



Technology Workshop: Meaningful Use Requirements for Electronic Health Records

May 5, 2011
Lunch & Learn Webinar

Microsoft®
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Happy
Cinco de Mayo

Welcome!

- Thank you for joining us today.
- In today's call we'll talk about what you need to **Meaningful Use Requirements for Electronic Health Records**. The call will last approximately 35-45 minutes
- If you want to follow from your office, go to www.ekaru.com / Go to "What's New" near the bottom of the page. Presentation will open in a browser, click the down arrow in nav bar to advance slides.

Format

- This is a “listen only” voice call.
 - (Reason, cut down on ambient noise, avoid “call on hold music” – a bit tough though, because I can’t hear you!)
- If you have questions, please eMail to info@ekaru.com and we will try to include Q&A at the end of the call – we will be reviewing email live during the call.
- Call 978-692-4200 for help.



Workshop Mission

- Help you get more from the technology you already have.
- Introduce you to new technologies you need to know about.

Overview

■ Meaningful Use Requirements for Electronic Health Records

- ✓ As part of the **American Recovery and Reinvestment act of 2009**, the federal government has created *substantial financial incentives* for medical practices to implement Electronic Health Records (EHRs). The Medicare and Medicaid EHR incentive programs offer financial reimbursements to eligible professionals, hospitals, and critical access hospitals

- ✓ Information Source: US Department of Health and Human Services Web Site

Ask Questions: info@ekaru.com

Action Time!

The Medicare EHR Incentive Program

- The **Medicare** EHR Incentive Program will provide incentive payments to eligible professionals, eligible hospitals, and CAHs that demonstrate meaningful use of certified EHR technology.
 - Participation can begin as early as 2011.
 - Eligible professionals can receive up to **\$44,000** over five years under the Medicare EHR Incentive Program. There's an additional incentive for eligible professionals who provide services in a Health Professional Shortage Area (HSPA).
 - **To get the maximum incentive payment, Medicare eligible professionals must begin participation by 2012.**
 - Incentive payments for eligible hospitals and CAHs may begin as early as 2011 and are based on a number of factors, beginning with a **\$2 million** base payment.
 - **Important! For 2015 and later, Medicare eligible professionals, eligible hospitals, and CAHs that do not successfully demonstrate meaningful use will have a payment adjustment in their Medicare Reimbursement.**

Medicaid...

The Medicaid EHR Incentive Program

- The **Medicaid** EHR Incentive Program will provide incentive payments to eligible professionals, eligible hospitals, and CAHs as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology in their first year of participation and demonstrate meaningful use for up to five remaining participation years.
 - The Medicaid EHR Incentive Program is voluntarily offered by individual states and territories and may begin as early as 2011, depending on the state.
 - Eligible professionals can receive up to **\$63,750** over the six years that they choose to participate in the program.
 - Eligible hospital incentive payments may begin as early as 2011, depending on when the state begins its program. The last year a Medicaid eligible hospital may begin the program is 2016. Hospital payments are based on a number of factors, beginning with a **\$2 million** base payment.
 - There are **no** payment adjustments under the Medicaid EHR Incentive Program.

“Certified”

For the purposes of the Medicare and Medicaid Incentive Programs, eligible professionals, eligible hospitals and critical access hospitals (CAHs) must use certified EHR technology.

- Certified EHR technology gives assurance to purchasers and other users that an EHR system or module offers the necessary technological capability, functionality, and security to help them meet the meaningful use criteria.
- Certification also helps providers and patients be confident that the electronic health IT products and systems they use are secure, can maintain data confidentially, and can work with other systems to share information.

“Certified”

- For more information about which EHR systems and modules are certified for the Medicare and Medicaid EHR Incentive Programs, please visit <http://healthit.hhs.gov/>.

Attestation

- **Attestation for the Medicare Electronic Health Record (EHR) Incentive Program opened April 18th.**
- **What do I need to do to receive my Medicare EHR incentive payment?**
 - Successfully *register* for the Medicare EHR Incentive Program;
 - Meet **meaningful use** criteria using certified EHR technology; and
 - Successfully *attest*, using CMS' Web-based system, that you have met meaningful use criteria using certified EHR technology.

Meaningful Use

- **What are the requirements for Stage 1 of Meaningful Use (2011 and 2012)?**

Meaningful use includes both a **core set** and a **menu set** of objectives that are specific to eligible professionals.

- For eligible professionals (EP), there are a total of 25 meaningful use objectives. To qualify for an incentive payment, 20 of these 25 objectives must be met.
 - There are 15 required core objectives.
 - The remaining 5 objectives may be chosen from the list of 10 menu set objectives.



15 Core Objectives

- All 15 of the next core objectives must be met.

(1) Computerized Provider Order Entry

- **Objective:** Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.
- **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.
- **Exclusion:**
 - Any EP who writes fewer than 100 prescriptions during the EHR reporting period.

(2) Drug Interaction Checks

- Objective: Implement drug-drug and drug-allergy interaction checks.
- Measure:
 - The EP has enabled this functionality for the entire EHR reporting period.
- Exclusion:
 - None.

(3) Problem/Diagnosis List

- Objective: Maintain an up-to-date problem list of current and active diagnoses.
- Measure:
 - More than 80 percent 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.
- Exclusion:
 - None.

(4) Electronic Prescriptions

- Objective: Generate and transmit permissible prescriptions electronically (eRx).
- Measure:
 - More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.
- Exclusion:
 - Any EP who writes fewer than 100 prescriptions during the EHR reporting period.

(5) Active Medication List

- **Objective:** Maintain active medication list.

