

Stage 2 Impact on Hospital Health Information Technology (HIT)

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2014 Is Unique

2014 is a unique reporting year for Meaningful Use:

- Hospitals, regardless of stage, can report for three months—consistent with the quarters of the federal fiscal year.
- Hospitals, regardless of stage, must report on 2014 Certified Electronic Health Record Technology (CEHRT) for the entire reporting period in 2014.
- Hospitals, regardless of stage, must have a patient portal.
- Hospitals must submit CQM data electronically if at or past year 2 of Meaningful Use.
- Hospitals cannot take a menu exclusion if other menu options are available.

Stage 2 Core Measures

| Standard | Objective | Measure | Workflow/Technology Implications |
|----------|--------------|-----------|--|
| Core 1 | CPOE | RX > 60% | <ul style="list-style-type: none"> - Note denominator change from “Unique Patients” to “all medication (lab, radiology) orders” - Assess changes in reporting - Assess medication cabinet overrides |
| | | Lab > 30% | <ul style="list-style-type: none"> - <i>Possible LIS interface</i> - Verify consistency of how panel orders are counted by LIS and EHR |
| | | Rad > 30% | <i>Possible RIS interface</i> |
| Core 2 | Demographics | > 80% | Verify “Refuse to Answer” is being recorded as structured data |
| Core 3 | Vital Signs | > 80% | <i>Possible interface (not required)</i> |

Stage 2 Core Measures (cont'd)

| Standard | Objective | Measure | Workflow/Technology Implications |
|----------|-------------------------------------|--|---|
| Core 4 | Smoking Status | > 80% | Recorded as structured data (automatic SNOMED coding) |
| Core 5 | Clinical Decision Support | 1) 5 CDS tools related to 4 CQMs (include efficiency) 2) <i>DD/DA enabled entire period</i> | <ul style="list-style-type: none"> - “Relevant Point” CDS placement in EHR configuration <i>for the entire reporting period</i> - Screenshot with date/time stamp and organization name |
| Core 6 | View Online Download Transmit (VDT) | 1) VDT < 36 hours 2) > 50% VDT available 3) > 5% actual VD or T | <ul style="list-style-type: none"> - Patient portal installation - Assess portal availability at time of discharge - Authorized patient representative management - Adjust nursing workflow |

Stage 2 Core Measures (cont'd)

| Standard | Objective | Measure | Technology Implications |
|----------|-----------------------|---|---|
| Core 7 | Security | Conduct or review 45 CFR 164.308 (a)(1) | <ul style="list-style-type: none"> - Risk mitigation plan - HIPAA final rule compliance |
| Core 8 | Lab Results | >55% incorporated CEHRT as structured data | <ul style="list-style-type: none"> - <i>Possible LIS interface</i> - <i>Reference Lab interface</i> - Results posted to portal |
| Core 9 | Patient List | ≥ One report of patients with a specific condition | <ul style="list-style-type: none"> - Coordination with QA staff - Date/time stamp, organization name |
| Core 10 | Educational Resources | > 10% of unique patients provided patient specific education IDs by CEHRT | <ul style="list-style-type: none"> - Identify and <u>provide</u> education - Alternate sources of provision (print, portal, etc.) |

Stage 2 Core Measures (cont'd)

| Standard | Objective | Measure | Technology Implications |
|----------|------------------------|--|--|
| Core 11 | Medication Recon. | > 50% of transition of care (TOC) | <ul style="list-style-type: none"> - How to onboard the received medication list (hard copy, electronic) - Denominator = transition of care - Define and train to identify “Relevant Encounters” - Single view listing of medication lists |
| Core 12 | Summary of Care at TOC | <ol style="list-style-type: none"> 1) >50% outbound TOC 2) > 10% electronic to recipient or NwHIN 3) Yes/No to diverse CEHRT /CMS test site | <ol style="list-style-type: none"> 1) Electronic or hand carried 2) CEHRT to CEHRT (Direct required) or from NwHIN 3) CEHRT to other vendor CEHRT or CEHRT to CMS test site |

Stage 2 Core Measures (cont'd)

| Standard | Objective | Measure | Technology Implications |
|----------|--------------------------------------|-----------------------------------|--|
| Core 13 | Immunization Public Health Reporting | Onboarding or successful/ ongoing | 1) Data submission to ASIIS 2) <i>Entire reporting period</i> |
| Core 14 | Reportable Lab Results | Onboarding or successful/ ongoing | 1) Data submission to ADHS 2) <i>Entire reporting period</i> |
| Core 15 | Syndromic Surveillance | Onboarding or successful/ ongoing | 1) Data submission to ADHS 2) <i>Entire reporting period</i> |
| Core 16 | Medication Tracking | >10% patient medications in eMAR | 1) <i>Check medication cabinet interface</i> 2) <i>Check bedside med admin. interface</i> |

Menu Measures

| Standard | Objective | Measure | Technology Implications |
|----------|-----------------------|----------------------------------|---|
| Menu 1 | Advance Directives | >50% unique patients | Advance directives must be recorded as structured data. |
| Menu 2 | Electronic Notes | > 30% unique patients | Data must be created, edited, and signed by an eligible provider. Check reporting ability. |
| Menu 3 | Imaging Results | > 10% of all tests with an image | - PAC or alternative technology “incorporated into <u>or accessible through</u> certified EHR Technology” - <i>Possible interface</i> |
| Menu 4 | Family Health History | > 20% unique patients | Data entry or “Indication of Review” of family history as structured data |

Menu Measures and CQM

| Standard | Objective | Measure | Technology Implications |
|-------------|------------------------|--------------------------------------|--|
| Menu 5 | eRX | > 10% of discharge medication orders | <ul style="list-style-type: none"> - New, changed, or refilled scripts queried for a drug formulary must be identified - Transmitted electronically using CEHRT - CEHRT to a intermediary network (computer-based fax) is allowed |
| Menu 6 | Electronic Lab Results | >20% | <ul style="list-style-type: none"> - Requires transmission of results to the “ordering provider” - Alternative technologies (Direct) must be evaluated |
| Attestation | CQMs | Required | Electronic Reporting to CMS |

Some Closing Thoughts

- Allow time for all interfaces (existing and pending) with the CEHRT upgrade.
- Coordinate the workflow changes caused by Stage 2 core and menu measures with the clinical team.
- Watch for all measures that must run for the entire period.
- Evaluate “Direct” options early.
- Plan for the HIPAA Final Rule and ICD-10.

Q & A

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