

Centricity Healthcare User Group

B07_01: Meaningful Use Attestation Strategies for Stage 1, Stage 2 & PQRS

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imagination at work

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Welcome and housekeeping

Who are we?

What can you expect from our session?



Meaningful Use Attestation Discussion

- Strategies to prepare for Stage 1 attestation
- How to drive clinician acceptance
- Incorporate PQRS into Meaningful Use Planning



Centricity & Meaningful Use

Meaningful Use: Am I Eligible? How do I register?

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms/>

Meaningful Use: Core & Menu Set Objectives Stage 2

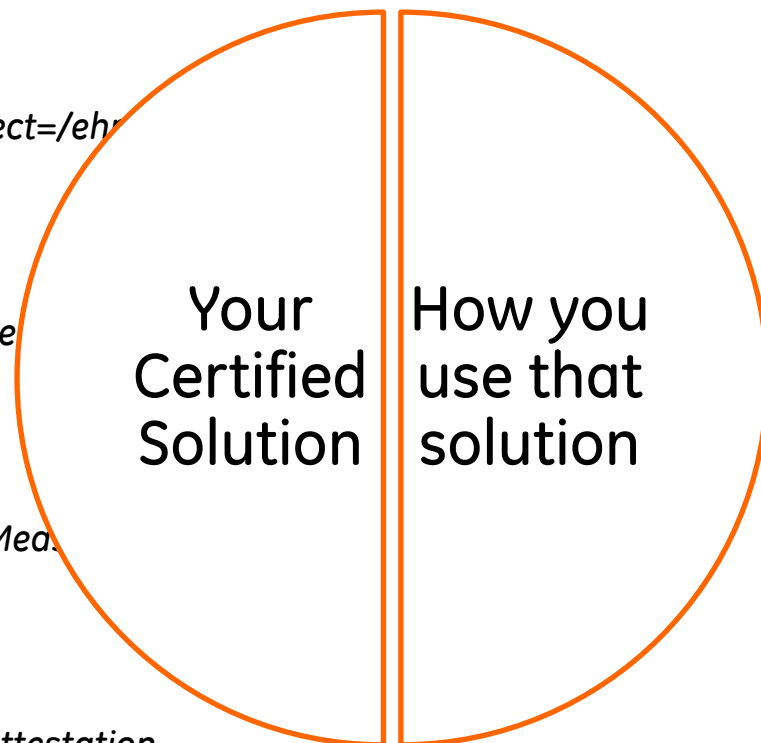
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2MeaningfulUseSpecSheet_TableContents_EPS.pdf

Meaningful Use: Clinical Quality Measures (CQM)

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP_Measurable_Posting_CQMs.pdf

Guide for Attesting for Meaningful Use

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/EP_Attestation_User_Guide.pdf



The journey to meeting meaningful use

Research and decide

- Are we attesting to Medicaid or Medicare's Meaningful Use Standards?
- Which menu set items will we select
- Align Quality Measures with PQRS

Determine what you are implementing

- Did I purchase the Centricity Components I will need to implement to meet Meaningful Use?

Work with your Clinical Consultant

- New Implementations: Work with your Clinical Consultant for guidance on how to use the EMR in a way that will allow you to demonstrate Meaningful Use.

Stay current on the latest requirements

- Regularly check compliance on new and existing requirements in order to ensure you don't have any surprises submitting.

What have you chosen?



Understanding MU Stage 1

- Meaningful Use: Am I eligible? How do I enroll?
- Understanding Meaningful Use Core and Menu Set Objectives
- Understanding Meaningful Use Clinical Quality Measures (CQM)
- Guide for Attesting for Meaningful Use



Making Choices

- GE Healthcare: Best Practices for the Menu Set Objectives and CQMs by Specialty
- Understanding Payments, Adjustments, Hardship Exceptions
- Understanding Your MU Timeline and Stage



Choosing your MU Path

- What EPs will enroll in Medicare vs. Medicaid?
- Document Menu Set Objective Choices and CQM by EP

Your Meaningful Use Team

- ✓ Decision Makers
- ✓ Clinical representation
- ✓ Physician/Provider Champion
- ✓ Time to work on project
- ✓ Evaluate current state workflows



Do not forget the human side of the Implementation

- Staff will be affected in many ways: many will be asked to lead the project, some will take on new roles, processes and tasks will be changed.
- Everyone will be asked to learn something new including physicians
- Involve all layers of the organization
- Create ownership of the project, attestation strategies and the application
- Communicate, communicate, communicate

Resistant Clinicians?

