The Massachusetts eHealth Institute
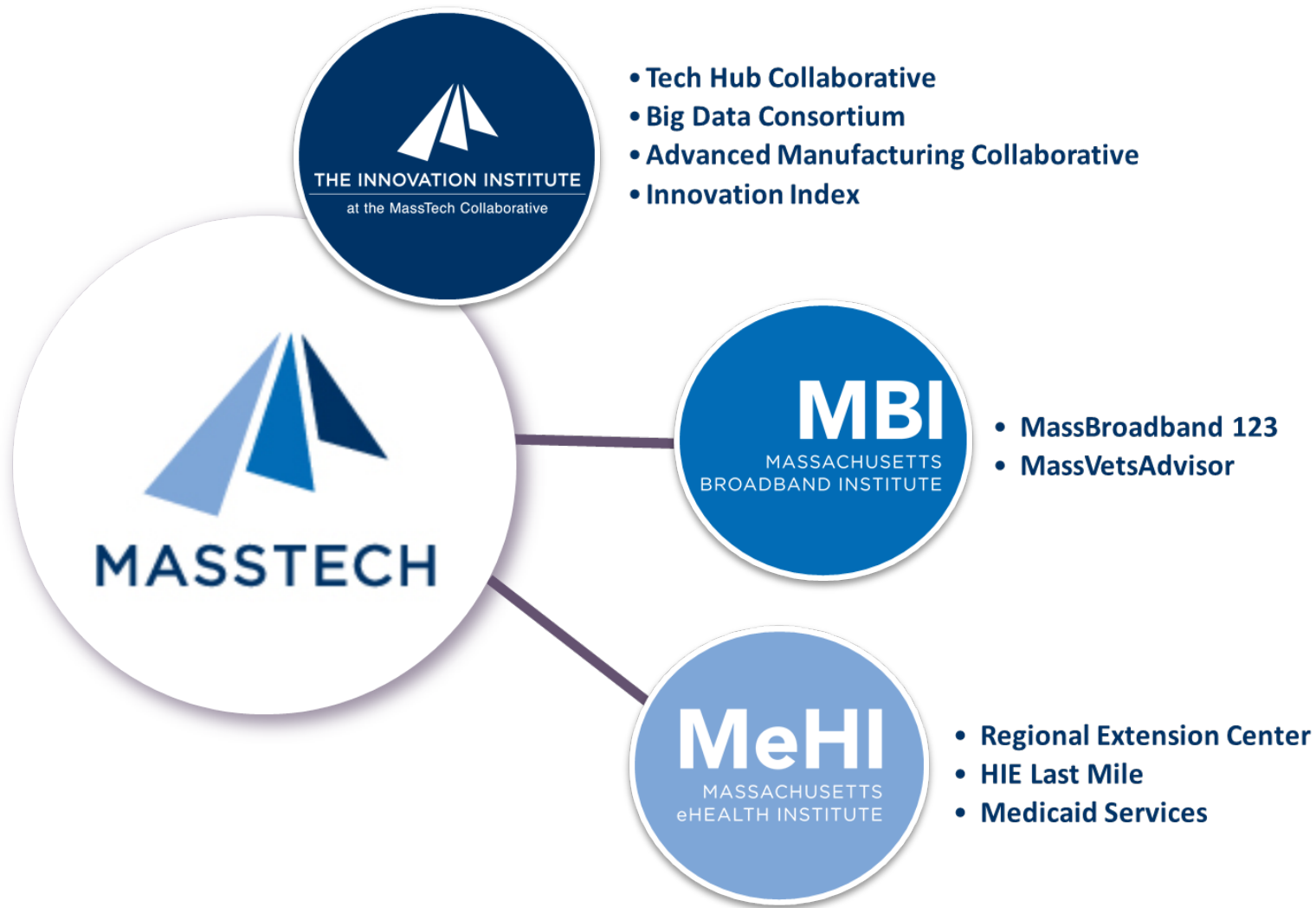
Stage II Meaningful Use

MeHI | MASSACHUSETTS eHEALTH INSTITUTE | at the MassTech Collaborative

MeHI Overview: Division of the Massachusetts Technology Collaborative

THE INNOVATION INSTITUTE at the MassTech Collaborative

- Tech Hub Collaborative
- Big Data Consortium
- Advanced Manufacturing Collaborative
- Innovation Index

