

# Meaningful Use and PCC EHR

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Users Conference 2015

# Agenda

- MU basics and eligibility
- How to participate in MU
- Stage 1 and Stage 2 MU requirements
- Using PCC EHR to meet stage 1 and stage 2 MU



# Goals

- An understanding of the Medicaid Meaningful Use Incentive Program and the process for getting incentives
- Identification of the areas at your practice that will need to be addressed to meet 2014 MU measures



# Medicaid EHR Incentive Program

- Program to provide incentive payments for certain Medicaid health care providers to adopt and use EHR technology in ways that can positively affect patient care
- Program allows providers to adopt, implement, or upgrade to certified EHR technology in their first year of participation.
- Must meet “Meaningful Use” objectives in second and subsequent years of participation

# Medicaid EHR Incentive Program

- Every state runs their own program
  - Application filed through your state
  - Deadlines can vary
  - States can add additional MU requirements
  - States provide REC (Regional Extension Centers) for assistance
- No Medicaid payment reductions if you choose not to participate

# How Much Will You Get Paid?

Medicaid Percent	Year1	Year2	Year3	Year4	Year5	Year6	Total
<b>&gt;=30%</b>	<b>\$21,250</b>	<b>\$8,500</b>	<b>\$8,500</b>	<b>\$8,500</b>	<b>\$8,500</b>	<b>\$8,500</b>	<b>\$63,750</b>
<b>&gt;=20% &lt;30%</b>	<b>\$14,167</b>	<b>\$5,667</b>	<b>\$5,667</b>	<b>\$5,667</b>	<b>\$5,667</b>	<b>\$5,667</b>	<b>\$42,500</b>

- Maximum 6 years of participation
- Program ends in 2021
- Big payment first year

# Payment Schedule With $\geq 30\%$ Medicaid

	Medicaid EP Qualifies to Receive First Payment in 2011	Medicaid EP Qualifies to Receive First Payment in 2012	Medicaid EP Qualifies to Receive First Payment in 2013	Medicaid EP Qualifies to Receive First Payment in 2014	Medicaid EP Qualifies to Receive First Payment in 2015	Medicaid EP Qualifies to Receive First Payment in 2016
Payment amount in 2011	\$21,250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Payment amount in 2012	\$8,500.00	\$21,250.00	\$0.00	\$0.00	\$0.00	\$0.00
Payment amount in 2013	\$8,500.00	\$8,500.00	\$21,250.00	\$0.00	\$0.00	\$0.00
Payment amount in 2014	\$8,500.00	\$8,500.00	\$8,500.00	\$21,250.00	\$0.00	\$0.00
Payment amount in 2015	\$8,500.00	\$8,500.00	\$8,500.00	\$8,500.00	\$21,250.00	\$0.00
Payment amount in 2016	\$8,500.00	\$8,500.00	\$8,500.00	\$8,500.00	\$8,500.00	\$21,250.00
Payment amount in 2017	\$0.00	\$8,500.00	\$8,500.00	\$8,500.00	\$8,500.00	\$8,500.00
Payment amount in 2018	\$0.00	\$0.00	\$8,500.00	\$8,500.00	\$8,500.00	\$8,500.00
Payment amount in 2019	\$0.00	\$0.00	\$0.00	\$8,500.00	\$8,500.00	\$8,500.00
Payment amount in 2020	\$0.00	\$0.00	\$0.00	\$0.00	\$8,500.00	\$8,500.00
Payment amount in 2021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,500.00
<b>TOTAL Incentive payments</b>	<b>\$63,750.00</b>	<b>\$63,750.00</b>	<b>\$63,750.00</b>	<b>\$63,750.00</b>	<b>\$63,750.00</b>	<b>\$63,750.00</b>

- If  $\geq 20\%$  and  $< 30\%$ , \$14,167 1<sup>st</sup> yr and \$5,667 subsequent yrs

# Determining Your Medicaid %

ARRA Medicaid Patient Volume Report

This report assists in determining eligibility for ARRA EHR Incentive program by calculating your Medicaid Patient Volume by provider.

Select a date range, stage, and your Medicaid Plans. A summary of patient volume with totals and Medicaid percentages will be calculated.

Select a Date Range:

90 Days from 04/02/15 to 06/30/15  
 Calendar Year 2014

Select a stage to determine eligibility:

Stage 1: Includes only visits with payments greater than \$0  
 Stage 2: Includes all visits

- Contact PCC support for assistance with using “arra” report
- Refer to your state for how to calculate Medicaid %
- CHIP patients do not count



