April CMS and ONC eHealth Vendor Workgroup

April 30, 2015
12:00 PM EDT

Agenda Item	Speaker(s)
Division of Health IT Initiatives (DHIT) Update • CMS at HIMSS15 • Stage 3 NPRM • Stage 1 and 2 Modifications NPRM	Rob Anthony, DHIT, CMS
ONC Update - 2015 Edition Health Information Technology Certification Criteria NPRM	Elise Anthony and Michael Lipinski, ONC
National Standards Group (NSG) Update • ICD-10 Urgency Messaging • ICD-10 at HIMSS • ICD-10 Social Media Rally	Shana Olshan, NSG, CMS
Inpatient Quality Reporting (IQR) Update	Stephanie Wilson Health Services Advisory Group, on behalf of CMS
Joint Commission Update	Patty Craig and Mitra Biglari, Joint Commission
Questions	All

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Rob Anthony

DIVISION OF HEALTH IT INITIATIVES (DHIT) UPDATE

CMS at HIMSS15 – PowerPoints Posted

- Sunday, April 12 - CMS on Federal Quality Reporting
- Monday, April 13
  - CMS EHR Incentive Programs Overview
  - CMS Meaningful Use Stage 3 Requirements
- Tuesday, April 14
  - CMS Quality Strategy
  - CMS Quality Reporting Update
- Wednesday, April 15
  - CMS Future Directions in Quality Measurement
  - CMS Meaningful Use Stage 3 and ONC 2015 Edition Certification Criteria Changes
  - Improving Health Care Delivery through Collaboration with Lean Tools

Disclaimer

- CMS must protect the rulemaking process and comply with the Administrative Procedure Act. During the rulemaking process, CMS can only present the information that is in the NPRM as it is contained in the NPRM. CMS cannot interpret that information, nor clarify or provide any further guidance.

- CMS cannot address any comment suggestion or statement made by anyone attending the presentation or consider any such comment or suggestion in the rule writing process.

- Please submit comments through the formal process outlined in the Federal Register.

Goals of Stage 3 Proposed Provisions

1. Provide a flexible, clear framework to simplify the meaningful use program and reduce provider burden
2. Ensure future sustainability of Medicare and Medicaid EHR Incentive Programs
3. Advance the use of health IT to promote health information exchange and improved outcomes for patients

Stage 3 NPRM Improves Outcomes

Stage 3 NPRM focuses on objectives which support advanced use of EHR technology and quality improvement

Health information exchange objectives improve outcomes by:

- Ensuring providers caring for same patient are sharing info with one another
- Providing patients with easy access to health info
- Fostering data collection in sharable format across multiple health care organizations
- Supporting learning health system through sharing of common clinical dataset and expanding types of registries to which hospitals and providers can report

Stage 3 NPRM Increases Flexibility

To make the EHR Incentive Programs more flexible, the Stage 3 NPRM:

- Establishes a single, aligned reporting period for all providers-entire calendar year (Medicaid exception)
- Allows providers the option to start Stage 3 in either 2017 or 2018 (required in 2018)
- Simplifies reporting requirements by allowing flexible measures under:
  - health information exchange
  - consumer engagement
  - public health reporting

Stage 3 NPRM Eases Burden

To reduce the reporting burden, the proposed rule:

- ✓ Reduces number of objectives to 8
- ✓ Includes single set of measures slightly tailored for EPs and hospitals
- ✓ Removes redundant measures or measures that received widespread adoption
- ✓ Realigns reporting period into one for all providers (hospitals to participate on calendar instead of fiscal year)
- ✓ Aligns quality data reporting; focuses on electronic submission

Reporting Period

- Full calendar year reporting period beginning in 2017
- CQM reporting in coordination with quality reporting programs

Goals of 2015-2017 Proposed Provisions

1. Align with Stage 3 proposed rule to achieve overall goals of programs
2. Synchronize reporting period objectives and measures to reduce burden
3. Continue to support advanced use of health IT to improve outcomes for patients

Modifications to Meaningful Use in 2015 through 2017 NPRM

Proposed rule for Medicare and Medicaid EHR Incentive Programs:

- Streamlines program by removing redundant, duplicative and topped out measures
- Modifies patient action measures in Stage 2 objectives related to patient engagement
- Aligned reporting period with full calendar year
- Changes EHR reporting period in 2015 to 90-day period to accommodate modifications

Submitting Comments

1. Electronically:

- Modifications in 2015-2017: http://www.regulations.gov/#!submitComment;D=CMS-2015-0045-0001
- Stage 3 : http://www.regulations.gov/#!submitComment;D=CMS-2015-0033-0002

2. By regular mail

3. By express or overnight mail

4. By hand or courier

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2015 Edition Proposed Rule

Modifications to the ONC Health IT Certification Program and the 2015 Edition Health IT Certification Criteria

Michael L. Lipinski, Director, Division of Federal Policy and Regulatory Affairs

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Agenda

- An Open and Accessible ONC Health IT Certification Program
- 2015 Edition – Goals, Key Proposals & Draft Test Procedures
- Modifications to the ONC Health IT Certification Program
- Certification to the 2015 Edition Use Cases (MU & Beyond)
- Public Comment

An Open and Accessible ONC Health IT Certification Program

Supporting the Broader Care Continuum

- **Current:** Prior editions were adopted with a specific focus on the EHR Incentive Programs

- **Proposed:** A more accessible ONC Health IT Certification Program supportive of:
  - ❑ Diverse health IT systems, including but not limited to EHR technology ("Health IT Module" instead of "EHR Module")
    - Remember that there is no "Complete EHR" certification to the 2015 Edition or future editions
  - ❑ Health IT across the care continuum, including long-term and post acute care settings

Supporting the Broader Care Continuum: How Would It Work?

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The Past (2011 and 2014 Editions)	The Proposed Future (2015 and Future Editions)

• ONC included **policy** that supported the EHR Incentive Programs in its previous Editions
  • Defined the Certified EHR Technology (CEHRT) definition on behalf of CMS
  • Required "meaningful use measurement" criteria
  • Specified the minimum number of clinical quality measures developers must certify to in order to participate in the EHR Incentive Programs
  • Specified criteria as "ambulatory" or "inpatient"
	• ONC does not include **policy** to support the EHR Incentive Programs in its Editions
	  • Each program sets its own requirements (e.g., CMS defines the CEHRT definition in its rule)
	  • ONC's Health IT Certification Program is "agnostic" to settings and programs, but can support many different use cases and needs
	  • This allows ONC's Health IT Certification Program to support multiple program and setting needs, for example:
	  • EHR Incentive Programs
	  • Long-term and post-acute care
	  • Chronic care management
	  • Behavioral health
	  • Other public and private programs

Other Programs Using the ONC Health IT Certification Program

A number of programs currently use or are proposing to use the ONC Health IT Certification Program. Here are a few:

- Physician Self-Referral Law exception and Anti-kickback Statute safe harbor for certain EHR donations
- CMS chronic care management services
- Department of Defense Healthcare Management System Modernization Program
- The Joint Commission for participation as ORYX vendor – eCQMs for hospitals

2015 Edition
Goals, Key Proposals & Draft Test Procedures

Overview of the 2015 Edition Proposed Rule

- Supports HHS-wide goals to achieve better care, smarter spending, and healthier people
- Builds on the foundation established by the 2011 and 2014 Editions and addresses stakeholder feedback
- Supports health IT components necessary to establish an interoperable nationwide health information infrastructure
- Incorporates changes designed to foster innovation, support interoperability across the care continuum, open new market opportunities, and provide more provider and patient choices in electronic health information access and exchange

2015 Edition
Broad Health IT Goals

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INTEROPERABILITY

ACCESS

USER/MARKET RELIABILITY

SUPPORTING THE CARE CONTINUUM

2015 Edition Specific Health IT Goals

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- Improve Interoperability
- Facilitate Data Access and Exchange
- Ensure Privacy and Security Capabilities
- Improve Patient Safety
- Reduce Health Disparities
- Improve the Reliability and Transparency of Certified Health IT
- Use the ONC Health IT Certification Program to Support the Care Continuum
- Support Stage 3 of the EHR Incentive Programs

Standards Adoption

New and updated vocabulary and content standards for the structured recording and exchange of health information

- 2015 Base EHR definition
- Common Clinical Data Set
- Other use cases too! For example:
  - ❑ Public Health
  - ❑ Lab Interoperability

Improve Interoperability

2015 Edition Base EHR Definition

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- Focuses, at a minimum, on the functionalities that all users of certified Health IT should possess
- Ensuring that the minimum functionalities required by the HITECH Act remain in the Base EHR Definition
- The requirements can be met using a combination of certified Health IT Modules

Facilitate Data Access and Exchange

Improve Patient Safety

2015 Base EHR Definition

* red = new to the Base EHR Definition

** privacy and security removed – now conditional certification requirements

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Base EHR Capabilities	Certification Criteria
Includes patient demographic and clinical health information, such as medical history and problem lists	Demographics § 170.315(a)(5) Problem List § 170.315(a)(7) Medication List § 170.315(a)(8) Medication Allergy List § 170.315(a)(9) Smoking Status § 170.315(a)(12) Implantable Device List § 170.315(a)(20)
Capacity to provide clinical decision support	Clinical Decision Support § 170.315(a)(10)
Capacity to support physician order entry	Computerized Provider Order Entry (medications, laboratory, or diagnostic imaging) § 170.315(a)(1), (2) or (3)
Capacity to capture and query information relevant to health care quality	Clinical Quality Measures (CQMs) – record and export § 170.315(c)(1)
Capacity to exchange electronic health information with, and integrate such information from other sources	Transitions of Care § 170.315(b)(1) Data Portability § 170.315(b)(6) Application Access to Common Clinical Data Set § 170.315(g)(7) Direct Project § 170.315(h)(1) or Direct Project, Edge Protocol, and XDR/XDM § 170.315(h)(2)

Common Clinical Data Set

- Propose to rename the "Common MU Data Set." This has no substantive impact for certification to the 2014 Edition.
- It includes key health data that should be accessible and available for exchange
- Data according to specified vocabulary standards and code sets, as applicable

Patient name	Lab tests
Sex	Lab values/results
Date of birth	Vital signs
Race	Procedures
Ethnicity	Care team members
Preferred language	Immunizations
Problems	Unique device identifiers for implantable devices
Smoking Status	Assessment and plan of treatment
Medications	Goals
Medication allergies	Health concerns

ONC Interoperability Roadmap Goal

2015-2017

Send, receive, find and use a common clinical data set to improve health and health care quality.

The Common Clinical Data Set and the Consolidated CDA

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Patient name	Lab tests
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Problems	Assessment and plan of treatment
Medications	Goals
Medication allergies	Health concerns

The Consolidated CDA is the "suitcase" for exchanging data. It can carry any of the data in the Common Clinical Data Set. The data included depends on the need (e.g., EHR Incentive Programs requirements).

Common Clinical Data Set
In Action

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Transition of care for a single patient

Data portability for multiple patients

Improve Interoperability

Facilitate Data Access and Exchange

Transitions of Care

- Consolidated CDA Release 2.0
- Testing a Health IT Module to both releases of the Consolidated CDA (Release 1.1 and 2.0) for creation and receiving
- Rigorous testing to ensure that a Health IT Module can: identify valid C-CDA templates; use correct vocabulary standards; detect errors in document, sections, and entry templates; and perform XDM processing
- As we did with the 2014 Edition Release 2, we propose certification for sending and receiving consistent with the Edge Protocol
- Patient matching data with constraints

Improve Interoperability

Facilitate Data Access and Exchange

Data Portability

- Common Clinical Data Set + Other Data
- User-enabled creation of an export summary or summaries
- Formatted to the Consolidated CDA 2.0 for document-template types (CCD, Consultation Note, History and Physical, Progress Note, Care Plan, Transfer Summary, and Referral Note (+ Inpatient - Discharge Summary))
- Configuration (Timeframe, Event, and Location)

Improve Interoperability

Facilitate Data Access and Exchange

Application Access to the Common Clinical Data Set (CCDS)

- Technology certified to this criterion will have to demonstrate a functioning API that can respond to requests for each individual data category included in the CCDS as well as a request for all of the data in CCDS at one time (formatted in Consolidated CDA 2.0 standard)
- In the ***2015 Base EHR Definition***, thus it is required for providers participating in Stage 3 of the EHR Incentive Programs
- It's also part of the ***View, Download, and Transmit to 3rd Party*** criterion, enabling patient access
- This proposed capability is meant to represent a floor, not a ceiling

Improve Interoperability

Facilitate Data Access and Exchange

Application Access to CCDS

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Requirements

1) Security -- developer demonstrates a trusted connection can be established between source system's API and other software
2) Patient selection – means for an application to query for a patient's record
3) Data -- scope is limited to the data in CCDS per patient and a "get"/read-oriented request. Must support:
   - ❑ Data-category request (response format in XML/JSON)
   - ❑ All data request (response format in accordance with the Consolidated CDA)
4) Documentation
   - ❑ Must include accompanying documentation on technical implementation requirements
   - ❑ Must include terms of use, including developer agreements

Request for Comment

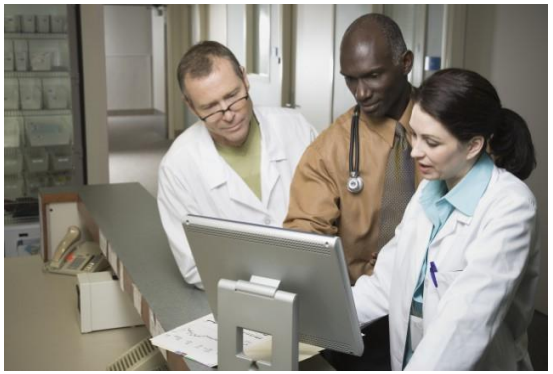
1) How to foster an open ecosystem around APIs
2) Whether additional API capabilities should be required for certification
3) Should the C-CDA 2.0 creation capability be limited to the CCD document template

