Meaningful Use 2016

...it's kind of meaningful now

Presenters:

Disclaimer:

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We are also consultants for Summitec Medical and as such we do acknowledge a financial interest in the subject matter of this presentation.

Our Clinic:
The Eye Center of Central PA

• 4 MD’s, 14 OD’s, 4PA-C’s
• 15 Office locations
• Ambulatory surgery center
• Hearing and Balance center
• E.H.R since 2010
• Portal since 2011

Initial Design

2011 E.H.R Incentive Program begins. This was the portion of the Meaningful Use program where providers were paid to participate Medicare and Medicaid reporting. But statistics based on all patient data.

Incentives used to promote clinic investment in technology

Program is directed at the Clinic/Provider and at the E.H.R vendor
### Payouts

<table>
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<tr>
<th>Start Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>Maximum Payout</th>
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<tr>
<td>2011</td>
<td>$18,000</td>
<td>$12,000</td>
<td>$7,840</td>
<td>$3,920</td>
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<td>$0</td>
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<td>-------</td>
<td>$18,000</td>
<td>$11,760</td>
<td>$7,840</td>
<td>$3,920</td>
<td>$1,960</td>
</tr>
<tr>
<td>2013</td>
<td>-------</td>
<td>-------</td>
<td>$14,700</td>
<td>$11,760</td>
<td>$7,840</td>
<td>$3,920</td>
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<tr>
<td>2014</td>
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<td>-------</td>
<td>-------</td>
<td>$11,760</td>
<td>$7,840</td>
<td>$3,920</td>
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<td>2015 and beyond</td>
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</tbody>
</table>

### Penalties - Use the swinging year concept

- **If you did not attest for 2015...**
  - Your penalty will begin in 2017
  - Hardship exemption for 2015 deadline extended to 7/1/16

- **If you do not attest for 2016...**
  - Your penalty will begin in 2018

### Audits

- Audits can be pre-payment or post payment.
- Can be up to 7 years after the attestation.
- A failed audit will require you to return the payment.
- HITECH E.H.R Audit letters come through email from Figliozzi to the email address listed in the registration (on attestation site).
- Number 1 reason practices fail...
  Did not complete Security Risk Assessment or assessment was inadequate.

### Audit letter: Includes a list of what the auditor wants to see from you.

- Send only what is asked for on the Document Request form.
- Send original reports from attestation. When clinics try to re-pull reports numbers wind up being different than when they attested (upgrades).
- If clarification is needed on an area, they will ask for it.
- Auditors know what the program rules are, not how they apply to our specialty. They will NOT take challenges to our specialty into consideration.
- If clarification is asked for and not supplied, you will fail.
- If you fail an audit...you will be asked to return any incentive you earned for that reporting period.
- If you are not confident you would pass 2015 if audited, file the hardship exemption now. (extended to 7/01/16)
For 2016...

- ALL providers are stage 2.
- All providers who have previously attested are full year reporting.
- Providers whose first year of reporting is 2016 are Stage 2, 90 days.

Finally providers within a practice are all in the same stage.

- Some objectives still scaled back.
- Removal of several objectives from 2014 version of stage 2, helps show the direction of the program.
- Removal of the Menu Set requires practices to participate in Objectives that could previously be avoided.

Stage 2 measures that were discontinued 10/2015:

- Vitals
- Demographics
- Smoking Status
- Patient List
- Clinical Summary (provider within 24 hours)
- Patient Reminders
- Clinical Lab Results
- Summary of Care/Transition of Care (parts a & c removed)
- Electronic Notes
- Imaging results
- Family Health History.

Objective 1: Protect Electronic Health Information

- # 1 Objective- Because it’s that important!
- Requires a formal (written) Security Risk Assessment each year. Date/Time stamp of document is important!
- Can be performed in clinic or by an outside source. Do what is right for the clinic, if that requires you to hire an outside source to work on this with you, do it.
- The purpose of the exercise is to find issues areas of weakness. Develop a plan and a reasonable timeline for any issues requiring remediation.
- Free tool available at: https://www.healthit.gov/providers-professionals/security-risk-assessment-tool
What your data is worth, and why...

- "stolen patient health records can fetch as much as $363 per record.
- "stolen credit card numbers are sold for a few dollars or even quarters"
- It's Versatile. Since the patient's record is complete profile from SSN down to where you work, the options to use this data are endless.
- This is bigger than the patient's healthcare identity/HIPAA. This can have an effect on their entire identity.
- Clinics use a lot of different programs with many different requirements, this is an area of weakness for the entire health care industry.

Objective 2: Clinical Decision Support

- Implement 5 Clinical Decision Support Rules, and Drug to Drug/drug Allergy Checks.
- 4 of these must relate to Clinical Quality Measures/CQM
- Usually pop ups generated by the E.H.R to remind a provider of patients condition or treatment protocols.
- Measure is about what your E.H.R. can do for you.

While this objective is Yes/No at attestation, it's a good idea to save a screenshot of the setup screen or of the rules you have in place. In the event of an audit 4 years from now, you will be able to provide documentation of what was in place.

