

eHealth Provider Webinar

August 27, 2013



Eligible Hospitals: Preparing for Stage 2

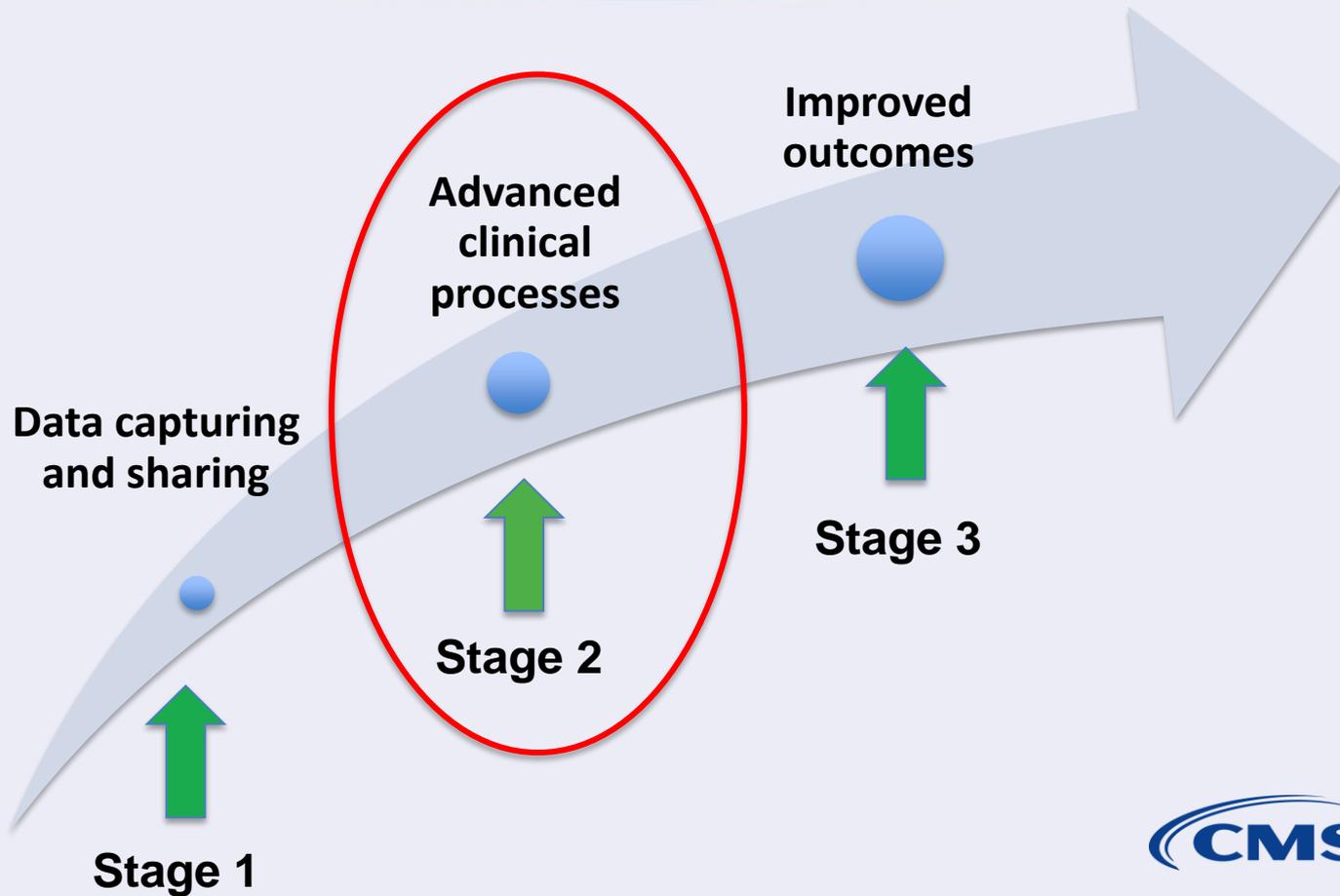
Presentation Overview

1. Background
2. Stage 2 Requirements
3. Clinical Quality Measures
4. Payment Adjustments & Hardship Exceptions
5. Q&A

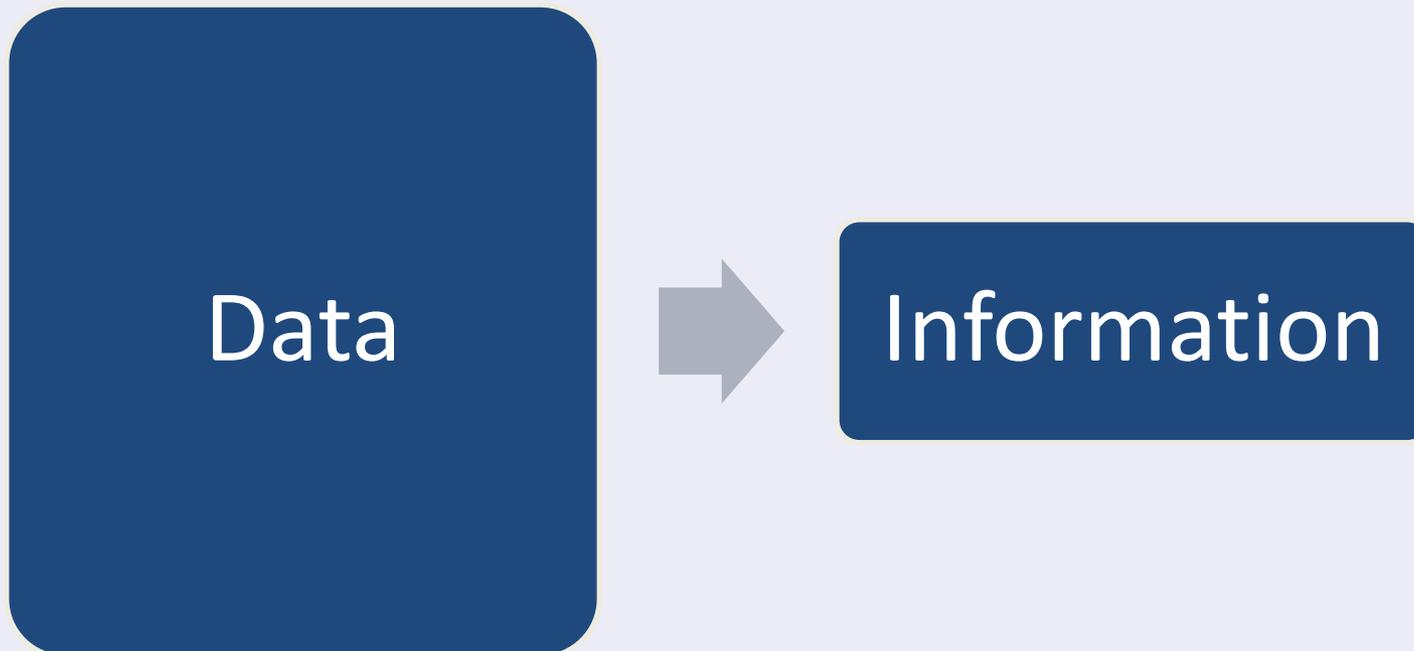


Background

Stages of Meaningful Use



Data vs. Information





Health Information
Technology is the
only feasible way to
capture all the data

HIT can also turn data
into information



Turning Data into Information

- Clinician involvement is a must in deciding whether this a clinician function or HIT function for a given data element.

– Factors:

- Is it a clinical decision?
- Does x always lead to y?
- Is the HIT information a suggestion or a hard stop?

Every Day Medical Errors

Number of patients who have an operation on the wrong side	5
Number of hospitalized patients who have something go wrong	40,000
Number of people who have a complication from a medication	10,000

Taken from presentation to CMS on Quality Improvement by Dr. Donald Berwick in 2011

Probability of Performing Perfectly

No. Elements	Probability of Success, Each Element			
	0.95	0.990	0.999	0.999999
1	0.95	0.990	0.999	0.9999
25	0.28	0.78	0.98	0.998
50	0.08	0.61	0.95	0.995
100	0.006	0.37	0.90	0.99

Taken from presentation to CMS on Quality Improvement by Dr. Donald Berwick in 2011

How Many Medication Doses?

