Meaningful Use Madness:
Stage 3 Overview

APRIL 08, 2015

Consumer Partnership for eHealth
• Health IT Updates

• EHR “Meaningful Use” Incentive Program Rulemaking
  • CMS Policy NPRM – Stage 3
  • ONC Technical NPRM – 2015 Edition CEHRT

• Proposed structural changes to Incentive Program

• Stage 3 NPRM Deeper Dive
  • Privacy & Security, Clinical & Public Health Criteria ➔ Today
  • Consumer Access & Engagement Criteria ➔ April 14
Health IT Updates: Hang in There...

- **Federal Health IT Strategic Plan**  
  *Released December 8. Comments due February 6.*  
  - CPeH comments submitted w/ 24 signatories

- **Nationwide Interoperability Roadmap**  
  *Released January 30. Comments due April 3.*  
  - CPeH comments submitted w/ 23 signatories

  *Released March 6. Comments due March 13.*  
  - CPeH comments submitted

- **NOW: Meaningful Use**  
  *Released March 20. Comments due May 29.*  
  - Stage 3 Notice of Proposed Rulemaking (NPRM)
  - 2015 Edition Certified EHR Technology NPRM
Let the Madness Begin!

Webinar Series Overview

• Recording Available: Meaningful Use 101: Back to Basics

• TODAY: CMS Policy Proposed Rule
  • Overview of Meaningful Use EHR Incentive Program
  • Discussion of Incentive Program structural changes
  • Review privacy/security, clinical, public health objectives

• April 14: CMS Policy Proposed Rule (Continued)
  • Consumer access and engagement objectives

• April 29: ONC Technical Proposed Rule
  • Consumer priorities (there are a lot!)
Meaningful Use: An Overview

- $29+ billion in incentive payments
  - Offered through Medicare and Medicaid
- 3 Stages
- Medicare incentive payments began in 2011 and will continue until 2015
  - Medicaid payments could continue until 2021
- Medicare penalties now in effect
  - Payment adjustments start at 1% per year, up to a maximum 5%
  - No penalties under Medicaid
- Meaningful Use rulemaking:
  - CMS = policy requirements
  - ONC = standards & certification (technical) requirements
Meaningful Use: Program Requirements

• To receive incentive dollars, providers must:
  • Register for program;
  • Implement CEHRT;
  • Fulfill functional criteria;
    • Required & flexible measures
  • Submit clinical quality measures (CQMs); and
  • Attest that they successfully met Meaningful Use requirements.

Using CEHRT

CQMs

Flexible (Menu) Measures

Required (Core) Measures

Meaningful Use
Where Are We Now?

- **Stage 1 went into effect in 2011**
  - Retroactive changes to Stage 1 finalized in Stage 2 rulemaking

- **Stage 2 went into effect (for earliest adopters):**
  - October 2013 – for Eligible Hospitals
  - January 2014 – for Eligible Professionals

- **Stage 3 start date (proposed):**
  - 2017 optional
  - 2018 required FOR ALL
    - *Regardless of previous stage!*

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STAGE 1
2011 +
Data Capture & Sharing

STAGE 2
2014 +
Advanced Clinical Processes

STAGE 3
2017 +
Improved Outcomes
Certified EHR Technology (CEHRT)

- To receive an incentive payment, providers must use EHR technology that is **certified** by ONC
  - Technology is certified to include functionality necessary to accomplish **all** MU objectives; **in addition to**
  - Functionalities CMS may not yet (!) require

- Thus, **certification/technical criteria** are important levers to **secure** and advance consumer priorities

- 2014 Edition CEHRT
  - Stage 2 and/or 2014+
  - Difficulties, delays with 2014 Ed. implementation

- PROPOSED: 2015 Edition CEHRT
  - Stage 3 and 2017/2018+
CEHRT Requirements: Important Foundation

