

Proposed Requirements for Stage 2 and Beyond

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Agenda

1. Stage 2 Background
2. Proposed Stage 2 Changes
3. Reactions to Changes
4. Implementation Challenges
5. Next Steps and Resources



Proposed Requirements for Stage 2 and Beyond

STAGE 2 BACKGROUND



Who Defines Meaningful Use?

- Health Information Technology Policy Committee (HITPC)
 - 20-member Federal advisory committee that advises the U.S. Department of Health and Human Services (HHS) on federal HIT policy issues, including how to define the meaningful use of EHRs for the EHR incentive programs
 - Committee workgroups for MU, HIE, NHIN, Privacy & Security, Governance, PCAST, etc.



MU Statutory Constraints

- Medicare incentives are front-loaded and diminish over time
- No Medicare incentives if not a meaningful user by 2014
- Final payment in 2016 for Medicare, 2021 for Medicaid
- Once qualifying for MU
 - Medicare - missing a year results in missed payments
 - Medicaid – can get full payment if you qualify for 6 years by 2021
- Penalties – Medicare begins in 2015 if you fail to qualify as a meaningful user, no penalty in Medicaid
- Criteria for qualifying as a meaningful user can be raised by HHS beyond 2015



Stage 2 Progress To Date

- Jan. 2011 - HITPC issued RFC for Stage 2 draft criteria (comments due Feb. 25)
 - *“Note, this RFC solely represents the preliminary thinking of the HITPC and its Meaningful Use Workgroup.”*
- Mar. 2011 - ONC summarized comments from 422 organizations received in RFC
- April/May 2011 – MU Workgroup revises draft recommendations in response to RFC and other workgroup recommendations



Notable Dates for Stages

● **Stage 1 Eligible Hospitals**

- Year 1 reporting year began 10/01/10, ends 09/30/11
- Year 2 reporting year begins 10/01/11, ends 09/30/12

● **Stage 1 Eligible Professionals**

- Year 1 reporting year begins 01/01/11, ends 12/31/11
- Year 2 reporting year begins 01/01/12, ends 12/31/12

