

Consulting Services for Dentists to Reach Stage 1 Meaningful Use

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Today's presenters:

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Agenda

- Overview of Massachusetts eHealth Institute (MeHI)
- EHR Incentive Payment Programs
- Overview of Meaningful Use (MU) Stages
- Recent CMS Notice of Proposed Rulemaking (NPRM)
- Special Considerations for Dental Providers
- MeHI's eHealth Services & Support
- Questions and Answers

Massachusetts eHealth Institute (MeHI)

MeHI Vision, Mission and Goals

VISION

Massachusetts is the global eHealth leader. Our connected communities enjoy better health at lower cost and serve as models of innovation and economic development.

MISSION

To engage the healthcare community and catalyze the development, adoption and effective use of health IT

GOALS

Adoption



Support Health Reform



Consumer eHealth Engagement



Grow & Promote Innovation & eHealth Cluster



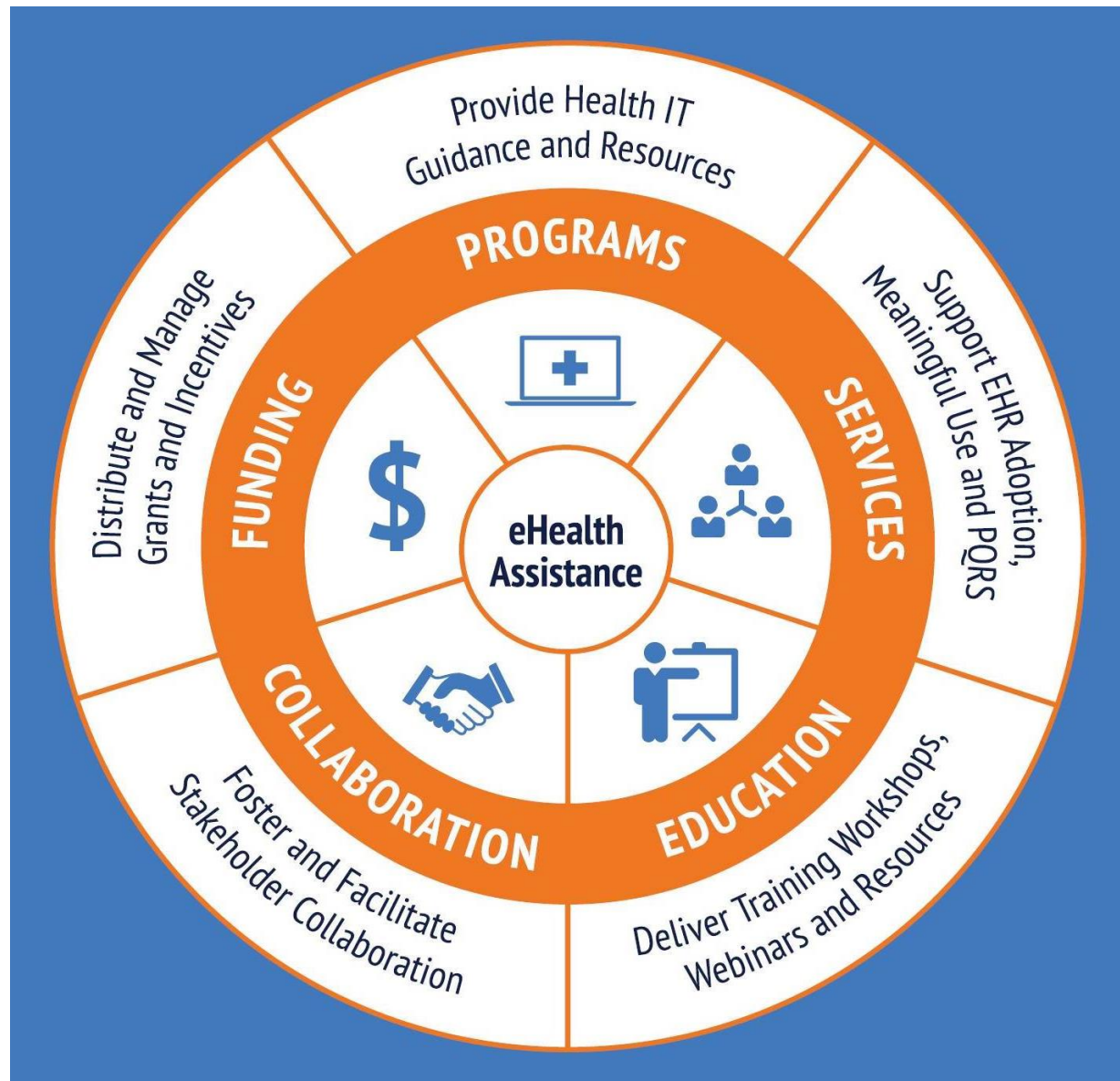
- Complexity of multiple Health IT initiatives and quality reporting programs
 - Meaningful Use (MU) and Medicare/Medicaid EHR Incentive Payment Programs
 - Physician Quality Reporting System (PQRS)
 - ICD-10 and other CMS Administrative Simplification Initiatives
- Health IT requires change to both clinical and office workflows
 - may extend beyond the resources of most practices
- Most hospitals have achieved Meaningful Use of EHR systems
 - more likely to refer patients to providers/organizations that are also Meaningful Users
- CMS incentive payments and penalties (consequences of non-compliance)

