

Meaningful Use Objectives & Standards

March 1st, 2011
5:30pm – 6:30 PM

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- Or, to join by phone, select "Use Telephone" in your Audio window. See example
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- **1.0 AMA PRA Category 1 Credits™** (Risk Management)
- Online evaluation and CME certificate
- PowerPoint slides available for download
- You will also receive this information in a reminder email, following the webinar
- Questions during the webinar may be typed into the “questions” box on the right side of your screen
- Questions will be answered at the end of the presentation
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Faculty Introductions

Moderator



Barbara Lund, MBA, MSW
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Presenter



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Faculty Disclosures

The following faculty has indicated their financial interests and/or relationships with commercial manufacturers as follows:

Barbara Lund, MBA, MSW N/A

Jeff Loughlin, MHA, N/A

Activity planners of today's webinar have nothing to disclose.

MAeHC Mission: Facilitate Universal EHR Adoption



BlueCross
BlueShield
of Massachusetts

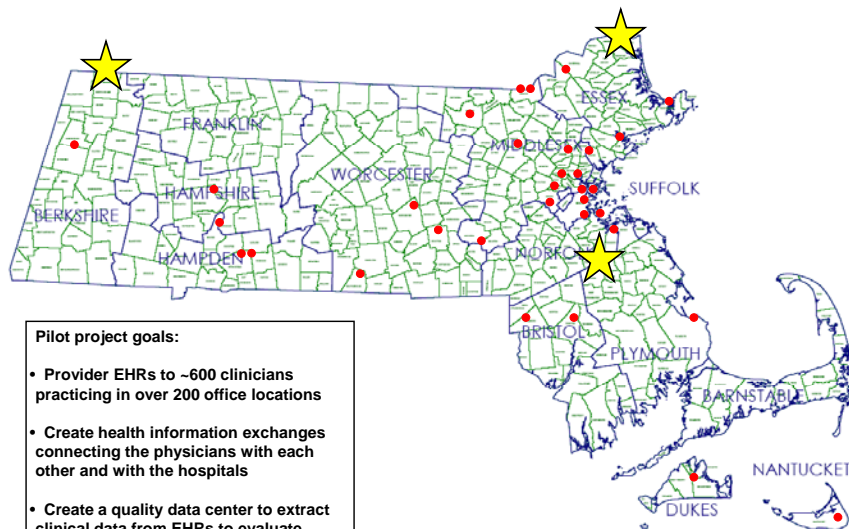


MASSACHUSETTS
MEDICAL SOCIETY



- Company launched September 2004
 - Non-profit registered in the Commonwealth of Massachusetts
- CEO on board January 2005
- Backed by broad array of 34 non-profit MA health care stakeholders

MAeHC Selected Three Pilot Sites From 35 Applicants: Brockton, Newburyport, North Adams



Pilot project goals:

- Provider EHRs to ~600 clinicians practicing in over 200 office locations
- Create health information exchanges connecting the physicians with each other and with the hospitals
- Create a quality data center to extract clinical data from EHRs to evaluate effectiveness and measure performance

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Following the pilot program, MAeHC expanded its experience base and involvement in a variety of projects

300 Physician EHR implementation – Beth Israel Deaconess Physician Organization

Community-wide EHR Implementation, HIE, and Quality Data Center – Large Healthcare Foundation

HEAL 5 New York – New York State Department of Health and New York eHealth Collaborative

HEAL 10 New York – Adirondack Region Medical Home Pilot

State-level HIE technical services vendor procurement – Missouri HIO

State Level Health Information Exchange Strategic and Operational Plan Development – New Hampshire

Regional Extension Center planning, deployment, and operations – New Hampshire, New York, Massachusetts, Rhode Island

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Polling Questions

Please note that we will be conducting a few polls during today's webinar.

At various points during the presentation, you will be asked a brief question regarding HIT and EHR use.

At the appropriate time, a screen will pop-up on your computer.

Please select the appropriate response and click Submit.

Goals and Objectives

Goal:

To educate providers who are planning for the use of Electronic Health Records (EHR) on the details of meaningful use objectives and standards

Objective:

For providers to understand the details of meaningful use objectives, including the specific standards required for compliance, and the functionality of their EHR required to use in order to achieve meaningful use.

Agenda

American Recovery and Reinvestment Act Funding

Medicare and Medicaid Incentive Programs

Meaningful Use

Details of Objectives and Standards

- Improve quality, safety, efficiency and reduce health disparities
- Engage patients and families in their health care
- Improve care coordination
- Ensure adequate privacy and security protections for personal health information
- Improve population and public health

Clinical Quality Measures

What the future holds – Stage 2 and Stage 3

Resources and Questions

American Recovery and Reinvestment Act

One Hundred Eleventh Congress of the United States of America

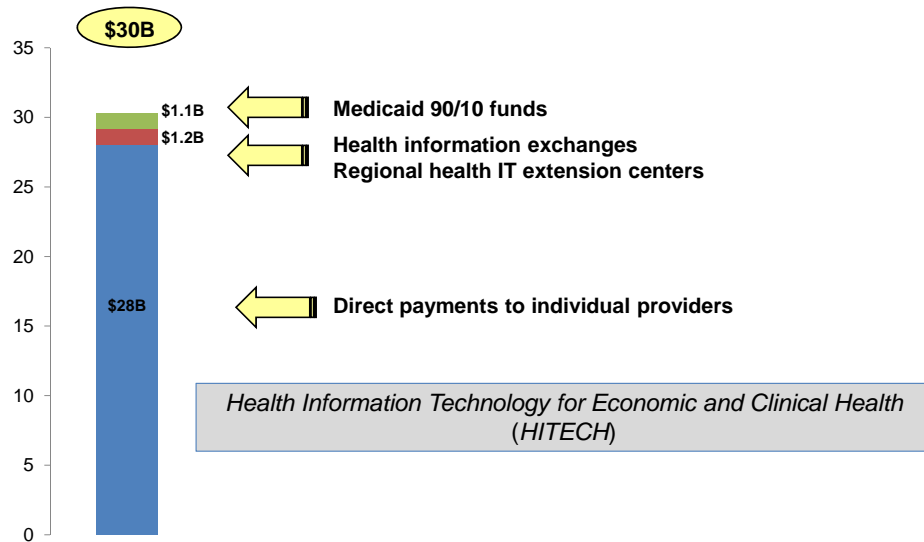
AT THE FIRST SESSION

*Begun and held at the City of Washington on Tuesday,
the sixth day of January, two thousand and nine*

An Act

Making supplemental appropriations for job preservation and creation, infrastructure investment, energy efficiency and science, assistance to the unemployed, and State and local fiscal stabilization, for the fiscal year ending September 30, 2009, and for other purposes.