● **Stage 2 Eligible Hospitals**

- Reporting year begins 10/01/12, ends 09/30/13

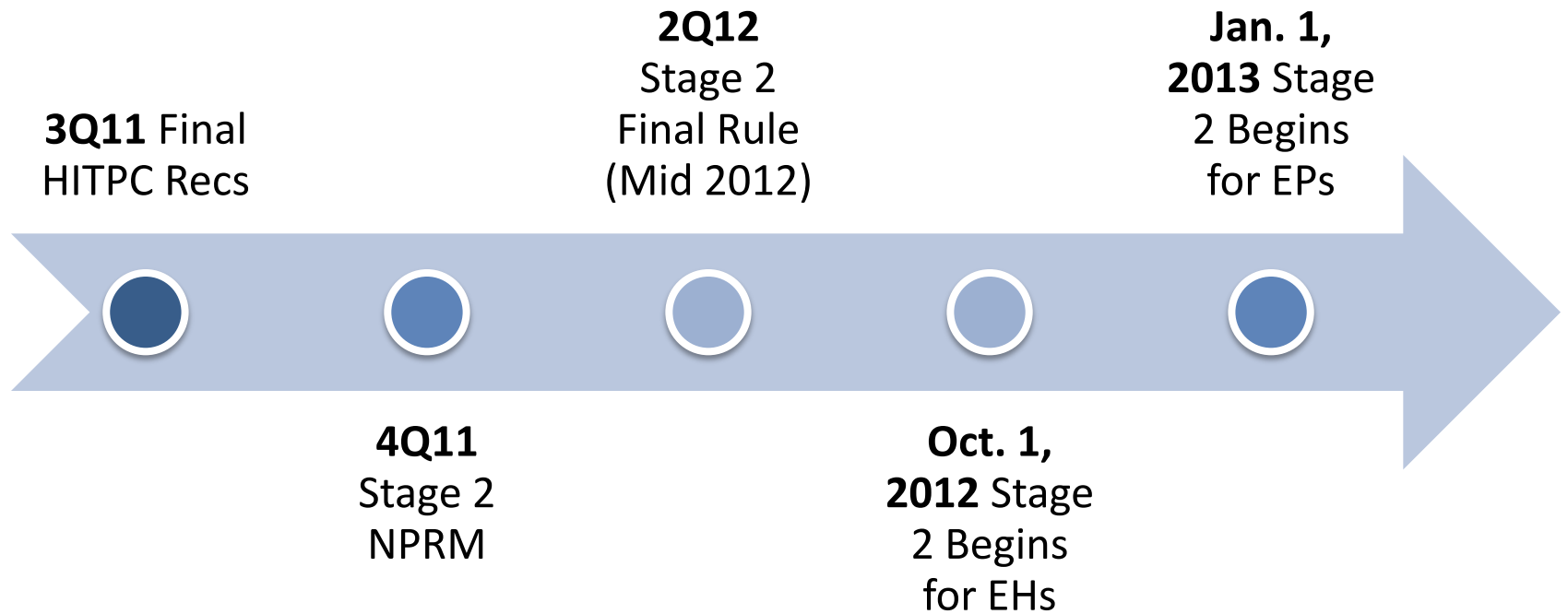
● **Stage 2 Eligible Professionals**

- Reporting year begins 01/01/13, ends 12/31/13

● **Stage 3 – FY 2015 and beyond**



Stage 2 Timeline



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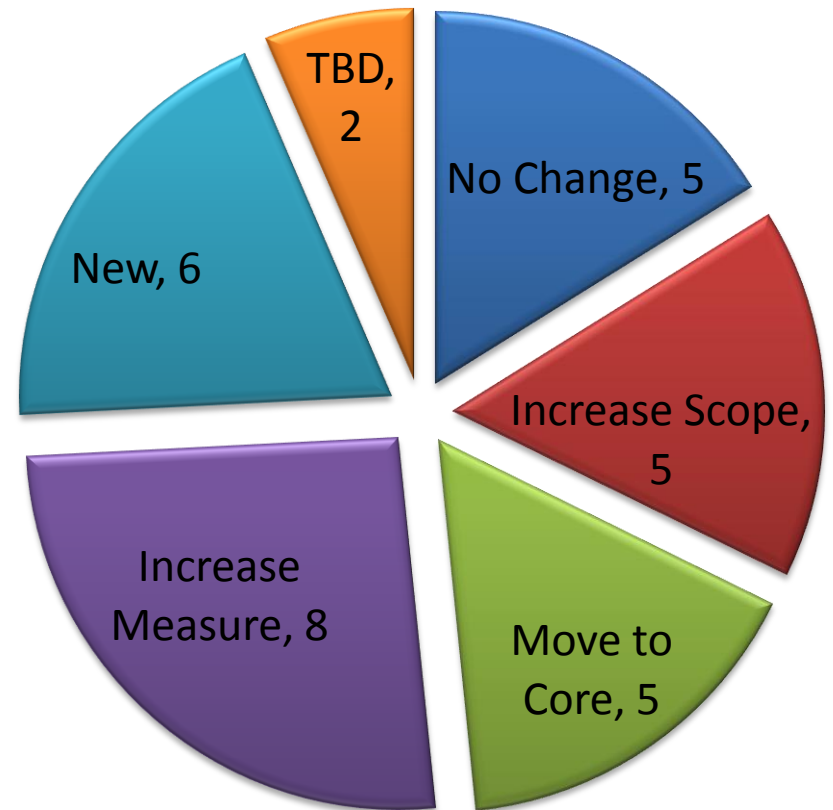
PROPOSED STAGE 2 CHANGES



