
Health Information Technology Oversight Council

May 14, 2015



Agenda

- 9:00 am Welcome, Opening Comments
Goals and Meeting Overview
- 9:10 am Meaningful Use Perspective Panel—Initial Comments
- 9:40 am Presentation: Meaningful Use Stage 3 Proposed Rule
Panel and HITOC Discussion —Reaction
- 10:45 am Break
- 10:55 am Presentation: Meaningful Use Stages 1&2;
Presentation: ONC Certification Proposed Rule
Panel and HITOC Discussion— Reaction
- 11:45 am Public Comment
- 11:55 am Conclusion and Next Steps

Goals of HIT-Optimized Health Care

1. Sharing Patient Information Across Care Team

- Providers have access to meaningful, timely, relevant and actionable patient information to coordinate and deliver “whole person” care.

2. Using Aggregated Data for System Improvement

- Systems (health systems, CCOs, health plans) effectively and efficiently collect and use aggregated clinical data for quality improvement, population management and incentivizing health and prevention. In turn, policymakers use aggregated data and metrics to provide transparency into the health and quality of care in the state, and to inform policy development.

3. Patient Access to Their Own Health Information

- Individuals and their families access their clinical information and use it as a tool to improve their health and engage with their providers.

EHR Incentive Program in Oregon

Karen Hale



Oregon EHR Incentive Payments

- Total **Medicaid** EHR incentives paid in Oregon as of April 2015*: **\$120.9 million**
- Total **Medicare** EHR incentives paid in Oregon as of March 2015: **\$245.2 million**
- Total paid to Oregon providers: **\$366.1 million**

- <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/DataAndReports.html>, March 2015 State Registrations and Payments, accessed on 5/6/2015
- Medicaid EHR Incentive Program data dated 4/16/2015

Oregon EHR Incentive Program Participation

- 60 (all) Oregon hospitals have attested and/or received EHR Incentive payments
 - 50 hospitals have received payments for meaningful use
- 6,495 unique eligible professionals have received payments under either the Medicaid or Medicare EHR incentive program.
 - 5,341 have received payments for meaningful use
 - Potential for 3,532 to attest to Stage 2 for 2014 based on current payment information

- <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/DataAndReports.html>, March 2015 State Registrations and Payments, accessed on 5/6/2015
- Medicaid EHR Incentive Program data dated 4/16/2015

Meaningful Use Perspective Panel

Lynnae Doumani, Legacy Health

Jeff Dover, Advantage Dental

Dr. Ejiro Isiorho, Oregon Podiatric Medical Association

Jeff Jensen, OHSU

Katie Johnson, NW Indian Health Board

Tom Durkin, OCHIN – Regional Extension Center

The logo for the Oregon Health Authority. The word "Oregon" is in a smaller, orange, serif font, positioned above the "H" in "Health". The word "Health" is in a large, dark blue, serif font. The word "Authority" is in a smaller, orange, serif font, positioned below the "Health" and underlined by a thin blue line.

Oregon
Health
Authority

Meaningful Use Notice of Proposed Rule Making

CMS Stage 3 Proposed Rule
CMS Modifications to Stages 1 and 2
ONC Certification Program

Karen Hale

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font positioned above the "H" of the word "Health". The word "Health" is in a large, dark blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font. A thin blue horizontal line is positioned below the "Health" text, extending from the left edge of the "H" to the right edge of the "Authority" text.

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Health
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Stage 3 Meaningful Use Proposed Rule

Karen Hale



Stage 3 Proposed Rule Meaningful Use

Continue to increase interoperable health data sharing among providers

Focus on the advanced use of EHR technology to promote improved patient outcomes and health information exchange

Continue to improve program efficiency, effectiveness, and flexibility by making changes that simplify reporting requirements and reduce program complexity

Stage 3 Proposed Rule Meaningful Use

Stage 3 NPRM components

- Stage 3 objectives/measures
- Electronic CQM submission by 2018
- Single stage of meaningful use by 2018
- Full year calendar year EHR reporting period for eligible professionals and hospitals (exception for Medicaid) starting in 2017

This symbol  means this particular topic has been flagged as an area that OHA plans to provide comment

Stage 3 Proposed Rule Objectives Highlights

- Designed to:
 - Align with national health care quality improvement efforts
 - Promote interoperability and health information exchange
 - Focus on the triple aim of reducing cost, improving access, and improving quality
- 8 meaningful use objectives with 21 measures
 - Reference - Stage 2 had 20 objectives (17 core/3 menu) with ~26 measures for eligible professionals
- Core/Menu distinction is removed

