Modified Meaningful Use & What’s Next for Stage 3

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Vice President
Government Affairs & Client Programs

Reminders

• Today’s session is being recorded. If you do not want to participate, log off now.
• Slides & Recording will be made available after the session.

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Topics

Modified MU
- **Simplify** Stages
- **Update** Reporting Periods
- **Streamline** Objectives
  - Considerations for changes
  - High Level Look at Modified MU Measures
  - High Level Look at Removed Measures

Stage 3
- High Level Look at Stage 3 Measures

Submitting Public Comment

Q&A Session

Background

- These items are PROPOSED rules and could change
  - Overarching concepts will likely not change (90 days)
  - Detailed aspects may change (removed measures, %, etc)
- 60 day comment periods end in mid-May
- We expect final rule between July and August
- **DO NOT** stop working on the current Stage 1 or Stage 2 measures
# Modified MU

Simplifying Stages

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## Modified MU: Simplifying Stages

### Original Stage Timeline

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# Modified MU: Simplifying Stages

New Stage Timeline

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# Modified MU

Updated Reporting Periods
Modified MU: Updated Reporting Periods
Changes to 2015 and beyond

- 2015
  - **First timers**: Any 90 days between Jan 1 & Dec 31
    - Providers attesting after Oct 1 will have payment reductions Jan 1, 2016 until successful attestation is completed. Claims would be reprocessed and reconciled.
  - **All others**: Any 90 days between Jan 1 & Dec 31

- 2016
  - **First timers**: Any 90 days between Jan 1 & Dec 31
    - Providers attesting after Oct 1 will have payment reductions Jan 1, 2017.
    - **All others**: Full year from Jan 1 to Dec 31

- 2017 and beyond
  - **First timers**: Full year from Jan 1 to Dec 31
  - **All others**: Full year from Jan 1 to Dec 31

Modified MU
Streamlined Objectives
Modified MU: Streamlined Objectives
Considerations for Changes

• Redundant
  • Another health IT solution has replaced paper-based actions
  • Ex: Clinical summary (patient plan) information now available on Patient Portal

• Duplicative
  • Measure is captured as part of other measure
  • Ex: Collecting vitals and problems list is part of the Patient Electronic Access, and Summary of Care measures

• Topped Out
  • Measures that have achieved widespread adoption at a high rate of performance and no longer represent a basis upon which provider performance may be differentiated

Modified MU: Streamlined Objectives
Considerations for Changes

• No more “Core” and “Menu”
  • All objectives are now required
  • HOWEVER, some objectives have multiple measures
    • Some objectives will allow practices to select which options to report

• Special Considerations for Providers Scheduled for Stage 1 in 2015
  • Objectives that already existed in Stage 1:
    • Modified MU measures will allow the use of the previous specifications & percentages
    • Example:
      • ePrescribing Stage 1: 40% of meds must be elrxed
      • ePrescribing Stage 2: 50% of meds must be compared to a drug formulary and elrxed.
  • Objectives that did not exist in Stage 1:
    • Exclusion can be claimed
    • Example:
      • CPOE Labs: 30% of lab orders must be ordered via CPOE by provider or credentialed staff
  • All providers must do Modified MU in 2016, regardless of MU Starting Year

• No changes to Clinical Quality Measures!
### Stage 1
18 Measures

<table>
<thead>
<tr>
<th>Core Measures</th>
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<td>CPOE Meds</td>
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### Stage 2
26 Measures

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<td>Clinical Summaries</td>
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### Modified MU: Streamlined Objectives

**Objectives Overview**

- Protect Electronic Health Information
- Clinical Decision Support
- CPOE
- eRx
- Summary of Care for Transitions of Care
- Patient Education
- Meds Reconciliation
- Patient Electronic Access
- Secure Messaging
- Public Health Agency & Clinical Quality Registry Reporting
Modified MU: Streamlined Objectives

Protect Electronic Health Information

No Major Change

Proposed Objective:
- Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.

1 of 1 Measures Required:
- Measure 1 Basics: Conduct a security & risk analysis for each reporting period, including the security/encryption of data

Alternates for Stage 1 Providers in 2015:
- No Alternate

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Modified MU: Streamlined Objectives

Clinical Decision Support

No Major Change

Proposed Objective:
- Use clinical decision support to improve performance on high-priority health conditions.

