

**MEANINGFUL USE:**

***LOOKING BACK &  
MOVING FORWARD***

# MEANINGFUL USE



**Its Path . . .**

# UNPRECEDENTED



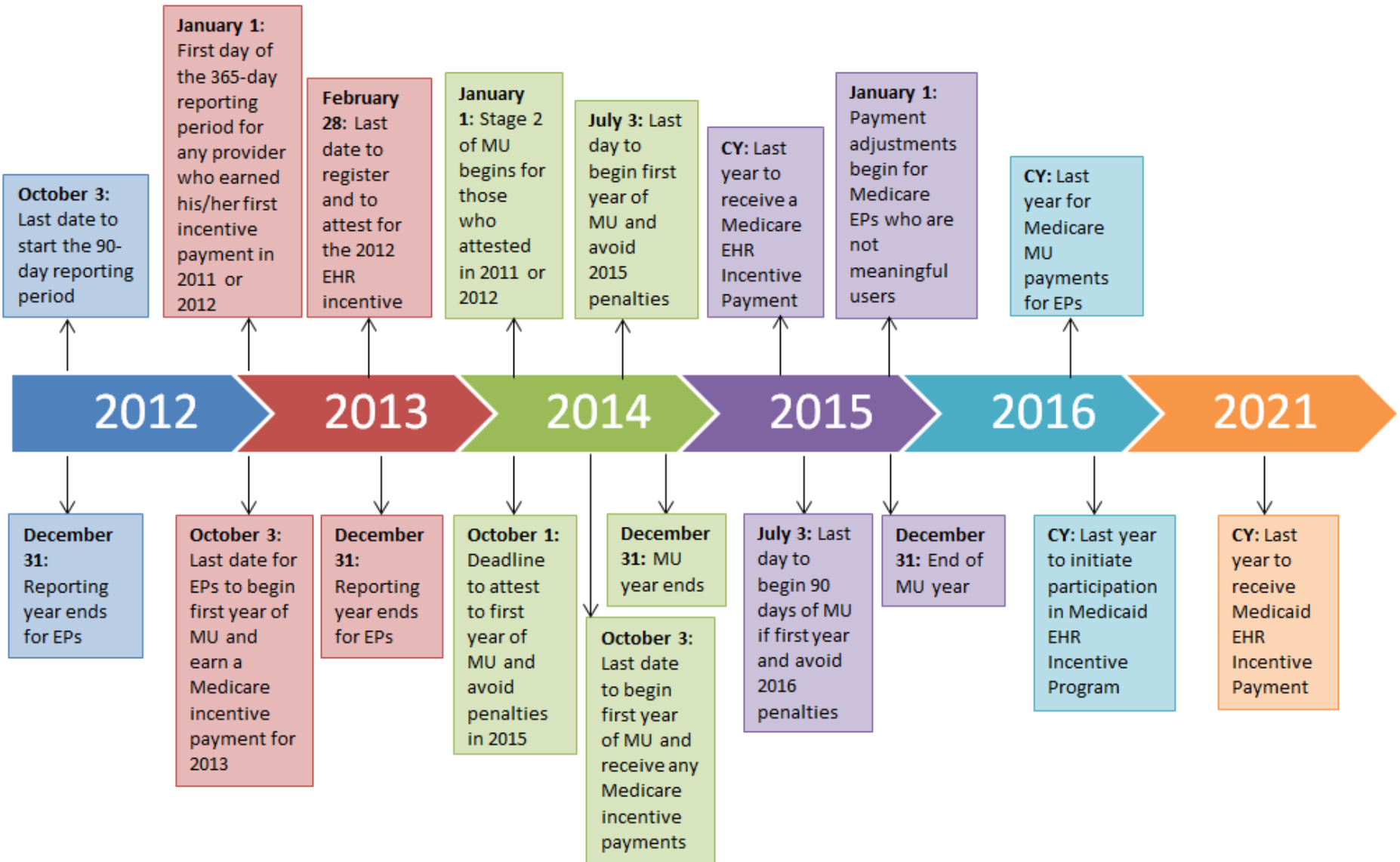
- **Just over two years ago at this time REC's were just forming.**
- **Final Rule for Stage 1 had recently been released.**
- **The Certification Standards were still new**
- **EHR vendors were hunkering down to .**
- **ARRA had laid the foundation for massive investment in HIT**
- **An EXPLOSION was on the horizon . . . .**

# UNPARALLELED



- **Doomsayers predicted the worst.**
- **Physicians resistant and skeptical.**
- **But most knew change HAD to come.**
  - ❖ *Medicare solvency until 2024*
  - ❖ *Healthcare spending growing faster than the national income; 17.9% GDP 2010*
  - ❖ *US ranks poorly on quality, access, efficiency, equity, and healthy lives in comparison to other countries.*

