M-CEITA | Michigan Center for Effective IT Adoption

An Overview of "Modified Stage 2" Meaningful Use 2015-2017

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October 13, 2015

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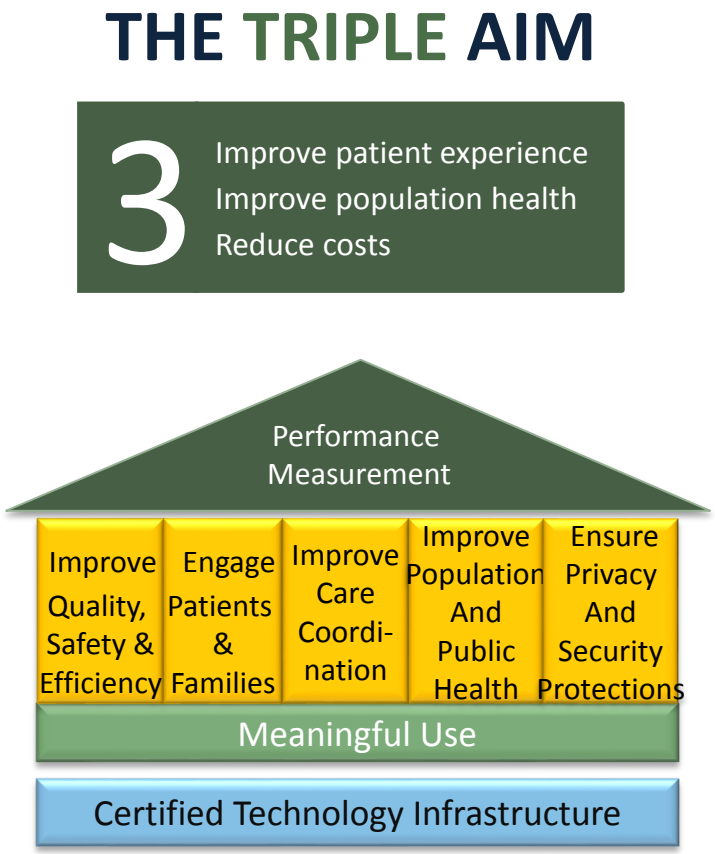
Agenda

1. Overview of M-CEITA
2. Brief Overview of Meaningful Use (MU)
3. “Modified Stage 2”: Meaningful Use 2015-2017
4. Questions

Who is M-CEITA?

- Michigan Center for Effective Information Technology Adoption (M-CEITA)
- One of 62 **ONC Regional Extension Centers (REC)** providing education & technical assistance to primary care providers across the country
- Founded as part of the **HITECH Act** to accelerate the adoption, implementation, and effective use of electronic health records (EHR), e.g. 90-days of MU
- Funded by **ARRA of 2009** (Stimulus Plan)
- **Purpose:** support the Triple Aim by achieving 5 overall performance goals



M-CEITA's Services

Our services are highly subsidized for qualified physicians. These Health IT services include:

- **Meaningful Use Support**
- **Security Risk Assessment**
- **Targeted Process Optimization (Lean)**
- **Attestation/Audit Preparation**

Meaningful Use

Overview and Program Basics

Meaningful Use…as defined by CMS

- Meaningful Use is using certified electronic health record (EHR) technology to:
  - Improve quality, safety, efficiency, and reduce health disparities
  - Engage patients and families
  - Improve care coordination and population and public health
  - Maintain privacy and security of patient health information

- Ultimately, it is hoped that Meaningful Use compliance will result in:
  - Better clinical outcomes
  - Improved population health outcomes
  - Increased transparency and efficiency
  - Empowered individuals
  - More robust research data on health systems

Meaningful use: Path to better outcomes and quality

Stage 1

Data capture and sharing

Stage 2

Advanced clinical processes

Stage 3

Improved outcomes

Clinical Transformation

- Better clinical outcomes
- Improved population health outcomes
- Increased transparency and efficiency
- Empowered individuals
- More robust research data on health systems

For more information on meaningful use of EHRs, visit:
http://www.cms.gov/EHRIncentivePrograms/35_Meaningful_Use.asp

"Modified Stage 2"

Summary of Objectives and Measures for Eligible Professionals (EPs)

This document is scheduled to be published in the Federal Register on 10/16/2015 and available online at **http://federalregister.gov/a/2015-25595**, and on **FDsys.gov**

Effective Date: These regulations are effective on [insert date **60 days after the date of publication in the Federal Register]**.

