

Meaningful Use Stage 2 & Health Information Exchange (HIE)

July 17, 2014

Learning objectives

- Describe the transformational intent of Meaningful Use (MU) and the increased trend toward interoperability in MU Stage 2 (MU2)
- Name MU2 objectives with an HIE component and define their MU2 measures
- Describe approaches to achieving the transitions of care and "view, download, transmit" objectives
- Name the available public health registries and indicate their current status and submission pathway
- Describe how to find a trading partner and best practices to engaging

- MU2 objectives with an HIE component and describe measures and documentation for:
 - transitions of care (ToC)
 - view, download, transmit (VDT)
- Describe approaches to achieving ToC and VDT objectives
 - Eligible Provider > Sandra Rondeau, *Lung Specialist of Merrimack Valley*
 - Eligible Hospital > Bill Hausen, *Signature Healthcare*
- Overview of MU-eligible public health registries
- Finding a trading partner & best practices to engaging
- Questions & discussion

Meet the speakers



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Health Information Exchange Director

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Sandra Rondeau

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Bill Hausen

Clinical Systems Analyst, Meaningful Use Specialist (ARRA/HITECH)

Signature Healthcare | Signature Medical Group & Brockton Hospital

MU2 aims toward transformation & promotes interoperability

- Period of transformation
- MU2 promotes interoperability
- Interoperability = exchange, then use
 1. Content – create & display structured documents
 2. Transport – use of Direct and options
- MeHI supports real-world interoperability
 - eHealth Services & Support
 - Connected Communities
 - State Health Reform - C.224

MU2 objectives with an HIE component: objectives, measures, documentation

- 1. Transitions of Care*
- 2. View, Download, Transmit*

MU2 objectives with an HIE component

- Transitions of care (ToC)
- View, download, transmit (VDT)
- Public health registry submission
- ePrescribing
- Lab results reporting
- Use secure electronic messaging

- Link of MU & HIE
 - Use of CEHRT
- Requirement relief
 - Currently:
 - EHR technology certified to the 2014 Edition EHR certification criteria that meets all the objectives for which they plan to attest is a pre-requisite
 - Proposed:
 - If experiencing a hardship in implementing the 2014 Edition CEHRT, providers would be permitted to attest using the 2011 Edition CEHRT to meet 2013 objectives and measures or using the 2014 Edition CEHRT to meet 2014 Stage 1 objectives and measures instead of meeting Stage 2 objectives and measures

Stage 2 Approach to Meaningful Use

1. Understand objective in context of your organization
2. Create and articulate policies, procedures, work-flow
3. Implement policies, procedures, work-flows and align with meeting the measures
4. Carry out the activities necessary to meet the measures
5. Capture evidence that activities have occurred
6. Generate and store credible documentation
7. Leverage technology to achieve objective
8. Invest in improved interoperability

- **Objective:** The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide a summary care record for each transition of care or referral.
- **Measure 1:** For >50% of transitions of care and referrals
- **Measure 2:** Summary of care record provided electronically or via HIE for >10% of such transitions and referrals
- **Measure 3:** Conduct successful exchange with recipient having different CEHRT or conduct test with CMS designated test EHR <https://ehr-randomizer.nist.gov/ehr-randomizer-app/#/home>

- **Objective:** Provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP.
- **Measure 1:** >50% of all unique patients seen are provided timely (available to the patient within four business days after the information is available to the EP) online access to view, download, or transmit their health information to a third party
- **Measure 2:** >5% of all unique patients seen view, download, or transmit their health information to a third party

- **Objective:** The eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.
- **Measure 1:** For >50% of transitions of care and referrals
- **Measure 2:** Summary of care record provided electronically or via HIE for >10% of such transitions and referrals
- **Measure 3:** Conduct successful exchange with recipient having different CEHRT or conduct test with CMS designated test EHR <https://ehr-randomizer.nist.gov/ehr-randomizer-app/#/home>

- **Objective:** Provide patients the ability to view online, download, and transmit information about a hospital admission.
- **Measure 1:** >50% of patients discharged have their information available within 36 hours of discharge to view, download, and transmit to a third party
- **Measure 2:** >5% of all patients (or their authorized representatives) view, download or transmit their information to a third party

Documentation:

- Evidence from the CEHRT indicating numerators and denominators using reports, screen shots, confirmation emails, include EP identifier when possible (when attesting for EPs)
- Interoperability documentation requires a verifiable indication that content has not only been sent or transmitted but that it has been received or viewed in some way by the receiver

