



EHRs and the Meaningful Use Electronic Health Record Incentive Program

Marlene Hodges – Senior Health IT Advisor

Healthcare Intelligence

Objectives



- Basics of Electronic Health Records (EHRs)
- Process of implementing an EHR and key resources
- Background of Meaningful Use and EHR Incentive Program
- Objectives and Measures of MU for 2016
- CMS Quality Payment Program: MACRA/MIPS
- Resources



EHR/DHRs – Getting Started and Moving Forward

Definition of an Electronic Health Record (EHR)



The Office of the National Coordinator for Health IT (ONC) defines an EHR as:

- A real-time patient health record with access to evidence-based decision support tools that can be used to aid clinicians in decision making.
- The EHR can automate and streamline a clinician's workflow, ensuring that all clinical information is communicated.
- It can prevent delays in response that result in gaps in care.
- It can support the collection of data for uses other than clinical care, such as billing, quality management, outcome reporting, and public health disease surveillance and reporting.

Definition of an Electronic Dental Record (EDR)



The American Dental Association defines the EDR as:

- An electronic health record
- It is a combination of processes and data structures, used by dentists, for purposes of documenting or conveying clinical facts, diagnoses, treatment plans, and services provided.



Why Adopt an EHR?



Better Information Means Better Health Care

- Providers who use EHRs report tangible improvements in their ability to make better decisions with more comprehensive information. EHR adoption can give health care providers:
 - Accurate and complete information about a patient's health
 - The ability to quickly provide care
 - The ability to better coordinate the care they give
 - A way to share information with patients and their family caregivers

The main goal of health IT is to improve the quality and safety of patient care.



Source: www.healthit.gov

Path to Implementing an EHR



- Step 1:** Assess Your Practice Readiness
- Step 2:** Plan Your Approach
- Step 3:** Select or Upgrade to a Certified EHR
- Step 4:** Conduct Training and Implement an EHR System
- Step 5:** Achieve Meaningful Use
- Step 6:** Continue Quality Improvement



Full details, tools and resources for the 6 Steps are available at:
<https://www.healthit.gov/providers-professionals/ehr-implementation-steps>

Your Primary Source for Health IT Tools & Information



HHS Office of the National Coordinator Health IT Website: www.healthit.gov

A screenshot of the HealthIT.gov website homepage. The header includes the HealthIT.gov logo, navigation links (Blog, Federal Advisory Committees (FACAs), Contact, Get Email Updates), and social media icons. Below the header is a navigation bar with categories: Providers & Professionals, Patients & Families, and Policy Researchers & Implementers. A secondary navigation bar lists topics: Benefits of EHRs, How to Implement EHRs, Privacy & Security, EHR Incentives & Certification, and Success Stories & Case Studies. A "Resource Center" button is also visible. The main content area features a large banner with the headline "I have the information I need at my fingertips with health IT" and a sub-headline "Find out how health IT can help you improve patient care, lower costs, and save time." Below this is a "Learn More" button. To the right of the text is an image of a doctor in a white coat using a tablet. Below the banner are three columns of content: "Take the First Step Toward EHR Implementation", "Achieve Meaningful Use", and "Get Local Technical Help". Each column has a brief description and a corresponding "Learn More" button. At the bottom right of the banner area, there are "Print" and "Share" icons.

Sample of EHRs in Iowa Dental Practices



- Axium
- Curve Dental
- Dentrrix
- Eaglesoft
- Emdeon
- GE Centricity
- Henry Schein Practice Solutions, Inc.
- LSS Data Systems
- MacPractice, Inc
- NextGen
- Mitochon Systems, Inc.
- nextEMR, LLC
- Practice Fusion
- Practice-Web
- Total Dental
- XLDent MU

Sources: Iowa Medicaid/CMS EHR Incentive Program Attestations and the Iowa Health Information Technology and Meaningful Use Environmental Scan 2015

