



Medicare & Medicaid EHR Incentive Programs- Past, Present, & Future

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Medicare-only Eligible Professionals

Medicaid-only Eligible Professionals

**Doctors of Optometry
Doctors of Podiatric Medicine
Chiropractor**

**Doctors of Medicine
Doctors of Osteopathy
Doctors of Dental Medicine
or Surgery**

**Nurse practitioners
Certified nurse midwives
Physician assistants (PAs)
when working at an FQHC
or RHC that is so led by a
PA**

**Could be eligible for
both Medicare &
Medicaid incentives**

**Hospitals only eligible
for Medicare incentive**

**Hospitals only eligible
for Medicaid incentive**

**Subsection(d) hospitals in 50
U.S. states and the District
of Columbia*
Critical Access Hospitals
(CAHs)***

**without 10% Medicaid*

**Most subsection(d) hospitals/
acute care hospitals
Most CAHs**

**Children's hospitals
Acute care hospitals in the ter-
ritories
Cancer hospitals**

**Could be eligible for
both Medicare &
Medicaid
(most hospitals)**

What is Meaningful Use?

- Meaningful Use 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 mandated in law to receive incentives

Data



Information

A close-up photograph of a doctor wearing a white lab coat and a blue shirt. A stethoscope is draped around their neck. They are holding a silver tablet computer with their right hand, pointing at the screen with their index finger. The background is plain white.

Health Information
Technology is the only
feasible way to capture all
the data



HIT can also turn data into information

Turning Data into Information

Clinician involvement is a must in deciding whether this a clinician function or HIT function for a given data element

Factors:

Is it a clinical decision?

Does x always lead to y?

Is the HIT information a suggestion or a hard stop?

MEDICAL ERRORS EVERY DAY

- Number of patients who have an operation on the wrong side 5
- Number of hospitalized patients who have something go wrong 40,000
- Number of people who have a complication from a medication 10,000

Taken from presentation to CMS on Quality Improvement by Dr. Donald Berwick in 2011

Probability of Performing Perfectly

No. Elements	Probability of Success, Each Element			
	0.95	0.990	0.999	0.999999
1	0.95	0.990	0.999	0.99999
25	0.28	0.78	0.98	0.998
50	0.08	0.61	0.95	0.995
100	0.006	0.37	0.90	0.99

Taken from presentation to CMS on Quality Improvement by Dr. Donald Berwick in 2011

HOW MANY MEDICATION DOSES?

Beds	500
Patients	24,000
Medications	240,000
Doses	2,880,000

Taken from presentation to CMS on
Quality Improvement by Dr. Donald
Berwick in 2011



POTENTIAL MEDICATION ERRORS

Taken from presentation to CMS on
Quality Improvement by Dr. Donald
Berwick in 2011

LIVING WITH 99.9% RELIABILITY

Unsafe Landings	84/day
Lost Mail	16,000/hr
Bank Check Errors	32,000/hr

Taken from presentation to CMS on
Quality Improvement by Dr. Donald
Berwick in 2011



MU and Implementation

- Put each objective in the context of the goal

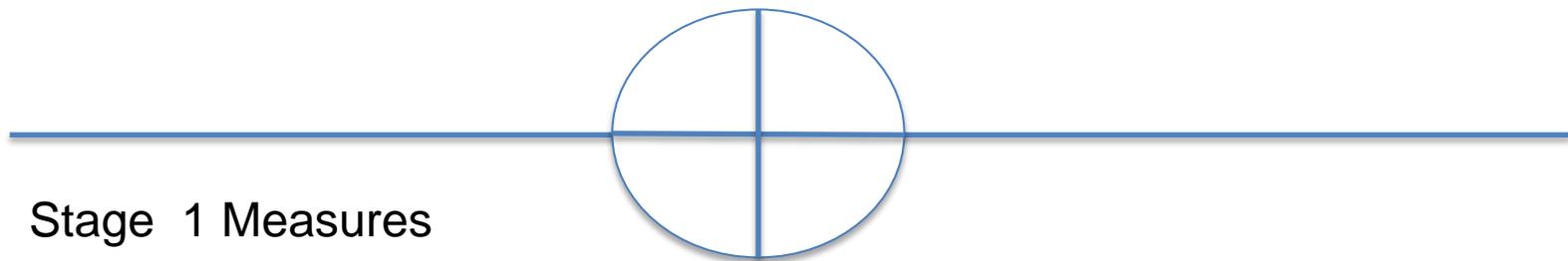


Why does CPOE improve quality, safety and efficiency?