2 of 2 Measures Required:
- Measure 1 Basics: Implement 5 Clinical Decision Rules related to 4 or more CQMs

Alternates for Stage 1 Providers in 2015:
- Alt Measure 1 Basics: Implement one clinical decision support rule
Modified MU: Streamlined Objectives
Computerized Provider Order Entry

No Major Change

Proposed Objective:
• Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.

3 of 3 Measures Required:
• Measure 1 Basics: More than 60% of meds orders must be created via CPOE by the provider or credentialed staff
• Measure 2 Basics: More than 30% of lab orders must be created via CPOE by the provider or credentialed staff
• Measure 3 Basics: More than 30% of radiology/imaging orders must be created via CPOE by the provider or credentialed staff

Alternates for Stage 1 Providers in 2015:
• Alt Measure 1 Basics: More than 30% of all unique patients must have at least 1 med ordered via CPOE, or More than 30% of medication orders are recorded via CPOE
• Alt Measure 2 Basics: May claim exclusion
• Alt Measure 3 Basics: May claim exclusion
• Stage 1 providers begin preparing for this 2016 measure NOW.

Modified MU: Streamlined Objectives
ePrescribing

No Major Change

Proposed Objective:
• Generate and transmit permissible prescriptions electronically (eRx).

1 of 1 Measures Required:
• Measure 1 Basics: More than 50% of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically

Alternates for Stage 1 Providers in 2015:
• Alt Measure 1 Basics: More than 40% of all permissible prescriptions written by the EP are transmitted electronically (Drug Formulary query not required.)
Modified MU: Streamlined Objectives

Summary of Care

### 2 Measures Removed:
- Measure 1 Removed: 50% of transitions must have summary of care record (any format)
- Measure 3 Removed: Conduct test of exchange with other vendor

### Proposed Objective:
- The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.

### 1 of 1 Measures Required:
- **Measure 1 Basics:** The EP transitions or refers their patient to another setting of care or provider of care that—(1) uses CEHRT to create a summary of care record; and (2) electronically transmits such summary record to a receiving provider for more than 10% of transitions of care and referrals. ("Direct Messaging")

### Alternates for Stage 1 Providers in 2015:
- **Alt Measure 1 Basics:** May claim exclusion
- **Stage 1 providers begin preparing for this 2016 measure NOW.**

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Modified MU: Streamlined Objectives

Patient Specific Education

### No Major Change

### Proposed Objective:
- Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.

### 1 of 1 Measures Required:
- **Measure 1 Basics:** Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period.

### Alternates for Stage 1 Providers in 2015:
- **Alt Measure 1 Basics:** May claim exclusion if provider was scheduled to demonstrate Stage 1 of meaningful use for an EHR reporting period in 2015 and was not intending to attest to the corresponding Stage 1 menu objective.
Modified MU: Streamlined Objectives
Medication Reconciliation

No Major Change

Proposed Objective:
• The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.

1 of 1 Measures Required:
• Measure 1 Basics: Perform medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.

Alternates for Stage 1 Providers in 2015:
• Alt Measure 1 Basics: May claim exclusion if provider was scheduled to demonstrate Stage 1 of meaningful use for an EHR reporting period in 2015 and was not intending to attest to the corresponding Stage 1 menu objective.

Modified MU: Streamlined Objectives
Patient Electronic Access

1 Measure Updated:
• Updated: 5% of patients must view/download/transmit health information

Proposed Objective:
• Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.

2 of 2 Measures Required:
• Measure 1 Basics: More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely (within 4 business days) online access to their health information
• Measure 2 Basics: At least one patient seen by the EP during the EHR reporting period (or their authorized representatives) views, downloads, or transmits his or her health information to a third party.

Alternates for Stage 1 Providers in 2015:
• Alt Measure 1 Basics: More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely (within 4 business days) online access to their health information
• Alt Measure 2 Basics: May claim exclusion
Modified MU: Streamlined Objectives
Secure Electronic Messaging

1 Measure Updated:
• Updated: 5% of patients must send a secure message

Proposed Objective:
• Use secure electronic messaging to communicate with patients

1 of 1 Measures Required:
• Measure 1 Basics: (Yes/No Measure) During the EHR reporting period, the capability for patients to send and receive a secure electronic message with the provider was fully enabled.