Beds	500
Patients	24,000
Medications	240,000
Doses	2,880,000

Taken from presentation to CMS on Quality Improvement by Dr. Donald Berwick in 2011

Potential Medication Errors

Doctors – 0.1%	240
Pharmacists – 0.1%	2,880
Nurses – 0.1%	2,880
Total	6,000

Taken from presentation to CMS on Quality Improvement by Dr. Donald Berwick in 2011

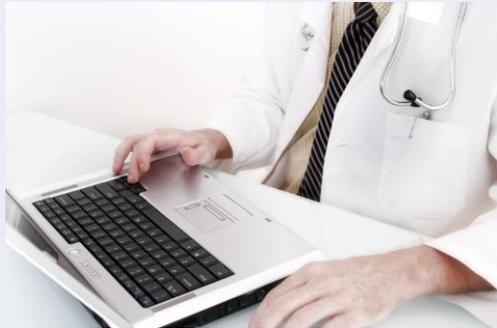
Living with 99.9% Reliability

Unsafe Landings	84/day
Lost Mail	16,000/hr
Bank Check Errors	32,000/hr

Taken from presentation to CMS on Quality Improvement by Dr. Donald Berwick in 2011

MU and Implementation

- Put each objective in the context of the goal



Why does CPOE improve quality, safety and efficiency?

- Implement to the goal?
- Is it measurable?
- How can usability and workflow be better?

What is Your Meaningful Use Path?

For Medicare Hospitals:

First Year of Participation	Stages of Meaningful Use for Eligible Hospitals (Fiscal Year)					
	2011	2012	2013	2014	2015	2016
2011	1	1	1	2	2	3
2012		1	1	2	2	3
2013			1	1	2	2
2014				1*	1	2

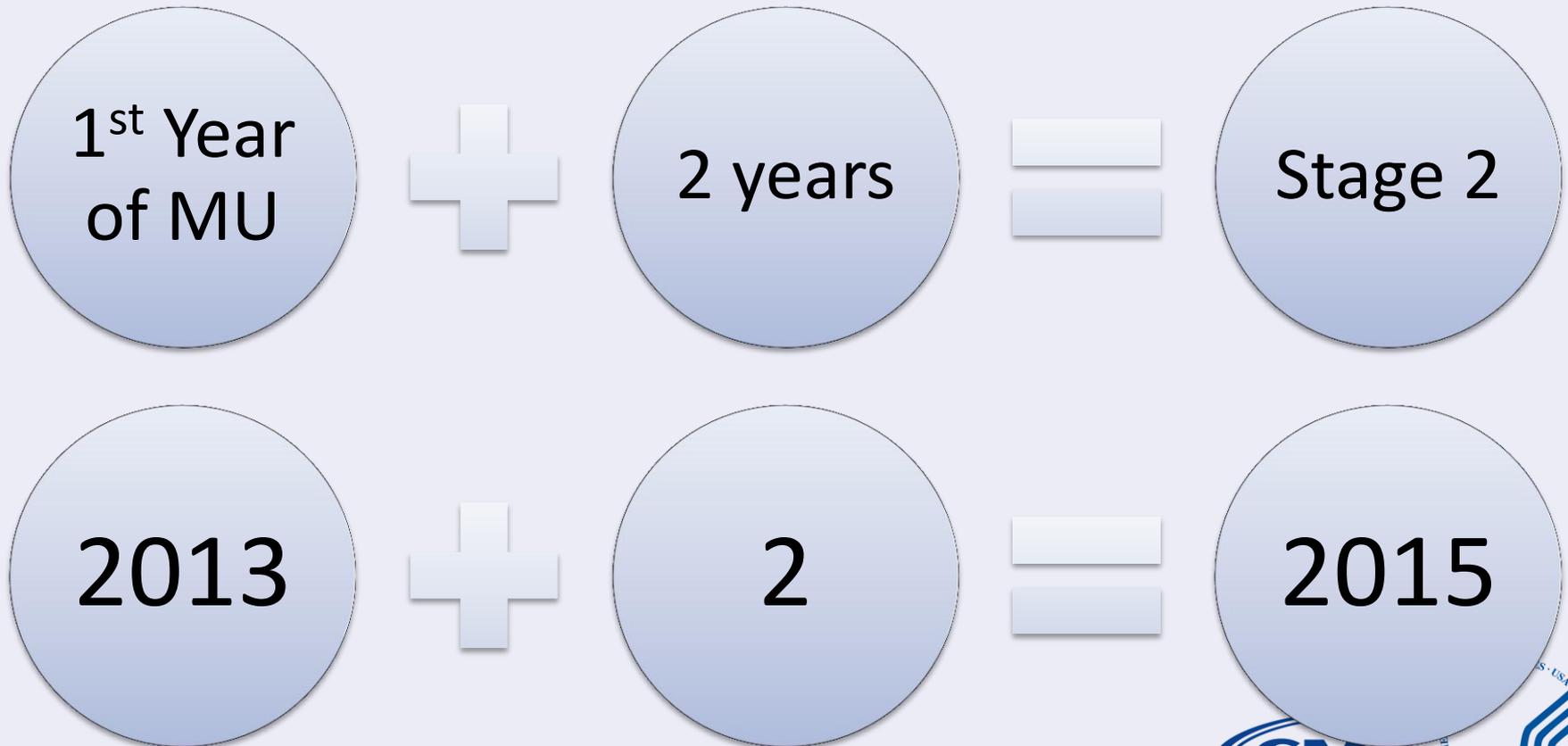
* Payments will decrease for hospitals that start receiving payments in 2014 and later

