Putting the “Meaning” in Meaningful Use
Nancie McAnaugha, MSW
Center for Health Policy
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>Payment reductions begin in 2015 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>
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 Providers

- 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

Stage 3
Improved Outcomes

Advanced Clinical Processes
* 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
Improve quality, safety, efficiency, and reduce health disparities

- 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
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
## Core Objectives

<table>
<thead>
<tr>
<th>Stage 1 Meaningful Use CORE Objective</th>
<th>Stage 1 Measure</th>
</tr>
</thead>
<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>
</tr>
</tbody>
</table>
## Core Objectives

<table>
<thead>
<tr>
<th>Stage 1 Meaningful Use CORE Objective</th>
<th>Stage 1 Measure</th>
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</thead>
<tbody>
<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>
</tr>
</tbody>
</table>
## Menu Set of Objectives and Measures

<table>
<thead>
<tr>
<th>Stage 1 Meaningful Use Menu Objective</th>
<th>Stage 1 Measure</th>
</tr>
</thead>
<tbody>
<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>
</tr>
</tbody>
</table>
## Menu Set of Objectives and Measures

<table>
<thead>
<tr>
<th>Stage 1 Meaningful Use Menu Objective</th>
<th>Stage 1 Measure</th>
</tr>
</thead>
<tbody>
<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>
</tr>
</tbody>
</table>
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…
Incentives
Incentive Payments
# Medicare EP Payment Schedule

<table>
<thead>
<tr>
<th>Adoption Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>TOTAL</th>
<th>PENALTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$18,000</td>
<td>$12,000</td>
<td>$8,000</td>
<td>$4,000</td>
<td>$2,000</td>
<td>$0</td>
<td>$44,000</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td></td>
<td>$18,000</td>
<td>$12,000</td>
<td>$8,000</td>
<td>$4,000</td>
<td>$2,000</td>
<td>$44,000</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td></td>
<td>$15,000</td>
<td>$12,000</td>
<td>$8,000</td>
<td>$4,000</td>
<td>$39,000</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
<td></td>
<td>$12,000</td>
<td>$8,000</td>
<td>$4,000</td>
<td>$24,000</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0</td>
<td>1%</td>
</tr>
<tr>
<td>2016</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0</td>
<td>2%</td>
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<td></td>
<td>3%</td>
<td>3%</td>
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<td>3%</td>
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Medicare Incentive payments

- Medicare EPs practicing in Health Professional Shortage Areas (HPSAs) receive a 10% additional incentive payment
# Medicaid EP Payment Schedule

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$21,250</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>$8,500</td>
<td>$21,250</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$21,250</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$21,250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$21,250</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$21,250</td>
</tr>
<tr>
<td>2017</td>
<td></td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
</tr>
<tr>
<td>2018</td>
<td></td>
<td></td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
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<tr>
<td>2019</td>
<td></td>
<td></td>
<td></td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
</tr>
<tr>
<td>2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$8,500</td>
<td>$8,500</td>
</tr>
<tr>
<td>2021</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$8,500</td>
</tr>
<tr>
<td>TOTAL Possible Incentive</td>
<td>$63,750</td>
<td>$63,750</td>
<td>$63,750</td>
<td>$63,750</td>
<td>$63,750</td>
<td>$63,750</td>
</tr>
</tbody>
</table>
Medicaid EP Incentives

- EPs can receive a total of 6 years of payment (total: $63,750)

- the first incentive payment year at $21,250, plus five years at $8,500

- EPs can start qualifying for incentives in January 2011. Medicaid incentives run through 2021

- EPs may demonstrate MU as late as FY 2016 and still qualify for the maximum total incentive
Medicaid – Adopt/Implement/Upgrade

- Medicaid EPs can receive the incentive in their first participation year for adopting, implementing or upgrading an EHR
  - Adopt: Acquire and Install
  - Implement: Start Using
  - Upgrade: Expand

- Must be *certified* EHR technology
Incentive Payments – Key Concepts
Payment year: The first year an EP receives an incentive payment

For the first payment year, the reporting period is any 90-day period within a payment year in which the physician successfully demonstrates meaningful use of certified EHR technology.

In subsequent payment years, the EHR reporting period is the entire payment year – after the first payment year, the physician must successfully demonstrate meaningful use of certified EHR technology for the entire year.
CMS expects to begin making Medicare incentive payments in May, 2011
- EPs will receive a single incentive payment for a payment year, not periodic installments
- Estimate is that it will be 15-46 days from successful MU attestation to making incentive payments

States determine deadlines for Medicaid incentives, but most are expected to be in place by Summer 2011
The Medicare incentive payment amounts are a maximum. An individual provider’s incentive payment is equal to 75% of the total “allowed charges” during the payment year, up to the amounts outlined in the chart.