- Implement to the goal
- Is it measurable?
- How can usability and workflow be better?

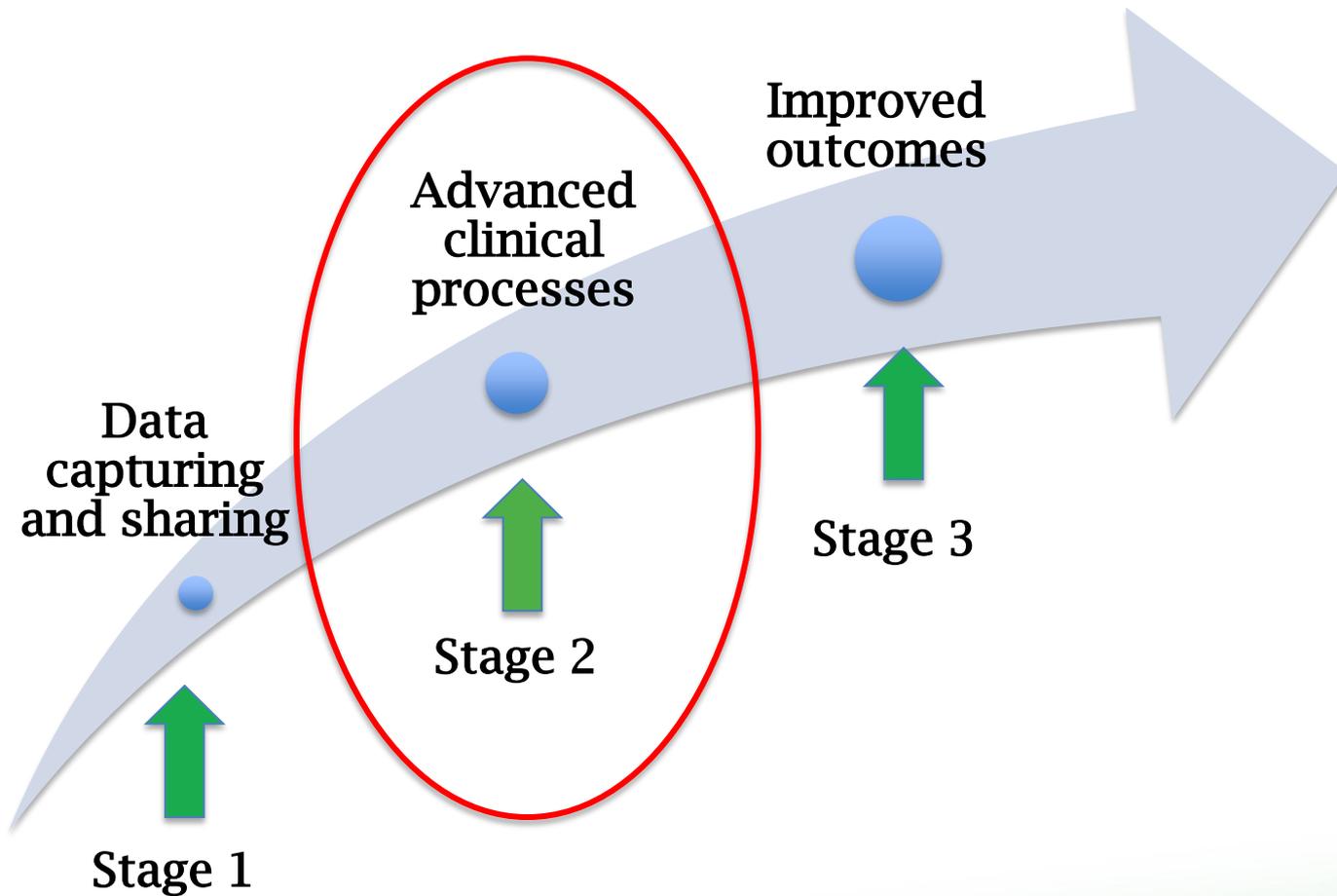
Meaningful Use Risks

- Can't measure, Can't Share
- Aiming to low



Stage 2 Meaningful Use

Stages of Meaningful Use



What is Your Meaningful Use Path?

For Medicare EPs:

Maximum Payment by Start Year	Annual Incentive Payment by Stage of Meaningful Use					
	2011	2012	2013	2014	2015	2016
2011	1	1	1	2	2	3
\$44,000	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	
2012		1	1	2	2	3
\$44,000		\$18,000	\$12,000	\$8,000	\$4,000	\$2,000
2013			1	1	2	2
\$39,000			\$15,000	\$12,000	\$8,000	\$4,000
2014				1	1	2
\$24,000				\$12,000	\$8,000	\$4,000

What is Your Meaningful Use Path?