Everyone starts in Stage 1

No one starts Stage 2 before 2014

Stage 2 Requirements

When do I start Stage 2?



Impact of Certification

Q: What Certified EHR Technology do I need in 2014?

A: EHR Technology certified to the 2014 Criteria covering the “base” EHR plus all objectives I intend to attest for in 2014.

Q: Does it matter if I am in Stage 1 or 2?

A: No

Q: Can I use 2014 Certified EHR Technology to satisfy Stage 1 in 2013?

A: Yes

2014 Changes

- **EHRs Meeting ONC 2014 Standards** – starting in 2014, all EHR Incentive Programs participants will have to adopt certified EHR technology that meets ONC's Standards & Certification Criteria 2014 Final Rule
- **Reporting Period Reduced to Three Months** – to allow providers time to adopt 2014 certified EHR technology and prepare for Stage 2, all participants will have a three-month reporting period in 2014

Meaningful Use: Changes from Stage 1 to Stage 2

STAGE 1

Eligible Professionals

13 Core Objectives

5 of 10 Menu Objectives

18 Total Objectives

Eligible Hospitals & CAHs

12 Core Objectives

5 of 10 Menu Objectives

17 Total Objectives



STAGE 2

Eligible Professionals

17 Core Objectives

3 of 6 Menu Objectives

20 Total Objectives

Eligible Hospitals & CAHs

16 Core Objectives

3 of 6 Menu Objectives

19 Total Objectives

New Measures for Stage 2

- Secure Messaging
- Family Health History
- Imaging Results
- Registry Reporting
- Progress Notes

EP

new

- Online Patient Information
- Family Health History
- Imaging Results
- Registry Reporting
- Progress Notes
- E-Prescribing
- eMAR
- Electronic lab results

Hospital

new

Measures Moving to Core

- Lab Results
- Patient Lists
- Patient Education
- Summary of Care Records
- Medication Reconciliation
- Immunizations
- Patient Reminders
- Online Patient Information

EP



- Lab Results
- Patient Lists
- Patient Education
- Summary of Care Records
- Medication Reconciliation
- Immunizations
- Public health lab results
- Syndromic surveillance

Hospital



Stage 2 Hospital Core Objectives

Eligible hospitals must meet all 16 core objectives:

Core Objective	Measure
1. CPOE	Use CPOE for more than 60% of medication, 30% of laboratory, and 30% of radiology
2. Demographics	Record demographics for more than 80%
3. Vital Signs	Record vital signs for more than 80%
4. Smoking Status	Record smoking status for more than 80%
5. Interventions	Implement 5 clinical decision support interventions + drug/drug and drug/allergy
6. Labs	Incorporate lab results for more than 55%
7. Patient List	Generate patient list by specific condition
8. eMAR	eMAR is implemented and used for more than 10% of medication orders

Stage 2 Hospital Menu Objectives

Eligible Hospitals must select 3 out of the 6:

Menu Objective	Measure
1. Progress Notes	Enter an electronic progress note for more than 30% of unique patients
2. E-Rx	More than 10% electronic prescribing (eRx) of discharge medication orders
3. Imaging Results	More than 10% of imaging results are accessible through Certified EHR Technology
4. Family History	Record family health history for more than 20%
5. Advanced Directives	Record advanced directives for more than 50% of patients 65 years or older
6. Labs	Provide structured electronic lab results to EPs for more than 20%

Closer Look at Stage 2: Patient Engagement

Patient Engagement – Engagement is an important focus of Stage 2.

