Putting the “Meaning” in Meaningful Use
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MO HIT Assistance Center
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Meaningful Use
Objectives

- Identify “eligible providers” for receiving meaningful use incentive payments and understand the differences between the Medicare and Medicaid incentive programs.

- Identify the core and menu sets of the meaningful use criteria for eligible providers and identify the timeline for the incentive programs.

- Recognize the role of the Missouri Health Information Technology Assistance Center (MO HIT AC) in providing assistance to primary care providers in achieving meaningful use.
The HITECH Act provides for incentive payments to EPs and EHs who are meaningful users of certified EHR technology during relevant EHR reporting periods. The Department of Health and Human Services (HHS) agency Centers for Medicare and Medicaid Services (CMS) issued the final rule on Medicare and Medicaid Programs; Electronic Health Record.

The regulations became effective on September 27, 2010.
Eligible Providers

ELIGIBILITY CHECKER
HOW TO JOIN
Eligibility Overview

- Medicare Fee-For-Service (FFS)
  - Eligible Professionals (EPs)
  - Eligible Hospitals and Critical Access Hospitals (CAHs)

- Medicare Advantage (MA)
  - MA EPs
  - MA-affiliated eligible hospitals

- Medicaid
  - EPs
    - Eligible Hospitals (EH)

EPs must choose either the Medicare or Medicaid Incentive (can change once)
### Medicare and Medicaid

<table>
<thead>
<tr>
<th>Medicare</th>
<th>Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Government will implement (will be an option nationally)</td>
<td>Voluntary for States to implement (may not be an option in every state)</td>
</tr>
<tr>
<td>Payment reductions begin in 2015 for providers that do not demonstrate meaningful use</td>
<td>No payment reductions for providers that do not demonstrate meaningful use</td>
</tr>
<tr>
<td>Must demonstrate MU in year 1 and every subsequent year to qualify for incentives</td>
<td>Can qualify for incentive payments after adopting, implementing or demonstrating MU in the first participating year. Required to demonstrate MU in each subsequent year to qualify for incentives</td>
</tr>
<tr>
<td>Maximum incentive is $44,000 for EPs (bonus for EPs in HPSAs)</td>
<td>Maximum incentive is $63,750 for EPs</td>
</tr>
<tr>
<td>MU definition is common in Medicare</td>
<td>States can adopt certain additional requirements for MU</td>
</tr>
<tr>
<td>Last year a provider may initiate program is 2014; Last year to register is 2016; Payment adjustments begin in 2015</td>
<td>Last year a provider may initiate program is 2016; Last year to register is 2016</td>
</tr>
<tr>
<td>Only physicians, subsection (d) hospitals and CAHs are eligible</td>
<td>5 type of EPs, acute care hospitals including CAHs and children’s hospitals are eligible</td>
</tr>
</tbody>
</table>

- **EPs**: Eligible Professionals
- **HPSAs**: Health Professional Shortage Areas
- **CAHs**: Critical Access Hospitals
- **MU**: Meaningful Use
Medicare Eligible Providers (FFS)

- MEDICARE Eligible Professionals (EPs)
  - Doctor of Medicine or Osteopathy
  - Doctor of Dental Surgery or Dental Medicine
  - Doctor of Podiatric Medicine
  - Doctor of Optometry
  - Chiropractor

- MEDICARE Eligible Hospitals (EHs)
  - Acute Care Hospitals
  - Critical Access Hospitals (CAHs)
Medicare Advantage Eligible Provider

- MA Eligible Professional – Must
  - Furnish, on average, at least 20 hours/week of patient care services and be employed by the qualifying MA organization; OR
  - Be employed by, or be a partner of an entity that through contract with the qualifying MA organization furnishes at least 80% of the entity’s Medicare patient care services to enrollees

- Hospitals – paid under the Medicare FFS incentive program
MEDICAID Eligible Professionals:
- Physicians
- Nurse Practitioners (NPs)
- Certified Nurse-Midwives (CNMs)
- Dentists
- Physician Assistants (PAs) working in an FQHC or RHC led by a PA

