Meaningful Use Stage 2 - Ready or Not, Here it Comes!

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DISCLAIMER: The views and opinions expressed in this presentation are those of the author and do not necessarily represent official policy or position of HIMSS.
Conflict of Interest Disclosure

Robin S. Raiford, BSN RN-BC CPHIMS FHIMSS

Has no real or apparent conflicts of interest to report.
Learning Objectives

I. Discuss Stage 2 meaningful use important issues and how those issues apply to Healthcare IT
II. Address the changes to Stage 1 that are effective in 2014
III. Address Stage 1 changes for 2014 and new Stage 2 objectives
IV. Address changes as they relate to the reporting requirements
V. Discuss how to complete the patient engagement aspect of meaningful use successfully
Learning Objectives

I. Discuss Stage 2 meaningful use important issues and how those issues apply to Healthcare IT
Legislation Driving Regulations

**Legislation**

- **1965** Social Security Act
- **2003** Medicare Modernization Act
- **2005** Deficit Reduction Act
- **2008** Medicare Improvements for Providers and Patients Act
- **2009** American Recovery and Reinvestment Act
- **2012** The Affordable Care Act

**HHS Regulations and Incentives**

- Medicare and Medicaid (*definition of a physician*)
- Medicare Incentives (*who can get incentives*)
- Inpatient Perspective Payment System (*Medicare incentives for quality outcomes and NO PAY events*)
- ePrescribing Incentives
- Incentives for Meaningful Use of an EHR
- Accountable Care Organizations, Shared Savings Plan and Bundled Payments
Multiple Federal Agencies Involved

EHR Incentive Program—Stage 2

- Program staging
- Delay in Stage 2 start for 2011 attesters
- Final Stage 2 objectives and measures
- Payment adjustments
- Changes to the Medicaid EHR Incentive Program

Standards and Certification

- New methodology for certifying EHR technology (the 2014 Edition)
  - Author the 2014 Edition Test Methods
- New standards for clinical content, vocabulary, accessibility, data capture and export, transport, and privacy and security
- Maintain the ONC HIT Certification Program

- Author 2014 Test Methods and host HIT testing platform
Over $9 Billion Paid in Incentives to Date

% Registered Medicare Providers vs. Received Incentive Payments

% Registered Medicaid Providers vs. Received Incentive Payments

(Both MU and AIU)

Medicare Incentive Payments

88,138

Total paid by Medicare
$4,428,559,150

Eligible Professional

Medicare-only Hospital

Medicare/Medicaid Hospital (Medicare Payment)

147

1,716

Medicaid Incentive Payments

62,100

Total paid by Medicaid
$3,790,418,412

Eligible Professional

Medicaid-only Hospital

Medicare/Medicaid Hospital (Medicaid Payment)

77

2,958

Includes eligible professionals registered for Medicare, eligible hospitals registered for Medicare only, and eligible hospitals registered for Medicare and Medicaid that received Medicare incentive payments. Includes eligible professionals registered for Medicaid, eligible hospitals registered for Medicaid only, and eligible hospitals registered for Medicare and Medicaid that received Medicaid incentive payments.

Flexible Certification Methodology

2011 vs. 2014 Edition Requirements

2011 Edition

In order to be able to attest to CMS or States at the end of your EHR reporting period that you possess EHR technology that meets the regulatory definition of Certified EHR Technology adopted by HHS (45 CFR 170.102 and 42 CFR 495.4), the EHR technology in your possession must have been tested and certified to all applicable certification criteria adopted for the setting (ambulatory or inpatient) for which it was designed.

Office of the National Coordinator, FAQ 17

2014 Edition

Base
- Clinical Decision Support
- CPOE
- Demographics
- Privacy / Security
- Transitions of Care

Core
- View, Download, and Transmit
- Vital Signs
- Capabilities specific to a provider’s stage

Menu
- Capabilities specific to the menu set items that a provider has selected

Hardships vs. “Just Hard”

Potential Scenarios

Qualify for Exemption

- Insufficient Internet connection
- Opening of a new hospital
- Unforeseen circumstances/natural disasters

Do Not Qualify for Exemption

- Software upgrade to 2014 Edition
- Changing EHR vendors
- Merger or acquisition

Note

Hardship exemptions are considered on a case-by-case basis. Eligible hospitals must apply for the hardship exemption by April 1 of the year prior to the payment adjustment year (i.e., April 1, 2014 to avoid payment adjustments in FY 2015).