Approaches to meeting MU2 objectives

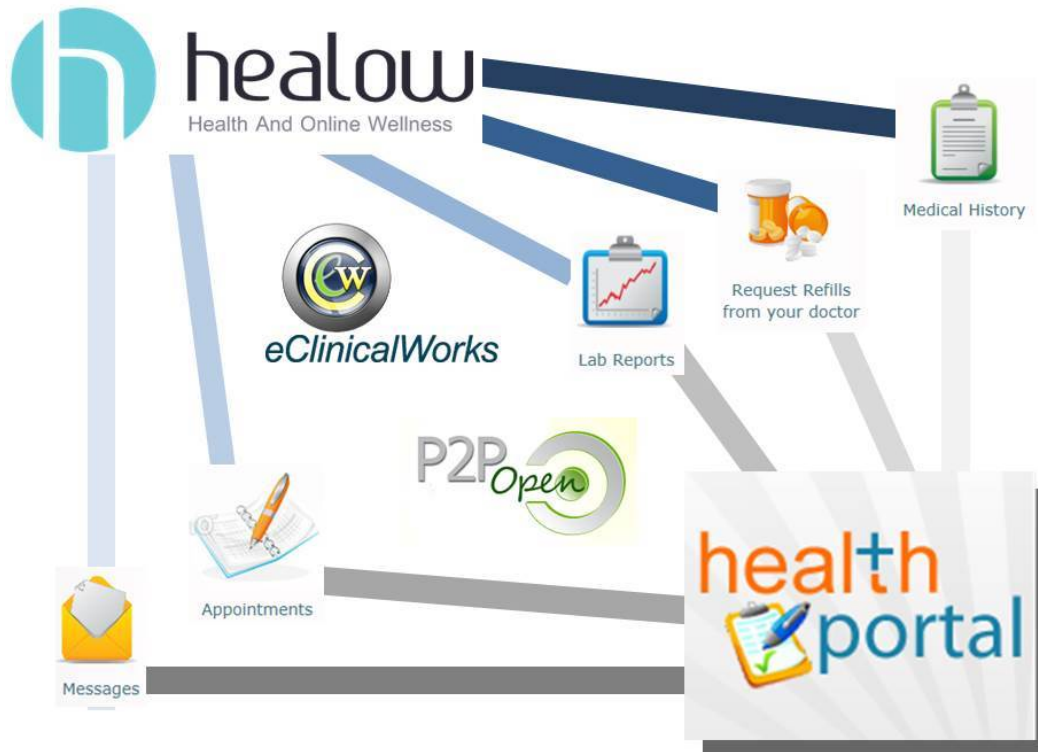
EP & EH

*Transitions of Care
View, Download, Transmit*

Sandra Rondeau

Practice Administrator

Lung Specialists of the Merrimack Valley, P.C.