MEDICAID Eligible Hospitals
- Acute Care Hospitals (including CAHs)
- Children’s Hospitals
Medicaid Patient Volume Thresholds

- Physicians, Dentists, Certified Nurse Midwives, Physician Assistants, Nurse Practitioners
  - 30% Medicaid Patients

- Acute Care Hospitals
  - 10% Medicaid Patients

- Medicaid EP practicing in an FQHC or RHC
  - 30% “needy individual” patient volume threshold
Pediatricians

- 20% Medicaid Patients
  - Pediatricians with 20% Medicaid patient volume eligible for reduced incentive, totaling $42,502
  - Pediatricians with 30% Medicaid patient volume are eligible for the full incentive amount - $63,750
Journey towards ‘Meaningful Use’
What is “Meaningful Use?”

- Use of a **certified** EHR in a meaningful manner;

- Use of **certified** EHR technology for *electronic exchange* of health information to improve quality of health care; and

- Use of **certified** EHR technology to submit *clinical quality measures* (CQM) and other such measures selected by the Secretary
Staged Approach

- **STAGE 1: Data Capture**
  - Focus is on electronic capture of health information in a structured format

- **STAGE 2: Data Aggregation**
  - Quality improvement at the point of care and electronic exchange of information
  - Target: 2013

- **STAGE 3: Data Use to Impact Outcomes**
  - Improvements in quality, safety and efficiency; clinical decision support; & patient self-management tools
  - Target: 2015
Meaningful Use Stages

- **Stage 1**: Data Capture and Sharing
- **Stage 2**: Advanced Clinical Processes
- **Stage 3**: Improved Outcomes
For Stage 2, CMS may also consider applying the criteria more broadly to both the inpatient and outpatient hospital settings. CMS expects to propose Stage 2 criteria by the end of 2011.

* CMS expects to propose Stage 3 criteria by the end of 2013.
Policy Priorities for Meaningful Use
Access to comprehensive patient health data for patient’s health care team

Use of evidence-based order sets and CPOE

Clinical decision support at the point of care

Generate lists of patients who need care and use the list to reach out to patients
Engage patients and families

- Provide patients and their families with timely access to data, knowledge, and tools to make informed decisions and to manage their health
Exchange meaningful clinical information among the members of a patient’s professional health care team
Submit immunization, syndromic surveillance and reportable disease data to public health agencies
Ensure privacy and security protection for personal health information

- Protect confidential information through operating policies, procedures, and technology
- Provide transparency of data sharing to patient
Ripple Effects of Meaningful Use

- A new focus on how the data captured in EHRs can be used more effectively.
- Information grounded in good evidence will support quality improvement, payment reform, and enable better clinical and consumer decision-making.
- Information can indicate what care is leading to better outcomes.
- Which treatment options are more cost effective.
- Which health plans, hospitals, and clinicians are delivering safe, high quality, affordable care.
Stage 1 objectives (2011 and 2012)

- Include a core set of objectives that all EPs must meet, as well as a menu set of objectives and measures (EP must select 5 from Menu Set).
- EPs must report on 20 of 25 Meaningful Use Objectives
- Reporting period is 90 days for first year; full year in subsequent years
- For some objectives and measures, 80% of a provider’s patients must have a record in the certified EHR
Some MU Objectives are not applicable to every provider’s clinical practice

They would not have any eligible patients or actions for the measure denominator

Exclusions do not count against the 5 deferred Menu set objectives
## Core Objectives