# Eligibility

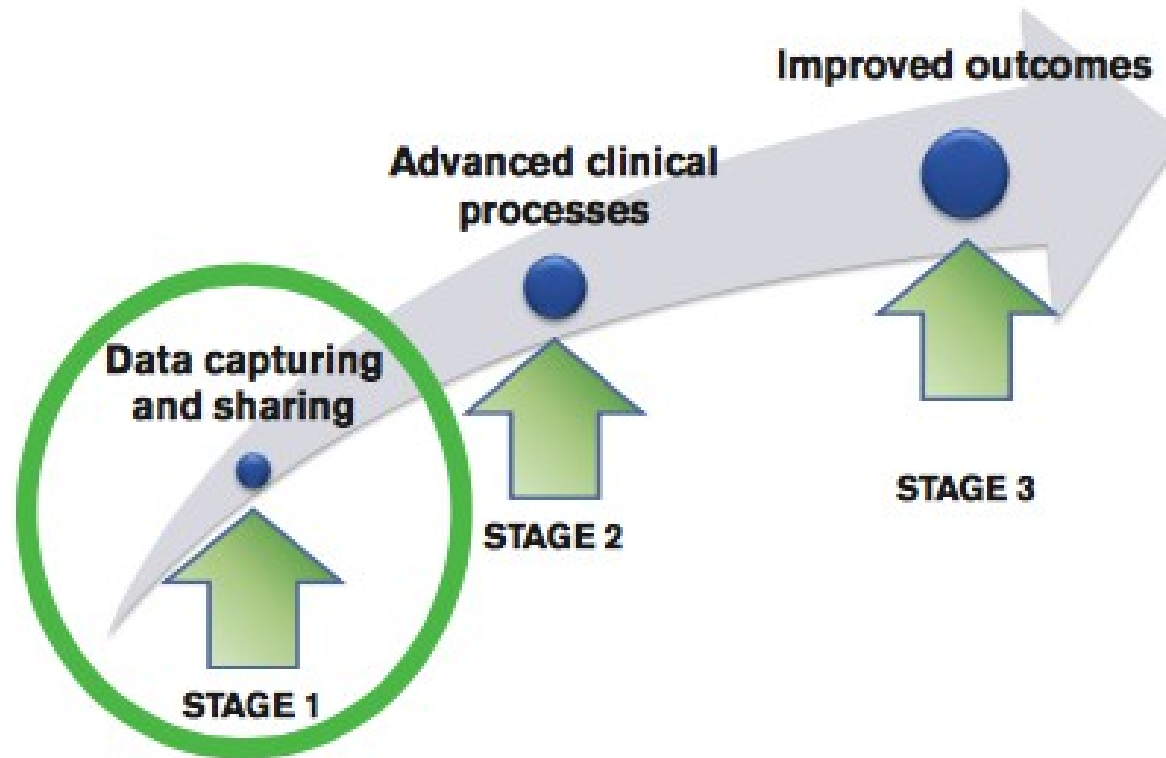
- Must be an “Eligible Professional” (EP)
  - Physicians (M.D., D.O.)
  - Nurse practitioners
  - Certified nurse-midwives
  - Dentists
  - Physician assistants who furnish services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant.
- Special rules if working in RHC or FQHC and 30% of encounters attributable to “needy” individuals



# Eligibility

- To participate as of 2015, you need to be using a 2014-edition certified EHR
- PCC is currently 2011-edition certified
- PCC has completed testing of 23 of 41 modules. Wave 3 testing of remaining 18 modules scheduled in September
- Final 2014-edition certification expected 4<sup>th</sup> Qtr 2015

# Stages of MU



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# Stages of MU

- First year of participation – AIU attestation. No MU reporting
- 2<sup>nd</sup> year - Stage 1 MU reporting based on 90 days
- 3<sup>rd</sup> year – Stage 1 MU reporting based on 365 days
- Subsequent years – Stage 2 MU reporting based on 365 days
- CMS timeline tool:

<http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Participation-Timeline.htm>

# Example 1

Example: You intend to apply for Medicaid incentive in 2015 for the first time.

- 2015 – Attest for AIU (once PCC completes 2014-edition certification)
- 2016 – Stage 1 MU reporting based on 90 day reporting period in 2016
- 2017 – Stage 1 MU reporting based on 365 day reporting period in 2017
- 2018 and beyond – Stage 2 MU reporting based on 365 day reporting period



# Example 2

Example: You applied for Medicaid incentive in 2013 for the first time.

- 2013 – Attested for AIU
- 2014 – Stage 1 MU reporting based on 90 day reporting period in 2014
- 2015 – Stage 1 MU reporting (once PCC completes 2014-edition certification) based on 90 day reporting period in 2015
- 2016 and beyond – Stage 2 MU reporting based on 365 day reporting period



# Registration

- Register with CMS <https://ehrincentives.cms.gov/>

- Registration User Guide:

[https://www.cms.gov/EHRIncentivePrograms/Downloads/EHRMedicaidEP\\_RegistrationUserGuide.pdf](https://www.cms.gov/EHRIncentivePrograms/Downloads/EHRMedicaidEP_RegistrationUserGuide.pdf)

- Check your state's program status

<https://www.cms.gov/apps/files/statecontacts.pdf>

- File application with your state

# Registration Deadlines

- Check with your state
- Pay attention to attestation tail period – how long into the current year you can attest for the prior year (typically 60 or 90 days)
- Deadlines can vary by state
- Example: CA allowed for 2014 MU attestations through 6/14/15





# Meaningful Use Objectives

- CMS has established objectives that all providers must meet in order to show Meaningful Use
- Some objectives have a minimum percentage that providers need to meet
- Other objectives specify an action that must be taken or a functionality of the EHR that must be enabled for the duration of the reporting period
- Some objectives have exclusions where, if you qualify, you can be exempt from reporting on that objective



# 2014 Stage 1 Meaningful Use

- 13 required core objectives. Must meet all in order to show Meaningful Use
- 9 menu objectives. Must meet your choice of 5 out of 9 (including at least one public health-related objective)
- 9 Clinical Quality Measures (CQMs). No threshold to meet, just need to report.

# 2014 Stage 2 Meaningful Use

- 17 required core objectives. Must meet all in order to show Meaningful Use
- 3 menu objectives. Must meet your choice of 3 out of 6 menu objectives
- 9 Clinical Quality Measures (CQMs). No threshold to meet, just need to report.

# MU Resources

- Refer to 2014-Stage1MUChart.pdf and 2014-Stage2MUChart.pdf handouts
- Include numerator, denominator and details of how to meet measure in PCC EHR for all core and menu objectives
- PCC's 2014-edition MU and CQM reporting is a work-in-progress.
- Stay tuned for more documentation on [learn.pcc.com](http://learn.pcc.com) explaining how to meet MU in PCC EHR.

# CQM Reporting

- Report on 9 Pediatric CQMs regardless of what stage of MU you are in
- For CQM list, see handout of 2014 Pediatric CQMs
- Report on 90 day period. No threshold to meet.
- As with MU measures, CQMs are reported via your state application



# Meeting Meaningful Use in PCC EHR

### Meaningful Use Measures

2014 Edition 2011 Edition

#### 2014 Edition Meaningful Use Measures

##### Meaningful Use Stage

- Stage 1 (including alternate measures)
- Stage 2

##### Reporting Period

- 90 Day Reporting Period: from  to mm/dd/yy
- Calendar Year Reporting Period:  ▼
- From  to  (x days)

##### Visit Reasons

Optionally exclude visit reasons from your Meaningful Use Measures.

