Medicare & Medicaid EHR Incentive Program

Understanding Meaningful Use

May 19, 2011

National Provider Call

http://www.cms.gov/EHRIncentivePrograms/

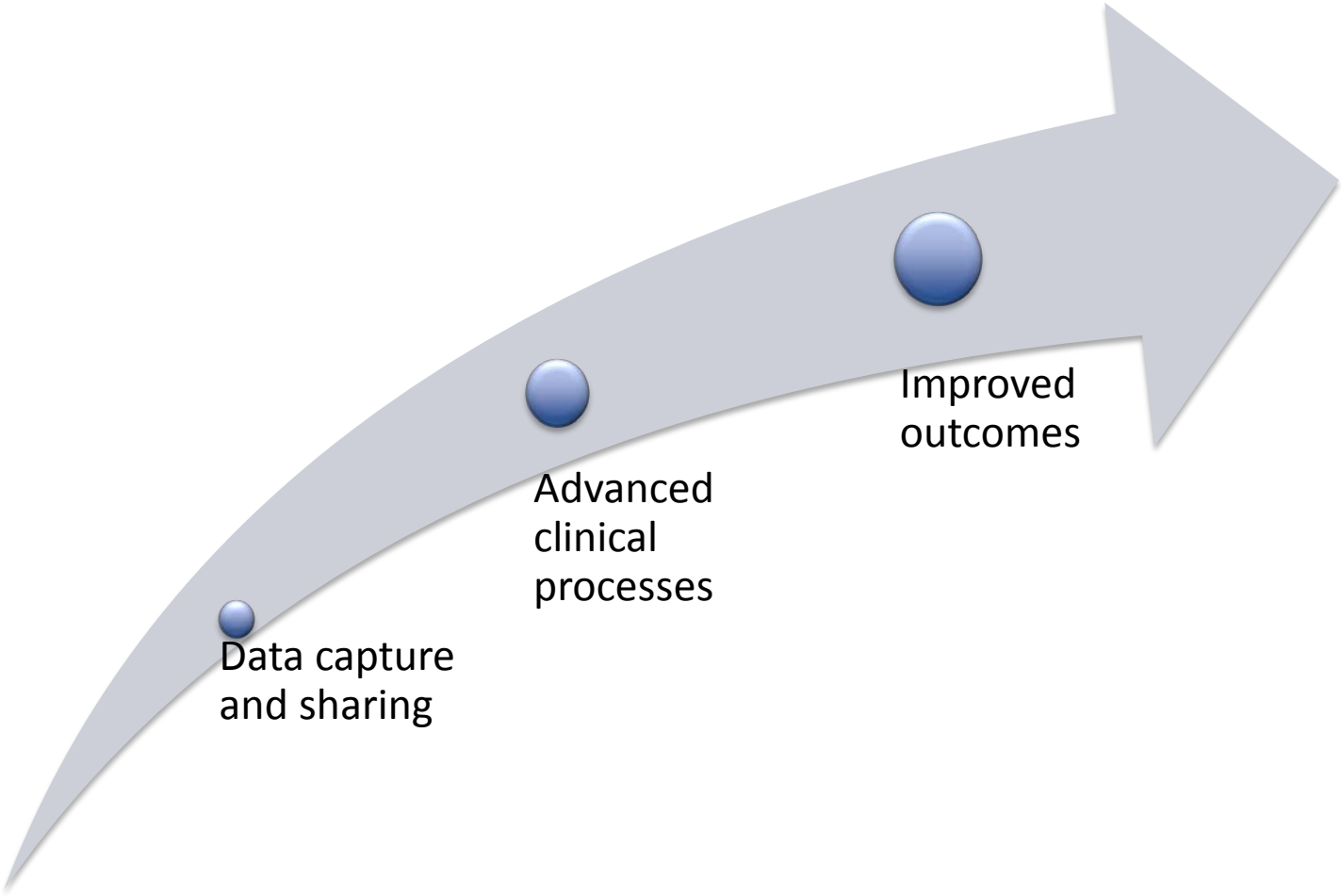
What is Meaningful Use?

