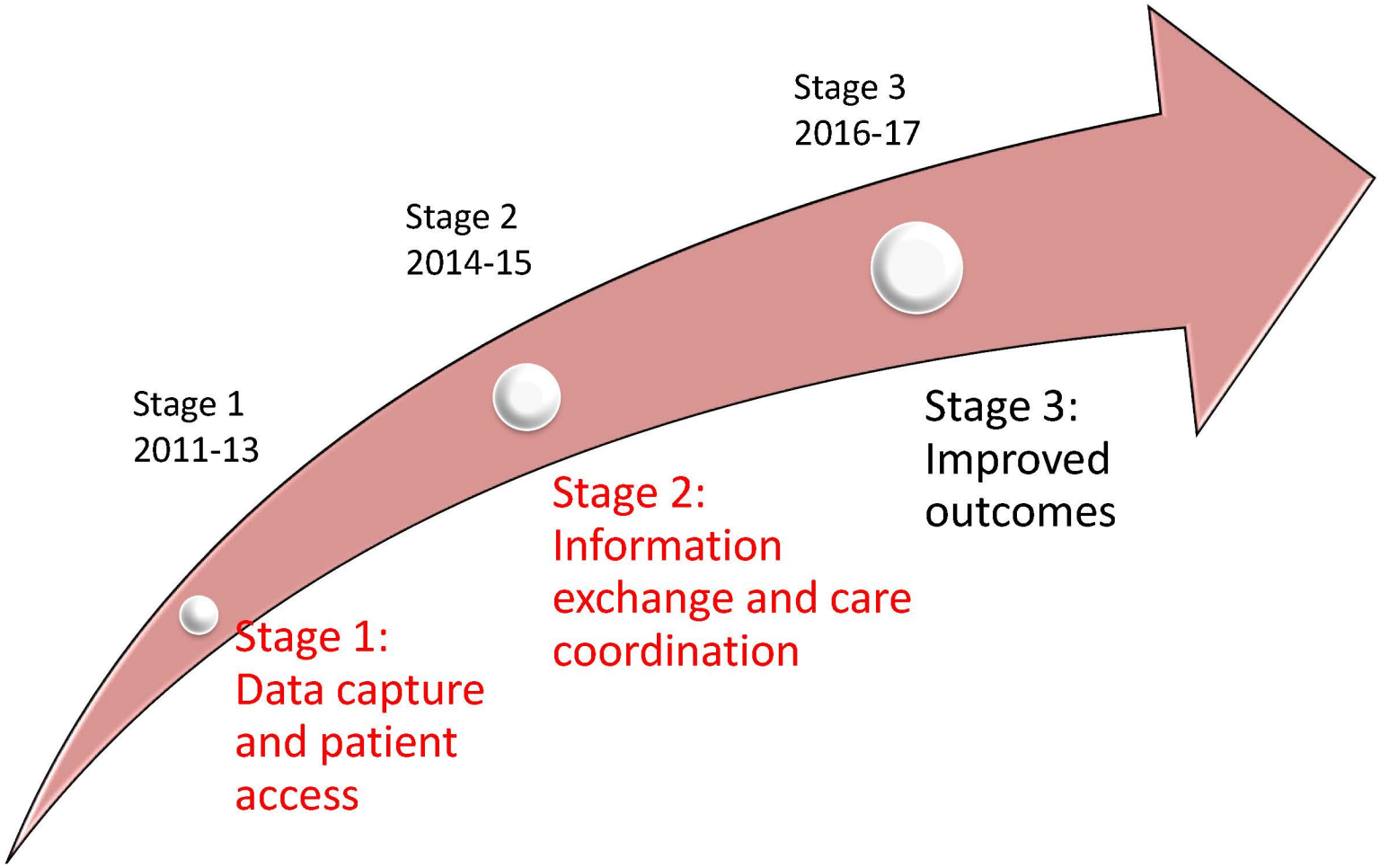
Meaningful Use Workgroup
New Pathways for Meaningful Use Stage 3

