

# October eHealth Vendor Workgroup

October 16, 2014  
12:00 PM ET

# Agenda

Agenda Item	Speaker
<b>Joint Commission 2015 Plans</b>	Patty Craig
<b>New Standards for eCQM Development</b>	Timothy Jackson, Jeffrey Hammer, Marc Hadley, Peter Krautscheid, Cynthia Cullen, and Balu Balasubramanyam
<b>ONC Transitions of Care Resource</b>	Brett Andriesen
<b>Updates on the EHR Incentive Programs</b> <ul style="list-style-type: none"><li>• Hardship Exception Application Extension</li><li>• Attestation System and CHPL Updated for 2014 CEHRT Flexibility Options</li><li>• Meeting Meaningful Use in 2015 with 2014 CEHRT for Eligible Hospitals</li></ul>	Elisabeth Myers



# **Joint Commission 2015 Flexible ORYX Performance Measurement Reporting**

**October 16, 2014**

**Patty Craig, MS MIS  
Associate Project Director  
Division of Healthcare Quality Evaluation  
The Joint Commission**

# Joint Commission's eCQM Activities

- ▶ Started working with the AMA in 2007 and transitioned to the HITSP work
- ▶ Measure Steward and developer of the VTE, STK, PC, and CAC eCQMs being used by CMS and The Joint Commission
- ▶ Working with CMS, ONC, and other eCQM measure developers

# Joint Commission's eCQM Activities

- ▶ Actively involved in HL7 Clinical Quality Information (CQI) and Clinical Decision Support (CDS) workgroups as it relates to eCQM standards
- ▶ Working towards production receipt of eCQM data for the past 2 years with our ORYX eMeasure Pilot vendors
- ▶ Transitioning from Pilot to Production as of 2015

# 2015 Flexible ORYX Performance Measurement Reporting

- ▶ Accredited hospitals are provided greater flexibility to meet ORYX performance measure reporting requirements
- ▶ Maintaining current requirement for reporting on six sets of measures with flexibility in measure set selection

# 2015 Flexible ORYX Performance Measurement Reporting

- Effective 1/1/2015 hospitals will **no longer** have to report on 4 sets of **mandatory** measures (i.e., AMI, HF, PN, SCIP)
- Only 1 measure set - **perinatal care** - **will remain mandatory** in CY2015 as one of the six sets of measures for those hospitals with at least 1,100 live births per year.

# 2015 Flexible ORYX Performance Measurement Reporting

- ▶ Added value for Joint Commission customers while continuing to meet our mission
  - Continued and increased national focus on performance measurement
  - Adoption of electronic health records
  - Mission: To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.

# 2015 Flexible ORYX Performance Measurement Reporting

- ▶ More Closely Align with CMS
  - Reduction in the number of measure sets and the numbers of measures within specific Measure Sets
  - Reduced Data Collection Effort
  - Enhanced efficiencies for hospitals in meeting data collection and reporting requirements

# Flexible Reporting Options Available Effective January 1, 2015

<b>OPTION 1</b> → <b>OR</b> → <b>OPTION 2</b> → <b>OR</b> → <b>OPTION 3</b>																							
<b>Select and Report Data on:</b> <b>Modified Sets of Chart-Abstracted Measures</b>	<b>Select and Report Data on:</b> <b>eCQM Measure Sets Only</b>	<b>Select and Report Data on:</b> <b>Combination of Chart-Abstracted and eCQM Measure Sets</b>																					
<ul style="list-style-type: none"> <li>Select and report on six of twelve sets of chart-abstracted measures for calendar year 2015 applicable to the services provided and patient populations served by the hospital</li> <li>Perinatal Care will remain required as one of the six sets if applicable, i.e., at least 1,100 live births per year</li> </ul>	<ul style="list-style-type: none"> <li>Select and report on six of the seven eCQM sets applicable to the services provided and patient populations served by the hospital. Report on a minimum of one calendar quarter or up to three consecutive calendar quarters for 2015.</li> <li>Perinatal Care will remain required as one of the six sets if applicable, i.e., at least 1,100 live births per year</li> </ul>	<ul style="list-style-type: none"> <li>Select and report on six sets of core measures applicable to the services provided and patient populations served by the hospital</li> <li>Perinatal Care will remain required as one of the six sets if applicable, i.e., at least 1,100 live births per year</li> <li>Measure sets will be selected from among the available complement of core measure sets (See Options 1 and 2)</li> <li>Hospitals wishing to select this option and that may be interested in reporting on the same set(s) of chart-abstracted and eCQM Measures should contact Frank Zibrat at 630-792-5992 or via e-mail at <a href="mailto:fzibrat@jointcommission.org">fzibrat@jointcommission.org</a></li> <li>See notes under Option 2</li> </ul>																					
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[http://www.jointcommission.org/performance\\_measurement.aspx](http://www.jointcommission.org/performance_measurement.aspx)



