Meaningful Use Workgroup

Stage 3 Update

Paul Tang, Chair
George Hripcsak, Co-Chair

September 4, 2013

Agenda

- Review what we heard last month from HITPC

- Outline the outcomes-oriented framework; connect the dots

- **Review plan for analyzing deeming framework**

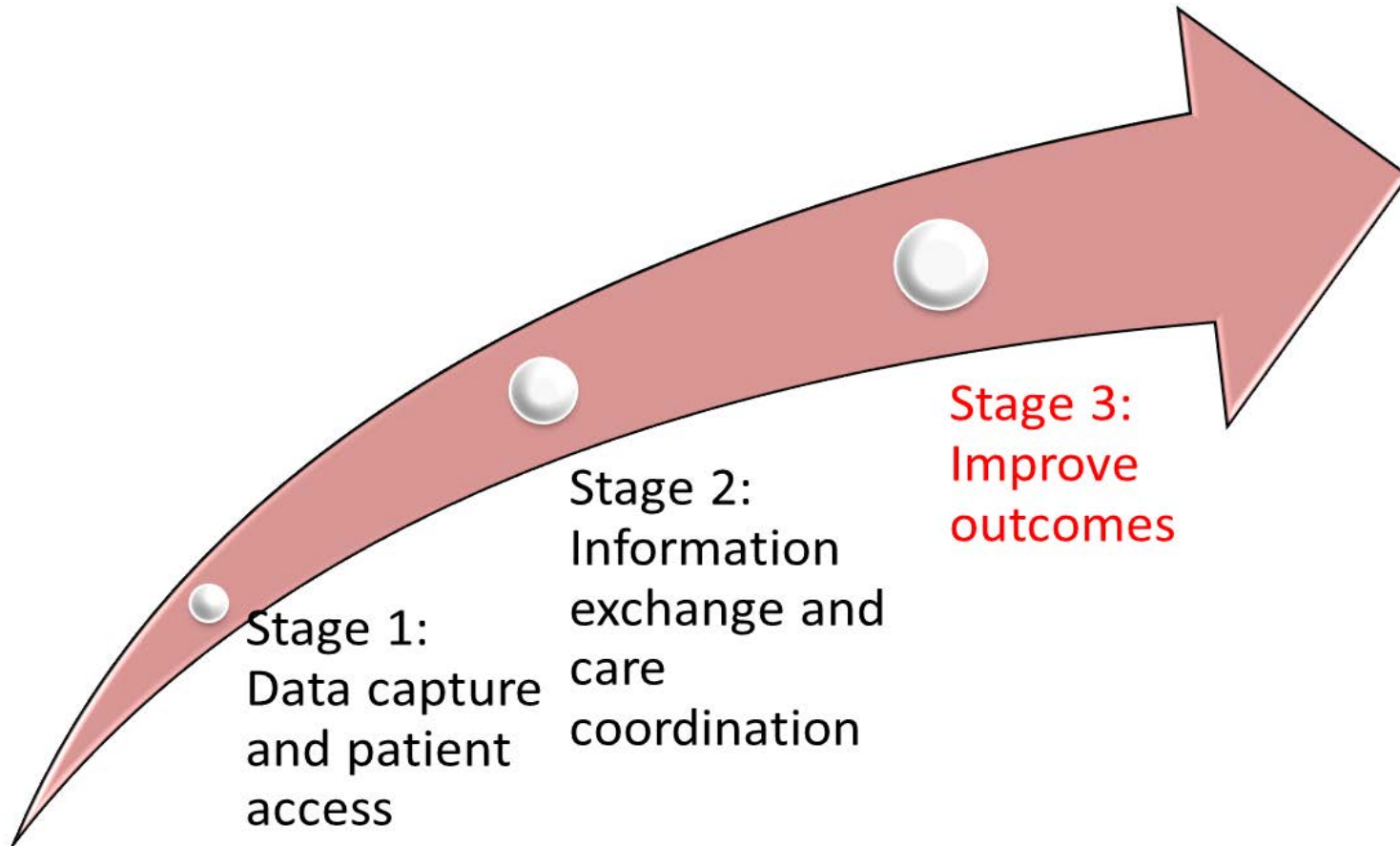- Seek approval of framework and priorities in preparation for developing detailed objectives for HITPC approval

