How to Overcome Challenges in Achieving Meaningful Use Stage 2

April 23, 2014
Agenda

- Learning Objectives
- Five Areas of Challenge
  - New Requirements and Increased Thresholds
  - Patient Electronic Access to Health Information and Patient Engagement
  - Clinical Quality Measures
  - Security Risk Analysis and Encryption
  - Preparing and Responding to Centers for Medicare & Medicaid Services (CMS) Audits
- Defining Your Next Steps
- Q&A
Learning Objectives

- Review the requirements of Meaningful Use Stage 2 and the key areas of challenge that most providers will face.
- Identify the requirements for security risk management and encryption as part of your Meaningful Use readiness efforts.
- Define your next steps for overcoming Meaningful Use Stage 2 challenges as you continue on your path to successful attestation.
Polling Question 1

How would you best describe your Meaningful Use Stage 2 role?

- A: Meaningful Use project manager
- B: Information technology support
- C: Compliance or audit
- D: Clinician
- E: Other
- F: Unsure/don’t know
Five Areas of Challenge

New Requirements and Increased Thresholds
New Requirements and Increased Thresholds
Attestation Requirements

<table>
<thead>
<tr>
<th>Hosp. Stage One</th>
<th>Hosp. Stage Two</th>
<th>Stage Two Reporting Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 core objectives</td>
<td>16 core objectives</td>
<td>22 core</td>
</tr>
<tr>
<td>5 of 10 menu set</td>
<td>3 of 6 menu set</td>
<td>3 of 6 menu set</td>
</tr>
<tr>
<td>Total of 19</td>
<td>Total of 19</td>
<td>Total 25</td>
</tr>
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<table>
<thead>
<tr>
<th>EP Stage One</th>
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<th>Stage Two Reporting Requirements</th>
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<td>15 core objectives</td>
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</tr>
<tr>
<td>Total of 20</td>
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<td>Total 26</td>
</tr>
</tbody>
</table>
New Requirements and Increased Thresholds

- Objectives with increased thresholds
  - Six for hospitals
  - Seven for eligible professionals

- Incorporated objectives
  - Six for hospitals and eligible professionals

- New measures for Stage 2
  - Seven new for both hospitals and eligible professionals

- Measures changing from menu to core
  - Eight for both hospitals and eligible professionals
## New Requirements and Increased Thresholds

### Objectives With Increased Thresholds

<table>
<thead>
<tr>
<th>Objective</th>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Use CPOE for medication orders (EH and EP)</strong></td>
<td>More than 30% have at least one medication order.</td>
<td>More than 60% of medication orders are created using CPOE.</td>
<td>Must also report on lab and radiology orders (30%)</td>
</tr>
<tr>
<td><strong>Record demographics (EH and EP)</strong></td>
<td>More than 50% have demographics recorded as structured data.</td>
<td>More than 80% have demographics recorded as structured data.</td>
<td>Office of Management and Budget race and ethnicity codes must be used.</td>
</tr>
<tr>
<td><strong>Record vital signs (EH and EP)</strong></td>
<td>More than 50% have vital signs recorded (for patients age 2 or above).</td>
<td>More than 80% have vital signs recorded.</td>
<td>Height and weight for all; blood pressure for age 3 or above.</td>
</tr>
<tr>
<td><strong>Record smoking status for patients 13 years old or older (EH and EP)</strong></td>
<td>More than 50% have smoking status recorded as structured data.</td>
<td>More than 80% have smoking status recorded as structured data.</td>
<td>Must use SNOMED CT Codes (adds codes for heavy or light smoker)</td>
</tr>
</tbody>
</table>
New Requirements and Increased Thresholds
Objectives With Increased Thresholds

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Clinical Decision Support (CDS) (EH and EP)</td>
<td>Must have <strong>1 CDS rule</strong> implemented.</td>
<td>Must have <strong>5 CDS rules</strong> implemented and have drug interaction checks.</td>
<td>At least 4 CDS rules must relate to a CQM.</td>
</tr>
<tr>
<td>Incorporate clinical lab test results (EH and EP)</td>
<td>More than <strong>40%</strong> of all results are incorporated as structured data.</td>
<td>More than <strong>55%</strong> of all results are incorporated as structured data.</td>
<td>Logical Observation Identifiers Names and Codes (LOINC®) version 2.27</td>
</tr>
<tr>
<td>Generate and transmit permissible prescriptions electronically. (EP)</td>
<td>More than <strong>40%</strong> of all prescriptions are transmitted electronically.</td>
<td>More than <strong>50%</strong> of all prescriptions are transmitted electronically.</td>
<td>Exclusions if EP writes fewer than 100 prescriptions or if no pharmacy within 10 miles accepts electronically</td>
</tr>
</tbody>
</table>
### New Requirements and Increased Thresholds

