Meaningful Use and PCC EHR

Tim Proctor (tim@pcc.com)

Users Conference 2017

Agenda

- MU basics and eligibility

- How to participate in MU

- What's Next for MU?

- Meeting MU measures in PCC EHR

Takeaways

- An understanding of the eligibility requirements for participating in the MU program

- Identification of the areas at your practice that will need to be addressed to meet MU measures

Medicaid EHR Incentive Program

- Every state runs their own program
    - Application filed through your state
    - Deadlines can vary
    - States provide REC (Regional Extension Centers) for assistance
- As of now, 2017 is the last year to **start** participating
- No Medicaid payment reductions if you choose not to participate

How Much Will You Get Paid?

Medicaid Percent	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
>=30%	$21,250	$8,500	$8,500	$8,500	$8,500	$8,500	$63,750
>=20% < 30%	$14,167	$5,667	$5,667	$5,667	$5,667	$5,667	$42,500

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

Eligibility

- Must be an "Eligible Professional" (EP)
    - Physicians (M.D., D.O.)
    - Nurse practitioners
- PAs not eligible
- Incentives are per-provider

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:
X 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
X 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

MU Timing

- First year of MU participation is "AIU Year" (Adopt, Implement, or Upgrade" to EHR Technology)

- EP gets big chunk of MU $ without any MU reporting

- EP needs to be using certified EHR for 90 days and meet Medicaid % threshold

MU Timing

- Second year of MU participation requires MU reporting

- For all participants (new or returning), 2017 EHR reporting period is any continuous 90-days between January 1 and December 31, 2017.

- EP may be eligible for "alternate exclusions"

No More Stage 1/Stage 2

- On 10/6/15, CMS released a final ruling including a new set of 10 "Modified Stage 2" objectives which replace stage 1 and stage 2 objectives

- Many objectives from stage 1 and stage 2 were removed

- Modified stage 2 for 2015 through 2017.

- Shift to a single set of stage 3 objectives in 2018?

PCC Pediatric EHR Solutions

Future of MU

- Nothing is finalized for 2018 and beyond

- We anticipate requirements for incentive payments to drop to the state level

- The proposed ruling is that eligible providers will be able to use PCC's EHR (a 2014-certified product) for the 2018 EHR reporting period

  - This will continue to be a continuous 90-day period between January 1 and December 31, 2018

- PCC is considering getting certification under 2015-edition criteria

Future of MU

- If incentive requirements drop to the state level, it will be much more difficult for PCC to track

- Keep us informed if you learn of new MU requirements in your state!

CQM Reporting

- Report on 9 Pediatric CQMs

- Report on 90 day period. No threshold to meet.

- As with MU measures, CQMs are reported via your state application

- See "CQM Reporting in PCC EHR" UC 2017 presentation for more details

How Do I Apply?

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

  - Registration User Guide:

  https://www.cms.gov/EHRIncentivePrograms/Downloads/EHRMedicaidEP_RegistrationUserGuide.pdf

- Then file application with your state

- PCC's CMS Certification ID#: 1314E01PRYOZEA5

- PCC's CHPL #: CHP-028259

2017 MU Attestation

- Check your state MU website to determine if/when 2017 MU application is open

- Use 90-day reporting period

- The attestation deadline for 2017 MU is 2/28/18

- Check your state for updates regarding 2018 MU

MU Audits

- Audits are happening more often than they used to

- What may you be asked to provide?

    - Detail to prove your attested Medicaid % is accurate (support has custom scripts to help with this)

    - Explanations of MU report calculations (we can give you a letter to explain how PCC calculates certain measures)

    - Documentation of Security Risk Analysis

    - Verification of Software Use letter (contact PCC for this)

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MU Audits

- You should save everything in case of audit
  - 'arra' report output
  - Security Risk Analysis documentation
  - MU and CQM report output
  - Details of clinical decision support interventions, including date these interventions were put into effect

Meeting Meaningful Use in PCC EHR

PCC MU Reporting

Visit Reason Exclusions

Visit Reasons (optional)

Edit   Excluding: Flu Vaccine, Immunizations Only, Lab Only, Wt Check

- You have ability to exclude certain visit reasons from MU report calculations
- Examples: lab or nurse-only visits and other "fake" visit reasons

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Eligible Professional Selection(s)

Eligible Professionals

| Edit | Including: Beverly Crusher, MD, Elizabeth Mary Casey, MD, Fred Jones, M.D. |

Report Layout

◉ Individual reports for each selected provider

○ Aggregate data for selected providers into a single report

- Run individual MU reports for more than one provider at once

- 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 are based on **visit/encounter** provider.