- 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

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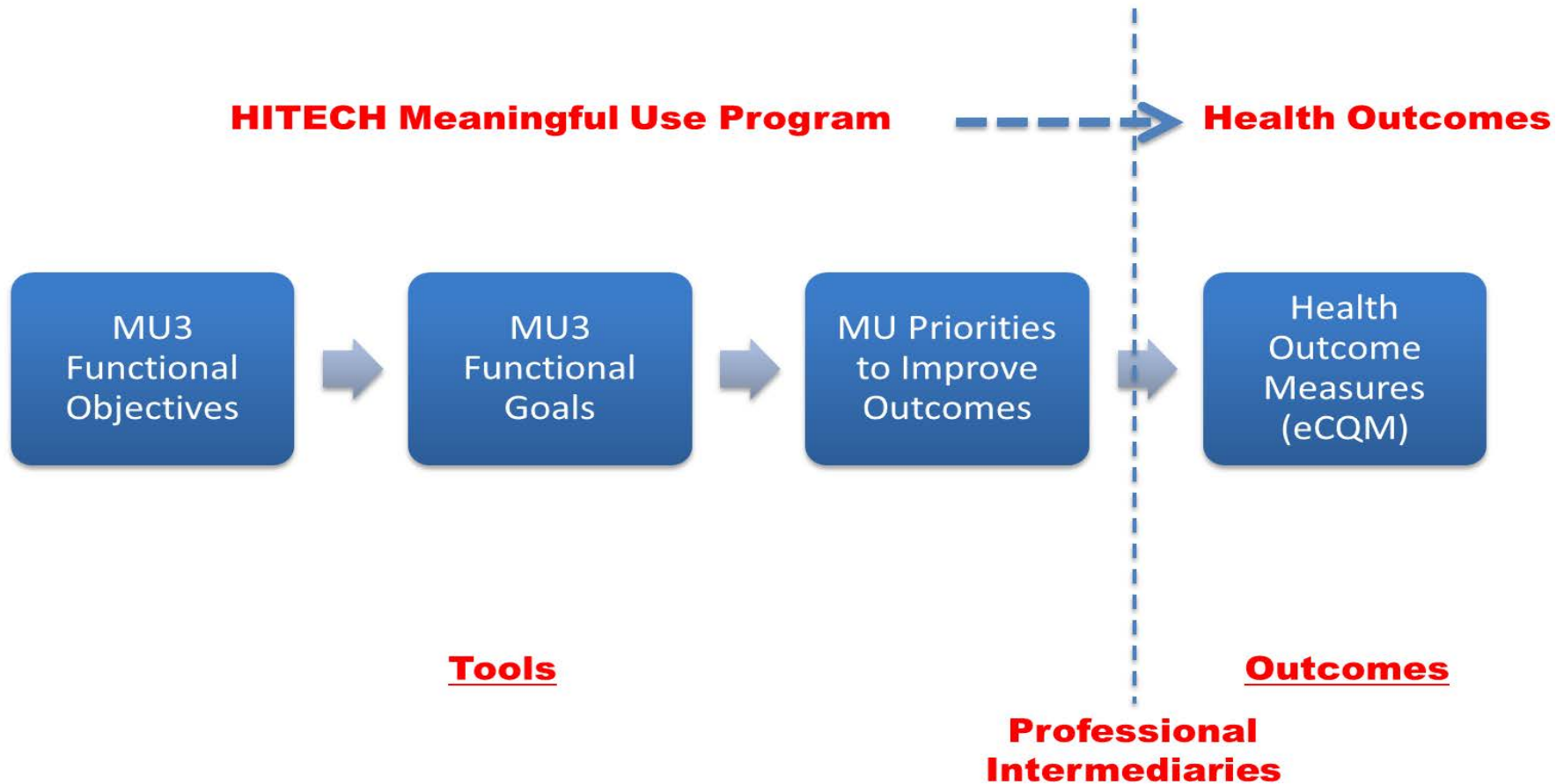to the National Coordinator for Health IT

