Meaningful Use Workgroup

Stage 3 Draft Recommendations

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February 4, 2014
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Agenda

• Context for today’s discussion
• Connecting the dots from outcomes to EHR functionality
• Draft recommendations for Stage 3 MU functionality objectives
• Discussion
Meaningful Use Staging Plan

Stage 1: Data capture and patient access

Stage 2: Information exchange and care coordination

Stage 3: Improve outcomes
Process and Timeline

- February 2012, MU WG begins working on MU3
- November 2012, Issue RFC
- January 2013, RFC presentation to HITPC
  - 606 responses
    - Provider organizations (Clinician/Institutional)
    - Eligible hospitals and professionals
    - Vendors and vendor trade groups
    - Allied professional organizations
    - EHR consultants
    - Federal agencies
    - Payers
    - Other (e.g. REC community, individual citizens)
- February 14, 2014, Draft recommendations to HITPC
- Total of 112 MU WG and subgroup public calls deliberating MU3
Timetable for Stage 3 Recommendations and Rule Making

- Feb 2014: Draft stage 3 recommendations reviewed with HITPC
- March 2014: HITPC approval of stage 3 recommendations
- Fall 2014: NPRM for stage 3
- 1st half 2015: Final Rule for stage 3
- Effective: 2017
Principles for MU Recommendations

- Supports **new model of care** (e.g., team-based, outcomes-oriented, population management)
- Addresses **national health priorities** (e.g., NQS, prevention, Partnerships for Patients, Million Hearts)
- **Broad applicability** (since MU is a floor)
  - Provider specialties (e.g., primary care, specialty care)
  - Patient health needs
  - Areas of the country
- Address **key gaps** (e.g., information exchange, patient engagement, reducing disparities) in EHR functionality that the market will not drive alone, but are essential for all providers
- Not "topped out" or **not already driven by market forces**
- **Mature standards** widely adopted or could be widely adopted by 2017 (for stage 3)
Role of Meaningful Use and Improving Outcomes

Connecting the Dots

HITECH Meaningful Use Program

MU3 Functional Objectives → MU3 Functional Goals → MU Priorities to Improve Outcomes

Professional Intermediaries

Tools

Outcomes

Health Outcome Measures (eCQM)
Emphasis Areas for Stage 3

• Clinical decision support
  – Most evidence for improving outcomes associated with EHRs

• Patient engagement
  – Inadequately addressed opportunity

• Care coordination
  – Requirement for advanced care models

• Population management
  – Requirement for advanced payment models
Improving quality of care and safety: Stage 3 Priorities

<table>
<thead>
<tr>
<th>Stage 3 Functional Objectives</th>
<th>Stage 3 Functionality Goals</th>
<th>MU Outcome Goals</th>
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<tbody>
<tr>
<td>• CDS</td>
<td>• All relevant data accessible through EHR</td>
<td>• Patients receive evidence-based care</td>
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<td>• Structured data</td>
<td>• CDS supports timely, effective, safe, efficient care and prevention</td>
<td>• Patients are not harmed by their care</td>
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<td>• Imaging</td>
<td>• CDS helps avoid inappropriate care</td>
<td>• Patients do not receive inappropriate care</td>
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<tr>
<td>• Family history</td>
<td>• Reduce billing fraud</td>
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<td>• Hospital labs</td>
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<td>• Care planning (advance directives)</td>
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<td>• Reminders</td>
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<td>• Electronic progress notes</td>
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<td>• Safety</td>
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<td>• eMAR</td>
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<td>• Order tracking</td>
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<td>• UDI</td>
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<td>• Med adherence</td>
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Red: Changes  
Blue: Newly introduced
Improving quality of care and safety: Clinical decision support (CDS)

**Functionality Needed to Achieve Goals**

- **Core: EP/EH/CAH** use of multiple CDS interventions that apply to CQMs in at least 4 of the 6 NQS priorities
- Recommended intervention areas:
  1. Preventive care
  2. Chronic disease management
  3. Appropriateness of lab/rad orders
  4. Advanced medication-related decision support
  5. Improving problem, meds, allergy lists
  6. Drug-drug /drug-allergy interaction checks

**Certification criteria** enable intervention tools such as:

1. Ability to track CDS interventions and user responses
2. Perform age-appropriate maximum daily-dose weight-based calculation
3. Consume external CDS rules

**Stage 3 Functionality Goals**

- All relevant data accessible through EHR
- CDS supports timely, effective, safe, efficient care and prevention
- CDS helps avoid inappropriate care
Improving quality of care and safety: Care planning

Functionality Needed to Achieve Goals

- **Core** for EHs, introduce as **Menu** for EPs
- Record whether a patient 65 years old or older has an advance directive
- Threshold: Medium
- **Certification Criteria**: CEHRT has the functionality to store the document in the record and/or include more information about the document (e.g., link to document or instructions regarding where to find the document or where to find more information about it).