Improve Interoperability

Facilitate Data Access and Exchange

Patient Safety Proposals

- Patient Matching
- Record and exchange Unique Device Identifiers
- Safety-enhanced Design
  - ❑ A conditional certification requirement for an expanded set of certification criteria compared to the 2014 Edition
  - ❑ Health IT developers must submit information about the user-centered design processes used and applied
- Quality Management System (QMS)
  - ❑ A mandatory requirement for certification of a Health IT Module to the 2015 Edition
  - ❑ Health IT developers must identify the QMS used to develop, test, implement, and maintain capabilities of certified technology.
  - ❑ The identified QMS system must be:
    - Compliant with one established by the federal government, or
    - Mapped to one or more QMS established by the federal government or standards development organizations
  - ❑ Attesting that a QMS was not used is no longer permitted



Improve Patient Safety

Addressing Health Disparities

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Proposed Certification Criteria Capabilities	What the Capabilities Provide
More granular recording and exchange of patient race and ethnicity	Allows providers to better understand health disparities based on race and ethnicity, and improve patient care and health equity.
Recording social, psychological, and behavioral data (e.g., education level, stress, depression, alcohol use, sexual orientation and gender identity)	Allows providers and other stakeholders to better understand how this data can affect health, reduce disparities, and improve patient care and health equity
Exchange of sensitive health information (data segmentation for privacy)	Allows for the exchange of sensitive health information (e.g., behavioral health, substance abuse, and genetic information), in accordance with federal and state privacy laws, for more coordinated and efficient care across the continuum.
Accessibility of health IT	• More transparency on the accessibility standards used in developing health IT • Compatibility of certified health IT with accessibility technology (e.g., JAWS text-to-speech application) • Web content accessibility for viewing capability of VDT

Reduce Health Disparities

Draft Test Procedures

- **ONC has released draft test procedures for the proposed 2015 Edition health IT certification criteria**
  - ❑ Gives more transparency to the testing and certification processes
  - ❑ Health IT developers and all stakeholders have "early access"
- **Outcome-based test procedures**
  - ❑ Streamlined test procedure format focuses on outcomes
  - ❑ Promotes more innovation through less prescriptive testing
- **Public comment**
  - ❑ The comment period for the 2015 Edition Draft Test Procedures is **March 20th, 2015 through June 30th, 2015**
  - ❑ To review and comment, visit: http://healthit.gov/policy-researchers-implementers/2015-edition-draft-test-procedures

Modifications to the ONC Health IT Certification Program

Privacy and Security Certification Approach

- A Health IT Module would need to meet applicable privacy and security certification criteria depending on the other capabilities included in the Health IT Module

- Removes the responsibility from the provider to ensure that they possess technology certified to all the necessary privacy and security criteria

Ensure Privacy and Security Capabilities

Surveillance of Certified Health IT

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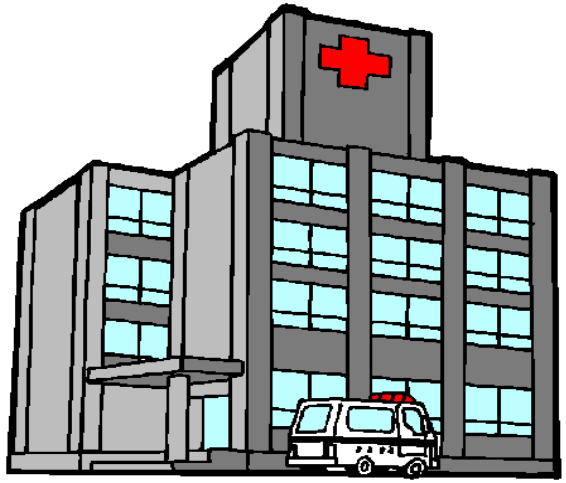
- New requirements for "in-the-field" surveillance under the ONC Health IT Certification Program
- ONC-ACBs should ensure that certified Health IT Modules can perform certified capabilities in a production environment (when implemented and used)
  - ❑ Reactive surveillance
  - ❑ Randomized surveillance
- Enhanced surveillance of mandatory transparency requirements



Improve the Reliability and Transparency of Certified Health IT

Improve Patient Safety

Transparency Requirements

- ONC-ACBs must ensure health IT developers disclose:
  - ❑ Broader and more detailed information than is currently required in the 2014 Edition.
  - ❑ Additional types of costs users may incur to implement or use health IT for any purpose within the scope of its certification (not just for achieving MU objectives).
  - ❑ Potential limitations (including contractual restrictions) that would limit a user's ability to implement or use health IT for any purpose within the scope of its certification.
- Health IT developers will be required to attest to voluntarily providing this information:
  - ❑ To customers, prospective customers, and any other person who asks for it (e.g., professional associations representing providers).
  - ❑ To do so timely, in plain writing, and in sufficient detail.

Improve the Reliability and Transparency of Certified Health IT

"Open Data"
Certified Health IT Products List (CHPL)

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- Converting the CHPL to an open data file to make the reported product data (e.g., test results) more accessible for product analysis
- Propose to require that ONC-Authorized Certification Bodies (ONC-ACBs) report an expanded set of information in the open data file for increased product transparency

Improve the Reliability and Transparency of Certified Health IT

Certification to the 2015 Edition Use Cases (MU & Beyond)