Role of Meaningful Use and Improving Outcomes
Connecting the Dots

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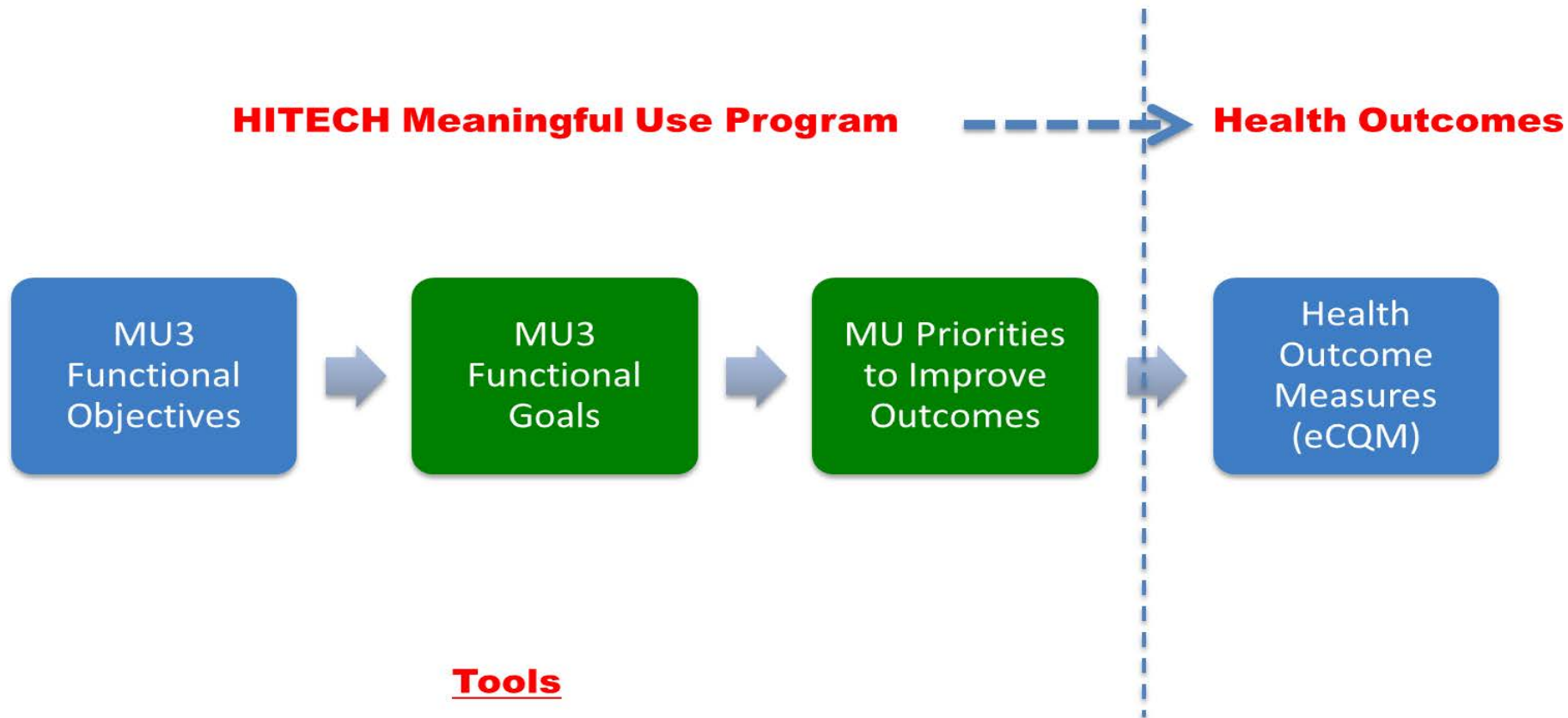to the National Coordinator for Health IT

