

The Office of the National Coordinator for  
Health Information Technology



**Special Session: Joint Public Health Forum &**

**CDC Nationwide**

**Webinar**

**12/14/2017**

Putting the **I** in Health **IT**   
[www.HealthIT.gov](http://www.HealthIT.gov)

<https://www.cdc.gov/ehrmeaningfuluse/joint-public-health-forum--cdc-nationwide.html>

Meaningful Use

Meaningful Use

Introduction

Calendar

Connect with Others -

CDC Meaningful Use ListServ

Meaningful Use Community -

Public Health – EHR Vendors Collaboration Initiative

**Joint Public Health Forum & CDC Nationwide**

Meaningful Use (MU) Public Health (PH) Reporting Requirements Task Force

Community of Practice (CoP)

ELR Task Force +

Jurisdiction Meaningful Use Websites

S & I Framework

Reportable Conditions Knowledge Management System

External Links

**Meaningful Use**

CDC > Meaningful Use > Connect with Others > Meaningful Use Community

Joint Public Health Forum & CDC Nationwide

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**Community Profile**

The Office of the National Coordinator for Health IT (ONC) and the Centers for Disease Control & Prevention (CDC) jointly sponsor this initiative, which features monthly webinars to foster collaboration amongst the public health jurisdictions across the nation, in response to the widespread adoption of electronic health records (EHRs) for Meaningful Use.

The objectives for this initiative include:

- Identify common questions and concerns around meaningful use
- Provide updates on federal partner activities in preparing for meaningful use
- Allow public health jurisdictions to share useful practices and current progress
- Identify technical assistance needs and priorities

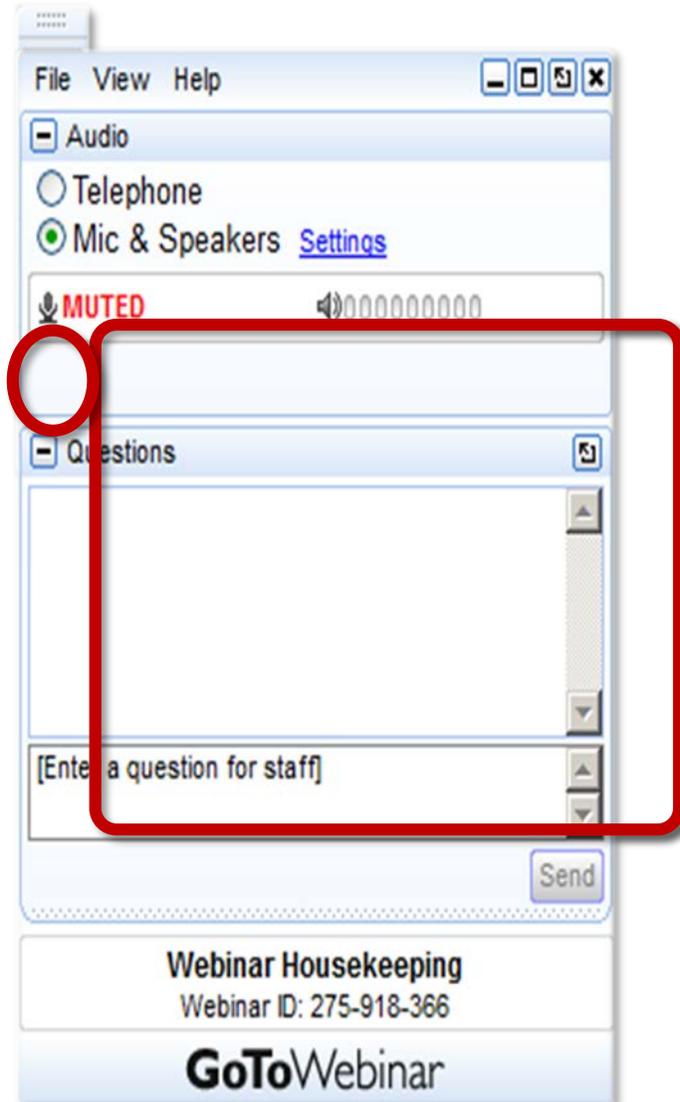
*Note: Webinar pre-registration is required and the instructions to register are provided in the Monthly Webinar Registration section below.*

Please send in your feedback, questions, and/or suggestions for these Joint Public Health Forum & CDC Nationwide Webinars to the Meaningful Use Mailbox ([meaningfuluse@cdc.gov](mailto:meaningfuluse@cdc.gov)).