Certification Program Requirements

Criteria proposed as always required for 2015 Edition certification (n=2)	Criteria proposed as conditional for 2015 Edition certification depending on capabilities in scope (n= 10)	Proposed 2015 Edition criteria pointed to by CMS for MU 3 & to implement statute (Base EHR definition) (n=37)		Available proposed 2015 Edition criteria for certification (n=19)
Quality Management System - (g)(4)	Authentication, Access Control, Authorization- (d)(1)	CPOE Medications (a)(1)	Patient-specific Education Resources - (a)(17)	Vital Signs, BMI, and Growth Charts - (a)(6)
Accessibility-Centered Design-(g)(8)	Auditable Events and Tamper-resistance- (d)(2)	CPOE Laboratory (a)(2)	Patient Health Information Capture – (a)(19)	Image results - (a)(13)
	Audit Report(s) - (d)(3)	CPOE Diagnostic Imaging (a)(3)	Implantable Device List - (a)(20)	Patient List Creation - (a)(16)
	Amendments - (d)(4)	Drug-drug, Drug-allergy Interaction Checks for CPOE – (a)(4)	Transitions of Care – (b)(1)	eMAR- (a)(18)
	Automatic Access Time-out - (d)(5)	Demographics -- (a)(5)	Clinical Information Reconciliation and Incorporation – (b)(2)	Social, Psychological, and Behavioral Data - (a)(21)
	Emergency Access-(d)(6)	Problem List – (a)(7)	E-Rx - (b)(3)	Decision Support – knowledge artifact - (a)(22)
	End-User Device Encryption-(d)(7)	Medication list – (a)(8)	Data Portability – (b)(6)	Decision Support – service - (a)(23)
	Integrity - (d)(8)	Medication Allergy List – (a)(9)	CQM – record and export - (c)(1)	Incorporate Laboratory Tests and Values/Results – (b)(4)
	Safety Enhanced Design - (g)(3)	CDS – (a)(10)	CQM – import and calculate – (c)(2)	Transmission of Laboratory Test Reports – (b)(5)
	Consolidated CDA Creation Performance – (g)(6)	Drug-formulary and Preferred Drug List Checks –(a)(11)	CQM – report (c)(3)	DS4P – send (b)(7)
		Smoking Status - (a)(12)	VDT - (e)(1)	DS4P – receive (b)(8)
		Family Health History (a)(14); or Family Health History – Pedigree (a)(15)	Secure messaging - (e)(2)	Care Plan - (b)(9)
		Transmission to Immunization Registries (f)(1)	Transmission to PHA – case reporting (f)(5)	CQM filter - (c)(4)
		Transmission to PHA – syndromic surveillance (f)(2)	Transmission to PHA – antimicrobial use and resistance reporting (f)(6)	Accounting of Disclosures – (d)(9)
		Transmission to PHA – reportable laboratory tests and values/results (f)(3)	Transmission to PHA – health care surveys (f)(7)	Accessibility technology compatibility (g)(5)
		Transmission to Cancer Registries (f)(4)	Automated Numerator Recording - (g)(1) or Automated Measure Calculation - (g)(2)	SOAP Transport and Security Specification and XDR/XDM for Direct Messaging – (h)(3)
		Application Access to Common Clinical Data Set – (g)(7)	Direct Project (h)(1) or Direct Project, Edge Protocol, and XDR/XDM (h)(2)	Healthcare Provider Directory – query request (h)(4)
				Healthcare Provider Directory – query response (h)(5)
				Electronic Submission of Medical Documentation– (i)(1)

Green = new to the 2015 Edition

Light Blue = criteria in the "available" column previously adopted in an edition to support MU1/MU2

Red Font = "unchanged" criteria (eligible for gap certification)

Blue Font = "minimally revised" criteria

Black Font/Gray Background = "revised" criteria

Certification Responsibilities for Health IT Developers

IF you seek product certification to the following:	THEN your product will always need to be certified to:	AND will also need to be certified to:
Any clinical criterion in 45 CFR 170.315(a)	• The privacy & security (P&S) criteria at § 170.315(d)(1)-(d)(7) • Quality management system (QMS) at § 170.315(g)(4) • Accessibility-centered design (ACD) at § 170.315(g)(8)	Safety-enhanced design (SED) at § 170.315(g)(3) if you seek certification to any one of the following criteria: • § 170.315(a)(1)-(10), (18), (20), (22), and (23)
Any care coordination criterion in 45 CFR 170.315(b)	• The P&S criteria at § 170.315(d)(1)-(d)(3) and (d)(5) - (d)(8) • QMS at § 170.315(g)(4) and ACD at (g)(8)	SED at § 170.315(g)(3) if you seek certification to any one of the following criteria: • § 170.315(b)(2)-(b)(4) Consolidated CDA performance at § 170.315(g)(6) if you seek certification to any one of the following criteria: • § 170.315(b)(1), (2), (6), (7), and (9)
Any clinical quality measures criterion in 45 CFR 170.315(c)	• The P&S criteria at § 170.315(d)(1)-(d)(3) • QMS at § 170.315(g)(4) and ACD at (g)(8)	N/A
Any privacy and security criterion in 45 CFR 170.315(d)	• QMS at § 170.315(g)(4) • ACD at § 170.315(g)(8)	N/A
Any patient engagement criterion in 45 CFR 170.315(e)	• The P&S criteria at § 170.315(d)(1)-(d)(3), (d)(5), and (d)(7) • QMS at § 170.315(g)(4) and ACD at (g)(8)	Consolidated CDA performance at § 170.315(g)(6) if you seek certification to § 170.315(e)(1)
Any public health criterion in 45 CFR 170.315(f)	• The P&S criteria at § 170.315(d)(1)-(d)(3) and (d)(7) • QMS at § 170.315(g)(4) and ACD at (g)(8)	N/A
45 CFR 170.315(g)(1) or (2)	• QMS at § 170.315(g)(4)	N/A
45 CFR 170.315(g)(7)	• QMS at § 170.315(g)(4) and ACD at (g)(8)	Consolidated CDA performance at § 170.315(g)(6)
Any transport methods and other protocols criterion in 45 CFR 170.315(h)	• The P&S criteria at § 170.315(d)(1)-(d)(3) • QMS at § 170.315(g)(4) and ACD at (g)(8)	Transitions of care at § 170.315(b)(1) if you seek certification to § 170.315(h)(1)
Any administrative criterion in 45 CFR 170.315(i)	• The P&S criteria at § 170.315(d)(1)-(d)(3) and (d)(5)-(d)(8) • QMS at § 170.315(g)(4) and ACD at (g)(8)	Consolidated CDA performance at § 170.315(g)(6) if you seek certification to § 170.315(i)(1)

Proposed EHR Incentive Programs
Stage 3 Meaningful Use Objectives

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- **Objective 1:** Protect Patient Health Information
- **Objective 2:** Electronic Prescribing
- **Objective 3:** Clinical Decision Support
- **Objective 4:** Computerized Provider Order Entry
- **Objective 5:** Patient Electronic Access to Health Information
- **Objective 6:** Coordination of Care through Patient Engagement
- **Objective 7:** Health Information Exchange
- **Objective 8:** Public Health and Clinical Data Registry Reporting

