CMS and ONC eHealth Vendor Workgroup

December 12, 2013
12:00 PM ET

Agenda	Speaker
Interoperability and Patient Access through View, Download, and Transmit (VDT)	Kathleen Connors DeLaguna
VDT Questions	Kathleen Connors DeLaguna, Steve Posnack, and Paul Tuten
Quality Measurement Update	Minet Javellana
Quality Measurement Questions	Minet Javellana
ICD-10 Readiness	Liz Avila
ICD-10 Questions and Discussion	Liz Avila

eHealth
CENTERS FOR MEDICARE & MEDICAID SERVICES

Stage 2 Exchange Requirements

Stage 2 Exchange Requirements

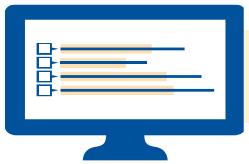
Meaningful use Stage 2 objectives involve a lot of health information exchange

These objectives require EHR interoperability to exchange health information

Examples

- Provider-to-Provider (e.g., Transitions of Care [ToC])
- Provider-to-Patient (e.g., View, Download, Transmit [VDT])
- E-prescribing
- Lab results reporting
- Public health reporting

eHealth
CENTERS FOR MEDICARE & MEDICAID SERVICES



1. Summary of Care

Summary of Care

Objective	EP who transitions patient to another setting of care or provider of care or refers patient to another provider of care should provide summary care record for each transition of care or referral
Measures	EPs must satisfy both of the following measures in order to meet the objective: **Measure 1:** EP who transitions or refers 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 **Measure 2:** EP who transitions or refers patient to another setting of care or provider of care provides a summary of care record for more than 10% of such transitions and referrals either (a)electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the NwHIN **Measure 3:** EP must satisfy one of following criteria: • Conducts one or more successful electronic exchanges of a summary of care document, as part of which is counted in "measure 2" (for EPs the measure at §495.6(j)(14)(ii)(B) with a recipient who has EHR technology that was developed designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2) • Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period
Exclusion	EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during EHR reporting period is excluded

Why Summary of Care?

Purpose: Ensure provider who transitions a patient to someone else's care gives receiving provider most up-to-date information available

- When EP transitions patient to another setting or provider of care, or refers patient to another provider, EP should provide a summary of care record for next provider of care
- Information generally limited to what is available to EP and in certified EHR technology at time summary of care is generated.

Measure Guidance

- Unlike clinical summary and patient online access objectives, EP **must** verify that info was entered into EHR for problem list, medication list, medication allergy list, and care plan prior to generating summary of care
- Problem list, medication list, medication allergy list, and care plan must either contain specific information or a notation that the patient has none of these items
- Leaving field blank would not allow provider to meet objective
  - If other data elements from required list is not available in EHR at time summary of care is generated, that info does not have to be made available in summary of care
- Fields for problem list, medication list, medication allergy list, and care plan must either contain problems, medications, and medication allergies, and a care plan, or a specific notation that patient has none of these items

Information Requirements for Summary of Care

Information Requirements for Summary of Care Measure

- Patient name
- Referring or transitioning provider's name and office contact information (EP only)
- Procedure
- Encounter diagnosis
- Immunizations
- Laboratory test results
- Vital signs (height, weight, blood pressure, BMI)
- Smoking Status
- Functional Status, including activities of daily living, cognitive and disability status
- Demographic information (preferred language, sex, race, ethnicity, date of birth)
- Care plan field, including goals and instructions**
- Care team including the primary care provider of record and any additional known care team members beyond the referring or transitioning provider and the receiving provider
- Reason for referral
- Current problem list (EPs may also include historical problems at their discretion)**
- Current medication list**
- Current medication allergy list**

**Required Fields

Enter information into certified EHR technology

Withhold any information provider determines could cause possible harm

Verify presence of elements; Problem List, Medication List, and Medication Allergy List

Create C-CDA

Provide summary of care record when patient is transferred to another setting of care or referred to another provider

