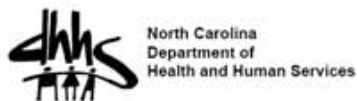


North Carolina Division of Medical Assistance Electronic Health Record Incentive Program



Understanding Meaningful Use for Eligible Providers in 2012

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Agenda

- Medicare vs. Medicaid Incentives
- Timeline of Incentive Program
- Informatics Center
- HIE Overview and Vision
- Meaningful Use
 - Overview
 - Key Elements
- Primary Care Physician Example
- Questions and Discussion
- Additional Resources

Medicare vs. Medicaid

MEDICARE

- Maximum incentive **\$44,000** over 5 years
- Incentives decrease if started after 2012
- Must begin by 2014 to receive payments
- Last payment year is 2016
- Must demonstrate Meaningful Use in Year 1
- Payment reductions begin in 2015 for providers that do not demonstrate Meaningful Use

MEDICAID

- Maximum incentive **\$63,750** over 6 years
- Incentives are same regardless of start year
- Must begin by 2016 to receive payments
- Payments available through 2021
- Adopt, Implement or Upgrade in Year 1
- No Medicaid payment reductions

Timeline of EHR Incentive Program

- EPs may participate in 6 of 10 years – 2011-2021
 - Participation years do not have to be consecutive.
- Year One - an EP will Adopt, Upgrade or Implement a certified EHR technology.
- Year Two - Meaningful Use. Providers attest to a 90 day period in the current calendar year.
- Year Three and beyond - EPs will attest to Meaningful Use for the entire year.
- Stage 2 of Meaningful Use will be rolled out in 2013-2014 and include an expansion of reporting measures such as increased reporting time but may also include additional measures or tightening of measures. Stage 2 is still under development.

2011 -
Program
begins

2011

2016 - Last year to begin
program and receive full
incentive payments

2016

2021 -
Program
ends

2021

Informatics Center

Currently

- 3 month old data
- Information on populations
- Difficult to drill down

In the Future

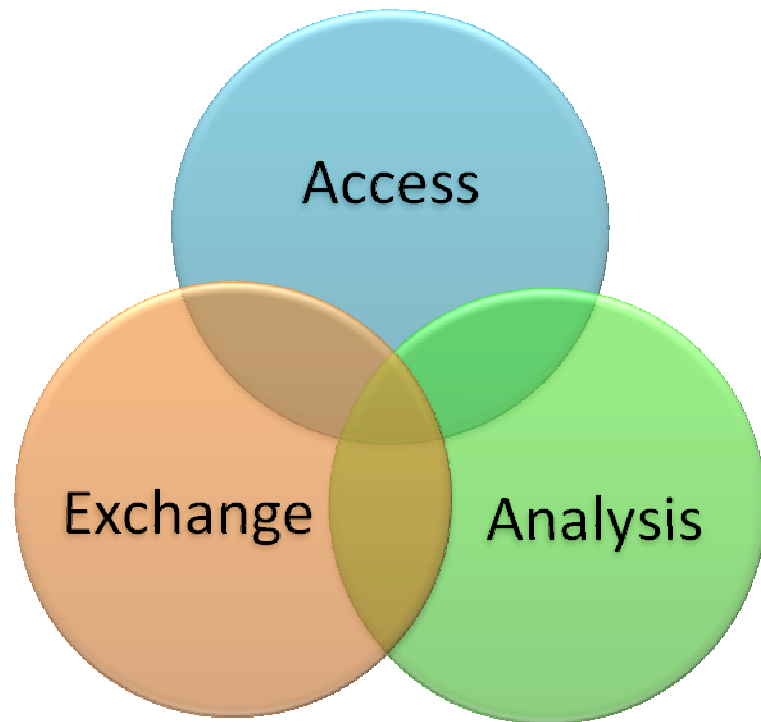
- Real-time data
- Dashboards that allow easy drill down
- Interfaces with provider portals
- ?

NC HIE Overview



- Fills the gap between regional and federal initiatives – serving as fabric to bring components together
- Landscape of health IT – Meaningful Use, EHRs
- Better care, better health for North Carolinians
- Consumer-centered system puts patients in control of their own health
- Built for the unique needs of NC's health care system

NC HIE Vision



NCHIE will provide a set of secure, scalable information services that promotes the *Access, Exchange and Analysis* of healthcare information, improving medical decision-making and coordination of care that improves health outcomes and controls healthcare costs.