- **Measure:**
 - More than 80 percent 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.

- **Exclusion:**
 - None.

(6) Medication Allergy List

- Objective: Maintain active medication allergy list.
- Measure:
 - More than 80 percent 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.
- Exclusion:
 - None.

(7) Patient Demographics

- **Objective:** Record all of the following demographics:
 - (A) Preferred language
 - (B) Gender
 - (C) Race
 - (D) Ethnicity
 - (E) Date of birth

- **Measure:**
 - More than 50 percent of all unique patients seen by the EP have demographics recorded as structured data.

- **Exclusion:**
 - None.

(8) Record Vital Signs

- **Objective:** Record and chart changes in the following vital signs:
 - (A) Height
 - (B) Weight
 - (C) Blood pressure
 - (D) Calculate and display body mass index (BMI)
 - (E) Plot and display growth charts for children 2-20 years, including BMI
- **Measure:**
 - For more than 50 percent of all unique patients age 2 and over seen by the EP, height, weight, and blood pressure are recorded as structured data.
- **Exclusion:**
 - Any EP who either see no patients 2 years or older, or who believes that all three vital signs of height, weight, and blood pressure of their patients have no relevance to their scope of practice.

(9) Record Smoking Status

- Objective: Record smoking status for patients 13 years old or older.
- Measure:
 - More than 50 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.
- Exclusion:
 - Any EP who sees no patients 13 years or older

(10) Report Clinical Quality Measures

- **Objective:** Report ambulatory clinical quality measures to CMS (Centers for Medicare and Medicaid Services)
- **Measure:**
 - Successfully report to CMS ambulatory clinical quality measures selected by CMS in the manner specified by CMS.
- **Exclusion:**
 - None.

(11) Clinical Decision Support Rule

- **Objective:** Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.

- **Measure:**
 - Implement one clinical decision support rule

- **Exclusion:**
 - None.

(12) Electronic Copy of Health Record

- **Objective:** Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies) upon request.
- **Measure:**
 - More than 50 percent of all patients who request an electronic copy of their health information are provided it within 3 business days.
- **Exclusion:**
 - Any EP that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period.

(13) Provide Clinical Summaries

- Objective: Provide clinical summaries for patients for each office visit.

- Measure:
 - Clinical summaries provided to patients for more than 50 percent of all office visits within 3 business days.

- Exclusion:
 - Any EP who has no office visits during the EHR reporting period.

(14) Exchange Key Clinical Info

- **Objective:** Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, and diagnostic test results), among providers of care and patient authorized entities electronically.
- **Measure:**
 - Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.
- **Exclusion:**
 - None

(15) Protect Electronic Health Info

- **Objective:** Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.
- **Measure:**
 - Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.
- **Exclusion:**
 - None

Menu Set Objectives

- The remaining 5 objectives may be chosen from the list of 10 menu set objectives.

(1) Implement Drug Formulary Checks

■ Measure:

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

■ Exclusion:

- Any EP who writes fewer than 100 prescriptions during the EHR reporting period.

(2) Clinical Lab Results

- Objective: Incorporate clinical lab test results into EHR as structured data.
- Measure:
 - More than 40 percent of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.
- Exclusion:
 - An EP who orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period.

(3) Patient Lists

- Objective: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.
- Measure:
 - Generate at least one report listing patients of the EP with a specific condition.
- Exclusion:
 - None.

(4) Patient Reminders

- Objective: Send reminders to patients per patient preference for preventive/follow-up care.
- Measure:
 - More than 20 percent of all patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.
- Exclusion:
 - An EP who has no patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology.

(5) Patient Access

- Objective: Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, and allergies) within 4 business days of the information being available to the EP.
- Measure:
 - At least 10 percent 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 subject to the EP's discretion to withhold certain information.
- Exclusion:
 - Any EP that neither orders nor creates lab tests or information that would be contained in the problem list, medication list, medication allergy list (or other information as listed at 45 CFR 170.304(g)) during the EHR reporting period.

(6) Patient Education

- Objective: Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.
- Measure:
 - More than 10 percent of all unique patients seen by the EP are provided patient-specific education resources.
- Exclusion:
 - None.

(7) Medication Reconciliation

- Objective: The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.
- Measure:
 - 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.
- Exclusion:
 - An EP who was not the recipient of any transitions of care during the EHR reporting period.

(8) Patient Transition / Summary

- Objective: The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral.
- 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 percent of transitions of care and referrals.
- Exclusion:
 - An EP who neither transfers a patient to another setting nor refers a patient to another provider during the EHR reporting period.

(9) Immunization Registries

- **Objective:** Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.
- **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 has the capacity to receive the information electronically).
- **Exclusion:**
 - An EP who administers no immunizations during the EHR reporting period or where no immunization registry has the capacity to receive the information electronically.

(10) Syndrome Surveillance Data

- **Objective:** Capability to submit electronic syndromic surveillance data to public health agencies and actual submission according to applicable law and practice.
- **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 has the capacity to receive the information electronically).
- **Exclusion:**
 - An EP who does not collect any reportable syndromic information on their patients during the EHR reporting period or does not submit such information to any public health agency that has the capacity to receive the information electronically.

Summary

- Summary
 - Significant Financial incentives (and penalties)
 - A LOT to learn
 - Complex Process – Meet 15 Core Objectives and 5 out of 10 Menu Set Objectives.
 - Excellent resources at: US Department of Health and Human Services Web Site – Centers for Medicare and Medicaid Services:
 - <http://www.cms.gov/EHRIncentivePrograms/>
 - Also Check out User Groups for your EMR

Thank You!:

For more information:

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