Sources: Medicare and Medicaid Programs; Electronic Health Record Incentive Program—Stage 2, Final Rule at http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf; The Advisory Board research and analysis.
To Infinity and Beyond

Stage of Meaningful Use Criteria by First Payment Year

<table>
<thead>
<tr>
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<td>2</td>
<td>2</td>
<td>3</td>
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</tr>
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</table>

CMS begins to levy payment adjustments starting in 2015

Mandatory Medicare Payment Adjustments Start in 2015

Extra year at Stage 1 for 2011 attesters ONLY

Subject to payment adjustments; Medicaid-eligible providers that have not attested to meaningful use by 2015 (adopting, implementing, or upgrading is not sufficient) are also subject to payment adjustments

Eligible for incentives in the Medicare program; asterisk (*) indicates a provider is also subject to payment adjustments for this payment year

Sources: Medicare and Medicaid Programs; Electronic Health Record Incentive Program-- Stage 2, Final Rule at http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf; Table 3, Page 5394; The Advisory Board research and analysis.
Bottom Line – *Keep Your Eyes on the Calendar!*

2014 is a VERY Significant Year in the EHR Incentive Programs as Defined in the American Recovery and Reinvestment Act
Learning Objectives

II. Address the changes to Stage 1 that are effective in 2014
Changes to Stage 1 Starting in 2014*

1. Replacing electronic copy of health information, electronic copy of discharge instructions, and timely electronic access to health information with the first measure of view, download, and transmit.

2. Reporting on Clinical Quality Measures (CQMs)

3. Introducing a new age limit for capturing vital signs

4. Introducing a new computerized provider order entry (CPOE) measure

*See Appendix at the end of this presentation for more details
More Changes to Stage 1
Starting in 2014* – Optional in 2013

5. Requiring a new document format for providing a summary of care record at the transitions of care
6. Introducing additional exclusion criteria for the e-prescribing requirement for EPs
7. Eliminating the exchange of key clinical information objective.
8. Adding the clause “except where prohibited” to all population and public health measures

*For more details on the Stage 1 changes, refer to: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage1ChangesTipsheet.pdf
Change in Policy Regarding Menu Set*

Beginning in 2014, EPs, eligible hospitals, and CAHs will no longer be permitted to count an exclusion toward the minimum of 5 menu objectives on which they must report if there are other menu objectives which they can select. In other words, a provider cannot select a menu objective and claim an exclusion for it if there are other menu objectives they can meet.

*For more details on the Stage 1 changes, refer to: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage1ChangesTipsheet.pdf
Learning Objectives

III. Address Stage 1 changes for 2014 and new Stage 2 objectives
Key Tenets Remain Unchanged

- Adopt Certified EHR Technology
- Demonstrate Core and Menu Set Requirements
- Report on Clinical Quality Measures

But . . . with a much higher level of effort required to achieve them

## Adjust Your 2014 Edition Upgrade Timing

### Edition of Certified EHR Technology Required

<table>
<thead>
<tr>
<th>Payment Year</th>
<th>Start Year</th>
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<td>2012</td>
<td>Stage 1</td>
<td>Stage 1</td>
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<td>Stage 1</td>
<td>Stage 1</td>
<td>*Stage 1</td>
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<tr>
<td></td>
<td>2014</td>
<td>*Stage 1²</td>
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</table>

### Certified EHR Edition Required

- 2011 Edition
- 2011 or 2014 Edition
- 2014 Edition

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*All Providers*

Attesting in 2014, Regardless Of Stage, will Need to Upgrade to 2014 Edition in Advance of the **Start** of their 2014 Reporting Period

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3-month quarter EHR reporting period for Medicare and continuous 90-day EHR reporting period (or 3 months at state option) for Medicaid eligible professionals (EPs). All providers in their first year in 2014 use any continuous 90-day EHR reporting period.