Stage 3 Proposed Rule Objectives Highlights

- Many stage 2 measure thresholds increased;
 - some removed; new measures introduced
- Flexibility introduced on three objectives —
 - reporting and/or meeting thresholds is not required on ALL measures
- Certified EHR Technology (CEHRT) definition decoupled from ONC Certification rule and included in EHR Incentive Program rules
- Application Processing Interfaces (APIs) are introduced for some of the measures
 - Collect health info from multiple providers and potentially incorporate into a single portal, application, program, or other software

Stage 3 Proposed Rule

Proposed Eliminated Objectives

- Paper-based workflows, chart abstraction, or other manual actions (e.g., clinical summaries)
- “Topped out”
 - achieved widespread adoption at a high rate of performance and no longer represent a basis upon which provider performance may be differentiated or are not longer useful in gauging performance
- Redundant or duplicative (may support another objective)

- Record Demographics
- Record Vital Signs
- Record Smoking Status
- Clinical Summaries
- Structured Lab Results
- Patient Lists
- Patient Reminders (EP only)
- Summary of Care (M1 and M3)
- Electronic Notes
- Imaging Results
- Family Health History
- eMAR (EH only)
- Advanced Directives (EH only)
- Structured Labs to Ambulatory Providers (EH only)

Stage 3 Proposed Rule Objectives; # Measures

Objective	# measures to report	# thresholds to meet
1: Protect electronic protected health information	1	1
2: Electronic Prescribing (eRx)	1	1
3: Clinical Decision Support (CDS)	2	2
4: Computerized Provider Order Entry	3	3
5: Patient Electronic Access to Health Information	2	2
6: Coordination of Care through patient engagement	3	2
7: Health Information Exchange	3	2
8: Public Health and Clinical Data Registry Reporting (6 total measures)	3- EPs/4-hospitals	3- EPs/4-hospitals

Stage 3 Propose Rule Objectives Digest

Objective	Change
1 - Protect Electronic Protected Health Info	Clarification on security risk analysis timing and review requirements
2 - Electronic Prescribing (eRx)	Increases thresholds, allows for inclusion of controlled substances
3 - Clinical Decision Support (CDS)	Clarifications of measures
4 - Computerized Provider Order Entry (CPOE)	Increases thresholds, includes diagnostic imaging orders
5 - Patient E-Access to Health Information	Increases thresholds and reduces timeframe for availability; introduces use of Application Processing Interfaces (APIs)

Stage 3 NPRM Objectives Digest

Objective	Change
6 - Coordination of Care through Patient Engagement	Increases thresholds for 2 measures and adds a new measure for patient generated data. Report on 3 measures, meet 2/3 thresholds
7 - Health Information Exchange	Increases thresholds for 2 measures and adds a new measure for transitions of care data received and incorporated into the EHR. Report on 3 measures, meet 2/3 thresholds
8 - Public Health and Clinical Data Registry Reporting	Consolidates public health objectives in to 1 objective with 6 measures. New measure for case reporting and clinical data registries. New definitions for “active engagement”

Stage 3 Proposed Rule - Highlights from Patient Engagement Objectives

Introduces use of ONC certified Application Processing Interfaces (APIs)

Patient Access to Health Information

- Increase threshold for e-access from 50% to 80%; reduces timeframe from 4 days to 24 hours
- Increase threshold for patient education resources from 10% to 35%; requires electronic access to materials

Coordination of Care through patient engagement

- M1: Increases View, Download, Transmit (VDT) measure from 5%* to 25%
- M2: Increases secure messaging measure from 5% to 35%
- M3: New - incorporate patient-generated health data measure for 15% of unique patients
- Report on all 3 measures but only 2 thresholds need to be met

*Note: There are proposed changes in the MU1/MU2 rule for 2015-17

Stage 3 Proposed Rule HIE Measure Highlights

Health Information Exchange

- M1: Increases threshold for electronically exchanging a summary of care from >10% to >50%
- M2: New measure; 40% of new patient summary of care records from transitions/referrals are incorporated into the EHR
- M3: Combines medication allergy, medication reconciliation, and problem lists; threshold is >80%
- Report on all 3 measures but only 2 thresholds need to be met

Stage 3 Proposed Rule

Clinical Quality Measures (CQMs)

- No changes proposed to the 2014 CQMs
 - Future updates will align and be included in the IPPS (Inpatient Prospective Payment System) for hospitals or PFS (Physician Fee Schedule) for eligible professionals (EPs). Next rule – July?
- Full calendar year reporting for eligible hospitals and EPs beginning in 2017
 - 90-day EHR reporting for EP participants in the Medicaid EHR Incentive Program reporting meaningful use for the first time
 - Electronic submission of CQMs (eCQMs) required under Medicare EHR Incentive Program in 2018. States can also elect to require eCQMs
- CMS would like to see vendors certify to all eCQMs that are in the EP or EH CQM selection

Stage 3 Proposed Rule - Single Stage 3 for All

- Last stage in the meaningful use framework
- Optional in 2017 and required for **all** providers in 2018
 - Any provider, regardless of their participation in the program would be in stage 3 rather than allowed progression through the stages over 2-3 year increments.

