

Update on Meaningful Use



Meaningful Use

Meaningful Use Cancer Reporting in Florida

Florida Cancer Data System Annual Meeting
Orlando, FL
July 26th, 2017

Meaningful Use Overview

The American Recovery and Reinvestment Act, enacted in February 2009, includes many measures to modernize our nation's infrastructure, one of which is the [Health Information Technology for Economic and Clinical Health \(HITECH\) Act](#). The HITECH Act supports the concept of electronic health records-meaningful use (EHR-MU), an effort led by the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health IT (ONC). HITECH proposes the meaningful use of interoperable electronic health records throughout the United States' health care delivery system as a critical national goal.

CMS establishes the criteria that eligible professionals (EPs) and hospitals as well as critical access hospitals must meet to qualify for Medicare and/or Medicaid electronic health record (EHR) incentive payments as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology. ONC establishes the standards, implementation specifications, and certification criteria for EHR technology that will support implementation of the Stage 2 criteria described by CMS. The criteria and standards for Stage 2 Meaningful Use Final Rules released by the [ONC](#) and [CMS](#) were published in the *Federal Register* on September 4, 2012.



Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries

HL7 Clinical Document Architecture (CDA)

Release 1.1

March 2014

What is MU?

Meaningful Use Definition & Objectives

Meaningful Use Defined

Meaningful use is using certified electronic health record (EHR) technology to:

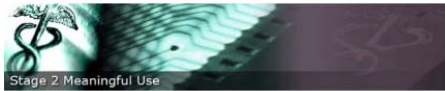
- Improve quality, safety, efficiency, and reduce health disparities
- Engage patients and family
- Improve care coordination, and population and public health
- Maintain privacy and security of patient health information

Ultimately, it is hoped that the meaningful use compliance will result in:

- Better clinical outcomes
- Improved population health outcomes
- Increased transparency and efficiency
- Empowered individuals
- More robust research data on health systems

Meaningful use sets specific objectives that eligible professionals (EPs) and hospitals must achieve to qualify for [Centers for Medicare & Medicaid Services \(CMS\) Incentive Programs](#).

Readiness - MU2 and MU3



Meaningful Use | Onboarding Process | F.A.Q. | Helpful Resources

Meaningful Use (MU)

FCDS Meaningful Use Readiness

In support of physician cancer reporting and Meaningful Use, the Florida Cancer Data System (FCDS) has implemented electronic reporting from certified electronic health record technology (CEHRT) systems as of January 1st, 2014 for Stage 2 using 2014 Edition CEHRT. Active engagement to the FCDS using this EHR reporting method will assist eligible professionals in receiving Medicare and Medicaid incentive funds for demonstration of Meaningful Use.

The FCDS also declares its readiness to the Stage 3 measures using 2015 Edition CEHRT. The FCDS plans to accept this criteria beginning on January 1, 2017. The Cancer Implementation Guide for ambulatory provider cancer reporting to state registries is updated to HL7 CDA (r) Release 2 Implementation Guide: Reporting to Public Health Cancer Registries from Ambulatory Healthcare Providers, Release 1, DSTU Release 1.1 - US Realm in the 2015 Edition CEHRT.

Included in the strategy for demonstrating Meaningful Use of an EHR system is the submission of cancer case reports. This objective applies only to Eligible Professionals (EP), also known as individual practitioners.

MU Cancer Reporting Registration

This is the main screen for MU Cancer Registration. All information will be entered on this screen.

The screenshot shows a web browser window displaying the 'MU2 Registration' application. The interface includes the following sections:

- Practice Information:** Fields for Primary Group NPI (1538000749), Practice Name (DOCTORS GROUP PRACTICE), Reporting Year (2014), Reporting Quarter (January), Address (329 MAIN STREET), Zip (33016), City (MIAMI), and State (FL-Florida).
- Electronic Health Record (EHR) Vendor:** Fields for EHR Vendor Name and EHR Vendor Product.
- Primary Organization Meaningful Use Contact:** Fields for First Name (PAT), Last Name (TESTER), Email (claims208@compuce.com), and Phone (3051623-0360).
- Technical Contact:** Fields for First Name, Last Name, Email, and Phone.
- Alternative Contact:** Fields for First Name, Last Name, Email, and Phone.
- Physician Information:** A table with columns: Select, Phys NPI, Physicians Name, Location, Reg Date, and Reg User. One row is visible with NPI 1730409004 and name DR. ANH B PHYSICIAN.

