Meaningful Use Update

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Overview

- US laws and regulations (we LOVE acronyms!)
  - ARRA
  - HITECH
  - MU
- Creation of some of the MU related Implementation Guides
- Lab related examples
- Certification procedures
- Testing tools

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American Recovery and Reinvestment Act (ARRA)

February 2009:

- ARRA includes Health Information Technology for Economic and Clinical Health Act (HITECH Act) to improve the use of Electronic Health Records (EHR) by providers and increase the quality of care in order to establish a foundation for health care reform

- ARRA mandated the creation of the Office of the National Coordinator for Health Information Technology (ONCHIT), or ONC for short, to oversee this

American Recovery and Reinvestment Act (ARRA)

Goals:

- Create new jobs and save existing ones
- Spur economic activity and invest in long-term growth
- Foster unprecedented levels of accountability and transparency in government spending

HITECH Act and ONC

The Office of the National Coordinator (ONC):

- Create incentive program for meaningful users of EHRs
- Adopt initial standards for EHR related data exchange
- Create Federal Advisory Groups:
  - Health IT Policy Committee:

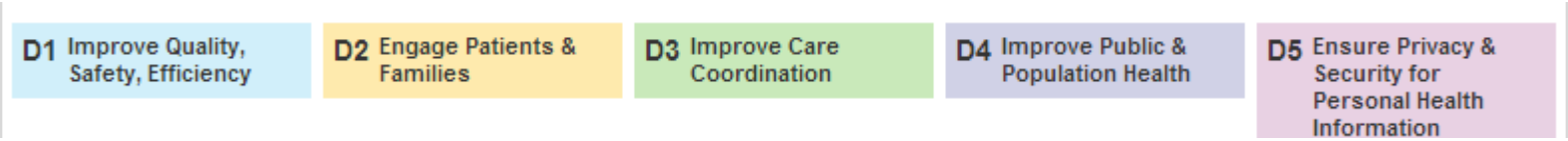
Recommendation on policy framework to advance the meaningful use (MU) of health information technology (HIT)

  - Health IT Standards Committee:

Recommendation on standards to be used in implementation specifications and certification criteria

Meaningful Use (MU)

- Incentive payments to hospitals and providers using certified EHR technology based on CMS objectives, core and menu objectives across 5 domains to be implemented in stages



- Stage 1 – data capture and sharing - 2011 certification
- Stage 2 – advanced clinical processes - 2014 certification
- Stage 3 – improved outcomes - in planning

LINK: http://www.healthit.gov/policy-researchers-implementers/meaningful-use

Meaningful Use (MU)

- $44.7B estimated incentive payments
- Focuses on clinician behavior to improve care
- Eligible provides and hospitals must demonstrate being a *meaningful user* of EHR to receive payment
- A "meaningful user" must:
  - ✓Use a certified EHR product
  - ✓Meet core objectives and at least 5 "menu" objectives
  - ✓Report quality measures
- A *voluntary* program

Adapted from Bill Brand HITECH and Meaningful Use slides 8/19/2012

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Meaningful Use (MU)
Examples of Core Objectives in stage 1

- Computerized physician order entry (CPOE)
- Provide electronic copy of patient's health information, upon request
- Record demographics
- Maintain active medication list
- Record smoking status for patients 13 years or older
- Exchange key clinical information among providers of care and patient-authorized entities electronically
- Check drug-drug and drug-allergy interaction
- E-Prescribing (eRx)
- Provide clinical summaries for patients for each office visit

Adapted from Bill Brand HITECH and Meaningful Use slides 8/19/2012

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Meaningful Use (MU)
Examples of Menu Objectives in stage 1

- **Incorporate clinical lab test results as structured data**
- Generate lists of patients by specific conditions
- Summarize care record for each transition of care/referral (core in stage 2)
- Send reminders to patients per patient preference for preventive/follow up care
- Submit electronic data to immunization registries/systems (core in stage 2)
- Provide electronic syndromic surveillance data to public health agencies (core in stage 2)
- **Provide electronic submission of reportable lab results to public health agencies** (core in stage 2)

Adapted from Bill Brand HITECH and Meaningful Use slides 8/19/2012

Certification Overview

Parties involved:

- Developers & Vendors

  Create Electronic Health Record (EHR) products to be tested and certified.

- Accredited Testing Laboratories (ATL):

  Test and certify products against the standards and certification criteria to provide assurance and maintain quality and consistency across certified products.

- ONC Authorized Certification Bodies (ONC-ACB):

  ONC-ACBs certify the tested products.

- ONC Certified Health IT Product List (CHPL):

  Identifies all Certified EHR Technology (CEHRT)

- Eligible Professionals (EPs) & Eligible Hospitals (EHs):

  Use CEHRT to meet MU requirements to qualify for incentive payments under the CMS EHR Incentive Programs.

And indirectly Patients & General Public:

Doctors have more accurate and complete information about an individual's health, enabling them to provide patients with the best possible care.

For more information:

http://www.healthit.gov/policy-researchers-implementers/onc-hit-certification-program

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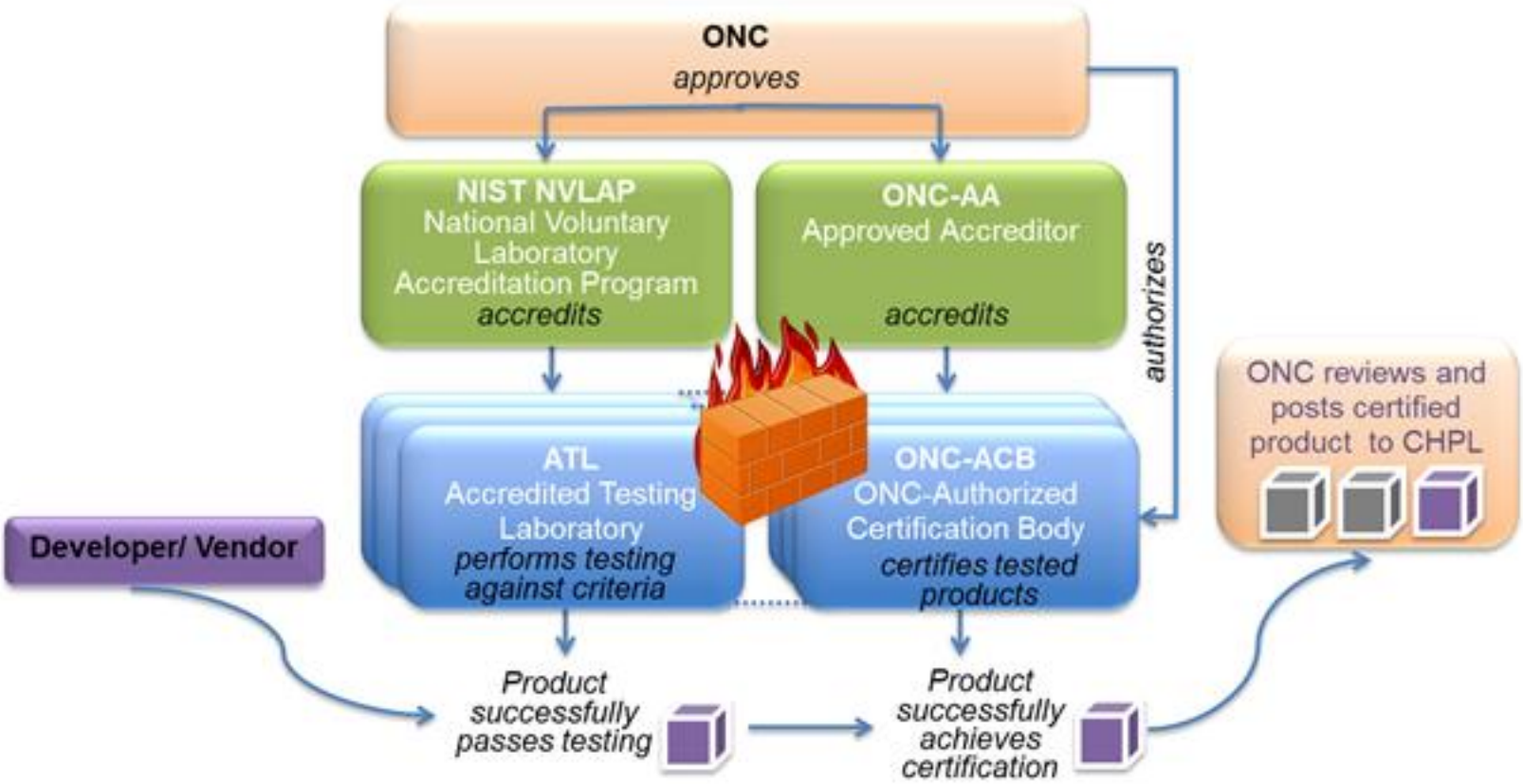
Certification Procedures