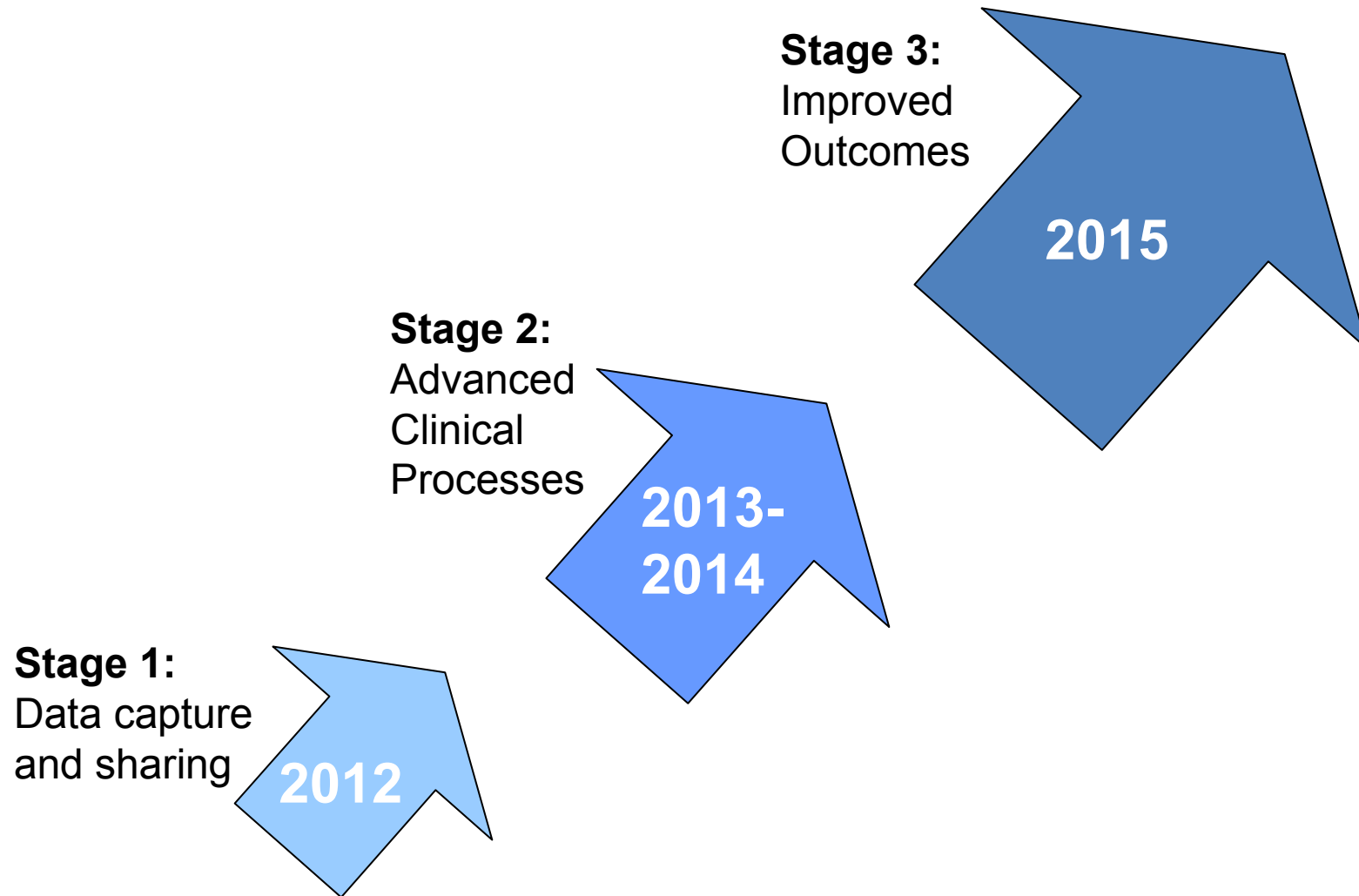
What is Meaningful Use?

- Meaningful Use (MU) is using certified EHR technology to
 - Improve quality, safety, efficiency, and reduce health disparities
 - Engage patients and families in their health care
 - Improve Care coordination
 - Improve population and public health
 - All the while maintaining privacy and security
- Meaningful Use is mandated by law to receive incentives

What is Meaningful Use?

