

Understanding the Meaning of Meaningful Use

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www.centerforhit.org/meaningfuluse



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

Agenda

- Eligibility
- Measures
- Path Forward
- Regional Extension Program

Eligibility

- Hospitals & Eligible Professionals(EP)
- Hospital Based EPs NOT eligible
- Medicare - MD, DO, DDS, OD, DPM and DC
- Medicaid - Adds NPs, Certified nurse-midwives, and PAs working in FQHC or RHC where led by PA
- For Medicaid must have 30% Medicaid in your practice (pediatricians can have 20% but only receive \$44k)

Medicare Advantage



Who is Eligible to Participate?

- Eligible Professionals in Medicare Advantage must:
 - Furnish, on average, at least 20 hours/week of patient-care services and be employed by the qualifying MA organization, OR
 - Furnish, on average, at least 20 hours/week of patient care services and be employed by, or be a partner of, an entity that through contract with the qualifying MA organization furnishes at least 80% of the entity's Medicare patient care services to enrollees of the qualifying MA organization AND
 - 80% of professional services are provided to enrollees of the MAO

Source: CMS Presentation on EHR Incentive Program

Incentives

- Medicare - \$44,000 max
- Medicaid - \$63,750
- Bonus for Professional shortage areas (10%) under Medicare
- Paid out over 5 years



How Much Are the Incentives?

- Medicare Incentive Payments Detail

- Columns = first calendar year EP receives a payment
- Rows = Amount of payment each year if continue to meet requirements

	CY 2011	CY 2012	CY 2013	CY2014	CY 2015 and later
CY 2011	\$18,000				
CY 2012	\$12,000	\$18,000			
CY 2013	\$8,000	\$12,000	\$15,000		
CY 2014	\$4,000	\$8,000	\$12,000	\$12,000	
CY 2015	\$2,000	\$4,000	\$8,000	\$8,000	\$0
CY 2016		\$2,000	\$4,000	\$4,000	\$0
TOTAL	\$44,000	\$44,000	\$39,000	\$24,000	\$0



How Much Are the Incentives?

- Health Professional Shortage Area Bonuses for Medicare Incentive Program
 - Columns = first calendar year EP receives a payment
 - Rows = Amount of payment each year if continue to meet requirements

	CY 2011	CY 2012	CY 2013	CY2014	CY 2015 and later
CY 2011	\$1,800				
CY 2012	\$1,200	\$1,800			
CY 2013	\$800	\$1,200	\$1,500		
CY 2014	\$400	\$800	\$1,200	\$1,200	
CY 2015	\$200	\$400	\$800	\$800	\$0
CY 2016		\$200	\$400	\$400	\$0
TOTAL	\$4,400	\$4,400	\$3,900	\$2,400	\$0