**HITECH Meaningful Use Program** ----→ **Health Outcomes**

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

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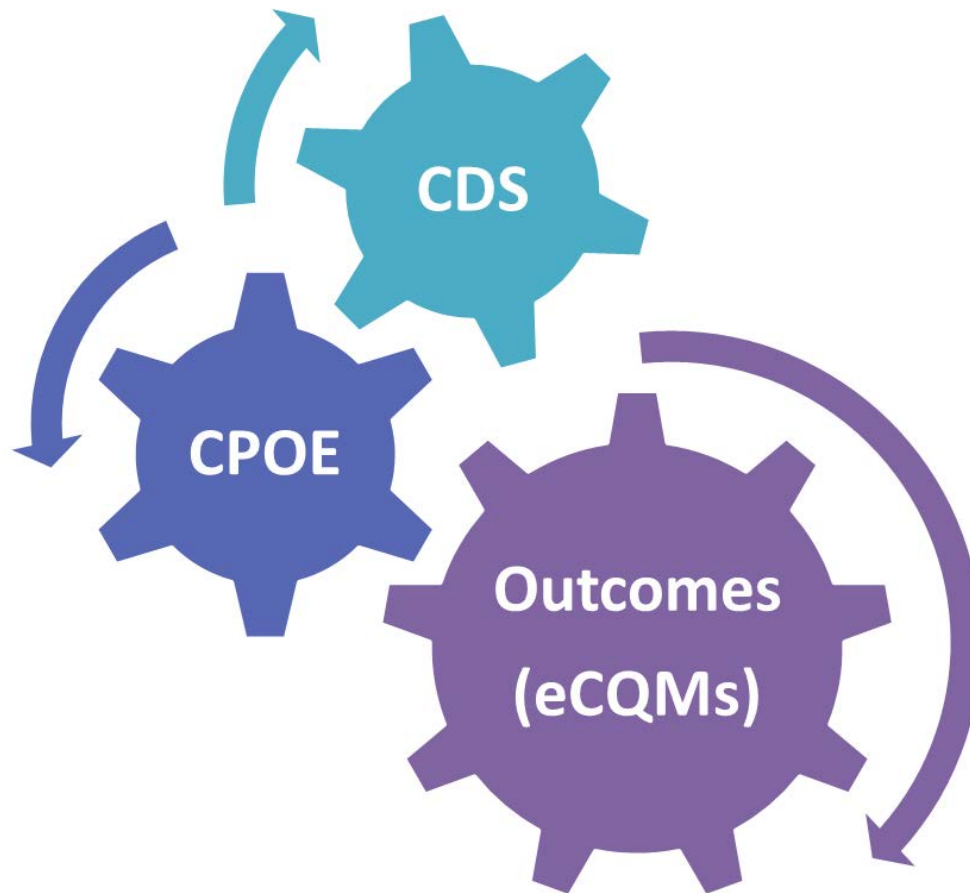
Million Hearts Example
Heart Disease and Stroke

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- 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

Kochanek KD, et al. Natl Vital Stat Rep. 2011;60(3).
Go AS, et al. Circulation. 2012:e2–241
Heidenriech PA, et al. Circulation. 2011;123:933–4.
CDC MMWR Disparities Report 2011.
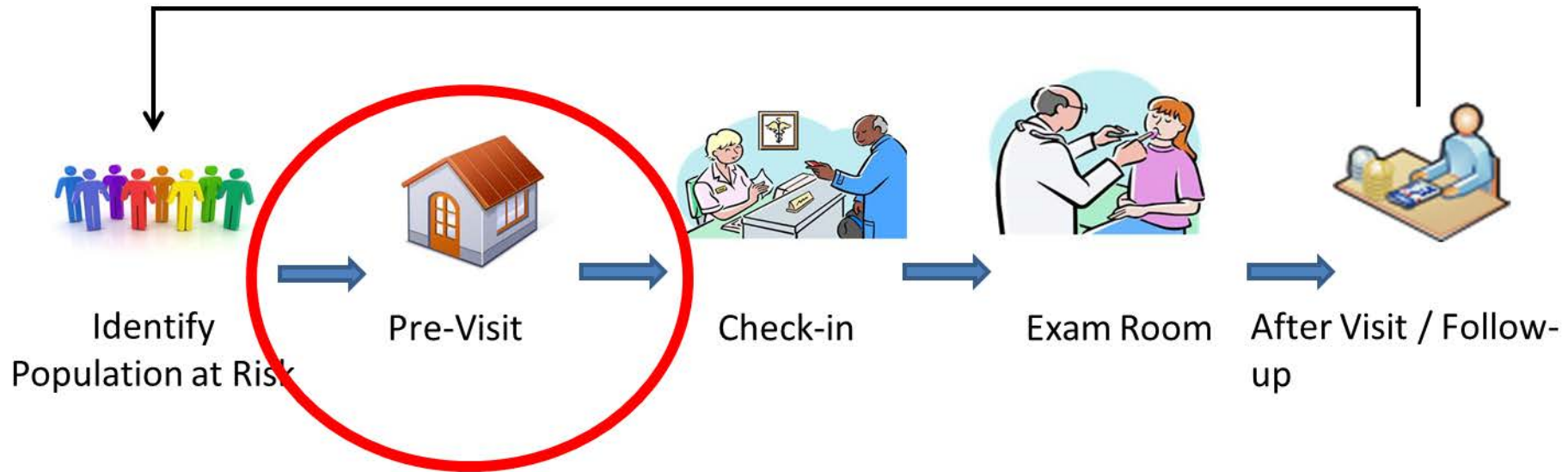
The Million Hearts Example
Population Management