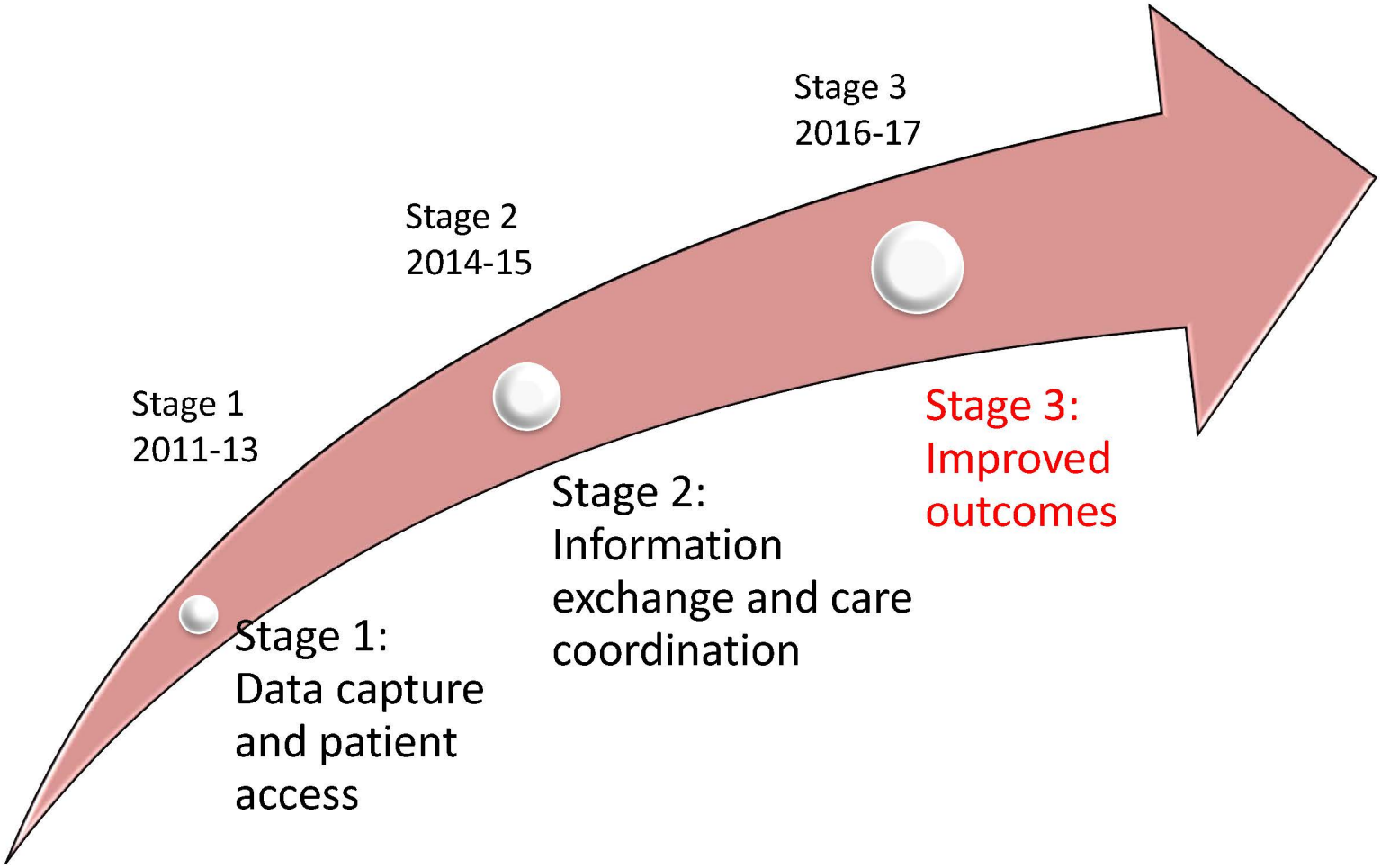
April 3, 2013

Paul Tang, MD
George Hripcsak, MD
Christine Bechtel

Stages of Meaningful Use
Improving Outcomes



Stages of Meaningful Use
Improving Outcomes



Original Principles for Stage 3 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
- Not "topped out" or not already driven by market forces
- Mature standards widely adopted or could be widely adopted by 2016 (for stage 3)

