Meaningful Use
Stage 2

Presenter:
Linda Wise, EMR Training Specialist
Agenda

• Meaningful Use in Review
• Moving Into Stage 2 Meaningful Use
• Learning the Requirements
• Understanding the Measures
• Clinical Quality Measures
• Tools in MicroMD EMR
• Final Notes
Meaningful Use in Review

American Recovery and Reinvestment Act (ARRA) of 2009

- Healthcare IT portion referred to as HITECH Act, which provides billions in incentives to providers
- The Medicare and Medicaid EHR Incentive Programs provide financial incentives for the “meaningful use” of certified EHR technology to improve patient care.
- Three stages of Meaningful Use, which began in 2011

- HITECH Act Goals
  - Improve quality, safety and efficiency of care while reducing disparities
  - Engage patients and families in care
  - Promote public and population health
  - Improve care coordination
  - Promote the privacy and security of health information
CMS EHR Incentive Program: Timeline

- **January 2010**: Proposed rule issued
- **July 2010**: 864-page Stage 1 Final Rules issued
- **January 2011**: Registration open for programs
- **2011 to 2013**: Achieve and attest to Stage 1 MU
- **August 2012**: Release of combined 1,146 page Stage 2 Final Rule
- **2012/2013**: EMR vendor programming and “2014 Edition EHR” certification
- **2013/2014**: EPs implement/upgrade to and train on “2014 Edition EHR”
- **2014**: Begin Stage 2 MU: 3 months regardless of Stage or Payment Year
- **2015**: Medicare payment adjustments begin based on 2013 MU
- **2017**: Under the revised timeline, Stage 2 will be extended through 2016 and Stage 3 will begin in 2017 for those providers that have completed at least two years in Stage 2
MOVING INTO STAGE 2 MEANINGFUL USE
Moving From Stage 1 Into Stage 2 MU

Stage 1 focused on electronic capture and use of health information:
- Track key clinical conditions
- Communicate information for care coordination
- Report clinical quality measures and public health information

Stage 2 focuses on:
- Exchange and access to health information
- Expansion of Meaningful Use requirements
- Moving beyond data collection to care improvement
- Broad way to reform healthcare quality, efficiency and patient safety
What do you need to do in 2014?

EPs who are reporting in 2014 must achieve Meaningful Use for 90 days:

- **Medicare Incentive** – Report during one of the Medicare-established quarters
- **Medicaid Incentive** – Report during any 90-day period according to your state
- Report on CQMs for the same period
- In subsequent years, reporting period will be 365 days
LEARNING THE REQUIREMENTS
How do I learn what is required?

There are multiple ways to learn about Meaningful Use . . .

Visit the CMS website at www.cms.gov and review the EHR Incentive Program
Visit Micromd.com

Register for our free monthly Webinars:
Help and Support
Henry Schein Medical Systems, Inc.

MicroMD Client Support site provides a wide range of technical information and support resources for all users. Registered clients can login to the MicroMD Lounge to view video tutorials covering a variety of MicroMD EMR and PM topics, upgrade videos, tips and tricks, recent news, FAQs and a Knowledge Base. Don't forget you can also contact us by email, phone or chat during our client support hours.

Find your preferred support option by clicking the icon or links below.

Email: hsms.support@henryschein.com
Available Monday - Friday from 8:00 AM to 6:00 PM Eastern Time

Phone: 1-330-758-8832
Press 2 for EMR Support
Press 3 for PM and IT Support
After Hours Support Phone: Same as above.

Live Chat: Click here to chat live with a client support specialist. Available Monday - Friday from 8:00 AM to 6:00 PM Eastern Time

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User Lounge
Grab a cup of coffee, sit down and relax. Please feel free to discuss anything related to MicroMD—from service and support to the software itself. Welcome and enjoy.
Moderator: Admin

Reseller Lounge
Kick back and relax. Sip your latte while you visit with other resellers and with MicroMD staff regarding MicroMD products, support and services. Come on in.
Moderator: Admin

Document Search
Access billing instructions and interface details for MicroMD PM and MicroMD EMR.
Moderator: Admin, racker
Child Boards: Medicare, Medicaid, Blue Cross/Blue Shield, Commercial, Clearinghouses/Patient Statements, Paper, Interface Details

Reference Materials
Moderator: Admin, racker

Tutorial Videos
Have a poke around this Lounge. We have uploaded several videos covering a variety of topics.
Moderator: Admin
Child Boards: MicroMD PM, MicroMD EMR, MicroMD PM + EMR Installation/Upgrade, VAR Channel Training and Demos
<table>
<thead>
<tr>
<th>Subject</th>
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<tbody>
<tr>
<td>EMR: 2014 CEHRT Edition</td>
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<tr>
<td>EMR: EMR Version 9.0 Update Review</td>
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<td>EMR: 2013 and 2014 Stage 1 Meaningful Use Changes</td>
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<tr>
<td>EMR: Stage 2 CMS EHR Incentive Requirements</td>
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MicroMD Training