Estimated ARRA funding for HIT and HIE



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Agenda

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Polling Question

Before we discuss the details, I would like to poll the audience, and ask the question:

Do you qualify as an Eligible Professional (EP) under the CMS EHR Incentive Program?

Comparison of Medicare and Medicaid Incentive Programs

	Medicare	Medicaid
Maximum incentive	\$44,000 (\$48,000 in HPSA)	\$63,750
Payment calculation	75% of submitted allowable charges in a year, up to cap	Flat payment to cover allowable costs, up to cap
Eligibility	Any ambulatory Eligible Professional doing Medicare business	Any ambulatory Eligible Professional doing Medicaid business
Limitations on eligibility	No mid-levels	30% of services must be Medicaid; 20% for peds NPs, NMWs qualify; PAs only in Rural Health Clinics
Penalties	Penalties for non-compliance starting in 2015	No penalties
Qualifying period	Any 90 continuous days between Jan 1 2011 and Dec 31 2011	Any 90 continuous days between Jan 1 2011 and Dec 31 2011
Qualifying logistics	Attestation to CMS of all requirements, including submission of quality measure numerators and denominators for selected core measures; electronic submission of quality measures starting in 2012 (if available by CMS)	Attestation to state Medicaid of all requirements, including submission of quality measure numerators and denominators for selected core measures; electronic submission of quality measures starting in 2012 (if available by CMS)

Maximum Medicare Incentives

Calendar Year	Adopt 2011	Adopt 2012	Adopt 2013	Adopt 2014	Adopt 2015 and after
2011	18,000				-
2012	12,000	18,000			-
2013	8,000	12,000	15,000		-
2014	4,000	8,000	12,000	12,000	-
2015	2,000	4,000	8,000	8,000	0
2016		2,000	4,000	4,000	0
2017	0	0	0	0	0
Cumulative Total	\$44,000	\$44,000	\$39,000	\$24,000	0

Multiply allowable Medicare charges by 75% of **Part B FFS Professional charges** for the payment year, up to the cap of \$24,000.

HPSA EP qualifies for an extra 10% incentive payment if more than 50% of covered services are provided in a geographic HPSA during the previous year.

Maximum Medicaid Incentives

Calendar Year	2011	2012	2013	2014	2015	2016
2011	21,250					
2012	8,500	21,250				
2013	8,500	8,500	21,250			
2014	8,500	8,500	8,500	21,250		
2015	8,500	8,500	8,500	8,500	21,250	
2016	8,500	8,500	8,500	8,500	8,500	21,250
2017		8,500	8,500	8,500	8,500	8,500
2018			8,500	8,500	8,500	8,500
2019				8,500	8,500	8,500
2020					8,500	8,500
2021						8,500
Cumulative Total	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

Max payments if did not accept more than \$29,000 from state or local agencies.
Pediatricians qualifying at 20% Medicaid encounters receive 33% less.

Eligibility across CMS Incentive Programs

Other Medicare Incentive Program	Eligible for HITECH EHR Incentive Program?
Medicare Physician Quality Reporting Initiative (PQRI)	Yes, if the EP is eligible.
Medicare Electronic Health Record Demonstration (EHR Demo)	Yes, if the EP is eligible.
Medicare Care Management Performance Demonstration (MCMP)	Yes, if the practice is eligible. The MCMP demo will end before EHR incentive payments are available.
Electronic Prescribing (eRx) Incentive Program	If the EP chooses to practice in the <u>Medicare</u> EHR Incentive Program, they cannot participate in the Medicare eRx Incentive Program simultaneously in the same program year. If the EP chooses to participate in the <u>Medicaid</u> EHR Incentive Program, they can participate in the Medicare eRx Incentive Program simultaneously.

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Meaningful Use: Description

The Recovery Act specifies the 3 components of Meaningful Use:

- Use of certified EHR in a **meaningful manner** (e.g., e-prescribing)
- Use of certified EHR technology for **electronic exchange** of health information to improve quality of health care
- Use of certified EHR technology to submit **clinical quality measures** (CQM) and other such measures selected by the Secretary



<http://onc-chpl.force.com/ehrcert>

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Meaningful Use Vision for 2015

Prevention, and management, of chronic diseases

- A million heart attacks and strokes prevented
- Heart disease no longer the leading cause of death in the US

Medical errors

- 50% fewer preventable medication errors

Health disparities

- The racial/ ethnic gap in diabetes control halved

Care Coordination

- Preventable hospitalizations and re-admissions cut by 50%

Patients and families

- All patients have access to their own health information
- Patient preferences for end of life care are followed more often

Public health

- All health departments have real-time situational awareness of outbreaks

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Meaningful Use vision translates to five health related goals

Improve quality, safety, efficiency and reduce health disparities

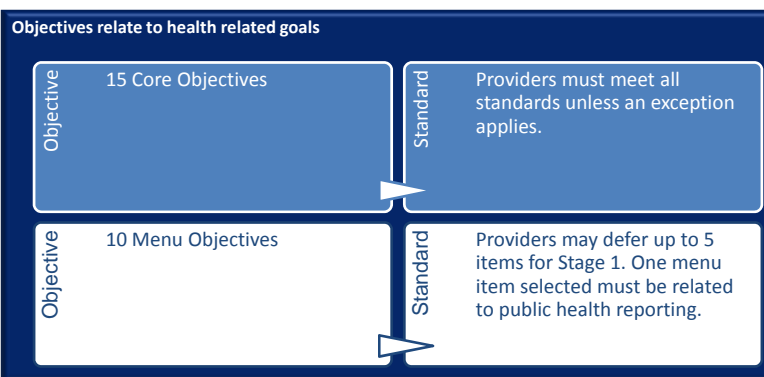
Engage patients and families in their health care

