

Purdue Healthcare Advisors to begin educating on Stage 2 Meaningful Use

Purdue Healthcare Advisors (PHA), an official regional extension center for Indiana, will begin offering targeted educational sessions in the coming months to assist Indiana associations, organizations and provider groups in understanding the nuances associated with the recently released final rule for Stage 2 Meaningful Use (MU) of electronic health records (EHR). To schedule an interactive presentation for your group on Stage 2, contact PHA Field Operations Manager Allison Bryan at ehr@purdue.edu. In the meantime, PHA calls your attention to key areas of the more than 1000-page rule, focusing on updates to Stage 1 and preparation for Stage 2, both of which may have a significant impact on your organization.

Updates to Stage 1 Meaningful Use

While it is not necessarily the intent of subsequent stages of EHR Meaningful Use to impact previous stages, occasionally clarifications need to be addressed. The following list provides an overview of those Stage 1 modifications. If you have already attested to 90-days of MU, please note that some of these modifications may impact your 365-day reporting of Stage 1 MU in 2013.

- CPOE allows for an alternate denominator to be used beginning in 2013 to ease reporting burden (number of orders versus unique patients).
- Vital signs updated the minimum blood pressure age to three (3) years old and modified the exclusion for this measure to separate blood pressure from height/weight so it will no longer be a complete exclusion. These changes are optional for 2013, but required in 2014.
- One test of the exchange of key clinical information measure is being removed beginning in 2013.
- The Provide Electronic Access and E-copy measures are being combined into one measure allowing patients the ability to view online, download and transmit their health information. This modification will not take effect until 2014.
- Anticipate a likely change to come regarding Medicaid eligibility and the inclusion of Zero-Based claims.

Getting Ready for Stage 2 - Eligible Professionals

On the surface, Stage 2 may simply appear to be increased thresholds with some additional measures added in. However, these additional measures (total of 17 core and 3 of 6 menu objectives) have the capacity to be challenging for practices to achieve without proper planning and updated workflows/processes. The following items indicate a sample of those measures likely to require software updates and associated workflows for compliance:

- **Timely Online Access & View, Download and Transmit** – While a patient portal or personal health record are both viable options, practices need to recognize that this information needs to be made available to patients within four (4) days of receiving the data. Downloading the data from the web and saving it to a portable device (USB, CD, etc.) in office does not meet the expectation of this measure. Additionally, if the practice is using a tool outside of its certified EHR to meet this measure, then that tool will need to be certified by an ONC-certifying body.
- **Secure Messaging** – In an effort to increase patient engagement, providers must encourage patients to send secure messages to them (the providers) using approved, certified EHR technology. Once received, the physician or his/her staff can respond to the incoming messages.
- **Summary of Care** – In lieu of the general exchange of key clinical information objective, this objective requires direct transfer of summary of care data at transitions of care and/or

referrals, with a significant percentage being sent electronically. It further requires that at least one transfer occur to a recipient utilizing a different EHR vendor.

- **Imaging Results Accessibility (menu) – Images, plus the related written results/narrative, must be accessible through the EHR. However, the measure does not require that the images be stored within the EHR, and the images do not need to be stored in a structured format.**
- **Family History (menu) – While family history has been captured for decades, this measure requires that it be captured as structured data for the first degree relatives. This additional data entry/verification process may require changing patient intake forms as well as modifying workflows.**
- **Cancer & Other Registry Reporting (menu) – While most providers already are required to report through separate systems, this measure should reduce the registry reporting burden that exists among providers compliant with state laws. This reportable data must be submitted on an on-going basis for the entire reporting period.**
- **Additional Quality Measure reporting – Eligible professionals are responsible for meeting 9 out of 64 clinical quality measures (CQM) and reporting them for 3-month quarters (no longer rolling 90-days). Different reporting options are available to allow practices to minimize the burden of quality measure reporting by combining the common CQM programs (i.e. PQRS, ACO's, etc.)**

If a provider achieved 90-days of Stage 1 MU in 2011 or 2012, then the provider in 2014 is required only to attest to 90-days of Stage 2 MU. But all providers who attested in 2013 or later will need to complete a 365-day period for the first year of Stage 2.

David Groves - Stage 2 MU Comments

On August 23, 2012 CMS released the final rules specifying Stage 2 Meaningful Use requirements the EHR Incentive Program for eligible professionals (EPs), eligible hospitals and critical access hospitals (CAHs). These Stage 2 criteria will be effective in 2014 for EPs and EHs who attest to Stage 1 MU for the first time in 2011, 2012, or 2013. Providers not attesting to Stage 1 until after 2013 will always attest to Stage 1 requirements first and then Stage 2 criteria two years later (See chart below).

1 st Year	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	1	1	1	2	2	3	3	TBD	TBD	TBD	TBD
2012		1	1	2	2	3	3	TBD	TBD	TBD	TBD
2013			1	1	2	2	3	3	TBD	TBD	TBD
2014				1	1	2	2	3	3	TBD	TBD
2015					1	1	2	2	3	3	TBD
2016						1	1	2	2	3	3
2017							1	1	2	2	3

There were also changes announced to Stage 1 Meaningful Use criteria. Some changes will take effect January 1, 2013 for EP's while others will apply beginning in 2014. Providers are encouraged to familiarize themselves with the Stage 1 MU Changes Tip Sheet from CMS. Providers attesting in 2012 will not be impacted by these changes. For 2014 only, all providers regardless of their stage of meaningful use are only required to demonstrate meaningful use for a 3-month EHR reporting period.

EPs will need to meet 17 Stage 2 Core objectives and 3 Menu Objectives for a total of 20. The Stage 2 MU rule ratchets up the thresholds we saw in Stage 1. For example CPOE must be used on 60% of all medication orders instead of 40% and adds 30% of all laboratory and radiology orders. Stage 2 moves some Menu Items Core and adds new measures not seen in Stage 1. Several Stage 1 measures are reorganized or consolidated in Stage 2. For example, the separate requirements for problem list, medication list, and allergy list are incorporated into the Stage 2 measure for summary of care document for referrals and other care transitions. Likewise, drug-drug interaction checking is incorporated into the clinical decision support measure.

The Stage 2 rule builds on connectivity and electronic exchange requirements significantly. EPs will now be required to continuously provide electronic immunization updates to a state immunization registry. Also, the EP who refers a patient to another care setting will need to provide a comprehensive summary of care record for 50% of these transitions. While these may often be in printed form, at least 10% of them must be electronic and in the standard format prescribed in the EHR Certification Rule. This will be among the most challenging objective for EHR Vendors and EPs to meet. Your REC and HIE providers will be valuable partners in meeting this requirement.

The Stage 2 Rules are complex and providers are encouraged to read resources available from CMS or to reach out to their Regional Extension Center representatives for more information.

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html

<http://www.tristaterec.org/Resources/S2MUCentral.aspx>