ATLs

The National Voluntary Laboratory Accreditation Program (NVLAP) has been acknowledged by ONC, by regulation, as the Accreditation Body for Testing Laboratories in the ONC HIT Certification Program.

In July 2012, NVLAP accredited the following test laboratories, as Accredited Testing Laboratories (ATLs), qualified to test EHR technology under the ONC HIT Certification Program:

- Drummond Group
- Certification Commission for Health Information Technology (CCHIT)
- ICSA Labs
- InfoGard Laboratories, Inc.
- SLI Global Solutions

View more information on the NVLAP HIT Laboratory Accreditation Program (LAP).

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ONC-ACBs

In July 2012, ANSI accredited the following certification bodies, which then applied to ONC for authorization at ONC-ACB@hhs.gov to certify EHR technologies in the ONC HIT Certification Program.

ONC has authorized the following certification bodies to serve as ONC-ACBs in the ONC HIT Certification Program:

- Drummond Group
- ICSA Labs
- InfoGard Laboratories, Inc.

ONC-ACBs are required by regulation to renew their ONC-ACB status every three years.

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Certification Goal:
Make ***THE LIST***!

Link: http://oncchpl.force.com/ehrcert?q=CHPL

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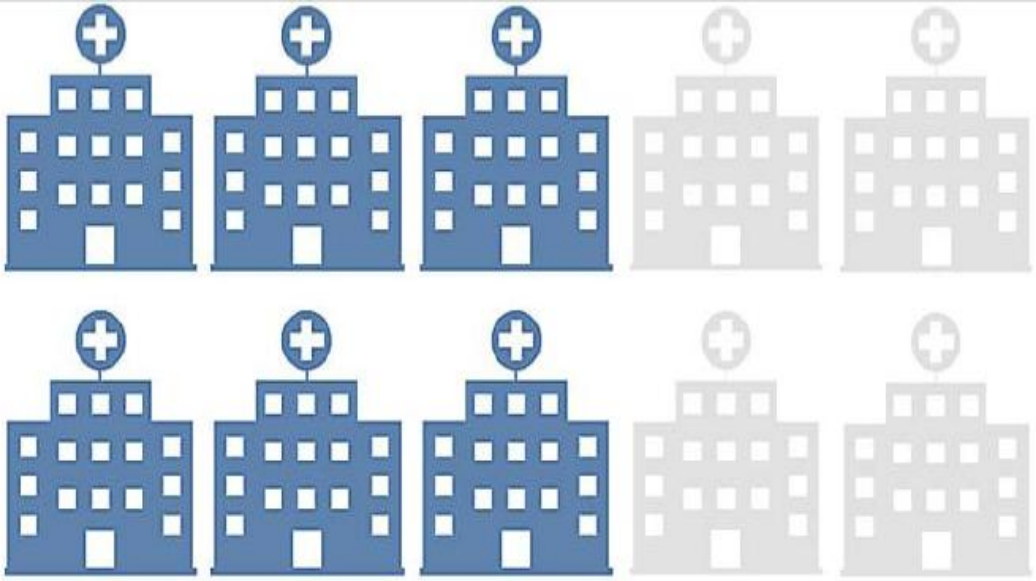


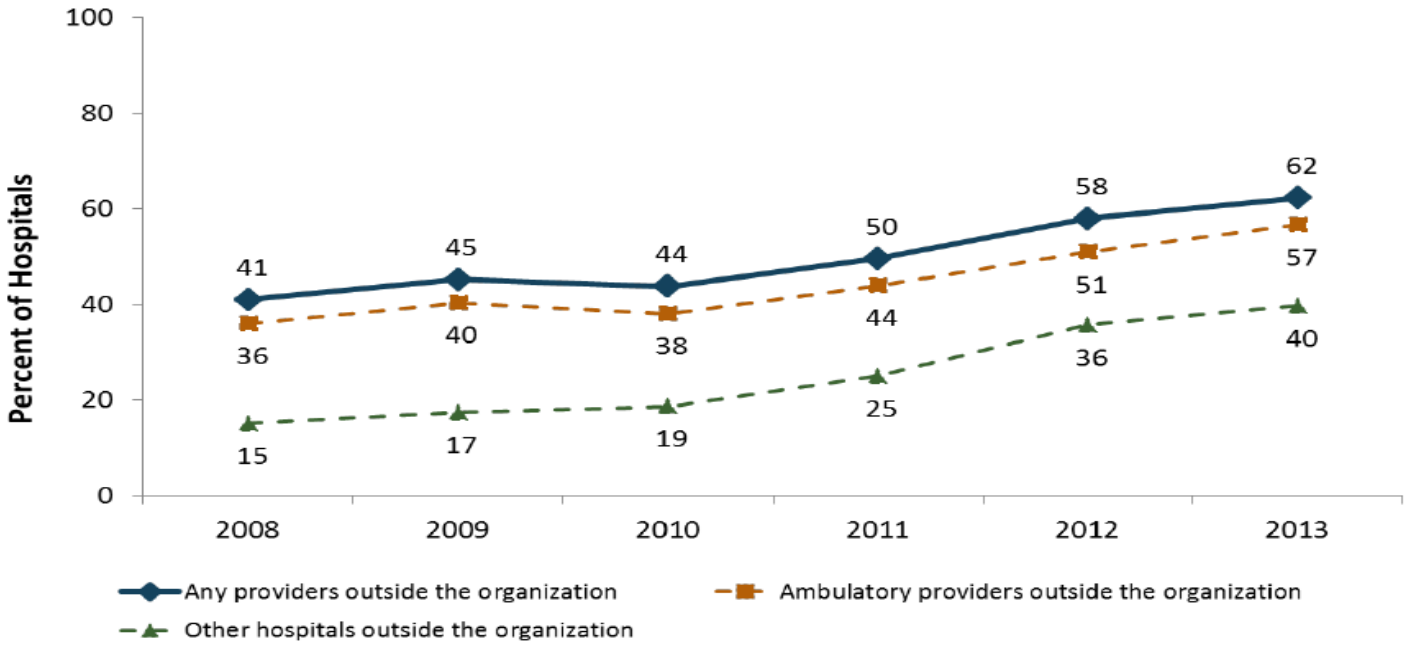
SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement

★ In 2013, more than six in ten hospitals (62%) electronically exchanged health information with providers outside of their system (Figure 1).