# Eligible Professionals






# MEANINGFUL USE

**The Objectives . . .**

# Core Set

Policy Priority	Stage 1 Objectives	Measure
<p><b>Improving quality, safety, efficiency and reducing health disparities</b></p>	<ul style="list-style-type: none"> <li>Use <u>CPOE</u> for medication orders </li> </ul>	<p>30%+ of patients</p>
	<ul style="list-style-type: none"> <li>Implement <u>drug-drug &amp; drug-allergy</u> checks</li> </ul>	<p>Functionally enabled</p>
	<ul style="list-style-type: none"> <li>Generate and transmit permissible prescriptions electronically (<u>eRx</u>)</li> </ul>	<p>40%+ of eligible prescriptions</p>
	<ul style="list-style-type: none"> <li>Record selected <u>demographics</u> (preferred language, gender, race, ethnicity, date of birth)</li> </ul>	<p>50%+ of patients</p>
	<ul style="list-style-type: none"> <li>Maintain an <u>up-to-date problem list</u> of current and active diagnoses</li> </ul>	<p>80%+ of patients</p>
	<ul style="list-style-type: none"> <li>Maintain <u>active medication list</u></li> </ul>	<p>80%+ of patients</p>

Policy Priority	Stage 1 Objectives	Measure
<b>Improving quality, safety, efficiency and reducing health disparities (cont.)</b>	<ul style="list-style-type: none"> <li>Maintain active <u>medication allergy</u> list</li> </ul>	80%+ of patients
	<ul style="list-style-type: none"> <li>Record and chart changes in selected <u>vital signs</u> (height, weight, BP, BMI, growth charts (2-20 yrs.))</li> </ul>	50%+ of patients
	<ul style="list-style-type: none"> <li>Record <u>smoking status for patients 13 years old or older</u></li> </ul>	50%+ of patients
	<ul style="list-style-type: none"> <li>Implement <u>one clinical decision support rule</u> along with the ability to track compliance that rule</li> </ul>	1 rule
	<ul style="list-style-type: none"> <li>Report <u>ambulatory quality measures</u> to CMS or the States</li> </ul>	Aggregate numerator/denominator



Policy Priority	Stage 1 Objectives	Measure
<b>Engage patients and families in their healthcare</b>	• Provide patients with an <u>electronic copy</u> of their health information upon request, within 3 days of request	50%+ of all patients who request
	• Provide <u>clinical summaries</u> to patients for each office visit within 3 days of visit	50%+ of all office visits
<b>Improve Care Coordination</b>	• Capability to <u>exchange key clinical information</u> among providers of care and patient authorized entities electronically	1 test of capability
<b>Ensure adequate security and privacy</b>	• <u>Protect electronic health information</u> created or maintained by certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis

## Menu Set



Policy Priority	Stage 1 Objectives	Measure
Improving quality, safety, efficiency and reducing health disparities	<ul style="list-style-type: none"> <li>Implement <u>drug formulary checks</u></li> </ul>	Functionality enabled
	<ul style="list-style-type: none"> <li>Incorporate <u>clinical lab test results</u> into certified EHR technology as structured data</li> </ul>	40%+ of all clinical lab tests ordered
	<ul style="list-style-type: none"> <li>Generate <u>lists</u> of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach</li> </ul>	At least 1 report of patients with condition
	<ul style="list-style-type: none"> <li>Send <u>reminders</u> to patients 65 years or older of 5 years or younger per patient preference for preventive/ follow up care</li> </ul>	20%+ of patients



Policy Priority	Stage 1 Objectives	Measure
Engage patients and families in their healthcare Improve Care Coordination	<ul style="list-style-type: none"><li>• Provide patients with timely <u>electronic access</u> to their health information within four business days of the information being available to the EP</li></ul>	10%+ of patients
	<ul style="list-style-type: none"><li>• Use certified EHR technology to identify patient-specific <u>education resources</u> and provide those resources to the patient if appropriate</li></ul>	10%+ of patients

Policy Priority	Stage 1 Objectives	Measure
Improve care coordination	<ul style="list-style-type: none"> <li>Perform Medication Reconciliation when the EP or eligible hospital receives a patient from another setting of care or provider of care</li> </ul>	50%+ of care transitions to EP
	<ul style="list-style-type: none"> <li>Provide summary of care record for each transition of a patient to another setting of care or provider of care or referral to another provider of care</li> </ul>	50%+ of care transitions from EP
Improve population health	<ul style="list-style-type: none"> <li>Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice</li> </ul>	At least 1 test
	<ul style="list-style-type: none"> <li>Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice</li> </ul>	At least 1 test

# MEANINGFUL USE



**The incentive program . . .**

# Medicaid Payment Schedule



Payment Component	Base Year	Year 2	Year 3	Year 4	Year 5	Year 6	TOTAL
Physician	\$21,250	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$63,750
Certified Nurse Mid-Wife	\$21,250	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$63,750
Dentist	\$21,250	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$63,750
Nurse Practitioner	\$21,250	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$63,750
Physician Assistant	\$21,250	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$63,750

