FCDS Webinar Meaningful Use

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A Joint Project of the Sylvester Comprehensive Cancer Center and the Florida Department of Health

Florida HEALTH

What is Meaningful Use?

- Meaningful Use (MU) is a program through the Centers for Medicare and Medicaid Services (CMS) that provides incentives ($) to healthcare providers who use electronic health record (EHR) technology in a specific and 'meaningful' way.

Meaningful Use Goal

- The goal of meaningful use is to promote the spread of electronic health records to improve health care in the United States
- To show that the utilization of EHRs are done in a 'meaningful' way.
- Certified Electronic Health Record Technology (CEHRT)

Benefits of Meaningful Use

- Complete accurate information
  Equips providers with increased access to patient's health history
- Better information access
  The ability to share information among physicians' offices, hospital and health care systems
- Patient Empowerment
  Provides secure electronic copies of medical records for patients to allow them a more active role in care decisions

History of Meaningful Use

- Started with the 2009 American Recovery and Reinvestment Act (ARRA).
- ARRA includes measure to modernize our nation's infrastructure, one of which is the "Health Information Technology for Economic and Clinical Health Act." This act supports the concept of Electronic Health Records.
- Gives Dept. of Health and Human Services authority to establish programs to improve care, safety and efficiency through Health IT.

http://www.cdc.gov/ehrmeaningfuluse/

History of Meaningful Use

- Under HITECH the Office of the National Coordinator for HIT issued the rules, standards and certification criteria for Electronic Health Record (EHR) technology.
- EHR is beneficial depending on *how* it is used.
- Center for Medicare and Medicaid Services (CMS) developed the standards for "Meaningful Use" of Certified Health Information Technology and are providing incentives to providers who practice the standards for MU.

What is a CEHRT?

Certified Electronic Health Record Technology

- CMS and ONC established standards and criteria for structured data that an EHR must use to qualify for the incentive program.
- Covers technological capability, functionality, and security.

Who is Eligible for Meaningful Use

- Incentives ($) are available to non-hospital based Eligible Professionals (EP) and to hospitals and critical access hospitals
- EPs are physicians (MDs/DOs), dentists, podiatrists, optometrists, and chiropractors who provide Medicare and/or Medicaid services
- Each EP in a group practice is eligible for the incentive

The Incentive

- Under Medicare, up to $44,000 over 5 years for EPs
- Under Medicaid, up to $63,750 over 6 years for EPs
- Penalties! Beginning 2015, reduced Medicare payments for failure to be meaningful user (3% reduction by 2017) with additional reductions due to sequestration.

Stage 1 2011-2012 Data capture and sharing	Stage 2 2014 Advance clinical processes	Stage 3 2016 Improved outcomes

Stage 1: Meaningful use criteria focus on:	Stage 2: Meaningful use criteria focus on:	Stage 3: Meaningful use criteria focus on:
Electronically capturing health information in a standardized format	More rigorous health information exchange (HIE)	Improving quality, safety, and efficiency, leading to improved health outcomes
Using that information to track key clinical conditions	Increased requirements for e-prescribing and incorporating lab results	Decision support for national high-priority conditions
Communicating that information for care coordination processes	Electronic transmission of patient care summaries across multiple settings	Patient access to self-management tools
Initiating the reporting of clinical quality measures and public health information	More patient-controlled data	Access to comprehensive patient data through patient-centered HIE
Using information to engage patients and their families in their care	Public health reporting	Improving population health

CMS Timeline

1st Year	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	1	1	1	2	2	3	3	TBD	TBD	TBD	TBD
2012		1	1	2	2	3	3	TBD	TBD	TBD	TBD
2013			1	1	2	2	3	3	TBD	TBD	TBD
2014				1	1	2	2	3	3	TBD	TBD
2015					1	1	2	2	3	3	TBD
2016						1	1	2	2	3	3
2017							1	1	2	2	3

Stage I Core Objectives

Select examples of objectives include:

- *Computerized Provider Order Entry (CPOE) for Medication Orders*
- *Active Medication Listing*
- *Medication Allergy List*
- *Demographics*
- *Smoking Status*
- *Clinical Summaries*
- *Protect Electronic Health Information*