Improve care coordination

Improve population and public health

Ensure adequate privacy and security protections for personal health information

Meaningful Use objectives correlate with health related goals



Objective standards are a mix of calculation and attestation but exclusions are provided to account for specialties

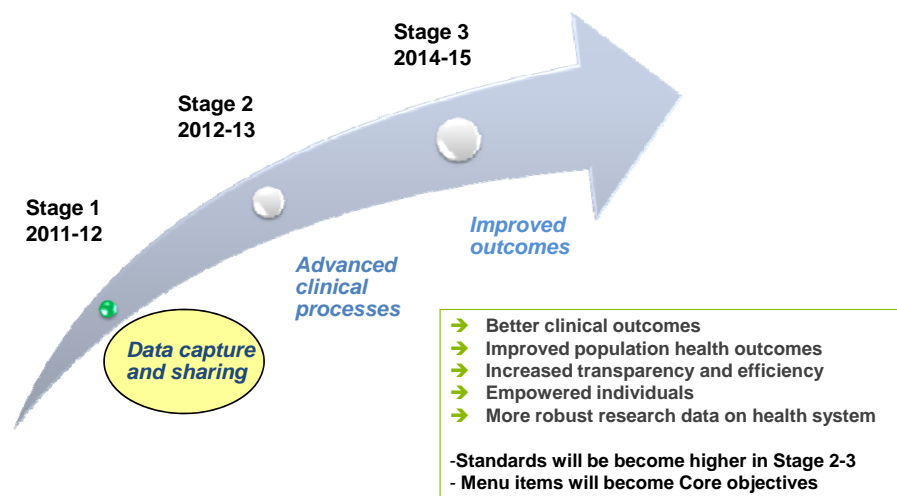
Eight (8) objectives require simply yes / no attestation of functionality

Ten (10) objectives require calculation based on patients recorded in EHR

Six objectives (6) require calculation based on all unique patients

Fourteen (14) objectives have exclusion criteria allowing a zero (0) or negative response

Meaningful Use objectives and standards will change over time, focusing today on structured data and exchange



Projected goals may change in the coming years

Stage 1 Goals	Stage 2 Goals	Stage 3 Goals
<ul style="list-style-type: none"> • Electronically capturing health information in a coded format • Using captured information to track key clinical conditions and communicating that information for care coordination purposes • Implementing clinical decision support tools to facilitate disease and medication management • Reporting clinical quality measures and public health information 	<ul style="list-style-type: none"> • Expand upon the Stage 1 criteria to encourage the use of health IT for continuous quality improvement at the point of care and the exchange of information in the most structured format possible • Consider applying the criteria more broadly to both the inpatient and outpatient hospital settings 	<ul style="list-style-type: none"> • Focus on promoting improvements in quality, safety and efficiency, focusing on: <ul style="list-style-type: none"> - Decision support for national high-priority conditions - Patient access to self-management tools - Access to comprehensive patient data - Improving population health

Incentive payments will require compliance with future stages of Meaningful Use (Medicare example)

Calendar year		Annual incentive						Total
		2011	2012	2013	2014	2015	2016	
First qualifying year	2011	\$18,000	\$12,000	\$ 8,000	\$ 4,000	\$ 2,000		\$44,000
	2012		\$18,000	\$12,000	\$ 8,000	\$ 4,000	\$ 2,000	\$44,000
	2013			\$15,000	\$12,000	\$ 8,000	\$ 4,000	\$39,000
	2014				\$12,000	\$ 8,000	\$ 4,000	\$24,000
	2015+					\$ 0	\$ 0	\$ 0

Meaningful use: Stage 1 Stage 2 Stage 3

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Polling Question

Before discussing the details of the Meaningful Use objectives, I would like to ask the audience a question:

Do you currently receive lab results electronically from an interface with a local hospital or major lab provider such as Quest or Labcorp?

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Improve quality, safety, efficiency and reduce health disparities

Objective

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

Standard

More than 30% of unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE

Numerator	Denominator	Population	Exclusion Criteria
The number of patients in the denominator that have at least one medication order entered using CPOE.	Number of unique patients with at least one medication in their medication list seen by the EP.	Patients whose records are maintained in the EHR.	If an EP's writes fewer than one hundred prescriptions during the EHR reporting period they would be excluded from this requirement.

http://healthcare.nist.gov/docs/170.306.a_CPOEIP_v1.0.pdf

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Improve quality, safety, efficiency and reduce health disparities

Objective

Implement drug-drug and drug-allergy interaction checks

Standard

The EP has enabled this functionality for the entire EHR reporting period

Requires only Yes / No Attestation	Exclusion Criteria
X	None

http://healthcare.nist.gov/docs/170.302.a_DrugDrugAllergy_v1.0.pdf

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Improve quality, safety, efficiency and reduce health disparities



Numerator	Denominator	Population	Exclusion Criteria
The number of prescriptions in the denominator generated and transmitted electronically.	Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period.	Patients whose Records are Maintained in the EHR.	This objective and associated measure do not apply to any EP who writes fewer than one hundred prescriptions during the EHR reporting period.

http://healthcare.nist.gov/docs/170.304.b_ExchangePrescriptionInformation_v1.0.pdf

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Improve quality, safety, efficiency and reduce health disparities



Numerator	Denominator	Population	Exclusion Criteria
The number of patients in the denominator who have all the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements) recorded as structured data.	Number of unique patients seen by the EP during the EHR reporting period.	All Unique Patients.	None

http://healthcare.nist.gov/docs/170.306.b_RecordDemographicsIP_v1.0.pdf

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Improve quality, safety, efficiency and reduce health disparities

Objective

Record demographics:
preferred language, gender,
race, ethnicity, date of birth

Standard

More than 50% of all unique
patients seen by the EP have
demographics recorded as
structured data

