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Meaningful Use, MACRA, HIE and Interoperability

Update Session

January 18, 2017



Session Agenda

- GA-HIMSS Events
- Year in Review and Ahead
- Deadlines and Activities around Meaningful Use and MACRA
- Group discussions / comments

<http://ga.himsschapter.org/Events/index.aspx>

- CoP MU, MACRA, HIE and Interoperability – 2/15/2017 and 3/18/2017
- HIT Day Luncheon and Program – 1/26/2017
- Lunch and Learn – Operationalizing Direct Secure Messaging - 2/2/2017
- HIMSS17 GaHIMSS Reception – 2/21/2017
- Nursing Informatics Bootcamp – 4/8-9/2017
- GaHIMSS Golf Classic – 4/17/2017

Let Us Hear From You

➤ Meet Monthly, **third Wednesday at 12:00**

▪ **February 15, 2017**

▪ **March 15, 2017**

Invite a co-worker, employee, HIT student, vendor

➤ Issues and barriers – MU, HIE, Interoperability, MACRA

➤ Topics for future CoP calls

➤ Topics for Chapter Lunch 'n Learns or webcasts sessions

➤ ga.comm@himsschapter.org

Year in Review 2016

- Meaningful Use Modified Stage 2
- State HIE Update
- HIMSS17 Review
- MACRA Proposed Rules
- MACRA MIPs Focus
- MACRA Flexibility Update
- MACRA Final Rule
- MACRA – Quality Component
- State HIE Update

Upcoming 2017

- Impact of MACRA on HIT Executives and Practices
- Review of HIMSS17
- MACRA Updates
- HIE – Demonstration of Direct Secure Messaging and Query
- Interoperability
- Meeting the MIPs Component of MACRA
- Meeting the Improvement Component of MACRA
- Meeting the Quality Component of MACRA
- Meaningful Use Update

Upcoming Deadlines

- Meaningful Use Attestation Medicare – February 28, 2016
- Meaningful Use Attestation GA Medicaid – March 31, 2016
- MACRA begin 90 day reporting period – by October 2, 2016

Don't wait until October!!!

Meaningful Use 2016 & 2017

- Continuous 90 day reporting period within the calendar year
- Must meet all thresholds – All or none
- Prepare for a pre-payment audit prior to attestation
- Complete Registry efforts within first 60 days of attestation period
- Complete Security Risk Assessment (SRA) prior to end of reporting period
 - Include date of SRA, mitigation plan and dates
- Obtain Verification of Use letter from vendor with CEHRT #
- Must participate in 2016 to avoid 2018 Medicare Adjustment

Meaningful Use 2016

1. Protect electronic protected health information (ePHI) – SRA
2. Clinical Decision Support Rules – 5 related to 4 CQMs & Drug-Drug/Drug-Allergy Interaction Checks
3. CPOE Medications – >60%; CPOE Labs – >30%; CPOE Radiology – >30%
4. eRX & Formulary – >50%
5. HIE, generate SoC for ToC and transmit – >10%
6. Patient Education – >10%
7. Medication Reconciliation – >10%
8. Patient Access – >50%; VDT – 1 patient
9. Secure Messaging – 1 patient
10. Public Health Reporting & Registries – 2
CQMs – 9 in at least 3 domains, no thresholds

EP Attestation Worksheet

Objective: Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

Note: An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective.

Measure 1: More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Exclusion for Measure 1: Any EP who writes fewer than 100 medication orders during the EHR reporting period.

Measure 2: More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Exclusion for Measure 2: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.

Alternate Exclusion Measure 2: EPs scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 2 (laboratory orders) of the Modified Stage 2 CPOE objective for an EHR reporting period in 2016.

Measure 3: More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Exclusion for Measure 3: Any EP who writes fewer than 100 radiology orders during the EHR reporting period.

Alternative Exclusion Measure 3: EPs scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 3 (radiology orders) of the Modified Stage 2 CPOE objective for an EHR reporting period in 2016.