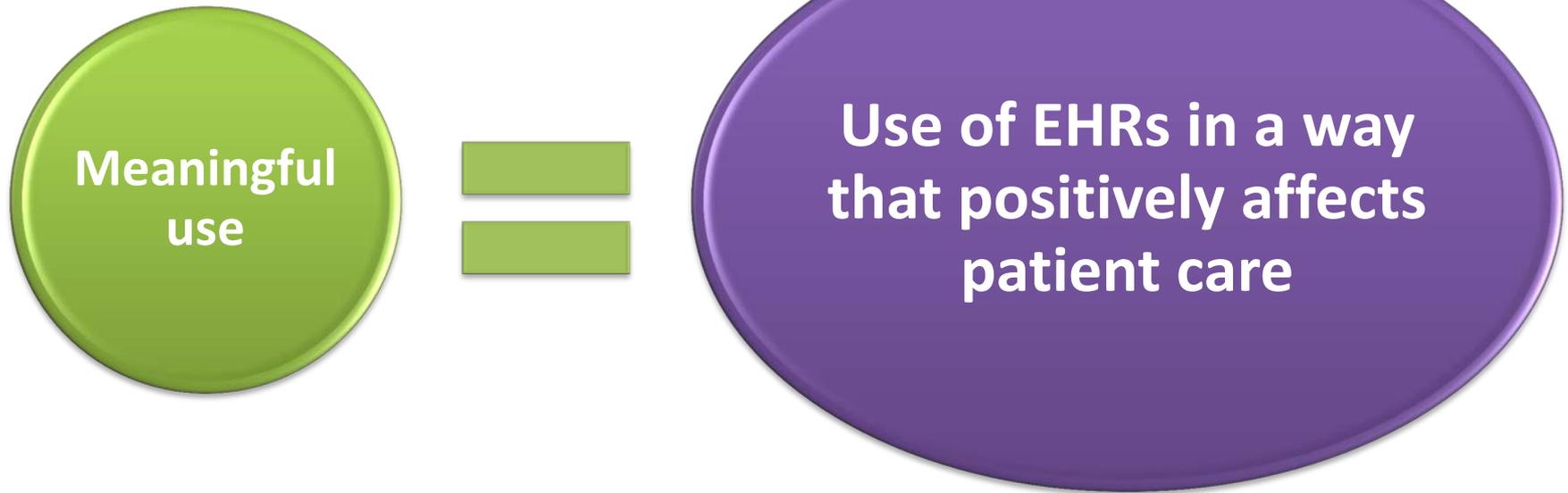
ADA Involvement With EHR Activities



- Has taken a leadership role in defining dental EHR functions, features, and capabilities through its work in the standards arena.
- Has developed an internationally recognized dental terminology, the Systematized Nomenclature of Dentistry (SNODENT) for purpose of a standard terminology for capturing detailed clinical data in a coded, structured manner.
- Has been leading in development of dental information technology standards via its ANSI-accredited Standards Committee for Dental Informatics (SCDI). The SCDI completed work on a new, ANSI-recognized national standard for Electronic Dental Record System Functional Requirements.

Meaningful Use - Background

What is Meaningful Use?



Where Did Meaningful Use Begin?



American Reinvestment and Recovery Act of 2009 (ARRA) “Stimulus Bill”