**Meeting Schedule and Webinar Information**

**Meeting Schedule:**

## Submit or Ask Questions



- Submit your text question and comments using the Question Panel
- Please raise your hand to be unmuted for verbal questions.

# Agenda

- Update on Federal Task Force recommendations on capturing Pregnancy Status in EHRs (Rachel Abbey, ONC)
- Update on the Quality Payment Program CY 2018, Final Rule (Jim Daniel, ONC and Sanjeev Tandon, CDC).
- Annual Q&A Panel. The panel includes:
  - Elizabeth Myers (ONC)
  - James Daniel (ONC)
  - Daniel Chaput (ONC)
  - Laura Conn (CDC)



# Public Health Task Force Recommendations Update

December 2017

Rachel Abbey, Public Health Analyst, ONC



# Brief Background

- In December 2016 the Health IT Policy Committee and Health IT Standards Committee launched a Public Health Task Force to specifically make recommendations to better assist in the standardization of pregnancy status data, clinical decision support in health IT systems, and case management in public health settings—which are important components to addressing many public health challenges
- May 2017 the Health IT Policy Committee and Health IT Standards Committee presented the National Coordinator the final recommendations of the Public Health Task Force
- This updates outlines the steps ONC, CDC and other stakeholders are doing to move some of the recommendations forward

# Charge 1: Capturing Pregnancy Status

- Disseminate the prioritized data elements identified by the Task Force related to pregnancy status
- Promote “Ask on Order Entry” for transmission via ELR to capture pregnancy status for tests for reportable diseases where pregnancy status is relevant
- Publish pregnancy data standards in ONC’s Interoperability Standards Advisory (ISA)
- Explore ways for the patient (individual) to electronically self-report pregnancy status and other related data and electronically share that data with the provider’s EHR

## Proposed next steps:

- ONC staff will work with the CDC and the Council of State and Territorial epidemiologists (CSTE) to publish the pregnancy data standards, created in March 2017 by the Public Health Task Force, in ONC’s ISA.  
**COMPLETED 10/25/2017:** <https://www.healthit.gov/isa/representing-patient-pregnancy-status>
- ONC will continue to work on pilots funded by the HHS IDEA Lab project for Ask on Order Entry for transmission via ELR to capture pregnancy status for tests for Zika.
- ONC will continue to work with CMS to promote the use of 90/10 Medicaid funding for successful pilot projects.

# Charge 2: Sending and Sharing Pregnancy Status

- Promote that pregnancy status be transmitted for Zika and other reportable conditions (including chronic reportable conditions) where pregnancy status is relevant
- In the short term, expand the use of ELR to transmit pregnancy status to public health for Zika and other reportable conditions; while Ask on Order Entry is the preferred method to capture pregnancy status, promote the use of specific prenatal Zika test to indicate pregnancy status
- Publish the pregnancy data standards for transmission in the ONC Interoperability Standards Advisory
- Encourage state and local jurisdictions to leverage existing public health authority to require transmission of pregnancy status in accordance with state and local laws
- Promote the use of ONC's Interoperability Proving Ground (IPG) as a mechanism to share information on public health interoperability projects

## **Proposed next steps:**

- ONC will continue to work with CDC and provide technical guidance on recommendations associated with Charge 2.

# Charge 3: Clinical Decision Support

- Follow demonstration projects that have shown how CDS from public health can be incorporated into EHRs (e.g., RCKMS) to identify best practices for future recommendations
- Explore sharing of CDS implementations across provider locations by promoting the use of Agency for Healthcare Research and Quality (AHRQ)'s CDS Connect, a web-based repository, as a mechanism to share information on public health interoperability projects related to CDS
- In the short term, encourage the use of CDS to improve access to human readable guidance and to identify patients at risk
- Explore mechanisms to enable consumers to identify and document their own risks including travel, pregnancy status and pregnancy intention and to share this data with their providers (e.g., myhealthfinder APIs)
- Explore the use of open APIs for CDS (e.g., CDS Hooks to deliver CDS to EHRs)

## **Proposed next steps:**

- ONC will continue to work with CDC to provide technical guidance on recommendations associated with Charge 3.
- As part of the Digital Bridge electronic case reporting implementations, CDC will work with CSTE and State and local public health departments to provide condition-specific clinical follow-up information in human readable format to clinicians in the Reportability Response.