#### Incorporated Objectives

<table>
<thead>
<tr>
<th>Stage 1 Objective</th>
<th>Incorporated Into Stage 2 Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain an up-to-date problem list of current and active diagnoses (EH and EP)</td>
<td>Summary of Care Record</td>
</tr>
<tr>
<td>Maintain active medication list (EH and EP)</td>
<td>Summary of Care Record</td>
</tr>
<tr>
<td>Maintain active medication allergy list (EH and EP)</td>
<td>Summary of Care Record</td>
</tr>
<tr>
<td>Report hospital clinical quality measures to CMS (EH and EP)</td>
<td>Incorporated into the definition of a Meaningful User</td>
</tr>
<tr>
<td>Implement drug formulary checks (EH and EP)</td>
<td>Combined with requirements for “e-prescribing”</td>
</tr>
</tbody>
</table>
## New Requirements and Increased Thresholds

### New Measures for Stage 2

<table>
<thead>
<tr>
<th>Stage 2 Objective</th>
<th>Measure(s)</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Provide patients the ability to view online, download, and transmit information about a hospital admission (EH and EP) | • 50% have info available online within 36 hours for EHs or 4 business days for EPs  
• 5% view, download, or transmit | Replaces electronic discharge instructions, electronic copy of health information, and patient electronic access |
| Automatically track medications from order to administration using assistive technologies in conjunction with an eMAR (EH) | More than 10% of medication orders have all doses tracked using eMAR. | If not all doses are tracked for an order then it does not qualify in the numerator. |
| Electronic progress notes created, edited, and signed by authorized providers (EH and EP) | Enter at least one electronic progress note for more than 30% of unique patients. | • Menu measure  
• Text of the electronic note must be searchable and may contain other content |
| Imaging results are accessible through certified EHR technology (EH and EP) | More than 10% of all tests whose result are one or more images are made accessible through CEHRT. | Menu measure |
| Record patient family health history (EH and EP) | More than 20% of all unique patients have an entry for one or more first-degree relatives. | • Menu measure  
• Must be structured data |
## New Requirements and Increased Thresholds
### New Measures for Stage 2

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<tr>
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</tr>
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<tbody>
<tr>
<td>Use secure electronic messaging to communicate with patients on relevant health information (EP)</td>
<td>5% of patients send secure messages to EP</td>
<td>• Requires patient action to comply</td>
</tr>
</tbody>
</table>
| Generate and transmit permissible discharge prescriptions electronically (EH)    | More than 10% of discharge medication orders are transmitted electronically. | • Menu measure (new for hospitals)  
• A drug formulary must be queried.  
• Prescriptions must be transmitted electronically using certified EHR technology. |
| Send structured electronic clinical lab results to the ordering provider (EH)    | Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20% of electronic lab orders received. | • Menu measure  
• Certified EHR technology needs to be used to send the results.  
• Format that can be incorporated electronically |
| Report cancer cases (EP)                                                        | Successful ongoing submission of cancer case information to a public health central cancer registry. | • Menu measure  
• Must be sent from CEHRT                                                                                                                  |
| Submit data to specialized registry (other than cancer) (EP)                    | Successful ongoing submission of specific case information to a specialized registry. | • Menu measure  
• Must be sent from CEHRT                                                                                                                  |
New Requirements and Increased Thresholds
Measures Changing From Menu to Core

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<thead>
<tr>
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| Incorporate clinical lab test results (EH and EP) | More than **55%** of all results are incorporated as structured data. | • Changes from menu to core  
• Increased threshold  
• LOINC v2.27 for structured data |
| Generate lists of patients by specific conditions (EH and EP) | One report | Changes from menu to core |
| Provide patient-specific education resources (EH and EP) | More than **10%** of all unique patients are provided patient-specific education resources. | • Changes from menu to core  
• Threshold does not change |
| Perform medication reconciliation (EH and EP) | Perform medication reconciliation for more than **50%** of transitions of care | • Changes from menu to core  
• Threshold does not change |
| Provide summary care record for each transition of care or referral (EH and EP) | • 50% (can be paper)  
• 10% (electronic)  
• Transmit to different EHR | • Changes from menu to core  
• Additional requirements for electronic transmission and interoperability |
## New Requirements and Increased Thresholds
Measures Changing From Menu to Core