From Swain M, Charles D, Furukawa MF. "Health Information Exchange among U.S. Non-federal Acute Care Hospitals: 2008-2013." ONC Data Brief, no 17 Washington, DC: Office of the National Coordinator for Health Information Technology. May 2014

ONC-Briefs from 2014

Figure 2: Percent of non-federal acute care hospitals that electronically exchanged laboratory results, radiology reports, clinical care summaries, or medication lists with outside providers and hospitals: 2008-2013



SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement

From Swain M, Charles D, Furukawa MF. "Health Information Exchange among U.S. Non-federal Acute Care Hospitals: 2008-2013." ONC Data Brief, no 17 Washington, DC: Office of the National Coordinator for Health Information Technology. May 2014

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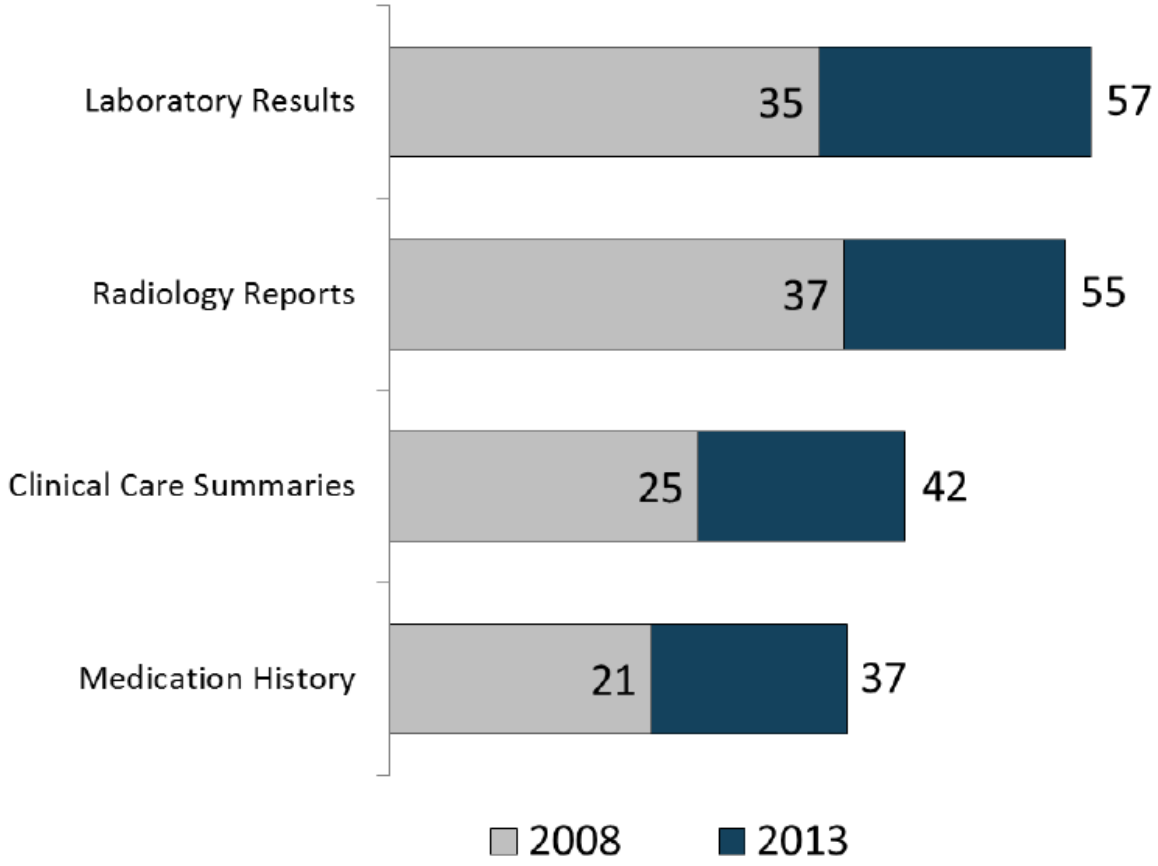

SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement

From Swain M, Charles D, Furukawa MF. "Health Information Exchange among U.S. Non-federal Acute Care Hospitals: 2008-2013." ONC Data Brief, no 17 Washington, DC: Office of the National Coordinator for Health Information Technology. May 2014

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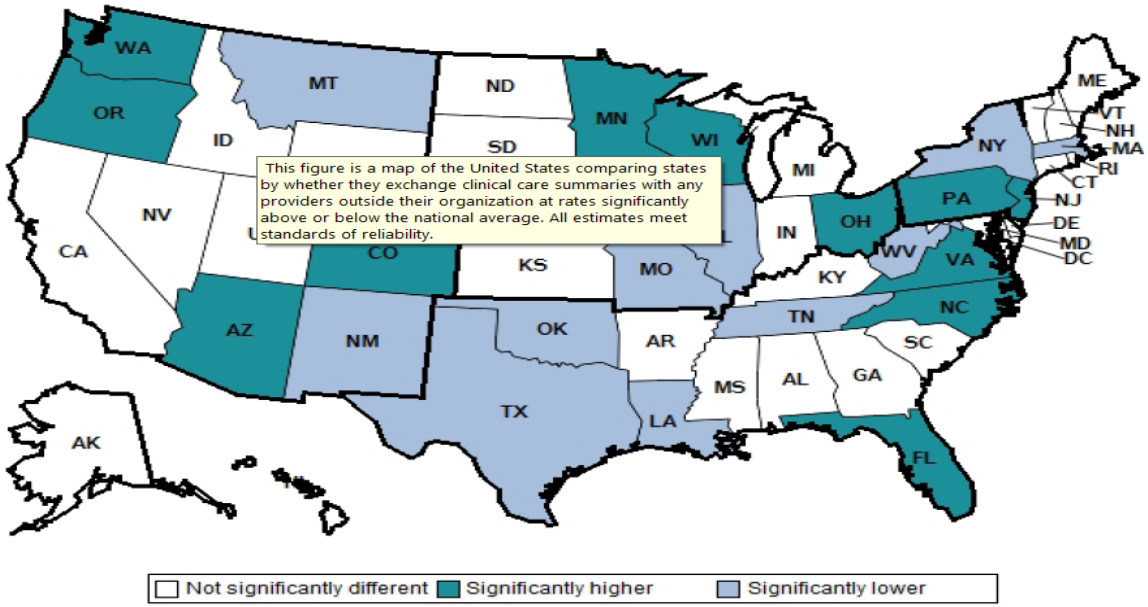
Figure 4: State percent of non-federal acute care hospitals that electronically exchanged clinical care summaries with any outside providers compared with the national average (42%): 2013



SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement

From: Swain M, Charles D, Furukawa MF. "Health Information Exchange among U.S. Non-federal Acute Care Hospitals: 2008-2013." ONC Data Brief, no 17 Washington, DC: Office of the National Coordinator for Health Information Technology. May 2014

