

Modified Stage 2, and Stage 3 Proposals: “To the Future, and Beyond”

Short title: Mod2/MU3

Richard Schreiber, MD, FACP
Chief Medical Informatics Officer
Holy Spirit Hospital—A Geisinger Affiliate
Camp Hill, PA

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Becker's Hospital Review/Becker's ASC Review
100 Great Places to
Work in Healthcare



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.”*

* http://www.healthcare-informatics.com/article/jacob-reider-md-cmios-need-be-true-transformational-leaders?page=2&utm_source=SilverpopVG&utm_medium=email&utm_campaign=HCI%20eNews%206-9-15&utm_content=&spMailingID=48916731&spUserID=MTAxODYwMzc3NTMzS0&spJobID=702529018&spReportId=NzAyNTI5MDE4S0

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*

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

Objectives and Measures		
<u>Applies to EPs and EHs:</u>	<u>Applies to EPs</u>	<u>Applies to EHs</u>
Demographics	Patient reminders	Advanced directives
Vital signs	Clinical summaries	Structured labs to ambulatory providers
Smoking status		eMAR
Structured lab results		
Patient list		
Summary of care Measure 1—Any method Measure 2—test		
Electronic notes		
Imaging results		
Family health history		

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

Program Goal/Objective	Metrics
1. Protect Patient Health Information	<ul style="list-style-type: none"> • Conduct security risk analysis upon installation or upgrade • Conduct or review during reporting period or “prior to the beginning of the first EHR reporting period using that CEHRT”
2. Electronic Prescribing (eRx)	<ul style="list-style-type: none"> • EP > 80%, with formularies • EH > 25% for new and changed (see mod2 rule which includes “refilled”)
3. Clinical Decision Support (CDS)	No change from current stage 2
4. Computerized Provider Order Entry (CPOE)	<ul style="list-style-type: none"> • 80% meds (may exclude “protocol” or “standing” orders) • 60% rad <ul style="list-style-type: none"> • “Expanded” to include diagnostic imaging (false) • 60% lab

Objectives and Measures

Program Goal/Objective	Metrics
5. Patient Electronic Access to Health Information	<ul style="list-style-type: none"> Greater than 80% of unique patients within 24 hrs Provided access to VDT*
<u>Measure 1</u>	<p style="text-align: center;">—or—</p> <ul style="list-style-type: none"> Provided access to ONC-certified API**
Alternate A	<ul style="list-style-type: none"> Require <i>both</i> portal and API
Alternate B	<ul style="list-style-type: none"> Require <i>both</i> portal and API —or— API
Alternate C	<ul style="list-style-type: none"> Require API
<u>Measure 2</u>	<ul style="list-style-type: none"> Provide electronic access to patient-specific education resources more than 35% within 24 hrs

All make an API required, compared to measure 1 where it is optional

*VDT = View, download, or transmit

**API = Application Programming Interface

Objectives and Measures

Program Goal/Objective	Metrics
6. Coordination of Care through Patient Engagement	Attest to all 3, but meet 2 of 3
<u>Measure 1</u>	> 25% VDT —or— > 25% access API
<u>Measure 2</u>	> 35% secure message <ul style="list-style-type: none"> • Sent by provider or responded to pt*
<u>Measure 3</u>	15% “Patient-generated health data or data from a non-clinical setting is incorporated ” <ul style="list-style-type: none"> • “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

Objectives and Measures

Program Goal/Objective	Metrics
7. Health Information Exchange (HIE): for transitions of care	Attest to all 3, but meet 2 of 3
<u>Measure 1</u>	> 50%: Create and exchange summary of care
<u>Measure 2</u>	> 40% of new patients: “Incorporate” summary of care What does “incorporate” mean?
<u>Measure 3</u>	> 80% of new patients: Perform clinical information reconciliation
information reconciliation = (FR p 16759)	medication
	allergy
	current problem list

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)

Objectives and Measures

Program Goal/Objective	Metrics	
8. Public Health and Clinical Data Registry Active Engagement	EPs—Attest to 3	EHs—Attest to 4
	Maximum per type	Maximum per type
<u>Measure 1</u> —Immunization Registry	1	1
<u>Measure 2</u> —Syndromic Surveillance	1	1
<u>Measure 3</u> —Case Reporting	1	1
<u>Measure 4</u> —Public Health Registry *	3	4
<u>Measure 5</u> —Clinical Data Registry *	3	4
<u>Measure 6</u> —Reportable Lab Results	n/a	1