Stage 1 to Stage 2 Changes

1. No change
2. Move to core
3. Increase objectives
4. Increase scope
5. New objectives
6. TBD

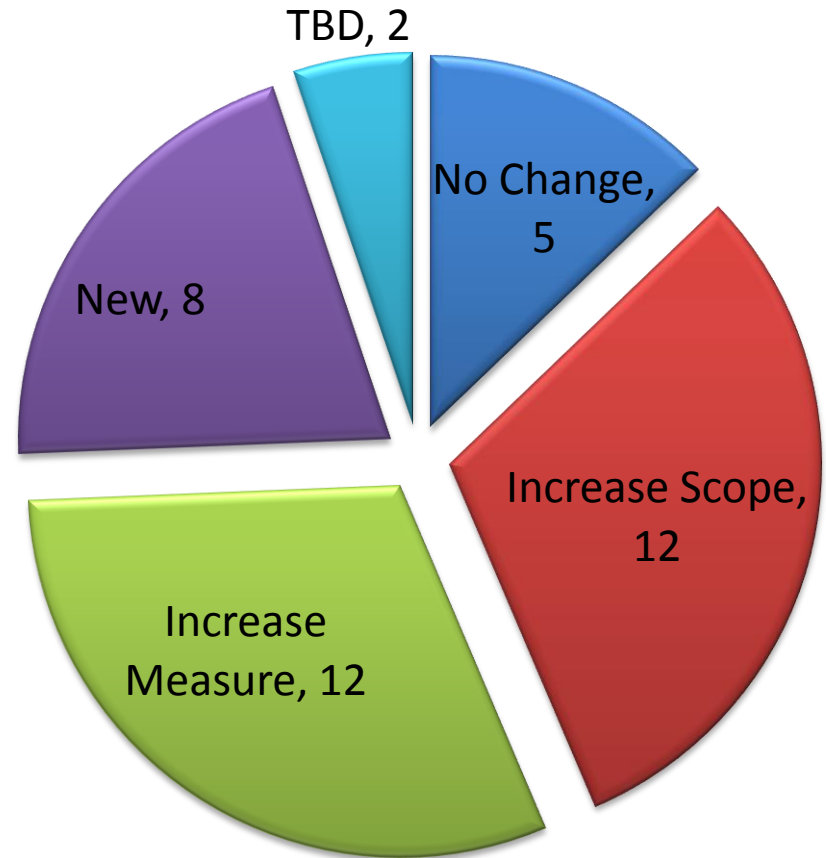
31 requirements



Stage 2 to Stage 3 Changes

1. No change
2. Move to core
3. Increase objectives
4. Increase scope
5. New objectives

37 requirements



No Change To Objectives

● Examples

- Recording problems, medications and medication allergies:
 - Continue 80% for Stage 2
- Providing electronic copy of health information upon request:
 - Continue 50% for Stage 2



Menu Set Objectives Become Core

● Examples

- Implementing drug formulary checks:
 - Move to core in Stage 2
- Lab results as structured data:
 - Moves to core in Stage 2 and remain at 40%
- Generate patient lists by condition:
 - Move to core in Stage 2
- Submitting syndromic surveillance data:
 - Moves to core in Stage 2

Increasing Threshold Of Objectives

● Examples

- ePrescribing:
 - Moves from 40% to 50% in Stage 2
- Recording vital signs:
 - Moves from 50% to 80% in Stage 2
- CPOE:
 - Moves from 30% to 60% and includes at least 1 Rx and 1 lab/rad order in Stage 2
- ePrescribing
 - Moves from 40% to 50% in Stage 2



Increasing Scope Of Objectives

● Examples

- Enabling drug-to-drug and drug-to-allergy interaction checking:
 - For “evidence-based” interactions
- Perform test of HIE:
 - Connect to at least three external providers or establish one ongoing bi-directional interface with an HIE
- Provide clinical summaries to patients:
 - Includes ability to view and download within 24 hours



New Objectives

● Examples

- Electronic chart notes:
 - 30% for EPs/EHs in Stage 2
- List of care team members:
 - Available for 10% of patients in Stage 2
- Ability to view and download discharge data via a portal
 - EHs offer to 80% of patients in Stage 2
- Record list of care team members
 - Available for 10% of patients in Stage 2



Objectives To Be Determined

● Examples

- Reporting of quality measures
- Protections over health information

Notable Changes

● Recording Advance Directives

- Stage 1 - Menu
- Stage 2 - Moves to Core
 - Adds a “discussion” as in addition to recording
 - Stage 2 - 50% for patients ≥ 65 years old
- Stage 3 - 90% for patients ≥ 65 years old

