- Timeline:
    - Comments to NPRM just now going in
        - MNACHC comments rolled into REACH & Minnesota eHealth Advisory Committee & HITREC
    - Final Rule planned for June 21, 2012 (but late would be no surprise)

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Stage 2 Update

1st Year	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
			MU Stage 2 Proposed Timeline Changes								
			Stage of Meaningful Use Criteria to Apply								
2011	1	1	1	2	2	3	3	TBD	TBD	TBD	TBD
2012		1	1	2	2	3	3	TBD	TBD	TBD	TBD
2013		A-I-U	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

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Stage 2 Update

- Clarifies that the Extenders Act (December 15, 2010) removed the requirement that Medicaid EPs provide documentation of Net Average Allowable Cost – State Medicaid HIT Plan (SMHP) no longer required to ensure payments not higher than 85% NAAC, payments automatically as calculated by CMS

- Medicaid Patient Volume Calculation:
  – Allow states the option for EPs to calculate total Medicaid or total Needy in any representative continuous 90-day period in the 12 months preceding attestation, in addition to current option of prior calendar/fiscal year. (new providers?)
  – Expand definition of encounter to include any service rendered on any one day to an individual "enrolled" in a Medicaid program, even if a Medicaid program did not pay for the service
    - Includes non-covered services, 3rd party payment
  – "Practices Predominantly" revised to use either most recent calendar year or most recent 12 months prior to attestation
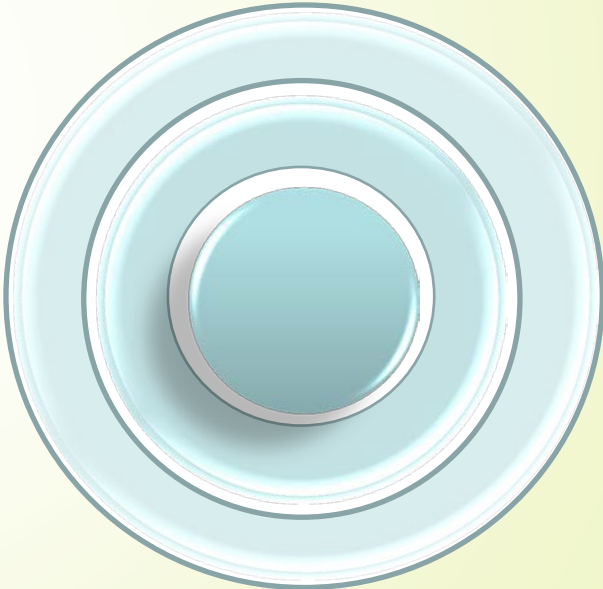
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Stage 2 Update

Here's what it looks like today…
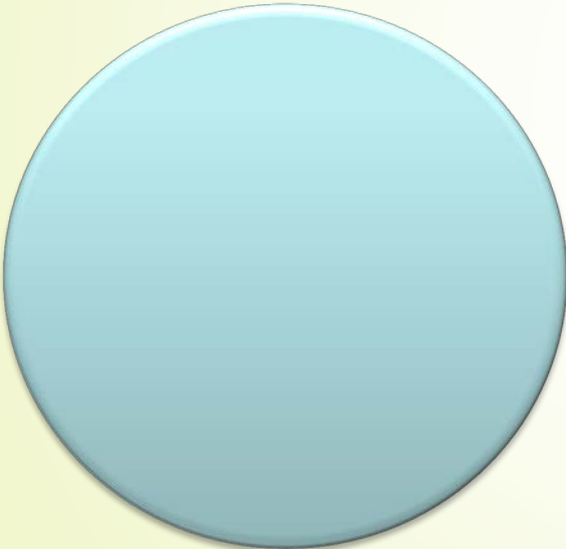
Here's what ONC is proposing…

2011 - 13

2014+

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Stage 2 Update

- BASE EHR functionality
  - Demographics & clinical health info (e.g. medical history, problem list)
  - Capacity to provide clinical decision support
  - Capacity to support CPOE
  - Capacity to capture & query information relevant to health care quality
  - Capacity for HIE & ability to integrate information from other sources
  - Capacity to protect patient health information stored & exchanged

Stage 2 Update

- MU Core functionality

  - Additional functionality to meet core criteria provider has to meet, not including any exclusions that apply