- The Recovery Act specifies the following 3 components of Meaningful Use:
 1. Use of certified EHR in a meaningful manner (e.g., e-prescribing)
 2. Use of certified EHR for electronic exchange of health information to improve quality of health care
 3. Use of certified EHR to submit Clinical Quality Measures (CQM)

Conceptual Approach to MU



Requirements for Stage 1 MU (2012)

- Basic Overview of Stage 1 Meaningful Use:
 - Reporting period is 90 days for first year and 365 days in subsequent years
 - Reporting through attestation
 - Objectives and Clinical Quality Measures
 - Reporting takes the form of yes/no or numerator/denominator attestation
 - To meet certain objectives/measures, 80% of **ALL** patients must have records in the certified EHR technology

Stage 1 Objectives and Measures Reporting

- Eligible Professionals must complete:
 - 15 core objectives
 - 5 objectives out of 10 from menu set
 - 6 total Clinical Quality Measures
(3 core or alternate core, and 3 out of 38 from additional set)

Meaningful Use Measures

<https://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf>

Exclusions

- Some MU objectives are not applicable to every provider's clinical practice, thus they would not have any eligible patients or actions for the measure denominator. Exclusions do not count against the 5 optional measures.
- In these cases, the eligible professional, eligible hospital or CAH would be excluded from having to meet that measure.

For example:

Dentists who do not perform immunizations would be excluded from the measure that requires capability to submit electronic data to immunization registries/systems.

Chiropractors do not prescribe and would therefore be excluded from the E-Prescribing (eRx) measure.

MU Denominators

- Two types of percentage-based measures are included in demonstrating Meaningful Use:
 - Denominator is ALL patients seen or admitted during the EHR reporting period
 - The denominator is all patients regardless of whether their records are kept using certified EHR technology
 - Denominator is actions or subsets of patients seen or admitted during the EHR reporting period
 - The denominator only includes patients, or actions taken on behalf of those patients, whose records are kept using certified EHR technology

Primary Care Example

- Dr. Jones is a primary care physician that has received a Year 1 payment for A/I/U to a certified EHR technology
- Must attest to:
 - 15 core objectives
 - 5 objectives out of 10 from a menu set
 - 6 total Clinical Quality Measures
 - 3 core or alternate core AND 3 out of 38 from an additional set
- Year 2 - the reporting period is 90 days from the current calendar year
- Year 3 - the reporting period is entire year



Reporting years do not need to be consecutive.

MU Core Objectives

Eligible Professionals – 15 Core Objectives

1. Computerized provider order entry (CPOE)
2. Drug-drug and drug-allergy interaction checks
3. Maintain an up-to-date problem list of current and active diagnoses
4. E-Prescribing (eRx)
5. Maintain active medication list
6. Maintain active medication allergy list
7. Record demographics
8. Record and chart changes in vital signs
9. Record smoking status for patients 13 years or older
10. Report ambulatory clinical quality measures to CMS/States
11. Implement one clinical decision support rule
12. Provide patients with an electronic copy of their health information, upon request
13. Provide clinical summaries for patients for each office visit
14. Capability to exchange key clinical information among providers of care and patient-authorized entities electronically
15. Protect electronic health information

MU Core Objective #4

E-Prescribing (eRx)

- **Objective** Generate and transmit permissible prescriptions electronically (eRx).
- **Measure** More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.
- **Exclusion** Any EP who writes fewer than 100 prescriptions during the EHR reporting period.

MU Core Objective #4

E-Prescribing (eRx)

- DENOMINATOR: Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period.
- NUMERATOR: Number of prescriptions in the denominator generated and transmitted electronically.
- EXCLUSION: EPs who write fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. EPs must enter the number of prescriptions written during the EHR reporting period in the Exclusion box to attest to exclusion from this requirement.

The resulting percentage (Numerator ÷ Denominator) must be more than 40 percent in order for an EP to meet this measure.

MU Core Objective #14

Electronic Exchange of Clinical Information

- **Objective** Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, and diagnostic test results), among providers of care and patient authorized entities electronically.
- **Measure** Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.
- **Exclusion** No Exclusion.

MU Core Objective #14

Electronic Exchange of Clinical Information

- **Attestation Requirements YES / NO**
- Eligible professionals (EPs) must attest YES to having performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information prior to the end of the EHR reporting period to meet this measure.

Measure also contains definitions and additional information.

Read the entire Meaningful Use Measure 14 at

http://www.cms.gov/EHRIncentivePrograms/Downloads/14_Electronic_Exchange_of_Clinical_Information.pdf

MU Menu Objectives

- Menu objectives – may defer 5 of 10
- **Eligible Professionals –10 Menu Objectives**
 1. Drug-formulary checks
 2. Incorporate clinical lab test results as structured data
 3. Generate lists of patients by specific conditions
 4. Send reminders to patients per patient preference for preventive/follow up care
 5. Provide patients with timely electronic access to their health information
 6. Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate
 7. Medication reconciliation
 8. Summary of care record for each transition of care/referrals
 9. Capability to submit electronic data to immunization registries/systems*
 10. Capability to provide electronic syndromic surveillance data to public health agencies*

* At least 1 public health objective must be selected.