**CMS Final Rule, Table 3, Page 53974**

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2014 Edition Certification Requires Message Validation

Message Validation
- Cancer Registry
- Cypress (Clinical Quality Measures)
- Direct Certificate Discovery
- ePrescribing
- Lab Results Interface

Transport Verification
- Transport Testing for Summary of Care at Transition
  - Consolidated CDA
  - Direct Project
  - SOAP

Public Health Reporting
- HL7 v2 Immunizations
- HL7 v2 Syndromic Surveillance
- HL7 v2 Electronic Laboratory Reporting

Get Familiar with the NIST Testing Tools

1) NIST: National Institute of Standards and Technology.
2) CDA: clinical document architecture.
3) SOAP: simple object access protocol.
4) HL7: Health Level 7.
Keep the Payment Years Straight

• The payment year for eligible hospitals runs on the Federal Fiscal Year (FFY)
  – October 1 through September 30
  – Federal Fiscal year starts before the Calendar Year (i.e., FFY15 starts Oct 1, 2014)

• The payment year for eligible professionals runs on the Calendar Year (CY)
  – January 1 through December 31
2014 – Either FFY or CY

- Last Year To START Medicare EHR Incentive Program without walking right into payment adjustments that start for MEDICARE EHR Incentive Program ONLY in 2015
- Shortened 90 day or “quarter” of Meaningful Use demonstration for all participants
- Cannot just “pick any day” to start demonstration if in year 2 or later
  - Must start at the beginning of a quarter
Keep the Dates Straight for 2014

Shortened Meaningful Use Demonstration Period for ALL

• When you are in the attestation process in the EHR Incentive Program determines your “90 day” or “quarter” window to attest in 2014
  – 1\textsuperscript{st} year of Meaningful Use Stage 1, Year 1
    • ANY 90 days in order to complete attestation by July 1 for EH or October 1 for EP
  – 2\textsuperscript{nd} or later year in either Stage 1 or Stage 2
    • Must start on day one of a Quarter for either FFY or CY
    • Eligible Hospitals
      – That means start on October 1, January 1, April 1, or July 1
    • Eligible Professionals
      – That means start on January 1, April 1, July 1 or October 1
Key Alerts to Remember

• **2013 Alert for those Attesting to Stage 1, Year 1**
  – Providers attesting to Year 1, Stage 1 using 2011 Edition technology in 2013 will need to upgrade before the start of their 3-month quarter reporting period to 2014 Edition technology
  – *IF* possible, attest to Stage 1, Year 1 in 2013 using a 2014 Edition EHR product to avoid this upgrade between the two Stage 1 years

• **2014 Alert for 1st Year Attesters in 2014**
  – Starting in 2014 the first year necessitates completing all attestation early in order to avoid payment adjustments starting:
    • Medicare Payment adjustments start Oct 1, 2014 (Federal Fiscal Year 2015 for Hospitals)
      – 1st year attesting Hospitals must complete all attestation by July 1, 2014
    • Medicare Payment adjustments start January 1, 2015 (Calendar Year for EPs)
      – 1st year attesting Eligible Professionals must complete all attestation by October 1, 2014
More Certification Bits and Bytes

Data Portability
- Provide summaries of required data elements with required standards
- Support migration of data across EHRs
- Drive innovation and development of more robust EHRs

Quality Management System
- Take first course of action in a series of future certification cycles
- Improve transparency and visibility into vendors’ software development processes
- Enhance predictability of software version release dates

Clinical Reconciliation
- Build foundation for true semantic interoperability
- Reduce burdens for providers to capture problems, medications, and medication allergies
- Push and Pull problem, medication and medication allergy list between two different vendor EHRs

Sources: Medicare and Medicaid Programs; Electronic Health Record Incentive Program--Stage 2, Final Rule at http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf; The Advisory Board research and analysis.