- Use Peer Support: one-on-one engagement with a resistant physician or staff member from someone that they respect and trust will usually go a long way.
- Talk with other practices who have been successful – valuable tool
- Discuss the benefits of attestation apart from monetary goals

Change impact:

Consider:

- ✓ Existing problem lists
- ✓ Existing medications list
- ✓ Existing allergies list
- ✓ ePrescribe
- ✓ Patient authorizations
- ✓ Vital signs
- ✓ Smoking status
- ✓ Electronic copy of records
- ✓ Clinical visit summary



Consider: Impact to practice management

Practice Management Meaningful Use Fields

- ✓ Email Address
- ✓ Preferred Contact
- ✓ Language
- ✓ Race
- ✓ Ethnicity
- ✓ Gender
- ✓ Date of Birth

Patient Guarantor Additional Insurance Contacts Ap

Title: First: Middle: Last: Suffix: Pref: Ric

*Birth Date: 10/13/1965 Birth Time: : M Patient Same As Guarantor Ma

Age: 47 Years Sex: Male

SSN: . .

Addresses

Primary Alternate Swap

Address: 1128 Infinity Way

City/State: Dallas TX ZipCode: 75219

County: Address Type:

Country: Subdivision:

Patient ID: 805

MRN:

Resp. Provider: Bailey MD, W

Referring:

Primary Care:

*Home Location: MHS

Facility: River Oaks M

Language: English

Race: Caucasian

Ethnicity: Non Hispanic

Language: English

Race: Caucasian

Ethnicity: Non Hispanic or Latino

- (none)
- Hispanic or Latino
- Non Hispanic or Latino
- Other or Undetermined

Email: rdentt@aol.net

Contact by: E-mail

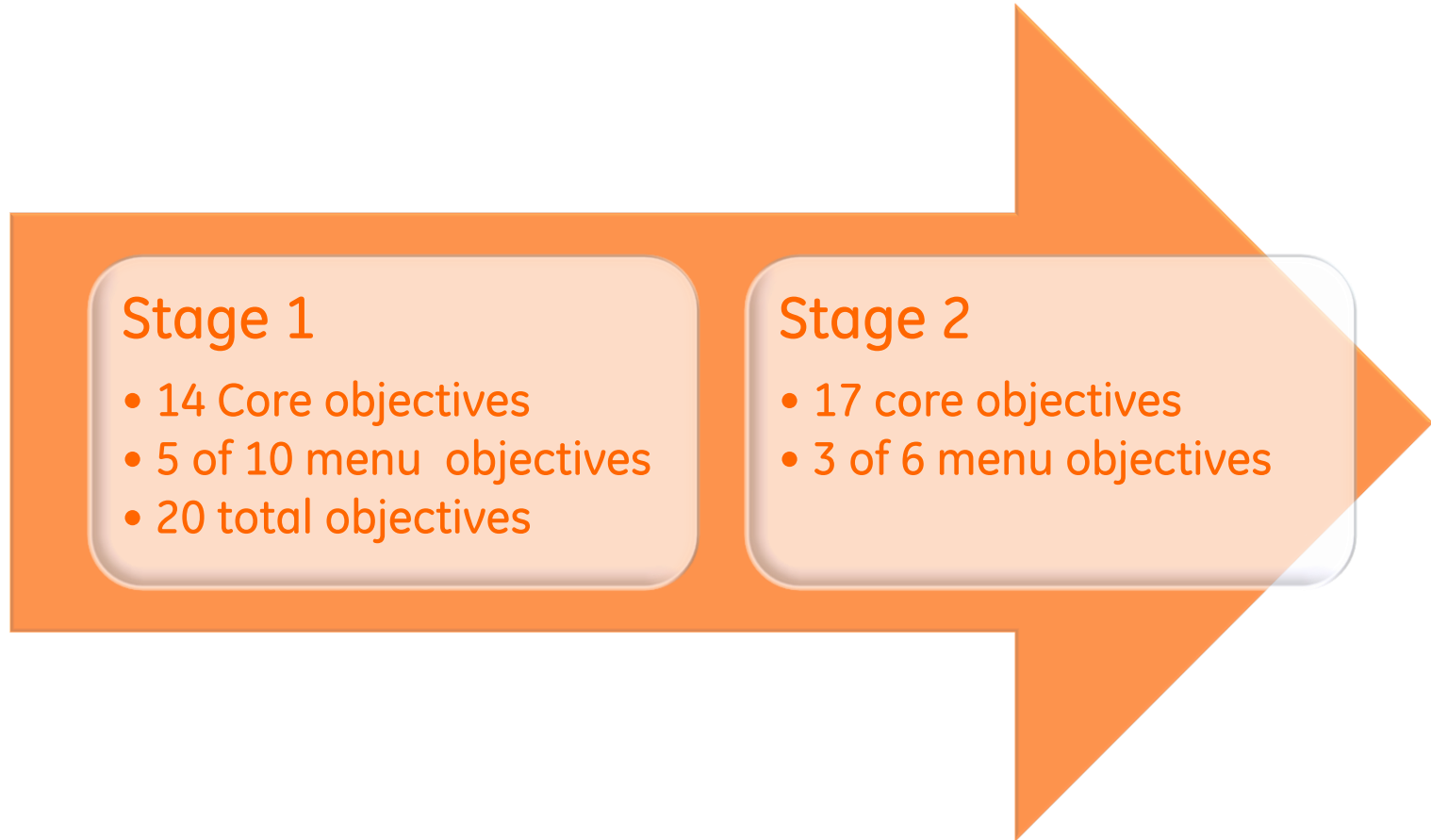
- (none)
- Letter
- Phone
- E-mail
- Fax
- none