Buttons for 'Register' and 'PDF Confirmation for Registration of Patient' are located at the bottom of the form.

Sample CDA - Ca DX Section

```

<title>Cancer Diagnosis</title>
<text>
  <content ID="Diagnosis_1">Stage 0 Malignant Melanoma of upper limb, including shoulder</content>
  <table>
    <thead>
      <tr>
        <th>Diagnosis Date</th>
        <th>Primary Site</th>
        <th>Laterality</th>
        <th>Histology</th>
        <th>Behavior</th>
        <th>Diagnostic Confirmation</th>
        <th>Stage</th>
        <th>TNM Clinical T</th>
        <th>TNM Clinical N</th>
        <th>TNM Clinical M</th>
      </tr>
    </thead>
    <tbody>
      <tr>
        <td>2/25/2012</td>
        <td ID="PrimarySite_1">Malignant Melanoma of upper limb, including shoulder</td>
        <td ID="Laterality_1">Left</td>
        <td ID="Histology_1">Lentigo Maligna</td>
        <td ID="Behavior_1">In situ; non-invasive</td>
        <td ID="Confirmation_1">Positive Histology</td>
        <td ID="StageGroup_1">Stage 0</td>
        <td ID="TNMclinicalT_1">0</td>
        <td ID="TNMclinicalN_1">0</td>
        <td ID="TNMclinicalM_1">0</td>
      </tr>
    </tbody>
  </table>
</text>

```

```
<code code="282291009" codeSystemName="SNOMED CT" displayName="Diagnosis" codeSystem="2.16.840.1.113883.6.96"/>
<text>
  <reference value="#Diagnosis_1"/>
</text>
<statusCode code="completed"/>
<effectiveTime>
  <low value="20120225"/>
  <high nullFlavor="NA"/>
</effectiveTime>
<value code="8742" codeSystemName="ICD-O-3" displayName="Lentigo Maligna" codeSystem="2.16.840.1.113883.6.43.1" xsi:type="CD">
  <originalText>
    <reference value="#Histology_1"/>
  </originalText>
  <qualifier>
    <name code="31206-6" codeSystemName="LOINC" displayName="Behavior ICD-O-3 Cancer" codeSystem="2.16.840.1.113883.6.1"/>
    <value code="2" codeSystemName="NAACCR Behavior Code" displayName="In situ, non-invasive" codeSystem="2.16.840.1.113883.3.520.3.14" xsi:type="CD">
      <originalText>
        <reference value="#Behavior_1"/>
      </originalText>
    </value>
  </qualifier>
  <qualifier>
    <name code="21861-0" codeSystemName="LOINC" displayName="Dx Confirmed By" codeSystem="2.16.840.1.113883.6.1"/>
    <value code="1" codeSystemName="NAACCR Diagnostic Confirmation" displayName="Positive histology" codeSystem="2.16.840.1.113883.3.520.3.3" xsi:type="CD">
```

eMaRc - Physician Reporting

The screenshot displays the eMaRc Physician Reporting interface. On the left, a table titled 'Cancer Diagnosis Section' lists various fields and their values. On the right, a 'CANCER IDENTIFICATION' form contains several input fields for clinical data.

Type of Primary Payer at Diagnosis Code	
Cancer Diagnosis Section	
Cancer Diagnosis Narrative	
Diagnosis Date	20160531
Histology Display Name	315036008 - Melanoma in situ of back of hand (di
Histology Code	315036008
Behavior Display Name	In Situ, non-invasive
Behavior Code	2
Diagnostic Confirmation Display Name	Positive microscopic confirmation, method not sp
Diagnostic Confirmation Code	4
Primary Site Display Name	Skin structure of dorsal area of hand
Primary Site Code	21548009
Laterality Display Name	Right origin of primary
Laterality Code	1
TNM-Stage Group Narrative	
TNM Clinical Stage Group Display Name	0
TNM Clinical Stage Group Code	0

CANCER IDENTIFICATION

AbbreID: 495

Date of Diagnosis: 20160531

Date of Diagnosis Flag: All or part of date known OR date not collect

Sequence Number--Hospital: 00

Test--Primary Site Title: site disp name: Skin structure of dorsal area of hand; hist orig text: ; hist disp name: Right; orig

Primary Site: C446

Laterality: 1 Right; origin of primary

Test--Histology Title: hist orig text: ; hist disp name: 315036008 - Melanoma in situ of back of hand (disorder); behav orig