Key questions from EPs, EHs and CAHs on MU Stage 2 Exchange

- Snomed CT standard in which they must be recorded in the EHR for it to count in the numerator of the measure and if legacy problems are included in EHR they must be mapped to Snomed CT FAQ #9274
- Timeframe for Hospitals sending summary of care as defined by existing regulations
- CMS test EHR documentation and site will be available by year end
- Important to first clearly define

  Denominator=Number of transitions of care/ referrals where the EP was the transferring or referring provider

If the provider to whom the referral is made or to whom the patient is transitioned already has access to the medical record maintained by the referring provider then the summary of care record would not need to be provided, and the patient should ***not*** *be included in the denominator for transitions of care*.

eHealth
CENTERS FOR MEDICARE & MEDICAID SERVICES

2. Patient Electronic Access

Patient Electronic Access

Objective	Provide patients ability to view online, download and transmit their health info within 4 business days of the info being available to EP
Measure	**Measure 1:** More than 50% of all unique patients seen by EP during EHR reporting period provided timely (available to patient within 4 business days after info available to EP) online access to their health info **Measure 2:** More than 5% of all unique patients seen by EP during EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health info
Exclusion	EP who: **(1)** Neither orders nor creates any info listed for inclusion as part of both measures, except for "Patient name" and "Provider's name and office contact info, may exclude both measures **(2)** Conducts 50% or more of patient encounters in a county that does not have 50% or more of its housing units with 3Mbps broadband availability according to latest info available from FCC on first day of EHR reporting period may exclude only second measure

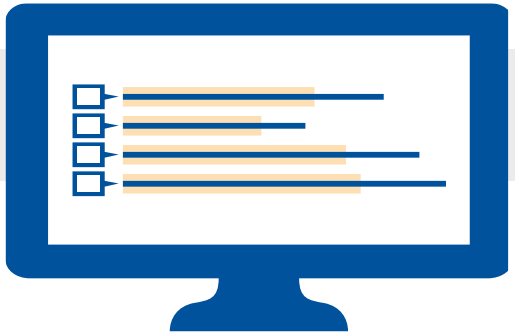
Why Patient Electronic Access?

Purpose: Allows patients easy access to health info so they can make informed decisions regarding care and share most recent clinical info with other health care providers and personal givers

- Requirements for patient electronic access are similar to those for clinical summaries
- Patient electronic access measure requires EPs to provide patients ability to view online, download, and transmit their health information within four (4) business days of information being available to provider

Measure Guidance

- Unlike clinical summaries, which are tied to specific office visits, providing patient electronic access to info is ongoing requirement
- If a specific data field is not available to EP at time info is sent to patient portal, that info does not have to be made available online and EP can still meet objective
- As new info for specific items listed becomes available to provider, that info must be updated and made available to patient online within four (4) business days
- All info available at time info is sent to patient portal must be made available to patient online
- EP may withhold any info from online disclosure if he or she believes providing such info may result in significant harm
- Fields for problem list, medication list, medication allergy list, and care plan must either contain problems, medications, and medication allergies, or a specific notation that patient has none



Information Requirements for Patient Access

Information Requirements for Clinical Summary Measure

- Patient name
- Provider's name and office contact information
- Current and past problem list
- Procedures
- Laboratory test results
- Current medication list and medication history
- Current medication allergy list and medication allergy history
- Vital signs (height, weight, blood pressure, BMI growth charts)
- Smoking status
- Demographic Information (preferred language, sex, race, ethnicity, date of birth)
- Care plan field(s), including goals and instructions
- Any known care team members including the primary care provider (PCP) of record

Unless the information is not available in certified HER technology (CEHRT), is restricted from disclosure due to any federal, state, or local law regarding the privacy of a person's health information, including variations due to the age of the patient, or the provider believes that substantial harm may arise from disclosing particular health information in this manner.