Certified Health IT Module(s) to Support the EHR Incentive Programs Stage 3

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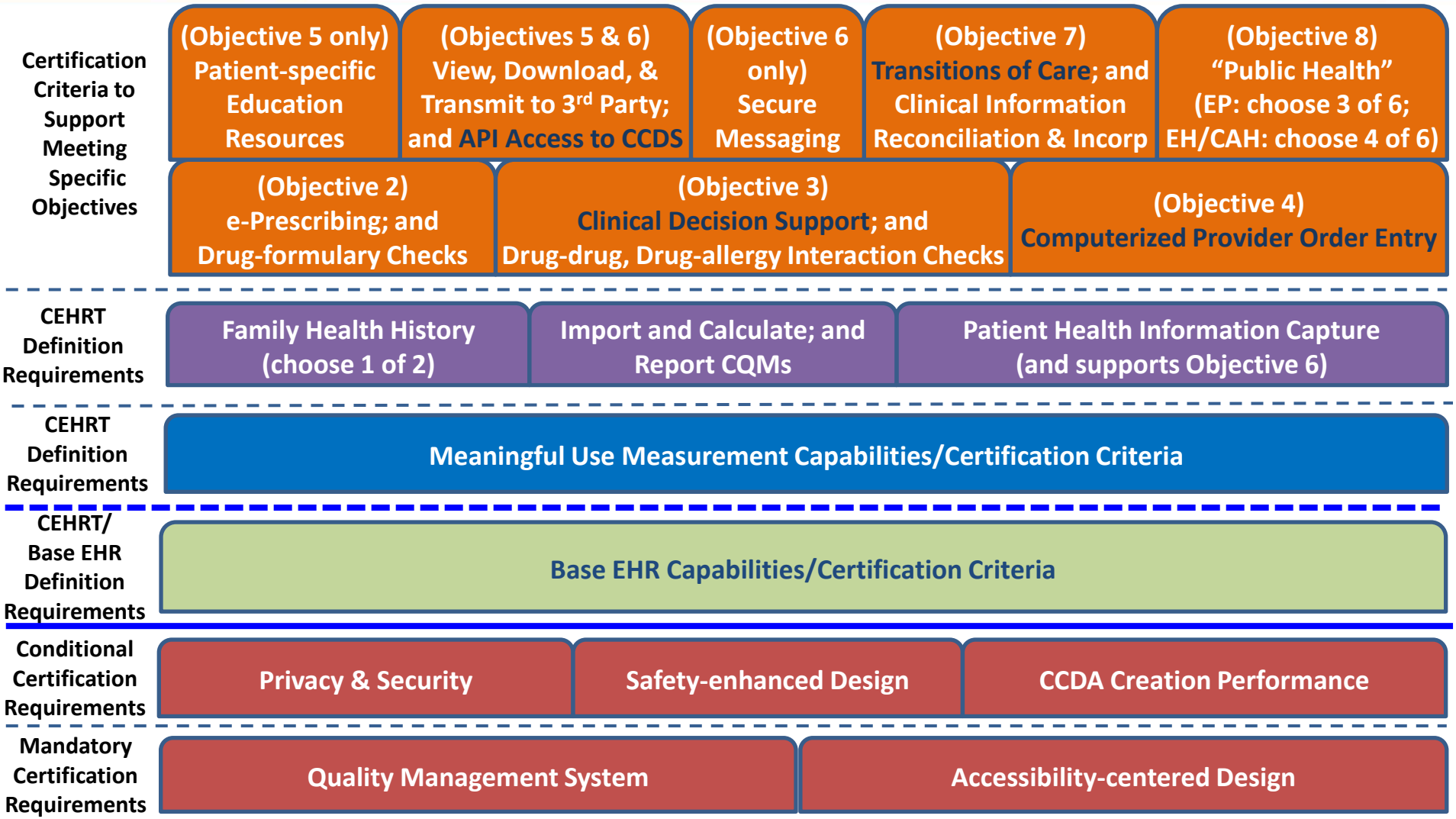

Support Stage 3 of the EHR Incentive Programs

What is Minimally Required for Stage 3?

2014 Edition vs. Proposed 2015 Edition

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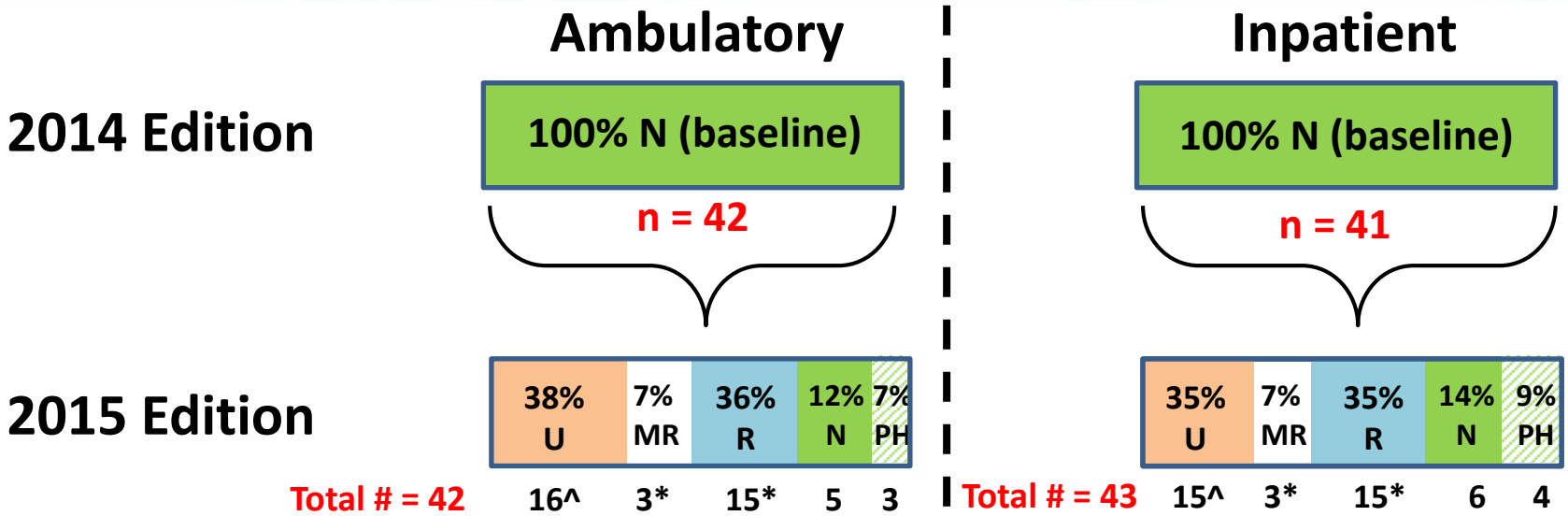

Bottom Line

- 45% of criteria are unchanged or minimally revised for the ambulatory setting.
- 42% of criteria are unchanged or minimally revised for the inpatient setting.
- Only need to do ~60% of the proposed 2015 Edition criteria to participate in Stage 3.
- The total minimum number of criteria needed to participate in Stage 3 remains the same for EPs and almost the same for EHs/CAHs as compared to Stage 2.
  - **Note:** This analysis does not account for potential exclusions

U = Unchanged criteria
MR = Minimally revised criteria
R = Revised criteria
N = New criteria

PH = Public health criteria (new and revised. EPs choose 3 of 6 measures and EHs/CAHs choose 4 of 6 measures.
^ Includes the "QMS" criterion, which may be revised for some health IT developers
* Depends on which family health history criterion is chosen (SNOMED CT or pedigree)

Certified Health IT Module(s) to Support Other Health Care Settings (LTPAC Example)

