Modified Stage 2, and Stage 3 Proposals: “To the Future, and Beyond”
Short title: Mod2/MU3

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AMDIS Physician Computer Connection Symposium
Ojai, California
24 June 2015
Disclosures

• No financial or affiliation conflicts of interest
• Purpose: Be provocative
  – Suspect not difficult with this audience 😊
• I do not attempt to review the ONC CEHRT Rule
  – John Halamka has a lot to say about that one!
• I will express my opinions in red
Holy Spirit Healthcare System

- An affiliate of Geisinger Health System
- 315 licensed beds (including separate LTAC)
  - ~270 acute beds
- Private, Catholic, non-profit
- ~50% of patients covered by hospitalists (medical)
- ~90% of medical patients attended by hospitalists
  - ~5% by HSH surgical staff
- MU 1 x 2 years; MU 2 1st year both Medicare and Medicaid
Holy Spirit Healthcare System

- Allscripts Sunrise 6.1/SU 7
- TSC-hosted
- Speed-to-value
- Pharmacy SMM
- ED Manager
- KBC
- Orders Reconciliation
- KBMA
- eLink
- Clinician Portal
- IMO
- Zynx
- Secure Health Messaging
- Exit Care
- RxWriter
- Clinical Performance Management

NOT Task List
NOT patient education log
(MLM to record KBC documentation)

90+% CPOE; starting physician documentation; non-integrated SIS;
KeyHIE = Keystone Health Information Exchange
Modified Stage 2

Or: How do you make over 600 pages of Federal Register sound interesting?

You can’t: But Jacob Reider implores us to “focus on the best interests of the individual.”*
Modified Stage 2: “Philosophy”: Alignment, flexibility

• “... the proposed change to the EHR reporting period in 2015 ... does represent a potential risk to the continued development of effective health IT infrastructure.” (p 37)
  – Disagree: additional time (only 3 months), even if brief, allows flexibility for developers and users
Modified Stage 2: Major points

• 90 day reporting period
• Alignment of EHs with EPs
• Everybody goes to modified stage 2 in 2015-16
• Stage 3 optional in 2017
  – Obligatory in 2018
• Removal of RDT: “redundant, duplicative, topped out”
• All items become core
Modified Stage 2: Major points

EPs:

• 3 menu items become core
  – Medication Reconciliation
  – Patient Education Material
  – Public Health Reporting

EHs:

• Electronic prescribing becomes core (10%)
  – This is a problem (will discuss later)
Modified Stage 2: Major points

• View, download, or transmit (VDT)
  – Changed to 1 patient (not 5%)

• Summary of Care (50%)
  – EP (4 days) and EH (36 hours)
  – All elements of Common Clinical Data Set (CCDS)?
    • Anyone know for sure? (e.g., plan of care?)

• Secure messaging for EPs
  – Yes/no attestation
  – Whether patient or provider initiated

p. 76-7 of pdf version
Modified Stage 2: Details and Comments

• Skip optional stage 3 in 2017?
  – Supported: allows flexibility

• Changing to calendar year for EHs
  – Extends data collection to 10/1/14-12/31/15
  – Supported, but caution: everyone reporting at same time burdensome for both EHs’/EPs’ staff and may cause backlogs at CMS*

*am aware of several sites down to the wire dealing with long delays getting through to CMS re: blocked submissions
Modified Stage 2: eRx

- "More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new, changed and refilled prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology."

(p 64 of pdf version) Underline mine

- Strongly urged to support all three types of Rx’s.
- eRx’s must be able to be cancelled (CANRX, CANRES)
  - CEHRT can; but can pharmacy receive?
Modified Stage 2: eRx

• Exclusion (p 65 of pdf version):
  – "if they are scheduled to demonstrate Stage 2 but did not intend to select the Stage 2 eRx menu objective for an EHR reporting period in 2015"
  – This will be a check-off during attestation
    • Per Elizabeth Holland, CMS (Personal communication)
RDT: Redundant, duplicative, topped out