1) QMS: quality management system.
2) PCP: primary care provider.
## Domains and Standards

### Standards for EHRs named in the Code of Federal Regulations

1. **Transport standards**
   - 170.202

2. **Functional standards**
   - 170.204

3. **Content exchange standards and implementation specifications for exchanging electronic health information**
   - 170.205

4. **Vocabulary standards**
   - 170.207

5. **Protect Health Information**
   - 170.210

<table>
<thead>
<tr>
<th>Domain</th>
<th>Meaningful Use Common Data Set</th>
<th>§ 170.207 Standardized Vocabulary (if required)</th>
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<td>2. Sex</td>
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<td>3. Date of birth</td>
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<tr>
<td>4. Race</td>
<td>OMB¹ Standard 1997</td>
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<td>5. Ethnicity</td>
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<tr>
<td>6. Preferred language</td>
<td>ISO² 639-2 alpha-3 codes subset with corresponding alpha-2 code in ISO 639-1</td>
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<tr>
<td>7. Smoking status</td>
<td>SNOMED CT®</td>
<td></td>
</tr>
<tr>
<td>8. Problems</td>
<td>SNOMED CT®</td>
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</tr>
<tr>
<td>9. Medications</td>
<td>RxNorm</td>
<td></td>
</tr>
<tr>
<td>10. Medication allergies</td>
<td>RxNorm</td>
<td></td>
</tr>
<tr>
<td>11. Laboratory test(s)</td>
<td>LOINC®</td>
<td></td>
</tr>
<tr>
<td>12. Laboratory value(s)/result(s)</td>
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<td></td>
</tr>
<tr>
<td>13. Vital signs</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>14. Care plan field(s)</td>
<td>Must include goals and instructions</td>
<td></td>
</tr>
<tr>
<td>15. Procedures</td>
<td>HCPCS and CPT-4 or ICD-10-PCS</td>
<td></td>
</tr>
<tr>
<td>16. Care team members</td>
<td>n/a</td>
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1) OMB: Office of Management and Budget.
2) ISO: International Organization for Standardization.
Fuzzy Math Hides Increased Complexity

Number of Final Stage 2 Core and Menu Objectives

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<th>Eligible Hospitals</th>
<th>Core</th>
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<td>19</td>
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<td>EHS report on 3 of 6 menu set measures</td>
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<table>
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<th>Eligible Professionals</th>
<th>Core</th>
<th>Menu</th>
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<tr>
<td>EPs report on 3 of 6 menu set measures</td>
<td>17</td>
<td>6</td>
<td>20</td>
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Sample of Stage 2 Final Measures
- CPOE threshold increases from 30% to 60% for medication; expanded to include 30% laboratory and radiology
- eRx core set (EP only) and menu set (EH only)
- eMAR using “assistive technologies” (auto-ID) electronically confirming the five rights (EH only)
- Family History new menu set

Improve Care Coordination
- Medication reconciliation moved to core
- Summary of care record moved to core, and electronic submission is required in 10% of cases
- Electronic Notes new measure menu set

Engage Patients and Families
- View, download and transmit replaces the e-copy of health information requirement
- Secure messaging (EP only)
Areas of Enhanced Focus and Interoperability in Stage 2

**Improving Care Coordination**
- Summary of care record during transitions of care and referrals; additional requirement for electronic transmission for subset of summary of care records
- Stage 1 population health requirements from menu set become core requirements
- Electronic medication reconciliation required at transitions of care

**Engaging Patients and Families**
- Secure messaging and patient reminder capabilities (EP only)
- E-copy of health information and e-copy of discharge instructions replaced with providing patients with the ability to view, download, and transmit their health information; additional requirement for driving patient use of these capabilities
- Stage 1 menu requirement for providing patient-specific education resources becomes core requirement

**Improving Quality Safety and Efficiency**
- Greater number of clinical decision support interventions, now related to clinical quality measures
- eMAR for medication orders (EH only)
- Generation of patient lists to manage patient care
- Incorporation of clinical lab test results
Stage 2 – LOTS of New Data Elements to Be Captured in the EHR
Moving Beyond Implementation

**View, Download, Transmit**

50% of all unique patients who are discharged in the reporting period have their information available online within 36 hours of discharge (EH only) or 4 days (EP only).

5% of all patients, or their representative, who are discharged view, download or transmit their information to a third party during the reporting period.

**Summary of Care**

50% of transitions or referrals to another setting of care or provider of care are accompanied by a summary of care record.