Alternates for Stage 1 Providers in 2015:
• Alt Measure 1 Basics: May claim exclusion

Modified MU: Streamlined Objectives
Public Health & Clinical Data Registry Reporting

Several Measures Combined, Adjusted, Created

Proposed Objective:
• The EP is in active engagement with a Public Health Agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using certified EHR technology
  • Active Engagement Option 1: Completed Registration to Submit Data
  • Active Engagement Option 2: Testing and Validation
  • Active Engagement Option 3: Production

2 of 5 Measures Required: (Exclusions do not count)
• Immunization Registry Reporting
• Syndemic Surveillance Reporting
• Disease Reporting
• Public Health Registry Reporting- can be used 3x (because of Stage 3)
• Clinical Data Registry Reporting- can be used 3x (because of Stage 3)

Alternates for Stage 1 Providers in 2015:
• Alt Measure 1 Basics: Must report on at least one (1) measure, unless they can exclude all measures
Modified MU: Streamlined Objectives
Public Health & Clinical Data Registry Reporting

2 of 5 Measures Required: (Exclusions do not count)

- **Immunization Registry Reporting**: Receive & Submit bidirectional data exchange with Immunization registry
  - NEW functionality: Immunization interfaces were originally build to submit, NOT receive.
    - No exclusion exists for providers without this functionality.
  - We urge providers to submit public comment requesting delay of bidirectional data exchange until Stage 3 via [www.regulations.gov](http://www.regulations.gov). You may submit comments via [www.regulations.gov](http://www.regulations.gov), search Modified Stage 2.

- Syndromic Surveillance Reporting
- Case Reporting
- Public Health Registry Reporting (Can be used 3x)
- Clinical Data Registry Reporting (Can be used 3x)

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Modified MU: Streamlined Objectives
Public Health & Clinical Data Registry Reporting

2 of 5 Measures Required: (Exclusions do not count)

- Immunization Registry Reporting- Receive & Submit bidirectional data exchange with Immunization registry

- **Syndromic Surveillance Reporting**: Submit Syndromic data to Public Health Agency (PHA)
  - NOT just focused on specific cases (like STDs). Focus on detection of outbreaks, monitoring disease, and condition trends.
    - **Interesting Exclusion**: EP that does not treat or diagnose or directly treat any disease or condition associated with a syndromic surveillance system in his or her jurisdiction
    - Measure & Exclusion open to MANY specialties. Contact your PHA
  - We urge providers to submit public comment requesting that PHA be required to clearly identify the diseases, conditions, or specialties of interest/exclusion on their website. You may submit comments via [www.regulations.gov](http://www.regulations.gov), search Modified Stage 2.

- Case Reporting
- Public Health Registry Reporting (Can be used 3x)
- Clinical Data Registry Reporting (Can be used 3x)
Modified MU: Streamlined Objectives
Public Health & Clinical Data Registry Reporting

2 of 5 Measures Required: (Exclusions do not count)

• Immunization Registry Reporting- Receive & Submit bidirectional data exchange with Immunization registry
• Syndromic Surveillance Reporting- Submit Syndromic data to Public Health Agency
• Case Reporting- Submit data for Reportable Cases to PHA (like STDs)
  • New Functionality: 2015 Certified EHR Required: capabilities to enable certified EHR systems to send initial case reporting data and receive a request from the public health agency for supplemental or ad hoc structured data were included in 2015 Edition proposed rule
    • No exclusion exists for providers without 2015 CHERT.
    • We urge providers to submit public comment requesting an Case Reporting exclusion for providers without 2015 Edition Certified EHR as this functionality was not part of 2014 Edition Certification. You may submit comments via www.regulations.gov, search Modified Stage 2.
  • Public Health Registry Reporting (Can be used 3x)
  • Clinical Data Registry Reporting (Can be used 3x)
Modified MU: Streamlined Objectives
Public Health & Clinical Data Registry Reporting