# Joint Commission Measure Sets include 12 Required IQR Measures (chart-abstracted or electronic submission)

- |          |         |
|----------|---------|
| ▶ AMI-7a | ▶ STK-8 |
| ▶ ED-1   | ▶ VTE-1 |
| ▶ ED-2   | ▶ VTE-2 |
| ▶ PC-01  | ▶ VTE-3 |
| ▶ STK-4  | ▶ VTE-5 |
| ▶ STK-6  | ▶ VTE-6 |

# The Joint Commission's 2015 eCQMs & National Quality Strategy Domains

## Care Coordination

STK-10

## Clinical Process/Effectiveness

VTE-3 and 4  
STK-2, 3, 4, 5, and 6  
PC-01 and PC-05/05a  
AMI-7a

## Efficient Use of Healthcare Resources

## Patient and Family Engagement

VTE-5  
STK-8  
CAC-3  
ED-1a and 2a

## Patient Safety

VTE-1, 2, and 6  
SCIP-Inf-1a and 9

## Population and Public Health



# Updating Hospital 2015 ORYX Measure Reporting Options

- Hospitals will be required to update their selections of measure sets/measures during November 2014
  - This includes who their ORYX vendors will be for each chart-based measure set and/or eCQM measure set

# 2015 eCQM Selections

## Option 3 - Combination

Hospitals must select 6 **UNIQUE** measure sets.

Associated chart-abstracted and eCQM measure sets = 1 measure set for accreditation and billing purposes.

e.g., AMI chart-abstracted + AMI eCQM = 1 measure set

Chart-Abstracted	eCQM
AMI (1 measure)	AMI (1 measure)
CAC (1 measure)	CAC (1 measure)
ED (2 measures)	ED (2 measures)
PC (5 measures)	PC (2 measures)
STK (8 measures)	STK (7 measures)
SCIP (1 measure)	SCIP (2 measures)
VTE (5 measures)	VTE (6 measures)
IMM (1 measure)	n/a
HBIPS (7 measures)	n/a
SUB (4 measures)	n/a
TOB (4 measures)	n/a
OP measures	n/a
<b>12 measure sets</b>	<b>7 measure sets</b>

# 2015 eCQM Selections and Joint Commission Certification

- ▶ Primary Stroke Center Certification (PSC) and Comprehensive Stroke Center Certification (CSC) Hospitals
  - **MUST USE** chart-based Stroke measure set
  - May also use Stroke eCQM measure set
    - If they submit both chart-based and eCQMs, if applicable, it will only count as 1 measure set for accreditation purposes
    - eCQM data will not be used for certification purposes



# 2015 eCQM Selections and Perinatal Care (PC)

- ▶ **MUST USE** PC if the hospital has at least 1,100 live births per year
- ▶ Can use either chart-based or eCQM PC measure set
- ▶ May use both, but still only counts as 1 measure set for accreditation purposes



# 2015 eCQM Selections and Free-Standing Psychiatric Hospitals

- ▶ **MUST CONTINUE** to use the chart-based HBIPS measures
- ▶ Hospitals with inpatient psychiatric units may also select this set to meeting their ORYX requirements

# 2015 eCQM Selections

## Option 3 - Combination



- Why use both the chart-based and eCQM associated measure set?
  - Get eCQM data flowing while ensuring accreditation requirements are met with the chart-based measures
  - Receive an ORYX Performance Measure Report for both measure sets so hospital can start seeing the differences in their measure results!