10% of summary of care records are electronically transmitted using certified EHR technology to a recipient:

- Conducts 1 or more exchanges in measure 2 above to provider with a different Certified EHR Technology vendor
- or Conducts 1 or more successful tests with the CMS designated test EHR
And Now the Eye Charts

Print these next few slides and put them on your Bulletin Board
Getting It Right for View, Download, and Transmit

Red Bold font indicates data element different from “Summary of Care at Transitions or Referrals” Objective

1. Patient name
2. Current and past problem list
3. Current medication list and medication history
4. Current medication allergy list and medication allergy history
5. Procedures performed during admission (or visit for EPs)
6. Vital signs at discharge
7. Laboratory test results (available at time of discharge)
8. Summary of care record for transitions of care or referrals to another provider
9. Care plan field(s), including goals and instructions
10. Care team including the attending of record as well as other providers of care
11. Demographics maintained by hospital (gender, race, ethnicity, date of birth, preferred language)
12. Smoking status
13. Admit and discharge date and location
14. Reason for hospitalization
15. Discharge instructions for patient


1) Note: Summary of care at transitions is one of the required data elements for view, download, and transmit
2) Items 13 and 14 are not included for EP
Summary of Care at Transition

**Red Bold** font indicates data element different from “View, Download, and Transmit” Objective

1. Patient’s name
2. Current problem list
3. Current medication list
4. Current medication allergy list
5. **Referring or transitioning provider’s name and office contact information**
6. Procedures
7. Vital signs (height, weight, BP, **BMI, growth charts**)
8. Lab test results
9. Care plan field(s), including goals and instructions
10. Care team including **the primary care provider of record and any additional known care team members beyond the referring or transitioning provider and the receiving provider**
11. Demographic information (gender, race, ethnicity, date of birth, language)
12. Smoking status
13. **Encounter diagnoses**
14. **Immunizations**
15. **Functional status, including activities of daily living, cognitive and disability status**
16. Discharge instructions (EH only) or **Reason for referral (EP only)**

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1) BMI and growth charts will need to be utilized in Stage 2 in order to meet this measure, not just have as part of the certified EHR functionality
2) New data elements defined to be collected in Stage 2 as part of meaningful use

Learning Objectives

IV. Address changes as they relate to the reporting requirements
### CQMs Required from 3 National Domains

<table>
<thead>
<tr>
<th>Domain</th>
<th>Number of Required Measures</th>
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<td>Population and Public Health</td>
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<td>Patient &amp; Family Engagement</td>
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<tr>
<td>Efficiency</td>
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<tr>
<td>Patient Safety</td>
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</table>

CQM Data Capture Improvement

The Recipe Book for CQM

- Release of finalized CQMs and electronic specifications on October 26, 2012
- Elimination of the requirement for capturing detailed information on why a medication was not ordered or given
- Streamline the number of data elements to be captured

List of Exact Ingredients

- Absence of complete and accurate data capture
- Availability of “Explicit Data Capture List” that is being developed by the National Library of Medicine
- Navigator tool for electronic specifications and data elements

A Perfect Cake Every Time

- Ability to reach an unprecedented focus at the country level
- Exciting to see as well as challenging to achieve


1) eSpec Navigator.
CQM Reporting Options

<table>
<thead>
<tr>
<th>Payment Year</th>
<th>CQM Reporting Methodologies by Payment Year</th>
</tr>
</thead>
</table>
| **2012, 2013** | **Attestation; electronic reporting optional**  
EHs have the option to participate in CMS’s electronic reporting pilot as an alternative to the standard attestation method. |
| **2014** | **Option 1**  
**CMS Portal**  
Submit the selected 16 CQMs on an aggregate basis through a CMS-designated transmission method using CEHRT\(^1\) |
| | **Option 2**  
**Electronic Reporting**  
Submit the selected 16 CQMs on a patient-level basis in a manner similar to the 2012 Medicare EHR Incentive Program Electronic Reporting Pilot for Eligible Hospitals and CAHs\(^2\) using CEHRT; as long as the CQM data originates from CEHRT, it may be submitted directly from the hospital's CEHRT to CMS or through a data intermediary to CMS |
| **Exceptions** | Providers in Year 1, Stage 1 during 2014 continue to use the attestation method  
Exempt from a measure if a hospital has ≤ 5 inpatient discharges per quarter or ≤ 20 per year |

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\(1\) CEHRT: Certified EHR Technology.  
\(2\) CAH: Critical access hospital.
Learning Objectives

V. Discuss how to complete the patient engagement aspect of meaningful use successfully
National eHealth Collaborative (NeHC)

The Patient Engagement Framework

http://www.nationalehealth.org/patient-engagement-framework
5 Phases of Patient Engagement Framework
New Blockbuster “drug”

Patient engagement is the blockbuster drug of the century.