--*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

Holy Spirit Hospital Meaningful Use for Inpatient - Stage 2 Year 2 2014 Criteria			Proposed Stage 2 Modified 2015 NPRM Filed 4/10/15	Proposed Stage 2 Modified 2016 NPRM Filed 4/10/15	Proposed Stage 3 2015 NPRM Filed 3/30/15	Threshold
	Goal greater than	Goal greater than	Goal greater than		Goal greater than	
CORE ITEMS						
1	CPOE for med, lab, rad orders			Objective 4: CPOE		
	Laboratory orders	30%	30%	Laboratory orders	60%	
	Medication orders	60%	60%	Medication orders	80%	
	Radiology orders	30%	30%	Radiology orders	60%	
2	Record demographics	80%	topped out			
3	Chart vital signs (revised from Stage 1)	80%	topped out			
4	Record Smoking Status (age > 12)	80%	topped out			
5	Five Clinical Decision Support rules			Objective 3: CDS		
	5 CDS interventions for 4 or more CQMs	Yes	Yes	5 CDS interventions for 4 or more CQMs	Yes	
	Drug/Drug and Drug/Allergy checks	Yes	Yes	Drug/Drug and Drug/Allergy checks	Yes	
6	Electronic copy of health information			Objective 5: Patient electronic access to health information		
	Info viewable online in 36 hours (portal available)	50%	50%	within 24 hours to either Portal--or--API	80%	
				Alternate A: Acob portal and API		
				Alternate B: Acob portal and API --or-- API		
				Alternate C: API		
				Objective 6: Coordination of care through patient engagement		
	Patients view online info (portal used)	5%	1 patient	Attest to all 3, but meet 2 of 3		
	Measure 2: secure message (sent by pt) (EP only)	10%	----	Measure 1: VDT--or--access API	25%	
	Measure 2: secure message (sent by provider or pt) (EP and EH)	----	yes/no	Measure 2: secure message (sent by provider)	35%	
				Measure 3: patient generated data	15%	
				Objective 1: Protect patient health information*	Yes	
7	Conduct* or review risk analysis	Yes	Yes			
8	Incorporate structured lab data	55%	topped out			
9	Generate Patient Lists by Condition	Yes	topped out			
10	Identify Patient-Specific Education Resources	10%	10%			
11	Medication Reconciliation (all admits)	50%	50%			
12	Summary of Care			Objective 7: HIE for transitions of care		
	Provide summary of care	50%	50%	Attest to all 3, but meet 2 of 3		
	Transmit electronic summary of care	10%	10%	Measure 1: create and exchange summary of	50%	
	Test with a different vendor	Yes	Yes	Measure 2: of new pts: "incorporate"***	40%	
				Measure 3: of new pts; clinical information reconciliation, including:	80%	
				Medication		
				Allergy		
				Current problem list		
13	Submit Data to Immunization Registries	Yes	Yes	Objective 8: Public Health and Clinical Data Registry Active Engagement		
14	Submit Lab Results to Public Health (ongoing)	Yes	Yes		EPs--Attest	EHs--Attest
15	Submit Syndromic Surveillance Data	Yes	Yes		Maximum per type	Maximum per type
				Measure 1--Immunization Registry	1	1
				Measure 2--Syndromic Surveillance	1	1
				Measure 3--Case Reporting	1	1
				Measure 4--Public Health Registry***	3	4
				Measure 5--Clinical Data Registry***	3	4
				Measure 6--Reportable Lab Results	n/a	1
16	Track med orders on eMAR (all doses)	10%	10%			
17	Electronic prescribing (EP)	50%	50%	Objective 2: eRx	80%	
MENU SET ITEMS (Need 3)						
M1	Record Advance Directives (age > 64)	50%	topped out			
M2	Record electronic progress notes	30%	topped out			
M3	Images available in certified EHR	10%	topped out			
M4	Electronic prescribing (EH) (we did not select this)	10%	may elect to exclude	10%	Objective 2: eRx	25%
	* "conduct a risk analysis before the first use of, or during the attestation period of an installed or upgraded CEHRT"; review acceptable otherwise					
					***"incorporate" is not defined in the NPRM	
					****May count > 1, up to limit as listed in table	



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Questions and Discussion

Richard Schreiber, MD, FACP
Chief Medical Informatics Officer
Holy Spirit Hospital
Camp Hill, PA 17011

RSchreiber@Geisinger.edu

Modified Stage 2: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-08514.pdf> (accessed 17 June 2015)

Stage 3: <https://www.federalregister.gov/articles/2015/03/30/2015-06685/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3#h-45> (accessed 17 June 2015)