Requirements for Patient Action:

- More than 5% of patients must send secure messages to their EP
- More than 5% of patients must access their health information online

EXCLUSIONS – CMS is introducing exclusions based on broadband availability in the provider's county.

Closer Look at Stage 2: Electronic Exchange

Stage 2 focuses on actual use cases of electronic information exchange:

- Stage 2 requires that a provider send a summary of care record for more than 50% of transitions of care and referrals.
- The rule also requires that a provider electronically transmit a summary of care for more than 10% of transitions of care and referrals.
- At least one summary of care document sent electronically to recipient with different EHR vendor or to CMS test EHR.

Changes to Stage 1: CPOE

Current Stage 1 Measure

Denominator=

Unique patient with
at least one
medication in their
medication list



New Stage 1 Option

Denominator=

Number of orders
during the EHR
Reporting Period

This optional CPOE denominator is available in 2013 and beyond for Stage 1

Changes to Stage 1: Vital Signs

Current Stage 1 Measure

Age Limits=	Age 2 for Blood Pressure & Height/Weight
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Exclusion=	All three elements not relevant to scope of practice
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New Stage 1 Measure

Age Limits=	Age 3 for Blood Pressure, No age limit for Height/Weight
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Exclusion=	Blood pressure to be separated from height /weight
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The vital signs changes are optional in 2013, but required starting in 2014

Changes to Stage 1: Testing of HIE

Current Stage 1 Measure

One test of electronic transmission of key clinical information



Stage 1 Measure Removed

Requirement removed effective 2013

The removal of this measure is effective starting in 2013

Changes to Stage 1: E-Copy & Online Access

Current Stage 1 Objective

Objective=

Provide patients with e-copy of health information upon request

Provide electronic access to health information



New Stage 1 Objective

Objective=

Provide patients the ability to view online, download and transmit their health information

- The measure of the new objective is 50% of patients are provided access to their information; there is no requirement that 5% of patients do access their information for Stage 1.
- **The change in objective takes effect in 2014 to coincide with the 2014 certification and standards criteria**

Clinical Quality Measures

Clinical Quality Measures

CQM Requirements  Stage of meaningful use

CQM Requirements  Year

Changes to CQM Reporting

Prior to 2014

Eligible Hospitals
and CAHs

Report 15 out of
15 CQMs



Beginning in 2014

Eligible Hospitals
and CAHs

Report 16 of 29
CQMs

Selected CQMs
must cover at
least 3 of the 6
NQS domains

CQM Selection and HHS Priorities

All providers must select CQMs from at least 3 of the 6 HHS National Quality Strategy domains

- Patient and Family Engagement
- Patient Safety
- Care Coordination
- Population and Public Health
- Efficient Use of Healthcare Resources
- Clinical Processes/Effectiveness



CQMs Beginning in 2014

A complete list of CQMs required for reporting beginning in 2014 and their associated National Quality Strategy domains are posted on the CMS EHR Incentive Programs website:

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>.



The screenshot shows the CMS.gov website page for EHR Incentive Programs. The page features a navigation menu with categories like Medicare, Medicaid/CHIP, Medicare/Medicaid Coordination, Insurance Oversight, Innovation Center, Regulations and Guidance, Research, Statistics, Data and Systems, and Outreach and Education. The main content area is titled "EHR Incentive Programs" and includes a "Medicare Deadline Get Paid for 2012" countdown timer showing 43 days remaining. Below the timer, there is a section titled "The Official Web Site for the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs" which provides information about the programs and lists several links for more details, such as "Path to Payment", "Overview of the Medicare EHR Incentive Program", and "Calendar of important dates".

Hospital CQM Reporting Beginning in 2014

Eligible Hospitals reporting for the Medicare EHR Incentive Program

CQM Reporting	Data Level	Payer Level	Submission Type	Reporting Schema
Eligible Hospitals/CAHs in the 1st Year of Demonstrating Meaningful Use				
Option 1	Aggregate	All payer	Attestation*	Submit 16 CQMs from Eligible Hospital/CAH measures table, covering at least 3 domains
Option 2	Patient	All payer (sample)	Electronic	Submit 16 CQMs from Eligible Hospital/CAH measures table, covering at least 3 domains (manner similar to 2013 Medicare EHR Incentive Program Electronic Reporting Pilot)
Eligible Hospitals/CAHs Beyond the 1st Year of Demonstrating Meaningful Use				
Option 1	Aggregate	All payer	Attestation*	Submit 16 CQMs from Eligible Hospital/CAH measures table, covering at least 3 domains
Option 2	Patient	All payer (sample)	Electronic	Submit 16 CQMs from Eligible Hospital/CAH measures table, covering at least 3 domains (manner similar to 2013 Medicare EHR Incentive Program Electronic Reporting Pilot)

*No aligned credit with the Hospital Inpatient Quality Reporting Program (IQR) possible for attested CQM data

**Eligible Hospitals in their 1st year of demonstrating MU must electronically report or attest by July 1 to avoid a payment adjustment.

