Meaningful Use Guide

The following information has been provided courtesy of
CMS, HHS & EMRAdvocate
https://www.cms.gov
http://healthit.hhs.gov
http://www.emradvocate.com

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What Is "Meaningful Use"?

The American Recovery & Reinvestment Act of 2009 specifies 3 main components of Meaningful Use:

1. The use of a certified EHR in a meaningful manner such as e-prescribing.

2. The use of certified EHR technology for electronic exchange of health information to improve quality of health care.

3. The use of certified EHR technology to submit clinical quality & other measures.

"Meaningful Use" means you need to show you're using certified EHR technology in ways that can be measured significantly in both quality & quantity.

What Are The Criteria For Meaningful Use?

3 Stages Over 5 Years

- Stage 1

- Stage 2

- Stage 3

1 Stage Every 2 Years

- (2011 & 2012) the baseline for electronic data capture & information sharing.

- (2013 & 2014)

- (2015) will continue to expand & be developed through future rule making.

How Do I Meet Meaningful Use Requirements?

Medicare EHR Incentive Program—You must successfully demonstrate meaningful use of certified EHR technology every year you participate in the program.

Requirements

✓ **Adopt:** Acquire & install certified EHR technology.

✓ **Implement:** Begin using certified EHR technology.

✓ **Upgrade:** Expand existing technology to meet certification requirements.

Examples

can show evidence of installation

provide staff training or data entry of patient demographic information into EHR.

upgrade to certified EHR technology or add new functionality to meet the current definition of EHR technology

What are the Requirements for Stage 1 Meaningful Use (2011 & 2012)?

These include both a **"core set"** & a **"menu set"** of objectives for you.

There are a total of 25 Meaningful Use objectives.

- To qualify for an incentive payment, 20/25 objectives must be met.

- There are 15 required core objectives.

- The remaining 5 elective objectives may be chosen from the remaining 10 menu set.

What are "Clinical Quality Measures"?

To demonstrate Meaningful Use successfully, you are required to report specific clinical quality measures

You must report on <u>6</u> total clinical quality measures:

- 3 <u>required</u> core measures
  (substituting alternate core measures where necessary)

- 3 <u>additional</u> measures
  (selected from a set of 38 clinical quality measures).

To learn more, see <u>Clinical Quality Measures</u>

What Can I Learn from the Meaningful Use Specification Sheets?

Each sheet covers a <u>single</u> core or menu set objective, including information on meeting the measure for each objective;

- How to calculate the numerator & denominator for each objective

- How to qualify for an exclusion to an objective

- In-depth definitions of terms that clarify objective requirements

- Requirements for attesting to each measure

These Stage 1 EHR Meaningful Use Specification Sheets are designed to assist you in successfully demonstrating the specific requirements of each objective. See also the following slide sequence.

Meaningful Use: Core Measures (1 of 3)

Meaningful Use

1. Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed professional who can enter orders into the medical record per scope of practice guidelines

2. Implement drug-drug and drug-allergy interaction checks.

3. Maintain an up-to-date problem list of current and active diagnoses.

4. Generate and transmit permissible prescriptions electronically (eRx).

5. Maintain active medication list.

6. Maintain active medication allergy list.

7. Record all of the following demographics:
   - (A) Preferred language.
   - (B) Gender.
   - (C) Race.
   - (D) Ethnicity.
   - (E) Date of birth.

Core Measures Met Through

✓ **use of activEHR™ RX (e-prescribing)**

✓ **activEHR™ RX**

✓ **use of EHRs "Plan & Management"**

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✓ **"Patient Address View"**

Meaningful Use Core Measures (2 of 3)

Meaningful Use	Core Measures Met Through
8. Record and chart changes in the following vital signs:	✓ EHRs "PreTest"

- (A) Height.
- (B) Weight.
- (C) Blood pressure.
- (D) Calculate and display body mass index (BMI).
- (E) Plot and display growth charts for children 2–20 years, including BMI.

9. Record smoking status for patients 13 years old or older.

✓ EHRs "History Exam"

10. Report ambulatory clinical quality measures to CMS or, in the case of Medicaid EPs, the States.

✓ use of EHRs "Plan & Management"

11. Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.