- National Coordinator for Health IT, Dr. Farzad Mostashari
Next Steps

Stay Informed and Get Involved in Designing the Future of Healthcare
Determine Benefit vs. Risk

**Do the Math**
- Calculate your exact incentives and payment adjustment numbers
- If you start in 2013, are you setting yourself up for failure?
  - Collect $5.44M in 2013
  - Fail to meet measures in 2014, miss out on $4.14M and subject to $2.3M adjustment ($6.44M)
- If you put all efforts into starting in 2014, must complete attestation by July 1, 2014 to avoid adjustment

**Assess Your Vendor**
- Start serious discussions with your vendor ASAP; are they going to get you there?
- Determine pros and cons of switching in both scenarios: Stage 1 and Stage 2, or between Stage 2 and Stage 3

**The Clock Is Ticking**
- Realize that once the Medicare EHR Incentive Program clock starts, you cannot stop without huge financial consequences
- Fail to demonstrate meaningful use and get payment adjustment
- Verify if you are a Dual Eligible hospital; if you skip a Medicaid year and have not begun Medicare, this could result in payment adjustments

Source: The Advisory Board research and analysis.
Maintain Sustainability

**Measure Selection**
- Assess your Stage 1 options and find the one that is optimal for you; go in 2013 or wait until 2014?
- Ask yourself – Are you shooting yourself in the foot on the way to hanging yourself?
- Determine if a free ride now equates to a good deal in the end

**Agree on Strategic Plan**
- Get all stakeholders involved – MD, RN, HIM, Pharmacy, Admitting, Lab, Ambulatory, IS, Quality and Performance, etc.
- Create a strategic framework
- Turn your strategic intent into tactical action
- Identify critical success factors

**Create a Roadmap**
- Create a roadmap to get there (report redesign, change management, investment)
- Monitor your performance (current performance, implementation reporting timelines)
- Identify how will these changes impact your implementation timelines and planned reporting period?

“"This is not impossible, but it is hard.”
Farzad Mostashari, MD, ScM, National Coordinator for Health IT
HIT Policy Committee Opening Remarks, 2012
Publicly Available Tools

Meaningful Use – The Whiteboard Story
www.advisory.com/MUwhiteboard

Quick Guide Comparison—Stage 1 to Stage 2 Objectives and Measures
www.advisory.com/MUpocketguide

Bookmark Versions of the Final Rules
www.advisory.com/MUbookmarkCMS
www.advisory.com/MUbookmarkONC

Source: The Advisory Board Research and Analysis
So, You know you are into this “EHR stuff” when . . . You put this on your CAR!!
THANK YOU!

Now Lets all go Heal the World and Make it a Better Place . . . Become a Meaningful User of an EHR TODAY!
Contact Information

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Appendix

Details of Stage 1 changes from Table 4 from the CMS final Rule
### TABLE 4—STAGE 1 CHANGES

<table>
<thead>
<tr>
<th>Stage 1 objective</th>
<th>Final changes</th>
<th>Effective year (CY/FY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.</td>
<td>Change: Addition of an alternative measure More than 30 percent of medication orders created by the EP or authorized providers of the eligible hospital’s or CAH’s inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.</td>
<td>2013 - Onward (Optional).</td>
</tr>
</tbody>
</table>