Eligible Professional Selection(s)


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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

- See which patients are (or are not) included in the numerator

MU Objectives

- Refer to Modified Stage 2 Objectives Guide for summary of objectives and how to meet measures in PCC EHR

http://learn.pcc.com/wp/wp-content/uploads/2015-10-ModifiedStage2MUChart.pdf

MU Criteria	%	Denominator	Numerator	How to Meet the Measure in PCC EHR	Exclusions	Alternate Exclusions/ Specifications
Patient Specific Education Objective 6 of 10	>10%	The number of unique patients with at least one office visit, seen by the EP during the EHR reporting period.	Number of patients in the denominator who were provided patient-specific education resources identified by the Certified EHR Technology. The patient-specific education resources can be provided before, during or after the reporting period.	The patient education must be generated using the EHR. In the Patient Education report, you must select one of the patient's problems and diagnoses, medications, or lab tests from the drop down menu. After the initial selection you may search on a different term, if desired. User must print or save in order for the patient to meet the measure.	Any EP who has no office visits during the EHR reporting period.	Provider may claim an exclusion for the measure of the Stage 2 Patient Specific Education objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient Specific Education menu objective. All providers must meet the measure threshold of >10% for 2016 and 2017.
Performed Medication Reconciliation for Transitions of Care Objective 7 of 10	>50%	The number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition. This includes both encounters for the EP they have identified as transitions of care (via component checkbox) and direct secure messages received by the EP	The number of transitions of care in the denominator where medication reconciliation was performed.	Use the Transition of Care (ARRA) component and click both the "Patient transitioned to my care" and "Medication Reconciliation was performed" checkbox. In addition, for all Direct Secure Messages received, press the "Reconcile" button. If you do not see the Reconcile button, you need a permission added.	Any EP who was not the recipient of any transitions of care during the EHR reporting period.	Provider may claim an exclusion for the measure of the Stage 2 Medication Reconciliation objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Medication Reconciliation menu objective. All providers must meet the measure threshold of >50% for 2016 and 2017.

Objective 1: Protect Patient Health Information

- Attestation measure (yes/no)

- Conduct or review a security risk analysis of certified EHR technology and implement updates as necessary

- Needs to be done prior to end of reporting period

- If you've done this analysis before, you need to document that you've reviewed the analysis

- States can and will audit this

Security Risk Analysis

Refer to online resources PCC has provided:

- [HIPAA and Security Risk Assessments](#)

- [CMS.gov Security Risk Analysis Tip Sheet](#)

- [ONC Tool to help with performing SRA](#)

For more on SRA, refer to Paul Vanchiere's "Security Risk Assessment" class from Thu at 3:45pm

Objective 2: Clinical Decision Support

- Attestation measure (yes/no)

- Measure 1: Implement **five** 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**

- Measure 2: Enable and implement drug-drug and drug-allergy interaction checks for the entire EHR reporting period. (This is a built-in default for PCC eRx)

