The Next Steps: An Overview of Meaningful Use Stage 2

PRESENTED BY: Robert Anthony, Office of E-Health Standards and Services, Centers for Medicare and Medicaid Services
MODERATED BY: Kate Berry, CEO - National eHealth Collaborative
NeHC University provides unique opportunities for interested stakeholders to learn about multiple health IT initiatives, programs, and trends all in one place.

<table>
<thead>
<tr>
<th>HIT Orientation</th>
<th>Careers in HIT</th>
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<tr>
<td>Trends in HIT Innovation</td>
<td>ONC Initiatives</td>
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<tr>
<td>Spotlight Learning Series: HIE Leadership and Sustainability</td>
<td>Spotlight Learning Series: Beacon Communities</td>
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<td>Spotlight Learning Series: Consumer Engagement and Health IT</td>
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Expert speakers will describe the proposed rules, communicate the process and timelines for public comment, and respond to your questions.

Mark Your Calendar

- **Standards and Certification**
  - *Date*: Friday, March 30, 2012 12:00PM-1:00PM ET

*Register here:*
http://www.nationalehealth.org/CertificationandStandards
Spotlight Learning Series: Beacon Communities

This series will provide in-depth case studies of the Beacon Community grantees’ projects as they work to further build and strengthen their health IT infrastructure and exchange capabilities.

Mark Your Calendar!

- **Spotlight on Western New York and Southeast Michigan**
  - Faculty:
    - Terrisca Des Jardins, Director – Southeast Michigan Beacon Community
    - Dan Porreca, Executive Director – HEALTHeLINK
  - Date: Wednesday, April 11 1:00PM-2:30PM ET

- **Spotlight on San Diego and Utah**
  - Faculty:
    - Christie North, Vice President of Utah Programs – HealthInsight
    - Anupam Goel, Co-Principal Investigator – San Diego Beacon Collaborative
  - Date: Thursday, May 24 1:00PM-2:30PM ET
Presentation slides are available now!

http://www.nationalehealth.org/MU2

Recorded webinar will be available in 24 to 48 hours

Full transcript will be available in approximately 7 to 10 days

Want more?

Check out the supplemental materials available on the NeHC website!

You can also continue today’s discussion by joining the Meaningful Use Stage 2 group in NeHC’s Collaborate online community:

http://www.nationalehealth.org/collaborate/groups/meaningful-use-stage-2
Please enter your questions or comments in the Q&A window at the bottom right of your screen.

You can also send us an email at info@nationalehealth.org, tweet a question using hashtag #NeHC, or comment on our Facebook page at www.facebook.com/nationalehealth
Medicare & Medicaid
EHR Incentive Programs

Stage 2 NPRM Overview
Robert Anthony
Office of E-Health Standards and Services
Proposed Rule

Everything discussed in this presentation is part of a notice of proposed rulemaking (NPRM).

We encourage anyone interested in Stage 2 of meaningful use to review the NPRM for Stage 2 of meaningful use and the NPRM for the 2014 certification of EHR technology at

CMS Rule: https://federalregister.gov/a/2012-4443

ONC Rule: https://federalregister.gov/a/2012-4430

Comments can be made starting March 7 through May 7 at www.regulations.gov
What is in the Proposed Rule

- Minor changes to Stage 1 of meaningful use
- Stage 2 of meaningful use
- New clinical quality measures
- New clinical quality measure reporting mechanisms
- Appeals
- Details on the Medicare payment adjustments
- Minor Medicaid program changes
## Stages of Meaningful Use

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<td>TBD</td>
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<td>TBD</td>
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<td>2015</td>
<td>1</td>
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<td>3</td>
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<tr>
<td>2016</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>TBD</td>
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<td>TBD</td>
<td>TBD</td>
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<tr>
<td>2017</td>
<td>1</td>
<td>1</td>
<td>2</td>
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<td>3</td>
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<td>TBD</td>
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http://www.cms.gov/EHRIncentivePrograms/
Stage 1 to Stage 2
Meaningful Use

Eligible Professionals
15 core objectives
5 of 10 menu objectives
20 total objectives

Eligible Professionals
17 core objectives
3 of 5 menu objectives
20 total objectives

Eligible Hospitals & CAHs
14 core objectives
5 of 10 menu objectives
19 total objectives

Eligible Hospitals & CAHs
16 core objectives
2 of 4 menu objectives
18 total objectives

http://www.cms.gov/EHRIncentivePrograms/
Stage 2 EP Core Objectives

1. Use CPOE for more than 60% of medication, laboratory and radiology orders
2. E-Rx for more than 50%
3. Record demographics for more than 80%
4. Record vital signs for more than 80%
5. Record smoking status for more than 80%
6. Implement 5 clinical decision support interventions + drug/drug and drug/allergy
7. Incorporate lab results for more than 55%
Stage 2 EP Core Objectives