Race Categories:

American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White

Ethnicity Categories:

Hispanic or Latino
Not Hispanic or Latino

**Patients can refuse to report*

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Improve quality, safety, efficiency and reduce health disparities

Objective

Maintain an up-to-date
problem list of current and
active diagnoses

Standard

More than 80% of all unique
patients seen by the EP have
at least one entry or an
indication that no problems
are known for the patient
recorded as structured data ★

Numerator	Denominator	Population	Exclusion Criteria
The number of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list.	Number of unique patients seen by the EP during the EHR reporting period.	All Unique Patients.	None

http://healthcare.nist.gov/docs/170.302.c_problemlist_v1.0.pdf

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Improve quality, safety, efficiency and reduce health disparities



Numerator	Denominator	Population	Exclusion Criteria
The number of patients in the denominator who have a medication (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	Number of unique patients seen by the EP during the EHR reporting period.	All Unique Patients.	None

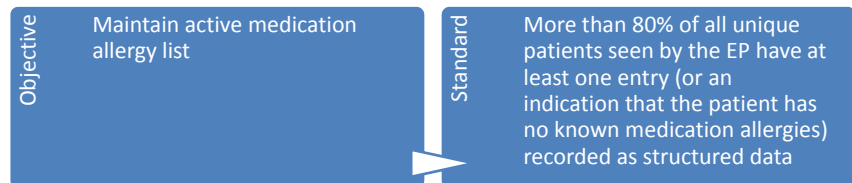
http://healthcare.nist.gov/docs/170.302.d_medicationlist_v1.0.pdf

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Improve quality, safety, efficiency and reduce health disparities



Numerator	Denominator	Population	Exclusion Criteria
The number of unique patients in the denominator who have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data in their medication allergy list.	Number of unique patients seen by the EP during the EHR reporting period.	All Unique Patients.	None

http://healthcare.nist.gov/docs/170.302.e_allergylist_v1.0.pdf

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Improve quality, safety, efficiency and reduce health disparities

Objective

Record and chart changes in vital signs: Height, Weight, Blood pressure, Calculate and display BMI, Plot and display growth charts for children 2-20 years, including BMI

Standard

For more than 50% of all unique patients age 2 and over seen by the EP height, weight and blood pressure are recorded as structured data

Numerator	Denominator	Population	Exclusion Criteria
The number of patients in the denominator who have at least one entry of their height, weight and blood pressure are recorded as structure data.	Number of unique patients age 2 or over seen by the EP during the EHR reporting period.	Patients whose records are maintained in the EHR.	An EP who sees no patients 2 years old or younger would be excluded from this requirement. In addition, an EP who believes that all three vital signs of height, weight and blood pressure have no relevance to their scope of practice are allowed to so attest and be excluded.

Improve quality, safety, efficiency and reduce health disparities

Objective

Record and chart changes in vital signs: Height, Weight, Blood pressure, Calculate and display BMI, Plot and display growth charts for children 2-20 years, including BMI

Standard

For more than 50% of all unique patients age 2 and over seen by the EP height, weight and blood pressure are recorded as structured data

http://healthcare.nist.gov/docs/170.302.f.1_vitalsigns_v1.0.pdf

http://healthcare.nist.gov/docs/170.302.f.2_BMI_v1.0.pdf

http://healthcare.nist.gov/docs/170.302.f.3_growthcharts_v1.0.pdf

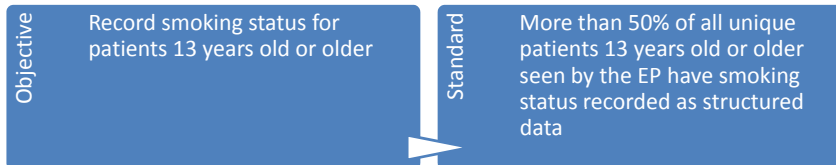
Improve quality, safety, efficiency and reduce health disparities



Numerator	Denominator	Population	Exclusion Criteria
The number of patients in the denominator with smoking status recorded as structured data.	Number of unique patients age 13 or older seen by the EP during the EHR reporting period.	Patients whose Records are Maintained in the EHR.	EPs who see no patients 13 years or older would be excluded from this requirement.

http://healthcare.nist.gov/docs/170.302.g_smokingstatus_v1.0.pdf

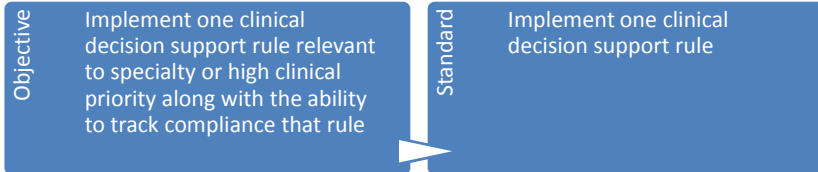
Improve quality, safety, efficiency and reduce health disparities



Smoking status types must include:

current every day smoker
current some day smoker
former smoker
never smoker
smoker
current status unknown
unknown if ever smoked

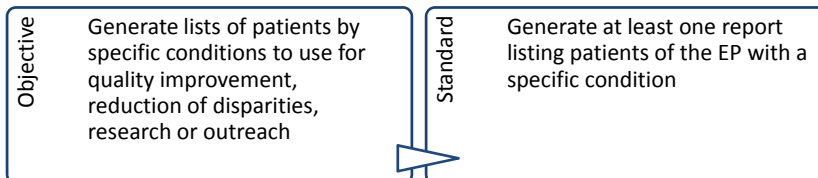
Improve quality, safety, efficiency and reduce health disparities



Requires only Yes / No Attestation	Exclusion Criteria
X	None

http://healthcare.nist.gov/docs/170.304.e_ClinicalDecisionSupportAmb_v1.0.pdf

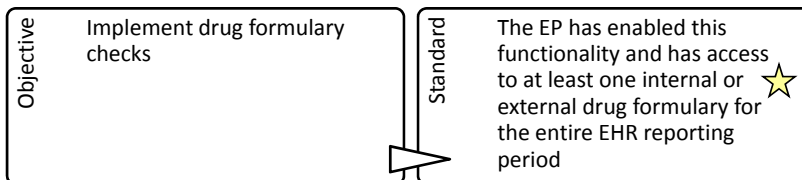
Improve quality, safety, efficiency and reduce health disparities



Requires only Yes / No Attestation	Exclusion Criteria
X	None

http://healthcare.nist.gov/docs/170.302.i_GeneratePatientLists_v1.0.pdf

Improve quality, safety, efficiency and reduce health disparities



Requires only Yes / No Attestation	Exclusion Criteria
X	Any EP who writes fewer than one hundred prescriptions during the EHR reporting period should be excluded from this objective and associated measure.