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Identify Population at Risk → Pre-Visit → Check-in → Exam Room → After Visit / Follow-up
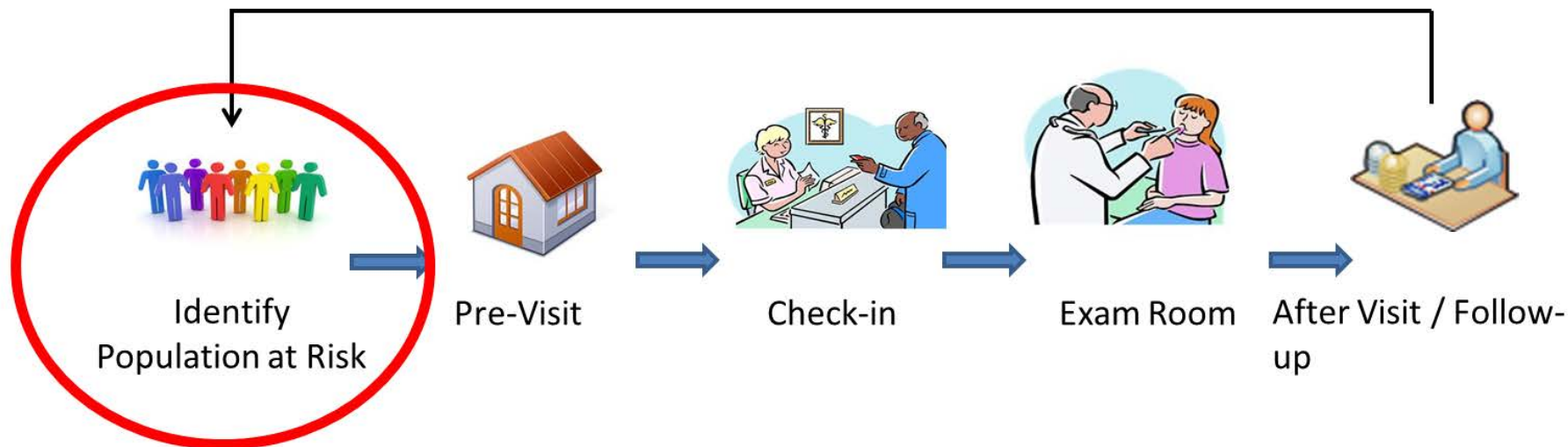
Population Management

- 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)

The Million Hearts Example
Pre-Visit

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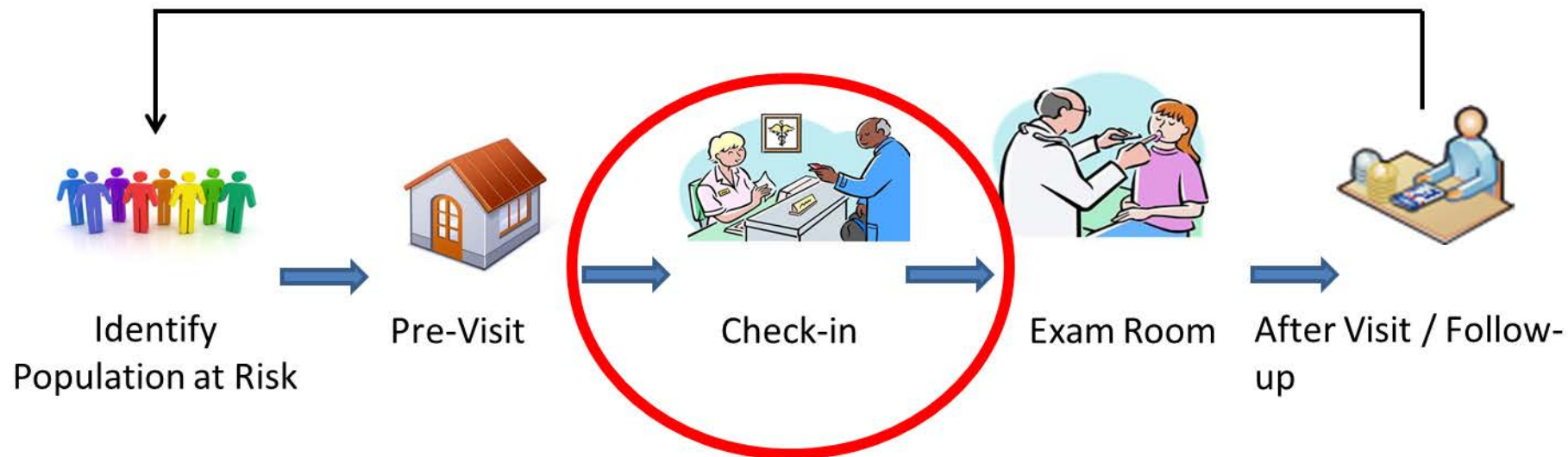to the National Coordinator for Health IT