Objective 2: Clinical Decision Support

- Attestation measure (yes/no)
- Use clinical alerts for clinical decision support
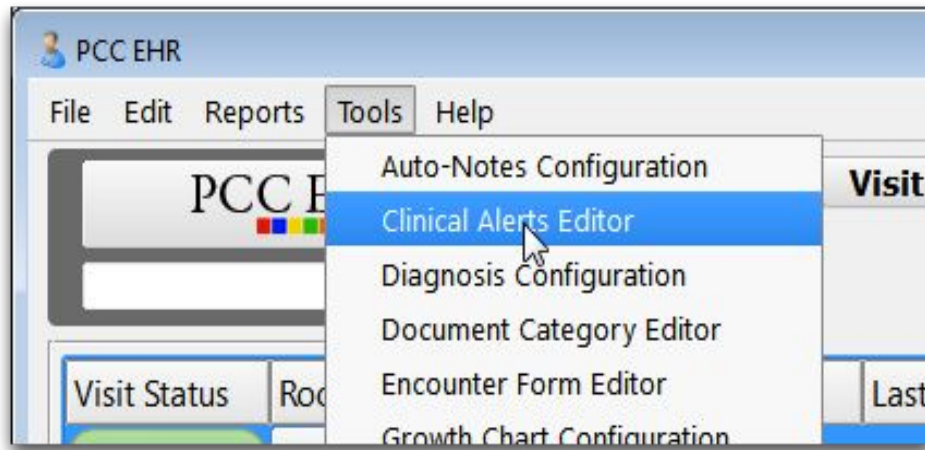
Objective 2: Clinical Decision Support
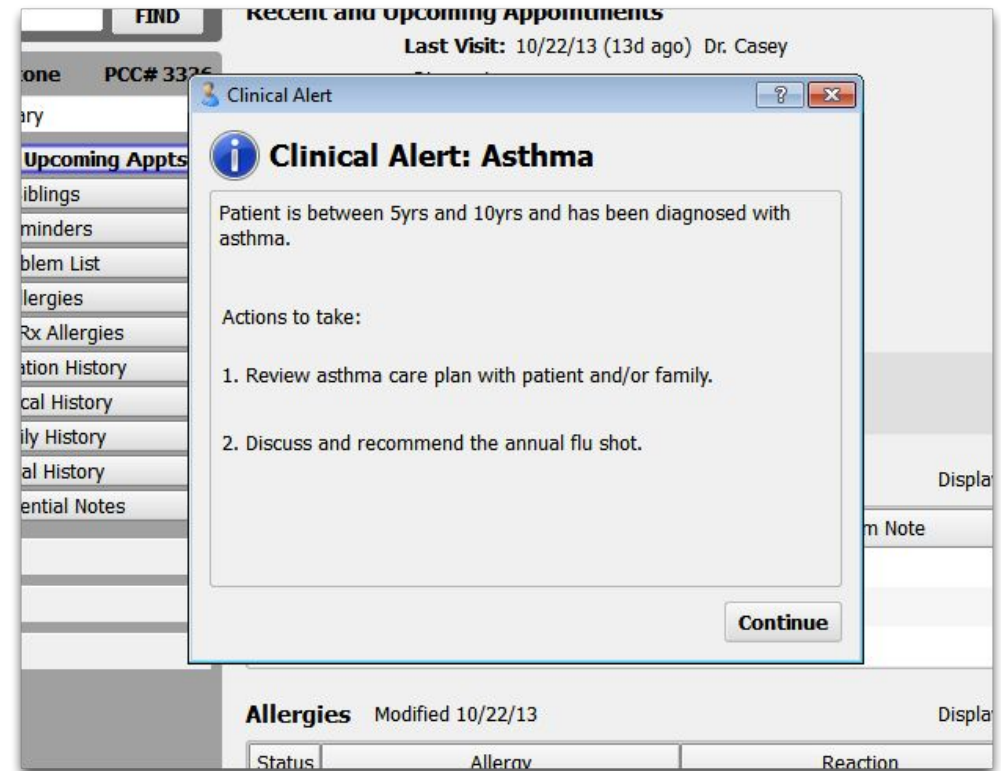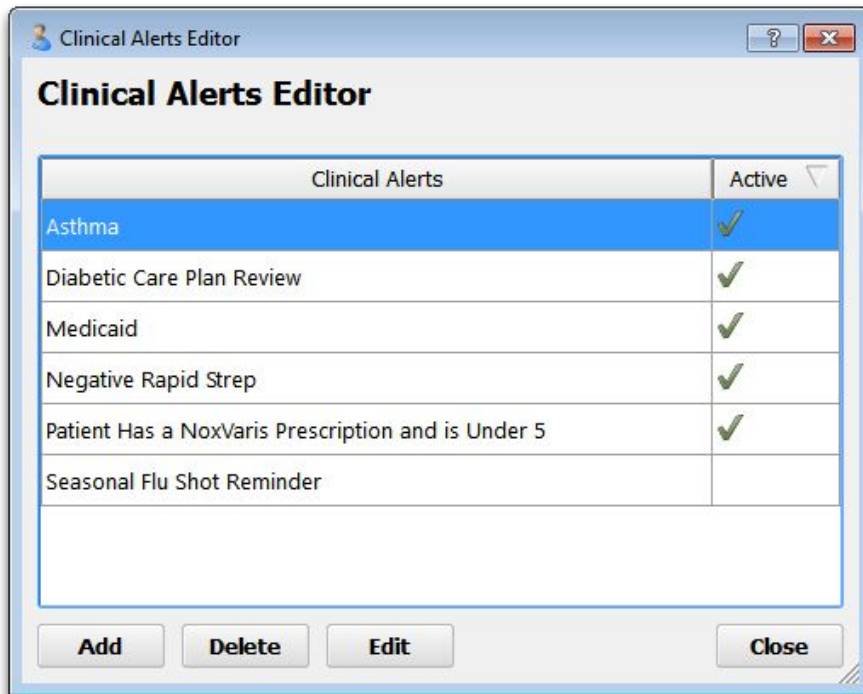
Objective 2: Clinical Decision Support

