



Welcome to Our Live Webinar Presentation

Meaningful Use - FINALLY, A Rule We Can All Make Meaningful Sense Of!

Guest Presenter:

Rosemarie Nelson, Consultant - MGMA



Meet Our Expert Panel Representatives

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Meaningful Use - It Is Not “One Size Fits All” That Delivers The Dollars!

- Analyze the details of the final American Recovery and Reinvestment Act (ARRA) Medicare and Medicaid EHR incentive program, including the definition of "meaningful use" and "certification."
- Determine the steps necessary to successfully achieve meaningful use.
- The Certification Process – by Marc Minotto
- Panel Q & A



Polling Question 1

- Have you implemented an EHR in your practice?
 - Yes
 - No



Simply Using EHR is Not Enough

- Certified EHRs must be used in a meaningful way
- EHRs must structure data in a uniform way
- Providers must be using key functionality within the system
- Results allow computers to interpret and share information



ONC & CMS Rules

- Final rules were announced on July 13, 2010
- ONC Rule outline technical functionality of EHR systems
- CMS Rule lists objectives that providers must demonstrate to qualify for incentives



Certified EHR

- On July 1, 2010, ONC began accepting applications from entities who would like to be approved as an ONC-Authorized Testing and Certification Body (ATCB).
- ONC-ATCBs will use ONC established criteria to approve EHRs
- EHR products that were previously certified by CCHIT will *not* be grandfathered in.
- ONC projects that entities will be approved by early fall and EHRs will begin to be certified by the end of the year.



Medicare Incentive Payments for Physicians

- Physician incentive payments are 75 percent of Medicare allowed charges
 - Penalties — reduction in physician fee schedule
- 10 percent increase in incentives if physician practices in a designated health professional shortage area

Meaningful EHR User	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	Total
FY 2011	\$ 18,000	\$ 12,000	\$ 8,000	\$ 4,000	\$ 2,000			\$ 44,000
FY 2012		\$ 18,000	\$ 12,000	\$ 8,000	\$ 4,000	\$ 2,000		\$ 44,000
FY 2013			\$ 15,000	\$ 12,000	\$ 8,000	\$ 4,000		\$ 39,000
FY 2014				\$ 12,000	\$ 8,000	\$ 4,000		\$ 24,000
After FY 2015					1%	2%	3%	



Eligible Professional

- Doctor of medicine or osteopathy
- Doctor of dental surgery or medicine
- Doctor of podiatric medicine
- Doctor of optometry
- Chiropractor
- Not hospital-based
 - Defined as performing substantially all his/her services in an inpatient hospital setting or emergency room only (POS 21 or 23) as per the Continuing Extension Act of 2010



Incentive Program Registration

- Not yet available
- Monitor site:
 - www.cms.gov/EHRIncentivePrograms
- EPs must be enrolled in
 - Medicare FFS/MA
 - OR
 - Medicaid (FFS or managed care)*
- EP must have an NPI
- EP must be enrolled in PECOS



Medicaid Incentive Payments for Physicians

- Eligible professionals with at least 30 percent Medicaid patient volume include:
 - Physicians
 - Dentists
 - Certified nurse midwife
 - Nurse practitioner
- Pediatrician with at least 20 percent Medicaid patient volume
- Physicians may not collect both Medicare and Medicaid incentive payments



Payment scenarios for Medicaid EPs based on Adoption year

Calendar Year	2011	2012	2013	2014	2015	2016
2011	\$21,250					
2012	\$8,500	\$21,250				
2013	\$8,500	\$8,500	\$21,250			
2014	\$8,500	\$8,500	\$8,500	\$21,250		
2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
2018			\$8,500	\$8,500	\$8,500	\$8,500
2019				\$8,500	\$8,500	\$8,500
2020					\$8,500	\$8,500
2021						\$8,500
Total	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750



Stage 1 Meaningful Use

- Begins 2011
- 15 core objectives/measures plus 5 additional tasks from a menu of 10 for eligible providers
- Focus on capture of health info in coded format
 - Use that info to track key clinical conditions
 - Communicate that info for care coordination purposes
 - Initiate reporting of clinical quality measures and public health information
- First payment year only allows EHR meaningful use for any continuous 90-day period within the payment year
 - Second payment year and subsequent payment year the reporting period is over the entire year