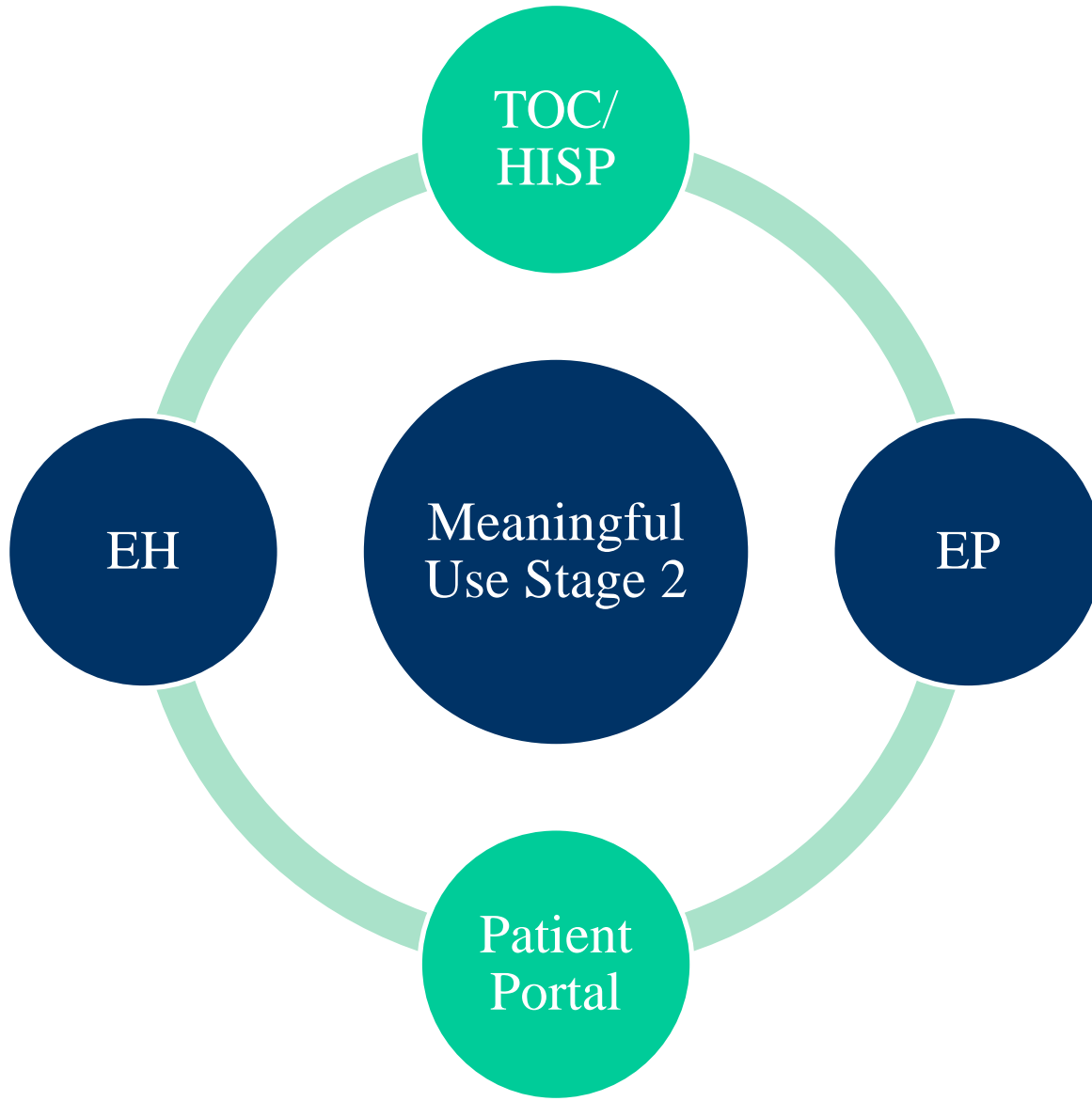
SIGNATURE
HEALTHCARE

Transitions of Care & View/Download/Transmit

Bill Hausen

Meaningful Use Specialist

Our Current Ecosystem



Acute MU2



Dashboard

Measure	Description			
Core 1.1	CPOE for Medication > 60%		87.1	
Core 1.2	CPOE for Laboratory > 30%		46.3	
Core 1.3	CPOE for Radiology > 30%		52.7	
Core 2	Record Demographics > 80%		97.7	
Core 3	Record Vital Signs > 80%		87.3	
Core 4	Record Smoking Status > 80%		100	
Core 5.1	5 Clinical Decision Support Interventions			
Core 5.2	Drug-Drug and Drug-Allergy Interaction Checks			
Core 6.1	Patient Provided Access to Info Online > 50%		50.4	
Core 6.2	Patient Info Viewed/Downloaded/Transmitted > 5%		0	
Core 7	Protect Electronic Health Information			
Core 8	Clinical Lab Test Results > 55%		99.9	
Core 9	Lists of Patients by Specific Conditions			
Core 10	Patient-Specific Education Resources > 10%		82.2	
Core 11	Medication Reconciliation > 50%		83.3	
Core 12.1	Summary of Care Records > 50%		88.9	
Core 12.2	Summary of Care Records Electronically > 10%		0	
Core 12.3	Electronic Care Record Exchange Tested			
Core 13	Immunization Registries Data Submission			
Core 14	Electronic Reportable Laboratory Results			
Core 15	Electronic Syndromic Surveillance Data			
Core 16	Electronic Med Admin Record (eMAR) > 10%		67.1	



Our Hospital Strategies

Patient Portal

- Express Care patients
- Registration Staff – first line of defense
- Visiting patient rooms
- Must show valid ID
- Maternity patients
- Mobile Access to Portal
- Focusing on View only

TOC/HISP

- Iatric CCDA Product
- Automated sending
- Minimal workflow changes for staff
- Pushing to get all our vendors on Mass HIway



Other Considerations?