CQM – Timing for Eligible Hospitals and CAHs in their 1st Year of MU

Reporting Period for 1 st year of MU	Submission Period for 1 st year of MU
90 consecutive days within the fiscal year*	Anytime immediately following the end of the 90-day reporting period, but no later than November 30 of the following fiscal year**

**For Eligible Hospitals that electronically report, the 90 consecutive days must coincide with a fiscal year quarter.*

***Eligible Hospitals in their 1st year of demonstrating MU must electronically report or attest by July 1 to avoid a payment adjustment.*

CQM – Timing for Eligible Hospitals and CAHs Beyond their 1st Year of MU

Optional Reporting Period in 2014	Reporting Period for Subsequent years of MU (2 nd year and beyond)	Submission Period for Subsequent years of MU (2 nd year and beyond)
<ul style="list-style-type: none">• Fiscal Year Quarter – October 1 – December 31• January 1 – March 31• April 1 – June 30• July 1 – September 30	<ul style="list-style-type: none">• 1 fiscal year (October 1 – September 30)	<ul style="list-style-type: none">• 2 months following the end of the EHR reporting period (October 1 – November 30)

Aligning CQMs Across Programs

CMS' commitment to alignment includes:

- Finalizing the same CQMs used in multiple quality reporting programs for reporting beginning in 2014
- Identifying ways to minimize multiple submission requirements and mechanisms

Voluntary Electronic Reporting in Hospital IQR Program

Hospitals may choose to report one or more of the four measure sets electronically for
FY 2016 Hospital IQR Payment Determination

Stroke (STK) Measure Set*

- STK-2 Antithrombotic therapy for ischemic stroke
- STK-3 Anticoagulation therapy for afib/flutter
- STK-4 Thrombolytic therapy for acute ischemic stroke
- STK-5 Antithrombotic therapy by the end of hospital day 2
- STK-6 Discharged on statin
- STK-8 Stroke education
- STK-10 Assessed for rehab

Venous Thromboembolism (VTE) Measure Set

- VTE-1 VTE prophylaxis
- VTE-2 ICU VTE prophylaxis
- VTE-3 VTE patients with anticoagulation overlap therapy
- VTE-4 Patients receiving unfractionated heparin with doses/labs monitored by protocol
- VTE-5 VTE discharge instructions
- VTE-6 Incidence of potentially preventable VTE

Emergency Department (ED) Throughput Measure Set

- ED-1 Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the hospital
- ED-2 Median time from admit decision to time of departure from the emergency department for emergency department patients admitted to the inpatient status

Perinatal Care (PC) Measure Set

- PC-01 Elective delivery prior to 39 completed weeks of gestation

* There is no electronic specification for STK-1. If a hospital submits the STK measure set electronically, the hospital does not need to submit STK-1 electronically or as a chart-abstracted measure.

CY 2014 Submission Options for the Four IQR Measure Sets

OPTION 1 – Electronic Reporting

- Report one quarter of quality data for Quarters 1, 2, or 3 of CY 2014 for all four measure sets
- One submission to satisfy the IQR and Medicare EHR Incentive programs
 - Hospital IQR Program requirement for the four measure sets
 - Medicare EHR Incentive program clinical quality measure reporting requirement

OPTION 3 – Chart Abstraction

- Report a full year of quality data for all four measure sets
- Separate submissions for IQR Program and Medicare EHR Incentive Program

OPTION 2 – Electronic and Chart Abstraction

- Report one quarter of quality data for Quarters 1, 2, or 3 of CY 2014 for one or more of the four measure sets
- Report a full year of quality data for those measure sets not electronically reported
- Submission satisfies the Hospital IQR Program and partially satisfies Medicare EHR Incentive Program
 - Hospital IQR Program requirement for the four measure sets
 - Medicare EHR Incentive program clinical quality measure reporting requirement for those measure sets reported electronically

All other Hospital IQR chart-abstracted measures and any electronic measure set not reported for the first successful electronically reported quarter, prior to the reporting deadline must still be reported via chart-abstraction for the full CY 2014.