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</thead>
<tbody>
<tr>
<td>Capability to submit electronic data to immunization registries (EH and EP)</td>
<td>Ongoing submission is required</td>
<td>Changes from menu to core</td>
</tr>
<tr>
<td>Capability to submit electronic reportable laboratory results to public health agencies (EH)</td>
<td>Ongoing submission is required</td>
<td>Changes from menu to core</td>
</tr>
<tr>
<td>Capability to submit electronic syndromic surveillance data to public health agencies (EH and EP)</td>
<td>Ongoing submission is required</td>
<td>Changes from menu to core</td>
</tr>
<tr>
<td>Use clinically relevant information to identify patients who should receive reminders (EP)</td>
<td>More than <strong>10% of all patients</strong> were sent a reminder.</td>
<td>• Changes from menu to core</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Broadened from 20% of patients age 65+ and age 5 or younger</td>
</tr>
</tbody>
</table>
New Requirements and Increased Thresholds
Keys to Success

- Assign team members responsibility for specific measures.
- Review CMS specification sheets, certification requirements, and FAQs.
- Review EHR vendor documentation for each measure and don’t be afraid to ask questions.
- Perform patient test samples of your detailed reports.
- Understand and verify structured data requirements for each measure.
- Know your baselines before your reporting period starts.
Polling Question 2

- Of the following, what increases the challenge of implementing Stage 2 requirements?
  - A: There are measures from Stage 1 with increased thresholds and measures changing from menu to core
  - B: There are objectives from Stage 1 incorporated into Stage 2 objectives
  - C: Stage 2 includes new measures for Stage 2
  - D: All of the above
  - E: Unsure/don’t know
Five Areas of Challenge

Patient Electronic Access to Health Information and Patient Engagement
Patient Electronic Access Defined

- **Objective:** Provide patients the ability to view online, download, and transmit their health information
  - **Measure 1:** More than 50% of all unique patients have their information available online within 36 hours for EH and within 4 business days after the information is available to the EP.
  - **Measure 2:** More than 5% of all unique patients view, download, or transmit their information.

- **Exclusions:**
  - If in county that does not have 50% or more of its housing units with 3Mbps broadband availability according to the latest information available from the FCC. (EH and EP)
  - If EP neither orders nor creates any of the information listed for inclusion as part of both measures, except for “patient name” and “provider's name and office contact information,” it may exclude both measures. (EP)
Patient Electronic Access Defined

- Information must include the Common MU Data Set.
- Providers may withhold information if they believe substantial harm may come from the disclosure.
- Both of the measures for this objective must be met using CEHRT.
- Access must be through a secure channel that ensures all content is encrypted and integrity-protected.
- Access is defined as when a patient possesses all of the necessary information needed to view, download, or transmit their information.
Patient Electronic Access
Required Information

- Patient name
- Care team including the attending physician of record as well as other providers of care
- Procedures performed
- Current and past problems list
- Current medications list and medication history
- Current medications allergy list and medication allergy history
- Vital signs
- Laboratory test results
- Demographics
- Smoking status
- Admit and discharge date and location (hospitals only)
- Reason for hospitalization (hospitals only)
- Discharge instructions (hospitals only)
- Summary of care record for transitions of care (hospitals only)
- Care plan field(s), including goals and instructions (hospitals only)
- Provider's name and office contact information (eligible professionals only)

Note: These requirements are not intended to limit the information made available. Additional information may be made available and still be in alignment with the objective.
Patient Electronic Access

Key Challenges

- Certified vendor products are not measuring if the information was available within 36 hours or within four days of being available to EPs.
- Vendors are measuring whether the patient was offered the ability to access their information online.
- The ability of certified vendor products to suppress specific information deemed as potentially harmful by attending physicians.
- Patient action is required for meeting the second measure requiring that the patient view, download or transmit their information.
Patient Electronic Access
Keys to Success

- Make patient registration a part of the registration or discharge process.
- Patient instructions should include how to:
  - access the patient portal
  - create a user name and password
  - view and download information
  - transmit their information
  - contact support for addressing questions.
- Include providing patients with registration and access instructions into your clinical workflow processes to include capturing that instructions were provided to the patients.
- Understand the criteria your certified technology is applying to capturing denominators and numerators for both measures to include providing information within 36 hours or four days.
- Educate your clinicians about the process for releasing the patient information and for how to suppress potentially harmful information.
- Understand your patient engagement baseline before you begin your reporting period.
Five Areas of Challenge

Clinical Quality Measures
Clinical Quality Measures Requirements

**Eligible Hospitals and CAHs**
- Must report on **16 of the 29** approved CQMs
- Selected CQMs must cover at least three of the six National Quality Strategy domains
- Must submit CQMs electronically if beyond first year of MU
- In 2014 only, may report CQMs for a 90-day period aligned with the attestation period
- CQM submission period is October 1-November 30