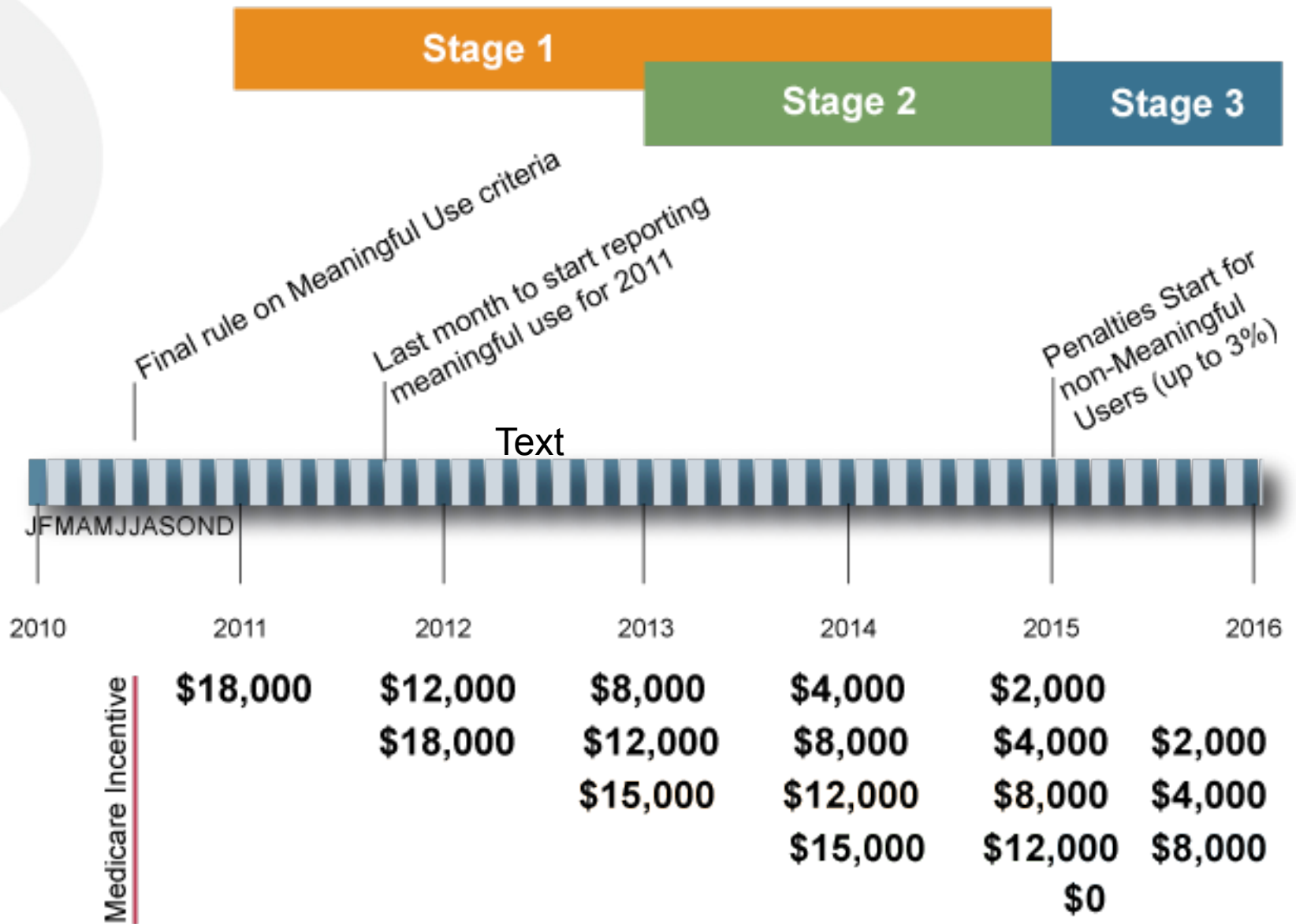
How Much Are the Incentives?