Provide a broad range of services to help providers:

- Navigate the Health IT landscape
- Capitalize on the shift toward performance-based reimbursement
- Leverage Health IT and achieve the **Triple Aim +1**
 - Improving patient care,
 - Improving population health
 - Reducing the cost of care
 - + Provider Satisfaction



MeHI is your Massachusetts Health IT Resource



EHR Incentive Payment Programs

Medicare vs. Medicaid EHR Incentive Payment Program

Medicare EHR Incentive Payment Program

Managed by CMS

Last year to initiate participation to receive an incentive payment was 2014.

Medicare payment reductions begin in 2015 for providers who are eligible but choose not to participate.

In the first year and all remaining years, providers must meet Meaningful Use objectives and measures.

Last year of program participation is 2016.

Medicaid EHR Incentive Payment Program

State manages its own program

Last year to initiate participation is 2016. Eligible Professionals (EPs) can receive up to \$63,750 in incentive payments.

No Medicaid payment reductions for EPs who choose not to participate. Medicare payment adjustments will still apply.

In the first year, EPs can receive an incentive payment for adopting, implementing or upgrading a certified EHR. In all remaining years, providers must meet the same MU objectives required by the Medicare EHR Incentive program.

Last year of program participation is 2021.

- Payment penalties for failure to demonstrate Meaningful Use
 - set by Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009
- Medicare payment adjustments take effect starting in 2015
- 2014 was last year Eligible Professionals (EPs) could initiate participation in Medicare EHR Incentive Program
- Currently there are no Medicaid payment penalties for failure to demonstrate Meaningful Use

Meaningful Use

Meaningful Use (MU)

- MU is at the core of Medicare/Medicaid EHR Incentive Payment Programs
- CMS sets standards that providers have to meet to demonstrate MU
- HITECH Act specifies three main components of MU:
 - use Certified EHR Technology (CEHRT) in meaningful manner, such as e-prescribing
 - use CEHRT to electronically exchange health information to improve quality of care
 - use of CEHRT to submit clinical quality and other measures

Meaningful Use Stages



STAGE 1 - Data Capture and Information Sharing

- Sets baseline

STAGE 2 - Advanced Clinical Processes

- Final rules released on August 23, 2012
- Guidelines build upon Stage 1

STAGE 3 – Improved Outcomes

- To be developed through future rule making
- Expected to be implemented in 2017 (subject to change)

Stage 1 Meaningful Use Overview

STAGE 1



STAGE 2



STAGE 3



- Electronically capturing health information in a structured format and using that information to track key clinical conditions
- Establishing the functionalities of certified EHR technology that will allow for continuous quality improvement and easy information exchange
- Communicating information for care coordination purposes (in a structured format whenever feasible)
- Implementing clinical decision support tools to facilitate disease and medication management
- Using EHRs to engage patients and their families, and to report clinical quality measures and public health information

Stage 2 Meaningful Use Overview

STAGE 1



STAGE 2



STAGE 3



- Expand upon the Stage 1 criteria to encourage the use of Health IT for continuous quality improvement at the point of care and the exchange of health information in the most structured format possible (e.g. electronic transmission of orders entered using computerized provider order entry [CPOE])
- More rigorous health information exchange (HIE)
- Increased requirements for e-prescribing and incorporating lab results
- Electronic transmission of patient care summaries across multiple settings
- More patient-controlled data