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)
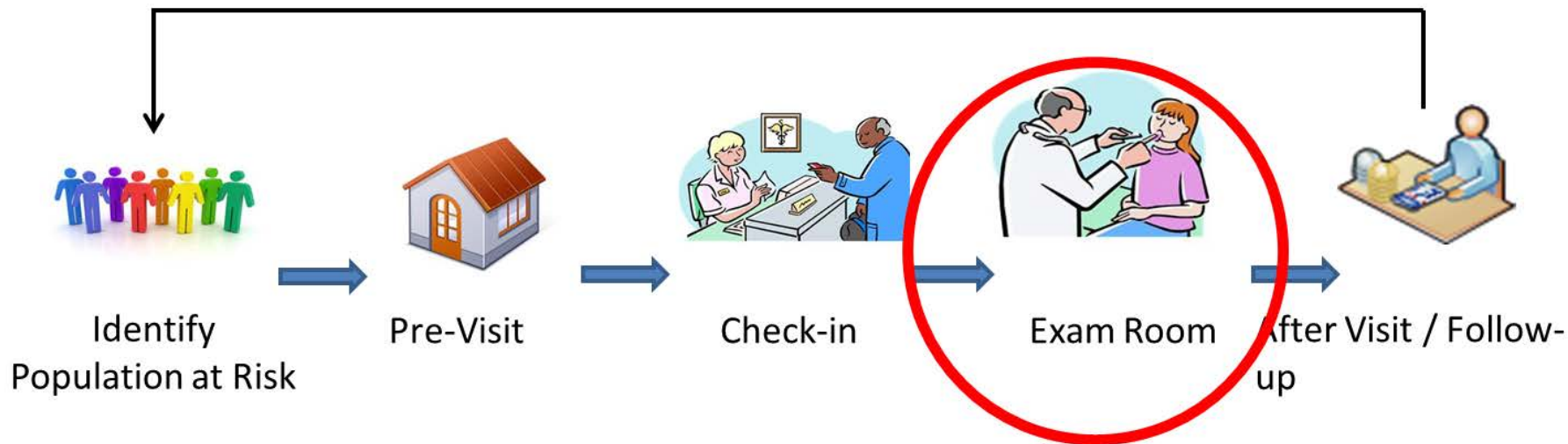
Check-In

- Demographics, race, ethnicity, language, preferred means of communication

The Million Hearts Example
Exam Room

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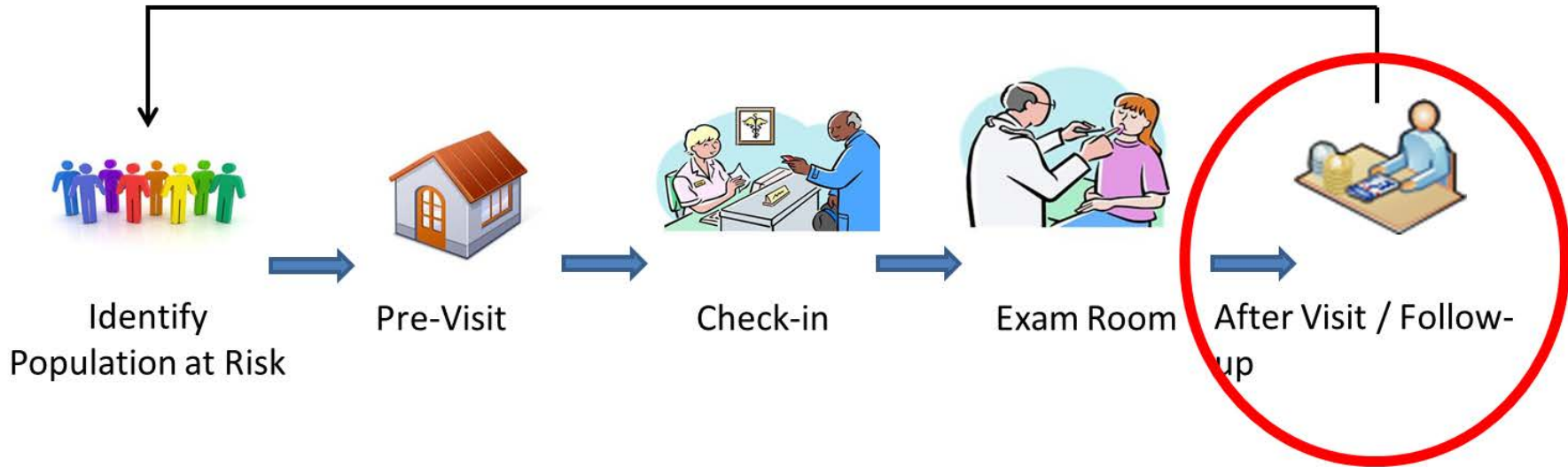
Exam Room

