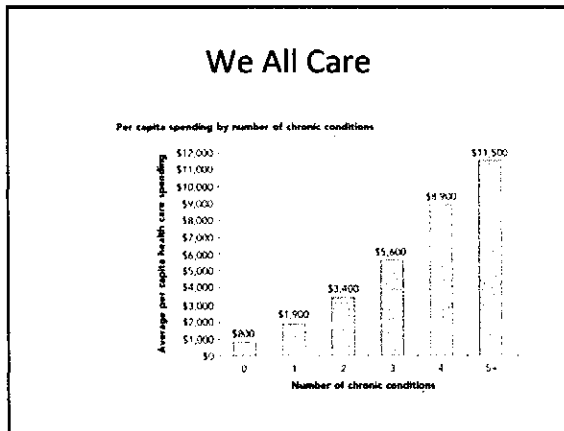
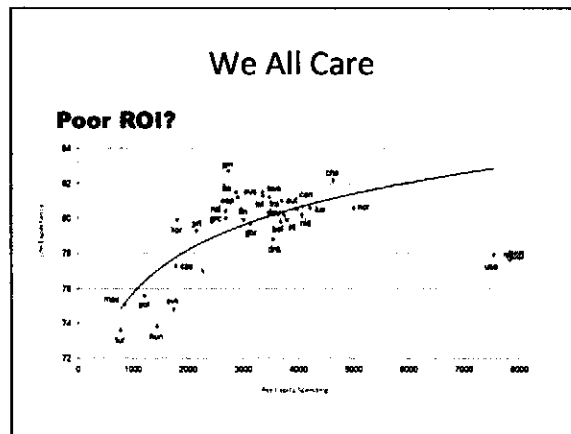
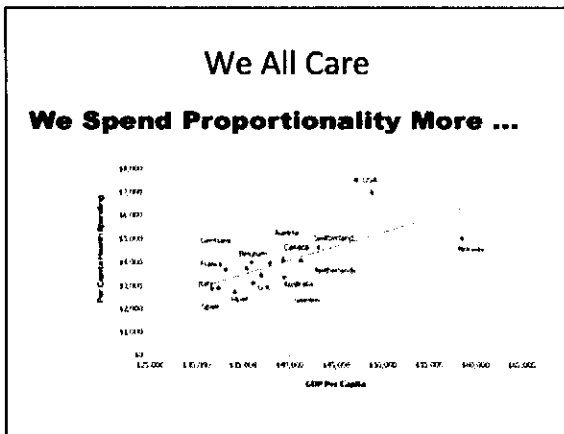


**GOVERNMENT EHR FUNDING:
MEANINGFUL USE STAGE 2 UPDATE**

Jonathan Krasner
Healthcare IT Consultant
jonathan.krasner@beinetworks.com
571-612-3344

Meaningful Use – Who Cares?

We All Care

“... while the average Medicare beneficiary sees between six and seven different physicians, beneficiaries with five or more chronic conditions see almost 14 different physicians in a year and average 37 physician visits annually.

We must use technology to better coordinate care for chronic conditions and reduce cost and improve outcomes

Meaningful Use Timeline – Adoption Stages

Year	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Stage 1	1	1	1	2	2	3	3	TBD	TBD	TBD	TBD
Stage 2		1	1	2	2	3	3	180	TBD	TBD	TBD
Stage 3			1	1	2	2	3	3	TBD	TBD	TBD
Stage 4				1	1	2	2	3	3	TBD	TBD
Stage 5					1	1	2	2	3	3	TBD
Stage 6						1	1	2	2	3	3

Note that providers who were early adopters of meaningful use in 2011 will avoid those criteria four years of meaningful use under the Stage 1 criteria before advancing to the Stage 2 criteria in 2014. All other providers will meet two years of meaningful use under the Stage 1 criteria before advancing to the Stage 2 criteria in that first year.