Stage II Core Objectives

Set to begin January 1, 2014

Select Examples of Core Objectives

- *Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders*
- *Generate and transmit permissible prescriptions electronically (eRx)*
- *Provide clinical summaries for patients at each office visit*
- *Generate lists of patients by specific conditions to use for quality improvement, research or outreach.*

Stage II Menu Objectives for EPs

- Capability to report to **syndromic surveillance** data to public health agencies
- Record **electronic notes** in patient records
- **Imaging** results are accessible through CEHRT
- Record patient **family health history** as structure data
- Identify and **report cancer cases** to a public health central cancer registry
- Capability to identify and report to a **specialized registry** (non-mandated e.g. ALS registry)

What if an EP selects the menu option to report to a CCR? What is required to meet this objective?

To begin:

1. Complete MU1
2. Have CEHRT – Vendor EHR software
3. Have CEHRT system that is compliant with Cancer Specifications – Using CDA electronic format

What in the world is a CDA?

- HL7 Clinical Document Architecture

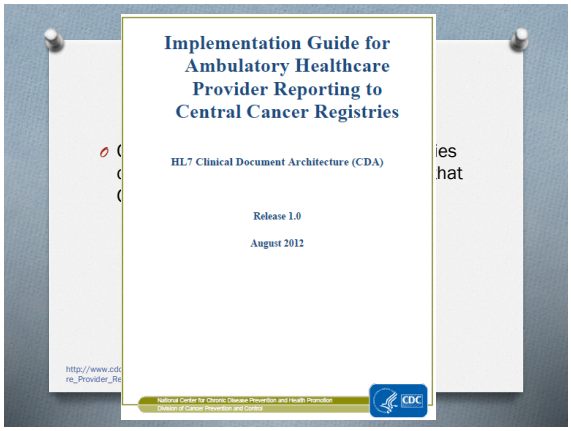
  ANSI certified standard developed by the Health Level 7 technical group (HL7.org) for clinical content

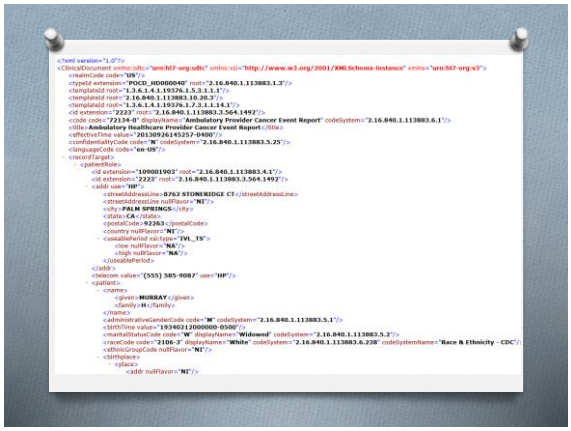
  An XML-based markup standard intended to specify the encoding, structure and semantics of clinical documents for exchange.

  Contains Text, Structure, Coding Systems

  Discharge summary, Imaging Report, Path report, admission & physical.

http://en.wikipedia.org/wiki/Clinical_Document_Architecture

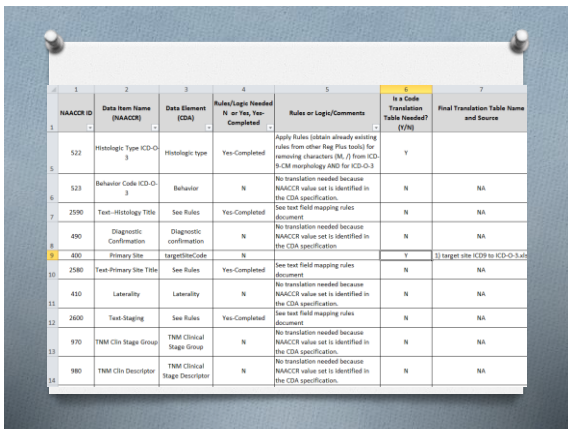




How will the CDA be translated into a standard cancer record?

E-marc Plus

- CDC NPCR product used to read in HL7 messages (typically used for pathology reports)
- Includes a tool that validates the structure of the MU2 Cancer CDA message
- Translates the CDA data elements into a standard NAACCR codes and maps it to a standard record layout– consolidated at the facility/physician level.