Notable Changes

- Electronic Notes (new)
 - Stage 2 – 30% of visits must have at least one note by MD, PA, or NP
 - Stage 3 – 80%
 - Can be scanned, narrative, structured
- Electronic Medication Administration Record (new)
 - Stage 2 – 30% of meds tracked
 - Stage 3 – 80% of meds tracked



Notable Changes

- Listing of Care Team Members (new)
 - Stage 2 – Care team (including PCP) available for 10% of patients in EHR
 - Stage 3 – Care team available for 50% via electronic exchange
- Longitudinal Care Plan (new)
 - Stage 2 – Create for 20% of patients with high-priority health conditions
 - Stage 3 – 50%
 - Seeking input on longitudinal care plan (care team, diagnoses, meds, allergies, goals, etc.)



Notable Changes

● Perform Test of HIE

- Stage 1 – Perform test
- Stage 2 – Connect to at least 3 external providers, or establish 1 ongoing bi-directional connection to 1 HIE
- Stage 3 – Connect to at least 30% of external providers in primary referral network, or establish 1 ongoing bi-directional connection to 1 HIE
- Successful HIE will require development and use of entity-level provider directories



Proposed Requirements for Stage 2 and Beyond

REACTIONS TO CHANGES



Summary of Reactions

- 422 organizations submitted comments during RFC
- Changes to existing quality measures generally supported
- Strong support for these new objectives:
 - eRX for discharge medications
 - Electronic clinical progress notes
 - Electronic medication administration record
 - Patient-provider secure messaging
 - Recording patient preferences for communications



Summary of Reactions

- Mixed support for these new objectives:
 - Advance directives for EPs
 - View and download longitudinal records
 - Listing of care team members
 - Longitudinal care plans

Summary of Reactions

- Concerns about new objectives related to:
 - Clarity of definitions and expectations
 - Timeline for developing and implementing new functionality
- Request for recording structured family health history
- Responses to specific questions
 - Strong support for group (practice) reporting
 - Support for consideration of alternative (outcomes-oriented) option for demonstrating MU

Summary of Reactions to Timeline

- Some support current timeline
- Some propose lengthening timeline (E.g., hospitals, physicians, EHR vendors)
- Timing issues cited:
 - EHR vendor development time
 - HIE governance time
 - Provider implementation and training time

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IMPLEMENTATION CHALLENGES



Challenges For Vendors

- Need to wait until final rule to develop new functionality
- New objectives will require code changes and will require ATCB re-certification
- Short time frame to upgrade client base to new version
- Resources to implement, train and support
- 5010 and ICD-10 happening at the same time



Challenges for Hospitals

- Waiting on vendors for certification does not provide sufficient time to install, train and adopt new functionality for enterprise EHRs
- Deadline for ICD-10 and beginning of Stage 2 are both October 1, 2012
- Many hospitals already undergoing significant HIS transformations
- IT departments and departmental super users are already stretched thin – timing may present resource challenges

Challenges For Providers

- RECs may or may not be engaged with providers when Stage 2 begins – who will help?
- A lot to tackle in a short period of time – during second year of Stage 1:
 - Reporting Stage 1 for a full year
 - Implementing Stage 2 software upgrades and new functionality
 - Implementing ICD-10
 - Other industry changes: ACO, PCMH, etc.



Stage 2 Timeline Challenges



~3-6 months

Vendors: development, testing, ATCB certification, install, support

EHS: Prepare for new objectives, install certified release, begin reporting period for full year



Balancing Act

- HITPC needs to satisfy industry concerns while working within statutory constraints
- Paul Tang, M.D., Chair of the MU Workgroup signals that “all options are being explored”
- Some Stage 2 objectives may not require code changes and would not require re-certification:
 - Objectives requiring threshold increases
 - Objectives tapping existing dormant functionality (CPOE for orders other than medications)