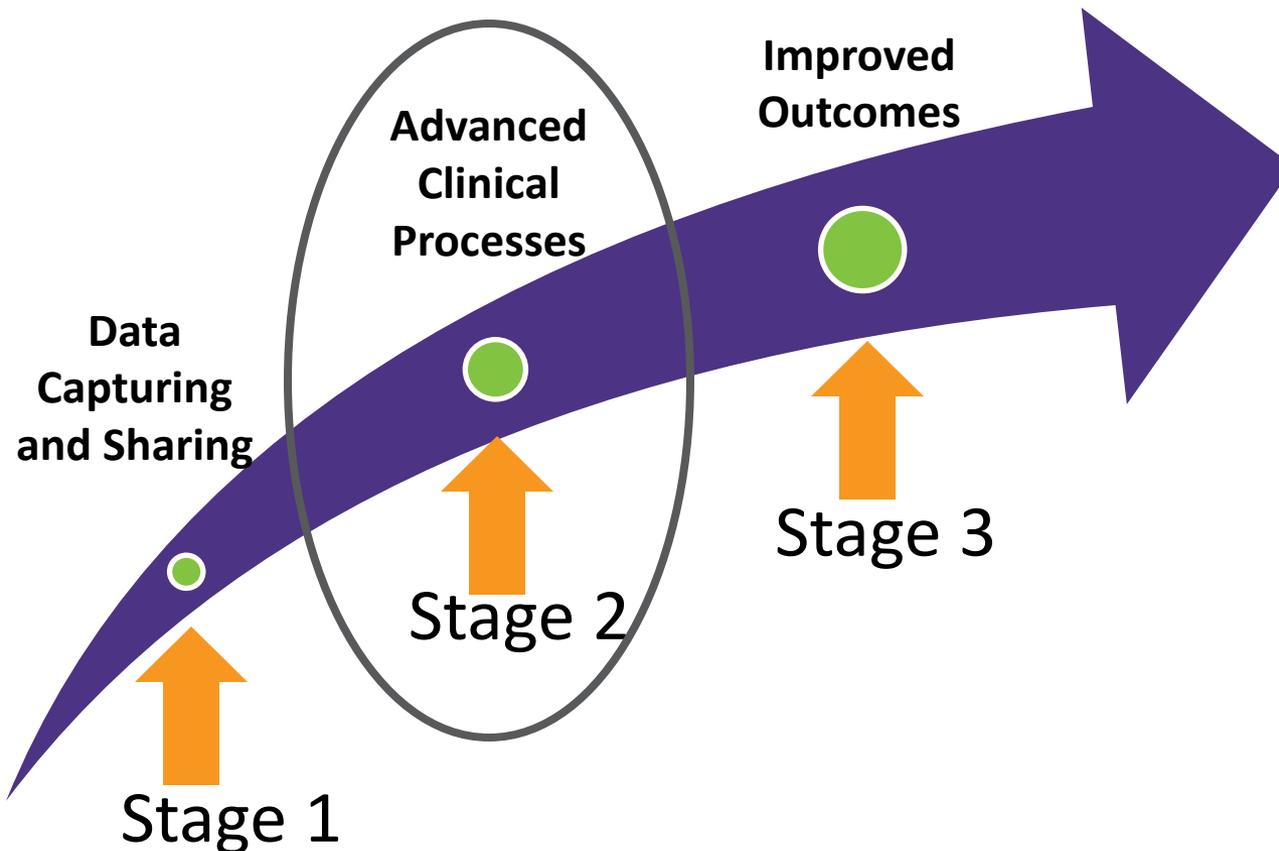
- The Health Information Technology for Economic and Clinical Health Act (HITECH Act) legislation was created in 2009 as part of ARRA to stimulate the adoption of EHRs and supporting technology in the U.S.
- CMS EHR Incentive Program established for Meaningful Use



Stages of Meaningful Use



- **Stage 2: Advanced Clinical Processes**



Five Health Related Goals of MU



- Improve quality, safety, efficiency and reduce health disparities
- Engage patients and families in their health care
- Improve care coordination
- Improve population and public health
- Ensure adequate privacy and security protections for personal health information



Medicaid & Medicare MU EHR Incentive Program

Choosing a Program: Medicare or Medicaid?



| <u>Medicare</u> EHR Incentive Program | <u>Medicaid</u> EHR Incentive Program |
|---|--|
| Run by CMS | Every state runs its own program |
| Maximum incentive amount was \$44,000 (across five years of participation; 2014 was final year to get an incentive payment) | Maximum incentive amount is \$63,750 (across six years of program participation); 2016 is final year to INITIATE participation |
| Payment reductions began in 2015 for providers who are eligible but choose not to participate | No Medicaid payment reductions if you choose not to participate |
| In the first year and all remaining years, providers have objectives they must achieve to get incentive payments | In the first year, providers can receive an incentive payment for adopting, implementing, or upgrading a certified EHR In all remaining years, providers have objectives to achieve, just like Medicare |

Who is Eligible to Participate



■ Medicare Program

- Doctors of Medicine or osteopathy
- Doctor of dentistry
- Doctor of podiatry
- Doctor of optometry
- Chiropractors

■ Medicaid Program

- Physicians
- Nurse Practitioners
- Certified Nurse Midwives
- Dentists
- Physician Assistants working in a Federally Qualified Health Center or rural health clinic that is so led by a PA

Must meet the Medicaid Patient Volume (MPV) threshold

- 30% MPV (dentists, physicians, NPs, etc.)
 - \$21,250 in first year, and \$8,500 in subsequent years
- Needy patient volume
 - FQHC or RHC
- The Medicaid patient volume must be a continuous 90-day period from the previous calendar year
 - i.e. Attest for 2016 program year, use a 90-day period from 2015 calendar year