- Medicaid Incentive Payments Detail

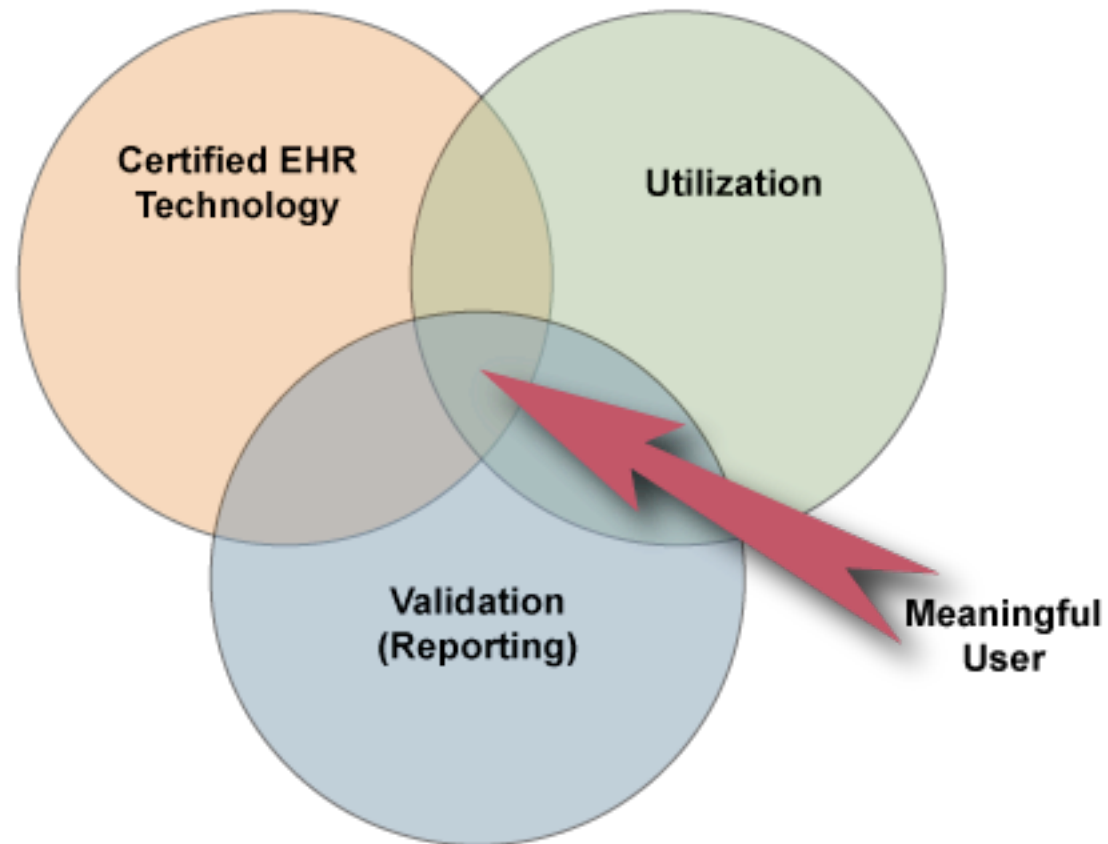
- Columns = first calendar year EP receives a payment
- Rows = Amount of payment each year if continue to meet requirements

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
CY 2011	\$21,250					
CY 2012	\$8,500	\$21,250				
CY 2013	\$8,500	\$8,500	\$21,250			
CY 2014	\$8,500	\$8,500	\$8,500	\$21,250		
CY 2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
CY 2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
CY 2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
CY 2018			\$8,500	\$8,500	\$8,500	\$8,500
CY 2019				\$8,500	\$8,500	\$8,500
CY 2020					\$8,500	\$8,500
CY 2021						\$8,500
TOTAL	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

Meaningful Use Timeline



Meaningful User



Stage 1 MU Requirements

CORE

Must Do All

- Use CPOE
- e-Prescribing
- Drug-drug & drug allergy checks
- Medication list
- Allergy list
- Problem list
- Decision support

- Record demographics
- Smoking Status
- Vital Signs

- Clinical summaries to patient
- Electronic exchange
- Health info to patients

- Quality Measures

- Protect health information

MENU

Must Do Five

- Incorporate clinical labs
- Medication reconciliation
- Implement drug-formulary checks

- Generate patient list

- Patient electronic access
- Send reminder

- Patient-specific education

- Clinical summaries to provider

- Immunization registry
- Biosurveillance

CORE Set

(Must meet all of these)

1) Computerized Provider Order Entry

Measure

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

The number of patients in the denominator that have at least one medication order entered using CPOE

Denominator

Number of unique patients seen by the EP during the reporting period with at least one medication in their medication list

Threshold

Over 30%

Exclusion

EP writes < 100 prescriptions during the reporting period

2) Drug Interaction Checks

Measure

The EP has enabled drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Numerator

N/A

Denominator

N/A

Threshold

N/A

Exclusion

?

3) Electronic Prescribing

Measure

More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.