Stage 3 Functionality Goals

- All relevant data accessible through EHR
- CDS supports timely, effective, safe, efficient care and prevention
- CDS helps avoid inappropriate care
Improving quality of care and safety: eMAR

Functionality Needed to Achieve Goals

• **Core:** EHs automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eMAR)
  • Threshold: Medium

• **Certification criteria:** CEHRT provides the ability to generate and report on discrepancies between what was ordered and what/when/how the medication was actually administered to use for quality improvement

Stage 3 Functionality Goals

• All relevant data accessible through EHR
• CDS supports timely, effective, safe, efficient care and prevention
• CDS helps avoid inappropriate care
### Functionality Needed to Achieve Goals

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- **EPs (menu) and EHs (core)** imaging results should be included in the EHR. Access to the images themselves should be available through the EHR (e.g., via a link).
- Threshold: Low

### Stage 3 Functionality Goals

- All relevant data accessible through EHR
- CDS supports timely, effective, safe, efficient care and prevention
- CDS helps avoid inappropriate care
Improving quality of care and safety: Electronic notes

Functionality Needed to Achieve Goals

• **Core**: EPs record an electronic progress note, authored by the eligible professional.
  • Electronic progress notes (excluding the discharge summary) should be authored by an authorized provider of the EH or CAH (Core)
    – Notes must be text-searchable
  • Threshold: Low
• Certification Criteria: Help the reader understand the origin of any copied text and identify relevant changes made to the original text.
  – Example method: provide functionality analogous to “track changes” in Microsoft Word™ to make the original source of copied text clear and any subsequent changes made

Stage 3 Functionality Goals

• All relevant data accessible through EHR
• CDS supports timely, effective, safe, efficient care and prevention
• CDS helps avoid inappropriate care
• Reduce billing fraud
Improving quality of care and safety: Order tracking

Functionality Needed to Achieve Goals

- **NEW** Menu: EPs
- Assist with follow-up on orders to improve the management of results.
- Results of specialty consult requests are returned to the ordering provider [pertains to specialists]
- Threshold: Low
- **Certification criteria:**
  - Display abnormal tests
  - Date complete
  - Notify when available or not completed
  - Record date and time results reviewed and by whom
  - Match results with the order to accurately result each order or detect when not been completed

Stage 3 Functionality Goals

- All relevant data accessible through EHR
- CDS supports timely, effective, safe, efficient care and prevention
- CDS helps avoid inappropriate care

Red: Changes
Blue: Newly introduced
Improving quality of care and safety: Unique device identifier (UDI)

**Functionality Needed to Achieve Goals**

- **NEW**
  - **Menu: EPs and EHs** should record the FDA Unique Device Identifier (UDI) when patients have devices implanted for each newly implanted device
  - Threshold: High

**Stage 3 Functionality Goals**

- All relevant data accessible through EHR
- CDS supports timely, effective, safe, efficient care and prevention
- CDS helps avoid inappropriate care
Improving quality of care and safety: Medication adherence

Functionality Needed to Achieve Goals

- **NEW**
- **Certification Criteria**
  - Access medication fill information from pharmacy benefit manager (PBM)
  - Access Prescription drug monitoring program (PDMP) data in a streamlined way (e.g., sign-in to PDMP system)

Stage 3 Functionality Goals

- All relevant data accessible through EHR
- CDS supports timely, effective, safe, efficient care and prevention
- CDS helps avoid inappropriate care
Functionality Needed to Achieve Goals

- **Certification criteria**
  - CEHRT provides the ability to capture
    - Patient preferred method of communication
    - Occupation and industry codes
    - Sexual orientation, gender identity (optional fields)
    - Disability status
      - Differentiate between patient reported & medically determined

- **Communication preferences** will be applied to the clinical summary, reminders, and patient education objectives
  - Providers should have the ability to select options that are technically feasible for them, these could include: Email, text, patient portal, telephone, regular mail