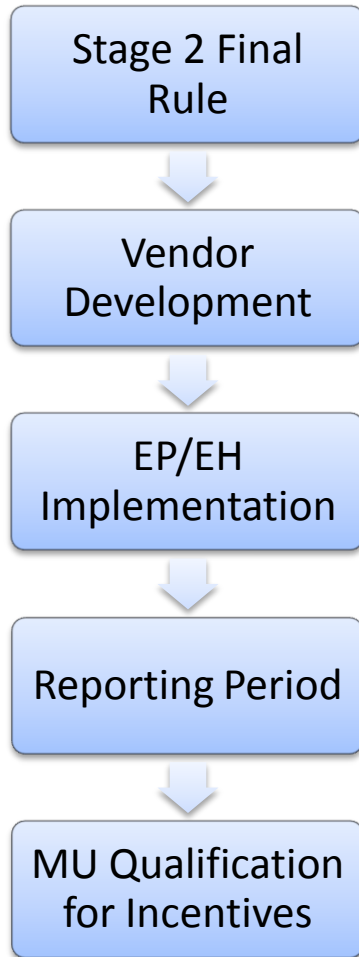
Timing Modifications Being Discussed

1. Maintain current timeline and one-year reporting period
2. Maintain current timeline and permit 90-day reporting period (gain up to 9 months)
3. Delay transition from Stage 1 and Stage 2 by one year (providers could get third year payment for meeting Stage 1 expectations)
4. Phase-in approach that separates existing from new functionalities
 - a. 2013: Stage 2a using existing certified EHR functions with all-core objectives, increased objective thresholds and new clinical quality measures
 - b. 2014: Stage 2b objectives requiring new EHR functionalities take effect



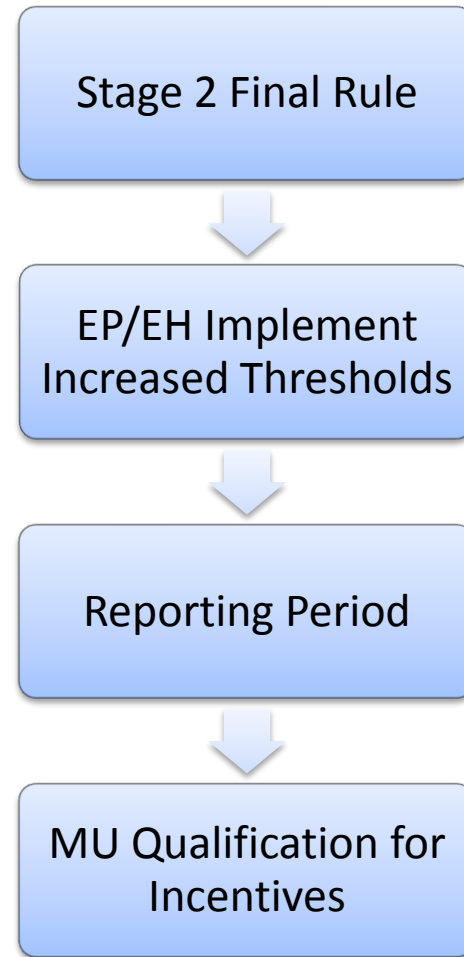
Possible Stage 2 Phase-In Approach

New Objectives



2013 Stage 2a

Increased Objectives



2014 Stage 2b



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NEXT STEPS AND RESOURCES



Stage 2 Next Steps

- May 11 - MU Workgroup presents a Stage 2 “package” to HITPC (second revision)
- June 8 – MU Workgroup will ask for approval from HITPC
- 2Q11 – CMS report on initial Stage 1 progress
- 3Q11 - HITPC will issue formal Stage 2 recommendations
- Q4 11 – Stage 2 Notice of Public Rule Making (NPRM)
- Mid-2012 – Stage 2 final rule released



Stage 2 Deliberations – Listen In

- The MU Workgroup is meeting today
- Anyone can listen to the live deliberations of workgroups: Meaningful Use, HIT Standards, Information Exchange, others
- Visit <http://healthit.hhs.gov> and click on “Federal Advisory Committees”



HITPC Resources

● Read the complete RFC at:

- Visit <http://healthit.hhs.gov> and search for “MU_RFC_2011-01-12”

● Other interesting reading:

- Visit <http://healthit.hhs.gov> and search for “HITPC”

MU Workgroup Deliberation On Patient Portals



Sources

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