All Visit Reasons Included

##### Eligible Professionals

Select the providers for whom you would like to calculate Meaningful Use Measures.

All Providers Selected

##### Report Layout

- Individual reports for each selected provider
- Aggregate data for selected providers into a single report



# Visit Reason Exclusions

## Visit Reasons

Optionally exclude visit reasons from your Meaningful Use Measures.

Edit

All Visit Reasons Included

- You will have ability to exclude certain visit reasons from MU report calculations
- Examples: lab or nurse-only visits, other “fake” visit reasons



# Eligible Professional Selection(s)

## Eligible Professionals

Select the providers for whom you would like to calculate Meaningful Use Measures.

Edit

All Providers Selected

- You will have ability to run MU reports for more than one provider at once
- You will also have the ability to run MU reports aggregated for all providers (useful for PCMH)

# Eligible Professional Selection(s)

- Most 2011 MU reports were based on **signing** provider
- Most 2014 MU reports will be based on **visit/encounter** provider.

# Eligible Professional Selection(s)

PROVIDER INFORMATION Entry 4 of 26

Provider Name:	James Davidson, Jr. M.D.	Type:	Real
Short Name:	Dr. Davidson		
Last Name:	Davidson		
Initials:	D		
Prov Group:	Davidson		
EHR User:	James Davidson, M.D. (james)		
Ins Name:	DAV	Blue Shield #:	
Ins Code:	DAV92391	Medicare #:	
Taxonomy Code:	298398747X	Medicaid #:	
Site ID #:		UPIN #:	
Tax ID #:	097284859	CHAMPUS #:	
S/S #:		Commercial #:	
NPI #:		Location #:	
License #:		Accident #:	

- Be sure to map Partner providers to EHR users
- Some MU reports are based on EHR user

## Meaningful Use Measures

2014 Edition

2011 Edition

### 2014 Edition Meaningful Use Measures

#### PCC Pediatric Test Associates













20 Winooski Falls Way, Suite 7  
Winooski, VT 05404-2228  
(800) 722-7708

Meaningful Use Edition & Stage: 2014 Edition Stage 1

Reporting Period: 03/14/2015 to 06/11/2015 (90 days)

Date Report Run: 06/11/2015

Eligible Professional: Elizabeth Casey, M.D.

Measure	Numerator	Denominator	Measure Percentage	Requirement	
CPOE	435	672	64%	30%	<a href="#">DETAILS</a> 
CPOE Alternate	744	744	100%	30%	<a href="#">DETAILS</a> 
Problem List	1,324	1,576	84%	80%	<a href="#">DETAILS</a> 
Electronic Prescribing	621	744	83%	40%	<a href="#">DETAILS</a> 
Medication List	1,422	1,576	90%	80%	<a href="#">DETAILS</a> 
Medication Allergy List	1,399	1,576	89%	80%	<a href="#">DETAILS</a> 
Demographics	1,276	1,576	81%	50%	<a href="#">DETAILS</a> 
Vital Signs (No Exceptions 2013 Only)	1,001	1,321	75%	50%	<a href="#">DETAILS</a> 
Vital Signs (No Exceptions)	973	1,105	88%	50%	<a href="#">DETAILS</a> 
Vital Signs (Blood Pressure Exception)	1,342	1,576	85%	50%	<a href="#">DETAILS</a> 
Vital Signs (Weight/Height Exception)	943	1,211	78%	50%	<a href="#">DETAILS</a> 
Smoking Status	431	632	68%	50%	<a href="#">DETAILS</a> 

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**Meaningful Use Measures**

2014 Edition 2011 Edition

**2014 Edition Meaningful Use Measures**

**Smoking Status**

**Objective:** Record smoking status for patients 13 years old or older.

**Measure:** More than 80 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.

**Eligible Professional:** Elizabeth Casey, M.D.

Smoking Status is Recorded	Patient Name	DOB	PCC#
No	Betty "BB" Blythe Bannigan	07/21/99	5678
No	Darren Davis	06/11/98	3456
No	Erin Erickson	05/01/00	7890
No	Amy Alice Aaronson	03/14/97	1234
No	Cory C. Cavendish	02/20/99	9012
Yes	Fredricka Finn	11/15/98	4321
Yes	Georgia Granville	12/31/01	8765

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**Meaningful Use Edition & Stage:** 2014 Edition Stage 2

**Reporting Period:** 03/14/2015 to 06/11/2015 (90 days)

**Date Report Run:** 06/11/2015

Back Save as .csv Close

# Maintain Up-to-Date Problem List

MU Criteria	%	Denominator	Numerator	Meeting Measure in PCC EHR	Exclusions
Maintain Up-to-Date Problem List Objective 3 of 13	80	Number of unique patients seen by the EP during the EHR reporting period.	Number of patients who have at least one entry or an indication that no problems are known for this patient.	If a patient has a blank problem list, they will not meet this measure. If the patient doesn't have any active problems, the provider must choose the "No known problems" option from the drop-down list. The problem list entries can be recorded before, during or after the reporting period.	None

Problem List Modified 07/06/15					Display: All Statuses
Status	Problem	Problem Note	Onset	Resolved	
Active	No Known Problems				

- Must indicate "No Known Problems" if no problems (active or resolved)
- Stage 1 measure only



# Maintain Active Medication List

MU Criteria	%	Denominator	Numerator	Meeting Measure in PCC EHR	Exclusions
Maintain Active Medication List Objective 5 of 13	>80	Number of unique patients seen by the EP during the EHR reporting period.	Number of patients who have a medication or an indication that the patient is currently not prescribed any medications.	In PCC eRx press the "Medications Reviewed" link to ensure medications flow over to PCC EHR. If a patient has a blank medication history list, they will not meet this measure. In PCC eRx there is a section for Medication history which contains two selectable options: Unknown or Incomplete or Patient Takes No Medications. If a patient doesn't take any medications, the second option should be set. The active medications (or indication of no known meds) can be recorded before, during or after the reporting period.	None

[Medications](#) [\[Manage Medications\]](#)  
 View: [\[Detail\]](#) [\[Mini\]](#) [\[Medication History\]](#)      Actions: [\[Medications Reviewed\]](#)  
 Medication History is:  Unknown or Incomplete  Patient Takes No Medications  
 None.