Despite the change to a 90-day EHR reporting period in 2015, providers will not be able to attest to meaningful use for an EHR reporting period in 2015 prior to January 4, 2016 in the Federal RAS and it will likely be late January or possibly early February before the Medicaid system is updated.

Reporting Periods

- 2015
  - New & Returning EPs: Any continuous 90 days within the Calendar Year (CY)
  - New & Returning EHs and CAHs: Any continuous 90 days from 10/01/2014 to 12/31/2015
- 2016
  - New Participants: Any continuous 90 days within the CY
  - Returning Participants: Full CY

Reporting Periods (cont.)

- 2017
  - New Medicaid Participants: Any continuous 90 days within the CY
  - Providers electing S3: Any continuous 90 days within the CY
  - Returning Participants: Full CY

Attestation Deadlines

	2015		2016		2017	
	Attestation Deadline	**Penalty Avoided**	**Attestation Deadline**	**Penalty Avoided**	**Attestation Deadline**	**Penalty Avoided**
Returning EPs	2/29/2016	CY 2017	2/28/2017	CY 2018	2/28/2018	CY 2019
Returning EHs	2/29/2016	FY 2017	2/28/2017	FY 2018	2/28/2018	FY 2019
Returning CAHs	2/29/2016	FY 2015	2/28/2017	FY 2016	2/28/2018	FY 2017

Attestation Deadlines (con't)

	2015		2016		2017	
	Attestation Deadline	**Penalty Avoided**	**Attestation Deadline**	**Penalty Avoided**	**Attestation Deadline**	**Penalty Avoided**
New EPs	2/29/2016	CY 2016 & CY 2017	10/1/2016	CY 2017	10/1/2017	CY 2018
			2/28/2017	CY 2018 (1)	2/28/2018	CY 2019 (2)
New EHs	2/29/2016	FY 2016 & FY 2017	10/1/2016	FY 2017	10/1/2017	FY 2018
			2/28/2017	FY 2018 (1)	2/28/2018	FY 2019 (2)
New CAHs	2/29/2016	FY 2015	2/28/2017	FY 2016	2/28/2018	FY 2017

(1) Will be subject to CY 2017 Payment Adjustment

(2) Will be subject to CY 2018 Payment Adjustment

Attestation Deadlines (con't)

	2017	
	Attestation Deadline	**Penalty Avoided**
S3 EPs	2/28/2018	CY 2019
S3 EHs	2/28/2018	FY 2019
S3 CAHs	2/28/2018	FY 2017

CQMs

- No Changes to Selection or Reporting Scheme

- 2015
  - Any continuous 90 days w/in CY
    - Attest through Medicare RAS or Medicaid eMIPP
    - Attest using established methods for electronic reporting

CQMs (cont.)

- 2016
  - New Participants
    - Any continuous 90 days w/in CY
      - Attest through Medicare RAS or
      - Attest using established methods for electronic reporting
  - Returning Participants
    - Full Calendar Year
      - Attest through Medicare RAS or
      - Attest using established methods for electronic reporting

Stages

First year as a meaningful EHR user Stage of meaningful use	Stage of Meaningful Use		
	2015	2016	2017
2011	Modified Stage 2	Modified Stage 2	Modified Stage 2 Or Stage 3
2012	Modified Stage 2	Modified Stage 2	Modified Stage 2 Or Stage 3
2013	Modified Stage 2	Modified Stage 2	Modified Stage 2 Or Stage 3
2014	Modified Stage 2*	Modified Stage 2	Modified Stage 2 Or Stage 3
2015	Modified Stage 2*	Modified Stage 2	Modified Stage 2 Or Stage 3
2016	N/A	Modified Stage 2	Modified Stage 2 Or Stage 3

* The Modifications to Stage 2 include alternate exclusions and specifications for certain objectives and measures for providers that were scheduled to demonstrate Stage 1 of meaningful use in 2015. **Note:** Alternate exclusion reporting continues in 2016 for CPOE (all providers) and eRx (for eligible hospitals) only.

