



Pain Points in Meaningful Use

What we've learned and what to expect

Fiona Taggart, MIS

Audits

Meaningful
Use...Killed
it!



So you
think

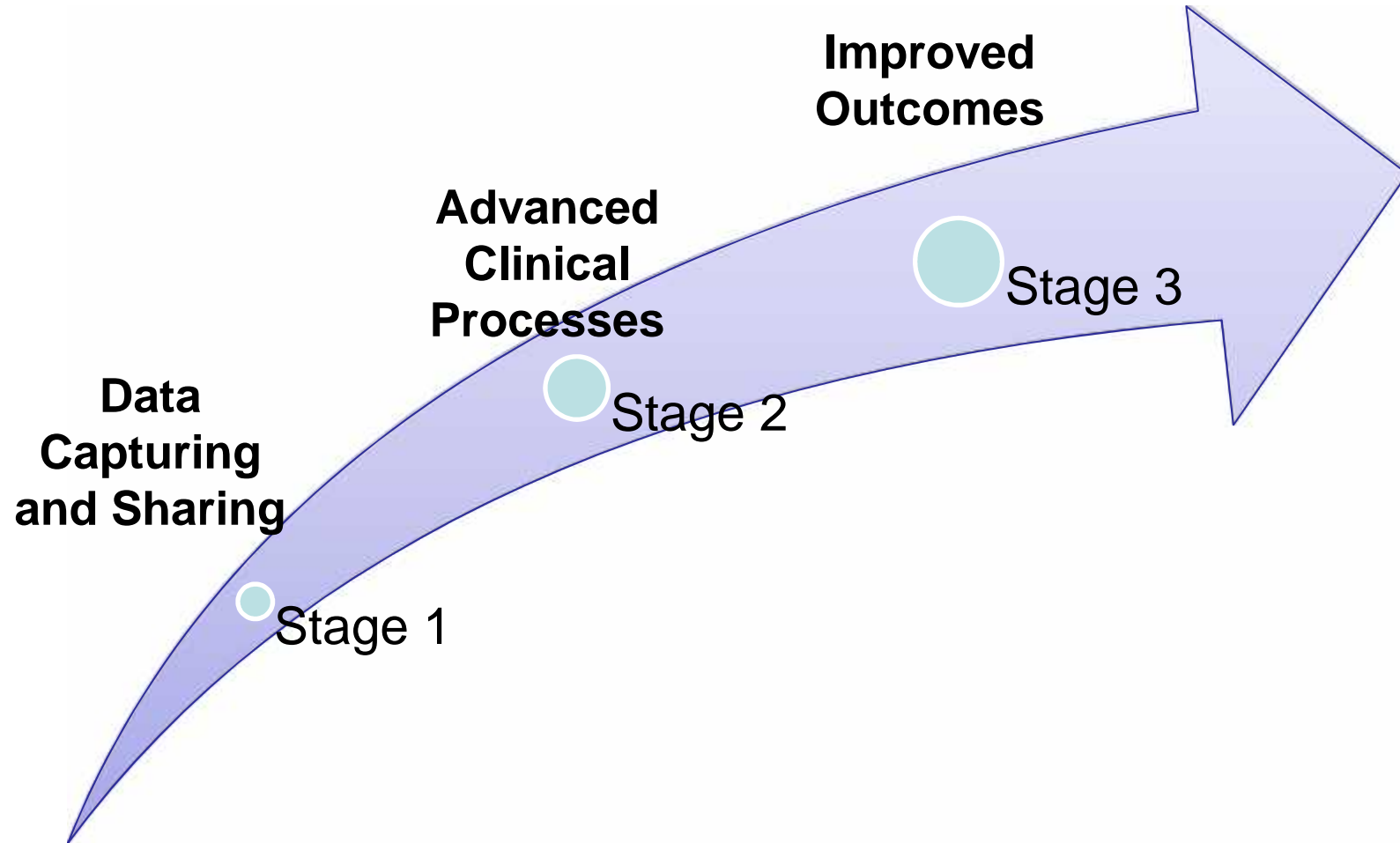
<http://themetapicture.com/the-circle-of-life/?&cuid=1b4168ce22246bc00d5a25231d7a9f81>