- Stage 1 measure only
- Also click "Medications Reviewed" link

# Maintain Active Medication Allergy List

MU Criteria	%	Denominator	Numerator	Meeting Measure in PCC EHR	Exclusions
Maintain Active Medication Allergy List Objective 6 of 13	>80	Number of unique patients seen by the EP during the EHR reporting period.	Number of patients who have at least one entry or an indication that no known drug allergies (NKDA) recorded.	In PCC eRx press "Allergies Reviewed" link to ensure allergies flow over to PCC EHR. If a patient doesn't have any medication allergies, the provider must select the NKDA status for the patient. The medication allergies (or indication of NKDA) can be recorded before, during or after the reporting period.	None

- Stage 1 measure only



# Maintain Active Medication Allergy List

**Patient: Dino Flinstone** DOB: 07/09/2006 Phone: (802) 987-6578 Last Office Visit: 02/24/2010 [Visit Today](#)

[Pharmacy:](#) No pharmacy [\[Change\]](#) **Formulary:** None

### Allergy History

**You must first enter allergy information, or indicate 'No Known Drug Allergies (NKDA)', before prescribing medications.**

**Add an allergy to a medication or group.**

Common Allergies:  
-Select Common Allergy- [Add Common Allergy](#)

Allergy:  [Find](#)

[Done with Allergies](#) [Display Full Medication Report](#)

No allergy data has been entered for this patient.

**Indicate 'No Known Drug Allergies (NKDA)', before prescribing medications.**

**click for NKDA**

**choose from common allergies or search**

PCC eRx Managed Allergies Updated 07/28/11 11:33 AM

Drug	Reaction
NKDA	



# CPOE (Computerized Provider Order Entry) For Medication Orders – Stage 1

MU Criteria	%	Denominator	Numerator	Meeting Measure in PCC EHR	Exclusions
CPOE (Computerized Provider Order Entry) For Medication Orders  Objective 1 of 13	>30	Number of unique patients with at least one medication in their medication history seen by the EP (eligible professional) during the EHR reporting period.  Optional Alternative: The number of medication orders created by the EP during the EHR reporting period.	The number of patients in the denominator that have at least one medication ordered using CPOE.  Optional Alternative: The number of medication orders in the denominator that are recorded using CPOE.	The provider must use PCC eRx to prescribe medications. If a patient's medication history includes only medications entered as historical medications, that patient will not count in the numerator.	None

- PCC MU report will report both options
- Use PCC eRx to prescribe meds

# CPOE (Computerized Provider Order Entry) For Medication Orders – Stage 2

MU Criteria	%	Denominator	Numerator	How to Meet the Measure in PCC EHR	Exclusions
CPOE (Computerized Provider Order Entry) For Medication, Laboratory and Radiology Orders  Objective 1 of 17	>60% - medication orders  >30% - radiology orders  >30% - Laboratory orders	Three separate measures are reported:  Measure 1: Number of medication orders created by the EP during the EHR reporting period  Measure 2: Number of radiology orders created by the EP during the EHR reporting period  Measure 3: Number of laboratory orders created by the EP during the EHR reporting period	For each measure, the numerator is the number of orders in the denominator recorded using CPOE	Measure 1: The provider must use PCC eRx to prescribe medications. If a patient's medication history includes only medications entered as historical medications, that patient will not count in the numerator.  Measure 2: All radiology orders are recorded using CPOE, so all EPs should meet this measure. They do not have to be discrete orders.  Measure 3: All lab orders are recorded using CPOE, so all EPs should meet this measure. They do not have to be discrete orders.	Any EP who writes fewer than 100 medication, radiology, or laboratory orders during the EHR reporting period.

- 3 sub-measures for this one MU objective
- Lab and radiology orders do not need to be discrete (but they will for other MU measures)



# Record Demographics

MU Criteria	%	Denominator	Numerator	Meeting Measure in PCC EHR	Exclusions
Record Demographics (Preferred language, gender, race, ethnicity and date of birth)  Objective 7 of 13	50	Number of unique patients seen by the EP during the EHR reporting period.	The number of patients in the denominator who have all the elements of demographics (or a specific notation if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.	The patient must have all five pieces of information entered in order to qualify for this measure. The demographic information can be entered in the EHR or in Partner (checkin, notjane, addpatient). The demographic data can be recorded before, during or after the reporting period.	None

- Be sure to record preferred language, race, and ethnicity (in Partner or EHR)
- % requirement increases to 80% for stage 2
- “Prefers not to answer” response counts

# Record Smoking Status For Patients 13+

MU Criteria	%	Denominator	Numerator	Meeting Measure in PCC EHR	Exclusions
Record Smoking Status for patients 13 years and older  Objective 9 of 13	50	Number of unique patients age 13 and older seen by the EP during the EHR reporting period	Number of patients with smoking status recorded as structured data.	The "Smoking Status (ARRA)" component should be added to your protocols. The list cannot be edited, the options are mandated by CMS. Note: The smoking status can be recorded before, during or after the reporting period.	Any EP who does not see patients age 13 and older.