	1	2	3	4	5	6	7
1	NAACCR ID	Data Item Name (NAACCR)	Data Element (CDA)	Rules/Logic Needed N or Yes, Yes-Completed	Rules or Logic/Comments	Is a Code Translation Table Needed? (Y/N)	Final Translation Table Name and Source
5	522	Histologic Type ICD-O-3	Histologic type	Yes-Completed	Apply Rules (obtain already existing rules from other Reg Plus tools) for removing characters (M, /) from ICD-9-CM morphology AND for ICD-O-3	Y	
6	523	Behavior Code ICD-O-3	Behavior	N	No translation needed because NAACCR value set is identified in the CDA specification.	N	NA
7	2590	Text--Histology Title	See Rules	Yes-Completed	See text field mapping rules document	N	NA
8	490	Diagnostic Confirmation	Diagnostic confirmation	N	No translation needed because NAACCR value set is identified in the CDA specification	N	NA
9	400	Primary Site	targetSiteCode	N		Y	1) target site ICD9 to ICD-O-3.xls
10	2580	Text-Primary Site Title	See Rules	Yes-Completed	See text field mapping rules document	N	NA
11	410	Laterality	Laterality	N	No translation needed because NAACCR value set is identified in the CDA specification.	N	NA
12	2600	Text-Staging	See Rules	Yes-Completed	See text field mapping rules document	N	NA
13	970	TNM Clin Stage Group	TNM Clinical Stage Group	N	No translation needed because NAACCR value set is identified in the CDA specification.	N	NA
14	980	TNM Clin Descriptor	TNM Clinical Stage Descriptor	N	No translation needed because NAACCR value set is identified in the CDA specification.	N	NA

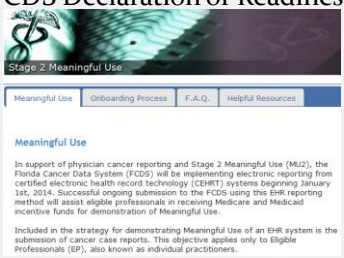
Reporting to a Public Health Agency

The MU2 process for PHAs and EPs

1. Declaration of Readiness

- Public Health Agencies (PHAs) need to declare their readiness to accept data from Providers, register Providers that intend to submit data, establish a testing and validation process to onboard Providers, and acknowledge Providers that successfully submit data

FCDS Declaration of Readiness



http://fcds.med.miami.edu/inc/MU2FLCancerReporting.shtml

2. Registration

- Eligible Providers must register their intent to meet MU2 public health objectives with the Public Health Agency (PHA) to which they will submit data
- Registration captures practice and provider information through the IDEA system

3. Onboarding

- Invitation to onboard/request for action
  After registration, the EP must respond to a PHA's written request for action within 30 days for testing and validation.
- Testing and validation
  EP provides sample data to ensure correct formatting and required data elements
- Ongoing transmission
  Real and valid data are transmitted continuously

4. Acknowledgements

- The official communications from PHAs to Providers to affirm successfully submitted data for a MU2 objective
- Requires ongoing submission of valid and real patient data
- Written communications will be used by providers to document meeting their MU2 objectives

What are the benefits and how might this impact the hospital registrar?

- FCDS can provide follow up patient treatment information
- Availability of granular data
- More comprehensive patient treatment profiles
- Evaluation of standards of care
- Longitudinal data on patient status
- Potential for quality control and data accuracy

Resources

- http://www.healthit.gov/policy-researchers-implementers/meaningful-use
- http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful_Use.html
- www.cdc.gov/cancer/npcr/meaningful_use.htm
- http://www.phconnect.org/group/ph-reporting-task-force

List of Acronyms

- ARRA – American Recovery and Reinvestment Act of 2009
- CAHs- Critical Access Hospitals
- CCR – Central Cancer Registry
- CDA – Clinical Document Architecture
- CDC – Centers for Disease Control
- CEHRT – Certified Electronic Health Record Technology
- CMS – Centers for Medicare and Medicaid
- CPOE – Computerized Provider Order Entry
- EP – Eligible Professional
- HHS – Health and Human Services
- HITECH – Health information Technology and clinical Health Act
- HL7 – Health Level 7
- MU – Meaningful Use
- ONC – Office of the National Coordinator of Health IT
- PHA – Public Health Agency

Thank You!

QUESTIONS?

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