Numerator

The number of prescriptions in the denominator generated and transmitted electronically

Denominator

Number of prescriptions written for drugs requiring a prescription in order to be dispensed, other than controlled substances, during the reporting period

Threshold

Over 40%

Exclusion

EP writes < 100 prescriptions during the reporting period

4) Record Demographics

Measure

More than 50% of all unique patients seen by the EP have demographics (preferred language, gender, race, ethnicity, and date of birth) recorded as structured data.

Numerator

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 or if recording an element is contrary to state law) recorded as structured data

Denominator

Number of unique patients seen by the EP during the reporting period

Threshold

Over 50%

Exclusion

N/A

5) Maintain Problem List

Measure

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

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

Denominator

Number of unique patients seen by the EP during the reporting period

Threshold

Over 80%

Exclusion

N/A

6) Maintain Active Medication List

Measure

More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

Numerator

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

Denominator

Number of unique patients seen by the EP during the reporting period

Threshold

Over 80%

Exclusion

N/A

7) Maintain Active Medication Allergy List

Measure

More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.

Numerator

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

Denominator

Number of unique patients seen by the EP during the reporting period

Threshold

Over 80%

Exclusion

N/A

8) Record and Chart Vital Signs

Measure

More than 50% of all unique patients age 2 years and over seen by the EP have height, weight and blood pressure recorded as structured data.

Numerator

The number of patients in the denominator who have at least one entry of their height, weight and blood pressure recorded as structure data

Denominator

Number of unique patients age 2 or over seen by the EP during the reporting period

Threshold

Over 50%

Exclusion

EP with no patients 2 years or older, or vital signs have no relevance to their scope of practice.

9) Record Smoking Status

Measure

More than 50% of all unique patients age 13 years and over seen by the EP have smoking status recorded as structured data.

Numerator

The number of patients in the denominator with smoking status recorded as structured data

Denominator

Number of unique patients age 13 or over seen by the EP during the reporting period

Threshold

Over 50%

Exclusion

EP sees no patients 13 years or older.

10) Clinical Decision Support

Measure

Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule

Numerator

N/A

Denominator

N/A

Threshold

N/A

Exclusion

N/A

11) Report Clinical Quality Measures

Measure

For 2011, provide aggregate numerator, denominator, and exclusions through attestation.

For 2012, electronically submit the clinical quality measures.

Numerator

Per chosen measures

Denominator

Per chosen measures

Threshold

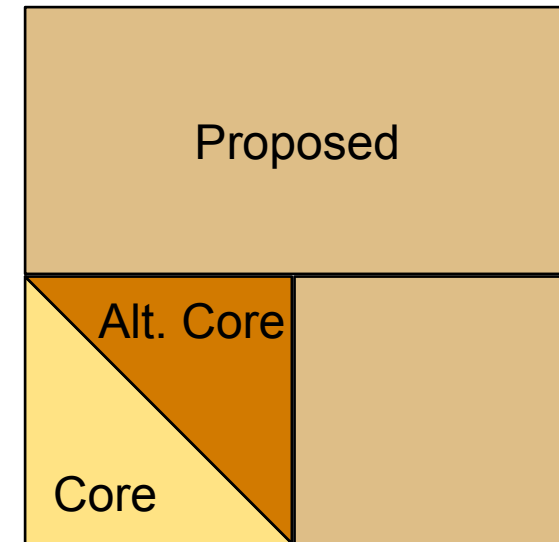
Threshold Text

Exclusion

Per chosen measures

Report Quality Measures

- Must report 6 measures
- 3 from proposed
- 3 from core
- if at least one of core not applicable (denominator = 0), then must replace with one from alternate core
- if all core and alternate core are non-applicable, then must report 3 from proposed
- Must report non-applicable measures as 0 denominators



Reporting in 2011 is attestation of numerators, denominators, and exclusions.

Reporting in 2012 is electronic

12) Electronic Copy of Health Information

Measure

More than 50% of all patients of the EP who request an electronic copy of their health information (including problem list, medication lists, medication allergies, and diagnostic test results) are provided it within 3 business days.