**Smoking Status (ARRA)**

select smoking status ▼

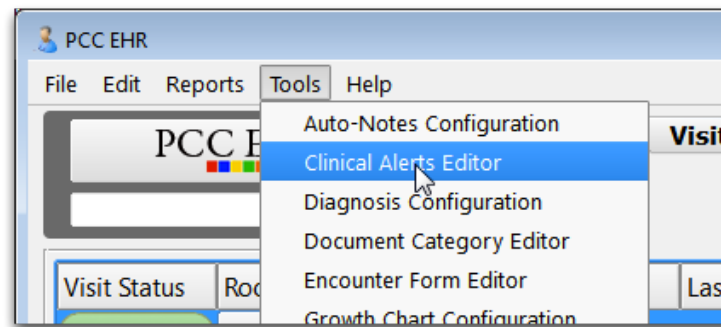
- Never Smoker
- Current Every Day Smoker
- Current Some Day Smoker
- Former Smoker
- Heavy tobacco smoker
- Light tobacco smoker
- Smoker, Current Status Unknown
- Unknown If Ever Smoked

- Use this component to track smoking status
- % requirement increases to 80% for stage 2



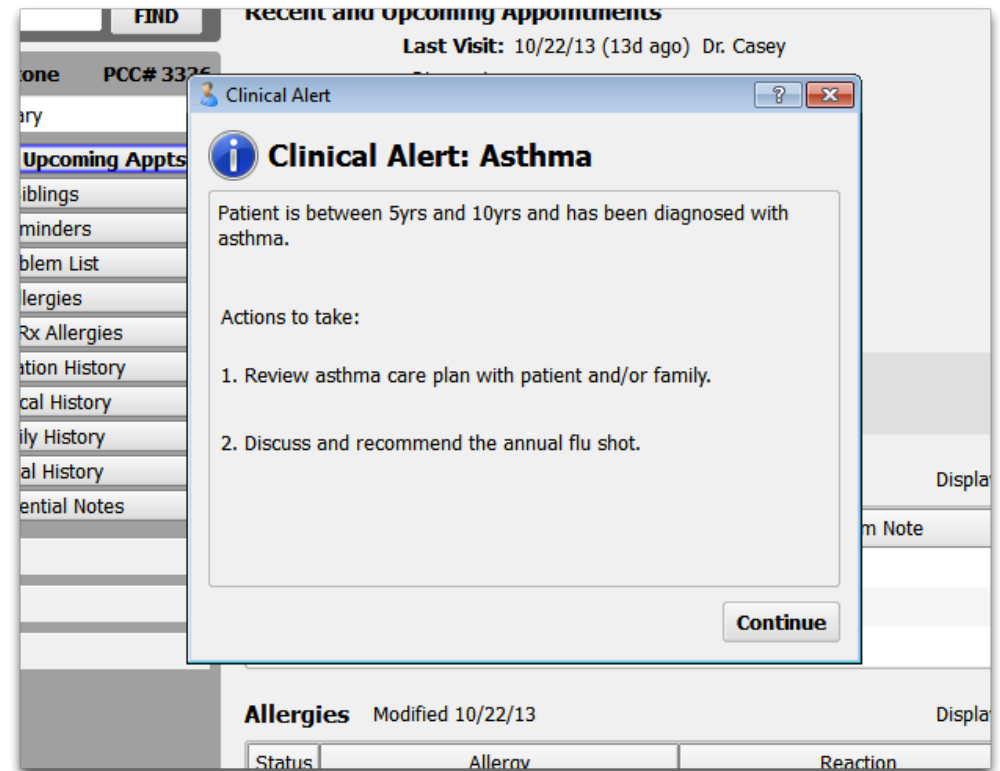
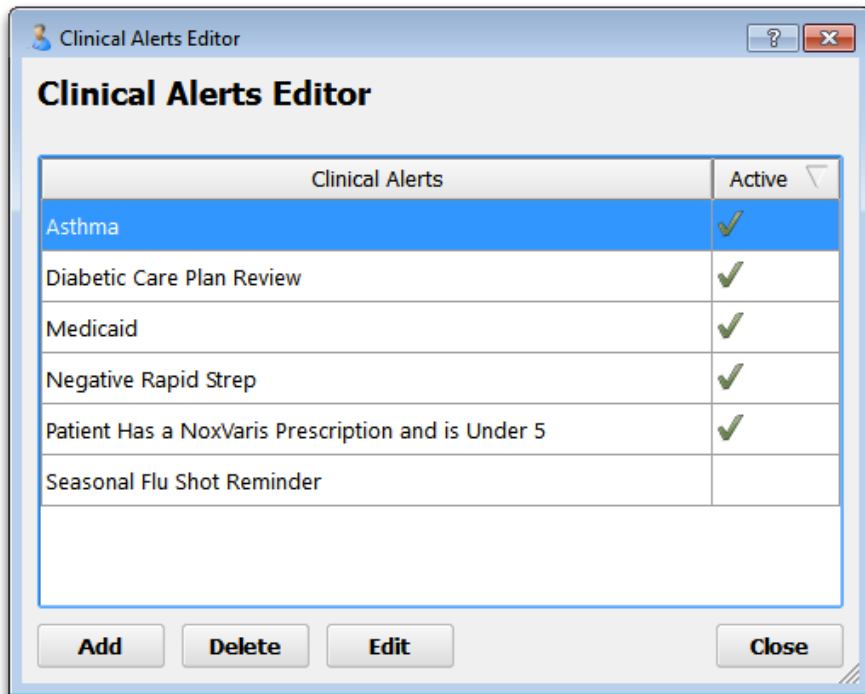
# Implement Clinical Decision Support Rule – Stage 1

MU Criteria	%	Denominator	Numerator	Meeting Measure in PCC EHR	Exclusions
Implement one clinical decision support rule  Objective 10 of 13	N/A	N/A (Attestation)	N/A (Attestation)	Eligible professionals (EPs) must attest that they have implemented clinical decision support that can trigger alerts or clinical information when they encounter patients with certain diagnoses or treatments. This can be accomplished using PCC EHR Clinical Alerts	None