Other examples of "clinical decision support" according to CMS:

- Clinical guidelines (consider developmental or depression screening templates built into EHR)

- Condition-specific order sets

- Documentation templates

- Diagnostic support

- Contextually relevant reference information.

Objective 3: CPOE (Computerized Provider Order Entry)

3 sub-measures for this one MU objective

- Measure 1: >60% of medication orders created by EP must be ordered via CPOE ("CPOE Medication" measure on PCC MU report)

- Measure 2: >30% of laboratory orders created by EP must be ordered via CPOE ("CPOE Lab" measure on PCC MU report)

- Measure 3: >30% of radiology orders created by EP must be ordered via CPOE ("CPOE Radiology" measure on PCC MU report)

Objective 3: CPOE (Computerized Provider Order Entry)

- Lab and radiology orders do not need to have discrete results to be counted toward this measure

- Since all medication, radiology, and lab orders are done electronically in PCC EHR, these will always report as 100%

Objective 4: Electronic Prescribing

- >50% of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

- Report includes all Rxs signed by the EP within the reporting period

- PCC MU report can include or exclude Rxs for controlled substances

- Rxs generated through eRx but printed do not count in numerator

Objective 4: Electronic Prescribing


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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
- eRx MU report needs this mapping

Objective 5: Health Information Exchange

- 2 sub-measures for this one MU objective:

  - Measure 1: EP uses PCC EHR to generate summary of care records for patients (Attestation yes/no)

  - Measure 2: EP electronically transmits such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

    - Refer to "Summary of Care (Transmitted)" measure on modified stage 2 PCC MU report

Objective 5: Health Information Exchange

- Important Exclusion:

  - If you have less than 100 referrals or other transitions of care to another setting during the reporting period, you are excluded from this measure.

Objective 5: Health Information Exchange

- The Summary of Care Record report produces a C-CDA-formatted chart summary for a patient.

- Use this report as a transition of care document. Can be printed, saved as .pdf or sent to another clinician or practice via Direct Secure Messaging
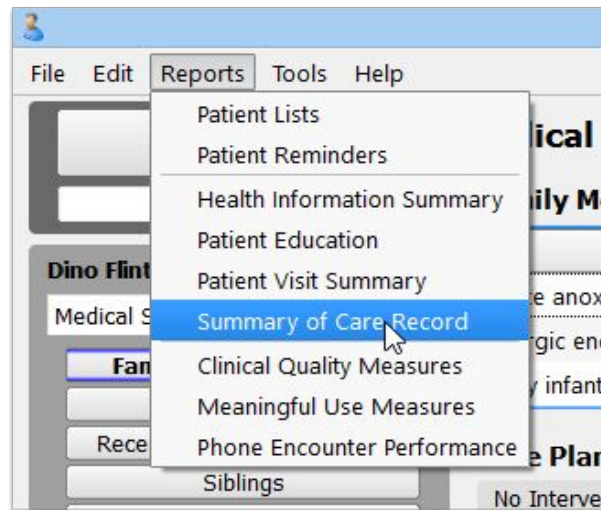
Objective 5: Health Information Exchange

- Measure 2: EP electronically transmits summary of care to a receiving provider for more than 10% of transitions of care and referrals.

  - Denominator includes:

    - Referral orders during the reporting period where the EP was the Provider of Encounter for the visit where the referral was ordered

    - The number of Summary of Care Records generated whereby "Related to an outbound transition of care" is selected

Objective 5: Health Information Exchange

- Measure 2: EP electronically transmits summary of care to a receiving provider for more than 10 percent of transitions of care and referrals.

