

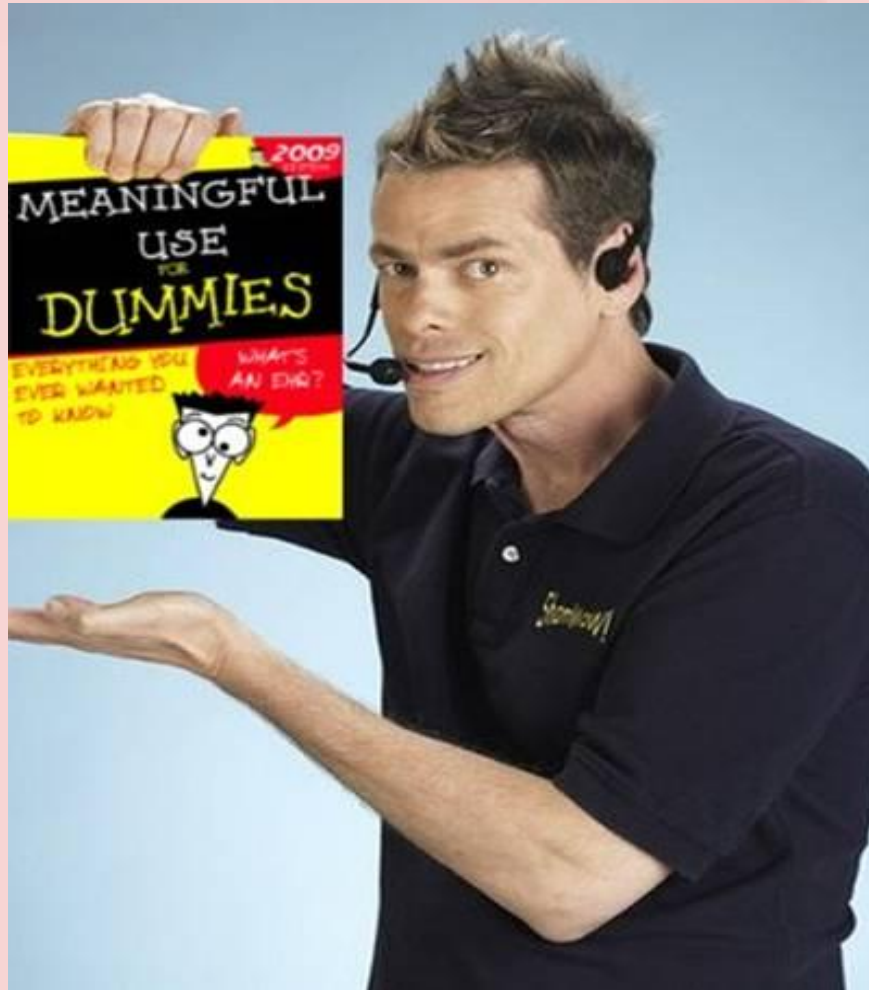
Meaningful Use Texas ACC

Cathleen Biga

cbiga@cardiacmgmt.com



Cardiovascular Management of Illinois



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Medicare	Medicaid
Feds will implement (will be an option nationally)	Voluntary for States to implement (may not be an option in every State)
Fee schedule reductions begin in 2015 for providers that are not Meaningful Users	No Medicaid fee schedule reductions
Must be a meaningful user in Year 1	A/I/U option for 1 st participation year
Maximum incentive is \$44,000 for EPs	Maximum incentive is \$63,750 for EPs
MU definition will be common for Medicare	States can adopt a more rigorous definition (based on common definition)
Medicare Advantage EPs have special eligibility accommodations	Medicaid managed care providers must meet regular eligibility requirements
Last year an EP may initiate program is 2014; Last payment in program is 2016; Payment adjustments begin in 2015	Last year an EP may initiate program is 2016; Last payment in program is 2021
Only physicians, subsection (d) hospitals and CAHs	5 types of EPs, 3 types of hospitals

	First Calendar Year in which the EP receives an Incentive Payment				
Calendar Year	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015 and later
2011	\$18,000				
2012	\$12,000	\$18,000			
2013	\$8,000	\$12,000	\$15,000		
2014	\$4,000	\$8,000	\$12,000	\$12,000	
2015	\$2,000	\$4,000	\$8,000	\$8,000	\$0
2016		\$2,000	\$4,000	\$4,000	\$0
TOTAL	\$44,000	\$44,000	\$39,000	\$24,000	\$0



MEANINGFUL USE

CONCERNS

- CMS, ONC underestimate current EHR limitations/realities in ambulatory setting
- Lack of interface capability among practices, labs, hospitals, pharmacies will make it difficult for most EPs to meet measurement targets.
- Incentives do not begin to cover costs associated with EHR purchase/training/use/maintenance
- Measurements not realistic for initial stages—overly burdensome even for early adaptors
- Prerequisites are extremely expensive—cardiology reeling from 2010 PFS and many will not be able to afford to participate
- Vendors are not ready with tools practitioners need



MEANINGFUL USE

- To encourage participation, CMS should permit attestation for Stage One and then increase measurement targets in subsequent years
- Eliminate all numerator/denominator requirements
- Accept CCHIT certification
- Employed specialists who practice in ambulatory setting also should be able to take part in incentive program



Brief overview of meaningful use...CMS

- Stage 1 – electronically capturing health info in a coded format
- Track key clinical conditions and communicate that info for care coordination
- Implement clinical decision support tools to facilitate disease and med management
- Report clinical quality and public health info
- Require offices to provide patients and others with EHR copies
- Use of CPOE 80% of the time