Lessons from Stages 1

Implications for Stage 3

Stage 1 Experience

- Substantial increase in adoption rates and effective use
- Mandatory floor creating network effects
- Thresholds consistently exceeded
- Consistent use across the years
- Reporting requirements have considerable costs and burden
- Prescriptive, "forced march" impacts available resources for innovation or to address local priorities

Implications for Stage 3

- Creating critical mass of users and data in electronic form
- Rising tide is floating boats (e.g., setup for patient engagement, HIE)
- Once MU functionality is implemented, it is used
- Gains from stage 1 (and 2) will persist
- Stage 3: Simplify and reduce reporting requirements
- Stage 3: Rely more heavily on market pull (e.g., new payment incentives); promote innovative approaches ie., reward good behavior

Additional Principles Explored for Stage 3

- Address key gaps (e.g., interoperability, patient engagement, reducing disparities) in EHR functionality that the market will not drive alone, but are essential for all providers:
  - to create level playing field
  - to create network effects
  - to fulfill need for a public good
- Consolidate MU objectives where higher level objective implies compliance with subsumed process objectives
- Consider alternative pathway where meeting performance and/or improvement thresholds deems satisfaction of subset of relevant MU functionality implicitly required to achieve performance/improvement

Consolidation Subgroup

Christine Bechtel, Chair

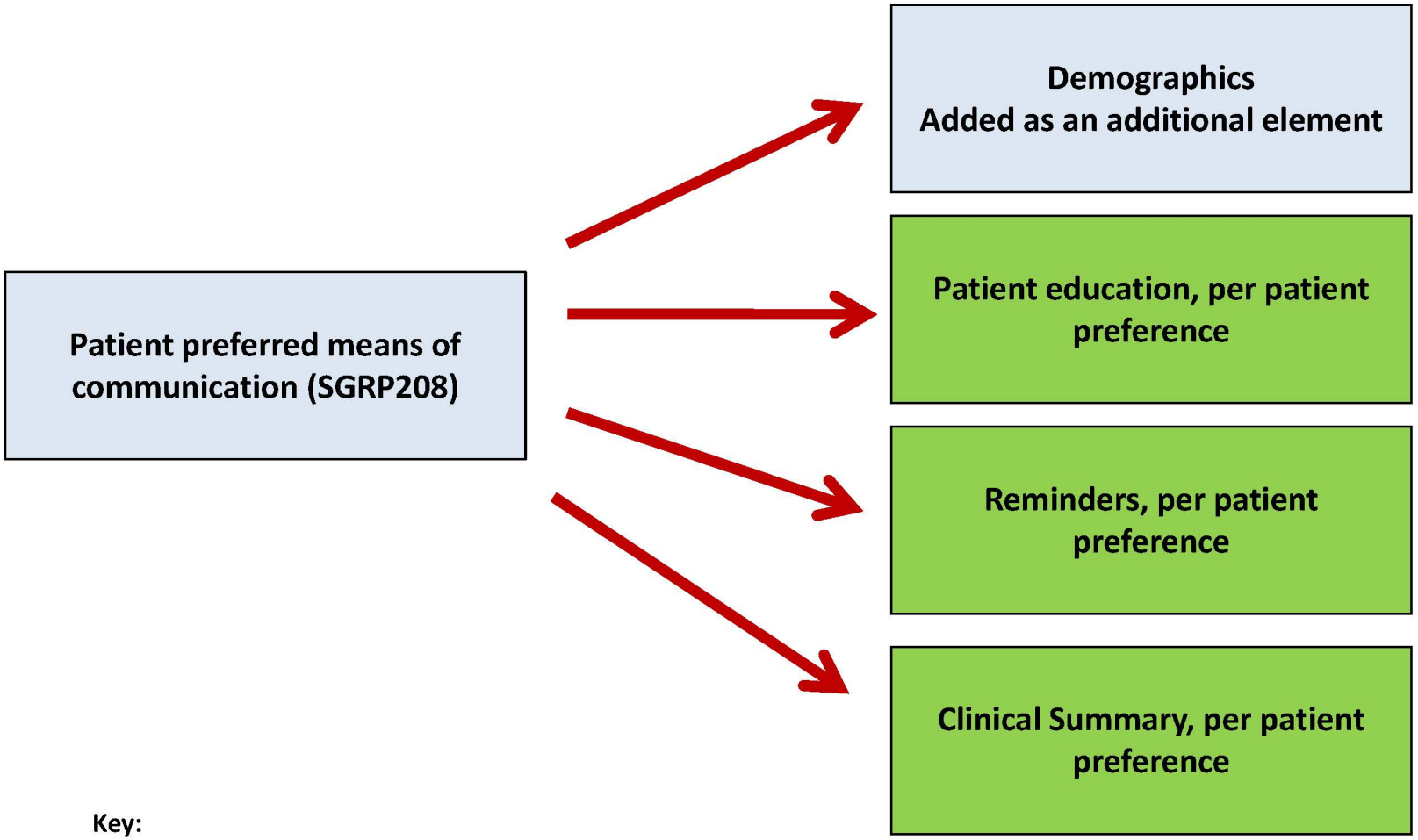
Consolidation Summary

- 43 MUWG objectives proposed in stage 3 RFC
- Consolidated to 25 objectives
- Assumptions
  - The full WG will consider RFC feedback and update criteria
  - All criteria will be included in certification
    - Focus on advanced uses
      - ex: recording data vs. use data
    - Give credit for MU objectives that should be standard of practice once passed stages 1 and 2
    - Identify what needs to be "used" *and* certified