- Meaningful Use is using certified EHR technology to
  - Improve quality, safety, efficiency, and reduce health disparities
  - Engage patients and families in their health care
  - Improve care coordination
  - Improve population and public health
  - All the while maintaining privacy and security
- Meaningful Use mandated in law to receive incentives

What are the Three Main Components of Meaningful Use?

- The Recovery Act specifies the following 3 components of Meaningful Use:
  1. Use of certified EHR in a meaningful manner (e.g., e-prescribing)
  2. Use of certified EHR technology for electronic exchange of health information to improve quality of health care
  3. Use of certified EHR technology to submit clinical quality measures (CQM) and other such measures selected by the Secretary

A Conceptual Approach to Meaningful Use



What are the Requirements of Stage 1 Meaningful Use?

- Basic Overview of Stage 1 Meaningful Use:
  - Reporting period is 90 days for first year and 1 year subsequently
  - Reporting through attestation
  - Objectives and Clinical Quality Measures
  - Reporting may be yes/no or numerator/denominator attestation
  - To meet certain objectives/measures, 80% of patients must have records in the certified EHR technology

What are the Requirements of Stage 1 Meaningful Use?

- Stage 1 Objectives and Measures Reporting
- Eligible Professionals must complete:
  - 15 core objectives
  - 5 objectives out of 10 from menu set
  - 6 total Clinical Quality Measures
    (3 core or alternate core, and 3 out of 38 from additional set)
- Hospitals must complete:
  - 14 core objectives
  - 5 objectives out of 10 from menu set
  - 15 Clinical Quality Measures

Applicability of Meaningful Use Objectives and Measures

- Some MU objectives not applicable to every provider's clinical practice, thus they would not have any eligible patients or actions for the measure denominator. Exclusions do not count against the 5 deferred measures
- In these cases, the eligible professional, eligible hospital or CAH would be excluded from having to meet that measure
  - Eg: Dentists who do not perform immunizations; Chiropractors do not e-prescribe

Meaningful Use Denominators

- Two types of percentage based measures are included in demonstrating Meaningful Use:
  1. Denominator is all patients seen or admitted during the EHR reporting period
     - The denominator is all patients regardless of whether their records are kept using certified EHR technology
  2. Denominator is actions or subsets of patients seen or admitted during the EHR reporting period
     - The denominator only includes patients, or actions taken on behalf of those patients, whose records are kept using certified EHR technology

Meaningful Use: Core Objectives

- **Eligible Professionals – 15 Core Objectives**
  1. Computerized provider order entry (CPOE)
  2. E-Prescribing (eRx)
  3. Report ambulatory clinical quality measures to CMS/States
  4. Implement one clinical decision support rule
  5. Provide patients with an electronic copy of their health information, upon request
  6. Provide clinical summaries for patients for each office visit
  7. Drug-drug and drug-allergy interaction checks
  8. Record demographics
  9. Maintain an up-to-date problem list of current and active diagnoses
  10. Maintain active medication list
  11. Maintain active medication allergy list
  12. Record and chart changes in vital signs
  13. Record smoking status for patients 13 years or older
  14. Capability to exchange key clinical information among providers of care and patient-authorized entities electronically
  15. Protect electronic health information

Meaningful Use: Core Objectives

- **Hospitals– 14 Core Objectives**
  1. Computerized provider order entry (CPOE)
  2. Drug-drug and drug-allergy interaction checks
  3. Record demographics
  4. Implement one clinical decision support rule
  5. Maintain up-to-date problem list of current and active diagnoses
  6. Maintain active medication list
  7. Maintain active medication allergy list
  8. Record and chart changes in vital signs
  9. Record smoking status for patients 13 years or older
  10. Report hospital clinical quality measures to CMS or States
  11. Provide patients with an electronic copy of their health information, upon request
  12. Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request
  13. Capability to exchange key clinical information among providers of care and patient-authorized entities electronically
  14. Protect electronic health information