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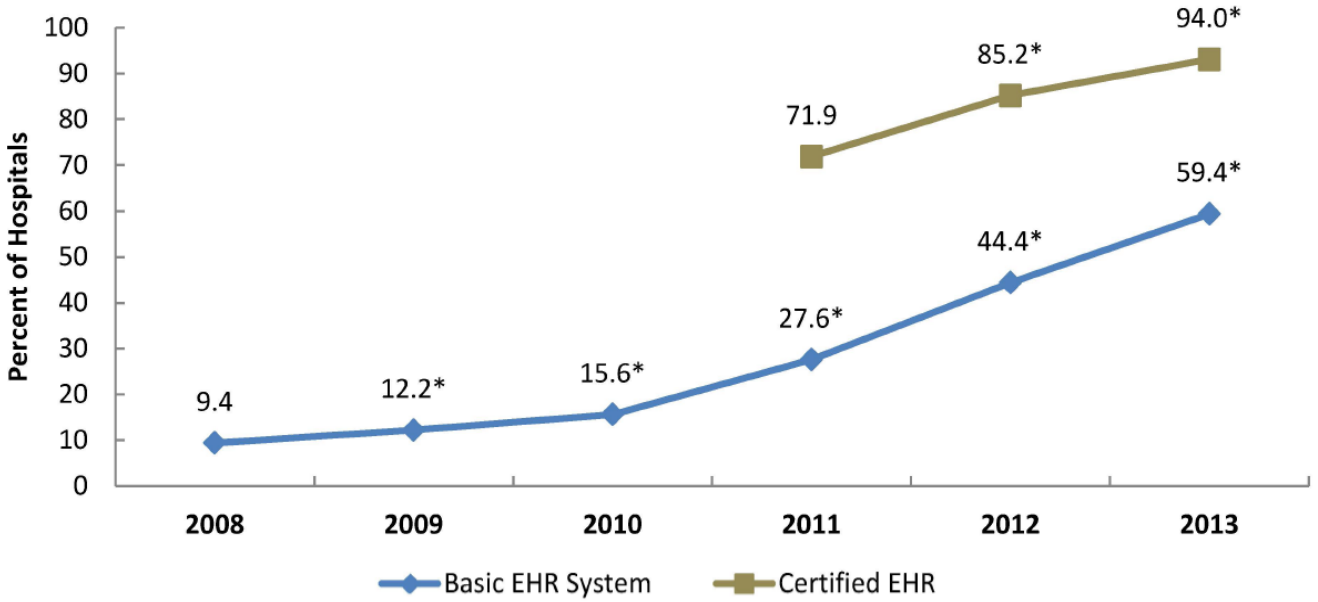
Figure 1: Percent of non-federal acute care hospitals with adoption of at least a Basic EHR system and possession of a certified EHR: 2008-2013



NOTES: Basic EHR adoption requires the EHR system to have a set of EHR functions defined in Table 2. A certified EHR is EHR technology that has been certified as meeting federal requirements for some or all of the hospital objectives of the CMS EHR Incentive Program. Possession means that the hospital has a legal agreement with the EHR vendor, but is not equivalent to adoption.
*Significantly different from previous year ($p < 0.05$).
SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement

From: Charles D, Gabriel M, Furukawa MF. "Adoption of Electronic Health Record Systems among U.S. Non-federal Acute Care Hospitals: 2008-2013," ONC Data Brief, no. 16. Washington, DC: Office of the National Coordinator for Health Information Technology. May 2014

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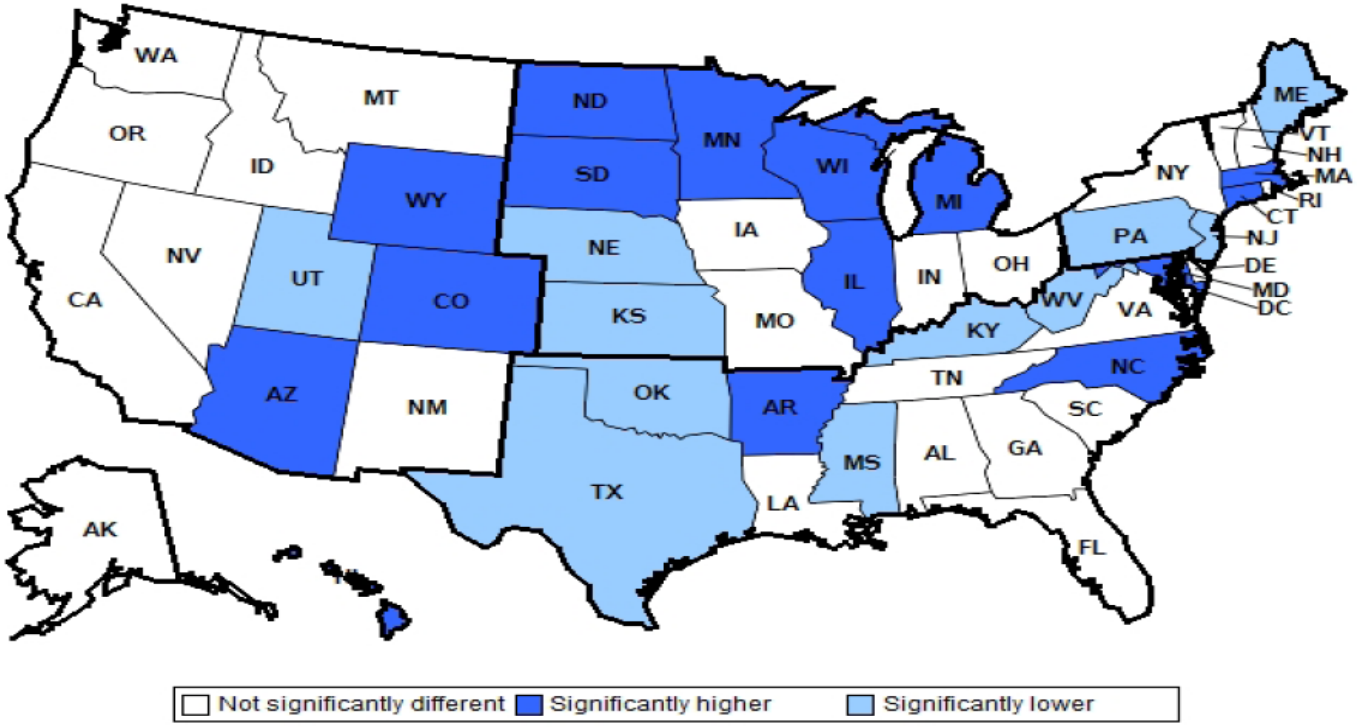
Figure 2: State percent of non-federal acute care hospitals with adoption of at least a Basic EHR system compared with the national average (59.4%): 2013



NOTES: Basic EHR adoption requires the EHR system to have at least a basic set of EHR functions, including clinician notes, as defined in Table 2.
SOURCE: ONC/AHA, AHA Annual Survey Information Technology Supplement

From: Charles D, Gabriel M, Furukawa MF. "Adoption of Electronic Health Record Systems among U.S. Non-federal Acute Care Hospitals: 2008-2013," ONC Data Brief, no. 16. Washington, DC: Office of the National Coordinator for Health Information Technology. May 2014