Mass HIway

- Vendor limitations beyond our control
- Likely to ‘silo’ our ambulatory offices
-bad for care continuum
- Had to connect directly to MedAllies HISP

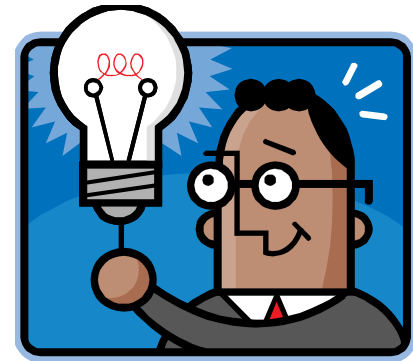
Portal

- Want to allow patients to join without photo ID
- Meditech Patient Portal might have been easier
- Didn’t want to compete for our own patients if we used multiple patient portal products



Long Term Plans

- Connect to Mass HIway
 - Exchange with any other area provider
 - Meet state requirement to use by 2017
- EHR Optimization
 - Outside expertise
- Preparing for Stage 3
 - No room for surprises!



Overview of MU-eligible public health registries

“Public Health submission” update...more coming next month

Registry for MU2	EP / EH	Core / Menu	Status	Active Path
Massachusetts Immunization Information System (MIIS)	EP EH	Core Core	Available	HL7 via VG HL7 gateway or Hlway
Electronic Lab Reporting (ELR)	EP EH	N/A Core	Available	HL7 via web service or Hlway
Syndromic Surveillance (SS)	EP EH	Menu Core	Available for EH EDs	HL7 via Hlway
Massachusetts Cancer Registry (MCR)	EP EH	Menu N/A	Available	HL7 CDA R2 to Hlway to MCR
Specialized registry - Disease surveillance and case management system (MAVEN) *	EP EH	Menu N/A	Available	HL7 via web service

* MDPH Bureau of Infectious Disease has designated its disease surveillance and case management system (MAVEN) as a specialized registry.

Finding a Trading Partner & Best Practices to Engaging

- Plan your use of an HIE – Mass HIway or other

Determine Your Use Case

Use Case Name

(A brief summary of your use case. Limit to 100 Characters.)

Goal

(Why are you connecting to the Hlway? What is your end goal? For example, you may want to reduce the number of duplicative tests patients receive or reduce the number of hospital readmissions. Be as specific as possible.)

Story

(What is the story you are trying to implement? How do you intend to use the Mass Hlway? Describe the steps required to exercise your use case. This should tell the story of how you intend to use the Hlway, but also support initial project scoping efforts.)

Trading Partners and Systems

(Who is your trading partner(s)? Who are the sending and receiving organizations – the “trading partners”? What systems/data sources are involved, for example: the in-patient or out-patient system, the data warehouse?)

Data to Exchange

(What data is being exchanged and in what format do you intend to exchange? For example, you may want to send a discharge summary or a summary of care record formatted as a Consolidated CDA, C32, text file or a .pdf.) Are you sending or receiving information, or both? (If sending, can you create the data set? If receiving, can you “digest” the data set?)

Key questions:

1. Why are you connecting to the Hlway?
2. What is the scenario?
3. **Who is your trading partner(s)?**
4. What systems/data sources are involved?
5. What data is being exchanged?
6. Are you sending or receiving or both?
 - If sending, can you create the data set?
 - If receiving, can you “digest” the data set?