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MU: Stage 1 Core Set Objectives

Health Outcomes Policy Priority	Stage 1 Objective	Stage 1 Measure
Improving quality, safety, efficiency, and reducing health disparities	Use 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	More than 30% of unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital or CAH have at least one medication entered using CPOE
	Implement drug-drug and drug-allergy interaction checks	The EP/eligible hospital/CAH has enabled this functionality for the entire EHR reporting period
	EP Only: Generate and transmit permissible prescriptions electronically (eRx)	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology
	Record demographics: preferred language, gender, race, ethnicity, date of birth, and date and preliminary cause of death in the event of mortality in the eligible hospital or CAH	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital or CAH have demographics as recorded structured data
	Maintain up-to-date problem list of current and active diagnoses	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital or CAH have at least one entry or an indication that no problems are known for the patient recorded as structured data

MU: Stage 1 Core Set Objectives

Health Outcomes Policy Priority	Stage 1 Objective	Stage 1 Measure
Improving quality, safety, efficiency, and reducing health disparities	Maintain active medication list	More than 80% of all unique patents seen by the EP or admitted to the eligible hospital or CAH have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data
	Maintain active medication allergy list	More than 80% of all unique patents seen by the EP or admitted to the eligible hospital or CAH have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data
	Record and chart vital signs: height, weight, blood pressure, calculate and display BMI, plot and display growth charts for children 2-20 years, including BMI	For more than 50% of all unique patients age 2 and over seen by the EP or admitted to the eligible hospital or CAH, height, weight, and blood pressure are recorded as structured data
	Record smoking status for patients 13 years old or older	More than 50% of all unique patients 13 years or older seen by the EP or admitted to the eligible hospital or CAH have smoking status recorded as structured data
	Implement one clinical decision support rule and the ability to track compliance with the rule	Implement one clinical decision support rule
	Report clinical quality measures to CMS or the States	For 2011, provide aggregate numerator, denominator, and exclusions through attestation; For 2012, electronically submit clinical quality measures

MU: Stage 1 Core Set Objectives

Health Outcomes Policy Priority	Stage 1 Objective	Stage 1 Measure
Engage patients and families in their healthcare	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request	More than 50% of all unique patients of the EP, eligible hospital or CAH who request an electronic copy of their health information are provided it within 3 business days
	Hospitals Only: Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request	More than 50% of all patients who are discharged from an eligible hospital or CAH who request an electronic copy of their discharge instructions are provided it
	EPs Only: Provide clinical summaries for each office visit	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days
Improve care coordination	Capability to exchange key clinical information (ex: problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Performed at least one test of the certified EHR technology's capacity to electronically exchange key clinical information
Ensure adequate privacy and security protections for personal health information	Protect electronic health information created or maintained by certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308(a)(1) and implement updates as necessary and correct identified security deficiencies as part of the EP's, eligible hospital's or CAH's risk management process

Meaningful Use: Menu Set Objectives

- Menu objectives – may defer 5 of 10
- **Eligible Professionals – 10 Menu Objectives**
  1. Drug-formulary checks
  2. Incorporate clinical lab test results as structured data
  3. Generate lists of patients by specific conditions
  4. Send reminders to patients per patient preference for preventive/follow up care
  5. Provide patients with timely electronic access to their health information
  6. Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate
  7. Medication reconciliation
  8. Summary of care record for each transition of care/referrals
  9. Capability to submit electronic data to immunization registries/systems*
  10. Capability to provide electronic syndromic surveillance data to public health agencies*

  * At least 1 public health objective must be selected.