# Reminder



2015 Flexible ORYX Performance Measure Reporting Options document posted under the “Measurement” section of the Joint Commission’s website at

[http://www.jointcommission.org/performance\\_measurement.aspx](http://www.jointcommission.org/performance_measurement.aspx)

# Joint Commission 2015 eCQM Data Receipt

- ▶ Hospital data must be submitted by a Listed ORYX eCQM Vendor
- ▶ ORYX eCQM Vendor technology ***must be certified*** as meeting the ONC-ACB 2014 Edition certification criteria for import and calculate (c.2) and electronically submit (c.3) inpatient electronic clinical quality measures (eCQMs).

# Joint Commission 2015 eCQM Data Receipt

- ▶ In addition, Listed ORYX eCQM Vendors must be ONC-ACB certified for the specific eCQMs they will be offering to their clients.
- ▶ In alignment with CMS, The Joint Commission will only accept data consistent with the April 2014 eCQM specifications posted on the CMS website<sup>1</sup>

<sup>1</sup> [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM\\_Library.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html)

# Joint Commission 2015 eCQM Data Receipt

- ▶ File format – QRDA Category 1 with CMS modifications + Joint Commission modifications
  - Adopting CMS 2015 QRDA IG
  - Modifying their IG for:
    - HCO ID
    - PHI metadata and Vendor Tracking ID
    - eMeasure results\*

\***NOTE:** eCQM results sent within the QRDA Category 1 file *IS* part of the HL7 standard!

# Joint Commission 2015 eCQM Data Receipt

## ■ eCQM Data Must:

- Be reported for a minimum of one quarter OR up to three consecutive calendar quarters
- Include either 1st Quarter 2015 and/or 2nd Quarter 2015 and/or 3rd Quarter 2015 data

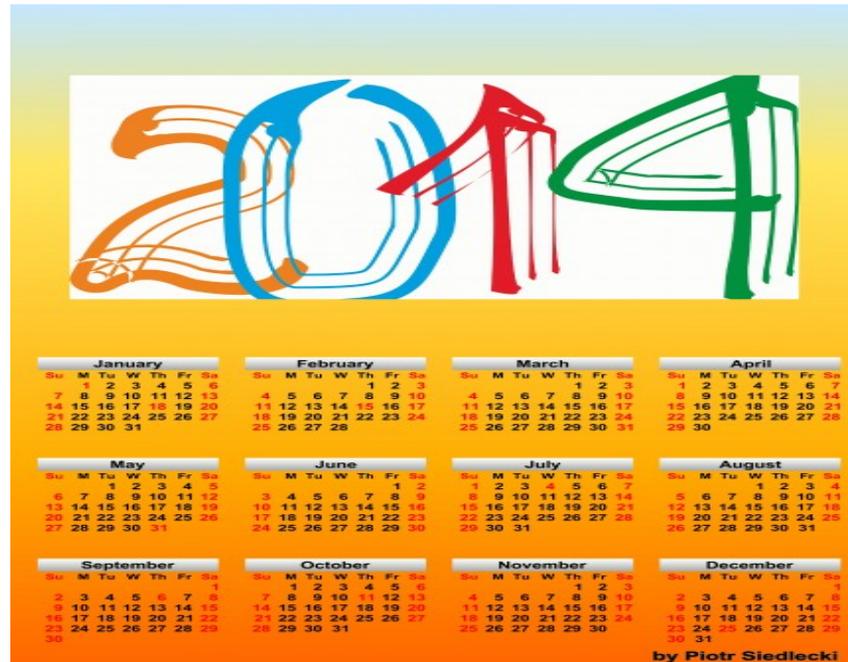
# Joint Commission 2015 eCQM Data Receipt

- ▶ Unlike the requirement for the quarterly submission of chart-abstracted data no later than four months after the close of the calendar quarter
  - eCQM measure data may be submitted beginning as early as June 2015 and must be received no later than December 15, 2015.

# Ongoing Compliance with ORYX Requirements

- ▶ Hospitals failing to submit data are at risk of failing to meet The Joint Commission's existing Accreditation Participation Requirement, APR.04.01.01, respecting the selection and use of ORYX measure sets through a listed ORYX vendor and placing their accreditation status at risk.

