# Meaningful Use in 2015 and Beyond

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## Pop Quiz

When you hear "Meaningful Use", how does it make you feel?

- A. Like saying something along the lines of "what's so meaningful about it."
- B. Warm and fuzzy inside.
- C. Ok. I'm prepared and ready.
- D. Nervous and anxious.

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## Agenda

- Meaningful Use in 2015

- Meaningful Use in 2016 and Beyond

- Helpful Strategy

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## Modified Stage 2

## Modified Stage 2

- CMS proposed rule changes in April 2015

- Combining Stage 1 and Stage 2 into Modified Stage 2

- Concept of core and menu set removed

- 10 Objectives remain

## Modified Stage 2, continued

- Final rule yet to be published

- Lifeline is prepared for both scenarios: established rule and proposed rule

- Program Year 2015 attestations begin 1/4/16

- Program Year 2015 attestations end 2/29/16

## 2015 EHR Reporting Period

- In 2015, all EPs will report on a consecutive 90-day period

- For EPs that see patients in more than one location:
  - If a location is using CEHRT, the EP must combine reports from each CEHRT.
  - To not combine reports puts the EP at risk for fraud.

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## Modified Stage 2

- Removes "topped out" measures

- Changes several measure thresholds

- Preserves all exclusions for Stage 1 EPs

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## Topped-Out Measures

- What's been removed, or "topped-out"?
  - Demographics
  - Vitals
  - Smoking Status
  - Clinical Summaries
  - Structured Lab Results
  - Patient List
  - Electronic Notes
  - Imaging Results
  - Family Health History

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## Modified Stage 2 Objectives

- 1. Protect Patient Health Information

- 2. Clinical Decision Support

- 3. Computerized Provider Order Entry

- 4. Electronic Prescribing

- 5. Summary of Care

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## Objectives, continued

- 6. Patient Specific Information

- 7. Medication Reconciliation

- 8. Patient Electronic Access to Health Information

- 9. Secure Electronic Messaging

- 10. Public Health and Clinical Data Registry Reporting

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## 1. Protect Patient Health Information

- Security Risk Assessments are being updated for each Center

- Must be completed before an EP attests

- Make sure the SRA is completed in your practice, too

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## 2. Clinical Decision Support

- Make sure the EHR in your practice has:

  - Drug/drug and drug/allergy checking enabled

  - 5 clinical decision support rules established and documented

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## 3. Computerized Provider Order Entry

- Make sure that if you order medications, labs, and diagnostic imaging in your practice that you use CPOE

- Exclusion: 100 orders during your EHR reporting period

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## 4. Electronic Prescribing

- Make sure that if you have any permissible prescriptions to eRx, that you do so

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## 5. Summary of Care

- NextGen Share

- Utilizes DIRECT messaging

- Centers have been trained

- Actively working with referring providers to streamline the sending and receiving of CCDs

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## 5. Summary of Care, continued

- Make sure that your practice is prepared to send and receive CCDs

- Learn how to find DIRECT messages in your EHR

- Engage with your vendor to learn how to perform a clinical reconciliation of a CCD

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## 6. Patient Specific Education

- Properly documenting in your EHR that patient specific education was provided to the patient is key

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## 7. Medication Reconciliation

- Proper documentation, and following your EHR vendor's workflow, is key to success

## 8. Patient Electronic Access to Health Information

- Measure 2 threshold reduced to "at least one patient"

- Measure 1 threshold of "more than 50%" for portal enrollment remains

## 9. Secure Electronic Messaging

- 5% threshold to be removed

- Now becomes an attestation measure

- Work with your EHR vendor to make sure you have documentation and screen-shots to support this objective

**10. Public Health and Clinical Data Registry Reporting**

- EPs will need to report in two ways, and on the PH and CDR registry options, they may report to two separate registries:
  - Immunization Registry reporting
  - Syndromic Surveillance Reporting
  - **Case Reporting**
  - Public Health Registry Reporting
  - **Clinical Data Registry Reporting**

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**10. Public Health and Clinical Data Registry Reporting, continued**

- Case Reporting
  - DARTnet Practice Performance Registry

- Clinical Data Registry
  - RPA Kidney Quality Improvement Registry

- How will you satisfy this objective in your practice?

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# Meaningful Use in 2016 and Beyond

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## Meaningful Use in 2016

- Modified Stage 2 Objectives

- Consecutive 90-day reporting period for Stage 1 Year 1 and Stage 2 Year 1

- Calendar year reporting period for Stage 1 Year 2, Stage 2 Year 2 and Stage 2 Year 3

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## Meaningful Use in 2016

- Penalty in 2018 for not being a meaningful user in 2016 will be -4%
- Prepare for the Merit-Based Incentive Payment System (MIPS), coming in 2017
  - Meaningful use performance in 2017 will impact payments under MIPS in 2019.
- Prepare for Stage 3

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## Meaningful Use in 2017 and 2018

- Stage 3 will be optional in 2017

- MIPS first performance year is 2017
  - Merit-Based Incentive Payment System
  - Combines MU, PQRS, VBM

- Beginning in 2018, Stage 3 mandatory for all EPs

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# Helpful Strategy

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## How To Succeed with MU in 2015

- We are making sure your Center staff is up-to-speed on the requirements of Modified Stage 2

- Make sure the staff in your practice is up-to-speed, too

- Update your CMS Registration with the proper CMS Certification ID

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## How To Succeed with MU in 2015

- Combine CHPL IDs from all of your CEHRTs and make sure the resulting CMS Certification ID is updated in your registration

- Run meaningful use reports weekly

- Early detection of measures that are below-threshold is key

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## How To Succeed with MU in 2015

- Retrain your staff on measures that are not being met

- Know the workflows for each measure from your EHR vendor

- Prepare your Program Year 2015 audit packet before you attest

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## Summary

- Meaningful Use in 2015

- Meaningful Use in 2016 and Beyond

- Helpful Strategy

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**KEEP CALM AND ASK QUESTIONS**

(in a bit)

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