

MEANINGFUL USE:

What Are the 2015 Requirements for Eligible Professionals?

Tuesday, October 20, 2015

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Improving Outcomes by Optimizing
Your EHR Task Lead



Agenda

- Review history of EHR Incentive Program and discuss its future
- Understand CMS rulemaking process
- Discuss EHR reporting periods and Meaningful Use (MU) stages
- Focus on 2015 requirements for eligible professionals (EPs) who are in their 3rd, 4th , 5th year of participation
- Focus on 2015 requirements for EPs in 1st or 2nd year of participation
- Questions & Answers



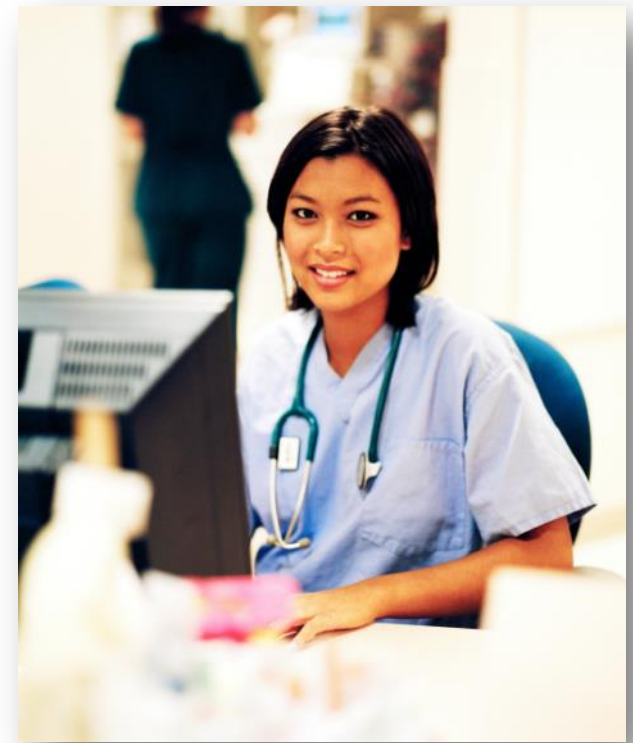
Disclaimer

- This presentation was prepared to assist EHR Incentive Program eligible professionals (EPs) and their office staff gain knowledge about the 2015 MU requirements that were published by the Centers for Medicare & Medicaid Services (CMS) on October 16, 2015.
- The information provided is based on the interpretation of the CMS final rule by Quality Insights' staff and is not intended to take the place of either the written law or regulations.



History of EHR Incentive Program

- In 2009 President Obama stated, “All Americans should have access to an EHR by 2014.”
- The Health Information Technology for Economic and Clinical Health (HITECH) Act – February 2009
 - The Office of the National Coordinator for Health Information Technology (ONC)
 - 62 Regional Extension Centers (REC)



Incentives and Penalties

- Incentives offered by Medicare from 2011-2016 (Medicaid 2011-2021)
- Penalties imposed this year and will continue annually until implementation of Merit Based Incentive Payment System (MIPS)
 - Pay for performance program passed 4/15/15
 - Measure Medicare Part B providers in 4 categories:
 - PQRS
 - MU
 - VM (value based modifier)
 - Clinical practice improvement
 - MU will make up 25 percent of the 100 point MIPS score.
 - 2017 will probably be the first performance year



The “Final” Rule

- Published 10/16/15
- Requirements for 2015-2017 are final, but requirements for Stage 3 will not be finalized until early 2016
- Final Rule link: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-25595.pdf>
- Continue to support advanced use of health IT to improve outcomes for patients



The “Final Rule”

- 1 Protect Patient Health Information Pg 134-140
- 2 Clinical Decision Support Pg 140-148
- 3 CPOE Pg 148-164
- 4 Electronic Prescribing (eRx) Pg 164-179
- 5 Health Information Exchange Pg 179-193
- 6 Patient Specific Education Pg 193-204
- 7 Medication Reconciliation Pg 204-214
- 8 Patient Electronic Access (VDT) Pg 214-234
- 9 Secure Messaging (EPs only) Pg 234-243
- 10 Public Health and Clinical Data Registry Reporting Reporting Pg 234-273