Stage 3 Functionality Goals

- Patient conditions are treated appropriately (e.g. age, race, education, LGBT)
Engaging patients and families in their care: Stage 3 Priorities

Stage 3 Functional Objectives
- View, download, transmit
- Amendments
- Patient Generated Health Data
- Clinical summary
- Patient-specific educational resources
- Secure messaging

Stage 3 Functionality Goals
- Enable patients to access and transmit their information
- Provide ability to contribute information in the record, including patient reported outcomes (PRO)
- Provide tools to help patients actively participate in their care

MU Outcome Goals
- Patients understand their disease and treatments
- Share information in the health record
- Patients take an active role in managing their health

Red: Changes
Blue: Newly introduced
Engaging patients and families in their care: View, download, transmit

Functionality Needed to Achieve Goals

- EPs/EHs provide patients with the ability to view online, download, and transmit (VDT) their health information within **24 hours** if generated during the course of a visit
- Threshold for availability: High
- Threshold for use: low
  - Labs or other types of information not generated within the course of the visit available to patients **within four (4) business days of** availability
- Add family history to data available through VDT

Stage 3 Functionality Goals

- Enable patients to access and transmit their information
- Provide ability to contribute information in the record, including patient reported outcomes (PRO)
- Provide tools to help patients actively participate in their care
Engaging patients and families in their care: Amendments

Functionality Needed to Achieve Goals

- **NEW**
- **Certification Criteria:** Provide patients with an easy way to request an amendment to their record online (e.g., offer corrections, additions, or updates to the record)

Stage 3 Functionality Goals

- Enable patients to access and transmit their information
- Provide ability to contribute information in the record, including patient reported outcomes (PRO)
- Provide tools to help patients actively participate in their care
**Engaging patients and families in their care:**

**Patient Generated Health Data**

**Functionality Needed to Achieve Goals**

- **New**
  - **Menu: Eligible Professionals and Eligible Hospitals**
    - Receive provider-requested, electronically submitted patient-generated health information through either:
      - structured or semi-structured questionnaires (e.g., screening questionnaires, medication adherence surveys, intake forms, risk assessment, functional status)
      - or secure messaging
  - **Threshold: Low**

**Stage 3 Functionality Goals**

- Enable patients to access and transmit their information
- Provide ability to contribute information in the record, including patient reported outcomes (PRO)
- Provide tools to help patients actively participate in their care
Engaging patients and families in their care: Visit summary/clinical summary

Functionality Needed to Achieve Goals

- **Core**: EPs provide office-visit summaries to patients or patient-authorized representatives with relevant, actionable information, and instructions pertaining to the visit in the form/media preferred by the patient.
- **Certification Criteria**: CEHRT allows provider organizations to configure the summary reports to provide relevant, actionable information related to a visit.
- **Threshold**: Medium

Stage 3 Functionality Goals

- Enable patients to access and transmit their information
- Provide ability to contribute information in the record, including patient reported outcomes (PRO)
- Provide tools to help patients actively participate in their care
Engaging patients and families in their care: Patient education

Functionality Needed to Achieve Goals

• **EPs and EHs use** CEHRT capability to provide patient-specific educational material in the patient’s preferred non-English language and preferred form/media (e.g., online, print-out from CEHRT)

• **Certification criteria**: EHRs are capable of providing patient-specific non-English educational materials based on patient preference

• **Thresholds**
  – At least one patient receives non-English educational material according to the patient’s language preference

Stage 3 Functionality Goals

• Enable patients to access and transmit their information

• Provide ability to contribute information in the record, including patient reported outcomes (PRO)

• Provide tools to help patients actively participate in their care
### Improving care coordination: Stage 3 Priorities

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<td>• Medication reconciliation</td>
<td>• Relevant patient information is shared among health care team and patient, especially during transitions</td>
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<tr>
<td>• Summary of care for transfers of care, consult requests and reports</td>
<td>• Care plan components are shared amongst care team</td>
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<td>• Notifications</td>
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#### MU Outcome Goals

- All members of a patient’s care team (including patient and caregivers) participate in implementing coordinated care plan
## Functionality Needed to Achieve Goals

• **EPs/EHs/CAHs** provide a summary of care record during transitions of care

  **Types of transitions:**
  – Transfers of care from one site of care to another (e.g., Hospital to: PCP, hospital, SNF, HHA, home, etc)
  – Consult (referral) request (e.g., PCP to Specialist; PCP, SNF to ED) [*pertains to EPs only*]
  – Consult result note (e.g. consult note, ER note)