Meaningful Use: Menu Set Objectives

- Menu objectives – may defer 5 of 10
- **Hospitals– 10 Menu Objectives**
  1. Drug-formulary checks
  2. Record advanced directives for patients 65 years or older
  3. Incorporate clinical lab test results as structured data
  4. Generate lists of patients by specific conditions
  5. Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate
  6. Medication reconciliation
  7. Summary of care record for each transition of care/referrals
  8. Capability to submit electronic data to immunization registries/systems*
  9. Capability to provide electronic submission of reportable lab results to public health agencies*
  10. Capability to provide electronic syndromic surveillance data to public health agencies*

  * At least 1 public health objective must be selected.

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MU: Stage 1 Menu Set Objectives

Health Outcomes Policy Priority	Stage 1 Objective	Stage 1 Measure
Improving quality, safety, efficiency, and reducing health disparities	Implement drug-formulary checks	The EP/eligible hospital/CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period
	Hospitals Only: Record advance directives for patients 65 years old or older	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital or CAH have an indication of an advance directive status recorded
	Incorporate clinical lab-test results into certified EHR technology as structured data	More than 40% of all clinical lab test results ordered by the EP, or an authorized provider of the eligible hospital or CAH, for patients admitted during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data
	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition
	EPs Only: Send reminders to patients per patient preference for preventive/follow-up care	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period

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MU: Stage 1 Menu Set Objectives

Health Outcomes Policy Priority	Stage 1 Objective	Stage 1 Measure
Engage patients and families in their health care	EPs Only: Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within 4 business days of the information being available to the EP	More than 10% of all unique patients seen by the EP are provided timely (available to the patient within 4 business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information
	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient, if appropriate	More than 10% of all unique patients seen by the EP or admitted to the eligible hospital or CAH are provided patient-specific education resources
Improve care coordination	The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital or CAH
	The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or refers their patient to another provider of care should provide a summary of care record for each transition of care or referral	The EP, eligible hospital or CAH who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals

MU: Stage 1 Menu Set Objectives

Health Outcomes Policy Priority	Stage 1 Objective	Stage 1 Measure
Improve population and public health[1]	Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice	Performed at least one test of the certified EHR technology's capacity to submit electronic data to immunization registries and follow-up submission if the test is successful (unless none of the immunization registries to which the EP, eligible hospital or CAH submits such information have the capacity to receive such information electronically)
	Hospitals Only: Capability to submit electronic data on reportable (as required by state or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology's capacity to provide submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which the EP, eligible hospital or CAH submits such information have the capacity to receive such information electronically)
	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which the EP, eligible hospital or CAH submits such information have the capacity to receive such information electronically)

[1]Unless an EP, eligible hospital or CAH has an exception for all of these objectives and measures they must complete at least one as part of their demonstration of the menu set in order to be a meaningful EHR user.

States Flexibility to Revise Meaningful Use

- States can seek CMS prior approval to require 4 MU objectives be core for their Medicaid providers:
  - Generate lists of patients by specific conditions for quality improvement, reduction of disparities, research, or outreach (can specify particular conditions)
  - Reporting to immunization registries, reportable lab results, and syndromic surveillance (can specify for their providers how to test the data submission and to which specific destination)

Meaningful Use for EPs Working in Multiple Settings

- An Eligible Professional who works at multiple locations, but does not have certified EHR technology available at all of them would:
  - Have to have 50% of their total patient encounters at locations where certified EHR technology is available
  - Would base all meaningful use measures only on encounters that occurred at locations where certified EHR technology is available

Meaningful Use for Hospitals that Qualify for Both Medicare & Medicaid Payments

- Applies to sub-section (d) and acute care hospitals
- Attest/Report on Meaningful Use to CMS for the Medicare EHR Incentive Program
- Will be deemed meaningful users for Medicaid (even if the State has CMS approval for the MU flexibility around public health objectives)

Meaningful Use: Clinical Quality Measures

- Details of Clinical Quality Measures
  - 2011 – Eligible Professionals, eligible hospitals and CAHs seeking to demonstrate Meaningful Use are required to submit aggregate CQM numerator, denominator, and exclusion data to CMS or the States by ATTESTATION.
  - 2012 – Eligible Professionals, eligible hospitals and CAHs seeking to demonstrate Meaningful Use are required to electronically submit aggregate CQM numerator, denominator, and exclusion data to CMS or the States.