2015 Reporting Period and Stages

- 90 consecutive day reporting period for **everyone**
- 10 objectives required for everyone
- Previous “Stage 1” and “Stage 2” requirements eliminated
- Additional exclusions available for EPs in their 1st or 2nd year of participation



Objective 1: Protect PHI

*EPs that began participation in 2011, 2012, or 2013

- **Measure:** Conduct or review a security risk analysis, address security and encryption of ePHI, implement security updates as necessary, and correct identified security deficiencies.
- **Exclusion: none**
- REC in each state available to perform the P&S assessment (fees involved)
- “Security Risk Assessments: Meaningful Use and HIPAA Perspectives” webinar recording, transcript, and slides available on Quality Insights website:
<http://www.qualityinsights-qin.org/Events/Archived-Events.aspx>



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Objective 1: Protect PHI

*EPs that began participation in 2011, 2012, or 2013

- Contact information to request P&S assessments:
 - New Jersey: info@njhitec.org
 - Louisiana: rec@lhccf.org
 - Delaware, Pennsylvania & West Virginia: Adam Kehler - akehler@wvmi.org



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Objective 2: Clinical Decision Support

**EPs that began participation in 2011, 2012, or 2013*

- To meet this objective an EP must satisfy both measure 1 and measure 2:
 - **Measure 1**: Implement 5 clinical decision support (CDS) interventions related to 4 or more clinical quality measures (CQM) for the entire EHR reporting period.
 - **Exclusion for Measure 1**: None
 - **Measure 2**: The EP has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.
 - **Exclusion for Measure 2**: An EP who writes fewer than 100 medication orders during the EHR reporting period.



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Objective 3: CPOE

**EPs that began participation in 2011, 2012, or 2013*

- To meet this objective, an EP must satisfy all 3 measures:
 - **Measure 1:** More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using CPOE.
 - **Exclusion for Measure 1:** Any EP who writes less than 100 medication orders during the EHR reporting period can be excluded.
 - **Measure 2:** More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using CPOE.
 - **Exclusion for Measure 2:** Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.



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Objective 3: CPOE

**EPs that began participation in 2011, 2012, or 2013*

- **Measure 3**: More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using CPOE.
- **Exclusion for Measure 3**: Any EP who writes fewer than 100 radiology orders during the EHR reporting period.



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Objective 4: e-Prescribing

**EPs that began participation in 2011, 2012, or 2013*

- **Measure**: More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary AND transmitted electronically.
- **Exclusions**:
 - Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period.
 - Any EP who does not have a pharmacy in their organization or within 10 miles of his practice that accepts electronic prescriptions at the start of the EHR reporting.



Objective 5: Health Information Exchange

**EPs that began participation in 2011, 2012, or 2013*

- **Measure**: Any EP who refers a patient to another provider or transitions a patient to another setting must:
 - Use CEHRT to create a Summary of Care record, and
 - Electronically transmit the Summary of Care record to a receiving provider for more than 10 percent of referrals and transitions of care
- **Exclusion**: Any EP who has fewer than 100 referrals or transitions of care during the EHR reporting period.
- CMS is aware that many EPs do not have DIRECT e-mail addresses but did not lower threshold.



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Objective 6: Patient Education

**EPs that began participation in 2011, 2012, or 2013*

- **Measure**: More than 10 percent of all unique patients seen by the EP during the EHR reporting period are given patient specific education resources that were identified by CEHRT.
- **Exclusion**: Any EP who has no office visits during the EHR reporting period is excluded.



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Objective 7: Medication Reconciliation

**EPs that began participation in 2011, 2012, or 2013*

- **Measure**: The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.
- **Exclusion**: Any EP who was not the recipient of a transition of care during the EHR reporting period.



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Objective 8: Patient Electronic Access

**EPs that began participation in 2011, 2012, or 2013*

- To meet this objective an EP must satisfy both measure 1 and measure 2:
 - **Measure 1:** More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.
 - **Exclusions:**
 - An EP who neither orders nor creates any of the information listed for inclusion as part of the measures is excluded
 - An EP with restricted broadband on the first day of the EHR reporting period are excluded



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Objective 8: Patient Electronic Access

**EPs that began participation in 2011, 2012, or 2013*

- **Measure 2**: At least 1 patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads, or transmits his/her health information to a third party during the EHR reporting period.
- **Exclusions**:
 - An EP who neither orders nor creates any of the information listed for inclusion as part of the measures is excluded.
 - Any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period is excluded.