Stage 2 & 3

- Build upon learnings from Stage 1
- Possibilities for Stage 2 & 3 criteria
 - Use of evidenced-based order sets
 - Electronic medication administration record (eMAR)
 - Record physician notes in EHR
 - Contribute data to a PHR



Stage of MU Criteria by Payment Year

First Payment Year	2011	2012	2013	2014	2015
2011	Stage 1	Stage 1	Stage 2	Stage 2	TBD
2012		Stage 1	Stage 1	Stage 2	TBD
2013			Stage 1	Stage 1	TBD
2014				Stage 1	TBD



Stage 1 Criteria for Meaningful Use

- Health Outcomes Policy Priority
- Care Goals
- Objectives (for eligible professionals, for hospitals)
- Measures



Stage 1 Criteria for Meaningful Use

Four categories of criteria

- Data Exchange
 - The ability to share data with other medical providers
- EHR System Settings
 - Settings in your system
- Maintain Structured Data
 - Data is interpreted by computer
- Reporting
 - Information can be output



Polling Question 2

- Have you implemented electronic prescribing in your practice?
 - Yes
 - No



Data Exchange

Core Set

- ✓ Generate and transmit prescriptions
 - ✓ 40% of all scripts
 - ✓ Vendor: Create report showing % Rx e-transmitted
- ✓ Electronically exchange key clinical information
 - ✓ Performed at least once
 - ✓ Vendor: How do we test and confirm transmission?



Data Exchange

Menu Set

- ✓ Provide a summary of care record for transition or referral
 - ✓ Provided for at least 50% of all transitions of care
 - ✓ Vendor: How do we track patients per referral source and confirm that summary or care record was generated and provided?



EHR System Settings

Core set

- ✓ Enable drug-drug and drug-allergy interaction check
 - ✓ Vendor: How do we turn this on? How often is the data updated and by who?
- ✓ Implement EHR security settings to protect PHI
 - ✓ Conduct or update security risk analysis and ensure security is updated
- ✓ Implement one clinical decision support rule
 - ✓ Vendor: Is this functionality supplied (fill-in-the-blank rule format) or do we need to create this as a function or report writing tool?



EHR System Settings

Menu Set

- ✓ Implement drug-formulary checks
 - ✓ Vendor: What drug formulary do you deliver with the product?



Maintain Structured Data

Core set

- ✓ Record demographics
 - ✓ Language, gender, race, ethnicity, DOB for 50% of patients
 - ✓ Vendor: Is there a report that shows total patients and how many of them have ALL of these five recorded?
- ✓ Record smoking status
 - ✓ 50% of patients over 13
 - ✓ Vendor: Is there a report that shows the % of patients who have their smoking status recorded?



Maintain Structured Data

Core set

- ✓ Record and chart vital signs
 - ✓ 50% of patients over age 2 need to track height, weight, blood pressure, plot and display growth charts for kids (2-20) and include calculated BMI
 - ✓ Vendor: Is there a report that shows how many patients over 2 we have seen and have all above vitals recorded?
- ✓ Maintain active medication list
 - ✓ 80% of all patients have an entry recorded, or an indication that there is nothing prescribed
 - ✓ Vendor: Need a report that shows total patients and % with at least one med entered (or indication of no meds)?



Maintain Structured Data

Core set

- ✓ Order medication directly from the EHR
 - ✓ 30% of the patients who have a medication in their list have had it ordered through the system
 - ✓ Vendor: Need a report that shows the % of patients who have a med listed and whether it was ordered using CPOE in the EHR.

- ✓ Maintain active medication allergy list
 - ✓ 80% of all patients have an entry recorded, or an indication that there is no medication allergies
 - ✓ Doesn't specify whether data should be kept regarding manifestation of allergy
 - ✓ Vendor: Need a report that shows total patients and % that have at least one entry of a med allergy or an indication of no known allergies



Maintain Structured Data

Core set

- ✓ Maintain up-to-date problem list
 - ✓ 80% of unique patients seen have at least one entry or indication there is no problem
 - ✓ Vendor: Need a report that shows % of patients with one problem entry?