Numerator

The number of patients in the denominator who receive an electronic copy of their electronic health information within three business days

Denominator

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 reporting period

Threshold

Over 50%

Exclusion

EP with no requests from patients or their agents for an electronic copy of patient health information during reporting period.

13) Clinical Summary for Each Visit

Measure

More than 50% of all office visits of the EP have a clinical summary provided to the patient within 3 business days.

Numerator

Number of patients in the denominator who are provided a clinical summary of their visit within three business days

Denominator

Number of unique patients seen by the EP for an office during the reporting period

Threshold

Over 50%

Exclusion

EP has no office visits during reporting period.

14) Key Clinical Information Exchange

Measure

Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.

Numerator

N/A

Denominator

N/A

Threshold

N/A

Exclusion

N/A

15) Protect Electronic Health Information

Measure

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.

N/A

Numerator

Denominator

N/A

Threshold

N/A

Exclusion

N/A

MENU Set

(Must meet 5 of these)

1) Drug-Formulary Checks

Measure

The EP has enabled drug-formulary checks and has access to at least one internal or external drug formulary for the entire EHR reporting period.

Numerator

N/A

Denominator

N/A

Threshold

N/A

Exclusion

?

2) Structured Clinical Test Results

Measure

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

Numerator

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

Denominator

Number of lab tests ordered during the reporting period by the EP whose results are expressed in a positive or negative affirmation or as a number

Threshold

Over 40%

Exclusion

EP orders no lab tests during the reporting period.

3) Patient Lists

Measure

Must generate one list of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach

Numerator

N/A

Denominator

N/A

Threshold

N/A

Exclusion

N/A

4) Send Care Reminders to Patients

Measure

More than 20% of all unique patients age 65 years and over or 5 years and under were sent an appropriate reminder (per patient preference) during the EHR reporting period.

Numerator

The number of patients in the denominator who were sent the appropriate reminder

Denominator

Number of unique patients 65 years old or older or 5 years old or younger

Threshold

Over 20%

Exclusion

EP with no patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology.

5) “Timely” Electronic Access

Measure

More than 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information (including lab results, problem list, medication lists, medication allergies) subject to the EP’s discretion to withhold certain information.

Numerator

The number of patients in the denominator who have ‘timely’ electronic access to their health information online

Denominator

Number of unique patients seen by the EP during the reporting period

Threshold

Over 10%

Exclusion

EP neither orders nor creates any of the information listed at 45 CFR 170.304(g) during reporting period.

6) Patient Education

Measure

More than 10% of all unique patients seen by the EP are provided patient-specific education resources through use of certified EHR technology.

Numerator

Number of patients in the denominator who are provided patient education specific resources

Denominator

Number of unique patients seen by the EP during the reporting period

Threshold

Over 10%

Exclusion

N/A

7) Medication Reconciliation

Measure

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

The number of transitions of care in the denominator where medication reconciliation was performed

Denominator

Number of transitions of care during the reporting period for which the EP was the receiving party of the transition

Threshold

Over 50%

Exclusion

EP was not the recipient of any transitions of care during reporting period.

8) Care Summary for Transitions

Measure

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

The number of transitions of care and referrals in the denominator where a summary of care record was provided

Denominator

Number of transitions of care and referrals during the reporting period for which the EP was the transferring or referring provider

Threshold

Over 50%

Exclusion

EP neither transfers nor refers patients to another setting or provider during reporting period.

9) Immunization Registry

Measure

Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow-up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).

Numerator

N/A

Denominator

N/A

Threshold

N/A

Exclusion

EP administers no immunizations during reporting period or immunization registry has no capacity to receive the information electronically.

10) Syndromic Surveillance

Measure

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 (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).