Objective 3: CPOE

- CPOE = Computerized Provider Order Entry, who is entering your Medication (>60%), Radiology (>30%) and Laboratory Orders (>30%)?
- Person must be a provider or someone certified to exercise clinical judgment (MA, COA, COT).
- This measure is meant to help you limit who is accessing your E.H.R. and why.
- Also, to help eliminate errors. (A person with clinical judgment would know to review the chart before ordering any testing or refilling any medications.)
- **exclusion still available for denominators under 100.

Objective 4: E-Prescribing

- More than 50% of (permissible) prescriptions are queried for formulary and sent electronically.
- Just good common sense really. As a patient, if you tell me it's not covered by my insurance, but it's the best alternative. I will fill it without complaining.
- If you electronically send it, it's safe from being altered.
- **exclusion available for providers with a denominator under 100
Objective 5: Health Information Exchange

- More than 10% of all patients whose care is transitioned from your practice/provider to another practice/provider/entity have a Summary of Care document generated and electronically transmitted from the E.H.R.
- Utilizes HISP (health information service provider) to create a direct message account specific to the provider.
- Can be difficult in specialties and sub-specialties to identify practices with this functionality. Try searching "Direct Messaging (your state)" to see if you can find a directory.
- Summary of Care is the only transmittable/receivable document at this time.

**exclusion available for denominators under 100.

Objective 6: Patient Specific Education

- E.H.R uses clinically relevant information to determine and provide Patient Specific Education to the patient (>10%).
- Educated patients are compliant patients.
- Could be printed, portal or videos.
- Content had to be included in the E.H.R’s certification, so it may not be what you would like the patient to have.

Objective 7: Medication Reconciliation

- Reconcile Medications on over 50% of patients who are transitioned into your care.
- Having a complete record will help reduce errors.
- Requires entering the most complete data possible from a 3rd party (other provider, pharmacy even patient document).
- Sig information is required to be entered if provided.

Objective 8: Patient Electronic Access

- Provide >50% of patients with the ability to View, Download or Transmit their Patient Health Information within 4 days. Also, at least 1 patient actually Views, Downloads or Transmits their information.
- Patients will view their information if it is provided to them. This helps put the patient in charge of their record and reduces errors.

*exclusion for: Providers who create no information other than Pt name and practice information. Exclusion for patient actually views if broadband access <4Mbps for >50 of homes in practicing county.
Objective 9: Secure Electronic Messaging

- Use Secure Electronic Messaging to communicate with at least 1 patient seen in the reporting period.
- Proves the functionality exists and that it works.
- Messages should be received in to the patient record/E.H.R.
- SECURE - only the sender and receiver have access.
- More difficult to get patients to use than reading their PHI documents. Requires you to basically "train" your patients to communicate in a new way.

**Exclusions for Providers with no office visits. Or providers in a county with >50% of homes with <4Mbps of broadband availability.**

Objective 10: Public Health Reporting

- Immunization Registries
- Syndromic Surveillance
- Specialty Registries

- Had to be "engaged " within 60 days of the beginning of your reporting period.
- Immunization and Syndromic are State/County ran. Who and what data will they require to report? Can you exclude?
- Specialty Registry - Nearly all PQRS registries are also considered Specialty Registries as well. You would have a difficult time excluding from this since there are so many.

Clinical Quality Measures (CQM)

- 9 measures across 3 domains.
- CQM’s still have no threshold % requirements.
- If you can make these match you PQRS measures and use 1 workflow to cover both, that is efficient!

Common Ophth CQM’s:

- Glaucoma screening
- Uveitis Screening
- Retinal Screening
- Macular Degeneration Screening
- Diabetic Retinopathy Screening
- Age related Macular Degeneration Screening
- Early Manifest Diabetic Retinopathy Screening
- Follow-up of Eye Conditions
- Prevention of Blindness

Lets talk about patient portals for a minute...

- Excellent example of why we have to complete SRA. Most clinics use a portal that is separate from the E.H.R. product.
- For some reason patients perceive this as access to ALL their clinical information. This make some patients nervous.
- Understand the elements that make your portal secure.
- Do not bombard your patient with information or extra emails that are unnecessary.
- Is someone assigned to monitor the portal?
  Bounced notifications, access, linking accounts, patient issues, if separate products are the interfaces working?
Attest, File and Plan for the Future

- Print and Save every report.
- Re-submit the registration before attesting. Your M.A.C. may have made changes that will affect the registration information.
- Print the Attestation Summary. Helpful if audited!
- You may be past receiving payment for this program, continue to participate. Meaningful Use will be part of Merit Based Incentive Payment System (MIPS).
- MIPS will combine Quality program and replaces Sustainable Growth Rate (SGR).
- MIPS will include incentives and penalties.
- Watch for proposed changes...make you comments known to CMS during comment periods.

RESOURCES:
- https://ehrincentives.cms.gov/hitech/loginCredentials.action

QUESTIONS?