  - Numerator Includes:

    - Transitions of care and referrals in the denominator that were sent electronically to another clinician or practice via Direct Secure Messaging

Direct Secure Messaging

- First, choose the specific referral order or other transition of care from the selection pull-down menu:

Direct Secure Messaging

- The Summary of Care report output includes the patient's insurance policy information, making it a good solution for referrals.

Direct Secure Messaging

- Select "Send via Direct Secure Message" and fill out the fields for the message.

Direct Secure Messaging

- Optionally, you can enter text and click "Search" to find a clinician by name or practice name.

Direct Secure Messaging

- Are you eligible for the exclusion? (< 100 referrals in 90 day period?)

- See [PCC Direct Secure Messaging Documentation](#) for more details on how to activate this feature

- Contact your Client Advocate for assistance

Objective 6: Patient Specific Education

- Patient specific education resources identified by PCC EHR are provided to patients for **>10% of all unique patients** with office visits seen by the EP during the EHR reporting period.
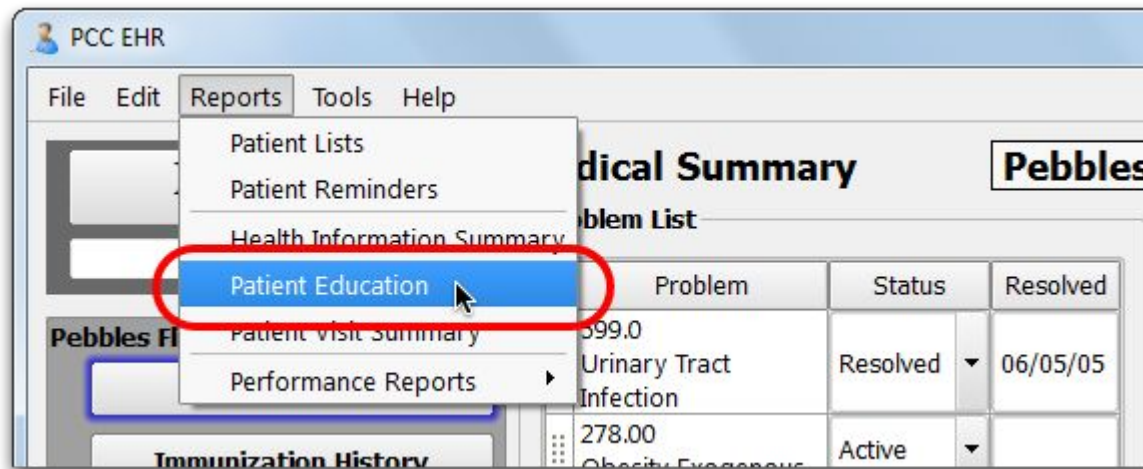
- Education needs to be provided **in the same calendar year** as the reporting period

- Education sources include AAP and Medline Plus

- Select problem, diagnosis, medication, or lab tests before printing

- Visit diagnoses now included

Objective 6: Patient Specific Education

- Needs to be printed or saved to patient portal to count toward MU

Objective 7: Medication Reconciliation

- Measure: The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.

- This measure refers to *incoming* transitions of care, not outgoing.

- Use Transition of Care (ARRA) component within protocols to indicate encounters that are transitions of care and medication reconciliation is performed

- Direct secure messages received by EP are also considered transitions of care

Objective 7: Medication Reconciliation

- Exclusion: Any EP who was not the recipient of any transitions of care during the EHR reporting period.

- The denominator includes the following examples of incoming transitions of care:

    - Any visit for the EP that includes the "Transition of Care (ARRA)" component with checkbox labeled "Patient transitioned to my care" checked

    - Direct secure messages containing a C-CDA received by EP

Objective 7: Medication Reconciliation

- Insert "Transition of Care (ARRA)" component in protocols used for new patient visits, hospital visit followups, or other incoming transition of care visits

Transition of Care (ARRA)

✖ Patient transitioned to my care from another clinical setting

✖ Medication Reconciliation performed

- Check off "Medication Reconciliation Performed" to count in numerator for this measure

PCC Pediatric EHR Solutions

Objective 7: Medication Reconciliation

- Other medical practices can send Direct Secure Messages to users at your practice. Those messages can include transition of care C-CDA attachments and other documents.