# Charge 4: The Electronic Initial Case Report (eICR)

- Incorporate Charge 1 recommendations for collection and sharing of pregnancy status into the eICR
- Leverage current work from existing eCR projects (e.g. Digital Bridge) to promote best practices and standards for reporting pregnancy status with the initial case report as well as follow up and case management
- Explore the use of new or maturing standards such as Structured Data Capture and SMART on FHIR as methods for eCR
- Promote the use of ONC's Interoperability Proving Ground (IPG) as a mechanism to share information on public health interoperability projects related to eCR

## Proposed next steps:

- ONC will continue to work with CDC and provide technical guidance on recommendations associated with Charge 4.
- ONC will collaborate with other stakeholders (e.g., Digital Bridge and Argonaut Project) on the use of technologies - including mature and emerging standards such as SMART on FHIR—to support ongoing data exchange between healthcare settings and the public health community.
- CDC will work to include pregnancy data elements in the eICR. The current eICR Release 1.1 includes the data elements of pregnancy status (Y/N/UKN) and estimated delivery date that are available in the C-CDA Release 2 standard.
- CDC will work through the HL7 Public Health and Emergency Response Working Group to explore and encourage the additional data elements identified by the Public Health Task Force be added to the C-CDA or will develop a public health specific template for these pregnancy details. These updates will be published in an updated version of the eICR Implementation Guide.

# Medicare Program; CY 2018 Updates to the Quality Payment Program (Final Rule)

*Sanjeev Tandon*

*Centers for Disease Control & Prevention (CDC)*

*James Daniel*

*Office of the National Coordinator for Health Information Technology (ONC)*

# Medicare Program; CY 2018 Updates to the Quality Payment Program; and Quality Payment Program

- The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) established the Quality Payment Program for eligible clinicians.
- Under the Quality Payment Program, eligible clinicians can participate via one of two tracks: Advanced Alternative Payment Models (APMs); or the Merit-based Incentive Payment System (MIPS).
- CMS began implementing the Quality Payment Program through rulemaking for calendar year (CY) 2017.
- This final rule with comment period provides updates for the second and future years of the Quality Payment Program.
- **Published in the Federal Register on 11/16/2017. Effective date- 1/1/2018.**

# Medicare Program; CY 2018 Updates to the Quality Payment Program

The Quality Payment Program aims to-

- (1) support care improvement by focusing on better outcomes for patients, decreased clinician burden, and preservation of independent clinical practice;
- (2) promote adoption of APMs that align incentives for high-quality, low-cost care across healthcare stakeholders; and
- (3) advance existing delivery system reform efforts, including ensuring a smooth transition to a healthcare system that promotes high-value, efficient care through unification of CMS legacy programs.

# Medicare Program; CY 2018 Updates to the Quality Payment Program

## Scoring

- CMS has established at §414.1380(b)(4) that the score for the advancing care information performance category would be comprised of-
  - Base score,
  - Performance score, and
  - Bonus points for reporting on certain measures and activities.

# Medicare Program; CY 2018 Updates to the Quality Payment Program- **Draft Rule**

CMS is proposing to modify the scoring of the Public Health and Clinical Data Registry Reporting objective beginning with the performance period in CY 2018.

- It is proposed if a MIPS eligible clinician fulfills the Immunization Registry Reporting Measure, the MIPS eligible clinician would earn 10 percentage points in the performance score.
- If a MIPS eligible clinician cannot fulfill the Immunization Registry Reporting Measure, Then CMS is proposing that the MIPS eligible clinician could earn 5 percentage points in the performance score for each public health agency or clinical data registry to which the clinician reports for the following measures, up to a maximum of 10 percentage points: Syndromic Surveillance Reporting; Electronic Case Reporting; Public Health Registry Reporting; and Clinical Data Registry Reporting.