Redundant, Duplicative or Topped-Out (RDT) Measures

TABLE 2: OBJECTIVES AND MEASURES IDENTIFIED BY PROVIDER TYPE THAT ARE REDUNDANT, DUPLICATIVE, OR TOPPED OUT

Provider Type	Objectives and Measures	
Eligible Professional	Record Demographics	42 CFR 495.6 (j)(3)(i) and (ii)
	Record Vital Signs	42 CFR 495.6 (j)(4) (i) and (ii)
	Record Smoking Status	42 CFR 495.6 (j)(5) (i) and (ii)
	Clinical Summaries	42 CFR 495.6 (j)(11) (i) and (ii)
	Structured Lab Results	42 CFR 495.6 (j)(7) (i) and (ii)
	Patient List	42 CFR 495.6 (j)(8) (i) and (ii)
	Patient Reminders	42 CFR 495.6 (j)(9) (i) and (ii)
	Summary of Care Measure 1 – Any Method Measure 3 – Test	42 CFR 495.6 (j)(14) (i) and (ii)
	Electronic Notes	42 CFR 495.6 (j)(9) (i) and (ii)
	Imaging Results	42 CFR 495.6 (k)(6) (i) and (ii)
	Family Health History	42 CFR 495.6 (k)(2) (i) and (ii)

RDT (Con't)

- Many of these objectives and measures include actions that may be valuable to providers and patients, such as providing a clinical summary to a patient
- Conduct these activities as best suits the practice and the preferences of the patient population
- The removal is not intended as a withdrawal of an endorsement for these best practices or to discourage providers from conducting and tracking these activities for their own quality improvement goals
- No longer required to calculate and attest to the results of these measures for MU

Objective 1: Protect Patient Health Information

Measure	Exclusion
Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under necessary and correct identified security deficiencies as part of the EP, EH, or CAH's risk management process	N/A

Protect Patient Health Information (Con't)

- Not an "episodic" item related only to a snapshot in time, should cover the entirety of the year for which the SRA or review is conducted
- Acceptable for the SRA to be conducted outside the EHR reporting period if the reporting period is < CY
- Must be conducted within the same CY as the EHR reporting period, if the provider attests prior to the end of the CY, it must be conducted prior to the date of attestation
- Each EP is individually responsible for their own attestation and for independently meeting the objective. It is incumbent on each individual EP to ensure that any SRA or review conducted for the group is relevant to and fully inclusive of any unique implementation or use of CEHRT relevant to their individual practice

Objective 2: Clinical Decision Support

Measure	Exclusion
Implement 5 CDS interventions related to **4 or more** CQMs at a relevant point in patient care for the entire EHR reporting period. Absent 4 CQMs related to the scope of practice or patient population, the CDS interventions must be related to high-priority health conditions	N/A
Alternate Objective: (2015 only, If scheduled for S1 in 2015): Implement **1** CDS rule relevant to specialty or high clinical priority, or high priority hospital condition, along with the ability to track compliance with that rule	N/A
The EP, EH, or CAH has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period	Any EP who writes fewer than 100 medication orders during the EHR reporting period

Objective 3: CPOE

Measure	Threshold	Exclusion
Measure 1: More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using CPOE	> 60%	Any EP who writes fewer than 100 medication orders during the EHR reporting period
Alternate Measure 1: For Stage 1 providers in 2015, more than 30 percent of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE; OR more than 30 percent of medication orders created by the EP during the EHR reporting period are recorded using CPOE	>30%	?? (Final Rule not clear. Need updated Spec Sheet)