Medicaid Incentive Program Payments



| CY | Medicaid EPs who begin adoption, or MU certified EHR technology in | | | | | |
|-------|--|----------|----------|----------|----------|----------|
| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
| 2011 | \$21,250 | | | | | |
| 2012 | 8,500 | \$21,250 | | | | |
| 2013 | 8,500 | 8,500 | \$21,250 | | | |
| 2014 | 8,500 | 8,500 | 8,500 | \$21,250 | | |
| 2015 | 8,500 | 8,500 | 8,500 | 8,500 | \$21,250 | |
| 2016 | 8,500 | 8,500 | 8,500 | 8,500 | 8,500 | \$21,250 |
| 2017 | | 8,500 | 8,500 | 8,500 | 8,500 | 8,500 |
| 2018 | | | 8,500 | 8,500 | 8,500 | 8,500 |
| 2019 | | | | 8,500 | 8,500 | 8,500 |
| 2020 | | | | | 8,500 | 8,500 |
| 2021 | | | | | | 8,500 |
| TOTAL | 63,750 | 63,750 | 63,750 | 63,750 | 63,750 | 63,750 |

- <http://dhs.iowa.gov/ime/providers/tools-trainings-and-services/medicaid-initiatives/EHRincentives>
- Excellent tools, guides and info. available for providers
 - Attestation Tips & Patient Volume Calculation Assistance
 - Provider Patient Volume Template
 - FQHC/RHC Patient Volume Template



Registering, Attesting and Related Information



- CMS EHR Incentives Programs – official site for information
<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>
- Medicare & Medicaid Registration & Attestation System
<https://ehrincentives.cms.gov/hitech/login.action>
- Iowa Medicaid EHR Provider Incentive Payment Portal
<https://www.imeincentives.com/login.aspx?ReturnUrl=%2f>
- Iowa DHS Health Information Technology Webpage
<http://dhs.iowa.gov/ime/providers/tools-trainings-and-services/medicaid-initiatives/EHRincentives>

Meaningful Use 2015-2017

EHR Reporting Periods 2016-2018



| Year | Eligible Professional |
|---|--|
| 2016 Returning participants | Full calendar year January 1 through December 31, 2016 |
| 2016 New participants | Any continuous 90-day period between January 1 and December 31, 2016 |
| 2017 Returning participants | Full calendar year January 1 through December 31, 2017 |
| 2017 New participants and/or choose to implement Stage 3 | Any continuous 90-day period between January 1 and December 31, 2016 |
| 2018 All Providers (except Medicaid 1 st yr. EP) | Full calendar year January 1 through December 31, 2017 |

MU Objective and Measure Requirements



Single Set of Objectives and Measures + CQMs

- **10 Core Criteria for EPs**
 - Including consolidated Public Health Objective
- **9 Clinical Quality Measures (CQMs)**



MU Objectives and Measures 2015-2017



| Objective | EP Measure Overview |
|---------------------------------|--|
| Protect Patient Health Info. | Conduct or review security risk analysis; implement updates; correct deficiencies |
| Clinical Decision Support | 5 rules related to 4+ CQM; drug/drug and drug/allergy interaction check |
| CPOE | >60% medication orders, >30% lab orders, > 30% radiology orders |
| Electronic Prescribing (eRx) | >50%; drug formulary query |
| Health Information Exchange | Use CEHRT to create summary; >10% electronically transmit for transitions of care or referrals |
| Patient Specific Education | >10% unique patients |
| Medication Reconciliation | >50% transitions into the care of the EP |
| Patient Electronic Access (VDT) | >50% timely access provided to patient to View/Download/Transmit (VDT) their health information; 1 patient must VDT to a third party |
| Secure Electronic Messaging | 1 patient must send secure message or receive message; fully enabled |
| Public Health Reporting | 4 measure options - attest to 2 |

Clinical Quality Measures (CQMs)



- Select and report 9 CQMs (64 to choose from)
- Measures selected must cover at least 3 of the 6 available National Quality Strategy (NQS) domains

The 6 NQS domains are:

1. Patient and Family Engagement
2. Patient Safety
3. Care Coordination
4. Population/Public Health
5. Efficient Use of Healthcare Resources
6. Clinical Process/Effectiveness