	2011	2012	2013	2014	2015	2016	2017	2018 - 2021
2011	1	1	1	1 or 2	2	2	2 or 3	3
2012		1	1	1 or 2	2	2	2 or 3	3
2013			1	1	2	2	2 or 3	3
2014				1	1	2	2 or 3	3
2015					1	1	1, 2, or 3	3
2016						1	1, 2, or 3	3
2017							1, 2, or 3	3
2018-21							1, 2, or 3	3

Meaningful Use Perspective Panel

Discussion



Modifications to Meaningful Use in 2015-2017

Karen Hale



2015-2017 Modifications Proposed Rule

Components

- Modifications to Stage 1 and Stage 2 to align with proposed Stage 3 measures
 - Removal of measures that are duplicative, topped out, or redundant
 - Modify the Stage 2 “View, Download, and Transmit measure”
- Change EHR reporting period and timelines in 2015 and 2016 (and beyond)

2015-2017 Modifications Proposed Rule

- Everyone is in “Modified Stage 2” starting in 2015
 - 10 objectives for eligible professionals (9 for eligible hospitals) that contain the stage 2 measures and thresholds
 - Stage 1 and 2 objectives and measures identified as topped out, duplicative, or redundant are removed
- Accommodations are made for providers scheduled to be in stage 1 in 2015 ★
- Patient action measure changes: ★
 - View, Download, and Transmit: replace 5% threshold with requirement that at least one patient view, download, or transmit ★
 - Secure messaging: replace 5% threshold with yes/no attestation ★
- 90-day EHR reporting period

Eliminated Measures and Objectives

- Record Demographics
- Record Vital Signs
- Record Smoking Status
- Clinical Summaries
- Structured Lab Results
- Patient Lists
- Patient Reminders (EP only)
- Summary of Care (M1 and M3)
- Electronic Notes
- Imaging Results
- Family Health History
- eMAR (EH only)
- Advanced Directives (EH only)
- Structured Labs to Ambulatory Providers (EH only)

Accommodations for Stage 1 Providers

- Providers scheduled to be in stage 1 in 2015 will have accommodations made for certain measures:
 - Maintaining the specifications for objectives and measures which have a lower threshold or other measure difference
 - Exclusions for stage 2 measures which do not have an equivalent stage 1 measure or the provider did not plan to attest to the menu objective
- This only applies to program year 2015; in program year 2016, all providers will be at “modified stage 2”

Proposed Modified Stage 2 Objectives – with Alternatives for Stage 1 Providers

Objective	Modified Stage 2 Measure	Alternate exclusion	Alternate Measure
Computerized Provider Order Entry (CPOE)	>60% medications orders		X
	>30% Lab orders	X	
	>30% Radiology orders	X	
e-Rx	>50% (EP)/>10% (EH) e-Rxs	X (EH)	X (EP)
Clinical Decision support (CDS)	Implement 5 CDS interventions		X
	Drug-Drug/Drug-Allergy checks		
Patient e-Access (VDT)	>50% provided online access		
	≥1 views, downloads, or transmits	X	
Protect e-Health Info	Conduct security risk analysis		
Patient education	>10% patients provided with education resources	X	

Proposed Modified Stage 2 Objectives – with Alternatives for Stage 1 Providers

Objective	Modified Stage 2 Measure	Alternate exclusion	Alternate Measure
Medication Reconciliation	>50% medication reconciliation	X	
Summary of Care	>10% electronic summaries	X	
Secure Messaging (EP only)	Capability enabled	X	
Public Health - --- EPs must report on 2; EHs must report on 3 - For 2015 Stage 1: EPs report 1; EHs report 2	M1: Immunizations reporting		
	M2: Syndromic surveillance		
	M3: Case reporting		
	M4: Public Health registry		
	M5: Clinical Data registry		
	M6: e-Reportable Labs (EH)		

Updated Stages of Meaningful Use

	Program Year			
First year as a meaningful user	2015	2016	2017	2018 - 2021
2011	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3
2012	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3
2013	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3
2014	Modified Stage 2*	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3
2015	Modified Stage 2*	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3
2016	NA	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3

