Key questions from EPs, EHs and CAHs on MU Stage 2 Exchange
Meaningful Use Stage 2 objectives involve a lot of health information exchange.

Examples:

- Provider-to-Provider (e.g., Transitions of Care [ToC])
- Provider-to-Patient (e.g., View, Download, Transmit [VDT])
- E-prescribing
- Lab results reporting
- Public health reporting

Of these, we’ve found that care coordination and consumer engagement generate the most questions from vendors and providers.
### CEHRT 2014 Edition Transitions of Care (ToC): Measure #2

#### EP/EH/CAH Perspective

| To pass certification: | My EHR technology developer **must** demonstrate that its EHR technology can: | 1) Create a CCDA with required MU data  
2) Send the CCDA according to Direct |
|------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
|                        | My EHR technology developer can also voluntarily demonstrate that its EHR technology can: | 1) Send according to Direct + XDR/XDM  
2) Send according to SOAP + XDR/XDM |

### To demonstrate Meaningful Use ToC Measure #2:

| I **must** have EHR technology that’s been certified to: | 1) Create a CCDA with required MU data  
2) Send the CCDA according to Direct |
|----------------------------------------------------------|--------------------------------------------------------------------------------|
| I **may** electronically send a CCDA in following ways for it to count: | 1) Send ("push") a CCDA via my CEHRT using Direct  
2) Send ("push")/Respond to query with a CCDA via my CEHRT using SOAP + XDR/XDM *(if certified)*  
3) Send ("push") to/Respond to query via an eHealth Exchange participant with a CCDA created by my CEHRT |
CEHRT 2014 Edition Transitions of Care (ToC): Measure #2

**EP/EH/CAH Perspective**

To pass certification:

| My EHR technology developer must demonstrate the capability to send a CCDA with required MU data through Direct + XDR/XDM or SOAP + XDR/XDM according to Direct |

To demonstrate Meaningful Use ToC Measure #2:

I may electronically send a CCDA in following ways for it to count:

1) Send (“push”) a CCDA via my CEHRT using Direct

2) Send (“push”)/Respond to query with a CCDA via my CEHRT using SOAP + XDR/XDM *(if certified)*

3) Send (“push”) to/Respond to query from an eHealth Exchange participant with a CCDA created by my CEHRT

A provider’s ability to exercise these choices is a function of the decisions made by their certified EHR technology vendor(s).
To the degree that such options exist for a provider, you may find that your customers begin to ask things like which path(s) should I take?

To demonstrate Meaningful Use ToC Measure #2:

I may electronically send a CCDA in following ways for it to count:

1) Send (“push”) a CCDA via my CEHRT using Direct

2) Send (“push”)/Respond to query with a CCDA via my CEHRT using SOAP + XDR/XDM (if certified)

3) Send (“push”) to/Respond to query from an eHealth Exchange participant with a CCDA created by my CEHRT
• The following slides describe several key questions and considerations we are hearing from providers – these do not reflect regulatory interpretation

• We share these in the spirit of encouraging early and frequent communication between vendors and their customers on important aspects of MU stage 2 exchange functionality
What exchange options do I have?

• Providers need to know what services you (or your partners) offer.

• Providers also need to know if/how they’ll be able to work with other organizations to facilitate exchange (e.g., state/regional HIEs, national HISP, etc.).
Providers’ Key Questions

How does your software/service help to ensure that I’ll have the ability to exchange with a sufficient number of other providers?

• Providers will likely seek assurance from you that they’ll be able to reach their desired exchange partners (who might be using another vendor’s product).

• It may help to explain the steps you (or your partners) have taken to facilitate cross-vendor, cross-enterprise exchange
  • Footprint/reach of your HIE services
  • Optional transport standards that enable use of other HISP/HIE organizations
  • Participation in a trust community, such as DirectTrust

• Work with Regional Extension Centers to make sure these elements of your implementation are clear
Providers’ Key Questions

What will these exchange services cost?

• Providers are anxious about how much this is going to cost and they want to be able to plan and predict (they don’t want to be caught off guard):
  • One-time costs
  • Recurring costs
  • fees associated with interfacing to 3rd-parties

• Don’t forget the regulatory requirements for transparency – if the provider will incur any costs to use the certified tools/services other than the “sticker price,” you must disclose those costs upfront
Providers’ Key Questions

When will your product be ready for installation and use?

• Providers are concerned about lead times for certification, installation/upgrade, training, etc.
How will I (or my patient) use your software to <insert> (e.g., send a referral, download their record, etc.)?

- Be prepared to offer descriptions / examples of common use cases to illustrate how these tasks will be accomplished.

- For example, when sending a referral or transitioning a patient how will a provider look-up/input another provider’s Direct address?
Providers’ Key Questions

What data do you track / reports do you offer to ensure I’m able to demonstrate I’ve met the relevant MU stage 2 measures?

• As your software counts numerators and denominators for measures, what will the output / reports look like (a single percentage, raw numbers for numerator and denominator, detailed listing of transitions that are counted in numerator/denominator)?

• What detailed data does your software/service offer in case of an audit?
Takeaways

• You need to communicate with your customers and RECs now about your MU Stage 2 exchange tools and products (whether certified now, or to be certified soon), including:
  – What they are
  – When they will be available
  – What they will cost
  – What the implementation timeline will look like
  – Any optionality they will need to consider/make a decision about

• Your customers want to understand generally how the MU Stage 2 exchange stuff works – they do not want info that is overly technical, but rather a balance of info that gives them confidence that the tools meet the certification and MU requirements and will be useful

• RECs, consultants, and others working to support EPs, EHs and CAHs will be compiling and sharing information about MU Stage 2 exchange offerings – good idea to post info on websites, hold webinars, etc.
Questions and comments?