**Summary of care may (at the discretion of the provider organization) include, as relevant:**
  – A narrative (synopsis, expectations, results of a consult) [*required for all transitions*]
  – Overarching patient goals and/or problem-specific goals
  – Patient instructions (interventions for care)
  – Information about known care team members
  – Threshold: No Change

### Stage 3 Functionality Goals

• Relevant patient information is shared among health care team and patient, especially during transitions

• Care plan components are shared amongst care team
Improving care coordination: Notifications

Functionality Needed to Achieve Goals

- **NEW**
- **Menu: Eligible Hospitals and CAHs** send electronic notifications of significant healthcare events in a timely manner to known members of the patient’s care team (e.g., the primary care provider, referring provider, or care coordinator) with the patient’s consent if required
- Significant events include:
  - Arrival at an Emergency Department (ED)
  - Admission to a hospital
  - Discharge from an ED or hospital
  - Death
- Low threshold

Stage 3 Functionality Goals

- Relevant patient information is shared among health care team and patient, especially during transitions
- Care plan components are shared amongst care team
### Stage 3 Functional Objectives

- Sharing immunization data
- Case reports
- Registries
- Electronic lab reporting
- Submission of electronic syndromic surveillance data

### Stage 3 Functionality Goals

- Efficient and timely completion of case reports
- Efficient and timely means of identifying patient populations and to drive health and care improvement
- Shared information with public health agencies or specialty societies
- Bidirectional public health data exchange

### MU Outcome Goals

- Providers understand and improve the health status of their patient population
- Public health officials know and improve the health status of their jurisdiction
Improving population and public health: Immunization history

Functionality Needed to Achieve Goals

- **Core: EPs, EHs, CAHs** receive a patient’s immunization history supplied by an immunization registry or immunization information system, allowing healthcare professionals to use structured historical immunization information in the clinical workflow.
- Threshold: Low, a simple use case.

**Certification Criteria:** CEHRT functionality provides ability to receive and present a standard set of structured, externally-generated immunization history and capture the act and date of review within the EP/EH practice.

Stage 3 Functionality Goals

- Efficient and timely completion of case reports.
- Efficient and timely means of identifying patient populations and to drive health and care improvement.
- Shared information with public health agencies or specialty societies.
- Bidirectional public health data exchange.
Functionality Needed to Achieve Goals

- **NEW**
- **Certification criteria:**
  - CEHRT is capable of using external knowledge (i.e., CDC/CSTE Reportable Conditions Knowledge Management System) to prompt an end-user when criteria are met for case reporting.
  - When case reporting criteria are met, CEHRT is capable of recording and maintaining an audit for the date and time of prompt.
  - CEHRT is capable of using external knowledge to collect standardized case reports (e.g., structured data capture) and preparing a standardized case report (e.g., consolidated CDA) that may be submitted to the state/local jurisdiction and the data/time of submission is available for audit.

Stage 3 Functionality Goals

- Efficient and timely completion of case reports
- Efficient and timely means of identifying patient populations and to drive health and care improvement
- Shared information with public health agencies or specialty societies
- Bidirectional public health data exchange
Functionality Needed to Achieve Goals

- **Core: EPs/ Menu: EHs**
  - Purpose: Reuse CEHRT data to electronically submit standardized (i.e., data elements, structure and transport mechanisms) reports to one registry
  - Reporting should use one of the following mechanisms:
    1. Upload information from EHR to registry using standard c-CDA
    2. Leverage national or local networks using federated query technologies

Stage 3 Functionality Goals

- Efficient and timely completion of case reports
- Efficient and timely means of identifying patient populations and to drive health and care improvement
- Shared information with public health agencies or specialty societies
- Bidirectional public health data exchange
Deeming Concept Explored

• Objective:
  – Desire to shift from specifying EHR functional objectives to “deeming” partial fulfillment of MU incentive qualifications by achieving good outcomes
  – Explored deeming as an optional pathway that promotes innovation, reduces burden, and rewards good performance
  – Deeming would allow high MU performers (or significant improvers) who have already met all functional objectives in stages 1 and 2 to attest for MU by satisfying a subset of MU objectives
  – Not qualifying for deeming (by performance) does NOT affect susceptibility to MU penalties (i.e., no downside risk)