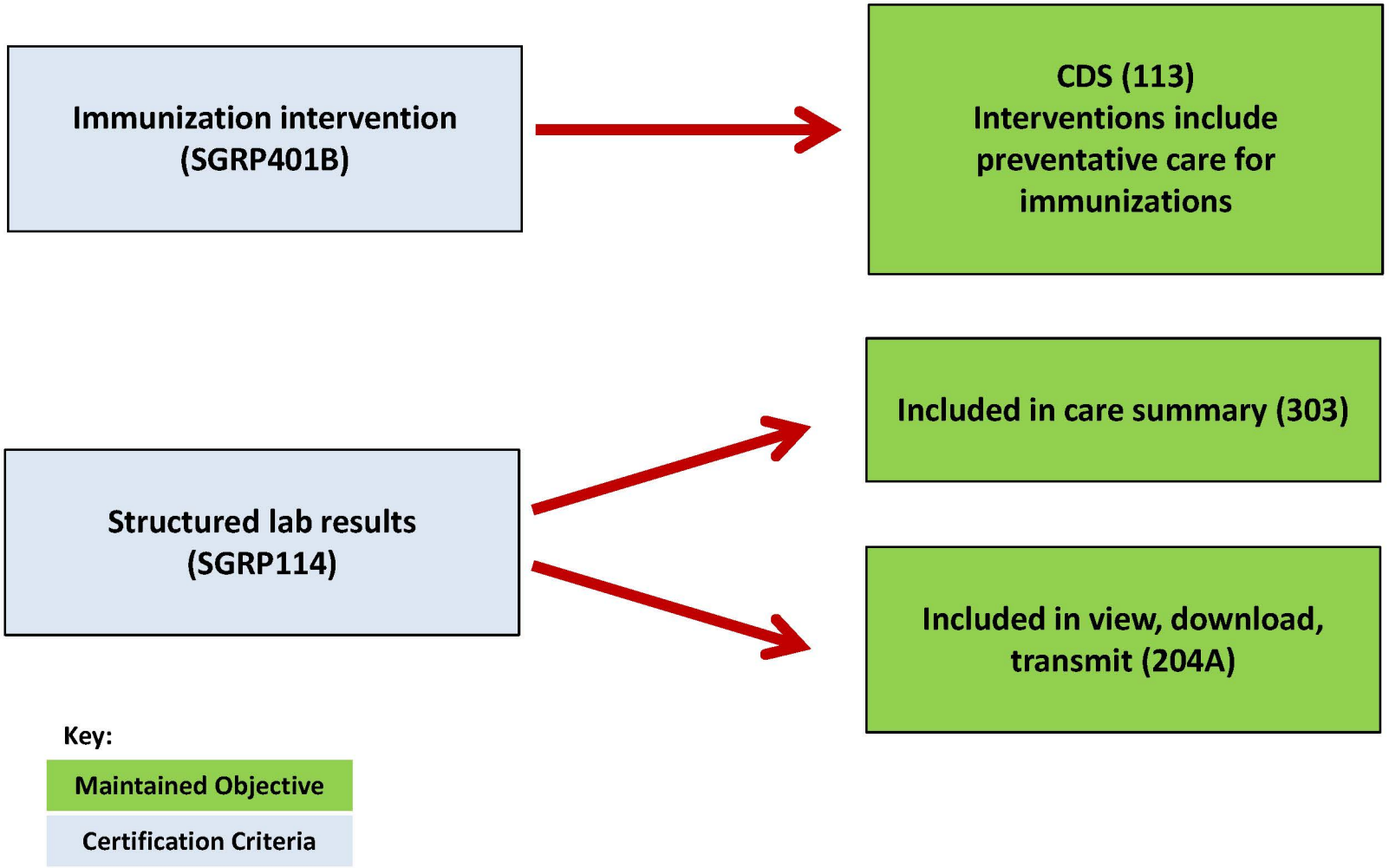
Types of Consolidation

- Advanced within concept of another objective
- Duplicative concepts
  - objective becomes certification only
- Demonstrated use and can trust that it will continue