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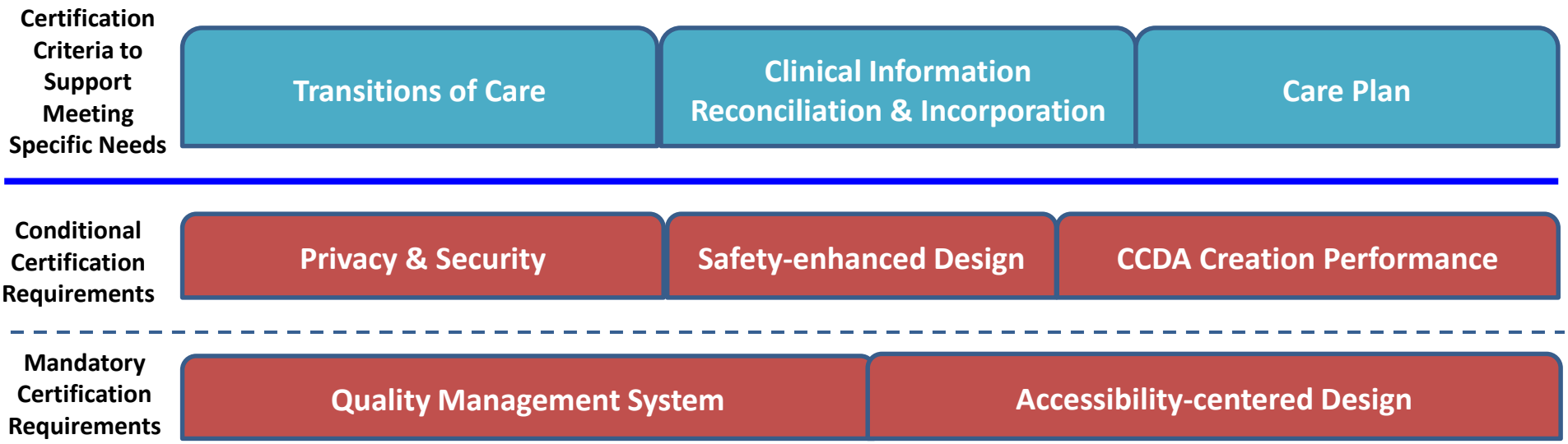
Long-Term Post-Acute Care Certification (example only)



Use of the ONC Health IT Certification Program to Support the Care Continuum

Certified Health IT Module(s) to Support Other Health Care Settings (Behavioral Health Example)

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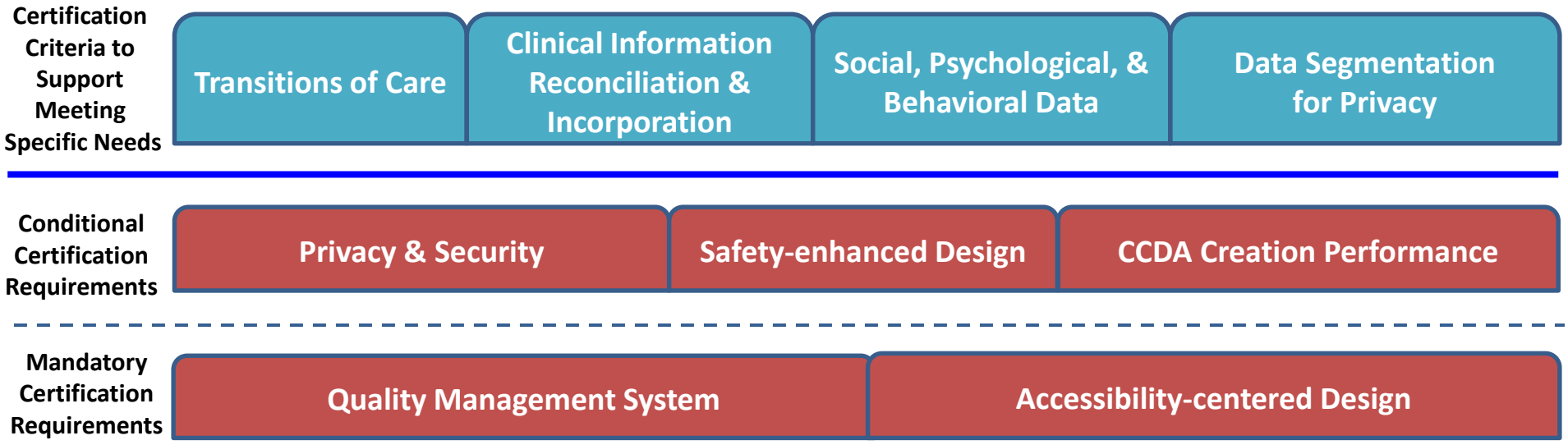
Behavioral Health Certification (example only)



Use of the ONC Health IT Certification Program to Support the Care Continuum

Public Comment

When and How to Comment

Putting the I in HealthIT
www.HealthIT.gov

- ONC published the 2015 Edition Proposed Rule in the Federal Register on **March 30, 2015**
- The comment period is open until **May 29, 2015**
- You can review the proposed rule and comment here: http://www.regulations.gov/#!documentDetail;D=HHS_FRDOC_0001-0572
- To assist in commenting on the rule, ONC provides a:
  - ❑ Microsoft Word version of the rule (http://www.healthit.gov/sites/default/files/2015_editionnprm_ofr_disclaimer_3-20-15.docx); and
  - ❑ Public Comment Template (http://www.healthit.gov/sites/default/files/2015editionnprm_public_comment_template_4-1-15_final508_.docx)

Additional Resources

- Press release: http://www.healthit.gov/sites/default/files/HHS_Proposes_Rules_Path_Inop_FINAL_FORMATTED.docx

- Fact sheet: http://www.healthit.gov/sites/default/files/ONC-Certification-Program-2015-Edition_FactSheet.pdf

- ONC regulations: http://www.healthit.gov/policy-researchers-implementers/standards-and-certification-regulations

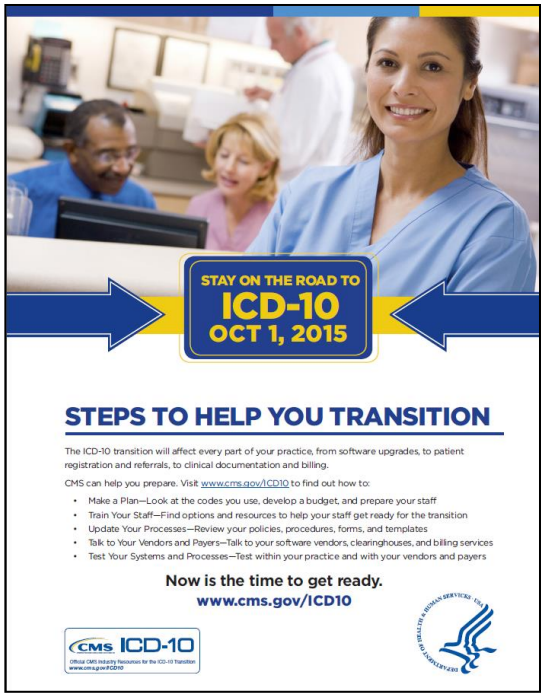
QUESTIONS?