<table>
<thead>
<tr>
<th>Objectives and Measures</th>
<th>Applies to EPs</th>
<th>Applies to EHs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Applies to EPs and EHs:</strong></td>
<td></td>
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<tr>
<td>Demographics</td>
<td>Patient reminders</td>
<td>Advanced directives</td>
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<tr>
<td>Vital signs</td>
<td>Clinical summaries</td>
<td>Structured labs to ambulatory providers</td>
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<tr>
<td>Smoking status</td>
<td></td>
<td>eMAR</td>
</tr>
<tr>
<td>Structured lab results</td>
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<tr>
<td>Patient list</td>
<td></td>
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<tr>
<td>Summary of care</td>
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<tr>
<td>Measure 1—Any method</td>
<td></td>
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<td>Measure 2—test</td>
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<td>Electronic notes</td>
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<td>Imaging results</td>
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<tr>
<td>Family health history</td>
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</tbody>
</table>
Stage 3
Stage 3: Major points

- Nothing on outcomes
- EH/CAH to report on calendar year
- No stage 4
- 8 Objectives
  - Yes, but multiple measures, even more than Stage 2
- Objectives and measures same for EPs/EHs/CAHs
  - Not quite accurate: 1 additional public health for Ehs
Stage 3: Major points

• Measures:
  – 23 for EPs
  – 24 for EHs/CAHs
  – Includes one proposal and three alternates for HIE

• Optional attestation 2017

• Obligatory attestation 2018

• Requires 2015 ONC certified EHR
# Objectives and Measures

<table>
<thead>
<tr>
<th>Program Goal/Objective</th>
<th>Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Protect Patient Health Information</strong></td>
<td>• Conduct security risk analysis upon installation or upgrade&lt;br&gt;• Conduct or review during reporting period or “prior to the beginning of the first EHR reporting period using that CEHRT”</td>
</tr>
<tr>
<td><strong>2. Electronic Prescribing (eRx)</strong></td>
<td>• EP &gt; 80%, with formularies&lt;br&gt;• EH &gt; 25% for new and changed (see mod2 rule which includes “refilled”)</td>
</tr>
<tr>
<td><strong>3. Clinical Decision Support (CDS)</strong></td>
<td>No change from current stage 2</td>
</tr>
<tr>
<td><strong>4. Computerized Provider Order Entry (CPOE)</strong></td>
<td>• 80% meds (may exclude “protocol” or “standing” orders)&lt;br&gt;• 60% rad&lt;br&gt;• “Expanded” to include diagnostic imaging (false)&lt;br&gt;• 60% lab</td>
</tr>
</tbody>
</table>
# Objectives and Measures

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<tr>
<td>5. Patient Electronic Access to Health Information</td>
<td>• Greater than 80% of unique patients within 24 hrs</td>
</tr>
<tr>
<td></td>
<td>— or — Provided access to VDT*</td>
</tr>
<tr>
<td></td>
<td>— or — Provided access to ONC-certified API**</td>
</tr>
<tr>
<td><strong>Measure 1</strong></td>
<td></td>
</tr>
<tr>
<td>Alternate A</td>
<td>• Require <em>both</em> portal and API</td>
</tr>
<tr>
<td>Alternate B</td>
<td>• Require <em>both</em> portal and API — or — API</td>
</tr>
<tr>
<td>Alternate C</td>
<td>• Require API</td>
</tr>
<tr>
<td><strong>Measure 2</strong></td>
<td>• Provide electronic access to patient-specific education resources more than 35% within 24 hrs</td>
</tr>
</tbody>
</table>

*VDT = View, download, or transmit  **API = Application Programming Interface*
# Objectives and Measures

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<tr>
<td>6. Coordination of Care through Patient Engagement</td>
<td>Attest to all 3, but meet 2 of 3</td>
</tr>
</tbody>
</table>
| **Measure 1** | > 25% VDT  
— or —  
> 25% access API |
| **Measure 2** | > 35% secure message  
• Sent by provider or responded to pt* |
| **Measure 3** | 15% “Patient-generated health data or data from a non-clinical setting is incorporated”  
• “Non-clinical” = “any provider who is not an EP, eligible hospital or CAH”  
• What does “incorporate” mean? |

*“for Stage 3 provider initiated messages would count toward the measure numerator”*
Objectives and Measures

7. Health Information Exchange
   Stutman and Eisenberg will expound
   • Highlights:
     • Attest to all 3 measures, but meet 2 of 3
     • What does “incorporate” mean?
     • For CCDS*: all are required fields, but must they be populated?