Advanced within Concept of Another Objective



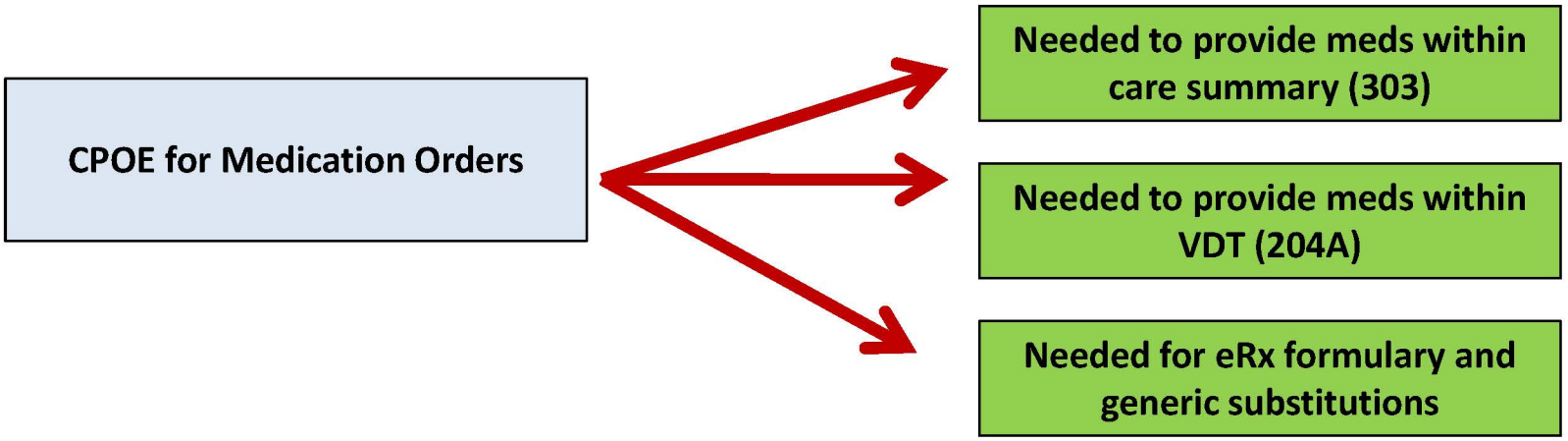
Duplicative Concepts



Demonstrated Use

- Patient lists and dashboards (SGRP115)
  - Needed for population management and quality measurement
  - How to measure use?
  - Existing external drivers that will drive use (new models of care)
    - PQRS, value based purchasing, ACOs

CPOE - Advanced within concept of another objective, duplicative concept, demonstrated use



EP 1st vs. 2nd year Core Objective Performance

	2011	2012
Number of Attestations	57,652	44,087
CPOE for Medication Orders	84.0%	88.0%

Key:

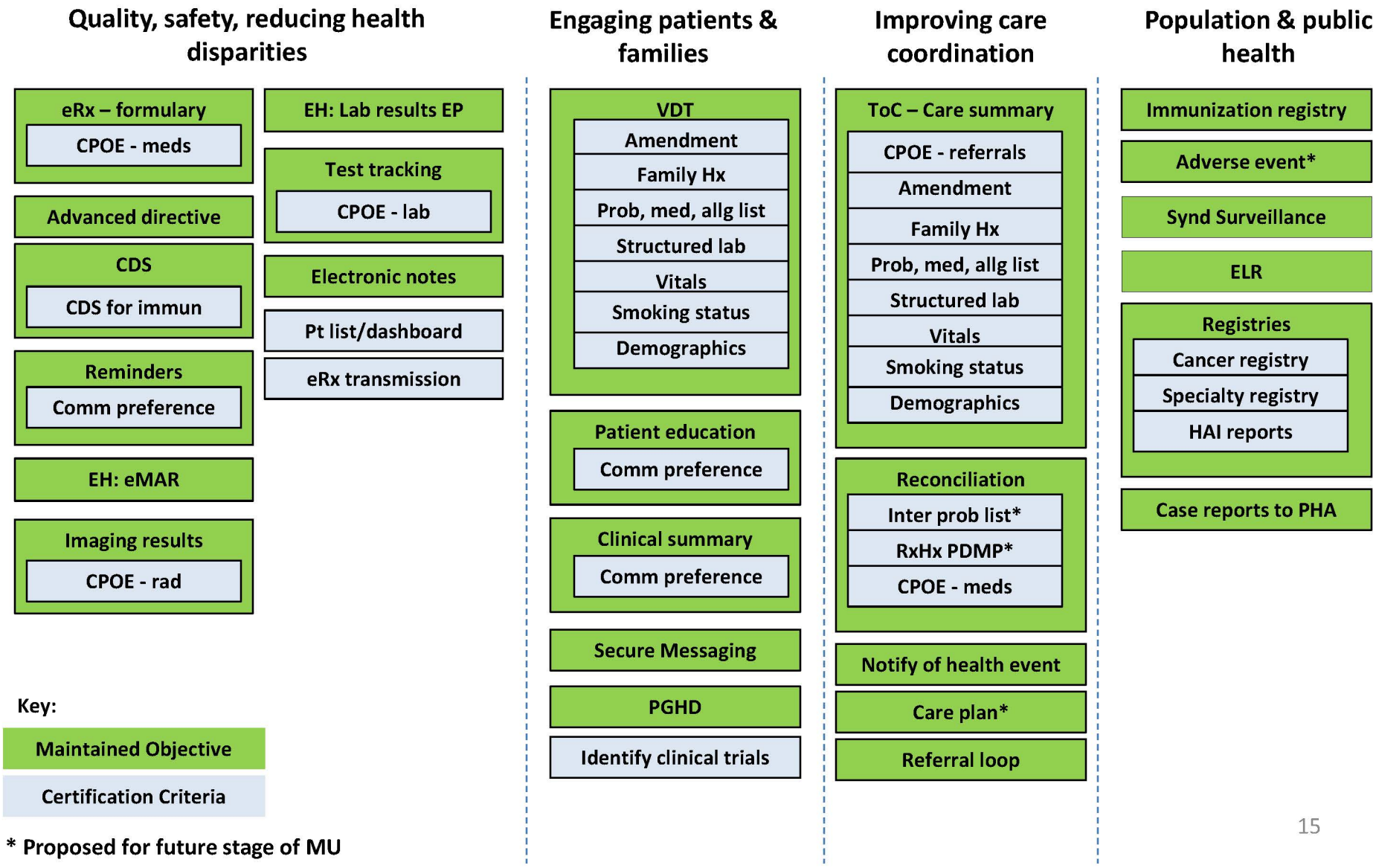
Maintained Objective

Certification Criteria

Consolidation at a Glance

ID#	RFC Concept	Status after Consolidation
SGRP101	CPOE	Certification only – meds (eRx formulary, reconciliation), labs (test tracking, rad (imaging)
SGRP103	eRx transmission	Certification Only
SGRP103	eRx formulary & generic subs	Maintain
SGRP104	Demographics	Certification Only (new items: SOGI, O/I codes, pt comm pref)
SGRP105	Problem List	Certification Only – integrated in care summary and VDT
SGRP106	Active med list	Certification Only – integrated in care summary and VDT
SGRP107	Active med allergy list	Certification Only – integrated in care summary and VDT
SGRP108	Vitals	Certification Only – integrated in care summary and VDT
SGRP109	Smoking status (13 or older)	Certification Only – integrated in care summary and VDT
SGRP112	Advance directive	Maintain
SGRP113	CDS	Maintain (add immunization CDS (401B))
SGRP114	Lab tests as structured data	Certification Only – integrated in care summary and VDT
SGRP115	Patient lists and dashboards	Certification Only
SGRP116	Reminders for follow-up	Maintain
SGRP117	EH: eMAR	Maintain
SGRP118	Imaging results (ECGs)	Maintain
SGRP119	Record family Hx	Certification Only – integrate into VDT (204A) and care summary (303)
SGRP120	Record electronic notes	Maintain
SGRP121	EH: Provide lab results to EPs	Maintain
SGRP122	Test tracking	Maintain