✓ EHRs and activEHR™ Analytics

EP Meaningful Use Core Measures (3 of 3)

Meaningful Use

Core Measures Met Through

12. <u>Provide patients with an electronic copy of their health information</u> (including diagnostics test results, problem list, medication lists, medication allergies) upon request.

✓ **CCD Exam Summary Report**

13. <u>Provide clinical summaries for patients for each office visit.</u>

✓ **CCD Exam Summary Report**

14. Capability to <u>exchange key clinical information</u> (for example, problem list, medication list, allergies, and diagnostic test results), among providers of care and patient authorized entities electronically.

✓ **CCD Exam Summary Report**

15. <u>Protect electronic health information</u> created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.

✓ **Ensemble Security**

Meaningful Use Menu Set Measures (1 of 2)

Meaningful Use

1. [Implement drug formulary checks.](#)

2. Incorporate [clinical lab test results](#) into EHR as structured data.

3. Generate [patient lists](#) by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.

4. Send [patient reminders](#) per patient preference for preventive/follow-up care.

5. [Provide patients with timely electronic access](#) to their health information (including lab results, problem list, medication lists, and allergies) within 4 business days of the information being available to you.

Menu Set Met Through

✓ **activEHR™ RX (e-prescribing)**

✓ **EHRs PreTest**

✓ **activEHR™ Analytics and Reports**

✓ **"Patient Address View"**

✓ **Microsoft Health Vault**

Meaningful Use Menu Set Measures (2 of 2)

Meaningful Use	Menu Set Met Through
6. Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient, if appropriate.	✓ EHRs hyperlinks and text boxes
7. The EP who receives a patient from another setting of care or provider of care or who believes an encounter is relevant should perform medication reconciliation.	✓ use of activEHR™ RX (e-prescribing)
8. The EP who transitions the patient to another setting of care or who refers the patient to another provider of care should provide a summary care record for each transition of care or referral.	✓ CCD Exam Summary Report
9. Capability to submit electronic data to immunization registries or immunization information systems and actual submission, according to applicable law and practice.	✓ CCD Exam Summary Report
10. Capability to submit electronic syndromic surveillance data to public health agencies and actual submission according to applicable law and practice.	✓ CCD Exam Summary Report

Commentary: EHR Incentives for Specialists

"A first glance at the [Stage 1 Core and Menu Set Objectives](#) make sense for primary care, but what about specialists?

- Not too many Eye Care Practitioners perform immunizations.

- Not many psychiatrists routinely obtain vital signs.

- What about radiologists, chiropractors and urologists?

How will these potential eligible professionals (EPs) meet the requirements of Meaningful Use?

This is one area in which the rules and regulations have been modified based on comments from stakeholders.

Specialists can claim <u>exceptions to Meaningful Use criteria</u> that don't apply to their specialty as well as enjoy great flexibility in the reporting requirements for Quality Measures.

EPs that are specialists can still achieve the CMS incentives based on the flexibility that is incorporated into two primary areas:

1. Menu Exclusions

2. Quality Measures

— Jim Tate, EMR Advocate

Commentary: Core and Menu Set Exclusions

"There are numerous exceptions & provisions that will allow specialists to meet Meaningful Use guidelines <u>without having to change</u> the way they practice healthcare.

• If an EP cannot meet a specific Meaningful Use criterion in the Core or Menu Set because it is outside of the scope of practice, he or she may possibly be allowed to exempt that objective.

• Some, but not all, objectives can be excluded.

• **Even better, an objective that is exempted can count the same as if that objective was met.**

• **In the Menu Set, where the EP must choose 5 of the 10 objectives, if 2 of the objectives don't apply, that EP would then only have to meet 3 of the remaining Menu Set Objectives".**

— Jim Tate, EMRAdvocate

Commentary: Quality Measures

"This is an area that has generated concern for all EPs & specialists," (such as Eye Care Professionals) "in particular:

The requirements are clear that the Quality Measures objective cannot be excluded & must be reported.

But, what if the required core, alternate core or other measures do not encompass the type of patients that an EP typically sees?

Is it OK to report a zero?	**YES**
Is it OK to report zero for all measures if no measures apply?	**YES**

The answer is yes & is clearly defined in the CMS guidance:

You are "not excluded from reporting core clinical quality measures … zero is an acceptable value to report for the denominator of a clinical quality measure if there is no patient population within the EHR to whom that clinical quality measure applies."