**Eligible Professionals**
- Must report on **nine of 64** approved CQMs
- Can satisfy requirements through report to PQRS program
- CMS identifies priority measures that are strongly encouraged, but not required (both adult and pediatric)
- Selected CQMs must cover at least three of the six National Quality Strategy domains
- Must submit CQMs electronically if beyond first year of MU
- In 2014 only, may report CQM’s for a 90-day period aligned with the attestation period
- CQM submission period is January 1-February 28
Clinical Quality Measures
Reporting Electronically

- Reporting must adhere to Quality Reporting Document Architecture (QRDA) template requirements.
- Many QRDA templates are reused from the HL7 Consolidated CDA (C-CDA) standard.
- Eligible professionals can report CQMs either individually or as a group through:
  - Physician Quality Reporting System (PQRS) or
  - CMS-designated transmission method
- Data reported to CMS must originate from the EP’s or EH’s CEHRT that has been certified to “capture and export.”
Clinical Quality Measures
Key Challenges

- Understanding the specifications and requirements
- Reporting does not work out of the box
- Capturing data required to generate CQM reports
  - Modifying EHR to capture structured data
  - Modifying clinical work flows to enter data
  - Interoperability of department systems
- Adverse impact to clinicians
  - Added workload
  - Duplicative data entry
- Configuring and testing CQM reporting for accuracy
Clinical Quality Measures

Keys to Success

- Approach as a coordinated effort between information technology and clinicians.
- Engage clinicians in work flow modification and data capture decisions.
- Avoid the requirement for duplicate data entry if it can be avoided while still capturing data required for reporting.
- Begin implementation and testing as soon as possible.
- Expect implementation and testing to be an iterative process.
- Understand the operational impact of implementation and plan for it.
Polling Question 3

- How many of the National Quality Strategy domains must your selected CQMs cover?
  - A: Three of the five domains
  - B: One from each of the six domains
  - C: Three of the six domains
  - D: None of the above
  - E: Unsure/don’t know
Five Areas of Challenge

Security Risk Analysis and Encryption
Security Risk Analysis and Encryption

**Objective:** Protect electronic health information created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.

- **Measure:** Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the encryption/security of data stored in CEHRT in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process for eligible hospitals/physicians.

**To meet this objective, you must:**

1. Conduct a HIPAA Security Risk Assessment that you should already be doing for HIPAA Security Rule compliance and implementing ongoing security measures
2. Attest to 9 new security and privacy related requirements, one being optional, that must be met by using CEHRT capabilities
## Security Risk Analysis and Encryption

### New Certification Criteria

<table>
<thead>
<tr>
<th>Certification Criteria</th>
<th>Summary Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>§170.314(d)(4) Amendments</td>
<td>The EHR must support patient amendments to record for both approved and denied requests, in support of patient’s rights to amend their electronic medical record.</td>
</tr>
<tr>
<td>§ 170.314(d)(2) Auditable Events and Tamper Resistance</td>
<td>The EHR must support all required logging settings (specific to §170.210(e)(1)) for patient records, record end user encryption status, and detect and prevent changes to audit logs. The EHR technology must be configured per specifically listed NTP servers (in accordance with 170.210(g)).</td>
</tr>
<tr>
<td>§ 170.314(d)(3) Audit Reports</td>
<td>The EHR must allow a user to create an audit report for a specific time period and to sort the report based on specific criteria. Specific criteria includes the date and time (as specified in 170.314(d)(2)), Patient ID, User ID, Type of Action and Identification of the patient data that was accessed.</td>
</tr>
<tr>
<td>§ 170.314(d)(7) End User Device Encryption</td>
<td>EHR systems must encrypt data that is stored locally on end user devices (clients/end points). This does not require encryption on servers, but does underline the importance of encrypting workstations and kiosks in covered entities. The encryption algorithm must conform with FIPS 140-2. In the event that the EHR technology cannot implement encryption the EH/CAH/EPs must implement a third party solution that is in conformance with FIPS 140-2.</td>
</tr>
</tbody>
</table>
# Security Risk Analysis and Encryption