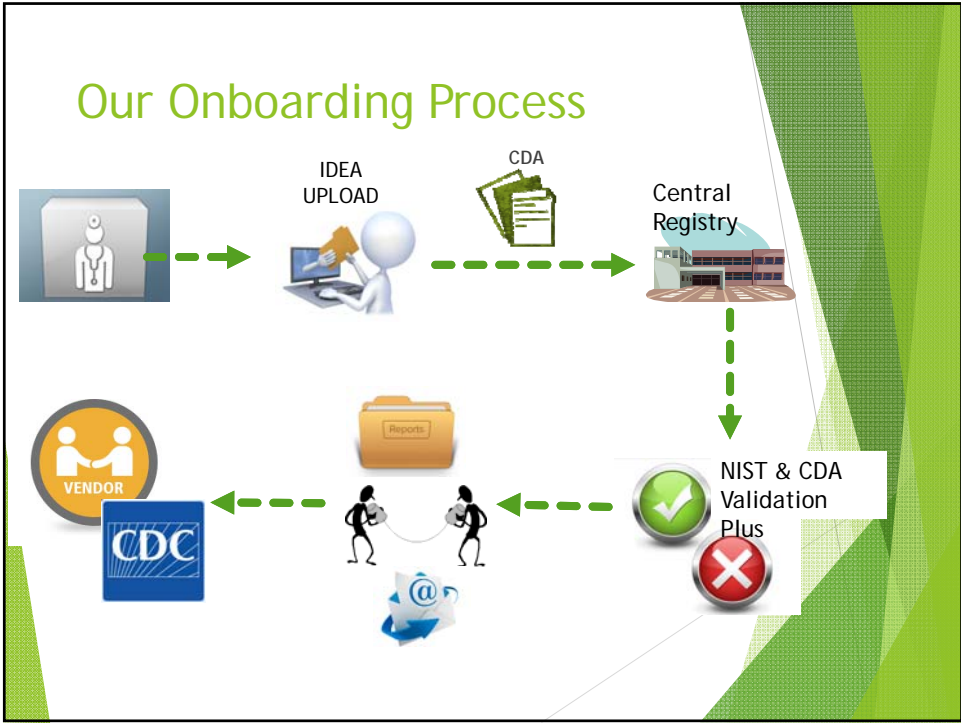
FCDS Critically Required Data Elements

- ▶ Patient First Name
- ▶ Patient Last Name
- ▶ Patient Gender
- ▶ Patient DOB
- ▶ Author NPI
- ▶ Patient Street Address
- ▶ Patient City
- ▶ Patient State
- ▶ Patient Zip Code
- ▶ Primary Site
- ▶ Diagnosis Date
- ▶ Behavior
- ▶ Histology
- ▶ Laterality (for paired sites only)

Summary of MU2 registrations 2017

	Practices	Physicians
Active Engagement	87	340
No response within 30 days	35	75
Inactive	80	161
Non-targeted	88	1093
Total	290	1669

87 Active Practices working with FCDS on Meaningful Use



EHR's For Providers in Active Engagement

EHR	Count on EHR
Modernizing Medicine	• 58
Nextech	• 11
Flatiron	• 8
Agastha	• 1
Epic	• 1
IMS/Meditab	• 1

Total No. of Submissions by Date and Year

Month	2016	2017
January	3	17
February	13	22
March	35	26
April	32	30
May	38	19
June	40	16
July	33	13
August	24	
September	19	
October	16	
November	22	
December	27	

Ongoing Follow-up and Feedback



- ▶ Monthly review of onboarding status
- ▶ Communication with practice throughout process
- ▶ Check for file submissions/validate
- ▶ Send quality report
- ▶ Track Follow-up status in database

SFTP



Recent Changes: Value-Based Programs

MACRA-Medicare Access and CHIP Reauthorization Act of 2015

MIPS- Merit-based Incentive
Payment System

APMS-Advanced
Alt. Payment
Models

Physician Value-
based Payment
Modifier (VM)

Physician
Quality
Reporting
System (PQRS),

Medicare
Electronic Health
Record (EHR)
Incentive Program
for Eligible
Professionals (EPs)

Physician-focused
payment models
(PFPMs)

Physician-Focused
Payment Model
Technical Advisory
Committee (PTAC)

Future Steps

- ▶ Incorporate MU abstracts into workflow
- ▶ Integrate into FCDS claims/pathology workflow
- ▶ Streamline data validation and integration into registry database
- ▶ Continue to work with providers for registration, onboarding, and audit documentation.

Thank You!

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