# Reminder: Reporting on 2014 Measure Set Selections Must Continue Through CY2014



# QDM Introduction

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**Balu Balasubramanyam, MITRE**

# QDM – Summary of Changes

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- Broad range of changes made to:
  - Simplify existing measure complexity
  - Support better expressivity of clinical quality measures.
  
- Two versions released during MITRE's stewardship beginning Jan 1, 2014.
  - restructured document layout
  - re-introduced operator definitions, and new operators and capabilities

# QDM – Summary of Changes

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- Some of the changes to QDM include:
  - Ability to perform variable assignments
  - Ability to add inline comments
  - Introduction of new operators - *Age At* , *Satisfies any* / *Satisfies all*, *Overlaps*
  - Eight new temporal operators for including concurrency
  - Approx 20 Datatypes/Attributes clarified / removed due to ambiguity.
  - Addition of General relationships.
- Total of 32 QDM changes since January 1, 2014.
- The current QDM specification can be found at:
  - <http://www.healthit.gov/quality-data-model>
- Contact : [qdm@MITRE.org](mailto:qdm@MITRE.org)

# **Comparison of eCQM Pre- and Post-R2/QDM Updates: Example**

**Cindy Cullen, Mathematica Policy Research**

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**October 16, 2014**

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# Example

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- **CMS135 Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker for Left Ventricular Systolic Dysfunction (LVSD)**
- **Denominator**
  - All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40%
- **Numerator**
  - Patients who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge
- **Exceptions**
  - Documentation of medical, system, or patient reasons for not prescribing ACE or ARB therapy



# Revisions

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- **Simplify logic through use of new temporal logic statements and use of variables**
  - AND: "Occurrence A of Encounter, Performed: Care Services in Long-Term Residential Facility" during "Measurement Period"
  - AND: "Occurrence A of Diagnosis, Active: Heart Failure" starts before or during "Occurrence A of Encounter, Performed: Care Services in Long-Term Residential Facility"
  - AND NOT: "Occurrence A of Diagnosis, Active: Heart Failure" ends before start of "Occurrence A of Encounter, Performed: Care Services in Long-Term Residential Facility"
- **becomes**
  - $\$LTRFEnc =$ 
    - "Encounter, Performed: Care Services in Long-Term Residential Facility" satisfies all
      - » during "Measurement Period"
      - » overlaps "Diagnosis, Active: Heart Failure"

# Revisions

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- **Simplify logic by defining a single variable made up of several variables**
- **This block of code is repeated 7 times with 7 different encounter types**
  - AND: "Occurrence A of **Encounter, Performed**: Care Services in Long-Term Residential Facility" during "Measurement Period"
  - AND: "Occurrence A of Diagnosis, Active: Heart Failure" starts before or during "Occurrence A of Encounter, Performed: Care Services in Long-Term Residential Facility"
  - AND NOT: "Occurrence A of Diagnosis, Active: Heart Failure" ends before start of "Occurrence A of Encounter, Performed: Care Services in Long-Term Residential Facility"
- **By defining each block as a separate variable, we can combine into a single variable and replaced 29 lines of code with**
  - AND: Occurrence A of \$UnionEnc
- **where**
  - **\$UnionEnc = Union of**
    - \$LTRFEnc + 6 other variables

# Revisions

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- **Simplify logic by reusing variable across denominator, numerator, and exceptions**
- **Used \$UnionEnc to streamline code for**
  - **1 initial population code block**
  - **3 denominator code blocks**
  - **2 numerator code blocks**
  - **10 exception code blocks**
- **Use of occurrencing with the variable allowed us to ensure match between initial population/denominator and numerator encounters**