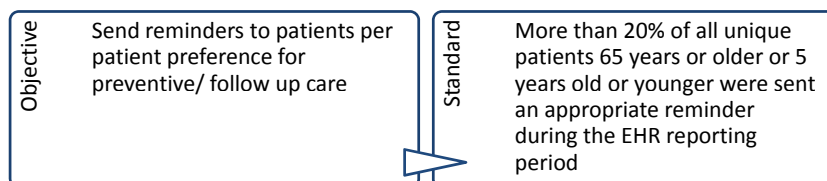
http://healthcare.nist.gov/docs/170.302.b_DrugFormularyChecks_v1.0.pdf

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Improve quality, safety, efficiency and reduce health disparities



Numerator	Denominator	Population	Exclusion Criteria
The number of patients in the denominator who were sent the appropriate reminder.	Number of unique patients 65 years old or older or 5 years old or younger.	Patients whose Records are Maintained in the EHR.	If an EP has no patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology that EP is excluded from this requirement.

http://healthcare.nist.gov/docs/170.304.d_GeneratePatientReminders_v1.0.pdf

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Improve quality, safety, efficiency and reduce health disparities

Objective

Incorporate clinical lab test results into certified EHR technology as structured data

Standard

More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data

Numerator	Denominator	Population	Exclusion Criteria
The number of lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data.	Number of lab tests ordered during the EHR reporting period by the EP whose results are expressed in a positive or negative affirmation or as a number.	Patients whose Records are Maintained in the EHR.	If an EP orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period they would be excluded from this requirement.

http://healthcare.nist.gov/docs/170.302.h_IncorpLabTest_v1.0.pdf

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Clinical Quality Measures

What the future holds – Stage 2 and Stage 3

Resources and Questions

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Polling Question

Before we discuss the Engaging Patient objectives, I would like to ask:

Do you currently use a Patient Portal?

Engage patients and families in their health care

Objective

Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request ★

Standard

More than 50% of all patients of the EP who request an electronic copy of their health information are provided it within 3 business days

Numerator	Denominator	Population	Exclusion Criteria
The number of patients in the denominator who receive an electronic copy of their electronic health information within three business days.	The number of patients of the EP who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period.	Patients whose Records are Maintained in the EHR.	If the EP has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period they would be excluded from this requirement.

http://healthcare.nist.gov/docs/170.304.f_ElectronicCopyOfHealthInformation_v1.0.pdf

Engage patients and families in their health care



Numerator	Denominator	Population	Exclusion Criteria
Number of patients in the denominator who are provided a clinical summary of their visit within three business days.	Number of unique patients seen by the EP during the EHR reporting period.	Patients whose Records are Maintained in the EHR.	EPs who have no office visits during the EHR reporting period would be excluded from this requirement.

http://healthcare.nist.gov/docs/170.304.h_ClinicalSummaries_v1.0.pdf

Engage patients and families in their health care



Clinical summaries include, at a minimum, diagnostic test results, problem list, medication list, and medication allergy list.

Engage patients and families in their health care

Objective	Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP	Standard	More than 10% of all unique patients seen by the EP are provided timely electronic access to their health information subject to the EP's discretion to withhold certain information
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Numerator	Denominator	Population	Exclusion Criteria
The number of patients in the denominator who have timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information online.	Number of unique patients seen by the EP during the EHR reporting period.	All Unique Patients.	If an EP neither orders nor creates any of the information listed in the ONC final rule 45 CFR 170.304(g) and therefore included in the minimum data for this objective during the EHR reporting period they would be excluded from this requirement.

http://healthcare.nist.gov/docs/170.304.f_ElectronicCopyOfHealthInformation_v1.0.pdf

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Engage patients and families in their health care

Objective	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	Standard	More than 10% of all unique patients seen by the EP are provided patient-specific education resources
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Numerator	Denominator	Population	Exclusion Criteria
Number of patients in the denominator who are provided patient education specific resources.	Number of unique patients seen by the EP during the EHR reporting period.	All Unique Patients.	None

http://healthcare.nist.gov/docs/170.302.m_EducationResources_v1.0.pdf

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- **Improve care coordination**
- Ensure adequate privacy and security protections for personal health information
- Improve population and public health

Clinical Quality Measures

What the future holds – Stage 2 and Stage 3

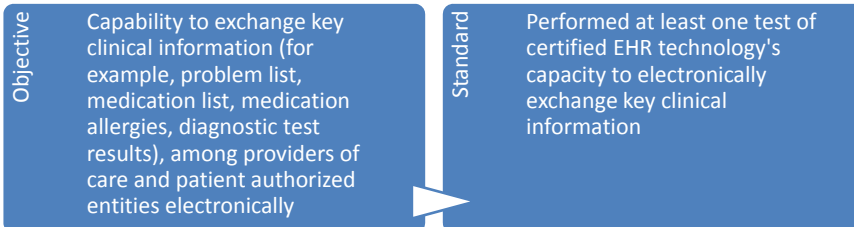
Resources and Questions

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Improve care coordination



Requires only Yes / No Attestation	Exclusion Criteria
X	None

http://healthcare.nist.gov/docs/170.306.f_ExchangeClinicalInfoSummaryRecordIP_v1.0.pdf

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Improve care coordination

Objective

The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral

Standard

The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals

Numerator	Denominator	Population	Exclusion Criteria
The number of transitions of care and referrals in the denominator where a summary of care record was provided.	Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.	Patients whose Records are Maintained in the EHR.	If an EP does not transfer a patient to another setting or refer a patient to another provider during the EHR reporting period then they would be excluded from this requirement.