Stage 3 Meaningful Use Overview

STAGE 1



STAGE 2



STAGE 3



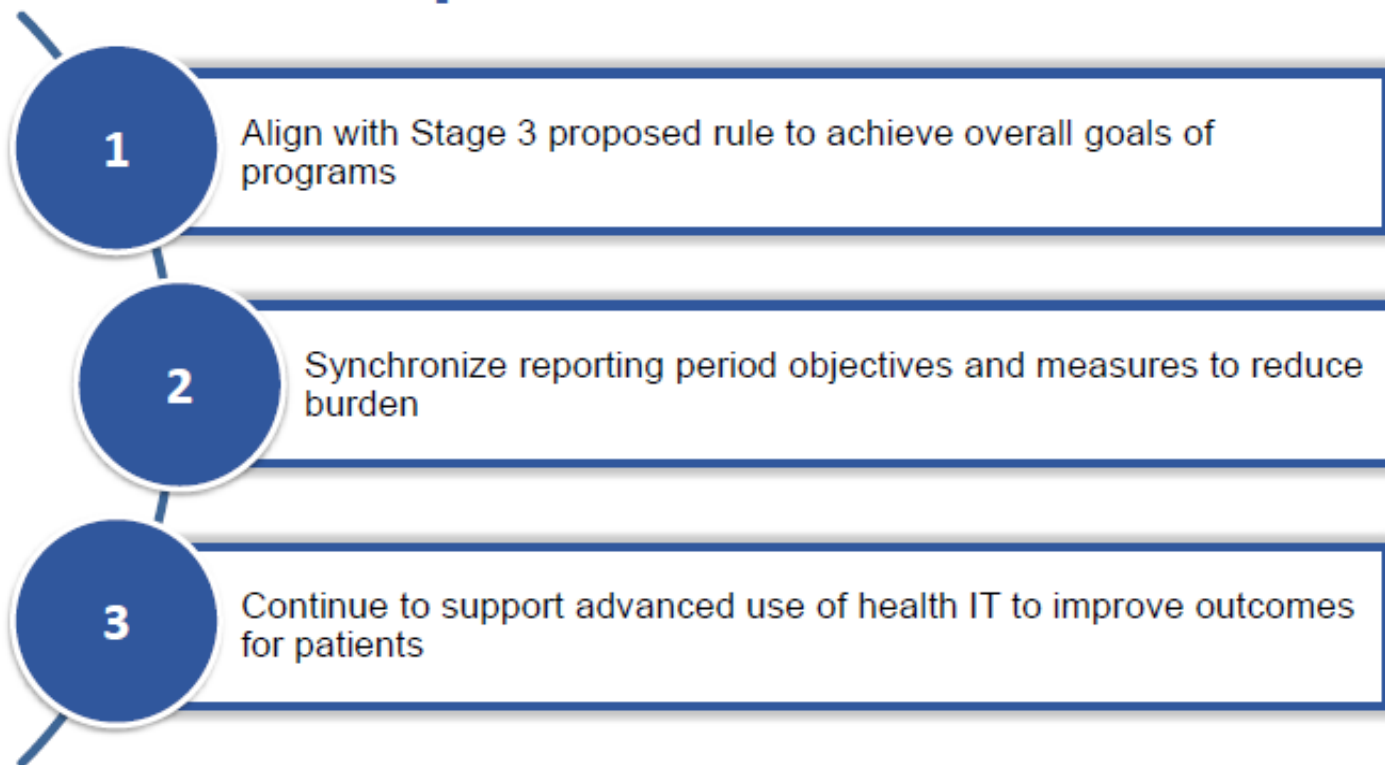
- Improving quality, safety, and efficiency
- Decision support for national high priority conditions
- Patient access to self-management tools
- Access to comprehensive patient data through patient-centered HIE
- Improving population health
- Improving health outcomes

CMS Notice of Proposed Rulemaking

- The [CMS Notice of Proposed Rulemaking \(NPRM\)](#) regarding Stage 3 was issued on March 30, 2015
- The [CMS Notice of Proposed Rulemaking \(NPRM\)](#) regarding modifications to Meaningful Use for 2015-2017 was issued on April 10, 2015
 - Outlined proposed modifications to Stage 1 and Stage 2 Meaningful Use objectives, reporting periods, and timelines to better align with Stage 3

Why is CMS proposing these changes?