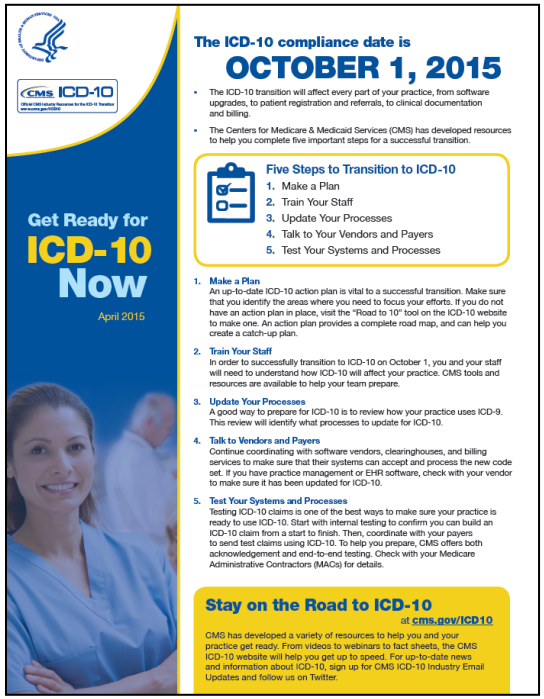
eHealth
CENTERS FOR MEDICARE & MEDICAID SERVICES

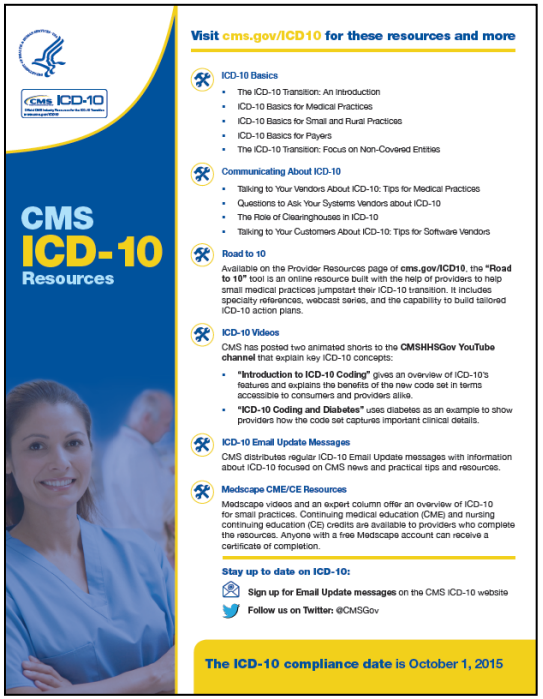
Shana Olshan

ICD-10 UPDATE

Urgency Messaging

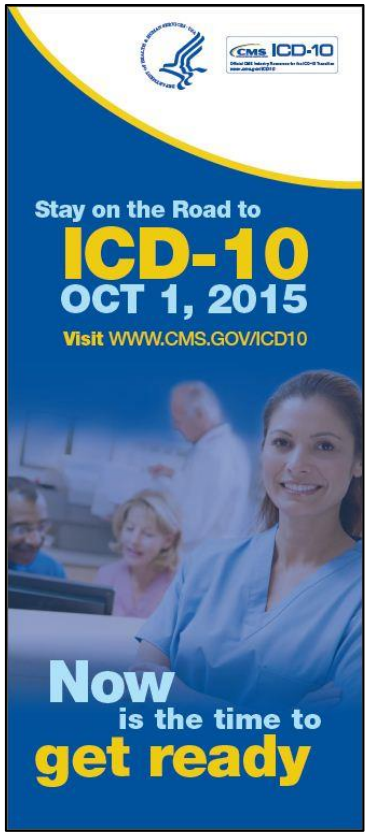






ICD-10 at HIMSS15

ICD-10 Social Media Rally Notice

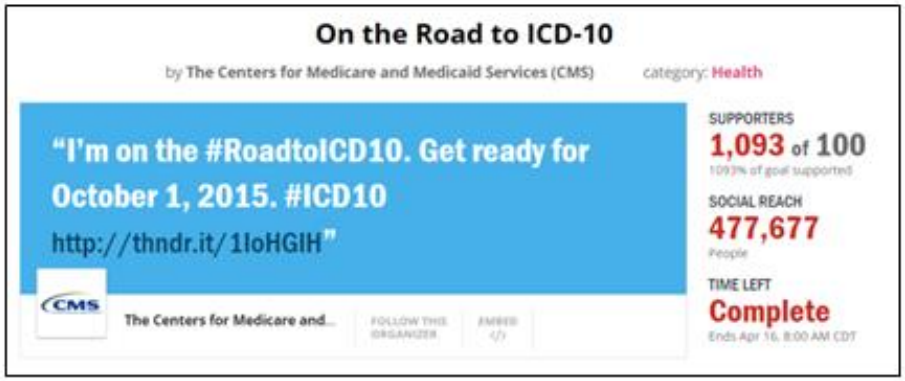


Banner

ICD-10 Coding And Diabetes Video

ICD-10 Social Media Rally

1,093 supporters pledged that they are on the road to ICD-10



To view the Thunderclap Page Visit: http://bit.ly/1DgDbwo

Hospital Inpatient Quality Reporting (IQR) Program Update

Stephanie Wilson, MBL

eCQM Lead, Inpatient Value and Incentives Support Contract

April 30, 2015

Agenda

- *Centers for Medicare & Medicaid Services (CMS) eCQM Receiving System Update*
- *Inpatient Prospective Payment System (IPPS) Proposed Rule*
- *2016 Supplementary Implementation Guide (IG) Review and Feedback*
- *How to Get Involved*
- *Upcoming Events*
- *Contact Information*

Hospital eCQM Receiving System Update

- Quality Reporting Document Architecture (QRDA) Category I, Release 2 files, test and production, can be submitted and validated against 2015 CMS QRDA constraints.
- The “Denominator Declaration” and “Intent to Submit” screens are also available in the *QualityNet Secure Portal*.

Hospital eCQM Receiving System Update

- In order to submit files, hospitals must:
  - Contact *QualityNet* to set-up a *QualityNet* account (new users only);
  - Have the Electronic Health Record (EHR) Data Upload Role applied to their *QualityNet* account; and,
  - Submit **test** and **production** files through the *QualityNet Secure Portal.*
- Hospitals using vendors have two options. They can:
  1. Log in to *QualityNet* and authorize the vendor to submit data on their behalf; or
  2. Have the vendor use a test CCN of 800860 to submit test files.

Hospital eCQM Receiving System Update

- There are errors with three *Feedback* category reports in the Hospital eCQM Receiving System:
  1. Submission Summary Report
  2. Submission Detail Report
  3. eCQM Submission and Performance Feedback Report
- The issue for all three reports:
  - Improper data is displaying on the reports in the *feedback* category; as a result, the reports have been disabled and are not currently available in the *feedback* category.
- Resolution/Workaround:
  - These reports are available through the *submission detail* reports category.
  - A fix will be in place for the reports in the *feedback* category by July 2015.