8. Generate patient list by specific condition
9. Use EHR to identify and provide more than 10% with reminders for preventive/follow-up
10. Provide **online access** to health information for more than 50% with more than **10% actually accessing**
11. Provide office visit summaries in **24 hours**
12. Use EHR to identify and provide education resources more than 10%
Stage 2 EP Core Objectives

13. More than 10% of patients send secure messages to their EP

14. Medication reconciliation at more than 65% of transitions of care

15. Provide summary of care document for more than 65% of transitions of care and referrals with 10% sent electronically

16. Successful ongoing transmission of immunization data

17. Conduct or review security analysis and incorporate in risk management process
Stage 2 EP Menu Objectives

1. More than 40% of imaging results are accessible through Certified EHR Technology
2. Record family health history for more than 20%
3. Successful ongoing transmission of syndromic surveillance data
4. Successful ongoing transmission of cancer case information
5. Successful ongoing transmission of data to a specialized registry
Stage 2 Hospital Core Objectives

1. Use CPOE for more than 60% of medication, laboratory and radiology orders
2. Record demographics for more than 80%
3. Record vital signs for more than 80%
4. Record smoking status for more than 80%
5. Implement 5 clinical decision support interventions + drug/drug and drug/allergy
6. Incorporate lab results for more than 55%
Stage 2 Hospital Core Objectives

7. Generate patient list by specific condition
8. EMAR is implemented and used for more than 10% of medication orders
9. Provide online access to health information for more than 50% with more than 10% actually accessing
10. Use EHR to identify and provide education resources more than 10%
11. Medication reconciliation at more than 65% of transitions of care

http://www.cms.gov/EHRIncentivePrograms/
Stage 2 Hospital Core Objectives

12. Provide summary of care document for more than 65% of transitions of care and referrals with 10% sent electronically

13. Successful ongoing transmission of immunization data

14. Successful ongoing submission of reportable laboratory results

15. Successful ongoing submission of electronic syndromic surveillance data

16. Conduct or review security analysis and incorporate in risk management process
Stage 2 Hospital Menu Objectives

1. Record indication of advanced directive for more than 50%
2. More than 40% of imaging results are accessible through Certified EHR Technology
3. Record family health history for more than 20%
4. E-Rx for more than 10% of discharge prescriptions
# Changes to Stage 1

<table>
<thead>
<tr>
<th></th>
<th>Current</th>
<th>Proposed</th>
<th>Timeframe</th>
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</thead>
<tbody>
<tr>
<td><strong>CPOE</strong></td>
<td><strong>Denominator</strong>: Unique Patient with at least one medication in their med list</td>
<td><strong>Denominator</strong>: Number of Orders during the EHR Reporting Period</td>
<td>Optional in 2013 Required in 2014+</td>
</tr>
<tr>
<td><strong>Vital Signs</strong></td>
<td><strong>Age Limits</strong>: Age 2 for Blood Pressure &amp; Height/Weight</td>
<td><strong>Age Limits</strong>: Age 3 for Blood Pressure, No age limit for Height/Weight</td>
<td>Optional in 2013 Required in 2014+</td>
</tr>
<tr>
<td><strong>Vital Signs</strong></td>
<td><strong>Exclusion</strong>: All three elements not relevant to scope of practice</td>
<td><strong>Exclusion</strong>: Allows BP to be separated from height/weight</td>
<td>Optional in 2013 Required in 2014+</td>
</tr>
<tr>
<td><strong>Test of Health Info Exchange</strong></td>
<td>One test of electronic transmission of key clinical information</td>
<td>Requirement removed effective 2013</td>
<td>Effective 2013</td>
</tr>
<tr>
<td><strong>E-Copy and Online Access</strong></td>
<td><strong>Objective</strong>: Provide patients with e-copy of health information upon request</td>
<td><strong>Replacement Objective</strong>: Provide patients the ability to view online, download and transmit their health information</td>
<td>Required in 2014+</td>
</tr>
<tr>
<td></td>
<td><strong>Objective</strong>: Provide electronic access to health information</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Public Health Objectives</strong></td>
<td>Immunizations, Reportable Labs, Syndromic Surveillance</td>
<td>Addition of “except where prohibited” to all three</td>
<td>Effective 2013</td>
</tr>
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CQM – Changes from July 28, 2010 Final Rule