Goals of Proposed Provisions

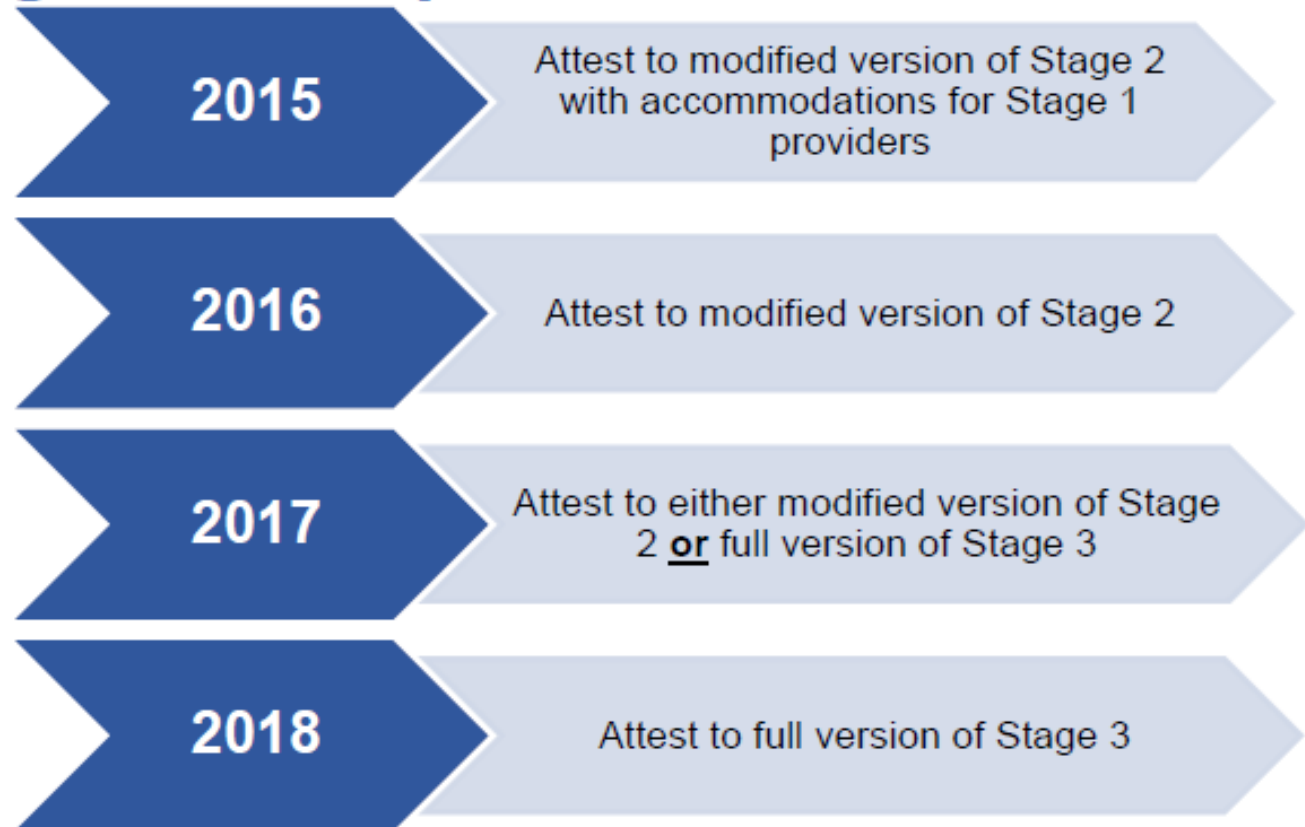


Source: CMS Webinar 5/7/2015

CMS Proposed Rule – Key Changes

- Proposed changes would affect the following:
 - Participation Timeline
 - EHR Reporting Periods
 - Meaningful Use Objectives
- No significant changes to the *purpose* of the objectives
- No enhancements to 2014 Edition CEHRT are required

Changes to Participation Timeline



Source: CMS Webinar 5/7/2015

CMS Proposed Rule - Changes to Reporting Periods

- In 2015, all providers would attest using an EHR reporting period of any continuous 90-day period within the calendar year
- In 2016:
 - first-time participants would attest using any continuous 90-day period within the calendar year
 - returning participants would be required to attest using a **full calendar year** (January 1, 2016 through December 31, 2016)
- In 2017, all providers would be required to attest using a full calendar year
 - with the exception of Medicaid participants attesting to MU for the first time, who would be allowed to use a 90-day reporting period

Source: CMS Webinar 5/7/2015

Proposed Changes to Stage 1 for EPs

Current Stage 1 EP Objectives

- 13 core objectives
- 5 of 9 menu objectives, including 1 public health objective