Maintain Structured Data

Menu set

- ✓ Incorporate lab test results
 - ✓ Results of 40% of all lab orders are listed
 - ✓ Vendor: Need a report that shows the % of results that are kept as structured data in the system from labs ordered over a given time period
- ✓ Perform medication reconciliation
 - ✓ More than 50% of transitions of care in EP's care
 - ✓ Vendor: Track patients incoming from referral source and summarize that count with % of patients when med recon performed (track med confirmation/update)



Reporting

Core set

- ✓ Provide patients with an electronic copy of their health information
 - ✓ 50% who request and electronic copy receive it within 3 days
 - ✓ Includes diagnostic test results, problem list, medication list, medication allergies
 - ✓ Vendor: Is there a standard format for this? Will the system capture the fact that the patient requested this, and the turnaround time?
- ✓ Provide clinical summary for patient for each office visit
 - ✓ Provided to patients for more than 50% of all office visits within 3 business days
 - ✓ Vendor: Is there a standard format for the clinical summary? Need a report that lists % of patients who received this within 3 days
- ✓ Report ambulatory clinical quality measures
 - ✓ For 2011, provide aggregate numerator, denominator and exclusions through attestation
 - ✓ For 2012, electronically submit the clinical quality measures
 - ✓ Vendor: Are the clinical quality measures included as a standard deliverable in the system set up?



Polling Question #3

- Did you participate in the PQRI (Physician Quality Reporting Initiative) program?
 - Yes
 - No



Quality Measures - CORE

Measure #	Quality measure title
NQF 0013	Blood pressure measurement
NQF 0421 PQRI 128	Adult weight screening and follow up
NQF 0028	Preventive Care and Screening: Tobacco Use Assessment / Tobacco Cessation Intervention

Quality Measures – Alternate CORE

Measure #	Quality measure title
NQF 0024	Weight Assessment and Counseling for Children and Adolescents
NQF 0041 PQRI 110	Preventive Care and Screening: Influenza Immunization for Patients 50 years and older
NQF 0038	Childhood Immunization



Quality Measures

- Select 3 additional from Table 6, pages 272-282 of the Final Rule (see appendix to this presentation)
- Such as:
 - HA1c control
 - Use of appropriate medications for asthma
 - Controlling high blood pressure
 - Cervical cancer screening
 - Weight assessment and counseling for children and adolescents
 - Adult weight screening and follow up
 - Ischemic Vascular Disease (IVD): use of aspirin or another antithrombotic
 - Coronary Artery Disease (CAD): beta-blocker therapy for CAD patients with prior myocardial infarction (MI)



Reporting

Menu Set

- ✓ Send reminders to patients per patient preference for preventative/follow up care
 - ✓ 20% of all patients over 65 or under 5 are sent appropriate reminders
 - ✓ Vendor: How does the system store and employ the patient's preference for receiving reminders? Does the system include reminders for preventive/follow up care and record the generation of those reminders? Need report showing % of over age 65 and under age 5 patients were sent reminders
- ✓ Provide patients with electronic access to their health information
 - ✓ Includes lab results, problem list, medication list, medication allergies
 - ✓ Subject to EP discretion
 - ✓ Supplied within 4 business days of being updated
 - ✓ Vendor: What is the method of electronic access by patients? Report needed showing % of patients given electronic access within 4 days of being updated



Reporting

Menu Set

- ✓ Use EHR to identify patient specific education resources
 - ✓ 10% of patients are provided with resources
 - ✓ Vendor: From where are education materials sourced? Need a report showing % of patients who were provided education identified by EHR
- ✓ Generate lists of patients by specific conditions
 - ✓ Used for quality improvement, reduction of disparities, outreach, research
 - ✓ Generate at least one report with specific condition
 - ✓ Vendor: Do you provide a standard fill-in-the-blank query or must the EP/practice create the query? How do we run the query to get the report?