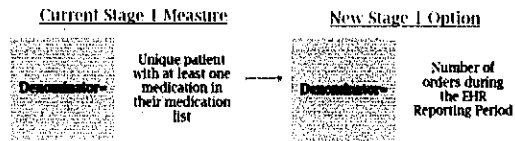
CMS Ruling August 2012

- Final ruling issued by CMS on 8/23/12
- Most changes effective in 2014
- Some changes effective in 2013
- Changes to Stage 1 and introduces Stage 2
- Stage 1 was about collecting data
- Stage 2 is all about data communication & patient interaction!
- Also effects EHR Certification

Meaningful Use – Payment Stages (Medicare))

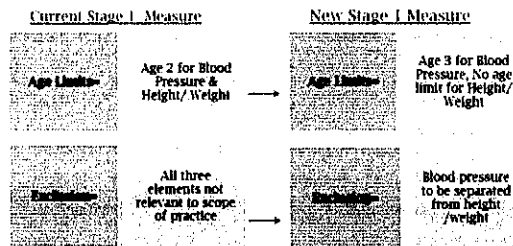
Meaningful Use	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	Total
EHR User								
FY 2011	\$ 18,000	\$ 12,000	\$ 8,000	\$ 4,000	\$ 2,000			\$ 44,000
FY 2012		\$ 18,000	\$ 12,000	\$ 8,000	\$ 4,000	\$ 2,000		\$ 44,000
FY 2013			\$ 15,000	\$ 12,000	\$ 8,000	\$ 4,000		\$ 39,000
FY 2014				\$ 12,000	\$ 8,000	\$ 4,000		\$ 24,000
Penalty After FY 2015								

Changes to Stage 1: CPOE



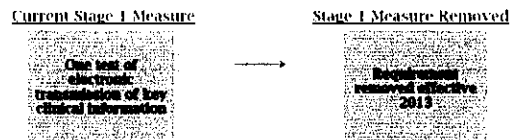
Current Measure: More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.

Changes to Stage 1: Vital Signs



The vital signs changes are optional in 2013, but required starting in 2014

Changes to Stage 1: Exchange of Data



The removal of this measure is effective starting in 2013

Current Measure: Perform at least one test of certified EHR technology's capacity to electronically exchange key clinical information.

Changes to Stage 1: E-Copy / Online Access

<p><u>Current Stage 1 Objective</u></p> <p>Objective: Provide patients with e-copy of health information upon request</p> <p>Provide electronic access to health information</p>	→	<p><u>New Stage 1 Objective</u></p> <p>Objective: Provide patients the ability to view online, download and transmit their health information</p>
---	---	--

Tip: The practice must make healthcare information (e.g. outside lab results) available to patients via patient portal within 4 days of when it is available to the practice. You will have to implement patient portal if you have not already done so.

Changes from Stage 1 to Stage 2

<p><u>Stage 1</u></p> <p>Eligible Professionals</p> <p>15 core objectives</p> <p><u>5 of 10 menu objectives</u></p> <p>20 total objectives</p>	→	<p><u>Stage 2</u></p> <p>Eligible Professionals</p> <p>17 core objectives</p> <p><u>3 of 6 menu objectives</u></p> <p>20 total objectives</p>
--	---	---

Changes to Meaningful Use - 2014

Menu Objective Exclusion While you can continue to claim exclusions, if applicable, to menu objectives, starting in 2014 these exclusions will no longer count towards the number of menu objectives.

Changes to Meaningful Use 2014

Reporting Period Reduced to Three Months

To allow providers time to adopt 2014 certified EHR technology and prepare for Stage 2, all participants will have a three-month reporting period in 2014.

However, the reporting period must be a calendar quarter

Clinical Quality Measure (CQM) Changes

Although reporting CQMs is no longer a core objective, all providers are required to report on CQMs in order to demonstrate Meaningful Use

In 2014 and beyond, reporting programs (PQRS, eRx, MU) will be streamlined and aligned in order to reduce provider burden

CQM Changes

All providers must complete 9 out of 64 CQMs

The CQMs for 2014 will be different than what we have today, and will be published on the CMS website

CQMs must be selected out of 3 of 6 National Quality Strategy domains

CQMs will be reported electronically, directly from the EHR

This area is very complex and will require your attention!