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Objective 9: Secure Messaging

**EPs that began participation in 2011, 2012, or 2013*

- **Measure**: The capability for an EP and patient to send and receive a secure electronic message must be fully enabled during the EHR reporting period.
- Measure is focused on EP action, rather than patient-initiated action.
- **Exclusions**:
 - An EP who has no office visits during the EHR reporting period is excluded.
 - An EP with restricted broadband on the first day of the EHR reporting period is excluded.



Objective 10: Public Health Reporting

**EPs that began participation in 2011, 2012, or 2013*

- The EP must be in active engagement with a public health agency or clinical data registry to submit electronic data from CEHRT.
- Active engagement includes:
 - Option 1 - Completed registration to submit data
 - Option 2 - Testing and validation
 - Option 3 - Production



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Objective 10: Public Health Reporting

**EPs that began participation in 2011, 2012, or 2013*

Option 1 – Completed registration to submit data

- EP must complete registration with a public health agency (PHA) or clinical data registry (CDR) prior to or within the first 60 days of the EHR reporting period; awaiting an invitation from the PHA or CDR to begin testing.
- If selecting October 3 - December 31 as 90-day reporting period for 2015, then EP **must complete registration by December 2, 2015.**



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Objective 10: Public Health Reporting

**EPs that began participation in 2011, 2012, or 2013*

- **Option 2 – Testing and Validation**
- EP received invitation from PHA or CDR to begin testing electronic submission of data.
- EP must respond to request from PHA/CDR within 30 days of request. If EP fails to respond to the PHA/CDR's second request within 30 days again, this objective cannot be met and MU cannot be achieved.



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Objective 10: Public Health Reporting

**EPs that began participation in 2011, 2012, or 2013*

Option 3 – Production

- Testing and validation is completed and the EP is electronically submitting data to the PHA or CDR.



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Objective 10: Public Health Reporting

**EPs that began participation in 2011, 2012, or 2013*

- EPs must meet 2 of the 3 measures in 2015
- 3 measure choices:
 - Option 1: Immunization registry reporting
 - Option 2: Syndromic surveillance reporting
 - Option 3: Specialized registry reporting



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Objective 10: Public Health Reporting

**EPs that began participation in 2011, 2012, or 2013*

Option 1: Immunization registry reporting

- EP is in active engagement with a public health agency to submit immunization data.
- **Exclusions:**
 - EP does not administer immunizations during the EHR reporting period.
 - EP operates in a jurisdiction for which an immunization registry or IIS is not capable of accepting immunization data from the EP's CEHRT at the start of the EHR reporting period.
 - EP operates in a jurisdiction where no immunization registry or IIS has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.



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Objective 10: Public Health Reporting

**EPs that began participation in 2011, 2012, or 2013*

Option 2: Syndromic surveillance reporting

- EP is in active engagement with a public health agency to submit syndromic surveillance (SS) data.
- **Exclusions: EP operates in a jurisdiction where:**
 - Ambulatory SS data is not collected in the EP's category (specialty).
 - No PHA is capable of receiving electronic SS data from the EP's CEHRT at the start of the EHR reporting period.
 - No PHA has declared readiness to receive SS data from EPs at the start of the EHR reporting period.



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Objective 10: Public Health Reporting

**EPs that began participation in 2011, 2012, or 2013*

- As of 10/15/15, only 17 states/cities have a PHA that are accepting registrations for SS reporting

| | |
|------------------------|--------------|
| Arkansas | Ohio |
| California (San Diego) | Pennsylvania |
| Georgia | South Dakota |
| Illinois | Utah |
| Kentucky | Virginia |
| Michigan | Washington |
| New Mexico | Wisconsin |
| New York City | Wyoming |
| North Dakota | |