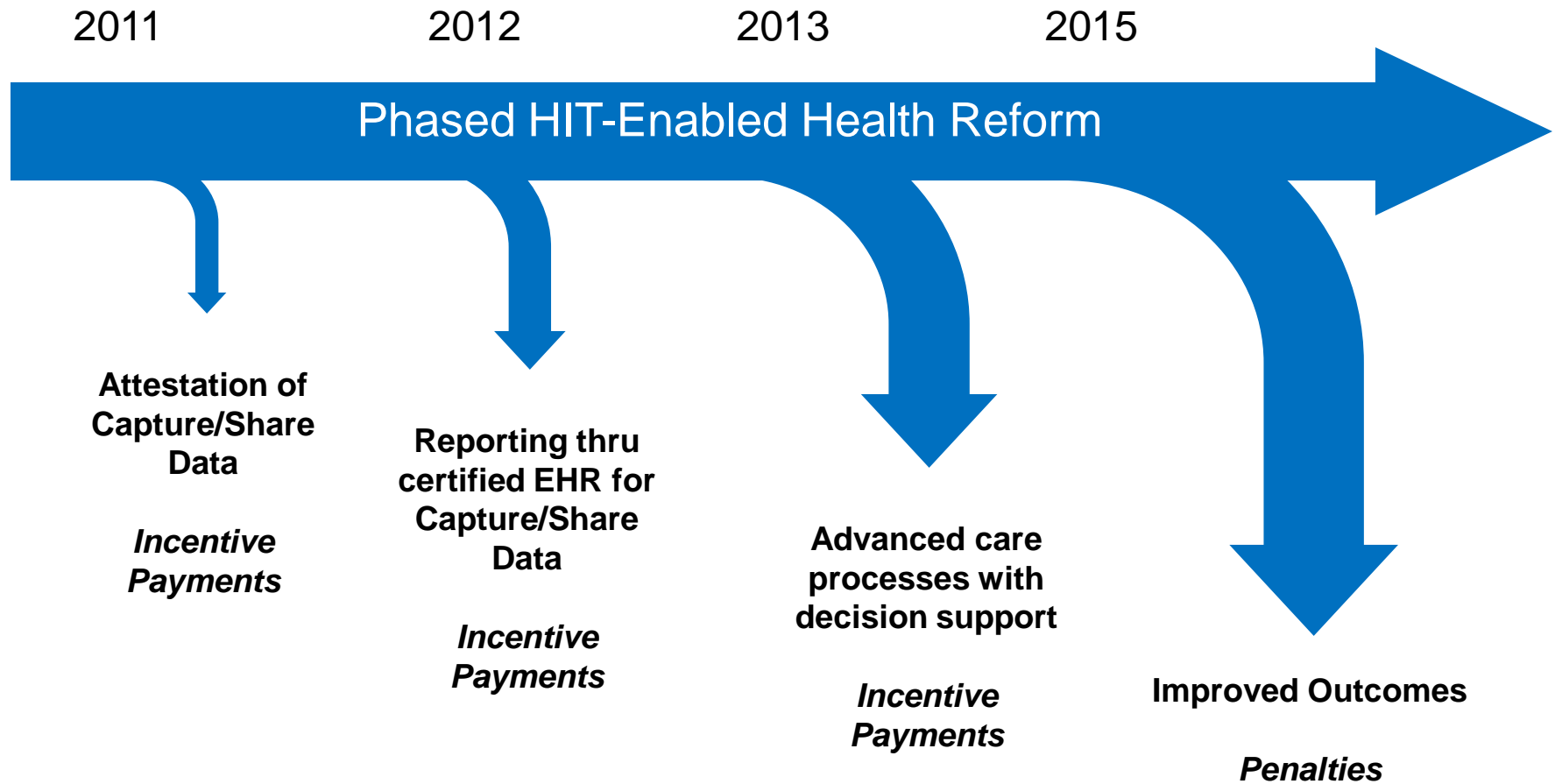
Reporting

Menu Set – Must complete at least ONE

- ✓ Submit e-data to immunization registries or Immunization Info Systems
 - ✓ Test at least once
 - ✓ Vendor question: How do we test and confirm transmission?
- ✓ Capability to submit electronic syndromic surveillance data to public health agencies
 - ✓ Perform at least one test
 - ✓ Vendor: How will this test be conducted?



Meaningful Use Timeline





In closing: How to respond



- **Select and implement EHR with a patient portal**
 - Capability to collect and report data for meaningful use – ask your vendor!
- **Implementation is about change management**
 - Workflow and processes
- **Implement to deliver functionality and operational efficiency**



The Certification Process



Presented by Marc J. Minotto

VP Business Development

Physician's Back Office (www.PBOmd)

**A Trusted Partner in
CollaborateMDs EHR Partner Integration Program**



The Certification Process

- **Where can I find out information about EHR Technology that has been certified?**



The Certification Process, Cont'd.

- **Will EHR technology, previously certified under any other programs or organizations, automatically be certified by this new process?**



The Certification Process, Cont'd.

- **If I purchase EHR technology that is tested and certified, does that qualify me for the Medicare or Medicaid incentive payments?**



The Certification Process, Cont'd.

- **I already use EHR technology. If it gets certified, will I qualify for the Medicare or Medicaid EHR incentive payments?**



Thank You

pbo md

A Trusted Partner in CollaborateMDs EHR Partner Integration Program

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