CQM Domains

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

Stage 2: Batch Reporting

Starting in 2014, **groups** will be allowed to submit attestation information for **all of their individual EPs** in one file for upload to the Attestation System, rather than having each EP individually enter data.

Stage 2: EHR Certification

Your EHR will have to be certified for Stage 2. You cannot use the current version of your EHR software to attest in Stage 2.

Stage 1: Core Measures

1. Use CPOE for medication orders (*30% of patients*)
2. Implement drug-drug and drug-allergy interaction checks
3. Maintain an up-to-date problem list (*80% of patients*)
4. Generate and transmit e-prescriptions (*40% of patients*)
5. Maintain active medication list (*80% of patients*)
6. Maintain active medication allergy list (*80% of patients*)
7. Record demographics (*50% of patients*)
8. Record vital signs (*50% of patients*)

Stage 1: Core Measures (*cont'd*)

11. Implement one clinical decision support rule
12. Provide patients with an electronic copy of health information (*50% of patients*)
13. Provide clinical summaries for each visit (*50% of patients*)
14. Exchange key clinical information
15. Conduct a HIPAA Security Analysis

Stage 2: Core Objectives

EPs must meet all 17 core objectives:

Core Objective	Measure
1. CPOE	Use CPOE for more than 60% of medication, 30% of laboratory, and 30% of radiology Was 30% med
2. E-Rx	E-Rx for more than 50% Was 40%
3. Demographics	Record demographics for more than 80% Was 60%
4. Vital Signs	Record vital signs for more than 80% Was 50%
5. Smoking Status	Record smoking status for more than 80% Was 60%
6. Interventions	Implement 5 clinical decision support interventions (drug-drug and drug-allergy)
7. Labs	Incorporate lab results for more than 55% Was 48% Wena
8. Patient List	Generate patient list by specific condition
9. Preventive Reminders	Use EHR to identify and provide reminders for preventive follow-up care for more than 10% of patients with two or more office visits in the last 2 years

Stage 2: Core Measures

EPs must meet all 17 core objectives:

Core Objective	Measure
10. Patient Access	Provide online access to health information for more than 50% with more than 5% actually accessing
11. Visit Summaries	Provide office visit summaries for more than 50% of office visits
12. Education Resources	Use EHR to identify and provide education resources more than 10%
13. Secure Messages	More than 5% of patients send secure messages to their IT
14. RX Reconciliation	Medication reconciliation at more than 50% of transitions of care
15. Summary of Care	Provide summary of care document for more than 50% of transitions of care and referals with 10% sent electronically and at least one sent to a recipient with a different EHR vendor or successfully testing with CMS test EHR
16. Immunizations	Successful ongoing transmission of immunization data
17. Security Analysis	Conduct or review security analysis and incorporate in risk management process

Stage 1: Menu Measures

1. Implement drug formulary checks
2. Incorporate clinical lab-test results as structured data (40% of labs)
3. Generate a list of patients by condition
4. Send patient reminders for follow-up care (20% of patients)
5. Provide patients with timely electronic access to health information (10% of patients)
6. Provide patient specific education resources (10% of patients)
7. Perform medication reconciliation when receiving a patient from another setting of care (50% of patients)
8. Provide a summary care record for transitions to another setting of care (50% of patients)
9. Capability to submit data to immunization registries
10. Capability to submit electronic syndromic surveillance data

Stage 2: Menu Measures

EPs must select 3 out of the 6:

Menu Objective	Measure
1. Imaging Results	More than 20% of imaging results are accessible through Certified EHR Technology
2. Family History	Record family health history for more than 20%
3. Syndromic Surveillance	Successful ongoing transmission of syndromic surveillance data
4. Cancer	Successful ongoing transmission of cancer case information
5. Specialized Registry	Successful ongoing transmission of data to a specialized registry
6. Progress Notes	Enter an electronic progress note for more than 10% of unique patients

Summary

- We've been here before, so this is not all new
- Lots of changes between Stage 1 and Stage 2
- Start familiarizing yourself with the changes
- Start talking to your staff and physicians
- Plan your EHR upgrade
- Develop a transition plan
- You will get through it!