Numerator

N/A

Denominator

N/A

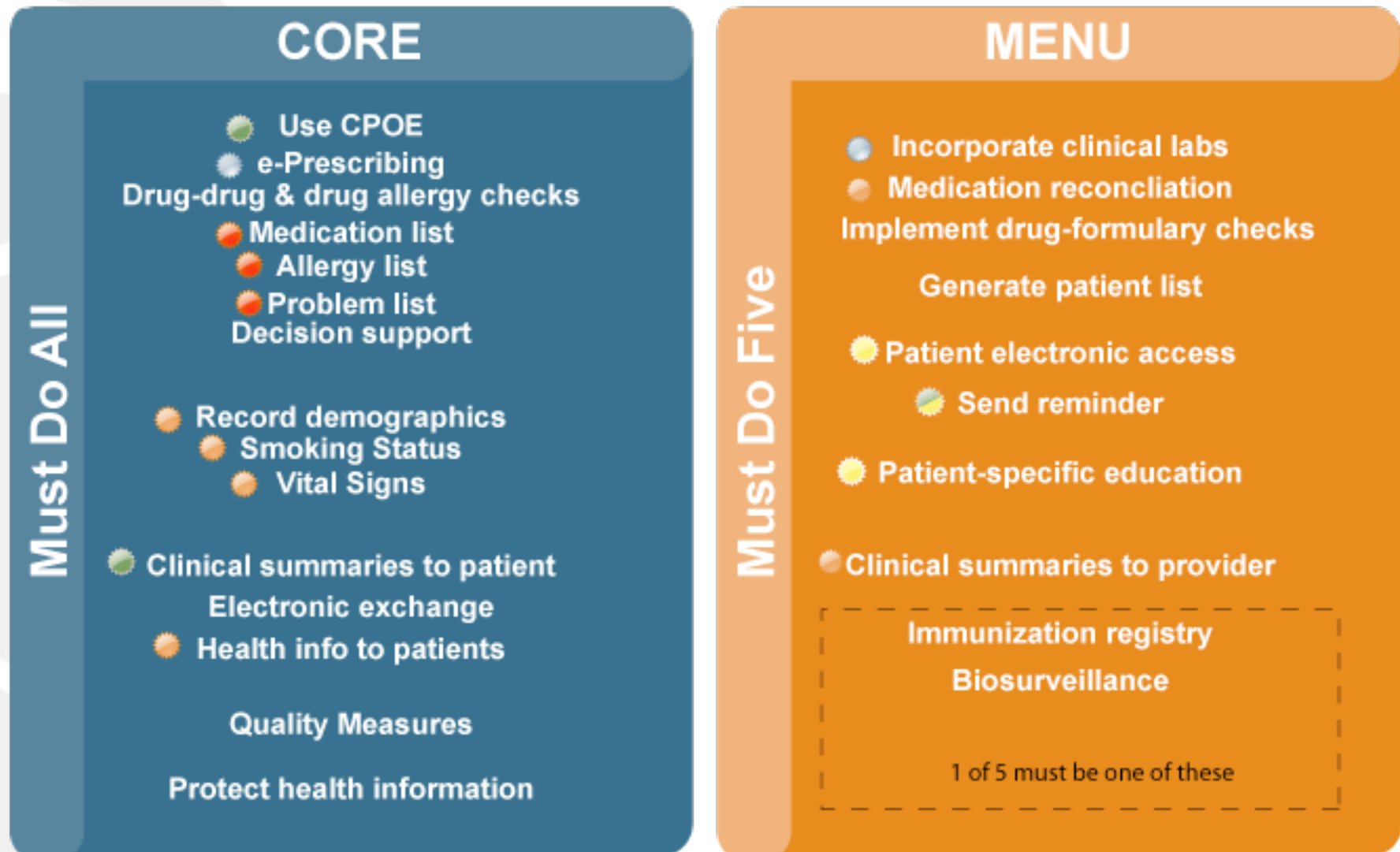
Threshold

N/A

Exclusion

EP does not collect reportable syndromic information on their patients during reporting period or does not submit such to any public health agency with the capacity to electronically receive.