Meaningful Use: Clinical Quality Measures

- **Eligible Professionals– Core Set CQMs**

NQF Measure Number & PQRI Implementation Number	Clinical Quality Measure Title
NQF 0013	Hypertension: Blood Pressure Measurement
NQF 0028	Preventive Care and Screening Measure Pair: a) Tobacco Use Assessment, b) Tobacco Cessation Intervention
NQF 0421 PQRI 128	Adult Weight Screening and Follow-up

Meaningful Use: Clinical Quality Measures

- **Eligible Professionals – Alternate Core Set CQMs**

NQF Measure Number & PQRI Implementation Number	Clinical Quality Measure Title
NQF 0024	Weight Assessment and Counseling for Children and Adolescents
NQF 0041 PQRI 110	Preventive Care and Screening: Influenza Immunization for Patients 50 Years Old or Older
NQF 0038	Childhood Immunization Status

MU: Clinical Quality Measures

- **Additional Set CQM– EPs must complete 3 of 38**
  1. Diabetes: Hemoglobin A1c Poor Control
  2. Diabetes: Low Density Lipoprotein (LDL) Management and Control
  3. Diabetes: Blood Pressure Management
  4. Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
  5. Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)
  6. Pneumonia Vaccination Status for Older Adults
  7. Breast Cancer Screening
  8. Colorectal Cancer Screening
  9. Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD
  10. Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
  11. Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b)Effective Continuation Phase Treatment
  12. Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
  13. Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
  14. Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
  15. Asthma Pharmacologic Therapy
  16. Asthma Assessment
  17. Appropriate Testing for Children with Pharyngitis
  18. Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
  19. Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients

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MU: Clinical Quality Measures

- **Additional Set CQM– EPs must complete 3 of 38 (cont.)**
  19. Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
  20. Smoking and Tobacco Use Cessation, Medical Assistance: a) Advising Smokers and Tobacco Users to Quit, b) Discussing Smoking and Tobacco Use Cessation Medications, c) Discussing Smoking and Tobacco Use Cessation Strategies
  21. Diabetes: Eye Exam
  22. Diabetes: Urine Screening
  24. Diabetes: Foot Exam
  25. Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol
  26. Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation
  27. Ischemic Vascular Disease (IVD): Blood Pressure Management
  28. Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
  29. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a) Initiation, b) Engagement
  30. Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
  31. Prenatal Care: Anti-D Immune Globulin
  32. Controlling High Blood Pressure
  33. Cervical Cancer Screening
  34. Chlamydia Screening for Women
  35. Use of Appropriate Medications for Asthma
  36. Low Back Pain: Use of Imaging Studies
  37. Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control
  38. Diabetes: Hemoglobin A1c Control (<8.0%)

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MU: Clinical Quality Measures

- **Eligible Hospitals and CAHs must complete all 15:**
  1. Emergency Department Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients
  2. Emergency Department Throughput – admitted patients – Admission decision time to ED departure time for admitted patients
  3. Ischemic stroke – Discharge on anti-thrombotics
  4. Ischemic stroke – Anticoagulation for A-fib/flutter
  5. Ischemic stroke – Thrombolytic therapy for patients arriving within 2 hours of symptom onset
  6. Ischemic or hemorrhagic stroke – Antithrombotic therapy by day 2
  7. Ischemic stroke – Discharge on statins
  8. Ischemic or hemorrhagic stroke – Stroke education
  9. Ischemic or hemorrhagic stroke – Rehabilitation assessment
  10. VTE prophylaxis within 24 hours of arrival
  11. Intensive Care Unit VTE prophylaxis
  12. Anticoagulation overlap therapy
  13. Platelet monitoring on unfractionated heparin
  14. VTE discharge instructions
  15. Incidence of potentially preventable VTE