CPOE (Con't)

Measure	Threshold	Exclusion
Measure 2: More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry	> 30%	Any EP who writes fewer than 100 laboratory orders during the EHR reporting period
		Alternate Exclusion: If scheduled for S1 in 2015, may claim an exclusion; if scheduled for S1 in 2016 may claim an exclusion
Measure 3: More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry	> 30%	Any EP who writes fewer than 100 radiology orders during the EHR reporting period
		Alternate Exclusion: If scheduled for S1 in 2015, may claim an exclusion; if scheduled for S1 in 2016 may claim an exclusion

Objective 4: eRx

Measure	Threshold	Exclusion
More than 50 percent of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT	> 50%	Any EP who writes fewer than 100 radiology orders during the EHR reporting period or does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period
Alternate Measure: If scheduled for S1 in 2015, more than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using CEHRT	>40%	

Objective 5: Health Information Exchange

Measure	Threshold	Exclusion
The EP that transitions or refers their patient to another setting of care or provider of care must (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals	> 10%	Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period. **Alternate Exclusion:** If scheduled for S1 in 2015, EP may claim an exclusion

Objective 6: Patient Education

Measure	Threshold	Exclusion
Patient specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period	> 10%	Any EP who has no office visits during the EHR reporting period **Alternate Exclusion:** If scheduled for S1 in 2015, may claim an exclusion if they did not intend to select as a menu item

Objective 7: Medication Reconciliation

Measure	Threshold	Exclusion
The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP	> 50%	Any EP who was not the recipient of any transitions of care during the EHR reporting period **Alternate Exclusion:** If scheduled for S1 in 2015, may claim an exclusion if they did not intend to select as a menu item

Objective 8: Patient Electronic Access (VDT)

Measure	Threshold	Exclusion
Measure 1: More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information	>50%	Any EP who (a) Neither orders nor creates any of the information listed for inclusion as part of the measures; or (b) Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period **Alternate Exclusion:** If scheduled for S1 in 2015, EP may claim an exclusion for the second measure
Measure 2: For an EHR reporting period in 2015 and 2016, at least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period	1 Patient	

Objective 9: Secure Messaging

Measure	Threshold	Exclusion
2015: Capability for patients to send & receive a secure electronic message w/the EP was fully enabled during the EHR reporting period	Y/N	Any EP who has no office visits during the EHR reporting period, or any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period **Alternate Exclusion:** An EP may claim an exclusion for the measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure
2016: At least 1 patient seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period	1 Patient	
2017: More than 5 percent of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period	> 5%	

Objective 10: Public Health

Measure	Exclusion
Measure 1 – Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.	• Does not administer any immunizations • Operates in a jurisdiction for which no imms registry or system is capable of accepting data • Operates in a jurisdiction where no imms registry or information system has declared readiness to receive data
Measure 2 – Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.	• Is not in a category of providers from which SS data is collected • Operates in a jurisdiction for which no public health agency is capable of receiving SS data • Operates in a jurisdiction where no public health agency has declared readiness to receive SS data
Measure 3 – Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.	• Does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry • Operates in a jurisdiction for which no specialized registry is capable of accepting electronic data • Operates in a jurisdiction where no specialized registry for which the EP, eligible hospital, or CAH is eligible has declared readiness to receive data

Public Health (Con't)

- **Active engagement =**

  Option 1 - Completed Registration to Submit Data

  The EP, eligible hospital or CAH registered to submit data with the PHA or, where applicable, the organization to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP, eligible hospital, or CAH is awaiting an invitation to begin testing and validation.

  Option 2 - Testing and Validation

  The EP, eligible hospital, or CAH is in the process of testing and validation of the electronic submission of data.

  Option 3 – Production

  The EP, eligible hospital, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data.

Resources

Final Rule: https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-25595.pdf

2015 Tipsheet: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage3_EP.pdf

Modified S2 Tipsheet: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage3Overview2015_2017.pdf

Questions?

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