Document

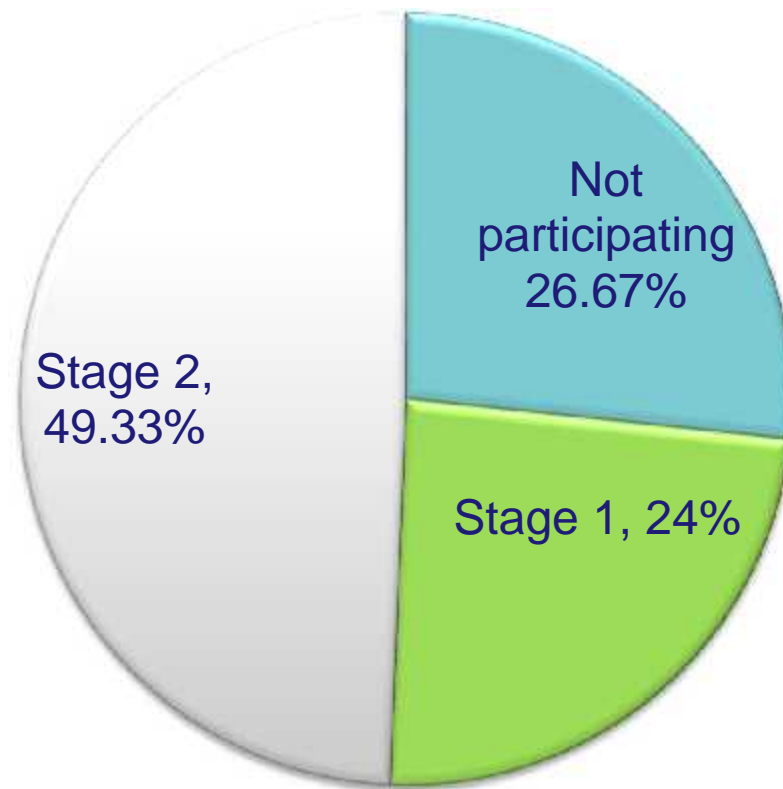
❖ Screen shots

- Include date
- Include visible EMR name

Meaningful Use



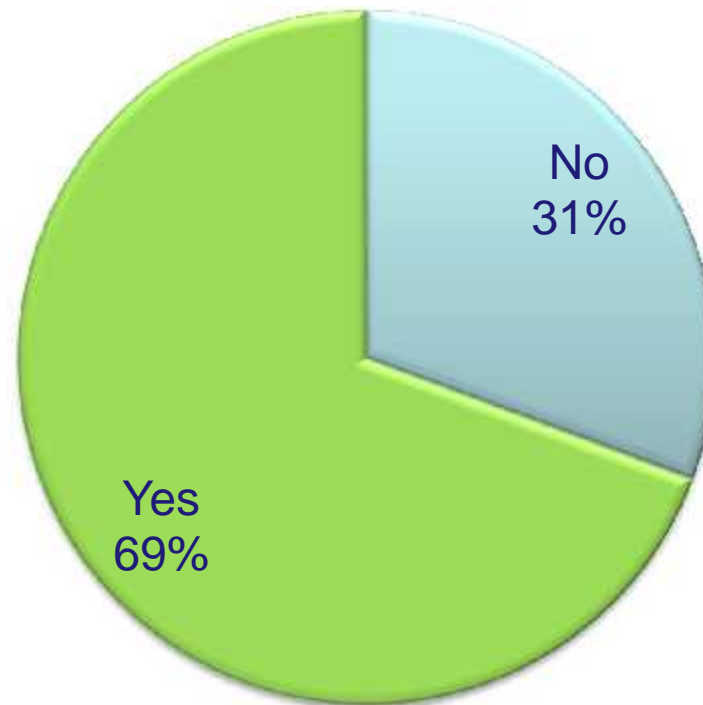
2015 Providers Scheduled MU



<http://hitconsultant.net/2015/04/03/mu-stage-3-proposed-rule-5-toughest-measures/>

