Meaningful Use - “The Basics”

Presented by

PaperFree Florida
Topics

• Meaningful Use Stage 1

• Meaningful Use Barriers: Observations from the field

• Help and Questions
“Meaningful Use” is a set of objectives and measures which eligible professionals must meet to qualify for EHR incentives and avoid reimbursement penalties from Medicare or Medicaid.

Created by the HITECH Act which is part of ARRA

**HITECH Act** - Health Information Technology for Economic and Clinical Health Act

**ARRA** - American Recovery and Reinvestment Act
Overview of EHR Incentive Payments

**Medicare**
- Up to $44,000 over 5 years
- Payments are proportional to Medicare allowed charges (75% of total of allowed charges up to a cap each year, including capitation and co-payments)
- Payments increased by 10% for physicians practicing in Health Professional Shortage Area
- Must participate by 2012 to receive the maximum incentive payment

**Medicaid**
- Up to $63,750 over 6 years
- Payments are fixed and not proportional to Medicaid billings
- Providers must meet 30% Medicaid encounter volume
- If pediatricians qualify at 20%, they are only eligible for 67% (2/3) payments
- Must participate by 2016 to receive maximum incentive payment

**Important!!!**
If you are eligible for both the Medicare and Medicaid incentive programs, you can only participate in one program
## EHR Incentive Payment Schedule

<table>
<thead>
<tr>
<th>Adopt</th>
<th>On or before 2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
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<tr>
<td>2011</td>
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<td></td>
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<td>2012</td>
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<td>$18,000</td>
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<tr>
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<td>$12,000</td>
<td>$15,000</td>
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<tr>
<td>2014</td>
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<td>$8,000</td>
<td>$12,000</td>
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<tr>
<td>2015</td>
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<td>$4,000</td>
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<tr>
<td>2016</td>
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<td>$2,000</td>
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</tr>
<tr>
<td>2017</td>
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<td>$0</td>
<td>$0</td>
<td>-3%</td>
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<tr>
<td><strong>TOTAL</strong></td>
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<td><strong>$44,000</strong></td>
<td><strong>$39,000</strong></td>
<td><strong>$24,000</strong></td>
<td>Reimbursement Reduction</td>
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</table>
Medicaid or Medicare Reporting

**Medicare**
- CMS Registration is required
- The Attestation period for 2011 has passed
- For Year 1 participation, you must have a continuous 90 day reporting period within the calendar year
- To receive benefits in Year 1, you must meet Meaningful Use for the reporting period

**Medicaid**
- Additionally for Medicaid, AHCA Registration and attestation is required
- To receive benefits for 2012:
  - EP’s must demonstrate they have adopted, implemented or upgraded certified EHR technology
  - Meet Volume Thresholds
  - Report data to AHCA by March 31, 2013
Goals of Meaningful Use

- Improve quality, safety, efficiency, and reduce health disparities
- Engage patients and families in their healthcare
- Improve care coordination
- Improve population and public health
- Ensure adequate privacy and security protections for personal health information
Meaningful Use will be phased in three stages beginning in 2011.

**Stage 1: 2011-2013**
- Establishes baseline for electronic data capture and information sharing

**Stage 2: 2014-2015**
- Proposed goals – Continuous quality
- 60 Day Public Comment Period Began March 7, 2012

**Stage 3: 2016 +**
- Proposed goals – Promote improvements in treatment and outcomes
Stage 1 - Meaningful Use

Establish Clinical and Technical Baseline

- Capturing health information
- Tracking key clinical conditions
- Communicating information for care coordination purposes
- Implementing clinical decision support tools
- Engaging patients and families
- Reporting clinical quality measures and public health information
Stage 1 Requirements

*Stage 1 Eligible Professionals must:*

1. Meet all 15 **Core** Objectives
2. Meet 5 of 10 **Menu** Objectives
3. Report 6 **Clinical Quality** Measures
Each objective has a corresponding unique measure that will be reported during attestation.

**Measure Types:**
- Yes or No
- % of patients

**Calculating Percentage of patients:**

\[
\text{Numerator} \quad \# \text{ Patients that have met measure} \\
\text{Denominator} \quad \text{Total Patients Seen – during 90 day reporting period}
\]
The Entire Practice is involved in MU

Typical Patient Encounter Workflow
Core Objectives (Must Meet All 15)

1. Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.