Objective 10: Public Health Reporting

**EPs that began participation in 2011, 2012, or 2013*

Option 3: Specialized Registry Reporting

- EP is in active engagement to submit data to a “specialized registry”
- Gives EPs flexibility to report to a registry that is most relevant to practice
 - Includes PHA, national specialty societies, patient safety organizations, quality improvement organizations, etc.
- Examples of a “specialized registry”
 - Cancer registry *EHR has to be certified
 - Birth defect registry
 - Diabetes registry
 - Chronic disease registry
 - Heart failure registry
 - Rheumatology registry
 - Gastroenterology registry
 - Healthcare associated infection registry
 - Prescription drug monitoring program - www.pmpalliance.org
- AMA created a National Quality Registry Network (NQRN®): <http://www.ama-assn.org/ama/pub/physician-resources/physician-consortium-performance-improvement/nqrn.page>



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Objective 10: Public Health Reporting

**EPs that began participation in 2011, 2012, or 2013*

- **Exclusions: EP operates in a jurisdiction where:**
 - A specialized registry does not collect data relevant to or associated with any disease or condition the EP diagnoses or treats during the EHR reporting period
 - No specialized registry is capable of accepting electronic registry transactions from CEHRT at the start of the EHR reporting period.
 - No specialized registry has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.
- Registries and vendors will charge fees (set up and monthly) but CMS will not accept cost as reason not to participate.
- Some EHR vendors are contracting with a third party to offer national registries at a reduced cost.



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Objective 10: Public Health Reporting

**EPs that began participation in 2011, 2012, or 2013*

- EPs must report to two registries to meet objective.
- Scenarios:
 1. Imm + SS
 2. Imm + Spec Reg
 3. SS + Spec Reg
 4. Spec Reg + Spec Reg
 5. Imm + **SS exclusion** + **Spec Reg exclusion**
 6. SS + **Imm exclusion** + **Spec Reg exclusion**
 7. Spec Reg + **Imm exclusion** + **SS exclusion** + **2nd Spec Reg exclusion**
 8. **Imm exclusion** + **SS exclusion** + **Spec Reg exclusion**
- EPs can claim **one exclusion** to meet objective ONLY if EP can be excluded from 2 of the 3 options.
- EPs can claim **two exclusions** to meet objective ONLY if EP can be excluded from all 3 options.



2015 MU Report Card

**EPs that began participation in 2011, 2012, or 2013*

EP Report Card for 2015

***For EPs who participated in EHR Incentive program at least 2 years**

90 day Reporting Period

| Provider Name | Privacy & Security Assessment | CDS and Drug Interactions - Implement 5 | | CPOE | | | eRx | Summary of Care | Patient Education | Med Reconciliation | Patient Electronic Access (V/D/T) | | Secure Messaging | Public Health- Report 2 of 3 options | | |
|---------------|-------------------------------|---|------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-------------------|--------------------|-----------------------------------|-----------|------------------|--------------------------------------|-----------------------|------------------------|
| | | 5 CDS rules | Drug Inter | Meds | Labs | Radiology | | | | | >50% or exclude | 1 patient | | yes, no, exclude | Immunization Registry | Syndromic Surveillance |
| | yes or no | yes or no | yes, no, exclude | >60% or exclude | >30% or exclude | >30% or exclude | >50% or exclude | >10% or exclude | >10% or exclude | >50% or exclude | >50% or exclude | 1 patient | yes, no, exclude | yes, no, exclude | yes, no, exclude | yes, no, exclude |
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2015 MU Report Card

**EPs that began participation in 2014 or 2015 is 1st year*

EP Report Card for 2015

***For EPs in 1st or 2nd year of EHR Incentive program**

90 day Reporting Period

| Provider Name | Privacy & Security Assessment | CDS and Drug Interactions - Implement 1 CDS | | CPOE | | | eRx | Summary of Care | Patient Education | Med Reconciliation | Patient Electronic Access (V/D/T) | | Secure Messaging | Public Health- Report 1 of 3 options | | |
|---------------|-------------------------------|---|------------------|-----------------|---------|-----------|-----------------|-----------------|-------------------|--------------------|-----------------------------------|---------|------------------|--------------------------------------|-----------------------|------------------------|
| | | 1 CDS rule | Drug Inter | Meds | Labs | Radiology | | | | | >50% or exclude | Exclude | | Exclude | Immunization Registry | Syndromic Surveillance |
| | yes or no | yes or no | yes, no, exclude | >30% or exclude | Exclude | Exclude | >40% or exclude | Exclude | Exclude | Exclude | >50% or exclude | Exclude | Exclude | yes, no, exclude | yes, no, exclude | yes, no, exclude |
| | | | | | | | | | | | | | | | | |
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Objective 1: Protect PHI