Meaningful Use Training – 2 to 4 hour packages

• Individualized to meet the client’s needs
• Customized training according to Stage and Payment Year
• Some options include 30, 60, and 90-day monitoring
• Training is web-based

MU training helps clients learn how to apply the requirements in MicroMD
UNDERSTANDING THE MEASURES
Understand the Measures

Ask the questions . . .
- What does the measure require?
- What are the numerator and denominator looking for?
- Are there exclusions that might pertain to your practice or providers?
- How do I meet the requirements within MicroMD?
Stage 2 Meaningful Use - Core Objectives

• **Core 1:** Use CPOE for orders:
  - Medications: 60%, Lab: 30%, Radiology: 30%
  - Stage 1 required Medication orders only
  - Changing the status of the order will trigger it to calculate

• **Core 2:** Generate and transmit permissible prescriptions electronically (eRx) more than 50% of all prescriptions
  - Up from 40% in Stage 1
  - Excludes controlled substances
  - Combined with measure to implement drug formulary checks (Be sure your drug formulary is NOT disabled in the user preferences!)

• **Core 3:** Record demographics for 80% of unique patients
  - Up from 50% in Stage 1
  - Set Race, Language and Ethnicity as required fields in PM
Stage 2 Meaningful Use - Core Objectives

• **Core 4: Record and chart changes in vital signs**
  - Blood pressure: Record for more than 80% of unique patients over the age of 3 (Was 50% of those over 2)
  - Record height and weight: More than 80% of ALL patients
  - Calculate and display BMI
  - Plot and display growth charts for patients, including BMI, for patients up to age 20
  - New/Additional exclusions may apply (Vitals outside the scope of practice – Set up in the EMR Manager)

• **Core 5: Record smoking status of 80% of patients 13 and over**
  - Up from 50% in Stage 1
  - Total of 8 statuses to choose from
Stage 2 Meaningful Use - Core Objectives

• **Core 6:** Use clinical decision support to improve high-priority health conditions
  • Requires 5 clinical support rules, up from 1 in Stage 1
  • Four of the 5 rules must directly correspond to the CQMs the practice is reporting on (Choose CQMs early!)
  • Measure combined with drug/drug and drug/allergy interaction checking

• **Core 7:** Provide patients the ability to view online, download or transmit health information within 4 business days, with 50% of unique patients receiving online access to health information, and 5% of patients viewing, downloading, or transmitting their health
  • Use of Henry Schein Secure Chart patient portal will be relevant
Stage 2 Meaningful Use - Core Objectives

• **Core 8**: Provide clinical summaries for each visit to more than 50% of patients within 1 business day of visit
  • Time shortened from 3 days to 1 day

• **Core 9**: Protect EHR health information created or maintained by CEHRT through implementation of appropriate technical capabilities
  • Conduct security risk analysis to ensure encryption/security of data
  • Implement corrections for deficiencies (i.e. Implement HIPAA-compliant eBackUp solution)

• **Core 10**: Incorporate 55% of positive/negative or numerical lab test results into EHR
  • Was a menu objective, now core
  • Percentage up from 40% to 55%
  • Results must be imported through an interface or manually entered. Scanned results will not be counted.
Stage 2 Meaningful Use - Core Objectives

- **Core 11**: Generate at least one list of patients by specific conditions to use for Quality improvement, Reduction in disparities, Research, and Outreach
  - Was a menu objective, now core
  - List must be generated and printed from Patient Recall

- **Core 12**: Send reminders to patients for preventative and follow-up care per patient preference
  - Was a menu objective, now core
  - Percentage decreased from 20% to 10%
  - No longer has an age restriction of 5 and under or 65 and older
  - Use of Patient Recall in EHR will be relevant
  - Entry of Confidential Communication in PM Patient Details is relevant
  - Counts unique patients with 2 or more office visits in 24 months before the beginning of the reporting period
Stage 2 Meaningful Use - Core Objectives

• **Core 13:** Provide patient-specific education from EHR to more than 10% of unique patients with office visits
  - Was a menu objective, now core
  - Can be printed from Ribbon in Encounter or from chart
  - Patient must have an encounter during reporting period to be counted

• **Core 14:** Perform medication reconciliation for more than 50% of patients transitioned to the care of the eligible provider
  - Was a menu objective, now core
  - Use of Transition of Care IN is relevant
  - Use of CDA import to import Allergies, Medications, and Problem List is relevant
Stage 2 Meaningful Use - Core Objectives