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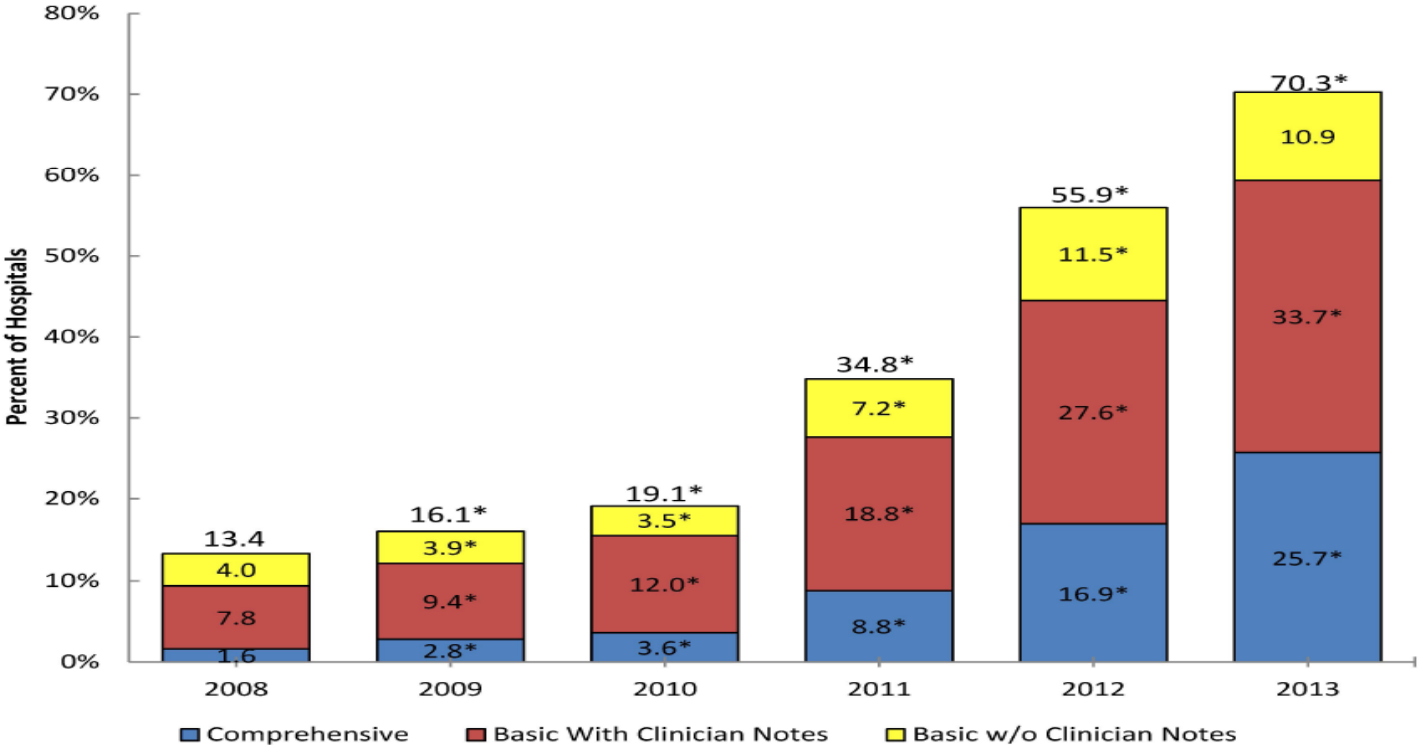
Figure 3: Percent of non-federal acute care hospitals with adoption of EHR systems by level of functionality: 2008-2013



NOTES: Definitions of Basic EHR and Comprehensive EHR systems are reported in Table 2.
*Significantly different from previous year ($p < 0.05$).
A prior study reported estimates of hospital adoption based on at least Basic EHR with Clinician Notes (1).
Differences in the estimates in this brief from (1) are due to the inclusion of children's and cancer hospitals and small differences in the calculation of hospital-level weights.
SOURCE: ONC/AHA, AHA Annual Survey Information Technology Supplement

From: Charles D, Gabriel M, Furukawa MF. "Adoption of Electronic Health Record Systems among U.S. Non-federal Acute Care Hospitals: 2008-2013," ONC Data Brief, no. 16. Washington, DC: Office of the National Coordinator for Health Information Technology. May 2014

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Table 2: Electronic Functions Required for Hospital Adoption of Basic or Comprehensive EHR Systems

EHR Functions Required	Basic EHR without Clinician Notes	Basic EHR with Clinician Notes	Comprehensive EHR
Electronic Clinical Information			
Patient demographics	★	★	★
Physician notes		★	★
Nursing assessments		★	★
Problem lists	★	★	★
Medication lists	★	★	★
Discharge summaries	★	★	★
Advance directives			★
Computerized Provider Order Entry			
Lab reports			★
Radiology tests			★
Medications	★	★	★
Consultation requests			★
Nursing orders			★
Results Management			
View lab reports	★	★	★
View radiology reports	★	★	★
View radiology images			★
View diagnostic test results	★	★	★
View diagnostic test images			★
View consultant report			★
Decision Support			
Clinical guidelines			★
Clinical reminders			★
Drug allergy results			★
Drug-drug interactions			★
Drug-lab interactions			★
Drug dosing support			★

NOTES: Basic EHR adoption requires each function to be implemented in at least one clinical unit, and Comprehensive EHR adoption requires each function to be implemented in all clinical units

From: Charles D, Gabriel M, Furukawa MF. "Adoption of Electronic Health Record Systems among U.S. Non-federal Acute Care Hospitals: 2008-2013," ONC Data Brief, no. 16. Washington, DC: Office of the National Coordinator for Health Information Technology. May 2014

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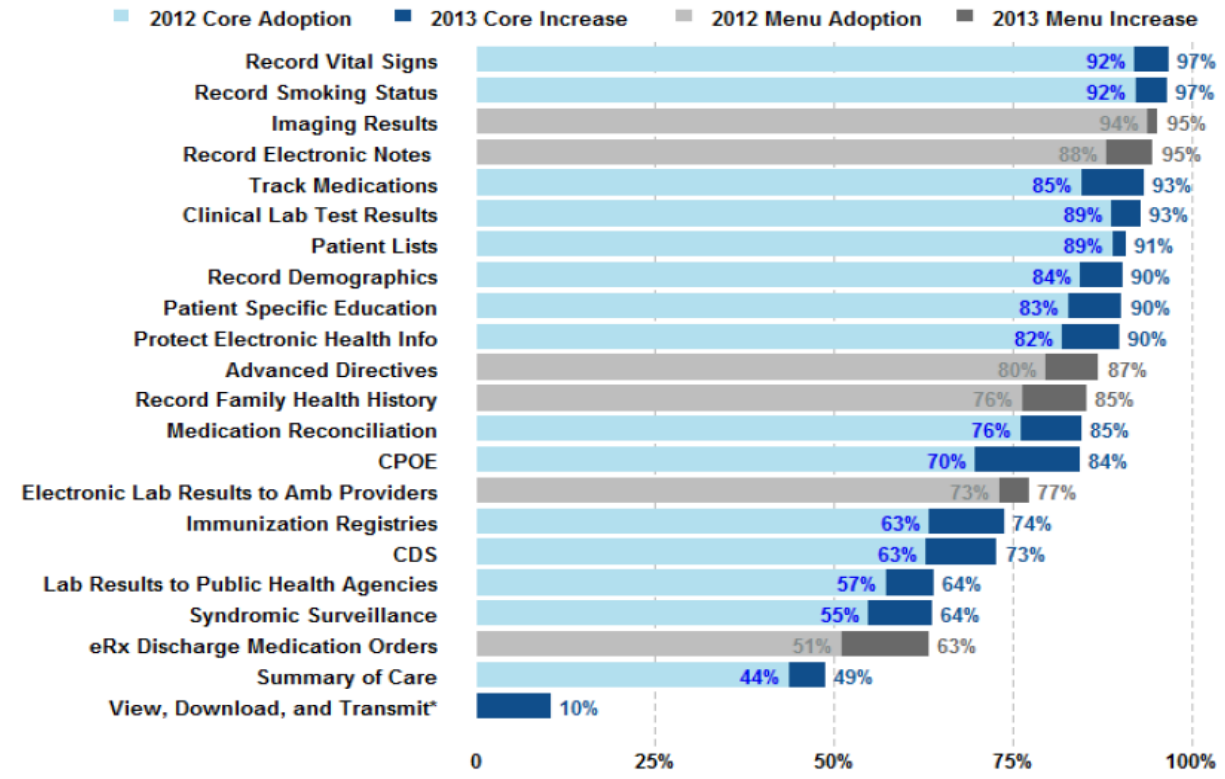
Percent of U.S. Hospitals with Computerized Capability