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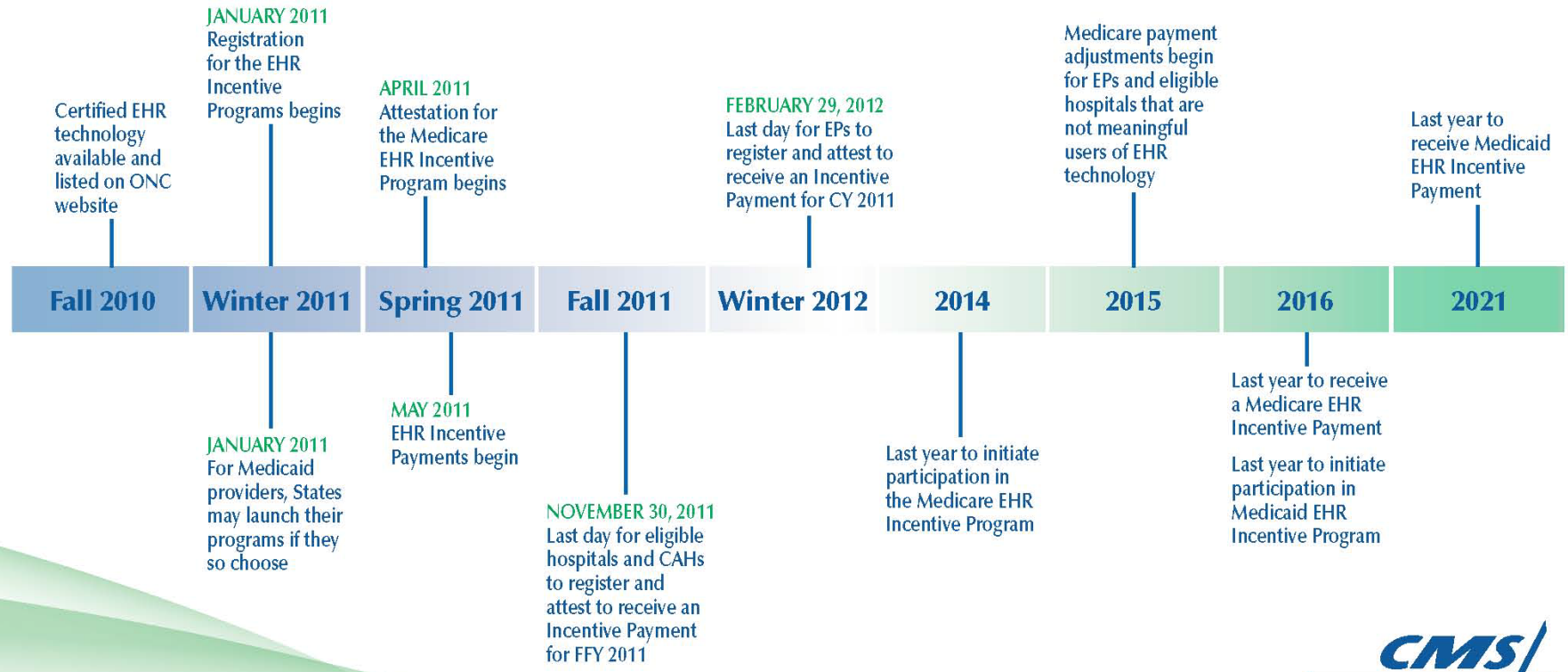
Adopt/Implement/Upgrade for Incentives

- MEDICAID – Only for first participation year
- Adopted – Acquired and Installed
  - Eg: Evidence of installation prior to incentive
- Implemented – Commenced Utilization of
  - Eg: Staff training, data entry of patient demographic information into EHR
- Upgraded – Expanded
  - Upgraded to certified EHR technology or added new functionality to meet the definition of certified EHR technology
- Must be certified EHR technology capable of meeting meaningful use
- No EHR reporting period