Confident Your Organization Will Meet the Requirements This Year

Confidence Level



<http://hitconsultant.net/2015/04/03/mu-stage-3-proposed-rule-5-toughest-measures/>


Stage 3 by 2018?

Do you think you will be able to catch up to Stage 3 by 2018?




<http://hitconsultant.net/2015/04/03/mu-stage-3-proposed-rule-5-toughest-measures/>

Proposed Stage 3

 “These proposed rules will give providers **additional flexibility**, make the program **simpler**, and **drive interoperability** among electronic health records, and increase the **focus on patient outcomes to improve care.**”

http://www.healthit.gov/sites/default/files/CMS-Stage-3-Meaningful-Use-proposed-rule%20_FactSheet.pdf

Goal

 “ONC’s proposed rule will be an integral component in the shared nationwide effort to achieve an **interoperable health system,**”

- Karen DeSalvo, M.D., M.P.H, M.Sc., National Coordinator for Health IT

<http://www.hitechanswers.net/breaking-news-meaningful-use-stage-3-nprm-released/>

2017 and 2018

- Proposed “optional” year 2017
- 2018 All providers will report on the same streamlined definition of State 3 MU
- Starting 2017 regardless of prior participation it would require 365 day reporting

http://www.healthit.gov/sites/default/files/CM-S-Stage-3-Meaningful-Use-proposed-rule%20_FactSheet.pdf

	2011	2012	2013	2014	2015	2016	2017	2018	2019 and beyond
2011	1	1	1	2	2	2	2 or 3	3	3
2012	-	1	1	2	2	2	2 or 3	3	3
2013	-	-	1	1	2	2	2 or 3	3	3
2014	-	-	-	1	1	2	2 or 3	3	3
2015	-	-	-	-	1	1	1, 2 or 3	3	3
2016	-	-	-	-	-	1	1, 2 or 3	3	3
2017	-	-	-	-	-	-	1, 2 or 3	3	3
2018	-	-	-	-	-	-	-	3	3
2019	-	-	-	-	-	-	-	-	3

Stage 3

- ④ Simplifying meaningful use objectives and measures
- ④ Reducing the overall number of objectives to eight to focus on advanced use of EHRs;
- ④ Removing measures that are redundant or received wide-spread adoption;
- ④ Aligning clinical quality measure reporting with other CMS programs

1. Security and Risk Analysis

Security Gate Fail



GIFSec.com

healthLINC

CONNECT. CARE. COLLABORATE.

2. eRx

- EPs 80% prescriptions transmitted electronically
- Hospitals 25% discharge medication orders
- Queried for drug formulary checks

3. Clinical Decision Support




- EPs and Hospitals 5 CDS related to 4 CQM
- Drug-drug and drug-allergy interaction checks