http://healthcare.nist.gov/docs/170.304.i_ExchangeClinicalInforPatientSummaryRecordAmb_v1.0.pdf

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Improve care coordination

Objective

The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation

Standard

The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP

Numerator	Denominator	Population	Exclusion Criteria
The number of transitions of care in the denominator where medication reconciliation was performed.	Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.	Patients whose Records are Maintained in the EHR.	If an EP was not on the receiving end of any transition of care during the EHR reporting period they would be excluded.

http://healthcare.nist.gov/docs/170.302.i_%20MedicationReconciliation_v1.0.pdf

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American Recovery and Reinvestment Act Funding

Medicare and Medicaid Incentive Programs

Meaningful Use

Details of Objectives and Standards

- Improve quality, safety, efficiency and reduce health disparities
- Engage patients and families in their health care
- Improve care coordination
- **Ensure adequate privacy and security protections for personal health information**
- Improve population and public health

Clinical Quality Measures

What the future holds – Stage 2 and Stage 3

Resources and Questions

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Ensure adequate privacy and security protections for personal health information

Objective
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities

Standard
Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process

Requires only Yes / No Attestation	Exclusion Criteria
X	None

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Ensure adequate privacy and security protections for personal health information

Objective	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Standard	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process
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http://healthcare.nist.gov/docs/170.302.u_GeneralEncryption_v1.0.pdf

http://healthcare.nist.gov/docs/170.302.v_EncryptionHIE_v1.0.pdf

http://healthcare.nist.gov/docs/170.302.o_AccessControl_v1.0.pdf

http://healthcare.nist.gov/docs/170.302.t_Authentication_v1.0.pdf

http://healthcare.nist.gov/docs/170.302.g_AutomaticLogOff_v1.0.pdf

Ensure adequate privacy and security protections for personal health information

Physical security of hardware and devices

Password management and role based security access

Portable and mobile device policies

Data encryption and network security

HIPAA compliance

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Clinical Quality Measures

What the future holds – Stage 2 and Stage 3

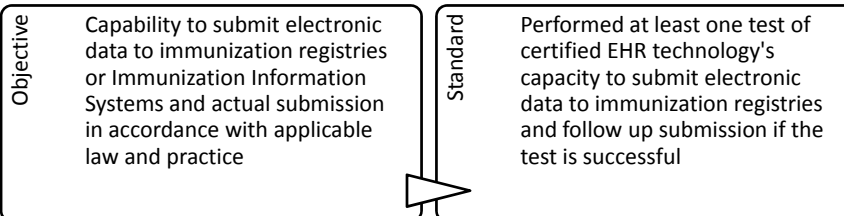
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Improve population and public health



Requires only Yes / No Attestation	Exclusion Criteria
X	EPs that have not given any immunizations during the EHR reporting period are excluded from this measure.

http://healthcare.nist.gov/docs/170.302.k_Immunizations_v1.0.pdf

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Improve population and public health

Objective	Capability to submit electronic Syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and C17 practice
Standard	Performed at least one test of certified EHR technology's capacity to provide electronic Syndromic surveillance data to public health agencies and follow-up submission if the test is successful

Requires only Yes / No Attestation	Exclusion Criteria
X	If an EP does not collect any reportable syndromic information on their patients during the EHR reporting period, then they are excluded from this measure.

http://healthcare.nist.gov/docs/170.302.1_PublicHealthSurveillance_v1.0.pdf

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Clinical Quality Measures

What the future holds – Stage 2 and Stage 3

Resources and Questions

Polling Question

Before discussing Clinical Quality Measures, I would like to ask:

Do you currently participate in the Physician Quality Reporting Initiative (PQRI)?

Improve quality, safety, efficiency and reduce health disparities

Objective

Report ambulatory clinical quality measures to CMS or the States: Core: Hypertension, Tobacco Use Assessment & Cessation Intervention, Adult Weight Screening (NQF 13, 28, 421 or PQRI 128) Menu: Must choose 3 measures to report

Standard

For 2011, provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of this final rule. For 2012, electronically submit the clinical quality measures.

Requires only Yes / No Attestation	Exclusion Criteria
X	None

http://healthcare.nist.gov/docs/170.304.i_CalcSubmitClinQualityMeasures_v1.0.pdf

http://healthcare.nist.gov/docs/170.306.i_CalcSubmitClinQualityMeasures_v1.0.pdf

Improve quality, safety, efficiency and reduce health disparities

Objective	Report ambulatory clinical quality measures to CMS or the States: Core: Hypertension, Tobacco Use Assessment & Cessation Intervention, Adult Weight Screening (NQF 13, 28, 421 or PQRI 128) Menu: Must choose 3 measures to report
Standard	For 2011, provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of this final rule. For 2012, electronically submit the clinical quality measures.

Quality measures will include Core measures that apply to all, and specific measures for a number of specialties

Core Measures (Required Unless the Denominator of the Measure is 0)

NQF/PQRI Number	CQM Title	CQM Description	Numerator	Denominator
NQF 0421 PQRI 128	Adult Weight Screening and Follow-Up	Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.	All active patients 18 years of age and older with a calculated BMI in the past six months, and a follow-up plan documented (if BMI is outside parameters).	All active patients 18 years of age and older.
NQF 0013	Hypertension: Blood Pressure Measurement	Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.	All active patients 18 years of age and older with a diagnosis of Hypertension who have been seen for at least 2 visits, with blood pressure recorded.	All active patients 18 years of age and older.
NQF 0028	Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment b. Tobacco Cessation Intervention	a. Percentage of patients aged 18 years or older who have been seen for at least 2 office visits, who were queried about tobacco use one or more times within 24 months. b. Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months who received cessation intervention.	a. All active patients 18 years of age and older who have been seen for at least 2 office visits, who were queried about tobacco use one or more times within 24 months. b. In a separate ratio, active patients 18 years of age and older, identified as tobacco users within the past 24 months and have been seen for at least 2 office visits and received cessation intervention.	All active patients 18 years of age and older.