- 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
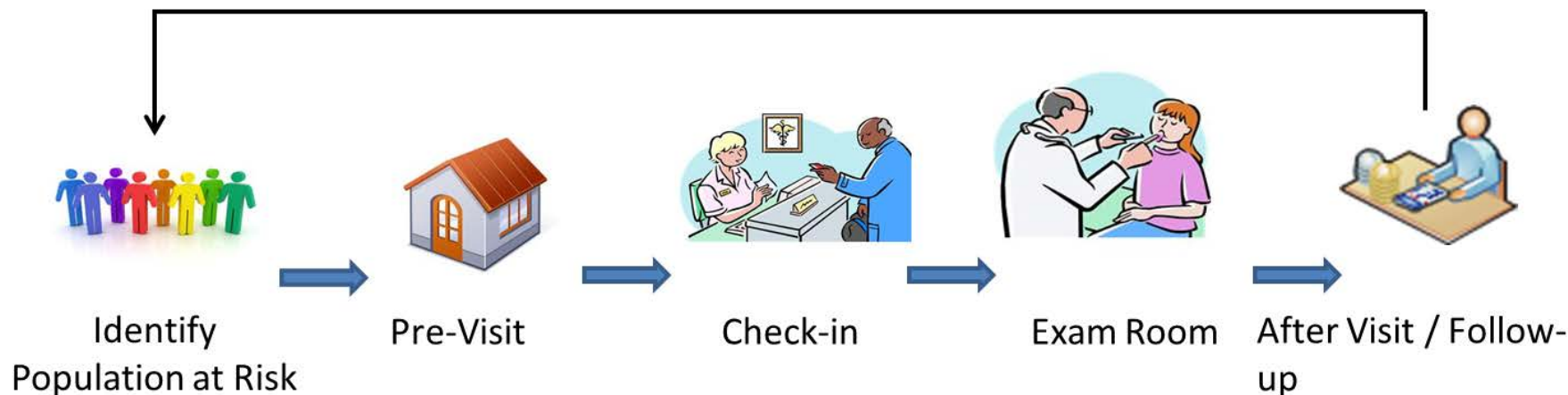
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Million Hearts Example
CONNECTED DOTS