- Consumer-centered certification criteria (proposed):
  - More granular data on race & ethnicity
  - Data on sexual orientation/gender identity
  - Stratifying clinical quality measures by disparities variable
  - Documentation of content of advance directives
  - Accessibility technology for individuals with disabilities
  - Non-English language patient-specific education materials
  - Social determinants of health
  - Enabling a user to record, change, access, create and receive care plan information

- Join us Wednesday, April 29 to learn more about the ONC technical NPRM!
Reminder: **CPeH Stage 3 Priorities**

Request for Comment (RFC), January 2013:

- Advance patient-generated health data
- Access to provider progress notes (via patient portal)
- Document both patient & clinical goals
- Advance shared care plan platform
- Advance availability of advance directive content
- Require use of demographic data
  - Stratification of CQMs by disparity variables
  - Capture SO/GI and disability status data
Stage 3: **Into the Madness...**

**Some Likely Scenarios You May Wish to Consider**

- Wholesale Destruction
- Total Recall
- Utter Emptiness
- Complete Annihilation
- Gross Indecency
- Partial Annihilation?
- Inevitable Disillusionment
- Mass Panic
- Terminal Isolation
- Sheer Anarchy
- Eternal Damnation
- Absolute Chaos
- Perpetual Darkness
- Morbid Obstacle
- Permanent Midnight
- Summary Judgment

*healthcare reform meets meaningful use*
Proposed for Stage 3: **Overview**

- Transition the program to a **single stage for meaningful use**
- Allow providers the option to start Stage 3 in either 2017 or 2018
  - More delay!
  - Stage 3 required in 2018
- All providers move to **full-year, Calendar Year (CY)** reporting
- Reduce the overall number of objectives to 8
  - Focus on advanced use of EHRs
- Allow **flexible measures** in certain objectives
  - Consumer engagement, HIE, and public health reporting
- **Remove measures** that are redundant or have achieved wide-spread adoption
- **Align** clinical quality measure (**CQM**) reporting with other CMS programs
Stage 3 and Beyond: **Single Definition**

**STAGE 1**
Eligible Professionals
- 13 core objectives
- 5 of 10 menu objectives
- **18 total objectives**

Eligible Hospitals
- 12 core objectives
- 5 of 10 menu objectives
- **17 total objectives**

**STAGE 2**
Eligible Professionals
- 17 core objectives
- 3 of 6 menu objectives
- **20 total objectives**

Eligible Hospitals
- 16 core objectives
- 3 of 6 menu objectives
- **19 total objectives**

**STAGE 3 + Beyond**
Eligible Hospitals & Eligible Professionals
- **8 total objectives**
Stage 2

**EP only, EH only**

**CORE:**
- Protect personal health information
- eRx
- CDS
- CPOE
- View, Download, & Transmit (VDT)
- Patient-Specific Education Materials (PSEM)
- Summary of Care
- Medication reconciliation
- Immunization registries
- Syndromic surveillance
- Secure messaging*
- Clinical summaries*
- Reminders*
- Demographics
- Vital signs
- Smoking status
- Labs
- Patient lists
- eMedication Administration Record (eMAR)**
- eLab reporting to Public Health Agencies**

**MENU:**
- Reporting cancer cases to PHAs*
- Reporting cases to specialized registries*
- Advance Directives**
- eNotes
- Imaging results
- Family health history

* Not included in Stage 3

Stage 3 Proposed

- Protect personal health information
- eRx
- CDS
- CPOE

**New to Stage 3**

- Patient Electronic Access to Health Information
  - View, Download, Transmit (VDT) — **(offer)**
  - Patient-Specific Education Materials
- Care Coordination through Patient Engagement
  - View, Download, Transmit (VDT) — **(use)**
  - Secure messaging
  - **Patient-Generated Health Data (PGHD)**
- Health Information Exchange
  - Summary of Care
  - Reconciliation (Medication, Labs, Imaging)
- Public Health and Clinical Data Registry Reporting
  - Immunization registry
  - Syndromic surveillance
  - **Case reporting**
  - Public health registry
  - Clinical data registry
  - eLab reporting — **(EH only)**
Structural Changes: Simplification Efforts