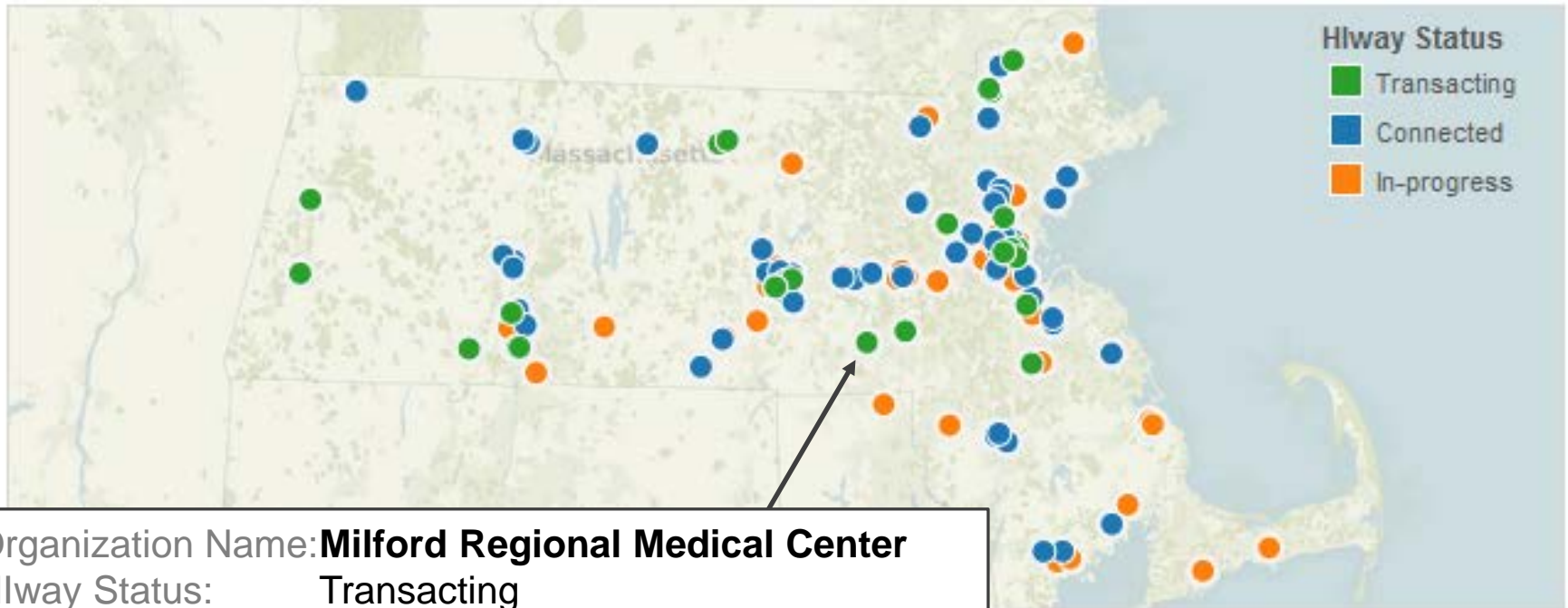
Best Practices to Engaging

- Plan your use of an HIE – Hlway or other
- Review existing referral and care coordination patterns
- If using the Hlway, determine the status of your trading partner:
 - View the Hlway Status map to identify trading partners and check status, <http://mehi.masstech.org/mass-hiway-participants>
 - If your trading partner has not yet started their Hlway connection, refer them to EOHHS/Hlway Ops to get connected, <http://www.masshiway.net/contactus.jsp>

Finding a trading partner – Hlway Status Map

as of June 2014

Hlway Status Map



Organization Name: **Milford Regional Medical Center**
Hlway Status: Transacting
Billing City: MILFORD
Billing Street: 14 PROSPECT ST
Use Cases: Discharge summaries from acute care to skilled nursing facility and home health in the form of a CCDA

Best Practices to Engaging

- Plan your use of an HIE – Hlway or other
- Review existing referral and care coordination patterns
- If using the Hlway, determine the status of your trading partner:
 - View the Hlway Status map to identify trading partners and check status, <http://mehi.masstech.org/mass-hiway-participants>
 - If your trading partner has not yet started their Hlway connection, refer them to EOHHS/Hlway Ops to get connected, <http://www.masshiway.net/contactus.jsp>
- Exchange etiquette – send messages only with prior coordination
- The Hlway also needs “receivers” and a greater diversity of participating organizations



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NEXT WEBINAR!

Insights into Massachusetts DPH Registries and Submitting via the Mass Hlway

Thursday, August 14 at 12:00pm-1:00pm

The Department of Public Health has recognized the need for a standardized, secure method to submit patient information for public health reporting purposes. The state of Massachusetts has developed a solution or transportation mechanism to submit this information electronically in a secure and HIPAA compliant way, through the state's Health Information Exchange, the Mass Hlway. Laura Nasuti, Deputy Director, Office of Statistics and Evaluation at MDPH will present an overview of the various DPH programs that accept data through the Hlway. Ryan Thomas, Service Manager for the Mass Hlway Operations Team, will also join us and will review the steps to connect to and submit public health data via the Mass Hlway..

Register at mehi.masstech.org/events

MeHI

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