4. CPOE

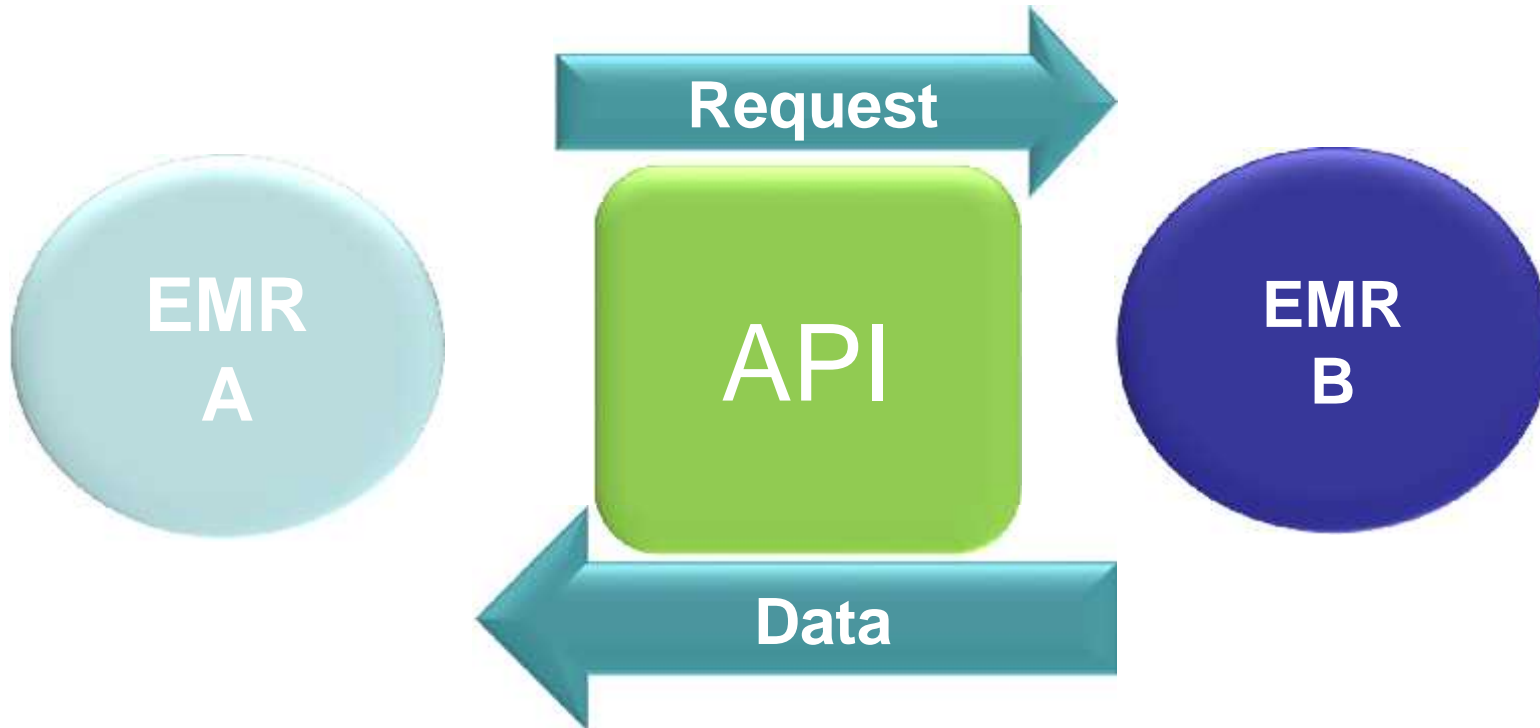
- 80% medication orders
- 60% lab orders
- 60% diagnostic images

5. Patient Electronic Access to Health Information

 80% of all unique patients view online, download, and transmit their health information, or retrieve their health information through an API within 24 hours

API

API = Application Programming Interface




5. Patient Electronic Access Continued

- The EP, eligible hospital or CAH must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients


6. Coordination of Care through Patient Engagement

- Use communications functions of EHR technology to engage with patients or their authorized representatives
- must meet the thresholds of two of three measures

Measure 1

-  More than 25 percent of all unique patients seen by the EP or discharged from an EH must either
1. view, download or transmit to a third party their health information
 2. access their health information through the use of an ONC-certified API or

Measure 2: Secure Message

 For more than 35 percent of all unique patients seen by the EP, or discharged from the EH, a secure message was sent or received

Measure 3: Patient Generated Health Data

☉ Patient-generated health data from **non clinical** setting is incorporated into the EHR for more then **15 percent** of all unique patients seen by the EP or discharged from the hospital