• Proposed: Movement to a **single stage** of Meaningful Use:
  • Single set of objectives and measures to meet the definition of Meaningful Use
  • Optional year in 2017
  • All providers (EPs and EHs) must be in Stage 3 (using 2015 Ed. CEHRT) in 2018 *regardless of prior stage of participation*

• Proposed: **Single set of 8 objectives** (and corresponding measures) for EPs and EHs to meet the definition of Meaningful Use
  • Flexibility within certain objectives
Structural Changes: **Better Alignment**

- Proposed: EPs and EHs both report under a **full calendar year EHR reporting period**
  - EHs move from Fiscal Year (FY) reporting
  - Eliminates the 90-day reporting period for first-time Medicare Meaningful Users
  - 90-day reporting period remains for **Medicaid** first-time Meaningful Users

- Proposed: Align Clinical Quality Measure (CQM) submission with other CMS quality reporting programs
  - Hospital Inpatient Quality Reporting (IQR) and Physician Quality Reporting System (PQRS) programs
Structural Changes: Going Paperless

• Proposed: Encourage Clinical Quality Measure (CQM) data submission through electronic submission
  • Encourage e-submission in 2017
  • Require e-submission where feasible beginning in 2018

• Proposed: All objectives and associated measures must be submitted electronically
  • No longer able to submit paper-based formats for certain objectives and measures; **but**
  • CMS encourages providers to continue to provide paper versions per patient preference
    • E.g., Summary of Care documents, patient educational materials
“Topped out” Measures

- Proposed: Remove “topped out” measures, or previous measures that now are widely adopted with high performance, or are redundant (accomplished by remaining measures). These include:
  - Demographics
    - Still captured/shared in the Common Clinical Data Set & Summary of Care document
  - Vitals signs
    - Included in Summary of Care document
  - Reminders for follow-up/preventative care
    - Suggested as a type of secure message
  - Clinical (after visit) summaries
**Elite 8: Proposed Stage 3 Objectives**

1.) Protect Personal Health Information
2.) Electronic Prescribing (eRx)
3.) Clinical Decision Support (CDS)
4.) Computerized Provider Order Entry (CPOE)
5.) Patient Electronic Access to Health Information
6.) Coordination of Care through Patient Engagement
7.) Health Information Exchange (HIE)
8.) Public Health and Clinical Data Registry Reporting

*Patient- and Family Access & Engagement Measures *(covered April 14!)*
Objective 1: Protect Personal Health Information

• **Objective:** Protect electronic protected health information (ePHI) created or maintained by CEHRT through the implementation of appropriate technical, administrative and physical safeguards.

• **Measure:** Conduct or review a security risk analysis (including addressing the encryption/security of data stored in CEHRT), and implement security updates as necessary and correct identified security deficiencies as part of the provider’s risk management process.
  • Same objective and measure as Stage 2
  • NPRM specifies when to conduct a security risk analysis:
    • Upon installation of CEHRT or upgrade to new Edition
    • Once per reporting period (in subsequent years)
Objective 2: eRx

- **Objective**: EPs and EHs must generate and transmit permissible (discharge) prescriptions electronically.
  - “Permissible prescriptions” include those for controlled substances in states where it is legal.

- **EP**: More than 80% of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.
  - Threshold increased from 50% in Stage 2.

- **EH**: More than 25% of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.
  - Threshold increased from 10% in Stage 2.
Objective 3: Clinical Decision Support

- **Objective:** Implement CDS interventions focused on improving performance on high-priority health conditions

*Providers must satisfy both measures to meet objective:*
- 1.) Implement *5 CDS interventions* related to 4 or more Clinical Quality Measures (CQMs) at a relevant point in patient care for the entire EHR reporting period.
  - Absent four CQMs related to an EP, EH’s scope of practice or patient population, the CDS interventions must be related to high-priority health conditions.
  - Doesn’t require the provider to report a change in performance, but recommends each provider set internal goals.