*common clinical data set
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<tr>
<td>7. Health Information Exchange (HIE): for transitions of care</td>
<td>Attest to all 3, but meet 2 of 3</td>
</tr>
<tr>
<td><strong>Measure 1</strong></td>
<td>&gt; 50%: Create and exchange summary of care</td>
</tr>
<tr>
<td><strong>Measure 2</strong></td>
<td>&gt; 40% of new patients: “Incorporate” summary of care</td>
</tr>
<tr>
<td>What does “incorporate” mean?</td>
<td></td>
</tr>
<tr>
<td><strong>Measure 3</strong></td>
<td>&gt; 80% of new patients: Perform clinical information reconciliation</td>
</tr>
<tr>
<td>information reconciliation = (FR p 16759)</td>
<td>medication</td>
</tr>
<tr>
<td></td>
<td>allergy</td>
</tr>
<tr>
<td></td>
<td>current problem list</td>
</tr>
</tbody>
</table>
Summary of Care document
Common Clinical Data Set (CCDS)
“Must include the following information in order to meet the objective, if the provider knows it”

- Patient name
- Discharge instructions (EH only)
- Procedures
- Encounter diagnosis
- Immunizations
- Laboratory test results
- Vital signs (height, weight, blood pressure, BMI)
- Smoking status
- Functional status, including activities of daily living, cognitive and disability status
- Demographic information (preferred language, sex, race, ethnicity, date of birth)
- Care plan field, including goals and instructions
- Care team including the primary care provider of record and any additional known care team members beyond the referring or transitioning provider and the receiving provider
- Reason for referral (EP only)
- Referring or transitioning provider’s name and office contact information (EP only)

All are required fields, but must they be populated?
Objectives and Measures

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<td><strong>8. Public Health and Clinical Data Registry Active Engagement</strong></td>
<td><strong>EPs—Attest to 3</strong></td>
</tr>
<tr>
<td></td>
<td>Maximum per type</td>
</tr>
<tr>
<td>Measure 1—Immunization Registry</td>
<td>1</td>
</tr>
<tr>
<td>Measure 2—Syndromic Surveillance</td>
<td>1</td>
</tr>
<tr>
<td>Measure 3—Case Reporting</td>
<td>1</td>
</tr>
<tr>
<td>Measure 4—Public Health Registry *</td>
<td>3</td>
</tr>
<tr>
<td>Measure 5—Clinical Data Registry *</td>
<td>3</td>
</tr>
<tr>
<td>Measure 6—Reportable Lab Results</td>
<td>n/a</td>
</tr>
</tbody>
</table>

**Notes:**
- *May choose to report to more than one, and add up to meet total measure*
- "an exclusion for a measure does not count toward the total of three measures“ unless an “EP qualifies for multiple exclusions and the remaining number of measures . . . is less than three”
- "active engagement, not ongoing submission." "Active engagement means that the provider is in the process of moving towards sending "production data" to a PHA or CDR, or is sending production data"
Spreadsheet summary: Not an eye test; just a reminder to me

Anyone interested, please email me: rschreiber@geisinger.edu

<table>
<thead>
<tr>
<th>Objective</th>
<th>Goal greater than</th>
<th>Goal greater than</th>
<th>Goal greater than</th>
<th>Goal greater than</th>
</tr>
</thead>
<tbody>
<tr>
<td>CQI ITEMS</td>
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<td></td>
</tr>
<tr>
<td>CQI ITEM 1</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>CQI ITEM 2</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>CQI ITEM 3</td>
<td>70%</td>
<td>70%</td>
<td>70%</td>
<td>70%</td>
</tr>
<tr>
<td>CQI ITEM 4</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
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S:\CIS PROJECT\Meaningful Use\Stage 2 Modified\Stage 2 Modified and Stage 3 Objectives and Measures
Questions and Discussion

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