SGRP125	FUTURE – RxHx adherence, PDMP	Certification Only – integrate into reconciliation (302)
SGRP127	FUTURE – Interdisc problem list	Certification Only – integrate into reconciliation (302)
SGRP130	CPOE for referrals	Certification Only – integrate into ToC care summary (303)
SGRP204A	VDT, ABBI	Maintain (add fam hx (119), amendments (204D))
SGRP204B	PGHD	Maintain
SGRP204D	Amendment to record online	Certification Only – integrate into VDT (204A)
SGRP205	Clinical summary	Maintain (Per pt preference)
SGRP206	Patient education	Maintain (per pt preference)
SGRP207	Secure messaging	Maintain
SGRP208	Communication preferences	Certification Only – integrate into p ted, clinical summary, reminders
SGRP209	Identify clinical trials	Certification Only
SGRP302	Reconcile meds, med allergies, probs	Maintain
SGRP303	Care summary	Maintain (add status of pending referral (130))
SGRP304	FUTURE – Care plan	Maintain
SGRP305	Referral loop	Maintain
SGRP308	Notification of health event	Maintain
SGRP401A	Immunization registry	Maintain
SGRP401B	CDS from immunization Hx	Certification Only – integrate into CDS (113)
SGRP402A	Submission of ELR	Maintain
SGRP402B	Case reports to PHA	Maintain
SGRP403	Syndromic surveillance data	Maintain
SGRP404	Cancer registry	Merged registry objectives
SGRP405	Specialty registry	Merged registry objectives
SGRP407	FUTURE – HAI rpts NHSN	Merged registry objectives
SGRP408	FUTURE --Adverse rpts to FDA/CDC	Maintain