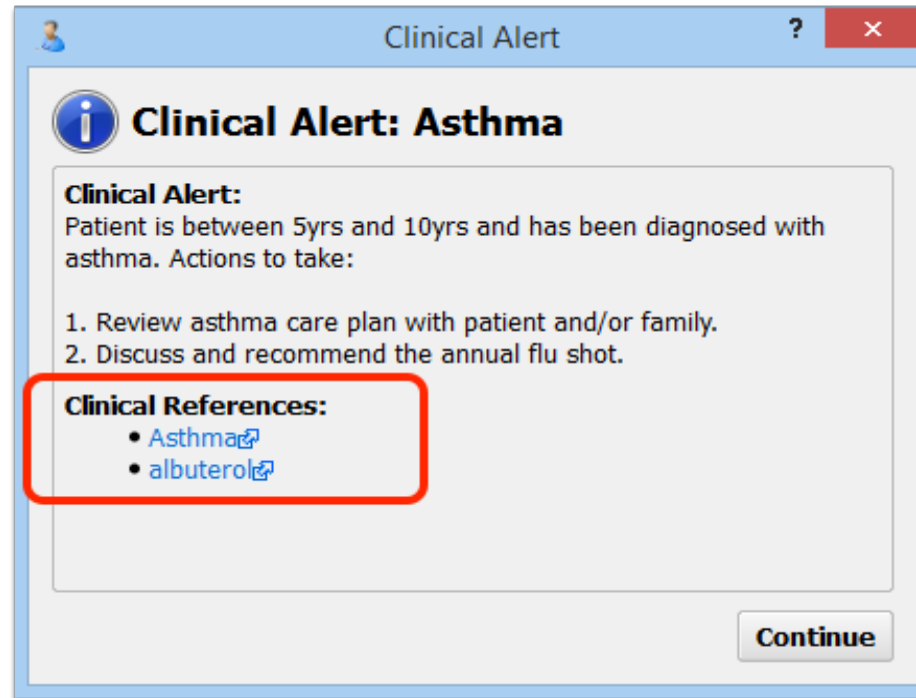


- Use clinical alerts for clinical decision support

# Implement Clinical Decision Support Rule – Stage 1



# Implement Clinical Decision Support Rule – Stage 1



- Now also add diagnostic and therapeutic reference resources



# Implement Clinical Decision Support Rule – Stage 2

MU Criteria	%	Denominator	Numerator	Meeting Measure in PCC EHR	Exclusions
<p>Use clinical decision support to improve performance on high-priority health conditions.</p> <p>Objective 6 of 17</p>	N/A	N/A (Attestation)	N/A (Attestation)	<p>Measure 1: EP must attest they have implemented <b>five</b> clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. This can be accomplished using PCC EHR Clinical Alerts</p> <p>Measure 2: The EP must attest they have enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period. This is a built-in default for Dr. First.</p>	For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.

- Need five clinical decision support interventions for stage 2
- Two sub-measures. EPs can attest “yes” for measure 2 due to PCC eRx defaults

# Ability to View Online, Download and Transmit Patient Health Information – Stage 1

MU Criteria	%	Denominator	Numerator	Meeting Measure in PCC EHR	Exclusions
Provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP.  Objective 11 of 13	50	Number of unique patients seen by the EP during the EHR reporting period.	The number of patients in the denominator who have timely (within 4 business days after the information is available to the EP) online access to their health information to view, download, and transmit to a third party.	If 50% or more of your visiting patients have a My Kid's Chart user with access to their records, you will meet this requirement.	None

- Get patients signed up for the portal
- Train them on using the portal
- Now need portal account for at least 50% of patients seen

# Ability to View Online, Download and Transmit Patient Health Information – Stage 2

MU Criteria	%	Denominator	Numerator	Meeting Measure in PCC EHR	Exclusions
<p>Provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP.</p> <p>Objective 7 of 17</p>	<p>50% Measure 1</p> <p>5% Measure 2</p>	<p>Measure 1 and Measure 2: Number of unique patients seen by the EP during the EHR reporting period.</p>	<p>Measure 1: The number of patients in the denominator who have timely (within 4 business days after the information is available to the EP) online access to their health information to view, download, and transmit to a third party.</p> <p>Measure 2: The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information</p>	<p>Measure 1: If more than 50% of your patients seen in reporting period have a My Kid's Chart user with access to their records, you will meet this requirement.</p> <p>Measure 2: Need more than 5% of patients seen in reporting period to either view, download, or transmit their health information. PCC will log these actions. Simply viewing this information in portal will count toward the numerator. The portal user's action can be completed before, during or after the reporting period.</p>	<p>Any EP who neither orders nor creates any of the information listed for inclusion as part of both measures, except for "Patient name" and "Provider's name and office contact information," may exclude both measures.</p> <p>Any EP that 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 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude only the second measure.</p>

- Need more than 5% of patients to view, download, or transmit in portal
- Ability for patients to download and securely transmit health info to authorized 3<sup>rd</sup> party coming in version 6.29

# Provide Clinical Summaries to Patients For Each Visit

MU Criteria	%	Denominator	Numerator	Meeting Measure in PCC EHR	Exclusions
Provide Clinical Summaries to Patients for Each Visit  Objective 12 of 13	50	Number of office visits conducted by the EP during the EHR reporting period.	Number of office visits in the denominator for which the patient is provided (or declines) a clinical summary within three business days.	The Clinical Summary is the "Patient Visit Summary" which can be printed from the Reports menu or from the "Appointment Details" section at the top of the visit ribbon. You are now given the opportunity to mark the visit summary as refused if the patient does not want one printed. This will count towards the numerator. Patients with portal access are automatically counted towards the numerator.	None

- You are now given the opportunity to decline a visit summary and have this count toward the numerator
- Patients with portal access automatically count toward numerator