For Medicare Hospitals:

First Year of Participation	Stages of Meaningful Use for Eligible Hospitals (Fiscal Year)					
	2011	2012	2013	2014	2015	2016
2011	1	1	1	2	2	3
2012		1	1	2	2	3
2013			1	1	2	2
2014				1*	1	2

*Payments will decrease for hospitals that start receiving payments in 2014 and later

Meaningful Use: Changes from Stage 1 to Stage 2

Stage 1

Eligible Professionals

15 core objectives

5 of 10 menu objectives

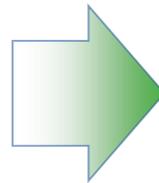
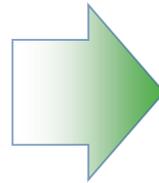
20 total objectives

Eligible Hospitals & CAHs

14 core objectives

5 of 10 menu objectives

19 total objectives



Stage 2

Eligible Professionals

17 core objectives

3 of 6 menu objectives

20 total objectives

Eligible Hospitals & CAHs

16 core objectives

3 of 6 menu objectives

19 total objectives

2014 Changes

1. **EHRs Meeting ONC 2014 Standards** – starting in 2014, all EHR Incentive Programs participants will have to adopt certified EHR technology that meets ONC’s Standards & Certification Criteria 2014 Final Rule
2. **Reporting Period Reduced to Three Months** – to allow providers time to adopt 2014 certified EHR technology and prepare for Stage 2, all participants will have a three-month reporting period in 2014.

Stage 2 EP Core Objectives

EPs must meet all 17 core objectives:

Core Objective	Measure
1. CPOE	Use CPOE for more than 60% of medication, 30% of laboratory, and 30% of radiology
2. E-Rx	E-Rx for more than 50%
3. Demographics	Record demographics for more than 80%
4. Vital Signs	Record vital signs for more than 80%
5. Smoking Status	Record smoking status for more than 80%
6. Interventions	Implement 5 clinical decision support interventions + drug/drug and drug/allergy
7. Labs	Incorporate lab results for more than 55%
8. Patient List	Generate patient list by specific condition
9. Preventive Reminders	Use EHR to identify and provide reminders for preventive/follow-up care for more than 10% of patients with two or more office visits in the last 2 years

Stage 2 EP Core Objectives

EPs must meet all 17 core objectives:

Core Objective	Measure
10. Patient Access	Provide online access to health information for more than 50% with more than 5% actually accessing
11. Visit Summaries	Provide office visit summaries for more than 50% of office visits
12. Education Resources	Use EHR to identify and provide education resources more than 10%
13. Secure Messages	More than 5% of patients send secure messages to their EP
14. Rx Reconciliation	Medication reconciliation at more than 50% of transitions of care
15. Summary of Care	Provide summary of care document for more than 50% of transitions of care and referrals with 10% sent electronically and at least one sent to a recipient with a different EHR vendor or successfully testing with CMS test EHR
16. Immunizations	Successful ongoing transmission of immunization data
17. Security Analysis	Conduct or review security analysis and incorporate in risk management process

Stage 2 EP Menu Objectives

EPs must select 3 out of the 6:

Menu Objective	Measure
1. Imaging Results	More than 10% of imaging results are accessible through Certified EHR Technology
2. Family History	Record family health history for more than 20%
3. Syndromic Surveillance	Successful ongoing transmission of syndromic surveillance data
4. Cancer	Successful ongoing transmission of cancer case information
5. Specialized Registry	Successful ongoing transmission of data to a specialized registry
6. Progress Notes	Enter an electronic progress note for more than 30% of unique patients

Stage 2 Hospital Core Objectives

Eligible hospitals must meet all 16 core objectives:

Core Objective	Measure
1. CPOE	Use CPOE for more than 60% of medication, 30% of laboratory, and 30% of radiology
2. Demographics	Record demographics for more than 80%
3. Vital Signs	Record vital signs for more than 80%
4. Smoking Status	Record smoking status for more than 80%
5. Interventions	Implement 5 clinical decision support interventions + drug/drug and drug/allergy
6. Labs	Incorporate lab results for more than 55%
7. Patient List	Generate patient list by specific condition
8. eMAR	eMAR is implemented and used for more than 10% of medication orders

Stage 2 Hospital Core Objectives

Eligible hospitals must meet all 16 core objectives:

Core Objective	Measure
9. Patient Access	Provide online access to health information for more than 50% with more than 5% actually accessing
10. Education Resources	Use EHR to identify and provide education resources more than 10%
11. Rx Reconciliation	Medication reconciliation at more than 50% of transitions of care
12. Summary of Care	Provide summary of care document for more than 50% of transitions of care and referrals with 10% sent electronically and at least one sent to a recipient with a different EHR vendor or successfully testing with CMS test EHR
13. Immunizations	Successful ongoing transmission of immunization data
14. Labs	Successful ongoing submission of reportable laboratory results
15. Syndromic Surveillance	Successful ongoing submission of electronic syndromic surveillance data
16. Security Analysis	Conduct or review security analysis and incorporate in risk management process

Stage 2 Hospital Menu Objectives

Eligible Hospitals must select 3 out of the 6:

Menu Objective	Measure
1. Progress Notes	Enter an electronic progress note for more than 30% of unique patients
2. E-Rx	More than 10% electronic prescribing (eRx) of discharge medication orders
3. Imaging Results	More than 10% of imaging results are accessible through Certified EHR Technology
4. Family History	Record family health history for more than 20%
5. Advanced Directives	Record advanced directives for more than 50% of patients 65 years or older
6. Labs	Provide structured electronic lab results to EPs for more than 20%

Closer Look at Stage 2: Patient Engagement

- **Patient engagement** – engagement is an important focus of Stage 2.

Requirements for Patient Action:

- More than 5% of patients must send secure messages to their EP
 - More than 5% of patients must access their health information online
-
- **EXCULSIONS** – CMS is introducing exclusions based on broadband availability in the provider's county.

Closer Look at Stage 2: Electronic Exchange

Stage 2 focuses on actual use cases of electronic information exchange:

- Stage 2 requires that a provider send a summary of care record for more than 50% of transitions of care and referrals.
- The rule also requires that a provider electronically transmit a summary of care for more than 10% of transitions of care and referrals.
- At least one summary of care document sent electronically to recipient with different EHR vendor or to CMS test EHR.

Clinical Quality Measures

EP CQM Reporting Beginning in 2014

Eligible Professionals reporting for the Medicare EHR Incentive Program

Category	Data Level	Payer Level	Submission Type	Reporting Schema
EPs in 1st Year of Demonstrating MU*	Aggregate	All payer	Attestation	Submit 9 CQMs from EP measures table (includes adult and pediatric recommended core CQMs), covering at least 3 domains
EPs Beyond the 1st Year of Demonstrating Meaningful Use				
Option 1	Aggregate	All payer	Electronic	Submit 9 CQMs from EP measures table (includes adult and pediatric recommended core CQMs), covering at least 3 domains
Option 2	Patient	Medicare	Electronic	Satisfy requirements of PQRS EHR Reporting Option using CEHRT
Group Reporting (only EPs Beyond the 1st Year of Demonstrating Meaningful Use)**				
EPs in an ACO (Medicare Shared Savings Program or Pioneer ACOs)	Patient	Medicare	Electronic	Satisfy requirements of Medicare Shared Savings Program of Pioneer ACOs using CEHRT
EPs satisfactorily reporting via PQRS group reporting options	Patient	Medicare	Electronic	Satisfy requirements of PQRS group reporting options using CEHRT

** Attestation is required for EPs in their 1st year of demonstrating MU because it is the only reporting method that would allow them to meet the submission deadline of October 1 to avoid a payment adjustment.*

***Groups with EPs in their 1st year of demonstrating MU can report as a group, however the individual EP(s) who are in their 1st year must attest to their CQM results by October 1 to avoid a payment adjustment.*