# Revised Measure Logic for CMS135

## CMS 135 Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

- **Initial Population** =
  - AND: Age >= 18 year(s) at: "Measurement Period"
  - AND:
    - OR:
      - Count >= 2 of: **Union of**
        - "Encounter, Performed: Care Services in Long-Term Residential Facility" during "Measurement Period"
        - "Encounter, Performed: Home Healthcare Services" during "Measurement Period"
        - "Encounter, Performed: Nursing Facility Visit" during "Measurement Period"
        - "Encounter, Performed: Office Visit" during "Measurement Period"
        - "Encounter, Performed: Outpatient Consultation" during "Measurement Period"
        - "Encounter, Performed: Patient Provider Interaction" during "Measurement Period"
      - OR: "Encounter, Performed: Discharge Services - Hospital Inpatient" during "Measurement Period"
  - AND: Occurrence A of **\$UnionEnc**
- **Denominator** =
  - AND: Initial Population
  - AND:
    - OR: "Diagnostic Study, Performed: Ejection Fraction (result < 40 %)" starts before end of Occurrence A of **\$UnionEnc**
    - OR: "Diagnosis, Active: Moderate or Severe LVSD" starts before end of Occurrence A of **\$UnionEnc**
    - OR: "Diagnosis, Active: Left Ventricular Systolic Dysfunction (severity: Moderate or Severe)" starts before end of Occurrence A of **\$UnionEnc**
- **Denominator Exclusions** =
  - None
- **Numerator** =
  - AND:
    - OR: "Medication, Order: ACE Inhibitor or ARB" during Occurrence A of **\$UnionEnc**
    - OR: "Medication, Active: ACE Inhibitor or ARB" overlaps Occurrence A of **\$UnionEnc**
- **Numerator Exclusions** =
  - None
- **Denominator Exceptions** =
  - OR: "Medication, Intolerance: ACE Inhibitor or ARB" starts during Occurrence A of **\$UnionEnc**
  - "Medication, Intolerance: ACE Inhibitor or ARB" starts during Occurrence A of **\$UnionEnc**
  - "Medication, Intolerance: ACE Inhibitor or ARB" starts during Occurrence A of **\$UnionEnc**
  - "Medication, Intolerance: ACE Inhibitor or ARB" starts during Occurrence A of **\$UnionEnc**
  - OR: "Medication, Allergy: ACE Inhibitor or ARB Ingredient" overlaps Occurrence A of **\$UnionEnc**
  - OR: "Diagnosis, Active: Allergy to ACE Inhibitor or ARB" overlaps Occurrence A of **\$UnionEnc**
  - OR: "Medication, Intolerance: ACE Inhibitor or ARB" overlaps Occurrence A of **\$UnionEnc**
  - OR: "Diagnosis, Active: Intolerance to ACE Inhibitor or ARB" overlaps Occurrence A of **\$UnionEnc**
  - OR: "Diagnosis, Active: Pregnancy" overlaps Occurrence A of **\$UnionEnc**
  - OR: "Diagnosis, Active: Renal Failure Due to ACE Inhibitor" overlaps Occurrence A of **\$UnionEnc**
- **Stratification** =
  - None

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## Data Criteria (ODM Variables)

- **\$LTCEnc** =
  - "Encounter, Performed: Care Services in Long-Term Residential Facility" satisfies all
    - during "Measurement Period"
    - overlaps "Diagnosis, Active: Heart Failure"
- **\$HHEnc** =
  - "Encounter, Performed: Home Healthcare Services" satisfies all
    - during "Measurement Period"
    - overlaps "Diagnosis, Active: Heart Failure"
- **\$NFEEnc** =
  - "Encounter, Performed: Nursing Facility Visit" satisfies all
    - during "Measurement Period"
    - overlaps "Diagnosis, Active: Heart Failure"
- **\$OVCEnc** =
  - "Encounter, Performed: Office Visit" satisfies all
    - during "Measurement Period"
    - overlaps "Diagnosis, Active: Heart Failure"
- **\$OCCEnc** =
  - "Encounter, Performed: Outpatient Consultation" satisfies all
    - during "Measurement Period"
    - overlaps "Diagnosis, Active: Heart Failure"
- **\$F2Enc** =
  - "Encounter, Performed: Face-to-Face Interaction" satisfies all
    - during "Measurement Period"
    - overlaps "Diagnosis, Active: Heart Failure"
- **\$IoptDcSycEnc** =
  - "Encounter, Performed: Discharge Services - Hospital Inpatient" satisfies all
    - during "Measurement Period"
    - overlaps "Diagnosis, Active: Heart Failure"
- **\$UnionEnc** =
  - Union of:
    - \$LTCEnc
    - \$HHEnc
    - \$NFEEnc
    - \$OVCEnc
    - \$OCCEnc
    - \$F2Enc
    - \$IoptDcSycEnc

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# Preliminary Results and Next Steps