HIT and PQRI

- PQRI was extended to 2011 at 1% of allowable
 - 0.5% for 2012-2014
 - 2012 we get “timely” feedback 😊
- Adding an appeals process
 - FINALLY



Stage 1

- 25 measures
 - 8 have yes or no structured measures
 - 17 have numerator and denominator
- Done by attestation in 2011
- Done electronically in 2012



Use Computer Provider Order Entry (CPOE)	CPOE is used for at least 80% of all orders; 10% for hospitals	X
Implement drug/allergy checks	Function is enabled	X
Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT®	At least 80% of all unique patients have at least one entry or an indication of none recorded.	X
E-prescribing (EP only)	At least 75% of all permissible prescriptions written by the EP are transmitted electronically	?
Maintain active medication/allergy list	At least 80% of all unique patients have at least one entry or an indication of “none”	X
Record demographics	At least 80% of all unique patients have demographics recorded	X
Record and chart changes in vital signs	For at least 80 percent of all unique patients age 2 and over seen by the EP or admitted to the eligible hospital, record blood pressure and BMI; additionally, plot growth chart for children age 2 to 20	X
Record smoking status for patients 13 years old or older	At least 80% of all unique patients 13 years old or older have “smoking status” recorded	X

Incorporate clinical lab-test results into EHR as structured data	At least 50% of all clinical lab tests results are incorporated as structured data	X
Generate lists of patients by specific conditions	Generate at least one report listing patients with a specific condition	X
Report ambulatory quality measures to CMS or the States (EP only)	For 2011, an EP/hospital would attest this has been done	X
Send reminders to patients for preventive/follow-up care	Reminders sent to at least 50% of all unique patients that are 50 and over	?
Implement five clinical decision support rules relevant to specialty or high clinical priority	Implement five clinical decision support rules relevant to the clinical quality metrics the EP/Eligible Hospital is responsible for	?
Check insurance eligibility electronically	Insurance eligibility checked electronically for at least 80% of all unique patients	X
Submit claims electronically to public and private payers.	At least 80 % of all claims filed electronically	X
Provide patients with an electronic copy of their health information upon request	At least 80% of all patients who request an electronic copy of their health information are provided it within 48 hours	X

Provide patients with electronic access to their health information within 96 hours of the information being available (EP only)	At least 10% of all unique patients are provided timely electronic access to their health information	? Portal
Provide clinical summaries to patients for each office visit. (EP only)	Clinical summaries provided to patients for at least 80% of all office visits	X
Exchange key clinical information among providers of care and patient authorized entities electronically and provide summary care record	Provide summary of care record for at least 80 % of transitions of care and referrals; Perform at least one test of certified EHR technology's capacity to electronically exchange key clinical information	?
Perform medication reconciliation at relevant encounters and each transition of care and referral	Perform medication reconciliation for at least 80 % of relevant encounters and transitions of care	X
Submit electronic data to immunization registries and actual submission where required and accepted	Performed at least one test submission to immunization registries and public health agencies	X
Provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies	?
Protect electronic health information through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis and implement security updates as necessary	?

EXAMPLE: Alert on Risk Factors if information is missing.

MR: Bill Test - [03/02/2010 01:24 PM : "RiskFactors"]

Default View Tools Utilities Window Help

Elk Grove Chamberlin MD, Jack

Home Card Hx **Risk Fx** Procs PMH SH / FH ROS Exam

Dr Paul Grunenwald MD Office # Elk Grove 2231 Hosp # OK DOB 11/12/1900 10 M

Reviewed Tasks Web Sticky Note Tob HTN Chol FH DM PVD

Tobacco
 Yes Former
 No Unknown
Type
Year Quit
Packs / Day
Yrs Smoked
Pack Years

Diabetes
 Yes No Unknown
 Type 1 (Juvenile)

Hypertension
 Yes No Unknown
Yr Diagnosed

Dyslipidemia
 Yes No Unknown
Type

Lipids Smoking Cessation Discussed

Lab Date	Chol	HDL	LDL

Family History Summary

Family Member /	Name	History
Father		CAD at 6

Cmi CDSAlert MR Reviewed

CDS Name	CDS Description
Risk Factor	Diabetic Screening not done
Risk Factor	Smoking Cessation Discussed not done
Risk Factor	Smoking screening not done

Tobacco
 Yes Former
 No Unknown
 Smoking Cessation Discussed

Diabetes
 Yes
 No
 Unknown

DRAFT

Stage 2 and 3

- Stage 2 = 2013
 - Structured information exchange and continuous quality improvement
- Stage 3 = 2015
 - Focus on decision support and population health



Brief overview of ONC

- Define standard formats for clinical summaries
- Standard terms for clinical problems, labs, medications, allergies
- Standards for secure transmission of PHI over the internet
- Took into account current regulations from HIPAA, eRx, and transaction code sets
- They did mention that “we” could put together a system composed of different modules from various vendors.....now that sounds like a good idea 😊



References

- Certification Overview
 - http://healthit.hhs.gov/portal/server.pt?open=512&objID=1325&parentname=CommunityPage&parentid=1&mode=2&in_hi_userid=10741&cached=true
- ONC initiatives – HIE (health information exchange info)
 - http://healthit.hhs.gov/portal/server.pt?open=512&objID=1497&parentname=CommunityPage&parentid=4&mode=2&in_hi_userid=10741&cached=true



References

- Meaningful use
 - <http://www4.cms.gov/apps/media/press/actsheet.asp?Counter=3564&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=6&intPage=&showAll=&pYear=&year=&desc=&cboOrder=date>
- Quite a lot to type so google CMS meaningful use and you will get to it