MU Menu Objective #3

Patient Lists

- **Objective** Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.
- **Measure** Generate at least one report listing patients of the EP with a specific condition.
- **Exclusion** No Exclusion.

MU Menu Objective #3

Patient Lists

- **Attestation Requirements YES / NO**
- Eligible professionals (EPs) must attest YES to having generated at least one report listing patients of the EP with a specific condition to meet this measure.
- **Additional Information**
- This objective does not dictate the report(s) which must be generated. An EP is best positioned to determine which reports are most useful to their care efforts.
- The report generated could cover every patient whose records are maintained using certified EHR technology or a subset of those patients at the discretion of the EP.
- The report generated is required to include only patients whose records are maintained using certified EHR technology.

MU Clinical Quality Measures

EP – Core and Alternate Core Set CQMs

NQF Measure Number & PQRI Implementation Number	Clinical Quality Measure Title
Core Set CQMs	
NQF 0013	Hypertension: Blood Pressure Measurement
NQF 0028	Preventive Care and Screening Measure Pair: a) Tobacco Use Assessment, b) Tobacco Cessation Intervention
NQF 0421 PQRI 128	Adult Weight Screening and Follow-up
Alternate Core Set CQMs	
NQF 0024	Weight Assessment and Counseling for Children and Adolescents
NQF 0041 PQRI 110	Preventive Care and Screening: Influenza Immunization for Patients 50 Years Old or Older
NQF 0038	Childhood Immunization Status

MU Clinical Quality Measures

- **Additional Set CQM–EPs must complete 3 of 38**

1. Diabetes: Hemoglobin A1c Poor Control
2. Diabetes: Low Density Lipoprotein (LDL) Management and Control
3. Diabetes: Blood Pressure Management
4. Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
5. Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)
6. Pneumonia Vaccination Status for Older Adults
7. Breast Cancer Screening
8. Colorectal Cancer Screening
9. Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD
10. Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
11. Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment
12. Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
13. Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
14. Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
15. Asthma Pharmacologic Therapy
16. Asthma Assessment
17. Appropriate Testing for Children with Pharyngitis
18. Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
19. Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients

MU Clinical Quality Measures

- **Additional Set CQM–EPs must complete 3 of 38 (cont.)**

20. Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
21. Smoking and Tobacco Use Cessation, Medical Assistance: a) Advising Smokers and Tobacco Users to Quit, b) Discussing Smoking and Tobacco Use Cessation Medications, c) Discussing Smoking and Tobacco Use Cessation Strategies
22. Diabetes: Eye Exam
23. Diabetes: Urine Screening
24. Diabetes: Foot Exam
24. Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol
26. Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation
27. Ischemic Vascular Disease (IVD): Blood Pressure Management
28. Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
29. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a) Initiation, b) Engagement
30. Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
31. Prenatal Care: Anti-D Immune Globulin
32. Controlling High Blood Pressure
33. Cervical Cancer Screening
34. Chlamydia Screening for Women
35. Use of Appropriate Medications for Asthma
36. Low Back Pain: Use of Imaging Studies
37. Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control
38. Diabetes: Hemoglobin A1c Control (<8.0%)

Additional Resources

- Meaningful Use Overview
- http://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp
- Meaningful Use Measures
- <https://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf>
- Clinical Quality Measures
- http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp

Questions?

- How can we help?
- What do you need?

Contact Information

- For questions on the program or process, please contact NCMedicaid.HIT@dhhs.nc.gov.
- For technical issues or to inquire about the status of your attestation, please contact ncmips@csc.com or 1-866-844-1113.

Additional Resources

- Medicare Reimbursement Schedule
- Medicaid Reimbursement Schedule
- MU Core Objectives
- MU Menu Objectives

Medicare Reimbursement Schedule

	Begin in 2011	Begin in 2012	Begin in 2013	Begin in 2014	Begin in 2015
Payment for 2011	\$18,000				
Payment for 2012	\$12,000	\$18,000			
Payment for 2013	\$8,000	\$12,000	\$15,000		
Payment for 2014	\$4,000	\$8,000	\$12,000	\$12,000	
Payment for 2015	\$2,000	\$4,000	\$8,000	\$8,000	
Payment for 2016		\$2,000	\$4,000	\$4,000	
Total Payment	\$44,000	\$44,000	\$39,000	\$24,000	

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