- MU Menu functionality

  - Additional functionality to meet the menu criteria provider intends to meet

- Vendor able to certify as complete or modular

  - Possible low-cost path for Dentrix & other EDRs

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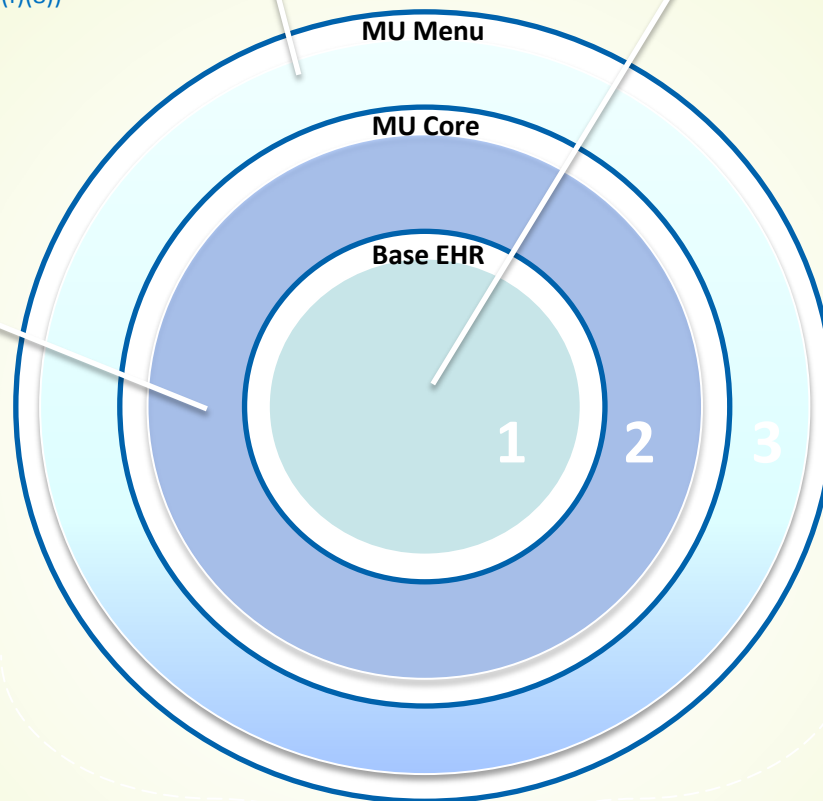
2014 Edition of CEHRT Policy
Ambulatory Setting Correlation to Proposed MU Stage 2

2014 Certification Criteria associated with MU Menu Stage 2:

- Imaging (170.314(a)(12))
- Transmission to cancer registries (170.314(f)(8))
- Cancer case information (170.314(f)(7))
- Public health surveillance (170.314(f)(3))
- Transmission to public health agencies (170.314(f)(4))
- Family health history (170.314(a)(13))

2014 Certification Criteria associated with a Base EHR:

- Demographics (170.314(a)(3))
- Vital signs, BMI, & growth charts (170.314(a)(4))
- Problem list (170.314(a)(5))
- Medication list (170.314(a)(6))
- Medication allergy list (170.314(a)(7))
- Drug-drug, drug-allergy interaction checks (170.314(a)(2))
- CPOE (170.314(a)(1))
- Clinical decision support (170.314(a)(8))
- Clinical quality measures (170.314(c)(1)-(2))
- Transition of Care – incorporate summary care record (170.314(b)(1))
- Transition of Care – create and transmit summary care record (170.314(b)(2))
- View, download, and transmit to 3rd Party (170.314(e)(1))
- Privacy and Security CC:
  o Authentication, Access Control, & Authorization (170.314(d)(1))
  o Auditable events & tamper resistance (170.314(d)(2))
  o Audit report(s) (170.314(d)(3))
  o Amendments (70.314(d)(4))
  o Automatic log-off (170.314(d)(5))
  o Emergency access (170.314(d)(6))
  o Encryption of data at rest (170.314(d)(7))
  o Integrity (170.314(d)(8))
  o Accounting of disclosures (optional) (170.314(d)(9))

MU Menu

MU Core

Base EHR

1 2 3

2014 Certification Criteria associated with MU Core Stage 2:

- Smoking status (170.314(a)(11))
- eRx (170.314(b)(3))
- Drug formulary checks (170.314(a)(10))
- Patient lists (170.314(a)(14))
- Patient reminders (170.314(a)(15))
- Patient-specific education resources (170.314(a)(16))
- Clinical information reconciliation (170.314(b)(4))
- Clinical summaries (170.314(e)(2))
- Secure messaging (170.314(e)(3))
- Incorporate lab test and results/values (170.314(b)(5))
- Immunization information (170.314(f)(1))
- Transmission to immunization registries (170.314(f)(2))

- Automated numerator recording (170.314(g)(1))
- Automated measure calculation (170.314(g)(2))
- Non-%-based measure use report (170.314(g)(3))
- Safety -enhanced design (170.314(g)(4))