# WOW!



More than **110,000** Eligible Professionals have received incentive payments from the Medicare and Medicaid EHR Incentive Programs

From May 2011 to July 31, 2012, more than **\$3.6 billion in Medicare** EHR Incentive Program payments have been made

From January 2011 to August 31, 2012, more than **\$3.3 billion in Medicaid EHR**

**PURDUE**  
HEALTHCARE TAP

# WOW!



As of August 31, 2012, **5,095 cardiology providers** have been paid **\$91,322,832** through the EHR Incentive program nationwide

Between **January and August of 2012**, more than **1200 cardiologists** became “meaningful users”

**PURDUE**  
HEALTHCARETAP

# MEANINGFUL USE



**Its Beauty . . .**

# UNEQUALED



- **The Beauty of Meaningful Use**
- **Incentives are great, BUT . . .**
- **The beauty lies in its collective reach**
  - ❖ *5754 Hospitals*
  - ❖ *850,000 physicians +*
- **And in its collective power**
  - ❖ *All MU-capable EHR's with the same functionality*
  - ❖ *Talking the same language*
- **And in its collective purpose**
  - ❖ *To improve health, improve care and reduce cost*



**The ACC supports the use of health information technology as an important tool for providing high quality patient care.**

**To ensure that health IT is properly implemented, the requirements for meaningful use must be deliberate and specifically tailored to ensure that decisions are not made merely to capture incentives, but to change the way care is furnished in this country,” said William Oetgen, MD, MBA, ACC Senior Vice President, Science and Quality.**

**PURDUE**  
**HEALTHCARE TAP**

# MEANINGFUL USE



**Its Success . . .**

**PURDUE**  
**HEALTHCARE TAP**



**Family Physician.** The first time I ran my numbers, my rate for colon cancer screenings was 37 percent, which is horrible. So we figured out why the rates weren't better. Then, we started redesigning the way that we do things, and we put a **reminder** in the EHR that automatically notifies me [if someone has not had the test]. I am not perfect now, but I'm at about 81 percent, which is a lot better than 37 percent. I found colon cancer early in three patients – so early that the patients did not even have to have chemotherapy or radiation. For those people, it was a huge difference.



**Adult daughter and nurse. . . .** The immediate availability of his medical records among all his specialists allowed for better treatment and outstanding coordination of care. My parents were able to review test results very quickly via email or by **checking my dad's online chart**. They also received an **after-visit summary** of every check-up that allowed them to easily relay accurate information. **E-prescribing** prevented errors and allowed for drug interactions to immediately be tracked and flagged, if necessary. And, most importantly, the EHR system **ended redundant testing and procedures due to lack of chart coordination**. Most importantly, this system allowed my dad to feel that the doctors really “knew him.” The EHR system gave him nearly four more years, and I am at peace knowing that under the worst of circumstances, my dad received the best care possible.



**Liver Transplant recipient.** For me, one of the most directly impactful health IT examples is a **mobile phone app** I use to track my persistent GI symptoms. This enables me to better organize what I call, “patient generated data.” Since so much of what is relevant in my condition happens outside of the doctor’s office, electronically recording my symptoms in real time has empowered me to be a better patient and reporter of my symptoms. This information – from symptoms to frequency of flare ups – ultimately allows my physician to make better decisions regarding my health.

# MEANINGFUL USE



**Stage 2 . . .**

# UNKNOWN



## Proposed Stage 2 New Requirements

### Eligible Professionals (EPs)

- **Timely Online Access & View, Download or Transmit**
- **Secure Messaging**
- **Incorporate Imaging Results**
- **Family History**
- **Cancer Registry Reporting**
- **Other Registry Reporting**

# **Cardiologists fined \$100,000 for Internet privacy violations**



**2 physician cardiology practice**

**The physician practice was posting clinical and surgical appointments for its patients on an Internet-based calendar that was publicly accessible**

## **OCR findings:**

- **Few policies and procedures to comply with the HIPAA Privacy and Security Rules**
- **Limited safeguards in place to protect ePHI**

## **Outcome:**

- **\$100,000 penalty**
- **Required to adopt a Corrective Action Plan**

# **Massachusetts provider settles HIPAA case for \$1.5 million**

**300 Physician Eye and Ear Institute**



**Result of a theft of an unencrypted personal laptop containing ePHI of patients and research subjects**

## **OCR findings:**

- **No thorough analysis of the risk to the confidentiality of ePHI maintained on portable devices**
- **Did not Implement security measures sufficient to ensure the confidentiality of ePHI**
- **Did not implement policies and procedures to restrict access to ePHI to authorized users of portable devices**

## **Outcome:**

- **\$1.5 million penalty**
- **Required to adopt a Corrective Action Plan**

# UNBELIEVABLE



- **It is happening . . .**
- **We are living in truly historic times. . .**

# WE ARE TRANSFORMING HEALTHCARE!

**PURDUE**  
**HEALTHCARETAP**



# Contact Us!

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