• Potential Elements of a Deeming Framework
  – Eligibility: High performer or high improver (based on 12 mo reporting)
  – Achieve high performance on 2 eCQMs in each of two high priority categories (total of 4 measures)
  – Reduce disparity gap in 1 area
Deeming Details

Challenges

• Lack of broadly applicable eCQM outcome measures
• Not all outcome measures are “HIT sensitive”
• Comparison performance (against benchmark or for improvement) would require multi-year, broad based experience with outcome measures
• To be truly optional, would need to know whether can meet performance targets to be deemed in time to meet the full MU objectives if not meeting performance targets for deeming
• Difficult to implement before outcomes-oriented eCQMs available
• CQM requirements should include a requirement to stratify one CQM report by a disparity relevant to the provider
DISCUSSION
ADDITIONAL MATERIAL
Improving quality of care and safety: Reminders

**Functionality Needed to Achieve Goals**

- **No Change in objective**
- **Core: EPs** use relevant data to identify patients who should receive reminders for preventive/follow-up care
- **Threshold: Low**
- Reminders should be shared with the patient according to their preference (e.g., online, printed handout), if the provider has implemented the technical capability to meet the patient’s preference

**Stage 3 Functionality Goals**

- All relevant data accessible through EHR
- CDS supports timely, effective, safe, efficient care and prevention
- CDS helps avoid inappropriate care

Red: Changes
Blue: Newly introduced
Improving quality of care and safety: Family History

Functionality Needed to Achieve Goals

- **No Change in objective**
- **Menu: Eligible Professionals and Hospitals** record patient family health history as structured data for one or more first-degree relatives
- **Threshold: Low**
- **Certification criteria: CEHRT have the capability to take family history into account for CDS interventions**

Stage 3 Functionality Goals

- All relevant data accessible through EHR
- CDS supports timely, effective, safe, efficient care and prevention
- CDS helps avoid inappropriate care
Improving quality of care and safety: Hospital Labs

Functionality Needed to Achieve Goals

- **Eligible Hospitals** provide structured electronic lab results using LOINC to ordering providers
- Threshold: Low

Stage 3 Functionality Goals

- All relevant data accessible through EHR
- CDS supports timely, effective, safe, efficient care and prevention
- CDS helps avoid inappropriate care
Engaging patients and families in their care: Secure messaging

**Functionality Needed to Achieve Goals**

- **No Change in objective**
- **Core: Eligible Professionals**
- Patients use secure electronic messaging to communicate with EPs on clinical matters.
- Threshold: Low (e.g. 5% of patients send secure messages)
- **Certification criteria**: EHRs have the capability to:
  - Indicate whether the patient is expecting a response to a message they initiate
  - Track the response to a patient-generated message (e.g., no response, secure message reply, telephone reply)

**Stage 3 Functionality Goals**

- Enable patients to access and transmit their information
- Provide ability to contribute information in the record, including patient reported outcomes (PRO)
- Patient preferences recorded and used

Red: Changes
Blue: Newly introduced
Improving care coordination: Medication Reconciliation

Functionality Needed to Achieve Goals

- **No Change**
- **Core:** Eligible Professionals, Hospitals, and CAHs who receive patients from another setting of care perform medication reconciliation.
- **Threshold:** No Change

Stage 3 Functionality Goals

- Relevant patient information is shared among health care team and patient, especially during transitions (site or provider)
- Care plan components such as health concerns, goals, interventions and care team members are shared

Red: Changes
Blue: Newly introduced
No Change

- **Core: EHs and CAHs** submit electronic reportable laboratory results, for the entire reporting period, to public health agencies, except where prohibited, and in accordance with applicable law and practice.

**Stage 3 Functionality Goals**

- Efficient and timely completion of case reports
- Efficient and timely means of defining and reporting on patient populations to drive clinical care and identify areas for improvement
- Shared information with public health agencies or specialty societies
- Bidirectional public health data exchange
### Functionality Needed to Achieve Goals

- **No Change**
  - EP (menu) Eligible Hospitals and CAHs (core) submit syndromic surveillance data for the entire reporting period from CEHRT to public health agencies, except where prohibited, and in accordance with applicable law and practice.

### Stage 3 Functionality Goals

- Efficient and timely completion of case reports
- Efficient and timely means of defining and reporting on patient populations to drive clinical care and identify areas for improvement
- Shared information with public health agencies or specialty societies
- Bidirectional public health data exchange