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- **Results**
  - **Lines of code**
    - Before > 220
    - After = 30
  - **Resolves issue with consistency of encounter across measure population**
  - **Tested in Bonnie to validate intent**
- **Next steps**
  - **Vet solution with measure developers**
  - **Vet solution with MITRE**
  - **Further testing to ensure full intent of measure is maintained**

# Next: HQMF R2.1

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**Marc Hadley, MITRE**

# Introduction

- **HQMF R2.1 will be used to publish MU3 eMeasures**
  - Updated QDM is the basis for MU3 measures
- **HQMF R2.1 improves on HQMF R1 used for MU2 eMeasures**
  - Simplified Structure
  - Clearer execution model
  - Location: <https://github.com/projectcypress/health-data-standards/tree/master/resources>
- **XML format**
  - R2.1 is easier to work with than R1 but some things remain awkward due to use of HL7 RIM
  - HQMF specification: <http://www.hl7.org/dstucomments/showdetail.cfm?dstuid=109>
  - QDM-based HQMF IG: <http://www.hl7.org/dstucomments/showdetail.cfm?dstuid=120>

# Motivation

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- **HQMF R2.1 much more tractable than HQMF R1**
  - Easier to parse
  - Simpler execution model
- **Automated import has many advantages**
  - Less effort than manual measure implementation
  - Less chance of error than manual implementation
  - Faster turnaround for measure updates
  - Fix bugs in library code (e.g. temporal operators) once
  - Once you can import one measure you can rapidly add others
  
- ***Questions?***

# Next: Bonnie Demonstration

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**Pete Krautscheid, MITRE**

# Summary of Care Tip Sheets for EPs and EHs

**Brett Andriesen**  
**HHS/ONC**

**[Brett.Andriesen@hhs.gov](mailto:Brett.Andriesen@hhs.gov)**

# Implementation Tips for the Summary of Care Objective

- Tip Sheets developed with input from providers and hospitals who successfully attested to Stage 2 Meaningful Use.
- Provides background on Summary of Care Objective and Measures, with 10 Steps for EPs and EHs to consider in planning and implementation as they prepare to attest, including:
  1. Creation of a Project Team
  2. Creation of a Project Plan
  3. Implementing 2014 CEHRT
  4. Assessment of Referral Patterns
  5. Discharge/Transition/Referral Workflow Analysis
  6. Internal Communications Plan
  7. External Communications Plan
  8. Targeted Launch & Testing
  9. Go-Live
  10. Evaluation

# Implementation Tips for the Summary of Care Objective

- Available on HealthIT.gov now, with printer-friendly PDF downloads for each available.
- EP Tip Sheet:  
<http://www.healthit.gov/providers-professionals/eligible-professional-tip-sheet-meaningful-use-stage-2>
- EH Tip Sheet:  
<http://www.healthit.gov/providers-professionals/eligible-hospital-tip-sheet-meaningful-use-stage-2>

## Eligible Professional Tip Sheet for Meaningful Use Stage 2

### Implementation Tips for the Summary of Care Objective

Meaningful Use Stage 2 Summary of Care objective 15 is related to transitions of care. The objective states that an Eligible Professional (EP) who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral. There are three separate measures for the Stage 2 objective.

**Measure 1:** The EP 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 percent of transitions of care and referrals (paper or electronic transmission).

**Measure 2:** The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 10 percent 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 an eHealth Exchange participant or in a manner that is consistent with the governance mechanism (CMC) established for the nationwide health information network. eHealth Exchange was formally referred to as NaHIN in the Final Rule.

#### Measure 3:

The eligible professional must satisfy one of the two following criteria:

- Conducts one or more successful electronic exchanges of a summary of care document, which is counted in "measure 2" (for eligible hospitals and CAHs the measure at §495.603(1)(ii)(B)) with a recipient who has EHR technology that was designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2); or
- Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period. Test conducted at the [CMS/NIST EHR Randomizer](http://www.cms.gov/ehrt/randomizer).