Through 2013

**Eligible Professionals**
- 3 core OR 3 alt. core CQMs
- plus
- 3 menu CQMs
- **6 total CQMs**

**Eligible Hospitals & CAHs**
- **15 total CQMs**

Align with ONC’s 2011 Edition Certification

Beginning in 2014

**Eligible Professionals**
- 1a) 12 CQMs (≥1 per domain)
- 1b) 11 core + 1 menu CQMs
- 2) PQRS
  - Group Reporting
- **12 total CQMs**

**Eligible Hospitals & CAHs**
- 24 CQMs (≥1 per domain)
- **24 total CQMs**

Align with ONC’s 2014 Edition Certification

http://www.cms.gov/EHRIncentivePrograms/
CQM Reporting for EPs Beginning in CY2014

- **Group Reporting (3 options – Medicare only):**

<table>
<thead>
<tr>
<th>Option</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) ≥ 2 EPs, each with a unique NPI under one TIN</td>
<td>Submit 12 CQMs from EP measures table, ≥1 from each domain</td>
</tr>
<tr>
<td>(2) EPs in an ACO (Medicare Shared Savings Program)</td>
<td>Satisfy requirements of Medicare Shared Savings Program using Certified EHR Technology</td>
</tr>
<tr>
<td>(3) EPs satisfactorily reporting via PQRS GPRO option</td>
<td>Satisfy requirements of PQRS GPRO option using Certified EHR Technology</td>
</tr>
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</table>
Medicaid Changes

• Expansion of the definition of a Medicaid patient encounter
• Enabling the participation of 12 children’s hospitals
## Medicare Payment Adjustments

EP or hospital that demonstrated meaningful use in 2011 or 2012

<table>
<thead>
<tr>
<th>Payment Adjustment Year</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Year EHR Reporting Period</td>
<td>2013</td>
<td>2014</td>
<td>2015</td>
<td>2016</td>
<td>2017</td>
<td>2019</td>
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</table>

EP or hospital that demonstrates meaningful use in 2013 for the first time

<table>
<thead>
<tr>
<th>Payment Adjustment Year</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 day EHR Reporting Period</td>
<td>2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full Year EHR Reporting Period</td>
<td>2014</td>
<td>2015</td>
<td>2016</td>
<td>2017</td>
<td>2019</td>
<td></td>
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EPs = Calendar Year / Hospitals = Fiscal Year
EHR Reporting Period

EP or hospital that demonstrates meaningful use in 2014 for the first time

<table>
<thead>
<tr>
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<th>2017</th>
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<tbody>
<tr>
<td>90 day EHR Reporting Period</td>
<td>2014*</td>
<td>2014</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full Year EHR Reporting Period</td>
<td></td>
<td></td>
<td>2015</td>
<td>2016</td>
<td>2017</td>
<td>2019</td>
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*In order to avoid the 2015 payment adjustment the EP must attest no later than Oct 1, 2014 which means they must begin their 90 day EHR reporting period no later than July 2, 2014. Hospital must attest no later than July 1, 2014 which means they must begin their 90 day EHR reporting period no later than April 1, 2014
EP Hardship Exception

Proposed Exception on an application basis

• Insufficient internet access two years prior to the payment adjustment year

• Newly practicing EPs for two years
  • New hospitals for at least 1 full year cost reporting period
  • New CAHs for 1 year after they accept first patient
  • Extreme circumstances such as unexpected closures, natural disaster, EHR vendor going out of business, etc.

Applications need to be submitted no later than July 1 of year before the payment adjustment year; however, we encourage earlier submission
EP Hardship Exception

Other Possible Exception Discussed in NPRM

- Concerned that the combination of 3 barriers would constitute a significant hardship
  - Lack of direct interaction with patients
  - Lack of need for follow-up care for patients
  - Lack of control over the availability of Certified EHR Technology
- We do not believe any one of these barriers taken independently constitutes a significant hardship
- In our discussion we consider whether any specialty may nearly uniformly face all 3 barriers
Please enter your questions or comments in the Q&A window at the bottom right of your screen.

You can also send us an email at info@nationalehealth.org, tweet a question using hashtag #NeHC, or comment on our Facebook page at www.facebook.com/nationalehealth
Before you log out…

Please take a moment to fill out the survey on the right side of your screen.

*Didn’t get your question answered? Post it in the Meaningful Use Stage 2 group in NeHC’s Collaborate online community: [http://www.nationalehealth.org/collaborate/groups/meaningful-use-stage-2](http://www.nationalehealth.org/collaborate/groups/meaningful-use-stage-2)*

Questions or Suggestions? Send us an email at university@nationalehealth.org
Thank you for your participation!

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