Enter information into certified EHR technology as it becomes available

Withhold from online disclosure any information provider determines could cause possible harm

Make modified information available to patient online within four (4) business days

Key questions from EPs, EHs and CAHs on MU Stage 2 View, Download and Transmit

- Snomed CT standard in which they must be recorded in the EHR for it to count in the numerator of the measure and if legacy problems are included in EHR they must be mapped to Snomed CT FAQ #9274
- In order to count a patient in the numerator do they have to do all 3?

  Any one of the three actions will allow providers to count a patient in the numerator
- Measure is not counting CCD-A documents but rather whether the data/information required is made available to the patient
- Halo Effect

  If a patient is seen by multiple providers which get credit for VDT?

  If a provider can count a patient in their denominator, they will get credit in their numerator when a patients takes any one of these actions
- If the information is not available in certified EHR technology (CEHRT) within the designated timeframes, and/or is restricted from disclosure due to any federal, state, or local law regarding the privacy of a person's health information, or if the provider believes that substantial harm may arise from disclosing particular health information to patients in this manner the provider must document their justification for not making this information available for patients to view, download or transmit.

Questions?

HQMF XML Process Improvement- Next Steps

Minet Javellana- CMS
Mindy Hangsleben- HHS LEAN Innovation Fellow
Tim Jackson- CMS

Background

- Current Healthcare Quality Measure Format R1
  - Provides a standardized format for developing and implementing electronic clinical quality measures (eCQM)
  - Utilized by CMS for authoring eCQM
  - Utilized by ONC for certification testing
- Reality – not consistently used by the vendor community
- For future eCQM: up-version the HQMF

HQMF Engagement Goals

- Employ LEAN tools to build, measure, learn by understanding the current process through technical expert participant engagement
- Focus on increased engagement with vendors and measure developers
- Continue to pursue an integrated path for HQMF members under a shared vision for: 1) VSAC Versioning 2) Measure Authoring Tool Versioning 3) QRDA 1 and 3 Fields and updates.

eHealth
CENTERS FOR MEDICARE & MEDICAID SERVICES

Points to Consider

- How do vendors consume eCQM's (HQMF)?
  - What barriers exist?
- How do we get more consistent output?
- How could Feds make ≠attestation/reporting easier?
  - What barriers do standards impose?
- What are providers saying and experiencing?
  - How do vendors and providers/systems share the workflow burden?
- What is good about the current standards?

HQMF Improvement Timeline

Versioning Summit- November 2013

Survey of Vendors- December 2013– January 2014

- Identify representative vendors and developers for a feedback group

eCQM Kaizen #2 - February 2014

- Current state map walk

Implement Future state of HQMF – For MU3

eCQM Kaizen #1 Results

- Reduced contract package review time from 8 WEEKS to 4 WEEKS
- MUC list clearance reviews reduced from 23 to 1
- Auto Triage for Public Comment in FDMS initial testing complete
- MAT/VSAC Integrated
- Increased quality, transparency , collaboration, defect reduction

eCQM Kaizen #2

- Dates: Feb 10th – 14th
- Location: Washington, DC
- Will include stakeholders/technical experts from all parts of the process (including the customers patients/providers/EHR vendors/Measure developers etc.)
- During the event we will do the following
- Observe the current processes which are in place today
- Identify where we can eliminate waste/improve the process with potential re-design
- Create the future process to be implemented in the next 6-12 mos. along with a detailed implementation plan
- Create indicators to monitor the improvements real time

eCQM Kaizen #2 Potential Scope

Processes that support the following:

Harmonization – Look at value set process and create a process for all harmonization for measures

Clinical Decision Support – Development of a CDS, Standard Validation, Site Implementation

Testing – National Test Bed, Implementation of the Harmonized Data Model (Creation of the QDM Implementation of a new data model), Integrating testing into the MAT, JIRA for measure development

Measure Implementation of the EHR – Starting with the consumption of HQMF ending with being ready for certification