Objective 7: Medication Reconciliation

Review the message's details and attachments

Confirm or search for a patient chart to place the message

Objective 7: Medication Reconciliation

Objective 7: Medication Reconciliation

- When you see an incoming C-CDA in a Direct Secure Message, you can click "Reconcile" to review and import medication data (and also problems and allergies)

- Clicking "Reconcile" counts the transition of care in the numerator

Attachments

[View] [Reconcile] Continuity of Care Document: ccda_3335.xml
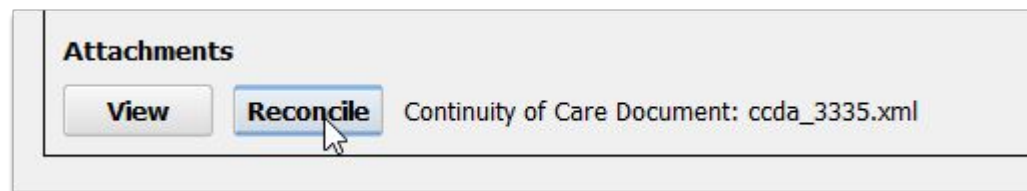
Objective 7: Medication Reconciliation

- See [PCC 7.0.4 release documentation](#) for more details on how to receive direct secure messaging and reconcile inbound C-CDAs for transitions of care

Objective 8: Patient Electronic Access (View, Download, Transmit)

- Measure 1: **>50%** 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.

- Measure 2: **>5% of patients** 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.

Objective 8: Patient Electronic Access (VDT)

- Need portal account for at least 50% of patients seen during reporting period

- Patient needs to be signed up for portal within 4 days of the visit

- If age-based privacy is enabled, patients that meet emancipation age are still included in denominator but won't be included in numerator unless portal access is individually enabled

Objective 8: Patient Electronic Access (VDT)

- Exclusion: If EP is in county where >50% of patients do not have 3Mbps broadband availability, they are excluded from this measure

- For measure 2, portal user's action can take place before, during, or after reporting period to count

Objective 9: Secure Messaging

- Measure: Use secure electronic messaging to communicate with patients on relevant health information.
  - For 2015, this was an attestation (yes/no) measure. The capability for patients to send and receive a secure electronic message with the EP needs to be fully enabled during the EHR reporting period
  - For 2016, need one secure message sent to patients by the practice
  - For 2017, threshold became 5%

Objective 9: Secure Messaging

- Exclusion: If EP is in county where >50% of patients do not have 3Mbps broadband availability, they are excluded from this measure

- Secure message must be sent from the practice in order to count toward this measure. (Could be a reply to incoming message)

Objective 10: Public Health Reporting

- An EP must be in *active engagement* with a public health agency for two of the following three measures:

    - Measure Option 1: Submit immunization data.

    - Measure Option 2: Submit syndromic surveillance data

    - Measure Option 3: Submit data to a specialized registry

Objective 10: Public Health Reporting

- For 2016, you can be excluded from having to be in active engagement with syndromic surveillance or specialized registry

- [Explanation of CMS alternate exclusion](#)

- Check with your state and specialty society (the AAP) to determine if a specialized registry exists that will accept pediatric-specific data. This action should be documented.

Objective 10: Public Health Reporting

- Exclusions for syndromic surveillance data submission:

  - Is not in a *category of providers* from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system

  - Operates in a jurisdiction for which *no public health agency is capable of receiving* electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or

  - Operates in a jurisdiction where *no public health agency has declared readiness* to receive syndromic surveillance data from EPs at the start of the EHR reporting period.

Objective 10: Public Health Reporting

- Exclusions for specialized registry data submission:

  - *Does not diagnose or treat any disease or condition* associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period;

  - Operates in a jurisdiction for which no specialized registry is *capable of accepting electronic registry transactions in the specific standards* required to meet the CEHRT definition at the start of the EHR reporting period; or

  - Operates in a jurisdiction where *no specialized registry for which the EP is eligible has declared readiness to receive* electronic registry transactions at the beginning of the EHR reporting period.

Objective 10: Public Health Reporting

- If you are doing MU attestation, you need to be registered with your state to submit immunization data.

- Testing phase counts as "active engagement". You don't need to be in production to meet this measure.

MU Documentation

Other PCC MU Resources

http://learn.pcc.com/task/pediatricpracticeresources/meaningful-use-pcmh-cqms-and-arra/

Thank you!

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