Meaningful Use Workgroup

Stage 3 Update

Paul Tang, Chair
George Hripcsak, Co-Chair

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• Review what we heard last month from HITPC
• Outline the outcomes-oriented framework; connect the dots
• Review plan for analyzing deeming framework
• Seek approval of framework and priorities in preparation for developing detailed objectives for HITPC approval
What We Heard

• Stage 3 focuses on outcomes; how do the functional objective recommendations link to outcomes?
• How does MU3 link to HHS initiatives (e.g. NQS, Million Hearts) and future payment models (e.g., ACO, MSSP)?
• Deeming pathway is a good direction, but need appropriate eCQMs
• Address need to reduce disparities
Meaningful Use Staging Plan

Stage 1: Data capture and patient access

Stage 2: Information exchange and care coordination

Stage 3: Improve outcomes
Role of Meaningful Use and Improving Outcomes

Connecting the Dots

HITECH Meaningful Use Program → Health Outcomes

MU3 Functional Objectives → MU3 Functional Goals → MU Priorities to Improve Outcomes → Health Outcome Measures (eCQM)

Tools

Professional Intermediaries

Outcomes
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 → Health Outcome Measures (eCQM)

Tools
Connecting MU to Outcomes: The ‘Million Hearts’ Example
Influencing Health Outcomes
Interlocking HIT Functions and Provider Behavior

CPOE

CDS

Outcomes (eCQMs)
Million Hearts Example

Heart Disease and Stroke

- More than 1.5 million heart attacks and strokes each year
- Causes 1 of every 3 deaths
  - 800,000 deaths
  - Leading cause of preventable death in people <65
  - $312.6B in health care costs and lost productivity
- Greatest contributor to racial disparities in life expectancy

Population Management

- Review patient population to identify patients at risk for stroke/heart attack (e.g., uncontrolled BP, beta blockers, ASA)
- Outreach to patients with BP that is not controlled or are not taking their medication (e.g., medication adherence)
Pre-Visit

- Providers: Real time dashboards are used before the patient visit to identify needed interventions
- Patients: Reminders and other health-reinforcing messages shared with patients via their preferred means of communication (e.g., secure messaging)
The Million Hearts Example

Check In

Check-In

- Demographics, race, ethnicity, language, preferred means of communication
The Million Hearts Example

**Exam Room**

- Review medication history to assess medication adherence
- Relevant, evidence-based clinical decision support
- Avoid unnecessary tests (e.g., duplicate, choosing wisely)
- Prescribe appropriate medications based upon patients demographic information (e.g., age, sex, race)
- Prescribe medications using a formulary which identifies generics
After Visit / Follow-up

- Patient-specific education is provided in preferred language by care team
- Visit information shared with other members of health care team
- Data from visit is uploaded to PHR
- Patient uploads home BP data to PHR and shares with care team
- Proactive care management by the health care team in-between visits
Million Hearts Example

CONNECTED DOTS

HITECH Meaningful Use Program  Health Outcomes

Identify Population at Risk  Pre-Visit  Check-in  Exam Room  After Visit / Follow-up
Aligning MU with National Quality Strategy
MU Priorities Aligned with National Quality Strategy

2011 - National Quality Strategy Priorities

- Making care safer
- Ensuring that each person and family are engaged as partners
- Promoting effective communication and coordination of care
- Promoting effective prevention and treatment practices
- Working with communities to promote healthy living
- Making quality care more affordable

Revised MU3 Priorities to Improve Outcomes

- Improving quality of care and safety
- Engaging patients and families in their care
- Improving care coordination
- Improving population and public health
- Affordable Care
- Reducing disparities
Translating Desired Health Outcomes Into MU Functionality: Connecting through Goals
## Improving quality of care and safety: Stage 3 Priorities

### Stage 1 + 2 Functional Objectives

- **Structured data:**
  - Demographics
  - Problem, Med, Allergy lists
  - Vitals, smoking status
  - Lab results
  - Imaging
  - Family history
- **CPOE**
- **CDS**
- **Progress notes**
- **Safety**
  - eRx, drug interaction, drug-allergy checks
  - eMAR