Hospital eCQM Receiving System Update

The following resources are available to assist hospitals in submitting successful production and test files:

- 2015 CMS Supplementary QRDA Implementation Guide

  www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/QRDA_EP_HQR_Guide_2015.pdf

- HL7 Implementation Guide for QRDA Cat I R2

  http://www.hl7.org/implement/standards/product_brief.cfm?product_id=35

- April 2014 version of the electronic clinical quality measure (eCQM) specifications

  www.cms.gov/Regulations-and-guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html

IPPS Proposed Rule

- The IPPS proposed rule was displayed on April 17, 2015.
- The Public Comment Period will end on June 16, 2015.
- eCQM information can be found on pages 1077–1190.
- Comments can be submitted to www.regulations.gov.

2016 CMS Supplementary Implementation Guide: Draft

- A draft version of the 2016 QRDA Implementation Guide for Eligible Professionals (EP) programs and Hospital Quality Reporting (HQR) has been posted to Jira for review.
  - QRDA Issue Tracker: https://jira.oncprojectracking.org/browse/QRDA-197
- Comments and suggestions can be added and will be reviewed prior to posting the finalized guide in July.
- The Comment Period closes today, Thursday, April 30, 2015.

How to Get Involved: Submitting eCQM Data

CMS strongly encourages vendors and hospitals to continue working toward successful submission of eCQM data by:

- Submitting test files through the CMS eCQM Receiving System (*QualityNet Secure Portal*)
- Signing-up for the Hospital Reporting EHR ListServe and participating in training opportunities: www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register

How to Get Involved: Pre-Submission Validation Application Pilot

- The Pre-Submission Validation Application (PSVA) is being developed to allow users to:
  - Validate QRDA Category I files in real time
  - Correct errors prior to submission
- PSVA also supports the submission of data files to the CMS hospital eCQM receiving system directly from the tool
- The PSVA Pilot is currently scheduled for July 2015

How to Get Involved: PSVA Requirements

- Requirements for participating in the PSVA pilot include a hospital's ability to:
  - Create QRDA Cat I files based on the HL7 base standard for QRDA
  - Download and install the PSVA on the facility's infrastructure
  - Attend a 30-minute PSVA Pilot Participant Information Session in June 2015
  - Attend two 30-minute PSVA Pilot Feedback sessions in July 2015
  - Record and submit feedback on the use of PSVA tool
  - Complete testing by July 31, 2015
- Facilities interested in participating are requested to contact Stephanie Wilson by email at stephanie.wilson@hcqis.org

Upcoming Events

National Provider Call

Subject: Medicare Acute Care Quality and Reporting Programs
Presented by: MLN Connects
Date: May 12, 2015
Registration:
http://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2015-05-12-Acute-Care.html?DLPage=1&DLSort=0&DLSortDir=descending

CMS Webinar Presentation

Subject: The IPPS Proposed Rule
Presented by: Cindy Tourison
Date: May 29, 2015
Registration: Details forthcoming

Thank You!

Stephanie Wilson – IQR eCQM Program Support

- stephanie.wilson@hcqis.org

eCQM General Program Questions

- https://cms-ip.custhelp.com
- 866.800.8765 or 844.472.4477, 7 a.m.–7 p.m. CT, Monday–Friday (except holidays)

This material was prepared by the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. HHSM-500-2013-13007I, FL-IQR-Ch8-04222015-03

Update on The Joint Commission's ORYX 2015 Flexible Options

April 30, 2015

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

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2015 Flexible Options

- Option 1
  - 6 core chart-based measure sets
  - Continue with full year of quarterly reporting
- Option 2
  - 6 core eCQM sets
  - Submit 1Q, 2Q, and/or 3Q 2015 data
- Option 3
  - 6 unique core measure sets – combination of chart-based and eCQM data

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eCQM Measure Selections
as of 4/29/2015

- 59 organizations have selected to submit 2015 eCQM data to The Joint Commission

eCQM Set	% of organizations
eED	95%
eVTE	51%
eSTK	37%
ePC	22%
eSCIP	14%
eAMI	2%
eCAC	2%

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eCQM Measure Selections
as of 4/29/2015

- eCQM set combinations selected most often:

eCQM set combinations	% of organizations
eED only	39%
eED, eSTK, eVTE	17%
eED, ePC, eVTE	10%
eED, eVTE	8%

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eCQM Measure Selections
as of 4/29/2015

- Associated eCQM and chart-based measure sets selected most often:

Measure Sets	% of organizations
ED	25%
STK	24%
VTE	17%

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The Joint Commission's Supplemental Material QRDA Category I Implementation Guide 2015 Discharge Data - 2014 eCQM

April 30, 2015

Mitra Biglari

Project Director

Data Receipt Applications

Division of Healthcare Quality Evaluation

The Joint Commission

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TJC Guide Posted

- TJC requires the same requirements as given in the CMS supplemental document
- TJC Guide only points to the differences or extra requirements.
- Posted on **Performance Measurement System Extranet Track (PET)**
- **Manuals and Guides tab –> eCQM Documentation page -> eHCD section**

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Important Bullets from IG

- Providing guidance on reporting TJC required data such as HCO-ID and Vender tracking-ID
- Listing PHI data and their xPaths, which will be rejected if value is submitted (tags with no value are allowed)
- Providing guidance on reporting Measure Result/Outcome, if submitted

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Important Bullets from IG

- Requires the TJC document template OID in General Header section
- Adding TJC template ID at Measure Section, if reporting results.
- Adding *entryRelationship* section to the Measure Reference Section under component/observation to link the measure result to specific episode of care (EOC)

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Important Bullets from IG

- TJC requires 1 file per patient per reporting period
- Reporting Periods: 1Q, 2Q, 3Q 2015
- All Inpatient EOCs for that period must be reported
- All eCQMs applicable to the patient data, must be reported in the file
- All data required to calculate applicable eCQMs must be reported in the file

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Important Bullets from IG

- TJC allows resubmission to update a submitted file.
- Resubmitted file will overwrite the original file based on key elements identifying the patient
- The new file MUST contain all the data, and not just corrected data
- If no exact matching patient exist, a new record is created

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Important Bullets from IG

- No delete is allowed at this time
- Take special care to submit correct key elements and overwrite with correct keys to prevent submitting incorrect number of patient cases in eHCD system
- Key elements identifying a patient record are: Reporting Period, HCO-ID, Vendor-tracking-ID and vendor id

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Important Bullets from IG

- Mismatch between submitted eHCD data and ePop data will be tracked with Data Quality process
- For more information on reporting populations size and denominator size for eCQMs to TJC refer to ePopulation (ePop) documentations posted on PET.
- Submitting ePop data is required for all selected eCQMs in ORYX Measure Selection system

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Quick Glance on TJC IG

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QUESTIONS?

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