- 2.) Implement the functionality for *drug-drug and drug-allergy interaction checks* for the entire EHR reporting period.
Objective 4: **CPOE**

- **Objective:** Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member.

*Providers must meet all 3 measures:*
- 1.) More than **80%** of medication orders are recorded using CPOE.
  * Threshold increased from Stage 2: more than **60%**.
- 2.) More than **60%** of lab orders are recorded using CPOE.
  * Threshold increased from Stage 2: more than **30%**.
- 3.) More than **60%** of diagnostic imaging orders are recorded using CPOE.
  * Threshold increased, category expanded from Stage 2: more than **30%** of radiology orders.
Objective 8: **Public Health and Clinical Data Registry Reporting**

- **Objective:** The EP, EH is in **active engagement** with a public health agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using CEHRT, except where prohibited, and in accordance with applicable law and practice.

- EPs, EHs can demonstrate **active engagement** in one of three ways:
  1. Completed registration to submit data
  2. Testing and validation
  3. Electronically submitting production data
Objective 8: **Public Health and Clinical Data Registry Reporting**

*EPs must meet 3 out of 5 measures; EHs must meet 4 out of 6*:

- 1.) Immunization registry
- 2.) Syndromic surveillance
- 3.) Case reporting—*new to Stage 3*
- 4.) Public health registry
- 5.) Clinical data registry
- 6.) Electronic reportable lab results—*EHs only*

*can meet objective by submitting to different public health registries (#4) or clinical data registries (#5)*
On Jan. 29, CMS announced its intent to engage in additional rulemaking this spring. CMS is considering the following changes:

- Shortening 2015 reporting period to 90 days
- Realigning hospital reporting to calendar year

- Modifying other aspects of programs to match goals, reduce complexity, & lessen reporting burden

- See Dr. Conway’s blog on CMS’s intention
Stage 3: **CPeH Feedback & Comments**

- Another (optional) year of delay
- Single stage/definition of Meaningful Use
  - Consolidation of objectives
- Reporting requirements (full year, calendar year)
- Removal of ‘topped out’ measures
- Move away from paper-based format submission
  - Maintain paper-based formats as viable option for consumers and families
- Privacy/security; clinical; public health objectives
  - OTC medicines for eRX?
Speak Up: **CPeH Comment Letters**

- Comments due May 29, 2014
- CPeH Plans for Comment
  - 1.) CMS NPRM Comment letter
  - 2.) ONC CEHRT Comment letter
- Goal: Distribute CPeH comments for sign-on by Friday, May 22
  - Save Memorial Day Weekend!
- **QUESTION:** CMS & ONC comment letter distributed at same time?
  - Other suggestions, feedback for comment process?
Upcoming Meetings: Save the Dates!

• Join us as we take a deeper dive into the consumer- and family-engagement measures in the CMS Rule:

  **Stage 3 – Consumer Engagement & Access Criteria**
  *Tuesday, April 14, 2015*
  2:30 – 3:30 pm ET
  [http://npwf.adobeconnect.com/mumadness2](http://npwf.adobeconnect.com/mumadness2)

• Join us to hear our analysis of the ONC Technical CEHRT Rule, and how the proposals advance consumer priorities:

  **2015 Edition CEHRT**
  *Wednesday, April 29, 2015*
  2:00 – 3:00 pm ET
Recommended Listening: Consumers & APIs

- Significant discussion of Application Program Interfaces (APIs) within the Stage 3 NPRM, particularly in the Consumer Access & Engagement objectives
- HIT Policy Committee Consumer Workgroup meeting on Open APIs
  - [http://www.healthit.gov/facas/calendar/2015/02/06/policy-consumer-workgroup](http://www.healthit.gov/facas/calendar/2015/02/06/policy-consumer-workgroup)

**What’s an API?**

A simple way to provide developers access to business assets.

**APIs:**
- Provide standard way to access assets
- Promote innovation both inside and outside your walls
- Offer greater flexibility to developers
- Create a path for developers to create apps
- Deliver a channel to new customers and markets

![Diagram of API Value Chain](source)
Get Involved!

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