'Transmit Health Information Online' was added to AHA survey in 2013. Data was not collected for 2012. 'View, Download, and Transmit' functionality, therefore, reflects only data collected in 2013. See **Quick Stat #24: U.S. Hospital Adoption of Patient Engagement Functionalities for a break-out of hospital adoption of 'view', 'download', and 'transmit' functionalities.*

http://dashboard.healthit.gov/quickstats/pages/FIG-Hospital-Adoption-Meaningful-Use-Stage-Two-2013.html

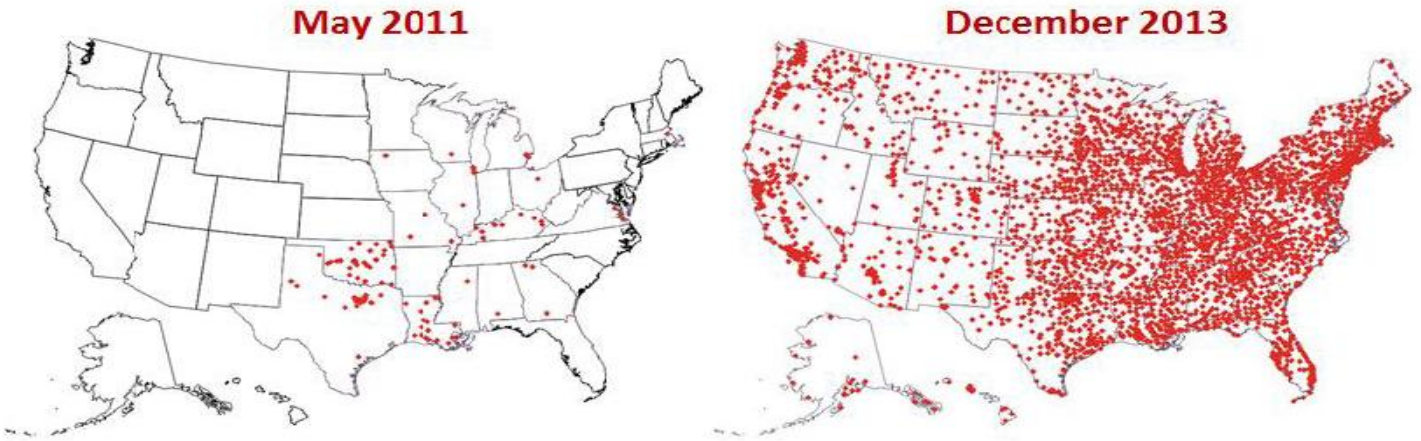
From: Office of the National Coordinator for Health Information Technology. 'U.S. Hospital Adoption of Computerized Capabilities to Meet Meaningful Use Stage 2 Objectives,' Health IT Quick-Stat, no. 23, April 2014

ONC-Briefs from 2014

Health IT Quick-Stat #18

Hospitals Receiving Incentive Payments for Electronic Health Record Adoption or Meaningful Use

May 2011 to December 2013



Summary:
Hospitals have adopted and used Electronic Health Records (EHR) at a rapid rate across the country since the inception of the CMS EHR Incentive Program. 4,400 hospitals or 87 percent of all U.S. hospitals had received at least one incentive payment from the Medicare or Medicaid programs, as of December 2013.

Click this link for an animation of hospital adoption acceleration from May 2011 through December 2013: http://dashboard.healthit.gov/quickstats/Images/InfoGraphics/Hospitals-Receiving-Payments-for-MU-and-Adoption.gif

Source:
ONC analysis of CMS EHR Incentive Program data.

From:Office of the National Coordinator for Health Information Technology. 'Hospitals Receiving Incentive Payments for Electronic Health Record Adoption or Meaningful Use,' Health IT Quick-Stat, no. 18. February 2014

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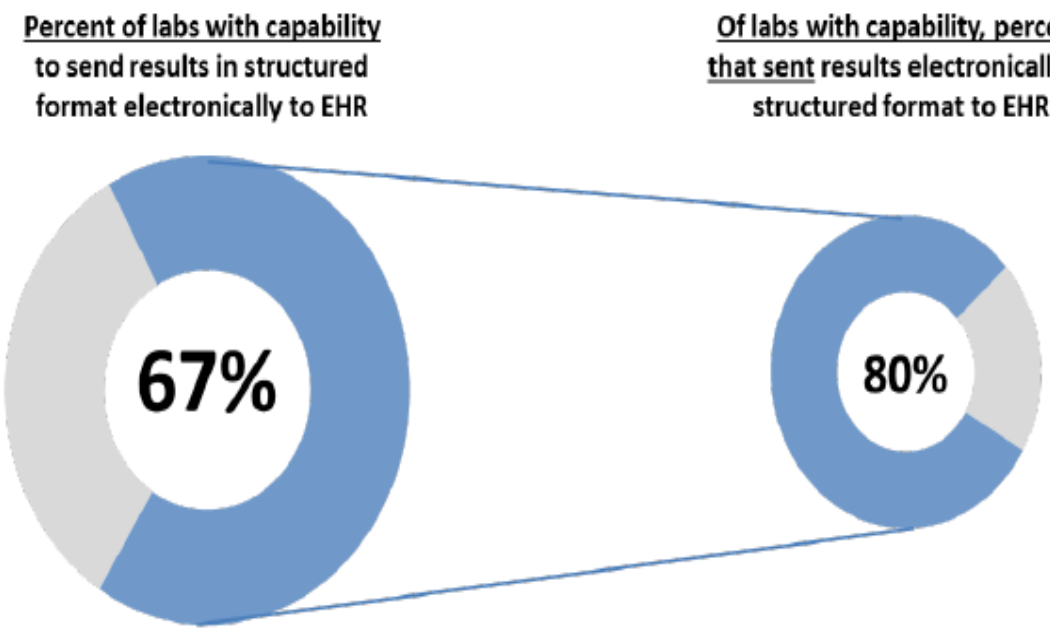
Figure 1: Percent of clinical laboratories with the capability to send results in a structured format electronically to an ordering provider's EHR and the percent of clinical laboratories with that capability that reported sending structured test results to an ordering provider's EHR: 2012



NOTES: Definition for structured format is reported at the end of the document.
SOURCE: ONC analysis of data from National Survey on Health Information Exchange in Clinical Laboratories, 2012

From: Swain M, Patel V. "Health Information Exchange among Clinical Laboratories." ONC Data Brief, no 14. Washington, DC: Office of the National Coordinator for Health Information Technology. February 2014.