* 2015 Alternate measures/exclusions for Stage 1 providers

EHR Reporting Period ★

- In 2015, all providers (EPs and hospitals) will have a 90-day EHR reporting period
- 2014 Edition CEHRT must be used in 2015 and may be used through 2017;
 - 2015 Edition CEHRT may be used in 2016 - 2017 and must be used for Stage 3 in 2018
- Hospitals will transition to reporting on the calendar year beginning in 2015
 - In 2015 only, hospitals are allowed to attest to an EHR reporting period of any continuous 90-day period within the period beginning Oct 1, 2014 and the close of the 2015 calendar year

2015 Attestation Windows and Deadlines ★

- December 31, 2015 - EHR reporting period must be completed
- January 1, 2016 - Providers can begin 2015 attestations *
- February 29, 2016 - Deadline to submit 2015 attestations **

* Oregon Medicaid EHR attestations are being accepted now for:

- Medicaid EPs attesting for Program year 2014 (deadline is May 31, 2015)
- Medicaid EPs and EHs if attesting for adopt, implement, or upgrade (AIU) or if reporting their first year of meaningful use for program year 2015

** Oregon's typical deadline is 90-days after the end of the program year

ONC Certification Program

Karen Hale



ONC Technology Certified to the 2015 Edition Proposed Rule

- Expands the Health IT Certification Program beyond the EHR incentive programs to include:
 - EHR products for providers that are not eligible for the EHR incentive programs
 - Other types of health IT such as provider directories
- Supports the capabilities and standards that CEHRT would need to include to support meaningful use in 2018
 - The definition of CEHRT has been moved to the CMS NPRM
- Adopts new/updated standards for the structured recording and exchange of electronic health information, including a Common Clinical Data Set ★

ONC Technology Certified to the 2015 Edition Proposed Rule

- Facilitate the accessibility and exchange of electronic health information
 - including enhanced data portability, transitions of care, and application programming interface (API) capabilities as part of the 2015 Edition Base EHR definition
- Adopt standards that can help address health disparities,
 - including standards for the collection of social, psychological, and behavioral data, and for the accessibility of health IT
- Ensure that all health IT presented for certification possesses the relevant privacy and security capabilities
- Increase transparency of Certified Health IT through surveillance and disclosure requirements

Surveillance of Certified Health IT

- New requirements for “in-the-field” surveillance under the ONC Health IT Certification Program
- ONC-Authorized Certification Bodies (ONC-ACBs) should ensure that certified Health IT Modules can perform certified capabilities in a production environment (when implemented and used)
 - Reactive surveillance
 - Randomized surveillance
- Enhanced surveillance of mandatory transparency requirements

Transparency Requirements

- **ONC-Authorized Certification Bodies (ONC-ACBs) must ensure health IT developers disclose:**
 - Broader and more detailed information than is currently required in the 2014 Edition.
 - Additional types of costs users may incur to implement or use health IT for any purpose within the scope of its certification
 - Potential limitations (including contractual restrictions) that would limit a user's ability to implement or use health IT for any purpose within the scope of its certification.
- **Health IT developers will be required to attest to voluntarily providing this information:**
 - To customers, prospective customers, and any other person who asks for it (e.g., professional associations representing providers).
 - To do so timely, in plain writing, and in sufficient detail.

“Open Data”

Certified Health IT Products List (CHPL)

- Converting the CHPL to an open data file to make the reported product data (e.g., test results) more accessible for product analysis
- Propose to require that ONC-Authorized Certification Bodies (ONC-ACBs) report an expanded set of information in the open data file for increased product transparency

Meaningful Use Perspective Panel

Discussion



Resources

- **Stage 3 of Meaningful Use NPRM** –
<https://www.federalregister.gov/articles/2015/03/30/2015-06685/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3>
- **EHR Technology Certified to the 2015 Edition NPRM**
<https://www.federalregister.gov/articles/2015/03/30/2015-06612/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base>
- **Modifications to Meaningful Use in 2015-2017 NPRM** –
<https://www.federalregister.gov/articles/2015/04/15/2015-08514/medicare-and-medicaid-programs-electronic-health-record-incentive-program-modifications-to>
- Office of Health IT: www.healthit.oregon.gov

How to Submit Comments

The public can submit comments in several ways, including via electronic submission or mail:

- Electronically

You may submit electronic comments to: www.regulations.gov. Follow the "Submit a comment" instructions.

- By regular mail

- By express or overnight mail

- By hand or courier

Comments are due:

- May 29, 2015 by 5pm EDT for the Stage 3 of Meaningful Use NPRM and the EHR Technology Certified to the 2015 Edition NPRM

- June 15, 2015 by 5pm EDT for the Modifications to Meaningful Use Stage 2015-2017

Public Comment