- **Core 15:** Provide Summary of Care for patients transitioned or referred
  - Was a menu objective, now core
  - Summary of care record sent for 50% or more of patients transitioned or referred
  - 10% electronically submitted from EHR, with one of those to be successfully submitted to a different EHR or to CMS-designated test EHR)
  - Use of Mail in EHR is relevant for electronic submission
  - Use Surescripts CIN (Direct Secure Messaging) is relevant

- **Core 16:** Successful ongoing submission of immunization data to an immunization registry
  - Was a menu objective, now core
  - No longer just one test of submission, must continue ongoing submission
Stage 2 Meaningful Use - Core Objectives

• **Core 17**: Secure electronic messaging – A secure electronic message was sent by more than 5% of patients to their EP
  • New measure
  • Use of Henry Schein Secure Chart patient portal is relevant

Remember, you must meet all 17 Core Objective Measures in 2014 Stage 2 Meaningful Use, and 3 out of 6 Menu Objective Measures.
Stage 2 Meaningful Use – Menu Objectives

• **Menu 1:** Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with the applicable law and practice.
  • Remains a menu objective
  • Now requires ongoing submission during the reporting period
  • Check with state for requirements

• **Menu 2:** Record electronic progress notes for more than 30% of unique patients.
  • New menu objective
  • 30% of progress notes must be recording using the EHR
  • Patient must have an encounter to be counted
Stage 2 Meaningful Use – Menu Objectives

• **Menu 3:** Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT
  - New menu objective
  - Results that include an image will be accessible through the EHR
  - Test results must be created for attachments in order to be counted

• **Menu 4:** Record patient’s family health history as structured data for more than 20%
  - New menu objective
  - Family History entries for first-degree relatives must be present, or an indication that there is no known family history
Stage 2 Meaningful Use – Menu Objectives

• **Menu 5**: Capability to identify and report cancer cases to a public health central cancer registry, except where prohibited, and in accordance with applicable law and practice
  - New menu objective
  - Currently not supported by MicroMD

• **Menu 6**: Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice
  - New menu objective
  - Currently not supported by MicroMD

Beginning in 2014, EPs will no longer be permitted to count an exclusion toward the minimum of 3 menu objectives on which they must report if there are other menu objectives which they can select.
CLINICAL QUALITY MEASURES
Clinical Quality Measures

In 2013, Eligible Providers reported a total of 6 CQMs from the 44 measures finalized for Stage 1:

- 3 Core/Alternate core
- 3 Additional measures

Beginning in 2014 and beyond, ALL EPs, regardless of what stage of MU they are in, must adhere to 2014 guidelines for reporting their CQM data, including:

- Report on 9 of the 64 approved CQMs
Clinical Quality Measures

- CQMs selected must cover at least 3 of the 6 National Quality Strategy domains, which include Patient and family engagement, Patient Safety, Care coordination, Population + public health, Efficient use of healthcare resource, and Clinical processes/ effectiveness
- CMS Recommended CQMs are encouraged but not required
- MicroMD is currently certified in 10 CQMs
- Report via attestation
Who needs to report on CQMs?

All providers, regardless of specialty, must report on CQMs in order to demonstrate meaningful use.

• Providers should pick quality measures that are relevant to their practice.
• If none of the CQMs apply to the scope of the practice, the EHR will generate zero values for all CQMs, since there would be no patients in the EHR to whom the quality measures would be applicable. Zero will be an acceptable value for the CQM denominator, numerator, and exclusion.
Utilizing Tools in MicroMD to Track your Progress

- MicroMD gives you tools to track your progress
- Track your progress regularly to assure you are meeting the measures!
### Objective Measures Calculations Report

**Stage 2 Meaningful Use**

<table>
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<tr>
<th>MEA</th>
<th>Title</th>
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<th>Denominator</th>
<th>Goal</th>
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- **Last Updated:** 10/14/2013 13:48:44
- **For 1/1/2013 Thru:** 12/31/2013

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### Clinical Quality Measures Report

**2014 Clinical Quality Measures**

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- **For 1/1/2014 Thru:** 12/31/2014

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**2014 MicroMD User Conference**
Final Notes

• In order to meet the requirements for MU in 2014, the following will be needed:
  • Henry Schein Secure Chart Patient Portal (required for Stage 1 and Stage 2)
  • Surescripts CIN (Clinical Interoperability Network)

• To schedule Meaningful Use Training with an EMR Trainer, or to purchase Henry Schein Secure Chart Patient Portal and/or the Surescripts CIN, please contact our E-Services Specialist.

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P: 330.758.8832 x 6970