2 of 5 Measures Required: (Exclusions do not count)
• Immunization Registry Reporting- Receive & Submit bidirectional data exchange with Immunization registry
• Syndromic Surveillance Reporting- Submit Syndromic data to Public Health Agency
• Case Reporting- Submit data for Reportable Cases to PHA (like STDs)
• Public Health Registry Reporting (Like State Cancer Registry. Can be used 3x)
• Clinical Data Registry Reporting (Can be used 3x)
  • Clinical Data Registries (CDR) are those that record information about the health status of patients and the health care they receive over varying periods of time and are administered by non-PHA entities.
  • Flexibility: No specific standards/implementation guidelines currently defined
  • Can be used 3 times: May report on more than one PHA to meet the required measures
    • Ex: American College of Cardiology PINNACLE Registry & American College of Cardiology Diabetes Collaborative Registry
  • Lots of Options: The National Quality Registry Network’s list of CDRs is 14 PAGES LONG! 😊
  • List is available on MU Central website. Allow 6-8 week “discovery”.

Modified MU: Streamlined Objectives
Removed Measures

• Do we still have to do the removed measures?
  • Some measures are required as part of other measures
  • Some measures may still be of value:
    • From CMS: We note that many of these objectives and measures include actions that may be valuable to providers and patients, such as providing a clinical summary to a patient after an office visit.
    • We encourage providers to continue to conduct these activities as best suits their practice and the preferences of their patient population.
    • The removal of these measures is in no way intended as a removal of endorsement of these best practices or to discourage providers from conducting and tracking these activities for their own quality improvement goal.
    • Instead, we would no longer require providers to calculate and attest to the results of these measures in order to demonstrate meaningful use beginning in 2015.
Modified MU: Streamlined Objectives
Removed Measures

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Stage 3

Reducing Complexity
Improving Outcomes
Encouraging Health Information Exchange
## Stage 3 Objectives Overview

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(No changes to CQMs at this time)
Stage 3
Protect Electronic Health Information

No Major Change

Proposed Objective:
• Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.

1 of 1 Measures Required:
• Measure 1 Basics: Conduct a security & risk analysis for each reporting period, including the security/encryption of data
  • PLUS conduct an analysis upon installation of CEHRT and upgrade to a new Edition
    • Ex: When you upgraded to 5.6 or 5.8 to become 2011 and 2014 compliant
    • Not required for 5.7 or 5.8 UD 1

Stage 3
ePrescribing

Increased Percentage from 50% to 80%

Proposed Objective:
• Generate and transmit permissible prescriptions electronically (eRx).

1 of 1 Measures Required:
• Measure 1 Basics: More than 80% of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically
Stage 3
Clinical Decision Support

No Major Change

Proposed Objective:
• Use clinical decision support to improve performance on high-priority health conditions.

2 of 2 Measures Required:
• Measure 1 Basics: Implement 5 Clinical Decision Rules related to 4 or more CQMs
• Measure 2 Basics: Implement drug-drug and drug-allergy interaction checks.

Stage 3
Computerized Provider Order Entry

Increased Percentages from 60% to 80%, 30% to 60%

Proposed Objective:
• Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.

3 of 3 Measures Required:
• Measure 1 Basics: More than 80% of meds orders must be created via CPOE by the provider or credentialed staff
• Measure 2 Basics: More than 60% of lab orders must be created via CPOE by the provider or credentialed staff
• Measure 3 Basics: More than 60% of diagnostic imaging orders must be created via CPOE by the provider or credentialed staff
Stage 3
Patient Electronic Access

Combines Patient Access & Patient Education; Increased Percentages from 50% to 80%, 10% to 35%

Adds API Functionality

Proposed Objective:
• The EP, eligible hospital, or CAH provides access for patients to view online, download, and transmit their health information, or retrieve their health information through an Application Program Interface (API), within 24 hours of its availability.

2 of 2 Measures Required:
• **Measure 1 Basics:** More than 80% of all unique patients (or the patient authorized representative) seen by the EP are provided either:
  • (1) access to view online, download, and transmit their health information within 24 hours of its availability to the provider via portal
  • OR (2) is provided access to an ONC-certified API that can be used by third-party applications

• **Measure 2 Basics:** Identify patient-specific educational resources and **provide electronic access to those materials** to more than 35% of unique patients seen by the EP

Alternate Proposal:
• Require use of API
• We urge providers to submit public comment requesting the use of APIs be OPTIONAL.
• You may submit comments via www.regulations.gov, search Meaningful Use Stage 3.