Alternate Core Measures
(If the Denominator of a Core Measure is 0 then EPs Must Report on an Alternate Core Measure)

NQF/PQRI Number	CQM Title	CQM Description	Numerator	Denominator
NQF 0041 PQRI 110	Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old	Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).	All active patients >49 years old in the Electronic Health Record who received an influenza immunization during the flu season (September through February).	All active patients >49 years old in the Electronic Health Record.
NQF 0024	Weight Assessment and Counseling for Children and Adolescents	The percentage of patients 2-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.	Patients age 2-17 with BMI % documentation, counseling for nutrition and counseling for physical activity during the measurement year.	All active patients 2-17 years of age.
NQF 0038	Childhood immunization Status	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.	All active patients 2 years of age who received EACH of the vaccines listed in the measure, and nine separate combination rates. Each vaccine is a separate ratio calculation.	All active patients 2 years of age.

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Menu Measures (EPs Must Select 3 To Report On)

NQF/PQRI Number	Developer	CQM Title	CQM Description
NQF 0001 PQRI 64	AMA-PCPI	Asthma Assessment	Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.
NQF 0002 PQRI 66	NCQA	Appropriate Testing for Children with Pharyngitis	The percentage of children 2–18 years of age who were diagnosed with Pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.
NQF 0004	NCQA	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a. Initiation b. Engagement	The percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.
NQF 0012	AMA-PCPI	Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)	Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal visit.
NQF 0013	AMA-PCPI	Hypertension: Blood Pressure Measurement	Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.

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Menu Measures (EPs Must Select 3 To Report On)

NQF/PQRI Number	Developer	CQM Title	CQM Description
NQF 0013	AMA-PCPI	Hypertension: Blood Pressure Measurement	Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.
NQF 0027 PQRI 115	NCQA	Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit b. Discussing Smoking and Tobacco Use Cessation Medications c. Discussing Smoking and Tobacco Use Cessation Strategies	The percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.
NQF 0031 PQRI 112	NCQA	Breast Cancer Screening	The percentage of women 40–69 years of age who had a mammogram to screen for breast cancer.
NQF 0032	NCQA	Cervical Cancer Screening	The percentage of women 21–64 years of age who received one or more Pap tests to screen for cervical cancer.
NQF 0033	NCQA	Chlamydia Screening for Women	The percentage of women 15–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.
NQF 0034 PQRI 113	NCQA	Colorectal Cancer Screening	The percentage of adults 50–75 years of age who had appropriate screening for colorectal cancer.

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Menu Measures (EPs Must Select 3 To Report On)

NQF/PQRI Number	Developer	CQM Title	CQM Description
NQF 0036	NCQA	Use of Appropriate Medications for Asthma	The percentage of patients 5–50 years of age during the measurement year who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5–11 years, 12–50 years, and total).
NQF 0043 PQRI 111	NCQA	Pneumonia Vaccination Status for Older Adults	The percentage of patients 65 years of age and older as of January 1 of the measurement year who have ever received a pneumococcal vaccine.
NQF 0047 PQRI 53	AMA-PCPI	Asthma Pharmacologic Therapy	Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.
NQF 0052	NCQA	Low Back Pain: Use of Imaging Studies	The percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis.
NQF 0055 PQRI 117	NCQA	Diabetes: Eye Exam	The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional.
NQF 0056 PQRI 163	NCQA	Diabetes: Foot Exam	The percentage of patients aged 18–75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).

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Menu Measures (EPs Must Select 3 To Report On)

NQF/PQRI Number	Developer	CQM Title	CQM Description
NQF 0059 PQRI 1	NCQA	Diabetes: HbA1c Poor Control	The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had HbA1c >9.0%.
NQF 0061 PQRI 3	NCQA	Diabetes: Blood Pressure Management	The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had BP <140/90 mmHg.
NQF 0062 PQRI 119	NCQA	Diabetes: Urine Screening	The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy.
NQF 0064 PQRI 2	NCQA	Diabetes: LDL Management & Control	The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had LDL-C <100mg/dL.
NQF 0067 PQRI 6	AMA-PCPI	Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy.
NQF 0068 PQRI 204	NCQA	Ischemic Vascular Disease (IVD): Use of Aspirin or another Antithrombotic	The percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1–November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year.

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Menu Measures (EPs Must Select 3 To Report On)

NQF/PQRI Number	Developer	CQM Title	CQM Description
NQF 0070 PQRI 7	AMA-PCPI	Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.
NQF 0073 PQRI 201	NCQA	Ischemic Vascular Disease (IVD): Blood Pressure Management	The percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1–November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose most recent blood pressure is in control (<140/90 mmHg).
NQF 0074 PQRI 197	AMA-PCPI	Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).
NQF 0075	NCQA	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	The percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1–November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C was <100 mg/dL.

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Menu Measures (EPs Must Select 3 To Report On)

NQF/PQRI Number	Developer	CQM Title	CQM Description
NQF 0081 PQRI 5	AMA-PCPI	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.
NQF 0083 PQRI 8	AMA-PCPI	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.
NQF 0084 PQRI 200	AMA-PCPI	Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation	Percentage of all patients aged 18 and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy.
NQF 0086 PQRI 12	AMA-PCPI	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least 2 office visits, who have an optic nerve head evaluation during one or more office visits within 12 months.
NQF 0088 PQRI 18	AMA-PCPI	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.

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Menu Measures (EPs Must Select 3 To Report On)

NQF/PQRI Number	Developer	CQM Title	CQM Description
NQF 0089 PQRI 19	AMA-PCPI	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the on-going care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.
NQF 0105 PQRI 9	NCQA	Anti-depressant medication management: a. Effective Acute Phase Treatment b. Effective Continuation Phase Treatment	The percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.
NQF 0385 PQRI 72	AMA-PCPI	Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.
NQF 0387 PQRI 71	AMA-PCPI	Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.

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Menu Measures (EPs Must Select 3 To Report On)

NQF/PQRI Number	Developer	CQM Title	CQM Description
NQF 0389 PQRI 102	AMA-PCPI	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.
NQF 0575	NCQA	Diabetes: HbA1c Control (<8%)	The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had HbA1c <8.0%.