CMS Medicare and Medicaid EHR Incentive Programs

Milestone Timeline



Notable Differences Between Medicare and Medicaid Programs

Medicare	Medicaid
Federal Government will implement (will be an option nationally)	Voluntary for States to implement (may not be an option in every State)
Payment reductions begin in 2015 for providers that do not demonstrate Meaningful Use	No Medicaid payment reductions
Must demonstrate MU in Year 1	A/I/U option for 1st participation year
Maximum incentive is $44,000 for EPs (bonus for EPs in HPSAs)	Maximum incentive is $63,750 for EPs
MU definition is common for Medicare	States can adopt certain additional requirements for MU
Last year a provider may initiate program is 2014; Last year to register is 2016; Payment adjustments begin in 2015	Last year a provider may initiate program is 2016; Last year to register is 2016
Only physicians, subsection (d) hospitals and CAHs	5 types of EPs, acute care hospitals (including CAHs) and children's hospitals

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Resources to Get Help and Learn More

- Get information, tip sheets and more at CMS' official website for the EHR incentive programs:

  http://www.cms.gov/EHRIncentivePrograms

  Follow the latest information about the EHR Incentive Programs on Twitter at http://www.Twitter.com/CMSGov

- Learn about certification and certified EHRs, as well as other ONC programs designed to support providers as they make the transition:

  http://healthit.hhs.gov

ONC Programs Designed to Support Achievement of Meaningful Use

Area of Support	ONC Program
Technical Assistance	**Regional Extension Center Program:** ONC has provided funding for 70 regional extension centers that will help providers with EHR vendor selection and support and workflow redesign. Go to http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__rec_program/1495
Health Information Exchange	**State Health Information Exchange Program:** Funding and technical assistance to states to support providers in achieving health information exchange requirements **Nationwide Health Information Network Activities**: Expanded definitions, specifications and sample implementations to support exchange to achieve meaningful use
Breakthrough Examples	**Beacon Communities Program** Demonstration communities involving clinicians, hospitals and consumers who are showing how EHRs can achieve breakthrough improvements in care
Human Resources	**Workforce Training Programs** Several distinct programs that are supporting the education of up to 45,000 new health IT workers to support implementation

Resources to Learn More - Acronyms

- ACA – Patient Protection and Affordable Care Act
- A/I/U – Adopt, implement, or upgrade
- CAH – Critical Access Hospital
- CCN – CMS Certification Number
- CHIPRA – Children's Health Insurance Program Reauthorization Act of 2009
- CMS – Centers for Medicare & Medicaid Services
- CNM – Certified Nurse Midwife
- CPOE – Computerized Physician Order Entry
- CQM – Clinical Quality Measures
- CY – Calendar Year
- EHR – Electronic Health Record
- EP – Eligible Professional
- eRx – E-Prescribing
- FFS – Fee-for-service
- FQHC – Federally Qualified Health Center
- FFY – Federal Fiscal Year
- HHS – U.S. Department of Health and Human Services
- HIT – Health Information Technology
- HITECH Act – Health Information Technology for Economic and Clinical Health Act
- HITPC – Health Information Technology Policy Committee
- HIPAA – Health Insurance Portability and Accountability Act of 1996
- HPSA – Health Professional Shortage Area
- MA – Medicare Advantage
- MCMP – Medicare Care Management Performance Demonstration
- MU – Meaningful Use
- NCVHS – National Committee on Vital and Health Statistics
- NP – Nurse Practitioner
- NPI – National Provider Identifier
- NPRM – Notice of Proposed Rulemaking
- OMB – Office of Management and Budget
- ONC – Office of the National Coordinator of Health Information Technology
- PA – Physician Assistant
- PECOS – Provider Enrollment, Chain, and Ownership System
- PPS – Prospective Payment System (Part A)
- PQRI – Medicare Physician Quality Reporting Initiative
- Recovery Act – American Reinvestment & Recovery Act of 2009
- RHC – Rural Health Clinic
- RHQDAPU – Reporting Hospital Quality Data for Annual Payment Update
- TIN – Taxpayer Identification Number