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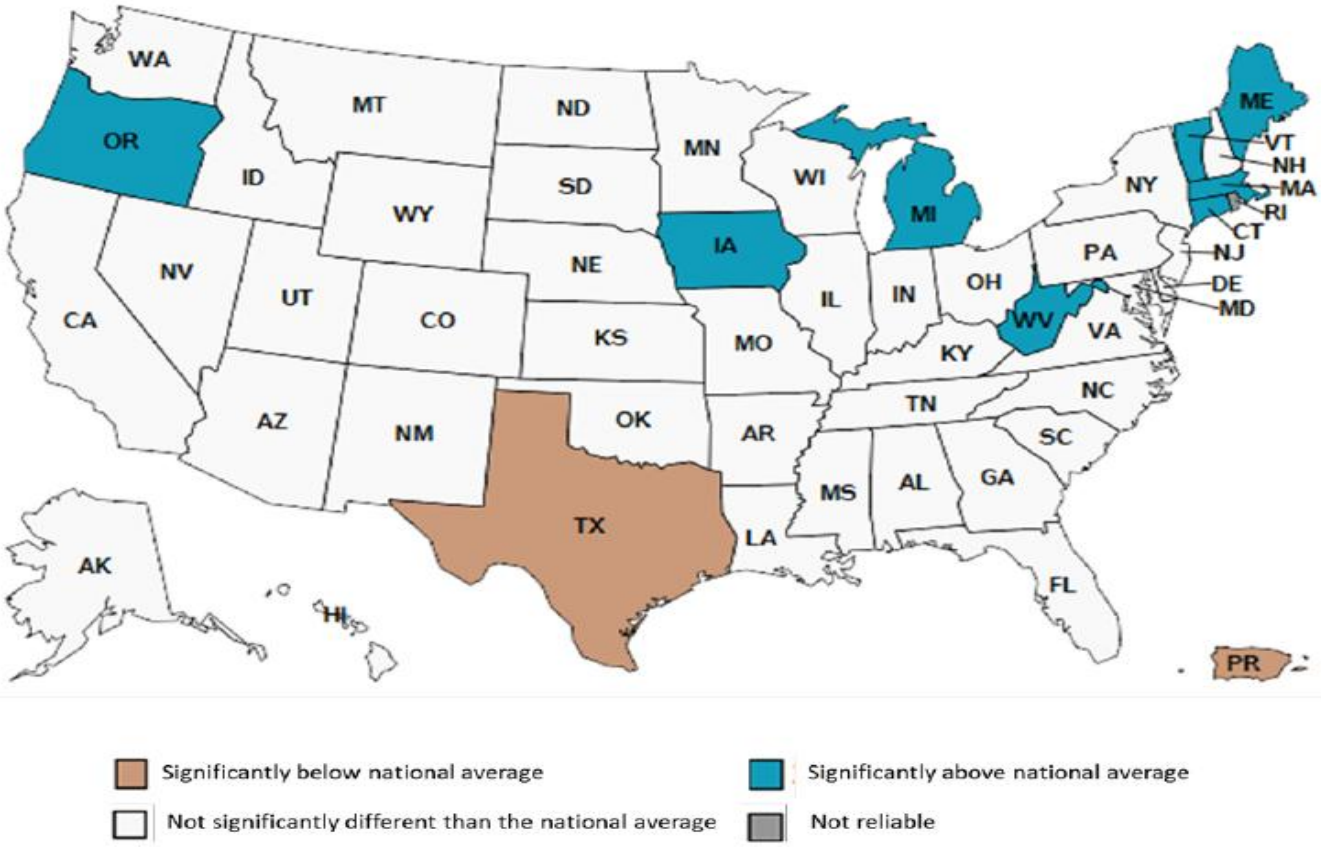
Figure 3: Percent of clinical laboratories with the capability to send structured test results by state and territory compared to the national average (67 percent): 2012



SOURCE: ONC analysis of data from National Survey on Health Information Exchange in Clinical Laboratories, 2012

From: Swain M, Patel V. "Health Information Exchange among Clinical Laboratories." ONC Data Brief, no 14. Washington, DC: Office of the National Coordinator for Health Information Technology. February 2014

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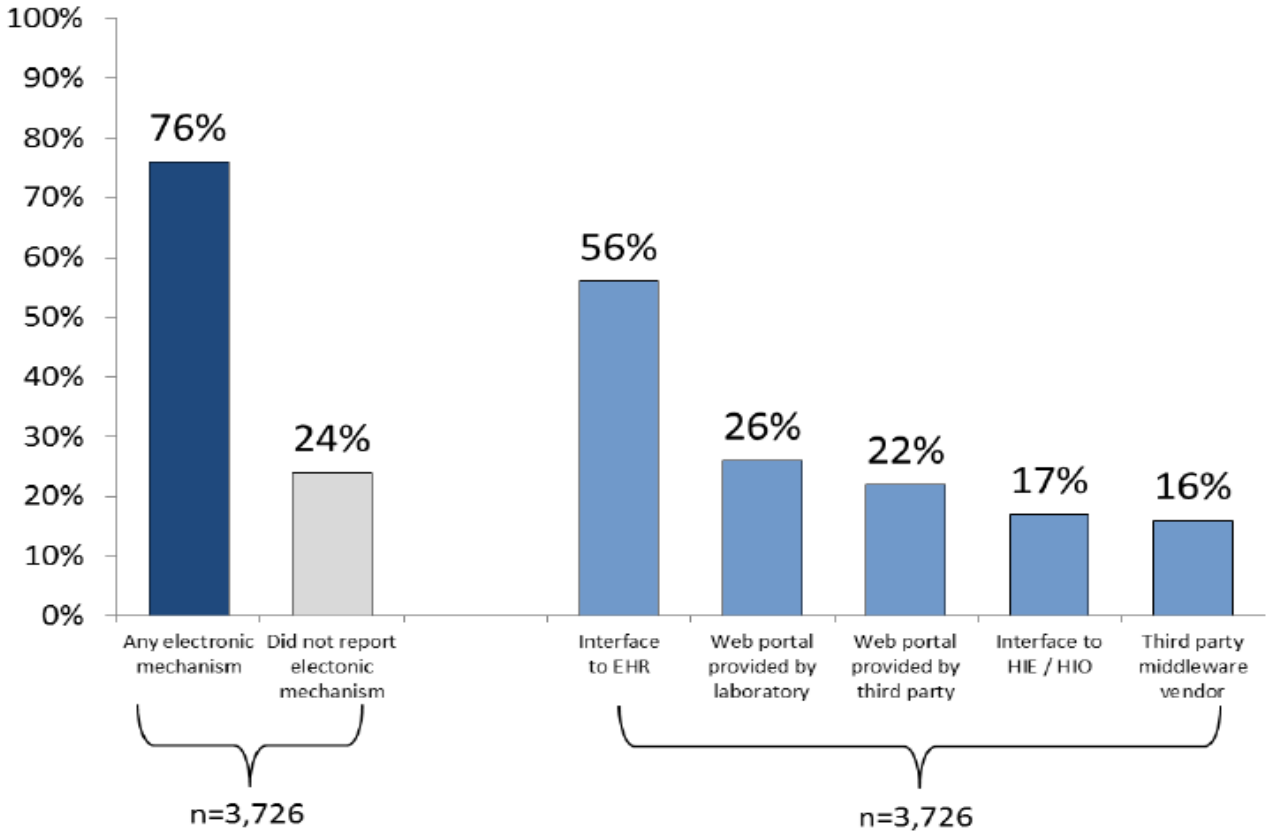
Figure 4: Mechanism used by clinical laboratories to share results electronically.