<table>
<thead>
<tr>
<th>Stage 1 Meaningful Use CORE Objective</th>
<th>Stage 1 Measure</th>
</tr>
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<tbody>
<tr>
<td>Use CPOE</td>
<td>At least one medication order entered for 30% of patients</td>
</tr>
<tr>
<td>Implement drug to drug and drug allergy interaction checks</td>
<td>Functionality enabled</td>
</tr>
<tr>
<td>E-Prescribing</td>
<td>40% of permissible prescriptions</td>
</tr>
<tr>
<td>Record demographics</td>
<td>50%</td>
</tr>
<tr>
<td>Maintain an up-to-date problem list</td>
<td>80%</td>
</tr>
<tr>
<td>Maintain active medication allergy list</td>
<td>80%</td>
</tr>
<tr>
<td>Record and chart changes in vital signs</td>
<td>50%</td>
</tr>
<tr>
<td>Record smoking status</td>
<td>50%</td>
</tr>
<tr>
<td>Implement one clinical decision support rule</td>
<td>1 rule (tracking compliance with rule not required)</td>
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<tr>
<td>Capability to exchange key clinical information (i.e., problem list, medication list, medication allergies, diagnostic test results) among providers of care and patient authorized entities electronically</td>
<td>1 test of the functionality</td>
</tr>
<tr>
<td>Provide patients with an electronic copy of their health information upon request</td>
<td>50% of those who request electronic copy, within 3 business days</td>
</tr>
<tr>
<td>Provide clinical summaries for patients for each office visit</td>
<td>50% of all office visits, within 3 business days</td>
</tr>
<tr>
<td>Protect electronic health information created or maintained by a certified EHR</td>
<td>Conduct or review a security risk analysis and implement updates as necessary</td>
</tr>
<tr>
<td>Report clinical quality measures as specified by the Secretary of HHS</td>
<td>2011 – report via attestation; 2012: report electronically</td>
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## Menu Set of Objectives and Measures

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<thead>
<tr>
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<tr>
<td>Implement drug-formulary checks</td>
<td>Functionality enabled</td>
</tr>
<tr>
<td>Incorporate clinical lab test results into Certified EHR Technology as structured data</td>
<td>40% of those with results in either a positive/negative or numerical format</td>
</tr>
<tr>
<td>Generate lists of patients by specific conditions to use for quality improvement and other activities</td>
<td>1 list</td>
</tr>
<tr>
<td>Send reminders to patients per patient preference for preventive or follow-up care</td>
<td>20% of patients 65+ or 5 years and younger</td>
</tr>
<tr>
<td>Provide patients with timely electronic access to their health information</td>
<td>10% of patients, within 4 business days</td>
</tr>
<tr>
<td>Use Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient if appropriate</td>
<td>10%</td>
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# Menu Set of Objectives and Measures

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<th>Stage 1 Meaningful Use Menu Objective</th>
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<tr>
<td>Perform medication reconciliation</td>
<td>50%</td>
</tr>
<tr>
<td>Provide summary of care record for each transition of care or referral</td>
<td>50%</td>
</tr>
<tr>
<td>Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice</td>
<td>1 test</td>
</tr>
<tr>
<td>Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice</td>
<td>1 test</td>
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Reporting Requirements for Quality Measures – 6 total measures

- Report Three Core Measures
  - Hypertension: Blood Pressure Measurement
  - Tobacco Use Assessment and Tobacco Cessation
  - Adult Weight Screening

- Alternate Core Measures
  - Weight Assessment for children and adolescents
  - Influenza Immunization
  - Childhood Immunization
EPs choose three measures from a menu of 38 additional Clinical Quality Measures, which include:

- Hemoglobin A1C > 9
- LDL <100
- BP <140/90
- Asthma Assessment
- Colorectal CA screening
- Others…
There is no requirement to document or report on any measure or objective if you don’t do them because they are outside the scope of your practice.

When you report to CMS you will attest which measures are not relevant to your practice.
The concept of meaningful use is simple and inspiring

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<th>Meaningful use is simply using clinical data in more meaningful ways</th>
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<td>Meaningful use is driving quality and health outcomes through Healthcare Information Technology</td>
</tr>
<tr>
<td>Meaningful Change must be led by clinicians</td>
</tr>
<tr>
<td>Meaningful success is wholly dependent on partnership</td>
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For More Information:

- Website: [http://ehrhelp.missouri.edu](http://ehrhelp.missouri.edu)
- E-Mail: [EHRhelp@missouri.edu](mailto:EHRhelp@missouri.edu)
- Phone: 1-877-882-9933