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American Recovery and Reinvestment Act Funding

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Clinical Quality Measures

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What the future holds – Stage 2 and Stage 3

Under the proposed recommendations, the threshold or the scope of many of the “core set” Stage 1 measures would be increased in Stage 2. For example, CPOE expanded to include lab and radiology in addition to medications and the threshold increased from 30% of unique patients to 60% of unique patients

In Stage 2 eligible professionals (EPs) would have to use clinical decision support to improve performance on high-priority health conditions, not just a single priority

The threshold and scope of most of the Stage 1 “menu set” measures would not change under Stage 2, but virtually all would be moved to the core set and providers would no longer be able to defer them

Certain measure standards will become extremely difficult and burdensome to accomplish without the adoption of personal health records (PHRs), patient portals, and connectivity to an Health Information Exchange (HIE).

What the future holds – Stage 2 and Stage 3

Improving Quality, Safety, Efficiency & Reducing Health Disparities		
Stage 1 Final Rule	Proposed Stage 2	Proposed Stage 3
CPOE for medication orders (30%)	CPOE (by licensed professional) for at least 1 medication, and 1 lab or radiology order for 60% of unique patients who have at least 1 such order (order does not have to be transmitted electronically)	CPOE (by licensed professional) for at least 1 medication, and 1 lab or radiology order on 80% of patients who have at least 1 such order (order does not have to be transmitted electronically)
Drug-drug/drug-allergy interaction checks	Employ drug-drug interaction checking and drug allergy checking on appropriate evidence-based interactions	Employ drug-drug interaction checking, drug allergy checking, drug age checking (medications in the elderly), drug dose checking (e.g., pediatric dosing, chemotherapy dosing), drug lab checking, and drug condition checking (including pregnancy and lactation) on appropriate evidence-based interactions
E-prescribing (eRx) (EP) (40%)	50% of orders (outpatient and hospital discharge) transmitted as eRx	80% of orders (outpatient and hospital discharge) transmitted as eRx
Record demographics (50%)	80% of patients have demographics recorded and can use them to produce stratified quality reports	90% of patients have demographics recorded (including IOM categories) and can use them to produce stratified quality reports



What the future holds – Stage 2 and Stage 3

Stage 1 Final Rule	Proposed Stage 2	Proposed Stage 3	
Implement drug formulary checks*	Move current measure to core	80% of medication orders are checked against relevant formularies	★ Move to Core
Record existence of advance directives (EH) (50%)*	Make core requirement. For EP and EH: 50% of patients >=65 years old have recorded in EHR the result of an advance directive discussion and the directive itself if it exists	For EP and EH: 90% of patients >=65 years old have recorded in EHR the result of an advance directive discussion and the directive itself if it exists	
Incorporate lab results as structured data (40%)*	Move current measure to core, but only where results are available	90% of lab results electronically ordered by EHR are stored as structured data in the EHR and are reconciled with structured lab orders, where results and structured orders available	★ Requires HIE
Generate patient lists for specific conditions*	Make core requirement. Generate patient lists for multiple patient-specific parameters	Patient lists are used to manage patients for high-priority health conditions	
Send patient reminders (20%)*	Make core requirement.	20% of active patients who prefer to receive reminders electronically receive preventive or follow-up reminders	
(NEW)!	30% of visits have at least one electronic EP note	90% of visits have at least one electronic EP note	★ New Items

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Recommendations for Providers

Evaluate your plan for Stage 1

- Focus planning efforts on satisfying the objective of a measure (e.g., “maintain an up-to-date problem list of current and active diagnoses”) rather than just the literal requirements (“more than 80 percent of all unique patients have at least one entry or an indication that no problems are known for the patient recorded as structured data”).

Do not ignore Stage 1 menu set items you have chosen to defer

- Do not wait to tackle the menu set items you are deferring. Unlike many other Stage 2 requirements, the details of these measures are known and EHRs currently need to be certified against all of them. Addressing any issues related to deferred “menu set” measures over the course of Stage 1 will allow you to focus on meeting the new Stage 2 requirements when they are finalized

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Recommendations for Providers

Implement CPOE the right way from the start

- Given that Stages 2 and 3 will likely expand the measure to include at least lab and radiology orders, it makes sense to implement CPOE for all orders right from the start
- CPOE should always be implemented with evidence-based order sets and clinical decision support at the point of care. Order sets include laboratory and radiology orders as well as medications.
- Work with your local lab providers and hospitals to understand the capabilities to receive electronic results - This will minimize the risk of any manual data entry

Ensure you have a plan for a robust patient portal

- The most aggressive recommendations relate to engaging patients in their care
- Providers can reasonably expect they will need a robust patient portal or PHR in order to meet the eventual measures for Stage 2 and 3
- Ensure you are integrating your efforts to collect the needed patient data with the rest of your Stage 1 meaningful use efforts

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Clinical Quality Measures

What the future holds – Stage 2 and Stage 3

Resources and Questions

Resources available to help

EHR Vendor

- Technical Functionality
- CQM Reporting
- Meaningful Use Dashboards

Regional Extension Center (MeHI and IOOs)

- Workflow evaluation and redesign
- Change management
- Meaningful use standards education and verification

Resources

Get information, tip sheets and more at CMS' official website for the EHR incentive programs:

www.cms.gov/EHRIncentivePrograms

Learn about the MA Regional Extension Center, services and enrollment:

<http://www.maehi.org/REC>

Learn about certification and certified EHRs, as well as other ONC programs designed to support providers as they make the transition:

<http://healthit.hhs.gov>

Questions?

Moderator



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Presenter



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CME Webinar Series *EHRs and Meaningful Use*

Session III: Meaningful Use in the Practice
When: Wednesday, March 30, 5:30 – 6:30 PM

This webinar will help providers to understand how to incorporate the objectives of Meaningful Use into their everyday patient flow and tasks associated with patient care. It will help outline how the full care team can participate in accomplishing the objectives and meet the requirements to obtain the required standards with minimal disruption to their normal activities.

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