# Use Secure Messaging to Communicate With Patients – Stage 2

MU Criteria	%	Denominator	Numerator	Meeting Measure in PCC EHR	Exclusions
Use secure electronic messaging to communicate with patients on relevant health information.  Objective 17 of 17	5	Number of unique patients seen by the EP during the EHR reporting period.	The number of patients or patient-authorized representatives in the denominator who send a secure electronic message to the EP that is received using the electronic messaging function of CEHRT during the EHR reporting period.	Patients should use the secure messaging functionality in PCC's My Kids Chart patient portal.	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 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

- Stage 2 measure only
- More than 5% of patients seen need to send secure message to practice using portal

# Menu Objectives – Stage 1

- Choose 5 of 9 menu objectives
- One objective must come from public health list:
  - Submit (at least one test) to Immunization Registry
  - Submit (at least one test of) electronic syndromic surveillance data to public health agency



# Immunization Registry Submission

- For stage 1, PCC can help you generate the required test to attest for this measure
- For stage 2, ongoing submission to IZ Registry is core requirement
  - EPs eligible for exclusion if Registry won't accept standard HL7 format, or cannot register practice for submission by start of reporting period

# Send Reminders to Patients

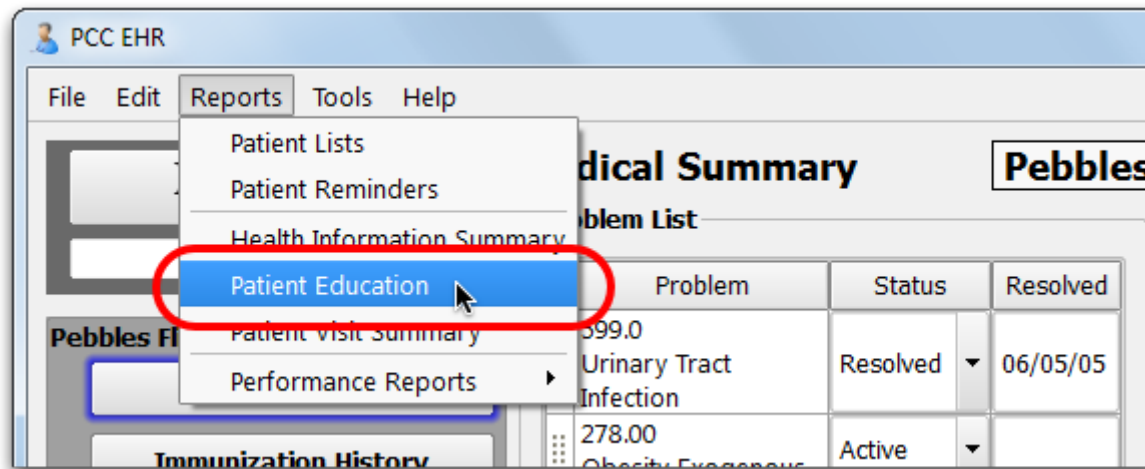
MU Criteria	%	Denominator	Numerator	How to Meet the Measure in PCC EHR	Exclusions
Sent Reminders to Patients Menu Objective 6 of 9	>20	Number of patients 65 years old and older or 5 years old and younger seen by the EP during the EHR measurement period.	Number of patients in the denominator who were sent the appropriate reminder.	The reminders can be for appointment reminders or for preventive care. The reminders must be generated using the "Patient Reminders" tool in the EHR to qualify for the measure.	You can be excluded from meeting this objective if you have no patients 65 years old or older or 5 years old or younger whose information is in your certified EHR.

- Must use "Patient Reminders" under EHR reports menu
- Appointment reminders or preventive/chronic care
- Create desired patient list (restricting to active patients under 5), export list to .csv, send your reminders any way you'd like, then use "Reminder Log" to identify patients who were sent reminders



# Provide Patient Education Resources

MU Criteria	%	Denominator	Numerator	How to Meet the Measure in PCC EHR	Exclusions
Provided Patient Education Resources Menu objective 7 of 9	>10	Number of unique patients seen by the EP during the EHR reporting period.	Number of patients who are provided patient-specific education resources. The patient-specific education resources can be provided before, during or after the reporting period.]	The patient education must be generated using the EHR. The provider will click Patient Education under the reports menu. The three drop-down menus on the screen will populate the patient's: Problems, Medications and Lab Tests. You must select an item from a drop-down menu and then print in order for the patient to meet the measure.	None.



# Provide Patient Education Resources



- Choose associated problem, medication, or lab test then click “Print”

# Provide Patient Education Resources

- PCC is considering adding another integrated source for patient education...stay tuned for more on this
- Core requirement for stage 2, menu requirement for stage 1
- >10% requirement for both stage 1 and stage 2

# Transitions of Care – Stage 1

MU Criteria	%	Denominator	Numerator	How to Meet the Measure in PCC EHR	Exclusions
Performed Medication Reconciliation for Transitions of Care Menu objective 8 of 9	>50	The number of transitions of care (defined as first encounters with a new patient and encounters with existing patients where a summary of care record of any type is provided to the receiving provider) during the EHR reporting period for which the EP was the receiving party of the transition.	Number of transitions of care in the denominator where medication reconciliation was performed.	Any referral ordered using the Referral component in the EHR will automatically populate the denominator of the measure.  More details are coming soon on how to meet this measure.	You can be excluded from meeting this objective if you did not see any patients after they received care from another provider.
Provide Summary of Care for Transitions of Care Menu Objective 9 of 9	>50	Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.	Number of transitions of care and referrals in the denominator where a summary of care record was provided. The provision of a Summary of Care record can occur before, during or after the reporting period for transitions of care that occur during the reporting period.	TBD - Details coming soon	You can be excluded from meeting this objective if you don't refer any patients or transfer any patients to another setting for care during the reporting period.