This tip sheet is designed to support eligible professionals in their planning and implementation as they prepare to attest for Meaningful Use and successfully meet these measures. The steps include:

1. Creation of a Project Team
2. Creation of a Project Plan
3. Implementing 2014 Certified EHR Technology
4. Assessment of Referral Patterns
5. Transition/Referral Workflow Analysis
6. Internal Communications Plan

[Download the Complete Tip Sheet](#)



### Eligible Hospital Tip Sheet for Meaningful Use Stage 2: Implementation Tips for Summary of Care Objective

Meaningful Use Stage 2 Objective 12 is related to Summary of Care. The objective states that an eligible hospital or CAH that transitions their patient to another setting of care or provider of care provides a summary care record for each transition of care or referral. There are three separate measures for the objective.

**Measure 1:** The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals.

**Measure 2:** The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 10 percent 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 an [eHealth Exchange participant](http://www.healthit.gov) or in a manner that is consistent with the governance mechanism (CMC) established for the nationwide health information network. eHealth Exchange was formally referred to as NaHIN in the Final Rule.

#### Measure 3:

The eligible hospital or CAH must satisfy one of the two following criteria:

- Conducts one or more successful electronic exchanges of a summary of care document, which is counted in "measure 2" (for eligible hospitals and CAHs the measure at §495.603(1)(ii)(B)) with a recipient who has EHR technology that was designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2); or
- Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period. Test conducted at the [CMS/NIST EHR Randomizer](http://www.cms.gov/ehrt/randomizer), [http://www.healthit.gov/randomizer.nist.gov](http://www.healthit.gov/randomizer).

This tip sheet is designed to support eligible hospitals in their planning and implementation as they prepare to attest for Meaningful Use and successfully meet these measures. The steps include:

1. Creation of a Project Team
2. Creation of a Project Plan
3. Implementing 2014 Certified EHR Technology
4. Assessment of Referral Patterns
5. Discharge/Transition Workflow Analysis

# Questions, Comments, or Feedback?

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# **EHR INCENTIVE PROGRAMS UPDATES**

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## Hardship Exception Extension

- CMS has reopened the submission period for hardship applications to avoid the 2015 Medicare Payment Adjustment
- **Applications are now due November 30, 2014 at 11:59 ET**
- Previous deadline was April 1, 2014 for eligible hospitals and July 1, 2014 for eligible professionals
- This reopened submission period is **only** for providers that:
  - Have been unable to fully implement 2014 Edition CEHRT due to delays in 2014 Edition CEHRT availability; **AND**
  - Were unable to attest by July 1, 2014 (for eligible hospitals) or October 1, 2014 (for eligible professionals) using the flexibility options provided in the CMS [2014 CEHRT Flexibility Rule](#).

## Attestation System and CHPL Updated

- CMS Attestation System is updated to accept the flexibility options in the 2014 CEHRT Flexibility Rule
- Providers can go to the ONC CHPL and receive a CMS EHR Certification ID to successfully use the flexibility options
- CMS encourages hospitals to attest as soon as possible to be eligible for a 2014 incentive payment and to avoid the 2016 payment adjustment

# Meeting Meaningful Use in 2015 with 2014 CEHRT for Eligible Hospitals

- **Objectives that require 2014 Edition CEHRT be in place for the entire reporting year:**
  - Stage 1 Drug-Drug / Drug-Allergy Interaction Checks
  - Stage 2 Clinical Decision Support for Drug-Drug / Drug-Allergy
- **Public Health Objectives Flexibility – Require a test for the first demonstration, and then ongoing submission:**
  - Stage 1 and Stage 2 Immunization Registries Data Submission
  - Stage 1 and Stage 2 Electronic Reportable Lab Results
  - Stage 1 and Stage 2 Syndromic Surveillance Data Submission

*This flexibility is only allowed if it complies with local and state laws. Some states may require retro-active submission of the data from the beginning of the year if there is a delay in implementation.*

# Meeting Meaningful Use in 2015 with 2014 CEHRT for Eligible Hospitals, *cont.*

- **Threshold Objectives Flexibility**
  - Eligible hospitals may not need to have 2014 Edition CEHRT in place for the full year to be able to meet the threshold for objectives with numerators and denominators
  - If the eligible hospital meets the threshold during the reporting period, it meets the measure whether or not the function was in place for the full year
- *CMS will be sending a listserv and developing tipsheets about EPs meeting meaningful use in 2015.*

**QUESTIONS?**