EHR Certification - Cypress, CDS in scope

Site Implementation of EHR - TBD

EH and EP Reporting back to CMS - QRDA for EH and EP measures (include how making a change to the QRDA affects the reporting and HL7 Standards how do we work with different ways of standards and versioning)

eCQM Update Process – Update is needed in a measure, Update completed and implemented in the EHR

Kaizen Participation Opportunity

- Need to be able to commit to the full event, 4.5 days
- Post the event help with implementing the future state
- Funds are not available for government to pay for any travel expenses to the event
- Technical experts in:
  - Certification
  - HQMF and/or programming
  - Measure data calculation
  - EHR Implementation
- Variety of vendors: small, medium, large

Next Steps

Survey for vendors

- To establish baseline on experience with HQMF R1
- To guide CMS and ONC as we up version HQMF R1
- Will be sent through this distribution list
- Return completed surveys by January 15, 2014
- Use data to guide Current State Map Walk in February 2014 Kaizen

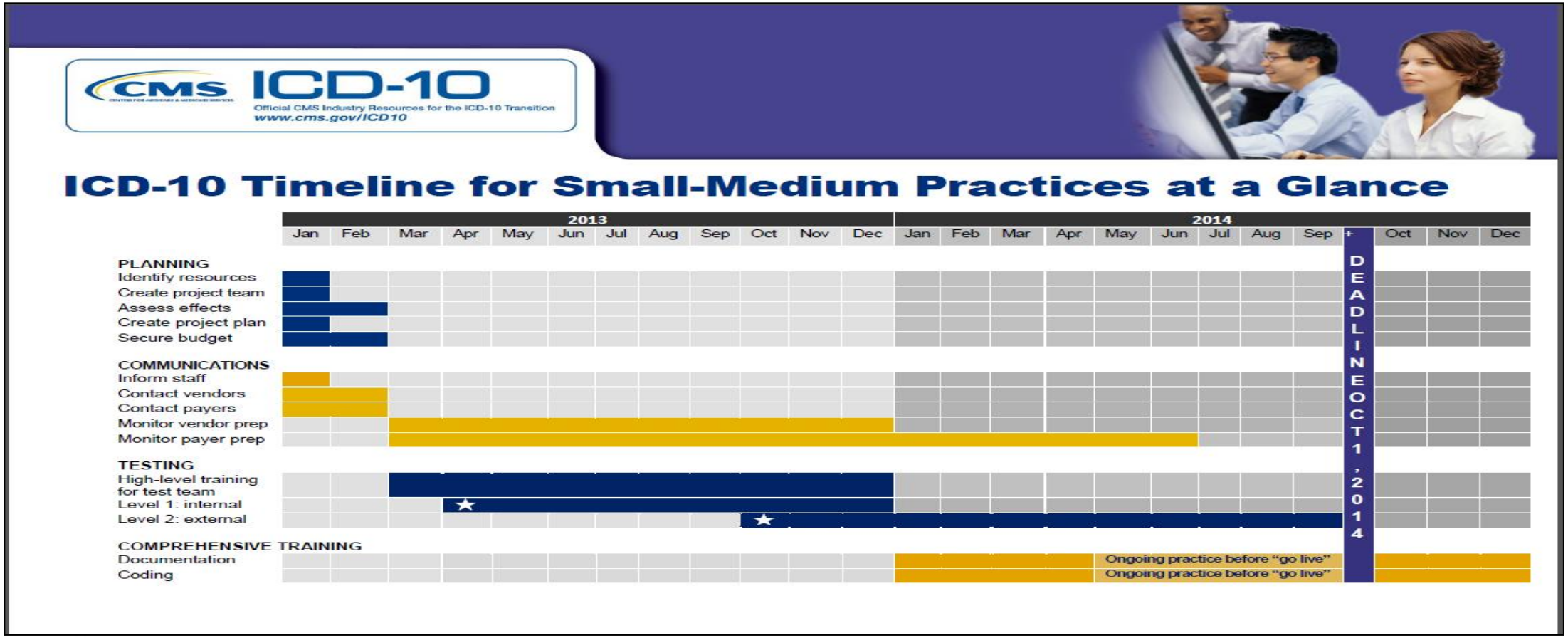
Questions?