Payment Adjustment Facts



- No Medicaid payment adjustments
- EPs - payment adjustment is applied to Medicare Physician Fee Schedule (MPFS) and amounts established by law
 - For 2015 – 99% of MPFS
 - For 2016 – 98% of MPFS
 - For 2017 and 2018 – 97% of MPFS
- Annual attestation required to avoid Medicare adjustment
- Medicare adjustment stops after the calendar year it was applied if the provider meets MU

If you did not successfully attest in 2015, you may apply for a hardship exception

- Apply in 2016 to avoid the 2017 Medicare payment adjustments
 - Infrastructure
 - Lack of control
 - Lack of face-to-face interaction
 - Unforeseen and/or uncontrollable circumstances
- Hardship application is available on CMS website
 - **July 1, 2016 deadline for EP and EH**

2015 – 2017: Modified Stage 2

MU Objectives & Measures

1) Protect Electronic Health Information

- Conduct or review a security risk assessment
- To include encryption of ePHI created or maintained
- No exclusions

Link to SRA tool developed by ONC and OCR

<https://www.healthit.gov/providers-professionals/security-risk-assessment-tool>

2) Clinical Decision Support (CDS)

- **Objective**: Use clinical decision support to improve performance on high-priority health conditions.
- **Measure 1**: Implement 5 CDS interventions related to 4+ CQMs at a relevant point of care for the entire EHR reporting period. If there are not 4 related to scope of practice or patient population CDS must be related to high priority conditions.
- **Exclusions**: None
- **Measure 2**: Enable & implement drug-drug and drug-allergy interaction checks for entire reporting period.
- **Exclusion**: EP who writes fewer than 100 prescriptions

3) Computerized Provider Order Entry

- **Objective:** Use CPOE for medication, laboratory and radiology orders directly entered by any licensed healthcare professional that can enter orders into the medical record per state, local and professional guidelines during the EHR reporting period.
- **Measure 1:** Use CPOE for 60%+ medication orders
- **Measure 2:** Use CPOE for 30%+ lab orders
- **Measure 3:** Use CPOE for 30%+ radiology orders
- **Exclusions for all 3:** Any EP who writes <100 medication, laboratory or radiology orders during the reporting period
- **Alternate Exclusion Measure 2:** EPs scheduled to be in Stage 1 in 2016 may claim an exclusion for Measure 2 of Stage 2 CPOE objective in 2016
- **Alternate Exclusion Measure 3:** EPs scheduled to be in Stage 1 in 2016 may claim an exclusion for Measure 3 of Stage 2 CPOE objective in 2016

4) ePrescribing (eRx)

- **Objective:** Generate and transmit permissible prescriptions electronically (eRx)
- **Measure:** 50%+ permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT
- **Exclusions:**
 - Writes <100 permissible prescriptions during reporting period
 - Does not have a pharmacy w/I 10 miles that accepts eRx

5) Health Information Exchange

- **Objective:** EP, EH or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for each transition of care or referral
- **Measure:** Provider that refers **must** --
 - Use CEHRT to create a summary of care record, and
 - Electronically transmit such summary to a receiving provider for 10%+ of transitions of care or referrals
- **Exclusion:** Any EP who transfers a patient to another setting or refers at patient to another provider <100 times during the reporting period. No exclusions for EH or CAH.

6) Patient Specific Education

- **Objective:** Use clinically relevant information from CEHRT to identify patient-specific education resources and provider those resources to the patient.
- **Measure:** Patient-specific education resources identified by CEHRT are provided to patients for 10%+ of all unique patients with an office visit seen by the EP or admitted as inpatient or emergency room for EH or CAH during the reporting period
- **Exclusions:** Any EP who has no office visits during the reporting period.

7) Medication Reconciliation

- **Objective**: the EP, EH or CAH that received a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.
- **Measure**: the EP performs medication reconciliation for 50%+ of transitions of care in which the patient is transitioned into the care of the EP
- **Exclusion**: Any EP who was not the recipient of any transitions of care during the reporting period

8) Patient Electronic Access

- **Objective:** Provide patients the ability to view/download/or transmit (VDT) their health info. within 4 business days of the information being available to the EP
- **Measure 1:** +50% of all unique patients seen by EP during the reporting period are provided timely online access to their health info. to VDT to a third party
- **Measure 2:** at least one patient (or authorized representative) seen by the EP during the reporting period views, downloads or transmits (VDT) his or her health info. to a third party during the reporting period

9) Secure Electronic Messaging

Objective: Use secure electronic messaging to communicate with patients on health information.