Stage 1 MU Requirements



Stage 1 MU Requirements

CORE

Must Do All

Use CPOE
e-Prescribing
Drug-drug & drug allergy checks
Medication list
Allergy list
Problem list
Decision support

Record demographics
Smoking Status
Vital Signs

Clinical summaries to patient
Electronic exchange
Health info to patients

Quality Measures

Protect health information

MENU

Must Do Five

Incorporate clinical labs
Medication reconciliation
Implement drug-formulary checks

Generate patient list

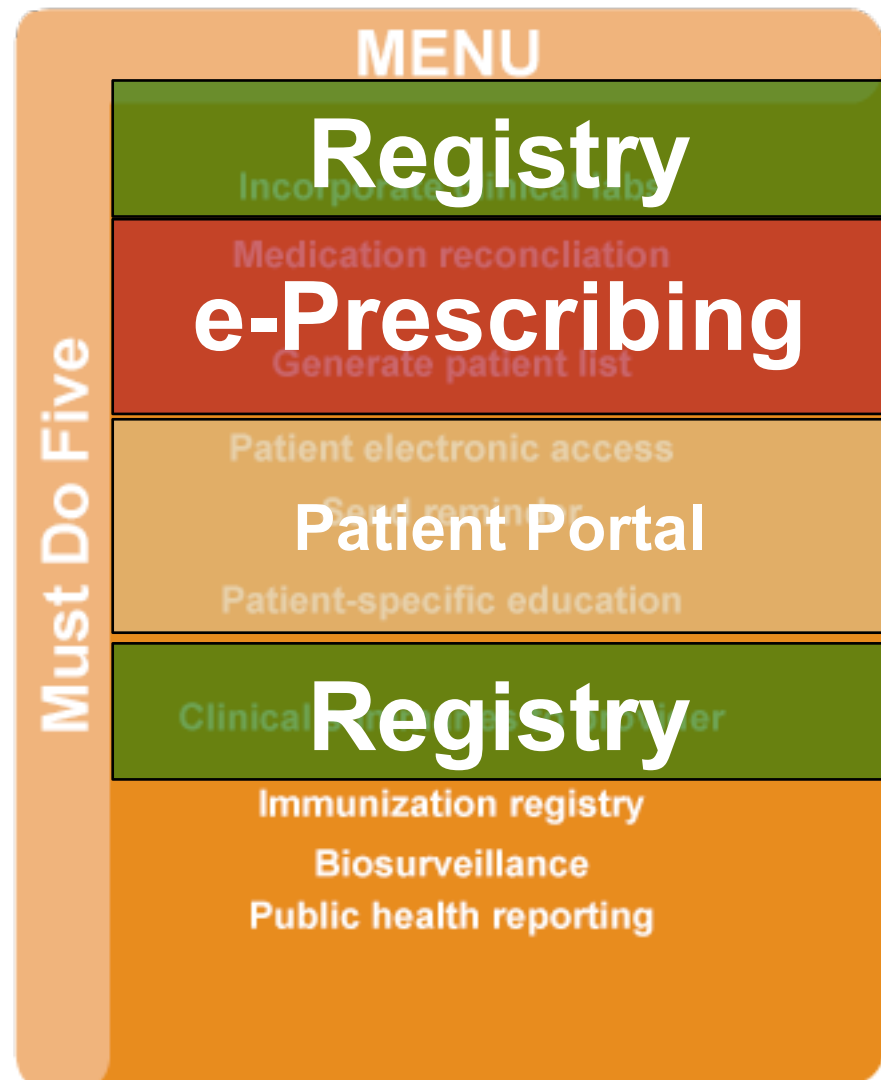
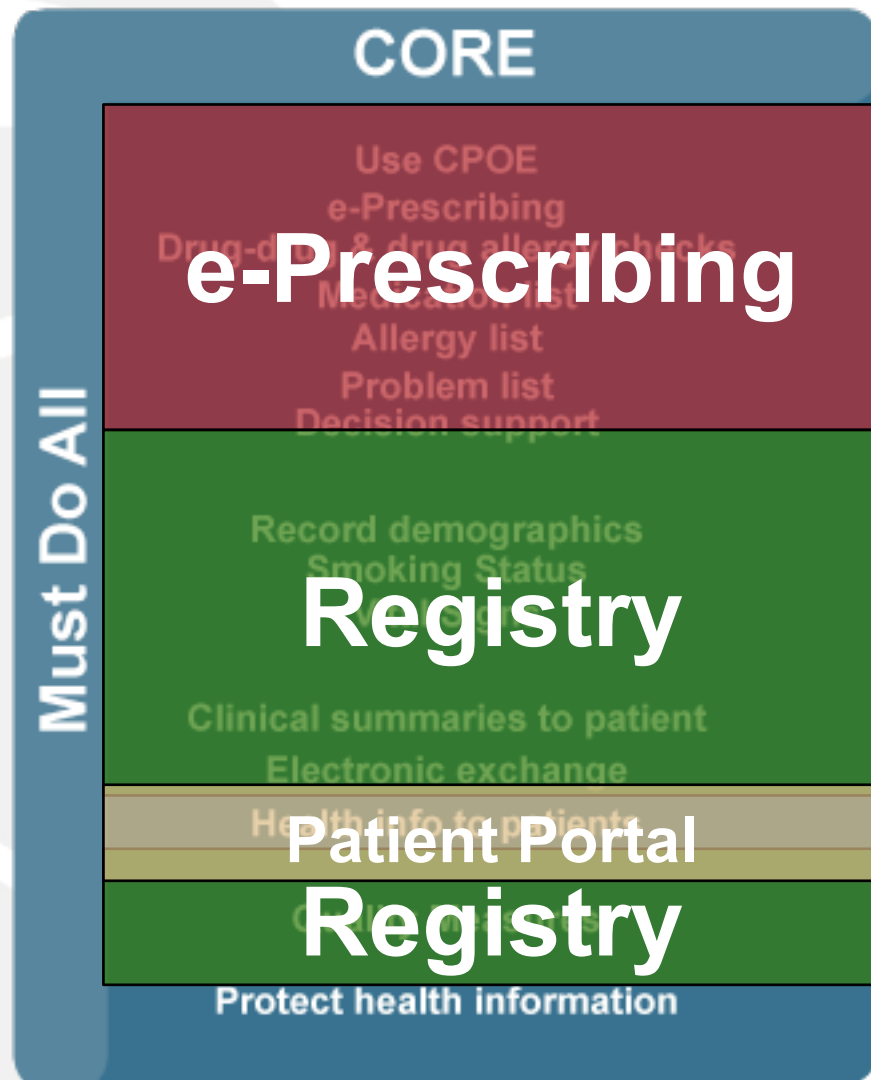
Patient electronic access
Send reminder

Patient-specific education

Clinical summaries to provider

Immunization registry
Biosurveillance

Stage 1 MU Requirements



What path should I take?

- Decision should be based on your practice capacity and needs not driven by incentive payments
- Max incentive is available for both 2011 and 2012, but stage 2 will be required in 2013 for both
- Penalties in Medicare begin in 2016
- If possible, participate in Medicaid (pending any state changes)
- Can switch once between Medicare and Medicaid
- Take into account the larger reform picture



Regional Extension Centers

- Program modeled after the agricultural extension program
- One center in each geographic region (most are state based)
- 60 programs
 - List: <http://is.gd/ek9Fp> (healthit.hhs.gov)
- Priority is assistance to small, rural, and primary care physicians
- Charged with assisting physicians in achieving meaningful use

Regional Extension Centers

- Must provide group purchasing program
 - Provide discounts to physicians
 - May limit your choices of products
 - Some services limited to purchasers of those products
- Assistance with preparation and selection
- Likely to see variety of expertise and success among RECs

Recommended Next Steps

- Contact your Regional Extension Center
- Watch <http://www.centerforhit.org/meaningfuluse> for updates
- Explore CMS official web site
 - <http://www.cms.gov/EHRIncentivePrograms>
- Determine patient volume