Stage 3
Coordination of Care through Patient Engagement

Increased Percentages from 5% to 25%, 5% to 35%,

Changed Measure: Message sent by Provider, not Patient

New Measure: Incorporate Patient Generated Data

Proposed Objective:
• Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.

Successfully Attest to 2, Report on 3 of 3 Measures
• **Measure 1 Basics:** More than 25% of all unique patients actively engage with the EHR made accessible by the provider by either
  • Viewing, Downloading or Transmitting their own health information
  • Accessing their own information via API

• **Measure 2 Basics:** More than 35% of all unique patients **sent a message by their provider** (replies count)
  • We urge providers to submit public comment requesting that messages/replies from CREDENTIALED STAFF be counted in addition to provider. You may submit comments via www.regulations.gov, search Meaningful Use Stage 3.

• **Measure 3 Basics:** More than 15% of all unique patients have patient generated health data or data from non-clinical setting incorporated into health record
  • Data entered by patient from Portal, Apps or Devices. Data entered by nutritionists, PTs, PFs, Psychologist, home health, etc
  • “We are proposing this measure in response to requests from providers to support the capture and incorporation of Patient Generated Data.”
Stage 3
Health Information Exchange

Increased Percentage
New Measures: Incorporate electronic summary; Complete clinical reconciliation

Proposed Objective:
• The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.

Successfully Attest to 2, Report on 3 of 3 Measures
• Measure 1 Basics: (1) create a summary of care record; and (2) electronically transmits for more than 50% of transitions of care and referrals (“Direct Messaging”)
• Measure 2 Basics: Incorporate an electronic summary of care document for more than 40% of received transitions, referrals, or new patients
• Measure 3 Basics: Complete clinical reconciliation (meds, allergies, problems), for more than 80% of received transitions, referrals, or new patients

CMS Requested Comments:
• Require reconciliation by credentialed staff?
• Allow automation of reconciliation? (Streamlined workflow and reduced burden)
• What if it is automated THEN reviewed by credentialed staff?
• We urge providers to submit public comment requesting automation be allowed if data is later reviewed by credentialed staff.
• You may submit comments via www.regulations.gov, search Meaningful Use Stage 3

Stage 3
Public Health & Clinical Data Registry Reporting

Increased Measures

Proposed Objective:
• The EP is in active engagement with a Public Health Agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using certified EHR technology
  • Active Engagement Option 1: Completed Registration to Submit Data
  • Active Engagement Option 2: Testing and Validation
  • Active Engagement Option 3: Production

3 of 5 Measures Required: (Exclusions do not count)
• Immunization Registry Reporting (Bidirectional)
• Syndromic Surveillance Reporting
• Case Reporting
• Public Health Registry Reporting (can be used 3x)
• Clinical Data Registry Reporting (can be used 3x)

Alternates for Stage 1 Providers in 2015:
• Alt Measure 1 Basics: Must report on at least one (1) measure, unless they can exclude all measures
Next Steps

Where to go from here

Establish A Plan

• Again, this is a proposal
  • Do not stop forward progress
• Start special focus on Modified MU measures
• Which removed measures must wait till 90 days?
• What will we do if that measure doesn’t go away?
  • Ex- Patient reminders: Must wait. We need to make x number of calls in 60 business days.
  • How are we going to contact pts? Who will do the contacting? What will we use to identify the patients?
  • Ex- Imaging Results: We need to attach x number of images in 60 business days.
  • How do we get image files? Who will attach? What do we attach?
Submit Feedback

- [www.regulations.gov](http://www.regulations.gov)
  - Search “Modified Stage 2” and/or “Stage 3”

**Stage 2 Topics**
- **Immunizations**: Postpone Bidirectional Immunization data exchange until Stage 3
- **Syndromic Surveillance**: Public Health Agencies should clearly identify which diseases, conditions, or specialties are expected to report Syndromic Surveillance.
- **Case Reporting**: Allow exclusion for Case Reporting for providers using 2014 Certified EHR versions since this functionality is not available until 2015 Certified EHR version

**Stage 3 Topics**
- **Patient Electronic Access**: Providing APIs for third party Patient Electronic Access should be optional
- **Secure Messaging**: Messages/replies to patients by Credentialed Staff should count in addition to messages by Providers
- **Clinical Reconciliation**: Allow auto reconciliation of data as long as it is reviewed by Credentialed Staff or Provider