### Stage 3 Functionality Goals

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

### MU Outcome Goals

- Patients receive evidence-based care
- Patients are not harmed by their care
- Patients do not receive inappropriate care
Engaging patients and families in their care: Stage 3 Priorities

Stage 1 + 2 Functional Objectives

- View, download, transmit
- Clinical summary
- Patient-specific educational resources
- Patient reminders
- Secure messaging
- Advance directives

Stage 3 Functionality Goals

- Provide patient and caregivers online access to health information
- Provide ability to contribute information in the record, including PRO
- Patient preferences recorded and used

MU Outcome Goals

- Patients understand their disease and treatments
- Patients participate in shared decision making
- Patient preferences honored across care teams
### Improving care coordination: Stage 3 Priorities

#### Stage 1 + 2 Functional Objectives
- Summary of care
- Medication reconciliation

#### Stage 3 Functionality Goals
- Relevant patient information is shared among health care team and patient, especially during transitions (site or provider)
- Goals, care plans, and interventions are shared and tracked

#### MU Outcome Goals
- All members of a patient’s care team (including professional healthcare team, patient, and caregivers), as authorized, participate in implementing coordinated care plan
Improving population and public health: Stage 3 Priorities

Stage 1 + 2 Functional Objectives
- Patient lists
- Sharing immunization data
- Cancer and specialty registry
- Electronic lab reporting
- Submission of electronic syndromic surveillance data

Stage 3 Functionality Goals
- Efficient and timely means of defining and reporting on patient populations to identify areas for improvement
- Shared information with public health agencies

MU Outcome Goals
- Providers know the status of their patients’ health
- Bidirectional public health data exchange
Affordable care: Stage 3 Priorities

Stage 1 + 2 Functional Objectives
- Formulary checks
- Generics

Stage 3 Functionality Goals
- CDS support to avoid duplicative care
- CDS support to avoid unnecessary or inappropriate care

MU Outcome Goals
- Eliminate duplicative testing
- Use cost-effective diagnostic testing and treatment
- Minimize inappropriate care (overuse, underuse, and misuse)
Reducing health disparities: Stage 3 Priorities

Stage 1 + 2 Functional Objectives
- Language
- Gender
- Race
- Ethnicity

Stage 3 Functionality Goals
- Patient conditions are treated appropriately (e.g. age, race, SES, education, LGBT)

MU Outcome Goals
- Eliminate gaps in quality of health and health care across racial, ethnic, sexual orientation and socioeconomic groups
Deeming Framework and Status of eCQM
• Background:
  – “Deeming” is an *optional pathway* that promotes innovation, reduces burden, and rewards good performance
  – Deeming allows 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 (ie., 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
1. Develop recommendations for ‘HIT-sensitive,’ outcomes-oriented eCQM concepts and specific measures that could be used for stage 3 and for “deeming pathway”

2. HIT-sensitive, outcomes-oriented measures
   – Which measures that currently exist in CMS programs are appropriate to use for deeming? (charge to QM WG)
   – Which measures in the pipeline for MU3 time frame are appropriate to use for deeming? What measure gaps exist, that could be filled in time for MU3, that are exemplars of HIT sensitive measures for deeming? (charge to AC/CQM Subgroup)
Next Steps

• MUWG will develop requirements of deeming pathway:
  – Identify high priority categories in which attesters must achieve high CQM performance
  – Explore thresholds for participation (e.g., MU high performers/improvers – as based on a 12 mo reporting)
  – Identify areas where attesters should be required to demonstrate they have reduced health care disparities in high-risk populations

• MUWG will incorporate recommendations on eCQMs for deeming:
  – Review AC/CQM Subgroup and QM WG recommendations on CQM landscape and functional deeming (expected later this fall)
Summary

Next Steps

HITECH Meaningful Use Program

Tools

MU3 Functional Objectives → MU3 Functional Goals → MU Priorities to Improve Outcomes → Health Outcome Measures (eCQM)

Next Step

Seek Approval TODAY

AC/CQM Subgroup