<http://blog.corewalking.com/wp-content/uploads/2013/01/pedometer.jpg>


7 Health Information Exchange

- ④ **Provide or retrieve a summary of care record** when accepting, transitioning or referring a patient to another setting of care.
- ④ **Must meet 2 of the 3 measures.**


HIE Measure 1

- 50% of transitions of care and referrals the provider of care—
- (1) creates a summary of care record using CEHRT; and
- (2) electronically exchanges the summary of care record

HIE Measure 2

 **40 percent of transitions or referrals** received in which the provider has never before encountered the patient, the EP or EH incorporates an **electronic summary of care document** from a source other than the provider's EHR system into the patient's record

HIE Measure 3

 80 percent of transitions or referrals received, in which the provider has never before encountered the patient must to 2 of the 3.

1. Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication.
2. Medication allergy. Review of the patient's known allergic medications
3. Current Problem list. Review of the patient's current and active diagnoses.

TR'D 70101

04/23/2008
10:56:47
PAGE 1

Bloomington Hosp. of Orange County
642 W HOSPITAL RD
PAOLI, IN, 47454
812-753-7434

Name: _____ Sample ID: _____
Patient ID: _____ Sample Type: Serum
Date of Birth: _____ Doctor: LWP
Age: _____ Collection Date/Time: 04 / 2008 08:35
Sex: M Run Date/Time: 04 / 2008 10:39
Location: JUBILEE Rack/Pos/Rep: _____
Pat. Comment: _____
Sample Comment: _____
Dilution: _____

Chemistry	Result	Units	Reference Range	Remarks
HA	139	mmol/L	136 - 144	
K	4.3	mmol/L	3.6 - 5.1	
CL	103	mmol/L	98 - 111	
CO2	28	mmol/L	22 - 32	
CALC	9.5	mg/dL	8.9 - 10.3	
ALB	4.2	g/dL	3.5 - 4.8	
BUN	9	mg/dL	8 - 26	
CREA	1.09	mg/dL	0.50 - 1.20	
GLUC	102	mg/dL	60 - 109	
TOTAL PROTEIN	7.3	g/dL	6.0 - 8.4	
ALK PHOS	57	U/L	32 - 81	
ALT	28	U/L	10 - 40	
AST	34	U/L	15 - 41	
CHOL	183	mg/dL	130 - 199	
HDL	31	mg/dL	60 - 99	
TRIG	318	mg/dL	30 - 149	
TBIL	1.2	mg/dL	0.3 - 1.2	

Calculated Values	Results	Units
OSMOLALITY(1)	276.4	mOsm/L
ANION GAP(2)	12.3	mmol/L
A/G RATIO	1.4	
BUN/CREA RATIO	8.7	
LDG CALCULATION	103	mg/dL

When Applicable:
Reference Range:

LDL	<100mg/dL
Cholesterol	175-295
	mg/dL
Anion Gap	1-16 mmol/L
BUN/Crea Ratio	10.0-20.0
Alb/Glob Ratio	1.0-1.6

Reference: Laboratory Test Handbook, 5th Edition, 2001

*HDL "good" cholesterol
much lower, trig
Reason: ↑
- by absorption of mg glucose
- mostly least diet
- olive oil on carbs oil +
Jams, fruit foods
- over 75 veg/fruit a day
- glucose oil on glucose
T/gm gal
- 30" walk, mostly 7/8
- RTG, available lipid, Ac
3mmO
LWP
4-24-08*

Electronic CCD

Welcome, Dr PCP - Thurs

ARDELL, MARILYN - 04/05/1926 F 456789.GEN Visit Facility From To

All Summary Lab Trends Lab Rad Reports Rx ADT Vitals x Summary Open Report

Basic

Name: ARDELL, MARILYN Age: 80
Address: 8407 MCLELLAN ROAD Born: 05-Apr-1926
Santa Anna, CA 95076 Sex: F MRN or ID: 456789 [GEN]
000323290013[Elysium]
Home: Work:

Eligibility

Insurance Co.	Plan Benefit	Member ID	Grp ID	Admin	Eff	Exp	CP	Primary Physician
BLUE SHIELD PLAN 0200 (PLUS)		4308457077-000					\$10	STEVEN J JONES

Allergies

First Noted	Drug Name	Dose Form Strength	Reaction	Group	Reported By
02/08/04	Amoxicillin	Amoxicillin (Trihydrate) Cap 500 MG	Skin Rashes/Hives	Penicillins	D. PCP
01/08/03	Erythromycin Base	Erythromycin Tab 500 MG	Nausea/Vomiting/Diarrhea	Macrolides	D. PCP

Medications

Started On	Drug Name	Dose Form Strength	Sig	Stop On	Ongoing	Rx By
12/15/04	Amitriptyline HCl	Amitriptyline HCl Tab 10 MG	1 TABLET at bedtime		>>	D. PCP
01/31/05	Prinivil	Lisinopril Tab 20 MG	1TOD		>>	D. PCP

Problems

First Noted	ICD-9	Description	Group	Last Noted	Reported By
04/05/01	401.1	BENIGN HYPERTENSION	Essential hypertension		D. PCP
02/08/03	272.2	MIXED HYPERLIPIDEMIA	Disorders of lipid metabolism		D. PCP

Vaccinations

Administered	Drug Name	Dose	Route	Site	Lot Number
D. Urgent	Pneumococcal Vac Polyvalent	0.5 ml	SC	L Arm	112233
D. PCP	Tetanus-Diphtheria Toxoids Td	0.5 ml	IM	R Arm	334433

Encounters

There are no active Encounters for this patient.



8 Public Health and Clinical Data Registry Reporting

- Providers must report data on an ongoing basis to established public health registries.
- Public Health Reporting—EPs must report on 3 measures and eligible hospitals and CAHs must report on 4 measures.

Public Health

- ⑨ Measure 1: Immunization Registry Reporting
- ⑨ Measure 2: Syndromic Surveillance Reporting
- ⑨ Measure 3: Case Reporting
- ⑨ Measure 4: Public Health Registry Reporting
- ⑨ Measure 5: Clinical Data Registry Reporting
- ⑨ Measure 6: Electronic Reportable Laboratory Result Reporting

THAT'S A WRAP



As Seen On
TEECRAZE.com

<http://teecraze.com/wp-content/uploads/thatsawrap.jpg>

healthLINC
CONNECT. CARE. COLLABORATE.



Program goal/objective	Delivery system reform goal alignment
Protect Patient Health Information	Foundational to Meaningful Use and Certified EHR Technology *.Recommended by HIT Policy Committee.
Electronic Prescribing (eRx)	Foundational to Meaningful Use.National Quality Strategy Alignment.
Clinical Decision Support (CDS)	Foundational to Certified EHR Technology.Recommended by HIT Policy Committee.National Quality Strategy Alignment.
Computerized Provider Order Entry (CPOE)	Foundational to Certified EHR Technology.National Quality Strategy Alignment.
Patient Electronic Access to Health Information	Recommended by HIT Policy Committee.National Quality Strategy Alignment.
Coordination of Care through Patient Engagement	Recommended by HIT Policy Committee.National Quality Strategy Alignment.
Health Information Exchange (HIE)	Foundational to Meaningful Use and Certified EHR Technology.Recommended by HIT Policy Committee.National Quality Strategy Alignment.
Public Health and Clinical Data Registry Reporting	Recommended by HIT Policy Committee.National Quality Strategy Alignment.



More Information

- ⑨ <http://www.regulations.gov/#!documentDetail;D=CMS-2015-0033-0002>
- ⑨ <https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-08514.pdf>
- ⑨ http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHR_Supporting_Documentation_Audits.pdf