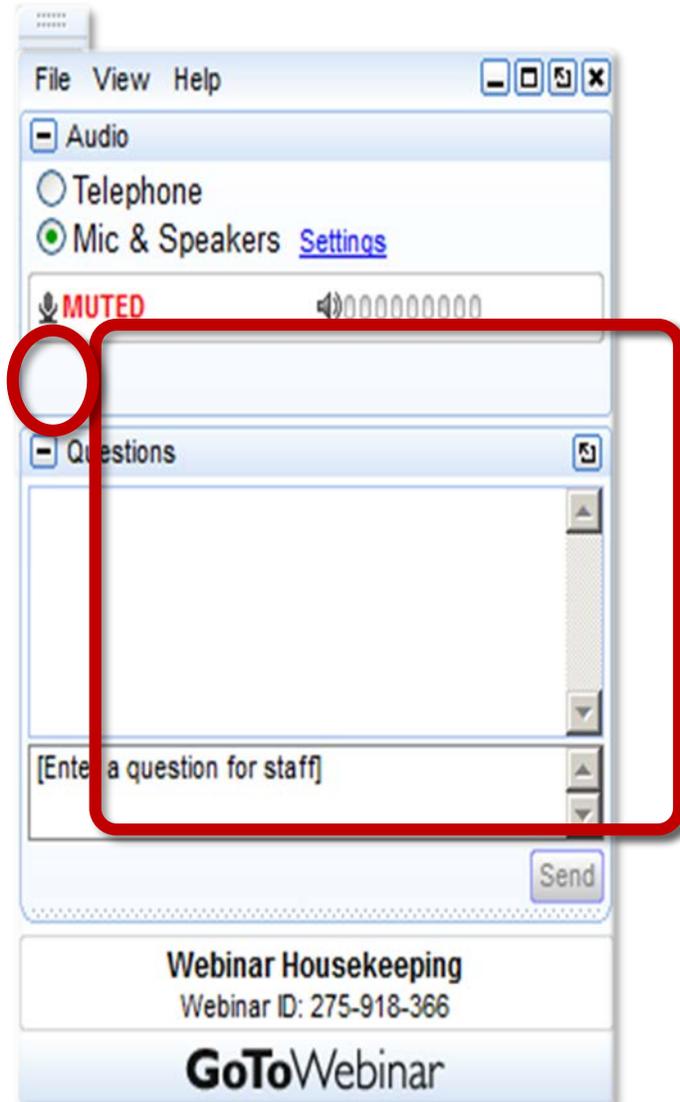
# Medicare Program; CY 2018 Updates to the Quality Payment Program- **Final Rule**

- 10% under ACI Performance Category, 5% bonus for reporting to one or more *additional* public health agency or clinical data registry.
- Then, 10% for reporting using CEHRT and 10% for reporting using only 2015 edition CEHRT.
- “We are also finalizing that eligible clinicians can earn 10 percentage points in their performance score for reporting to any single public health agency or clinical data registry to meet any of the measures associated with the Public Health and Clinical Data Registry Reporting objective (or any of the measures associated with the Public Health Reporting Objective of the 2018 Advancing Care Information Transition Objectives and Measures, for clinicians who choose to report on those measures) and, and will award an additional 5 percentage point bonus for reporting to more than one.”
-

# Medicare Program; CY 2018 Updates to the Quality Payment Program- **Final Rule**

- Under our final policy discussed above, MIPS eligible clinicians may report to a single public health or clinical data registry and earn 10 percentage points in the performance score. Reporting to a different public health or clinical data registry may earn the MIPS eligible clinician five percentage points in the bonus score. **In order to earn the bonus score, the MIPS eligible clinician must be in active engagement with a different public health agency or clinical data registry than the one to which they reported to earn the 10 percentage points for the performance score.** We expect to engage in education and outreach efforts to ensure MIPS eligible clinicians are aware of the policies adopted in this final rule with comment period including the policy for earning bonus points for the advancing care information performance category.
- [Source: Page # 53664 Federal Register/Vol.82, No. 220/Thursday, November 16, 2017]

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