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Stage 2 Update

- Stage 1 / Eligible Professionals:
  - 15 core objectives
  - 5 of 10 menu objectives
  - 20 total objectives
- Stage 2 / Eligible Professionals
  - 17 core objectives
  - 3 of 5 menu objectives
  - 20 total objectives, *but not the same as before*

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Stage 2 Update

- Changes to Stage 1
  - CPOE: denominator changes from Unique Patient w/ ≥ 1 medication in their med list TO Number of orders during EHR reporting period
    - Optional in 2013, required in 2014+
  - Vital Signs: Age limit for peds BP changes from age 2 to age 3; age limit for height/weight changes from age 2 to <u>no</u> age limit
    - Optional in 2013, required in 2014+
  - Vital Signs: Exclusion for all 3 elements not in scope TO exclusion for either BP or Ht/Wt (or all 3) if not in scope
    - Optional in 2013, required in 2014+

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Stage 2 Update

- Changes to Stage 1
  - Test of HIE: requirement removed effective 2013
  - E-Copy of health info on request changes TO provide patients ability to view online, download & transmit their health info
    - Required in 2014+
  - Public health objectives (immunizations, syndromic surveillance): addition of "except where prohibited"
    - Effective in 2013

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Stage 2 Update

- CORE
  - CPOE
  - eRx
  - Demographics
  - VS
  - Smoking status
  - Clinical Decision Support
  - Lab test results(M)
  - Patient lists (M)
  - Patient reminders (M)

- CORE
  - Visit summary
  - Patients: view/download/transmit (NEW)
  - Clinical summaries
  - Patient education (M)
  - Secure patient messaging (NEW)
  - Med reconciliation (M)
  - Summary on referral (M)
  - Protect privacy/security

Stage 2 Update

- Demographics, vital signs, tobacco status stay at 80% (all patients)
- Problem list, medication list & allergy list all "consolidated" into the Visit Summary/Continuity of Care Document requirements
- Other consolidations:
  - eCopy into new eAccess
  - Drug formulary into eRx
  - Drug-drug / drug-allergy interaction into CDS
  - Test of HIE into ongoing HIE for referrals, etc

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Stage 2 Update

- CPOE: > 60% med, lab and radiology orders
- ePrescribing: > 65% of permissible Rx compared to formulary & transmitted
- Clinical decision support: implement relevant 5 CDS, including D-D & D-A checking
- Clinical lab results: > 55% tests with +/- or numeric results into structured data
- Generate patient lists by condition: At least 1
- Clinically relevant patient reminders: >10% of last 2 years' patients sent a reminder *per patient preference*

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Stage 2 Update

- Provide patients the ability to view online, download, and transmit health information w/in 4 business days of info available to EP:

  - \> 50% unique patients provided access (subject to discretion)

  - \>10% unique patients (or representative) access information

  - *Many comments submitted on this one*

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Stage 2 Update

- Clinical summaries within <u>24</u> hours: >50% of office visits (paper still included)
- Use EHR to identify patient-specific education resources & provide them to patient: >10% office visits (*many comments*)
- Use secure electronic messaging to communicate with patients on relevant health info: > 10% unique patients sent messages (*many comments*)
- Medication reconciliation on transition: >65% of transitions of care

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Stage 2 Update

- Summary of Care on referral:
  - \> 65% of transitions and referrals
  - eSummary to site with different EHR vendor > 10% of transitions and referrals
- eSubmission to immunization registry: Ongoing submission
- Protect electronic health information
  - Annual security risk analysis
  - Include addressing encryption/security of data at rest
  - Implement security updates as necessary and correct identified deficiencies

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Stage 2 Update

- MENU
  - <u>Imaging results</u>: > 40% of ordered scans & tests accessible through the EHR (*many comments*)
  - <u>Record patient family health history</u> as structured data: > 20% of unique patients seen have entry for > first-degree relative
  - eSubmission of syndromic surveillance data to public health (ongoing)
  - eSubmission of cancer cases to State registry (ongoing)
  - eSubmission of other cases to a specialized State registry (ongoing)

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Stage 2 Update

- Clinical Quality Measures
  - Option 1a: 12 CQMs, $\geq$ 1 from each of several domains (patient/family engagement, patient safety, care coordination, pop/public health, effective use of resources, clinical/process effectiveness)
  - Option 1b: 11 "core" CQMs + 1 "menu" CQM
  - Medicaid – state-based e-submission
  - Aggregate XML-based format specified by CMS
  - Group Reporting
    - Option 1a above
    - EPs in a Medicare ACO/Shared Savings demo satisfy requirements of SS w/ certified EHR
    - EP report via PQRS Group Practice Reporting Option w/ certified EHR