- 2 milestones required to trigger payment
  - Successfully demonstrating Meaningful Use
  - EP’s allowed charges have reached the qualifying threshold for maximum incentive payment for the Payment Year ($24,000 for 2011)

- EPs who do not meet the maximum threshold during the year will receive their payment the following year.
In order to qualify for a meaningful use incentive payment, an EP must have *certified* EHR technology.

Medicare EPs must:
- Have a National Provider Identifier (NPI)
- Be enrolled in the CMS Provider Enrollment, Chain and Ownership System (PECOS)
All physicians must register via the EHR Incentive Program website:  
http://cms.gov/EHrIncentivePrograms

EPs must attest that they are meaningful users through a secure mechanism (e.g., claims-based reporting, online portal) for Payment Year 2011
States will connect to the EHR Incentive Program website to verify provider eligibility and prevent duplicate payments.

States will ask for additional information to make timely and accurate payments:
- Patient Volume
- Licensure
- Meaningful Use
- Certified EHR Technology
Are you a primary care physician in a small practice?

- You may be eligible for assistance from the Missouri HIT Assistance Center
- The Assistance Center serves primary care physicians in small (10 or fewer providers) practices with adoption, implementation, and achievement of meaningful use of certified EHR technologies
- For more information:  [www.ehrhelp.missouri.edu](http://www.ehrhelp.missouri.edu)
Missouri Health Information Technology Assistance Center
Missouri HIT Assistance Center

Partnership:

- University of Missouri
  - Dept of Health Management and Informatics
  - Center for Health Policy
  - Dept of Family and Community Medicine

- Missouri Telehealth Network

- Primaris

- Missouri Primary Care Association

- Kansas City Quality Improvement Consortium

- Hospital Industry Data Institute (Critical Access Hospitals)
Missouri HIT Assistance Center - Vision

Assist Missouri's health care providers in using electronic health records to improve the access and quality of health services; to reduce inefficiencies and avoidable costs; and to optimize the health outcomes of Missourians.
EHR Adoption Challenges

Financial
- Expense of system
- Uncertainty around ROI
- Provider and staff productivity
- Uncertainty about financial incentives

Technical
- Concerns about technically supporting a system
- Lack of necessary computer skills
- Finding the right EHR to suit practice needs ("usability")
- Having the right IT staff in place
- Possibility of information overload

Organization Change
- Disruption of workflow and productivity
- Privacy and security concerns
- Maintaining patient centeredness and satisfaction
EHR Implementation Challenges

- Require significant support to carry out proper workflow re-design

- Result can be piecemeal and less effective use of EHR capabilities and fewer financial and quality benefits
  - Substantial time spent customizing forms and redesigning workflow
  - More time spent with patients leading to longer workdays or fewer patients during the initial period
  - Overburdened planning and implementing without additional technical support
Who will we serve?

**PRIORITY:** Primary Care Providers, including physicians (Family Practice, Internal Medicine, OB/GYN, Pediatrics) and other health care professionals (NP, PA) with prescribing privileges in the following settings:

- Small group practices (10 or fewer providers with prescriptive privileges)
- Ambulatory clinics connected with a public or critical access hospital
- Community health centers and rural health clinics
- Other ambulatory settings that predominately serve uninsured, underinsured, and medically underserved populations

55 Critical Access and Rural Hospitals
Service Area and Demographics

Population - 5,874,327

Primary Care Providers - 5300

Priority PCPs - 2400

Priority PCPs Served - 1167

Total Providers - 17,946

CAH and Rural Hospitals - 55
Who are we and what is our role?

- Team of experienced local Health IT professionals with intimate knowledge of the Missouri medical community

- Part of a national network of select organizations designated by HHS to assist providers with modernizing their practices with certified EHRs

- Direct, rapid and reliable access to a pipeline of key information on health IT and meaningful EHR use
Who are we and what is our role?

- For providers who do not currently have a certified EHR system
  - We help you choose and implement one in your office

- For providers who already have a system
  - We help eligible providers meet the criteria for incentive payments from Medicare or Medicaid for the meaningful use of certified EHRs
Assistance Center Services

- Continuing Education and Training for ALL Providers
- Vendor Selection and Group Purchasing
  - Group Purchasing
  - Vendor Selection
- EHR Implementation and Project Management
- Practice Workflow Analysis and Redesign
  - Practice Readiness Assessment
  - Change Management
  - Workflow Re-Design
- Functional Interoperability and HIE
  - Resources for Health Information Exchange
  - Security Risk Analysis
- Help Providers Achieve “Meaningful Use”