EP Attestation Worksheet

Does the exclusion for Measure 1 apply to you?	Yes <input type="radio"/> No <input type="radio"/>
Does the exclusion for Measure 2 apply to you?	Yes <input type="radio"/> No <input type="radio"/>
Does the exclusion for Measure 3 apply to you?	Yes <input type="radio"/> No <input type="radio"/>
Does the alternate exclusion for Measure 2 apply to you?	Yes <input type="radio"/> No <input type="radio"/>
Does the alternate exclusion for Measure 3 apply to you?	Yes <input type="radio"/> No <input type="radio"/>
Numerator Measure 1 (Medication): Number of orders in the denominator recorded using CPOE.	<input type="text"/>
Denominator Measure 1 (Medication): Number of medication orders created by the EP during the EHR reporting period.	<input type="text"/>
Numerator 2 (Laboratory): Number of orders in the denominator recorded using CPOE.	<input type="text"/>
Denominator 2 (Laboratory): Number of laboratory orders created by the EP during the EHR reporting period.	<input type="text"/>
Numerator 3 (Radiology): Number of orders in the denominator recorded using CPOE.	<input type="text"/>
Denominator 3 (Radiology): Number of radiology orders created by the EP during the EHR reporting period.	<input type="text"/>

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP_AttestationWorksheet2016.pdf

Meaningful Use 2017 (Medicaid)

1. Protect electronic protected health information (ePHI) – SRA
2. Clinical Decision Support Rules – 5 related to 4 CQMs & Drug-Drug/Drug-Allergy Interaction Checks
3. CPOE Medications – >60%; CPOE Labs – >30%; CPOE Radiology – >30%
4. eRX & Formulary – >50%
5. HIE, generate SoC for ToC and transmit – >10%
6. Patient Education – >10%
7. Medication Reconciliation – >10%
8. **Patient Access – >50%; VDT – >5%**
9. **Secure Messaging – >5%**
10. Public Health Reporting & Registries – 2
CQMs – 9 in at least 3 domains, no thresholds

MACRA 2017

- Must participate to avoid reduced Medicare reimbursement in 2019
- Four options
 - 90 day participation with MIPS score of at least 3 – no penalty
 - Could be 1 Quality or 1 Improvement Activity
 - 90 day meet base measures – no penalty, increase possible
 - 9 measures result in additional credit
 - Bonus for Public Health Reporting and use of CEHRT for Improvement Activities
 - Full year – no penalty, increase reimbursement
 - Participate in APM – no penalty, 5% increase

MACRA 2017

Quality Payment Program

Learn About the Program

Explore Measures

Education & Tools

Program Performance


Quality Measures

Advancing Care Information

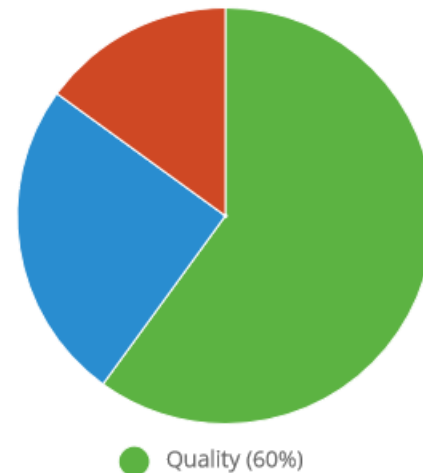
Improvement Activities

MIPS Overview

Use this tool to browse the different MIPS measures and activities.

Category	What do you need to do?
 Quality Replaces the Physician Quality Reporting System (PQRS).	<p>Most participants: Report up to 6 quality measures, including an outcome measure, for a minimum of 90 days.</p> <p>Groups using the web interface: Report 15 quality measures for a full year.</p> <p>Groups in APMs qualifying for special scoring under MIPS, such as Shared Savings Track 1 APM or the Oncology Care Model one-sided risk APM: Report quality measures through your APM. You do not need to do anything additional for MIPS quality.</p>

2017 MIPS Performance



MACRA 2017

- Participate in MACRA education sessions
- Review the available Quality measures and determine which are most appropriate
- Select your Improvement Activities and develop your plan
- Understand the Advancing Care Information measures
 - Insure you can report on these measures
 - Work to accomplish these measures
- Determine which MACRA option you will use
- Consider PCMH and/or TCPI
- Begin to research the Cost component

Q&A Discussion

GA-HIMSS Community of Practice

Meaningful Use, MACRA, HIE and Interoperability

- Recording of session available
<http://ga.himsschapter.org/cop-interoperability>
- Next Meeting: February 15, 12:00
- Let us know what you want to hear or if you would like to contribute
- Additional CoPs available through GA-HIMSS



Thank you for your participation and input!