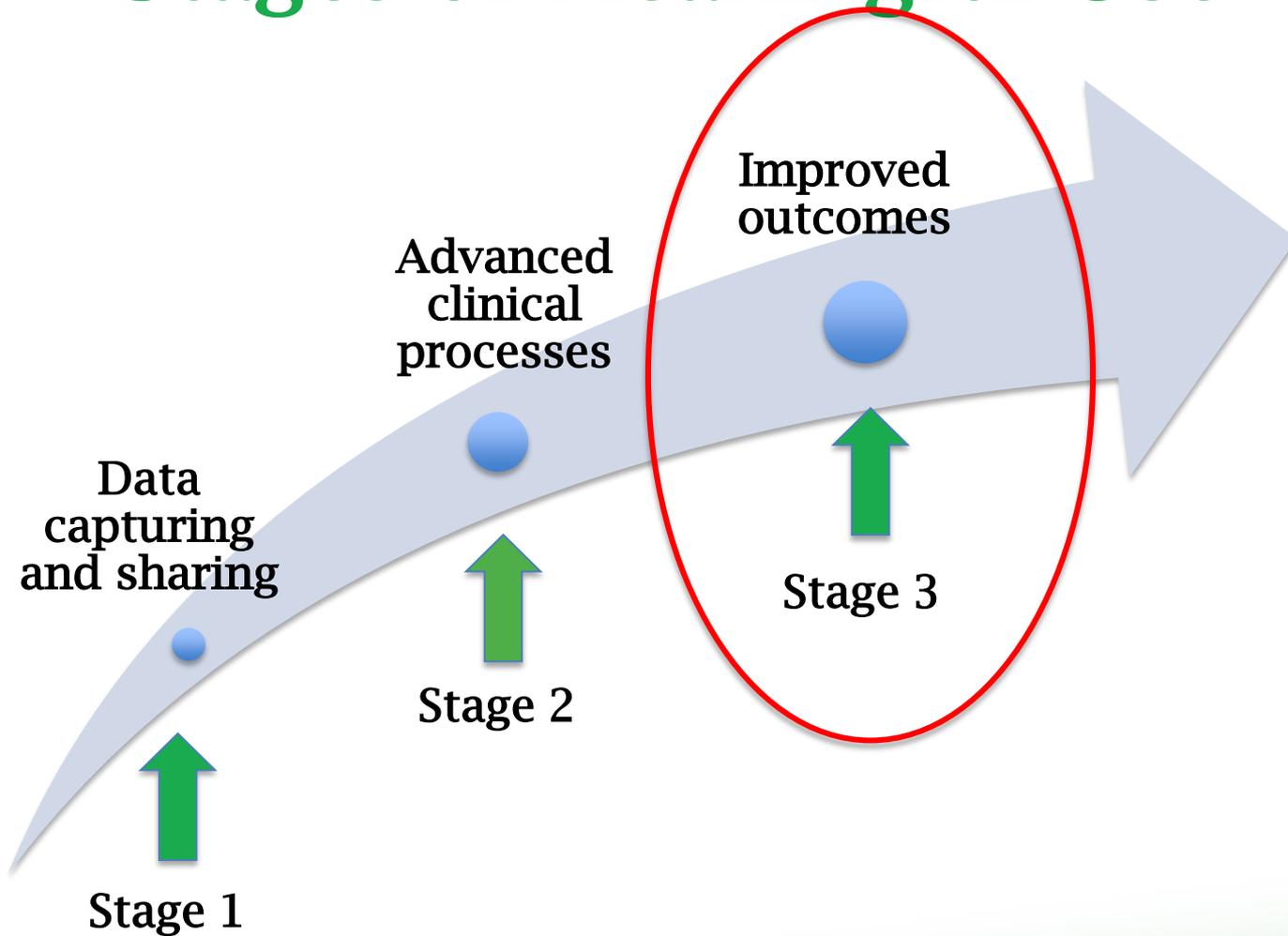
Hospital CQM Reporting Beginning in 2014

Eligible Hospitals reporting for the Medicare EHR Incentive Program

Category	Data Level	Payer Level	Submission Type	Reporting Schema
Eligible Hospitals in 1st Year of Demonstrating MU*	Aggregate	All payer	Attestation	Submit 16 CQMs from Eligible Hospital/CAH measures table, covering at least 3 domains
Eligible Hospitals/CAHs Beyond the 1st Year of Demonstrating Meaningful Use				
Option 1	Aggregate	All payer	Electronic	Submit 16 CQMs from Eligible Hospital/CAH measures table, covering at least 3 domains
Option 2	Patient	All payer (sample)	Electronic	Submit 16 CQMs from Eligible Hospital/CAH measures table, covering at least 3 domains ➤ Manner similar to the 2012 Medicare EHR Incentive Program Electronic Reporting Pilot

* Attestation is required for Eligible Hospitals in their 1st year of demonstrating MU because it is the only reporting method that would allow them to meet the submission deadline of July 1 to avoid a payment adjustment.

Stages of Meaningful Use



Stage 2 Resources

CMS Stage 2 Webpage:

- http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html

Links to the Federal Register

Tipsheets:

- Stage 2 Overview
- 2014 Clinical Quality Measures
- Payment Adjustments & Hardship Exceptions (EPs & Hospitals)
- Stage 1 Changes
- Stage 1 vs. Stage 2 Tables (EPs & Hospitals)