**EPs that began participation in 2014 or 2015 is 1st year*

- **Measure**: Conduct or review a security risk analysis, address security and encryption of ePHI, implement security updates as necessary, and correct identified security deficiencies.
- **Exclusion: none**



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Objective 2: Clinical Decision Support

**EPs that began participation in 2014 or 2015 is 1st year*

- To meet this objective an EP must satisfy both measure 1 and measure 2:
 - **Measure 1**: Implement **1 CDS rule** relevant to specialty or high clinical priority along with the ability to track compliance.
 - **Exclusion for measure 1**: none
 - **Measure 2**: The EP has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.
 - **Exclusion for Measure 2**: An EP who writes fewer than 100 medication orders during the EHR reporting period.



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Objective 3: CPOE

**EPs that began participation in 2014 or 2015 is 1st year*

- **Measure 1**: More than **30 percent** of all unique patients seen by the EP during the EHR reporting period have at least one medication order entered using CPOE OR more than 30 percent of medication orders created by the EP during the EHR reporting period are recorded using CPOE.
- **Exclusion**: EP who writes less than 100 medication orders during the EHR reporting period.
- **Measure 2**: **Automatic Exclusion from measure**
- **Measure 3**: **Automatic Exclusion from measure**



Objective 4: e-Prescribing

**EPs that began participation in 2014 or 2015 is 1st year*

- **Measure**: More than **40 percent** of permissible prescriptions written by the EP are queried for a drug formulary AND transmitted electronically.
- **Exclusions**:
 - Any EP who writes less than 100 permissible prescriptions during the EHR reporting period is excluded.
 - Any EP who does not have a pharmacy in their organization or within 10 miles of his practice that accepts electronic prescriptions at the start of the EHR reporting is excluded.



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Objective 5: Health Information Exchange

**EPs that began participation in 2014 or 2015 is 1st year*

Automatic Exclusion from measure



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Objective 6: Patient Education

**EPs that began participation in 2014 or 2015 is 1st year*

Automatic Exclusion from measure



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Objective 7: Medication Reconciliation

**EPs that began participation in 2014 or 2015 is 1st year*

Automatic Exclusion from measure



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Objective 8: Patient Electronic Access

**EPs that began participation in 2014 or 2015 is 1st year*

- **Measure 1:** More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.
- **Exclusions:**
 - An EP who neither orders nor creates any of the information listed for inclusion as part of the measures is excluded.
 - An EP with restricted broadband on the first day of the EHR reporting period are excluded.
- **Measure 2:** **Automatic Exclusion from measure**



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Objective 9: Secure Messaging

**EPs that began participation in 2014 or 2015 is 1st year*

Automatic Exclusion from measure



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Objective 10: Public Health Reporting

**EPs that began participation in 2014 or 2015 is 1st year*

- EPs must meet 1 of the 3 measures in 2015
- Scenarios:
 1. Immunization Registry
 2. Syndromic Surveillance Reporting
 3. Specialized Registry
 4. Can claim **exclusion** to meet objective ONLY if EP can be excluded from all 3 options



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Clinical Quality Measure Reporting

- No change to CQM requirements
- Must report 9 measures from 3 of the 6 different domains
- Report measures that do not have zero denominators
- Report measures that have the highest percentage rates
- Make sure you implement 5 clinical decision support rules based on at least 4 of the CQMs you are reporting