MASSTECH

MBI MASSACHUSETTS BROADBAND INSTITUTE

- MassBroadband 123
- MassVetsAdvisor

MeHI MASSACHUSETTS eHEALTH INSTITUTE

- Regional Extension Center
- HIE Last Mile
- Medicaid Services

MeHI MASSACHUSETTS eHEALTH INSTITUTE

MeHI is the designated state agency for:

- **Coordinating** health care innovation, technology and competitiveness
- **Accelerating** the adoption of health information technologies
- **Promoting** health IT to improve the safety, quality and efficiency of health care in Massachusetts
- **Advancing** the dissemination of electronic health records systems in all health care provider settings
- **Connecting** providers through the statewide HIE

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MeHI: Our Current Programs

Regional Extension Center

Support priority primary care providers implement and meaningfully use EHRs and engage in HIE

Medicaid

Partnership with EOHHS to support key operational components of the Medicaid Incentive Payment Program

Health Information Exchange

Connects participants to, enables integration with, and maximizes adoption of the Mass HIway

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LOOKING TO THE FUTURE

APRIL 2013

System & Operations Implementation to support 2013 Stage 1 Changes

TBD

Implementation of 2014 Stage 1 Changes

TBD

Implementation of 2014 Stage 2 Changes

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Stage II Meaningful Use: Patient Engagement meets Interoperability

Changes to Stage I Meaningful Use Requirements

- CPOE
    - Measure is based on the number of unique patients with a medication in their medication list that was entered using CPOE.
        - An alternate measure is based on the number of medication orders created during the EHR reporting period (more than 30%)
    - A credentialed medical assistant to be considered a "licensed health care professional" for the purpose of CPOE

- Record & Chart Changes in Vital Signs
    - Vital signs must be recorded for more than 50% of all unique patients ages 2+ years
        - **OPTIONAL IN 2013, REQUIRED IN 2014 AND BEYOND**: Blood pressure must be recorded for all patients ages 3+ years, and height and weight for patients of all ages
    - EP may claim exclusion if all 3 vital signs (height, weight, blood pressure) not relevant to their scope of practice OR if EP sees no patients age 2+ years
        - **OPTIONAL IN 2013, REQUIRED IN 2014 AND BEYOND:** EP may claim an exclusion if:
            - The EP sees no patients age 3+ years (would not need to record blood pressure)
            - All 3 vital signs not relevant to EP's scope of practice (no vital signs)
            - Height/weight not relevant to EP's scope of practice (blood pressure still recorded)
            - Blood Pressure not relevant to EP's scope of practice (height/weight still recorded)

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Additional Changes to Stage I Meaningful Use Requirements

Objective no longer required:

- Electronic transmission of key clinical information

    - Perform at least one test of certified EHR technology's capacity to electronically exchange key clinical information.

Additional Exclusion

- Generate & Transmit eRX objective: Any EP who does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within a 10-mile radius of the EP's practice location

Beginning in 2014

- EPs will no longer be permitted to select a menu objective (of the minimum of 5 menu objectives on which they must report) and claim an exclusion for it if there are other menu objectives they can meet

    - EPs will not be penalized for claiming the exclusion if they would also qualify for the exclusions for the remaining menu objectives.

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Stage II Requirements | Highlights

2014 Certification Requirements

- All EHR systems must be certified to the Office of National Coordinators (ONC) 2014 certification requirements

Core & Menu Measure Requirements

- EPs must meet 17 Core objectives and 3 of 6 Menu measures

Clinical Quality Measures (CQMs)

- Electronic submissions of Clinical Quality Measures *regardless* of what stage of Meaningful Use EPs are in (beginning 2014 and beyond)
- EPs must report on 9 out of 64 CQMs
- MassHealth is currently evaluating the process and system to electronically capture CQMs

Meaningful Use Reporting Period

- For 2014 only, EPs will have a 90-day MU reporting period regardless of what stage of Meaningful Use you are in

Health Information Exchange

- Connect and electronically transmit data (ex: transmit summary of care record)

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17 Core Objectives (Eligible Professionals)

1. Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders
2. Generate and transmit permissible prescriptions electronically (eRx)
3. Record demographic information
4. Record and chart changes in vital signs
5. Record smoking status for patients 13 years old or older
6. Use clinical decision support to improve performance on high-priority health conditions
7. Provide patients the ability to view online, download and transmit their health information*
8. Provide clinical summaries for patients for each office visit
9. Protect electronic health information created or maintained by the Certified EHR Technology
10. Incorporate clinical lab-test results into Certified EHR Technology
11. Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach
12. Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care
13. Use certified EHR technology to identify patient-specific education resources
14. Perform medication reconciliation
15. Provide summary of care record for each transition of care or referral
16. Submit electronic data to immunization registries
17. Use secure electronic messaging to communicate with patients on relevant health information*

* Signifies newly added Stage 2 Core Objective

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Select 3 of 6 Menu Set Objectives (Eligible Professionals)

1. Submit electronic syndromic surveillance data to public health agencies

2. *Record electronic notes in patient records**

3. *Imaging results accessible through CEHRT**

4. *Record patient family health history**

5. *Identify and report cancer cases to a State cancer registry**

6. *Identify and report specific cases to a specialized registry (other than a cancer registry)**

Signifies newly added Stage 2 menu objective

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A Closer Look: Core Objectives 7, 12, 15 and 17

1.   Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders
2.   Generate and transmit permissible prescriptions electronically (eRx)
3.   Record demographic information
4.   Record and chart changes in vital signs
5.   Record smoking status for patients 13 years old or older
6.   Use clinical decision support to improve performance on high-priority health conditions
7.   ***Provide patients the ability to view online, download and transmit their health information****
8.   Provide clinical summaries for patients for each office visit
9.   Protect electronic health information created or maintained by the Certified EHR Technology
10. Incorporate clinical lab-test results into Certified EHR Technology
11. Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach
12. ***Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care***
13. Use certified EHR technology to identify patient-specific education resources
14. Perform medication reconciliation
15. ***Provide summary of care record for each transition of care or referral***
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"Patient engagement is the blockbuster drug of the century."
National Coordinator of Health IT: **Dr. Fazad Mostashari**

- Patient Engagement can help patients with chronic diseases become more informed and better prepared to self-manage those conditions, improving clinical outcomes.

- Patient Engagement can boost a patient's adherence to the provider's recommended care plan which will reduce the number of preventable readmissions

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Interoperability is about using technology to exchange key pieces of health information securely.

The goal is _obtaining and sharing the right information in the right context_, which is the foundation upon which the notion of Health Information Exchange (HIE) is built.

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Provide patients the ability to view online, download and transmit their health information (within 4 business days...)

Measure 1:

More than 50% of all unique patients seen by the EP during the reporting period are provided with timely online access to their health information.

Measure 2:

More than 5% of all unique patients seen by the EP during the reporting period (or their authorized representative) view, download, or transmit to a third party their health information.

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Use clinically relevant information to identify patients who should receive <u>reminders for preventative/follow-up care</u> and send these patients reminders...

Measure:

More than 10% of all unique patients who have had 2 or more office visits with the EP within the 24 months before the beginning of the reporting period were sent a reminder, per patient preference when available.

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The EP who transitions their patient to another setting ... should provide a <u>summary of care for each transition of care or referral</u>

Eligible Professionals (EP) must satisfy both of the following measures to meet the objective:

Measure 1:
The EP who transitions patient provides a summary care record for more than 50% of transitions of care or referrals

Measure 2:
... provides a summary of care for more than 10% of patients using an exhange <u>***or***</u> an EHR –to – EHR transmission (provided that the sending and receiving providers use EHR technologies with differing developers

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The EP who transitions their patient to another setting … should provide a <u>summary of care for each transition of care or referral</u>

ALSO…

Eligible Professionals must either conduct at least one successful EHR – to – EHR exchange or conduct a successful test with CMS designated test EHR during the reporting period

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Use <u>secure electronic messaging</u> to communicate with patients on relevant health information

Measure:

A secure message was sent using the electronic messaging function of the EHR **by more than 5% of unique patients** (or their authorized representatives) seen by the EP during the reporting period

Massachusetts eHealth Institute

617-371-3999

617-725-8938 (fax)

info@maehi.org

Twitter - @massehealth

MeHI Community - www.thehitcommunity.org/mehi/

www.mehi.masstech.org

Mass HIway Last Mile Program

1.855.MA-HIWAY (1.855.624.4929) Option 1

MassHiway@mehi.masstech.org

mehi.masstech.org/what-we-do/mass-hiway

Questions?