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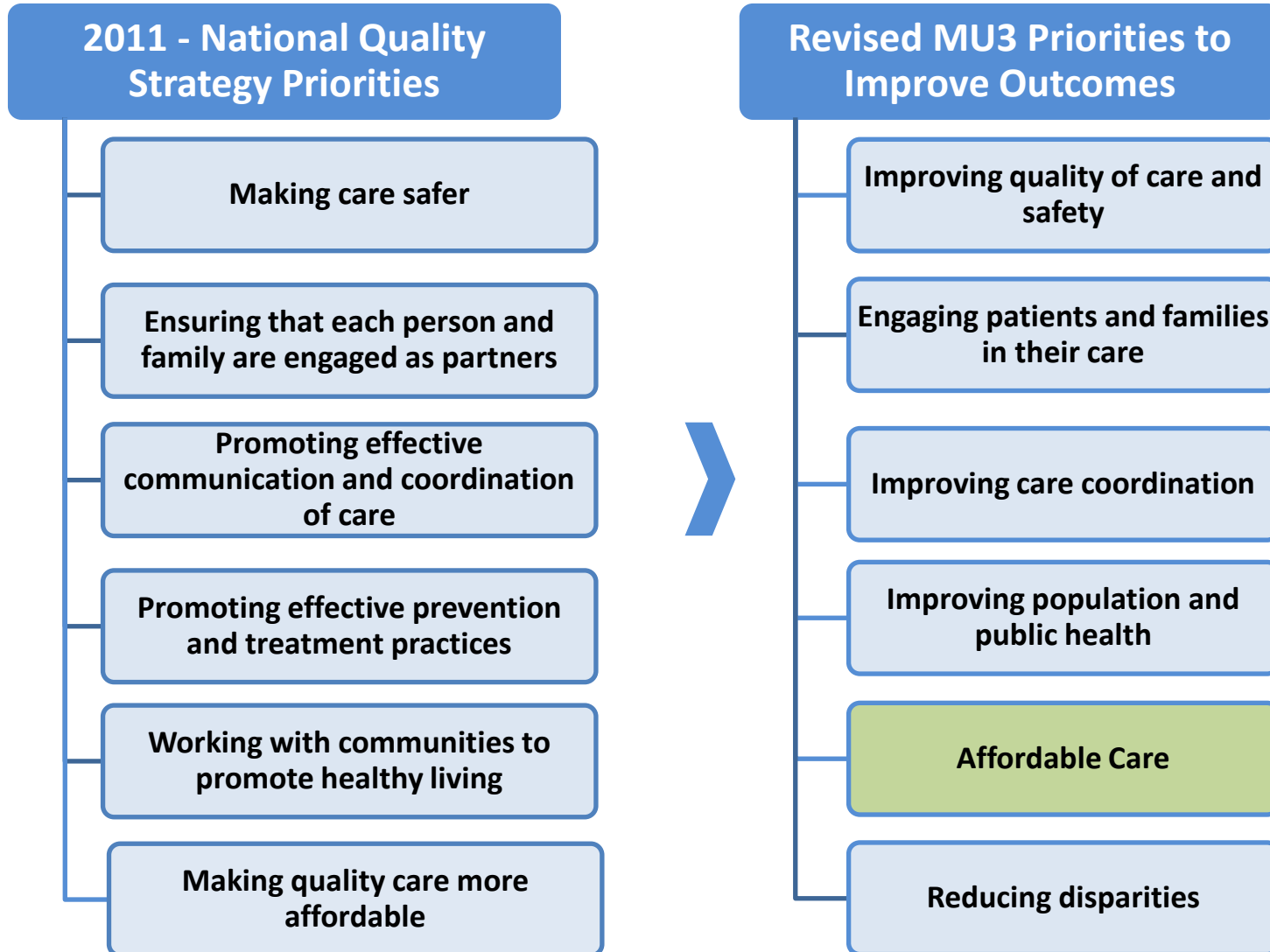**HITECH Meaningful Use Program** - - - - - ➤ **Health Outcomes**

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	Stage 3 Functionality Goals	MU Outcome Goals

• 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
	• All relevant data accessible through EHR
	
	 • CDS supports timely, effective, safe, efficient care and prevention
	
	 • CDS helps avoid inappropriate care
		• 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	Stage 3 Functionality Goals	MU Outcome Goals
• Summary of care • Medication reconciliation	• 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	• 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	Stage 3 Functionality Goals	MU Outcome Goals
• Patient lists • Sharing immunization data • Cancer and specialty registry • Electronic lab reporting • Submission of electronic syndromic surveillance data	• Efficient and timely means of defining and reporting on patient populations to identify areas for improvement • Shared information with public health agencies	• Providers know the status of their patients' health • Bidirectional public health data exchange

Affordable care: Stage 3 Priorities

Stage 1 + 2 Functional Objectives	Stage 3 Functionality Goals	MU Outcome Goals
• Formulary checks • Generics	• CDS support to avoid duplicative care • CDS support to avoid unnecessary or inappropriate care	• 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	Stage 3 Functionality Goals	MU Outcome Goals
• Language • Gender • Race • Ethnicity	• Patient conditions are treated appropriately (e.g. age, race, SES, education, LGBT)	• Eliminate gaps in quality of health and health care across racial, ethnic, sexual orientation and socioeconomic groups

Deeming Framework and Status of eCQM

Draft Deeming Pathway

- 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*)

Draft Deeming Pathway
Next Steps

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- **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)