Proposed EP Objectives for 2015-2017

- 10 objectives

Source: CMS Webinar 5/7/2015

Proposed Changes to Stage 2 for EPs

Current Stage 2 EP Objectives

- 17 core objectives, including public health objective
- 3 of 6 menu objectives, including 1 public health objective

Proposed EP Objectives for 2015-2017

- 10 objectives

Source: CMS Webinar 5/7/2015

- Proposed Objectives – for both Stage 1 and Stage 2
 1. Computerized Provider Order Entry (CPOE)
 2. ePrescribing (eRx)
 3. Clinical Decision Support (CDS)
 4. Patient electronic access to their health information (Patient Portal)
 5. Protect health information (Security Risk Analysis or SRA)
 6. Patient-specific education resources
 7. Medication Reconciliation
 8. Summary of Care record for referrals and transitions of care
 9. Secure electronic messaging
 10. Public Health reporting
 - a. Immunization Registry Reporting
 - b. Syndromic Surveillance Reporting
 - c. Case Reporting
 - d. Public Health Registry Reporting
 - e. Clinical Data Registry Reporting

Special Considerations for Dental Providers

Currently, the following **Stage 1 MU Core Measures** offer exclusions that may be applicable to dentists:

- Computerized Provider Order Entry (CPOE) and ePrescribing (eRx)
 - Can exclude if fewer than 100 prescriptions during EHR reporting period
- Record Vital Signs (height, weight, blood pressure)
 - Can exclude all 3 if they have no relevance to scope of practice
 - Can exclude just height & weight if no relevance
 - Can exclude just BP if no relevance
- Patient Electronic Access
 - Access is defined as: patient has all information needed to view, download, or transmit their health information (website address, username and password, and any other instructions, tools, or materials)
 - Health information includes: patient name, provider's name and contact info, problem list, procedures, current medication list, medication allergies, vital signs, demographics, care plan, care team members including the PCP, etc
 - Can exclude if information beyond patient name and provider's name and contact info is not ordered or created

Stage 1 MU Core Measure #13: Protect electronic health information

- No exclusion
- Will be a required measure even if MU is modified based on CMS Notice of Proposed Rule Making
- Providers must conduct a Security Risk Analysis (SRA), implement security updates as necessary, and correct identified deficiencies as part of a risk management process
- Inadequate SRA is one of the primary reasons providers fail Meaningful Use audits
- MeHI offers a Privacy & Security tool that can help you complete your SRA and develop a remediation plan

Currently, the following **Stage 1 MU Menu Measures** offer exclusions that may be applicable to dentists:

- **Drug Formulary Checks**
 - Can exclude if fewer than 100 prescriptions during EHR reporting period
- **Lab Results**
 - Can exclude if no lab results in either positive/negative or numeric format
- **Patient Reminders**
 - Can exclude if no patients 65 years and older, or 5 years and younger, with records maintained in EHR
- **Medication Reconciliation**
 - Can exclude if EP was not a recipient of a transition of care
- **Summary of Care**
 - Can exclude if no transfers or referrals during EHR reporting period
- **Immunization Registry and Syndromic Surveillance**
 - Can exclude if no immunizations are administered and/or no reportable syndromic information is collected

- Dentists who achieve Meaningful Use gain these advantages:
 - Earn incentive payments
 - Avoid Medicare reimbursement penalties
 - Keep up with advancements in Health IT
 - Further integration of dentistry and health care
 - oral health is an important part of overall health

MeHI eHealth Services

Support healthcare providers in achieving Meaningful Use of EHR technology

- Meaningful Use Gap Analysis
- Registration and Attestation support
- Secure document storage and incentive program audit preparation

Support providers with

- Patient engagement resources
- Security Risk Assessment - Privacy and Security tools
- Provider Workshops
- Other Health IT resources

Provide eHealth Education

- Educational outreach, informational webinars and training courses
- Subject matter expertise on topics of interest to provider organizations

Advanced Meaningful Use Support (MeHI Member Portal)

MEMBER PORTAL FEATURES



Takeaways

- The Health IT Landscape is growing more complex
- MeHI is your Massachusetts Health IT Resource
- Meaningful Use has become a widely adopted national standard
- CMS has proposed significant modifications to Meaningful Use in 2015
- There are special considerations for dentists who wish to achieve Meaningful Use
- MeHI eHealth Services can assist dental providers in achieving Stage 1 Meaningful Use

Questions?



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