- Referral orders still count as transition of care
- PCC working on new functionality related to both inbound and outbound transitions of care. Stay tuned



# Transitions of Care – Stage 2

MU Criteria	%	Denominator	Numerator	How to Meet the Measure in PCC EHR	Exclusions
Provide Summary of Care for Transitions of Care  Objective 15 of 17	Measure 1: >50%  Measure 2: >10%  Measure 3: N/A	Measure 1: Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.  Measure 2: Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.  Measure 3: N/A (Attestation)	Measure 1: The number of transitions of care and referrals in the denominator where a summary of care record was provided.  Measure 2: The number of transitions of care and referrals in the denominator where a summary of care record was a) electronically transmitted using CEHRT to a recipient or b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network. The organization can be a third-party or the sender's own organization.  Measure 3: N/A (Attestation)	TBD - Details coming soon	Measure 1-3: 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 is excluded from all three measures.



## Transitions of Care – Stage 2

- Medication reconciliation and summary of care for transitions of care both core objectives for stage 2
- New electronic transmission requirement for stage 2
  - >10% of transitions of care/referrals need to have summary sent electronically
  - New PCC functionality coming

# Menu Objectives – Stage 2

- Choose 3 of 6 menu objectives
- PCC recommends choosing these 3 objectives:
  - Record electronic notes for >30% of unique patients seen
  - >10% of discrete imaging orders with radiology tests have scanned images attached to them
  - Record patient family history for >20% of unique patients seen



# Imaging Results Accessible Through EHR – Stage 2

MU Criteria	%	Denominator	Numerator	Meeting Measure in PCC EHR	Exclusions
Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT.  Menu Objective 3 of 6	>10	Number of tests whose result consists of one or more images ordered by the EP during the EHR reporting period.	The number of results in the denominator that are accessible through CEHRT.	To meet this measure, discrete radiology orders will need to have scanned images attached to them. The image results can be made available through CEHRT before, during or after the reporting period.	Any EP who orders less than 100 tests whose result is an image during the EHR reporting period; or any EP who has no access to electronic imaging results at the start of the EHR reporting period.

- Stage 2 measure only
- Radiology orders need to be discrete with included tests



# Imaging Results Accessible Through EHR – Stage 2

**Radiology Orders - Edit Order**

Order Name:

"Include on Patient Reports" will be selected when this order is issued

Allow this order to be Refused

Allow this order to be Contraindicated

**SNOMED CT Procedure for reporting**

**Tests to Include**



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# Imaging Results Accessible Through EHR – Stage 2

**Add a Test**

Search Filter: Chest x-ray Search

Test Name	LOINC	Test Type	Result Data Type	Units of Measure	Specimen Source
Chest and Abdomen X-ray	42269-1	Radiology	Text		Chest+Abdomen
Chest and Abdomen X-ray AP and PA chest	42011-7	Radiology	Text		Chest+Abdomen
Chest and Abdomen X-ray AP (supine and upright) and...	43463-9	Radiology	Text		Chest+Abdomen
Chest and Abdomen X-ray AP upright and AP chest	43561-0	Radiology	Text		Chest+Abdomen
Chest and Abdomen X-ray Single view	42699-9	Radiology	Text		Chest+Abdomen
Chest and Abdomen X-ray upright and PA chest	43532-1	Radiology	Text		Chest+Abdomen
<b>Chest X-ray</b>	<b>30745-4</b>	<b>Radiology</b>	<b>Text</b>		<b>Chest</b>
Chest X-ray 2 views	36643-5	Radiology	Text		Chest
Chest X-ray 2 views and apical	42009-1	Radiology	Text		Chest
Chest X-ray 2 views and right oblique and left oblique	43467-0	Radiology	Text		Chest

Page Up Page Down Page 1 / 11 Cancel Select



**Sick - Bright Futures** **Pebbles Flintstone 10 years 1/30/05 F**

**Radiology**

EDITING

**Chest X-ray, 2 views** Ordered TO: enter user name

Test	Result	Units	Reference Range	Interpretation	ALL NORMAL
Chest X-ray 2 views				select interpretation	

NOTE: enter notes

Signature Required  Refused  Contraindicated  Canceled

Include on Patient Reports

ADD TASK DISCARD CHANGES SAVE ORDER

Order select a radiology



# Record Patient Family Health History – Stage 2

MU Criteria	%	Denominator	Numerator	Meeting Measure in PCC EHR	Exclusions
Record patient family health history as structured data  Menu Objective 4 of 6	20	Number of unique patients seen by the EP during the EHR reporting period.	The number of patients in the denominator with a structured data entry for one or more first-degree relatives (parents, siblings, and offspring). The numerator will also be populated if a structured data entry of family health history indicates that the information is unknown. The first-degree family health history can be recorded before, during or after the reporting period.	Family health history should be captured discretely in the chart-wide "Family Medical History" component. Tracking an "unknown" family medical history will count toward the numerator.	Any EP who has no office visits during the EHR reporting period.

- Stage 2 measure only
- Capture family health history in new component at top of medical summary
- Captured history must be for first-degree relative to count

# Record Patient Family Health History – Stage 2

**Family Medical History** \*Unsaved Changes

Condition	Relationship	Note
Breast cancer	Maternal Grandmother	Sample Note
Diabetes mellitus type 2	Father	Another sample note
Heart disease	Brother, Cousin, Father	
	<input type="checkbox"/> Adopted Child	
	<input type="checkbox"/> Aunt	
	<input checked="" type="checkbox"/> Brother	
	<input type="checkbox"/> Child	
	<input type="checkbox"/> Child in-law	
	<input checked="" type="checkbox"/> Cousin	
	<input type="checkbox"/> Domestic Partner	
	<input type="checkbox"/> Family Member	
	<input checked="" type="checkbox"/> Father	
	<input type="checkbox"/> Foster Child	

Select condition from your practice's Family Hx list

Choose one or more relation who has the condition

- “Unknown” condition selection is coming in 6.29 and will count toward numerator