Measure: at least 1 patient seen by the EP during the reporting period was sent a secure message using the electronic messaging function (or authorized representative), or in response to a secure message sent by the patient (or authorized representative).

Exclusion: any EP who has no office visits during the reporting period, or conducts 50%+ encounters in a county that does not have 50%+ of its housing units with 4Mbps broadband availability from the FCC.

10) Public Health Objective (PHO) and Clinical Data Registry (CDR) Reporting

- **Objective:** The EP is in “active engagement” with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

- EP must meet 2 measures
- “Active engagement”

Option 1: completed registration to submit data to a PHA or CDR within 60 days after the start of the reporting period, and is waiting an invitation from the PHA or CDR to begin testing

Option 2: is in the process of testing and validation of the electronic submission of the data

Option 3: is electronically submitting production data to the PHA or CDR

10) Public Health Objective – *Continued*

- Measure Option 1 – Immunization Registry Reporting: EP is in active engagement with a public health agency to submit immunization data
- Exclusions for Measure 1: Any EP meeting 1 or more of the following criteria may be excluded from the immunization registry reporting measure if the EP:
 - Does not administer any immunizations to any populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period
 - Operates in a jurisdiction for which no immuniz. registry or immuniz. info. system is capable of accepting the specific standards required to meet CEHRT definition start of the EHR reporting period
 - Operates in a jurisdiction where no immuniz. registry or immuniz. info. system has declared readiness to receive immuniz. data from the EP at the start of the EHR reporting period.

10) Public Health Objective – *Continued*

- Measure Option 2 – Syndromic Surveillance Reporting: The EP is in active engagement with a pub. hlth. agency to submit syndromic surveillance data
- Exclusions for Measure 2: Any EP meeting one or more of the following criteria may be excluded from this measure if the EP:
 - Is not in a category of providers from which ambulatory synd. surveillance data is collected by their jurisdiction's synd. surveillance system
 - Operates in a jurisdiction for which no pub. hlth. 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
 - 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

10) Public Health Objective – *Continued*

- Measure Option 3 – Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.
- Exclusions: Any EP meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EP:
 - 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 start of EHR reporting period
 - 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

10) Public Health Objective – *Continued*

- Alternate Exclusions for 2016: EPs scheduled to be in Stage 1 and Stage 2 in 2016 must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3.
 - May claim an Alternate Exclusion for Measure 2 and Measure 3 (Syndromic Surveillance and Specialized Registry Reporting).
 - An Alternate Exclusion may only be claimed for up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(i)(C).

Looking Ahead to the CMS Quality Payment Program and MACRA/MIPS

The Quality Payment Program (QPP)



- Part of a broader push towards value and quality
- In January 2015, the Department of HHS announced new goals for value-based payments and Advanced Payment Models (APMs) in Medicare
 - ✓ **Goal 1:** 30% Medicare payments are tied to quality or value through APMs by the end of 2016, and 50% by the end of 2018
 - ✓ **Goal 2:** 85% Medicare fee-for-service payments are tied to quality or value by the end of 2016, and 90% by the end of 2018

The Quality Payment Program



- Repeals the Sustainable Growth Rate (SGR) Formula
- Streamlines multiple quality reporting programs into the new Merit-Based Incentive Payment System (MIPS)
- Provides incentive payments for participation in Advanced Alternative Payment Models (APMs)
- First step to a fresh start
- A better, smarter Medicare for healthier people
- Pay for what works to create a Medicare that is enduring
- Health information needs to be open, flexible and user-centric

What is the Merit-Based Incentive Payment System?



- Combines features of 3 current quality incentive programs into a single program
 - Physician Quality Reporting System (PQRS)
 - Value-Based Modifier (VBM)
 - Meaningful Use (MU)
- Adds a 4th component to promote ongoing improvement and innovation to clinical activities
- Adjustment can be Positive, Negative, or Zero
- Jan. 1, 2019 – MIPS payment adjustment begins and applies for 2019 onward

- **EHR Incentive Program Website**

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>

- **2016 Program Requirements**

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2016ProgramRequirements.html>

- **Hardship Exception**

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship.html



Contact Information

Marlene Hodges

(515) 457-3707

mhodes@telligen.com



Carrie Ortega

IMEincentives@dhs.state.ia.us