Payment Adjustments & Hardship Exceptions

Medicare Only

EPs, Subsection (d) Hospitals and CAHs

Avoiding 2015 Payment Adjustments

Meaningful EHR User in 2011 or 2012	Never been a Meaningful EHR User
End EHR reporting period by Sept 30, 2013	End EHR reporting period by June 30, 2014
Attest by Nov 30, 2013	Attest by July 1, 2014

Apply to CMS for a hardship exemption by: **April 1, 2014**

Subsection (d) Hospital Payment Adjustments

Payment adjustments are based on prior years' reporting periods. The length of the reporting period depends upon the first year of participation.

For a hospital that has demonstrated meaningful use in **2011** or **2012** (fiscal years):

Payment Adjustment Year	2015	2016	2017	2018	2019	2020
Based on Full Year EHR Reporting Period	2013	2014*	2015	2016	2017	2018

For a hospital that demonstrates meaningful use in **2013** for the first time:

Payment Adjustment Year	2015	2016	2017	2018	2019	2020
Based on 90 day EHR Reporting Period	2013					
Based on Full Year EHR Reporting Period		2014*	2015	2016	2017	2018

*Special 3 month EHR reporting period

To Avoid Payment Adjustments:

Eligible hospitals **must** continue to demonstrate meaningful use every year to avoid payment adjustments in subsequent years.

Subsection (d) Hospital EHR Reporting Period

For a hospital that demonstrates meaningful use in **2014** for the first time:

Payment Adjustment Year	2015	2016	2017	2018	2019	2020
Based on 90 day EHR Reporting Period	2014*	2014				
Based on Full Year EHR Reporting Period			2015	2016	2017	2018

****In order to avoid the 2015 payment adjustment the hospital must attest no later than July 1, 2014 which means they must begin their 90 day EHR reporting period no later than April 1, 2014***

Eligible Hospital and CAH Hardship Exceptions

Eligible hospitals and CAHs can apply for hardship exceptions in the following categories:

1. Infrastructure

Eligible hospitals and CAHs must demonstrate that they are in an area without sufficient internet access or face insurmountable barriers to obtaining infrastructure (e.g., lack of broadband).

2. New Eligible Hospitals or CAHs

New eligible hospitals and CAHs with new CMS Certification Numbers (CCNs) that would not have had time to become meaningful users can apply for a limited exception to payment adjustments.

- For CAHs the hardship exception is limited to one full year after the CAH accepts its first patient.
- For eligible hospitals the hardship exception is limited to one full-year cost reporting period.

3. Unforeseen Circumstances

Examples may include a natural disaster or other unforeseeable barrier.

Internet Infrastructure



Internet Explorer cannot display the webpage

What you can try:

[Diagnose Connection Problems](#)

[More information](#)

1. No wired Internet is available
2. Internet is available, but:
 - Cost prohibitive due to need to create infrastructure
 - Insufficient speed for meaningful use
3. Timing: Any 90 day period in the 18 months prior to the application deadline of July 1 the year before the payment adjustment year (July 1, 2014 for 2015)
4. Proof: Quotes or correspondence from at least two different internet service providers
5. For insufficient speed the above for upgrades combined with support from Certified EHR Technology developer

New Hospitals

~~Application~~

- Will be determined using Medicare enrollment data.
- 1 full cost reporting period after a hospital admits their first Medicare patient.

Unforeseen Circumstances

Examples	The Unknown
<ul style="list-style-type: none">• Closure• Bankruptcy• Other debt restructuring• Natural disasters• EHR loses certification	<p>When considering other circumstances the application must outline why meaningful use is unachievable, not outlining the circumstances with the expectation that CMS will determine the effects on meaningful use.</p>

Stage 2 Resources

- CMS Stage 2 Webpage:
 - http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html
- Links to the Federal Register
- Tipsheets:
 - Stage 2 Overview
 - 2014 Clinical Quality Measures
 - Payment Adjustments & Hardship Exceptions (EPs & Hospitals)
 - Stage 1 Changes
 - Stage 1 vs. Stage 2 Tables (EPs & Hospitals)

Questions?