"In the event that none of the 44 clinical quality measures applies to an EP's patient population, the EP is still required to report a zero for the denominators for all six of the core & alternate core clinical quality measures."

-Jim Tate, EMRAdvocate

Getting Your CMS EHR Certification ID Number

The unique **ONC EHR Certification ID** issued by Drummond Group is associated with the **CMS EHR Certification ID** but distinct from it. The ONC EHR Certification ID is one of the "inputs" into the calculation and creation of the CMS EHR Certification ID. However, **it is ultimately the CMS EHR Certification ID number which EPs will use for the incentive payments.**

EMRlogic will provide further detail upon completion of ONC testing. For more information, see [Getting Your CMS EHR Certification ID Number](#).

Meaningful Use Resources

The Office of the National Coordinator for Health Information Technology (ONC) & the Centers for Medicare & Medicaid Services (CMS), Kowa and EMRlogic want to help you on your journey to becoming a meaningful user of certified electronic health record (EHR) technology.

Following are resources about Meaningful Use, Medicare & Medicaid EHR Incentive Programs, & the EHR certification process to help guide you.

Meaningful Use Resources (1 of 3) (Incentive Programs)

Medicare & Medicaid EHR Incentive Programs

- 1) Meaningful Use Overview
  https://www.cms.gov/EHRIncentivePrograms/01_Overview.asp

- 2) Path to Payment
  https://www.cms.gov/EHRIncentivePrograms/10_PathtoPayment.asp

- 3) PowerPoint Presentation: Medicare & Medicaid EHR Incentive Programs Final Rule
  https://www.cms.gov/EHRIncentivePrograms/Downloads/EHR_Incentive_Program_Agency_Training_v8-20.pdf

- 4) Timeline: Medicare & Medicaid EHR Incentive Programs
  https://www.cms.gov/EHRIncentivePrograms/Downloads/EHRIncentProgtimeline508.pdf

- 5) Being a Meaningful User of Electronic Health Records
  http://healthit.hhs.gov/meaningfuluse/provider

- 6) Meaningful Use Specification Sheets
  https://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC-Core-&-MenuSet-Objectives.pdf

- 7) Flow Chart – Determine Eligibility for Medicare & Medicaid EHR Incentive Programs
  https://www.cms.gov/EHRIncentivePrograms/downloads/eligibility_flow_chart.pdf

Meaningful Use Resources (2 of 3) (Certification)

- 1) Certification Programs Overview
  http://healthit.hhs.gov/certification
- 2) Standards & Certification Criteria Final Rule Fact Sheet
  http://healthit.hhs.gov/standardsandcertification/factsheet
- 3) HITECH Temporary Certification Program for EHR Technology Fact Sheet
  http://healthit.hhs.gov/tempcert/factsheet
- 4) Temporary Certification Program Final Rule FAQs
  http://healthit.hhs.gov/tempcert/faqs
- 5) Permanent Certification Program
  http://healthit.hhs.gov/permcert/factsheet
- 6) Certified Health IT Product List
  http://healthit.hhs.gov/chpl

- 1) Building Trust in Health Information Exchange http://healthit.hhs.gov/buildingtrust

- 2) Health Information Privacy & Information on HIPAA http://www.hhs.gov/ocr/privacy/

- For additional resources on certification & meaningful use check out ONC's Meaningful Use resources: http://healthit.hhs.gov/meaningfuluse/resources.

- ONC has also funded 62 Regional Extension Centers, located across the country, to offer customized, on-the-ground assistance for providers who need help adopting & meaningfully using certified EHR technology.

- You can also stay up to date on ONC & CMS activities by:

- Signing up for ONC's e-mail updates or

- Visiting CMS' Spotlight & Upcoming Events at:https://www.cms.gov/EHRIncentivePrograms/50_Spotlight.asp

Meaningful Use Call to Action

Your EMRlogic/Kowa team wants to help you achieve Meaningful Use.

Please contact your Account Representative at 1.866.367.2899

Nazanine Parent, ext. 650   Jeanie Lee, ext.651

It's time now to get in the line for your required upgrades.

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