## New Certification Criteria

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</tr>
</thead>
<tbody>
<tr>
<td>§ 170.314(d)(1) Authentication, Access Control, and Authorization</td>
<td>Each user is required to have a unique user account, and their privileges should be tied to their required access. Their access level within the EHR should be tied to their account, along with the actions they can perform within the EHR (for example, view vs. edit a record, generate a report, etc.).</td>
</tr>
<tr>
<td>§ 170.314(d)(5) Automatic Logoff</td>
<td>The EHR technology, not the workstation, should terminate a user’s session after a predetermined amount of inactivity.</td>
</tr>
<tr>
<td>§ 170.314(d)(6) Emergency Access</td>
<td>Permit specified people within the EHR to access electronic health information in an emergency.</td>
</tr>
<tr>
<td>§ 170.314(d)(8) Integrity</td>
<td>Ensure an electronic record has not been altered through the use of a message digest (cryptographic hash in accordance with §170.210(c)). This is important for both patient messaging and end use of the computer.</td>
</tr>
<tr>
<td>§ 170.314(d)(9) Accounting and Disclosures (Optional)</td>
<td>Record all disclosures for treatment, payment, and operations (TPO). This is an optional designation due to the complexities of implementing full accounting and disclosures and the variety of methods EHR developers may use to comply with the accounting and disclosure requirements.</td>
</tr>
</tbody>
</table>
Security Risk Analysis and Encryption

- The vendors of EHR systems are frantically working to update EHRs to provide the capability to meet MU Stage 2 requirements.
- EH/EPs should be working closely with the vendor to ensure the implemented EHR has been certified for MU Stage 2 requirements.
  - EH/EPs should note that CEHRT vendors only need to provide the capability to meet MU Stage 2 criteria;
  - It is the EH/EPs responsibility to ensure the functionality is configured appropriately.

- Meeting attestation for MU Stage 2 with the new criteria requires:
  - Early systemic planning
  - A detailed review of the current capabilities of the EHR
  - Working closely with the EHR vendor
Polling Question 4

How often should you perform your Security Risk Analysis?

- A: Once every 2 years
- B: Every year
- C: Whenever something big changes the IT environment
- D: B and C
- E: Unsure/don’t know
Five Areas of Challenge

Preparing and Responding to CMS Audits
Preparing and Responding to CMS Audits

CMS Meaningful Use Oversight

• Prepayment Oversight
  o EHR certification check
  o System edits to validate that entered values meet criteria
  o Payment not approved if either fail
  o Prepayment audits (mainly on the EP side)

• Post-Payment Oversight
  o Performance of audits for selected eligible professionals and hospitals
  o Providers with inconsistent denominators may raise red flag for audit
  o Desk audit followed by on-site field audit if unable to validate accuracy
Preparing and Responding to CMS Audits

Background

- Figliozzi and Co. is performing the audits on behalf of CMS for Medicare. Each state is responsible for performing Medicaid audits.
- Audits are initiated with a request letter sent from a CMS email address.
- Requests are sent to the email address provided during registration for the EHR incentive programs.
- Initial review is performed remotely via a “desk audit.”
- On-site “field audit” may follow if additional review and testing are required.
- The auditors have been requesting that reports provided as supporting evidence contain the logo for the certified EHR product.
Preparing and Responding to CMS Audits

CMS Request Items

• A copy of your EHR licensing agreement with the vendor and/or invoices
  o May need to provide vendor letter and/or screen shots proving what version of the EHR you were using throughout the reporting period.

• Supporting documentation for the “ALL ED” or “observation services” methodology

• Reporting for metric-based measures (those with a percentage)
  o Reports must have your entity’s logo or you must provide step-by-step screenshots that demonstrate how the reports are generated by your EHR

• Proof that a security risk analysis of the certified EHR technology was performed prior to the end of the reporting period
  o If deficiencies were identified, you must supply your implementation plan – including completion dates.

• Support for drug interactions, CDS rule, drug formulary, and clinical quality measures not being requested
Preparing and Responding to CMS Audits

Keys to Success

• Be proactive and define a Meaningful Use audit response procedure upfront.
  - Establish a process for notifying appropriate members of management that an audit is being performed.
  - Define responsibility for consolidation of documentation and response to audit documentation requests.
  - Define supporting team/committee from affected areas such as compliance, IT, and define quality and responsibilities for supporting response.
  - Implement a process to track documentation request from start to finish.
  - Develop a process for reviewing audit responses by relevant individuals (from compliance, legal, etc.) prior to submission.
  - Establish a policy and process for retaining attestation support documentation for a minimum of six years.
Defining Your Next Steps

- Define a formal governance team and responsibilities.
- Generate periodic implementation status updates.
- Establish your baseline and continue to monitor and take corrective action.
- Know each requirement and how your EHR technology addresses it.
- Engage clinicians early on in process redesign efforts.
- Establish formal audit response procedures and retention requirements.
Questions?
For more information, contact:

Erik Dahl  
Direct/Mobile 314.303.1188  
edahl@chanllc.com

Jared Hamilton  
Direct 317.706.2724  
Mobile 317.517.5334  
jared.hamilton@crowehorwath.com