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Clinical Quality Measures

| NQF# (*new) | CMS # | 2014 Clinical Quality Measure Titles (64 total) |
|--|-------|---|
| Care Coordination Domain (1) | | |
| N/A | 50 | Closing the Referral Loop: Receipt of Specialist Support |
| Patient & Family Engagement Domain (4) | | |
| 0384* | 157 | Oncology: Medical & Radiation - Pain Intensity Quantified |
| N/A | 66 | Functional Status Assessment for Knee Replacement |
| N/A | 56 | Functional Status Assessment for Hip Replacement |
| N/A | 90 | Functional Status Assessment for Complex Chronic Conditions |
| Efficient Use of Health Care Resources Domain (4) | | |
| 0002 | 146 | Appropriate Testing for Children with Pharyngitis |
| 0052 | 166 | Use of Imaging Studies for Low Back Pain |
| 0069* | 154 | Appropriate Treatment for Children with Upper Respiratory Infection (URI) |
| 0389 | 129 | Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients |
| Patient Safety Domain (6) | | |
| 0022* | 156 | Use of High-Risk Medications in the Elderly |
| 0101* | 139 | Falls: Screening for Future Fall Risk |
| 0419* | 68 | Documentation of Current Medications in the Medical Record |
| 0564* | 132 | Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures |
| 1365* | 177 | Child & Adolescent Major Depressive Disorder: Suicide Risk Assessment |
| N/A | 179 | ADE Prevention & Monitoring: Warfarin Time in Therapeutic Range |
| Population/Public Health Domain (9) | | |
| 0024 | 155 | Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents |
| 0028 | 138 | Preventive Care & Screening - Tobacco Use: Screening & Cessation Intervention |
| 0033 | 153 | Chlamydia Screening for Women |
| 0038 | 117 | Childhood Immunization Status |
| 0041 | 147 | Preventive Care & Screening: Influenza Immunization |
| 0418* | 2 | Preventive Care & Screening: Screening for Clinical Depression & Follow-Up Plan |
| 0421 | 69 | Preventive Care & Screening: Body Mass Index (BMI) Screening & Follow-Up |
| 1401* | 82 | Maternal Depression Screening |
| N/A | 22 | Preventive Care & Screening: Screening for High Blood Pressure & Follow-Up Documented |



Attestation

- The CMS Medicare attestation system will open for 2015 submissions on January 4, 2016.
- The deadline to submit for 2015 is February 29, 2016 (unless extension is passed).



What can you do if you can't meet MU in 2015?

CMS.gov

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[EHR Incentive Programs] If an EP, eligible hospital or Critical Access Hospital (CAH) is unable to effectively plan for a reporting period in 2015 due to the timing of the publication of the 2015 through 2017 Modifications final rule, can they apply for a hardship exception?

Yes, if a provider is unable to meet the requirements of meaningful use for an EHR reporting period in 2015 for reasons related to the timing of the publication of the final rule, a provider may apply for a hardship exception under the "extreme and uncontrollable" circumstances category. Each hardship exception application will be reviewed on a case-by-case basis, as required by law.

In the past, CMS has considered these applications seriously and, in fact, has approved over 85% of hardship exemptions. Hardship applications will be available in early 2016 on <https://www.cms.gov/EHRIncentivePrograms>

Created 10/7/2015

Updated 10/8/2015

(FAQ12845)



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MU Reporting in 2016

- In early 2016, Quality Insights will host another webinar to review 2016 requirements.
- EHR reporting period will be full calendar year for everyone unless 2016 is the 1st year that the EP is participating in the EHR Incentive program.
- Many of the 2015 exclusions will no longer be offered.



2017 and Beyond

- Everyone will have to meet “Stage 3” criteria in 2018.
- Everyone will need to upgrade their EHR to the 2015 certified Edition prior to January 1, 2018.



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Questions to Ask Your EPs

- Have you selected your 9 clinical quality measures?
 - Do they represent at least 3 domains?
 - Do they all have non-zero denominators?
- Have you implemented 5 clinical decision support interventions?
 - Are at least 4 of them based on the 9 clinical quality measures you are reporting?
- Did your practice have a Privacy & Security Risk Assessment in 2015?
- Do you have a DIRECT e-mail address?
 - Do you have DIRECT e-mail addresses for the providers that you refer your patients to?
- Do you know what 2 registries you are going to report to?



Do You Need Assistance?

- Quality Insights is still accepting practices to join our **Improving Outcomes by Optimizing Your EHR** project.
- This week we are opening our members-only portal that will have Quality Insights-developed MU tools such as pocket cards, report cards, as well as CMS references, newsletters, discussion forums and a blog.



Quality Insights HIT Team – State Contacts

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Question & Answer Session



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Thank you for joining us.



Please take a brief moment to complete the evaluation at the conclusion of this session.

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