Consolidation Overview



Deeming Subgroup

Paul Tang, Chair

Deeming Assumptions

- Cannot reliably achieve good performance (or significantly improve) without effective use of HIT
- Therefore: in order to promote innovation, reduce burden, and reward good performance, deem high performers (or significant improvers) in satisfaction of a subset of MU objectives *as an optional pathway* to qualifying for MU

Example Criteria for Deeming for EPs

- Demonstrate high (top 30 %ile) or improved performance (20% reduction of gap between last year's performance and top quartile). Select two items from each of the categories below:
  - Prevention of high priority diseases (pick 2 from)
    - Breast cancer (mammography screening)
    - Colon cancer (colonoscopy screening)
    - Influenza (flu vax)
    - Pneumonia (pneumococcal vaccine)
    - Obesity (BMI screening and follow up)
    - Cardiovascular disease (LDL screen)
    - HTN (BP screen and follow up)
  - Control of high priority chronic health conditions (pick 2 from)
    - HTN (BP control or improvement)
    - Diabetes (A1c control)
    - Heart attack (LDL control)
    - Asthma (controller med)
    - CHF (ACEI or ARB meds)
    - MI (beta blocker)

Example Criteria for Deeming for EHs

- Demonstrate high (top 30 %ile) or improved performance (20% reduction of gap between last year's performance and top quartile) for all of the below:
  - Patient safety (pick 2 from)
    - Clostridium difficile Infection (outcome measure)
    - Catheter-Associated Urinary Tract Infection (outcome measure)
    - Central Line-Associated Blood Stream Infection (outcome measure)
    - MRSA (outcome measure)
    - Specific Surgical Site Infection (SSI) Outcome Measure
    - Severe sepsis and septic shock: Management bundle
    - Late sepsis or meningitis in very low birth weight (VLBW) neonates (risk-adjusted)
    - Measure of pressure ulcers
  - Care coordination (pick 2 from)
    - Experience of care (from HCAHPS)?
    - Hospital-wide-all-cause unplanned readmission measure (HWR)
    - CTM-3, 3-item care transition

Additional Requirement

- Disparities
  - Stratify all four population reports by disparity variables

Deemed MU Objectives

Deemed in Satisfaction of:

- CDS
- eRx – formulary, generic subs
- Reminders
- Electronic notes
- Test tracking
- Clinical summary
- Patient education
- Reconcile problems, meds, allergies

- **View, download, transmit (VDT), consider adding if stage 2 reports good uptake*
- **Secure patient messaging, consider adding if stage 2 reports good uptake*

Remaining Items:

- Advance directive
- Reminders
- eMAR
- Imaging results
- EH: provide lab results
- Patient generated data
- **VDT*
- **Secure patient messaging*
- Care summary
- Care plan
- Referral loop
- Notification of health event
- Immunization registry
- ELR
- Case reports to PHA
- Syndromic surveillance
- Reporting to 2 registries
- Adverse event reporting

Additional Considerations

- Offer both absolute threshold (e.g., 70+%ile) and significant improvement (e.g., reduce gap between last year's performance and full performance by 20%) options for deeming
- Propose performance reporting period to be 6 months vs. 1-year MU reporting period to give providers a chance to deem yet still have time to resort to functional objectives qualification if not meeting deeming thresholds
- Specialists may have fewer options for deeming as determined by available NQF QMs. If not able to report on at least 4 performance measures, then may not be eligible for the deeming pathway

Discussion