Table 4 – Screen 1 of 5
### Table 4—Stage 1 Changes—Continued

<table>
<thead>
<tr>
<th>Stage 1 objective</th>
<th>Final changes</th>
<th>Effective year (CY/FY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generate and transmit permissible prescriptions electronically (eRx).</td>
<td>Change: Addition of an additional exclusion Any EP who: does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP’s practice location at the start of his/her EHR reporting period.</td>
<td>2013—Onward (Required).</td>
</tr>
<tr>
<td>Record and chart changes in vital signs.</td>
<td>Change: Addition of alternative age limitations More than 50 percent of all unique patients seen by the EP or admitted to the eligible hospital’s or CAH’s inpatient or emergency department (POS 21 or 23) during the EHR reporting period have blood pressure (for patients age 3 and over only) and height and weight (for all ages) recorded as structured data.</td>
<td>2013 Only (Optional).</td>
</tr>
<tr>
<td>Record and chart changes in vital signs.</td>
<td>Change: Addition of alternative exclusions</td>
<td>2013 Only (Optional).</td>
</tr>
<tr>
<td>Any EP who</td>
<td>(1) Sees no patients 3 years or older is excluded from recording blood pressure;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) Believes that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice is excluded from recording them;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(3) Believes that height and weight are relevant to their scope of practice, but blood pressure is not, is excluded from recording blood pressure; or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(4) Believes that blood pressure is relevant to their scope of practice, but height and weight are not, is excluded from recording height and weight.</td>
<td></td>
</tr>
<tr>
<td>Record and chart changes in vital signs.</td>
<td>Change: Age limitations on height, weight and blood pressure ..........</td>
<td>2014—Onward (Required).</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>---------------------------------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td></td>
<td>More than 50 percent of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have blood pressure (for patients age 3 and over only) and height and weight (for all ages) recorded as structured data.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Change: Changing the age and splitting the EP exclusion ...............</td>
<td>2014—Onward (Required).</td>
</tr>
<tr>
<td></td>
<td>Any EP who</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Sees no patients 3 years or older is excluded from recording blood pressure;</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>(3) Believes that height and weight are relevant to their scope of practice, but blood pressure is not, is excluded from recording blood pressure; or</td>
<td></td>
</tr>
<tr>
<td>Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, and diagnostic test results), among providers of care and patient authorized entities electronically.</td>
<td>(4) Believes that blood pressure is relevant to their scope of practice, but height and weight are not, is excluded from recording height and weight.</td>
<td></td>
</tr>
<tr>
<td>Report ambulatory (hospital) clinical quality measures to CMS or the states.</td>
<td>Change: Objective is no longer required ...................................</td>
<td>2013—Onward (Required).</td>
</tr>
<tr>
<td></td>
<td>Change: Objective is incorporated directly into the definition of a meaningful EHR user and eliminated as an objective under § 495.6.</td>
<td>2013—Onward (Required).</td>
</tr>
</tbody>
</table>

**Table 4 – Screen 3 of 5**
EP and Hospital Objectives: Provide patients with an electronic copy of their health information (including diagnostics test results, problem list, medication lists, medication allergies, discharge summary, procedures) upon request.

Change: Replace these four objectives with the Stage 2 objective and one of the two Stage 2 measures.

EP Objective: Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.

EP Measure: More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (within 4 business days after the information is available to the EP) online access to their health information subject to the EP’s discretion to withhold certain information.

2014—Onward (Required).

Table 4 – Screen 4 of 5
Table 4 – Stage 1 Changes—Continued

<table>
<thead>
<tr>
<th>Stage 1 objective</th>
<th>Final changes</th>
<th>Effective year (CY/FY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Objective: Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request. EP Objective: Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, and allergies) within 4 business days of the information being available to the EP. Public Health Objectives:</td>
<td>Hospital Objective: Provide patients the ability to view online, download, and transmit information about a hospital admission. Hospital Measure: More than 50 percent of all patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH have their information available online within 36 hours of discharge. Change: Addition of “except where prohibited” to the objective regulation text for the public health objectives under § 495.6.</td>
<td>2013—Onward (Required).</td>
</tr>
</tbody>
</table>

Stage 1 Policy Changes

Meeting an exclusion for a menu set objective counts towards the number of menu set objectives that must be satisfied to meet meaningful use.

Meeting an exclusion for a menu set objective does not count towards the number of menu set objectives that must be satisfied to meet meaningful use.

2014—Onward (Required).