CMS ICD-10 Update

ICD-10 Compliance Date

The compliance deadline for ICD-10-CM and PCS is **October 1, 2014**

ICD-10 Timelines



CMS ICD-10
Official CMS Industry Resources for the ICD-10 Transition
www.cms.gov/ICD10

ICD-10 Implementation Update

Planning & Analysis	Design & Development	Internal Testing

CMS Implementation

- ✓ On track for October 1, 2014- Internal Testing Phase
- ✓ Bi-weekly Executive Steering Committee Meetings
- ✓ Weekly Risk Planning Meetings
- ✓ Monthly Dashboard Status

States

- ✓ Quarterly Assessments for the State Medicaid Agencies
- ✓ Ongoing State Medicaid Agency technical assistance and training

ICD-10 Implementation Update

Planning & Analysis	Design & Development	Internal Testing

CMS Implementation

Industry

- ✓ April National Medicare FFS Provider Call- Reached **12,500** providers
- ✓ August National Medicare FFS Provider Call- Reached **27,000** providers
- ✓ Continuing online training for industry – Reaching **16,000** per quarter
- ✓ Website- Reached **98,000** in September, a **20,000** increase since July
- ✓ Listserv – Reaching **130,000** people
- ✓ Free technical assistance and training with small provider groups, rural health providers, and safety net organizations **NEW** – Online Training Module Series (2 New Training Videos)
- ✓ **NEW** – Online ICD-10 Guide
- ✓ **Coming Soon-** Small Provider Action Plan

CMS Industry Tools and Information

CMS Industry Resources

- **Now**- 2014 General Equivalence Mappings are available for public use
- **Now**- The ICD-10 test grouper currently is available for ICD-10 development purposes
- **Now**- ICD-10 Reimbursement Mappings are available
- **Now**-National Coverage Determinations
- **April 2014** - Local Coverage Determinations available to industry
- **July 2014** - Home Health Groupers, Inpatient Rehab (Case Mix Groupers), Resource Utilization Groups
- **August/September 2014** - ICD-10 grouper will be available

ICD-10 Resources

ICD-10 Website

- http://www.cms.gov/Medicare/Coding/ICD10/index.html

Implementation Guides

- https://implementicd10.noblis.org

Mapping (GEMs)

- **GEMs Crosswalk documents**
  - http://cms.hhs.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html
- **GEMs 2014 General Equivalence Mappings** (Technical Document (zip file)
  - http://cms.hhs.gov/Medicare/Coding/ICD10/2014-ICD-10-PCS.html

ICD-10 Resources

Medicare Learning Network Articles

- http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html?redirect=/mlngeninfo

ICD-10 National Provider Calls

- http://www.cms.gov/Medicare/Coding/ICD10/CMS-Sponsored-ICD-10-Teleconferences.html

National Coverage Determinations (NCDs)

- http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx

Medicare Testing Week

- http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8465.pdf.

ICD-10 Resources

Medicare Reimbursement Mappings

- 2014 Reimbursement Mappings – Diagnosis Codes and Guides http://cms.hhs.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html
- 2014 Reimbursement Mappings – Procedure Codes and Guides http://cms.hhs.gov/Medicare/Coding/ICD10/2014-ICD-10-PCS.html
- Links to ordering the ICD-10 Pilot Version 31.0 Mainframe and PC version of the ICD-10 MS-DRGs and Medicare Code Editor (FY 2014 version) from NTIS have been placed on the CMS website under the Related Links section at http://cms.hhs.gov/Medicare/Coding/ICD10/ICD-10-MS-DRG-Conversion-Project.html
- http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html?redirect=/mlngeninfo

Medicare Claims Processing Guidance for ICD-10

- http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7492.pdf

For More Information

ICD-10 Implementation Questions

icd10questions@noblis.org