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Stage 2 Update

- CORE Clinical Quality Measures
  - Tobacco use assessment & intervention
  - Adult weight screening & follow-up
  - Child/Teen weight assessment & counselling
  - Controlling high BP (<u>different</u> than previous BP)
  - Medication reconciliation
  - Screening for clinical depression ($\geq$ 12 yo)

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Stage 2 Update

- Core CQMs
  - Fasting LDL & risk-stratified fasting LDL screening (*comments*)
  - Ischemic Vascular Disease – use of ASA or other antithrombotic
  - Use of high-risk meds in the elderly (*MWCN: new BEERS list*)
  - Adverse Drug Event prevention
  - Closing the referral loop: referral provider sends back a report to primary care provider
  - Functional status assessment in Heart Failure with ≥ 2 high-impact comorbidities

Stage 2 Update

- Menu CQMs
  - Delete old <u>Smoking</u> & tobacco use cessation (keep core measure on <u>Tobacco</u>)
  - Keep the rest of the previous menu measures
  - Add 7 behavioral health measures
  - Add several Hepatitis C and HIV/AIDS measures
  - Add several specialty measures (radiology, oncology, surgery)
  - Add several additional primary care measures
  - Add several oral health measures
  - Add several long term care measures
  - Add a measure regarding osteoporosis on whether hospital communicates with primary care s/p hip/spine fracture

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Piece of cake...right?

Update on EHR Registration

- Latest rumor for DHS system = "2012 incentives will be paid"
  - Hedging: Hiring for FT Agency Policy Specialist to run the program & two other staff to handle education & appeals/audits
  - Hedging: "There could be an extension of 2012 eligibility"
  - Nothing in writing at the eHealth Advisory Group meeting
- Expect to have signed vendor agreement by the end of May
- Updated state plan is expected to go to CMS by the end of June

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Update on EHR Registration

- Updating the State Medicaid HIT Plan (SMHP) over summer, putting out "new" information piecemeal in the meantime

- Proxy process is a policy issue, not vendor capacity, and is under discussion

- Patient volume calculation – looking at other states' strategies and expect to have concrete tools online "soon"

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Charlie Brown & Lucy with the football?

OR
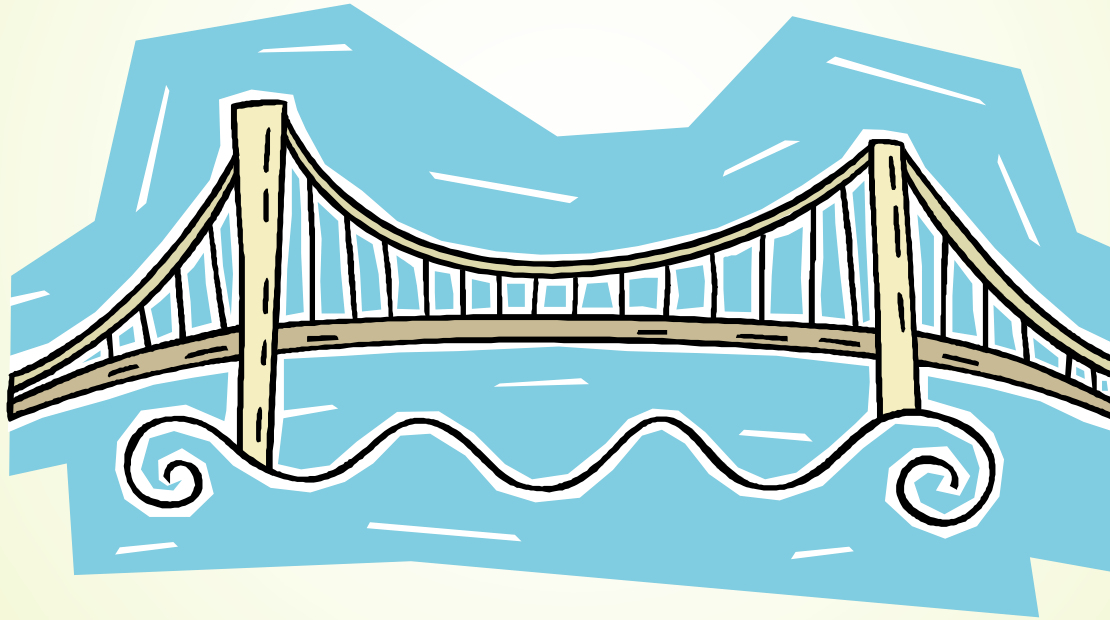
I've got a bridge to sell you...

Questions

Key Health Alliance—Stratis Health, Rural Health Resource Center, and The College of St. Scholastica.