2. Implement drug-drug and drug-allergy interaction checks.

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

4. Generate and transmit permissible prescriptions electronically (eRx).

5. Maintain active medication list.

6. Maintain active medication allergy list.

7. Record all of the following demographics:
   - Preferred language
   - Gender
   - Race
   - Ethnicity
   - Date of Birth
Core Objectives (Must Meet All 15) Cont’d

8. Record and chart changes in the following vital signs:
   - Height
   - Weight
   - Blood Pressure
   - Calculate and display body mass index (BMI)
   - Plot and display growth charts for children 2 - 20 years including BMI

9. Record smoking status for patients 13 years old or older

10. Report ambulatory clinical quality measures to CMS or, in the case of Medicaid eligible professionals, to the state

11. Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule

12. Provide patients with an electronic copy of their health information upon request (including diagnostic test results, problem list, medication lists, medication allergies).
Core Objectives (Must Meet All 15) Cont’d

13. Provide clinical summaries for patients for each office visit

14. Have capability to exchange key clinical information among providers of care and patient authorized entities electronically (e.g. problem list, medication list, allergies, and diagnostic test results),

15. Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities
1. Implement drug formulary checks
2. Incorporate clinical lab-test results into EHR as structured data
3. Generate patient lists by specific conditions to use for quality improvement, reduction of disparities, research, or outreach
4. Send patient reminders per patient preference for preventive/follow-up care
5. Provide patients with timely electronic access to their health information within 4 business days of the information being available to the eligible professional (including lab results, problem list, medication lists, and allergies)
6. Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate
7. The eligible professional who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.

8. The eligible professional who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral.

9. Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.

10. Capability to submit electronic syndromic surveillance data to public health agencies and actual submission according to applicable law and practice.
Clinical Quality Measures (CQM)

Derived from the Meaningful Use Core Objective #10

Requirements:

Report on 6 Clinical Quality Measures

• Report on a total of 3 measures from the CQM Core Set or Alternate Core Set
• Report on 3 measures from the CQM Additional Set
Clinical Quality Measures (CQM) Cont’d

**Core Set**

- Hypertension: Blood Pressure Measurement
- Preventative Care and Screening Measure Pair:
  - Tobacco Use Assessment
  - Tobacco Cessation Intervention
- Adult Weight Screening and Follow-Up

**Alternate Core Set**

- Weight Assessment and Counseling for Children & Adolescents
- Preventative Care and Screening: Influenza Immunization for Patients 50 years old or older
- Childhood Immunization Status
Additional Set of CQM

- 38 Additional CQM’s
- Must report on 3
- Wide range of CQM’s that will apply to most practices: Family Practice, OB/GYN, Pediatrics, Internal Medicine, Cardiology, et al
- Not all EHRs can report on all 38 measures
The Entire Practice is involved in MU
Meaningful Use Practice Readiness

**Practice Management** must know:
- The Meaningful Use Stage 1 objectives
- What data must be collected in your certified EHR
- What data must be provided/available to patients upon request
- How to report the objectives

**Entire Office Staff** must know:
- Their role in collecting the appropriate data within the EHR
- Know what data fields they are expected to populate in the EHR
- Their role in providing data to patients

**All Eligible Professionals** must be registered with CMS

**Medicaid Eligible Professionals** must also be registered with AHCA
Meaningful Use - Action Plan

1. Designate Point Person
2. Determine Incentive Program Eligibility
3. Register Providers for Appropriate program
4. Implement Certified EHR or Upgrade to Certified EHR
5. Select Clinical Quality Measures to Implement & Report
Meaningful Use – Barriers to Achievement

Observations from the Field

1. Reporting Measures – Configuration, Training, Inoperative, Missing
2. eRx – Compliance, Improper Usage, Volume
3. Clinical Summaries – Missing, Improper Capture, Time Period
5. Patient Portal – Implementation, Usage, Value
6. Medicaid Providers – Encounter Volume Reporting
Meaningful Use - Stage 2 (Proposed)

• Adoption delayed until 2014
• Same structure: Measures and Objectives
  • Core (17) and Menu (3 of 5)
• Give patients the ability to view online, download and transmit their health information within 4 business days the information is available to the EP.
• CQM Reporting increases from 6 to 12
Meaningful Use - Stage 2 (Proposed)

• Greater Applicability to Specialists
  – Imaging Results Accessible through EHR
  – Capability to Identify and Report Cancer Cases to a State Cancer Registry
  – Capability to Identify and Report Specific Cases other than Cancer to a Registry

• Provide your feedback!!
  – Public comment period ends May 7, 2012
Where do I begin

Registration and Attestation:

Help and Information:

Local HITREC – PaperFree Florida

12901 Bruce B. Downs Blvd., MDC 02
Tampa, FL 33612
Phone: (813) 974-6641
FAX: (813) 974-6642
Questions?

Thank You