NOTES: The category "any electronic mechanism" is a composite of laboratories that answered "yes" to at least one of the five electronic mechanisms, which are displayed in this figure on the right. HIE/HIO is Health Information Exchange/Health Information Organization. Five percent of laboratories were excluded from estimates due to unreliable data.
SOURCE: ONC analysis of data from National Survey on Health Information Exchange in Clinical Laboratories, 2012

From: Swain M, Patel V. "Health Information Exchange among Clinical Laboratories." ONC Data Brief, no 14. Washington, DC: Office of the National Coordinator for Health Information Technology. February 2014

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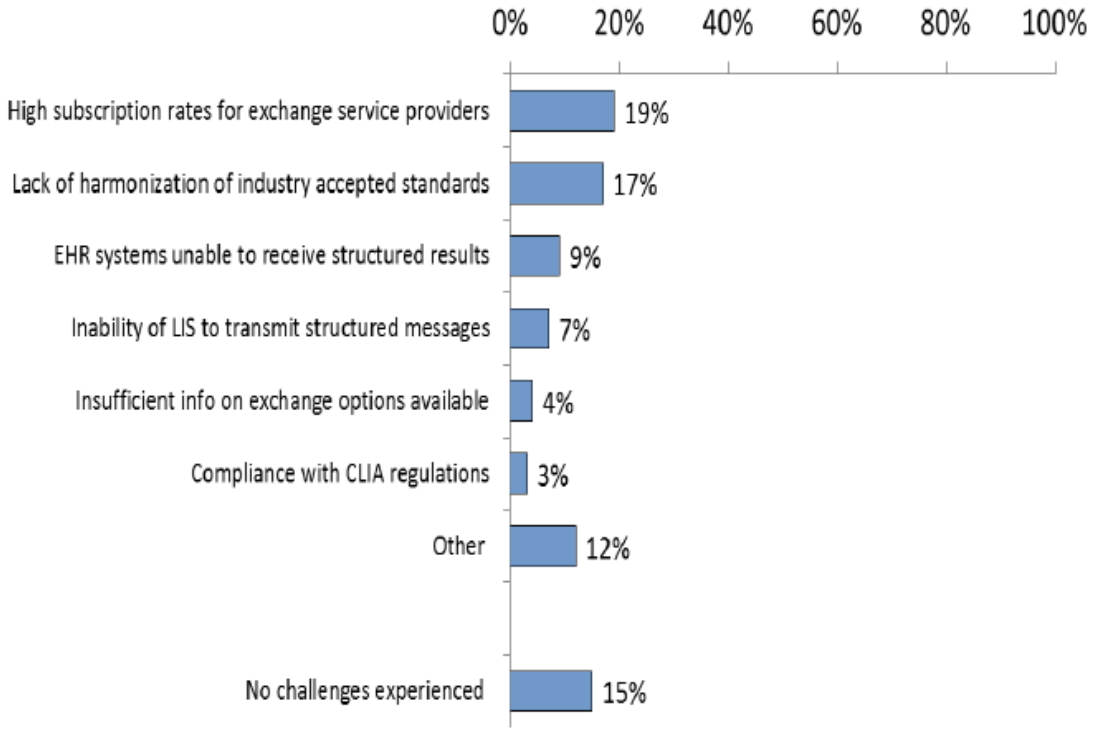
Figure 5: Challenges among clinical laboratories for sending test results electronically in a structured format.



NOTES: Results do not add up to 100 percent. Respondents were asked to select one response as their primary challenge, however, many respondents selected more than one response. LIS is a laboratory information system. CLIA refers to the Clinical Laboratory Improvement Amendments. Estimates based on long form survey respondents only (n=3,953).
SOURCE: ONC analysis of data from National Survey on Health Information Exchange in Clinical Laboratories, 2012

From: Swain M, Patel V. "Health Information Exchange among Clinical Laboratories." ONC Data Brief, no 14. Washington, DC: Office of the National Coordinator for Health Information Technology. February 2014

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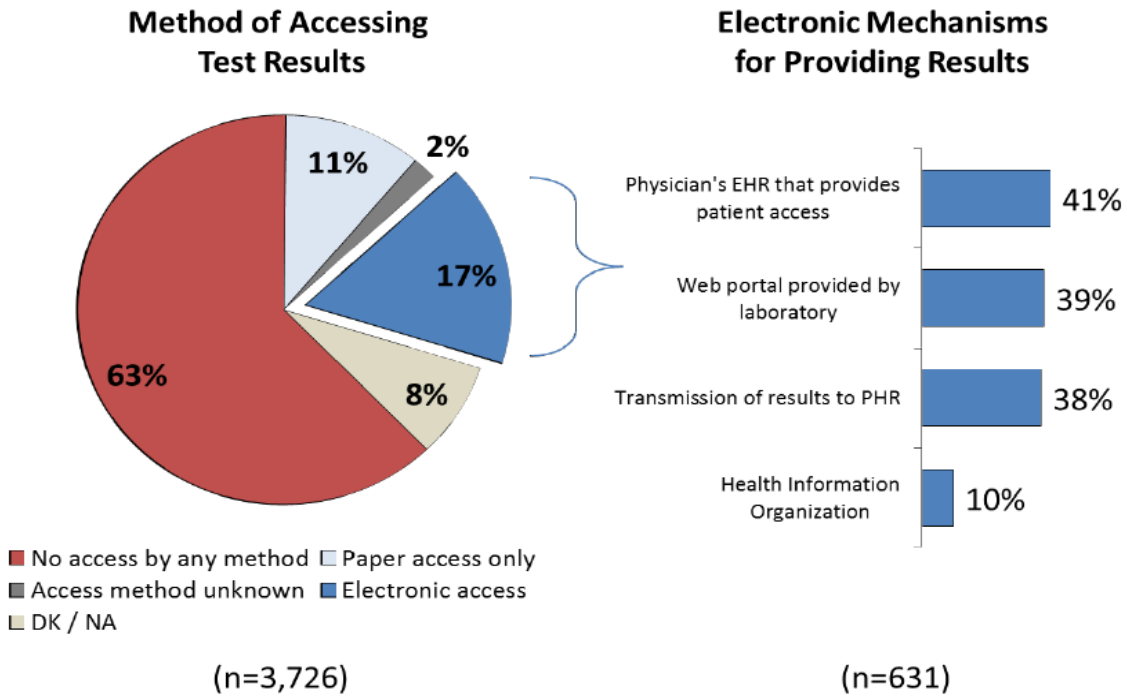
Figure 2: Percent of clinical laboratories that used electronic and non-electronic methods to deliver test results directly to patients: 2012



NOTES: Estimates based on long form survey respondents only. Results in the pie chart may not add to 100 percent due to rounding. The category "no access by any method" includes respondents that answered "no" or "not legal in state" in Figure1. "DK/NA" accounts for respondents selecting "don't know" and item non-response. The categories "paper access only," "access method unknown," and "electronic access" comprise the 30 percent of clinical laboratories providing patients or their legal representatives direct access to their clinical test results in Figure 1. Respondents were allowed to select more than one electronic mechanism.
SOURCE: ONC analysis of data from National Survey on Health Information Exchange in Clinical Laboratories, 2012

From: Swain M, Patel V. "Patient Access to Test Results among Clinical Laboratories." ONC Data Brief no 13. Washington, DC: Office of the National Coordinator for Health Information Technology. February 2014

MU 2014 certification

- All EHR-S must now be 2014 certified
- Attesting Providers need to provide 90 days of transaction for each quarter

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NPRM for voluntary 2015 certification

- New concept
- Idea is to trial certification standards
- Comment period ended April 28th, 2014
- Hear of quite a lot of push back

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