Quick Entry Mod

Understand core objectives

- Computerized provider order entry
- E-Prescribe
- Report ambulatory clinical quality measures to state
- Implement 1 clinical decision support rule
- Provide patient's with an electronic copy of their health information
- Drug-Drug and Drug-Allergy interaction checking
- Record Demographics
- Maintain up-to-date problem list with active and current problems
- Maintain active medication list
- Maintain active allergy list
- Record and chart changes to vital signs
- Record smoking status for children 13 years and older
- Protect electronic health information
- Perform 1 test of EHR's capability to send electronic data Public Health except where prohibited

Meaningful use changes from stage 1 to stage 2



What will you choose?



Menu (5 of 10)

- Clinical lab test results as structured data
- Patient reminders
- Portal
- Medication reconciliation
- Drug formulary checks

Quality Measures

- By eligible provider
- By group/ specialty/ department
- 6 total Clinical Quality Measures



Publish decisions to group

- Promotes buy-in
- Meet frequently to answer questions



Consider workflows

Re-engineer current state workflows

- Extremely important to document and train end users based on role and the documentation standards.

Computerized provider order entry for medications

- Requires licensed healthcare provider

Who will be responsible for entering MU data?

- Who will be responsible for checking MU is being met.

Reduce change impact at go-live by:

- Adding items to current state workflows necessary to meet core objectives.

Workflows-assign tasks by role and include Meaningful Use objectives

Key Considerations

- Clinical staff will start the update in the exam room, record their findings and put the document on hold for the provider.
- Be sure to Exit Centricity EMR when leaving the exam room.



Front Desk	Clinical Staff	Provider	Task	Centricity EMR Steps
	<input type="checkbox"/>		In the exam room, find the patient chart and start an Update.	<ol style="list-style-type: none"> 1 Use Find Patient or highlight the appointment and click [Open Chart]. 2 From the patient's chart, click the [Update] button. 3 Select the appropriate Encounter Type & click [Ok].
	<input type="checkbox"/>		Document reason for visit.	<ol style="list-style-type: none"> 4 In the HPI form, document the following: <ul style="list-style-type: none"> • Referral Source, if appropriate. • History from • Reason for visit
	<input type="checkbox"/>		Record Vital signs	<ol style="list-style-type: none"> 5 In the Vital Signs form, enter all vital signs: height, weight, BMI , blood pressure, pulse, respirations 6 Click [Close] to return to the Update text.
	<input type="checkbox"/>		Review Medications	<ol style="list-style-type: none"> 7 Review list of current medications with patient. 8 In the update, document any reported medication changes for the provider. 9 If the patient reports a new medication, enter it as text here, for example, "started taking Lopressor." 10 If the patient has the complete prescription for a new medication, for example, the patient has the

Specify what values must be captured on each form to meet MU Objectives

The screenshot shows an EMR form with several sections. Purple arrows point from the top text to the following elements:

- Vital Signs Entered By =>** (highlighted in yellow)
- Height: 66** (highlighted in yellow)
- Weight: 195** (highlighted in yellow)
- Recommended BMI: 19-25** (text above BMI Calc)
- BMI Calc** (highlighted in yellow)
- Print Weight Control Suggestions Handout** (highlighted in yellow)
- Blood Pressure #1:** (highlighted in yellow)

The form includes the following fields and sections:

- Vital Signs:** Height (66 inches), Weight (195 pounds), Temperature (degrees F), Pulse rate, O2 Sat.
- Ht conversion table** (button)
- Blood Pressure:** Blood Pressure #1, #2, #3 (mm Hg)
- Date of Injury:** (calendar icon)
- Date of Surgery:** (calendar icon)
- Post Op End Date:** (calendar icon)
- Surgery Date #2:** (calendar icon)
- Nutrition Handout** (checkbox) **Given**

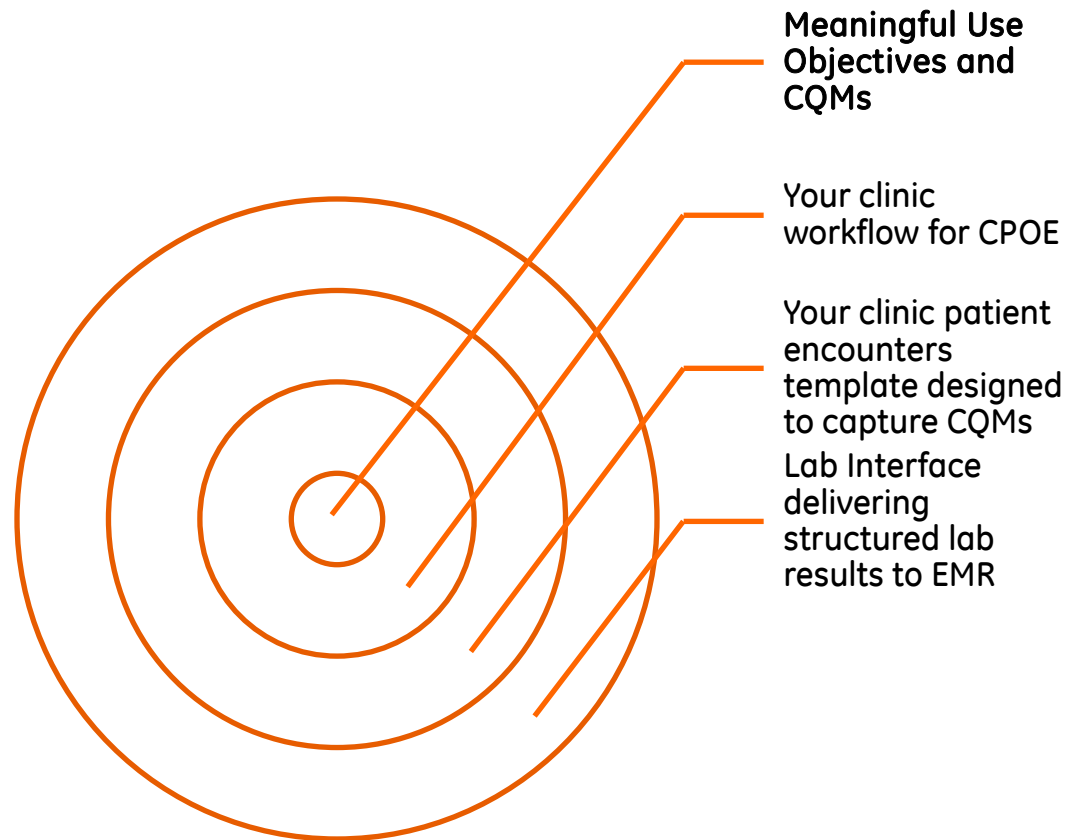
Design your MU centric EMR

Incorporate the necessary structured data into your content

Utilize a meaningful use checklist form

Complete EMR workflows

Document meaningful use requirements by role



Risk Factors form – who will be responsible for capturing information?

Risk Factors

Tobacco Use:
Previous Status: 08/22/2013

current every day smoker
 current some day smoker
 former smoker
 never smoker
 smoker - current status unknown
 unknown if ever smoked

Year started:

cigarettes Amt: packs/day
 cigars Amt: # per week
 smokeless/ch Amt: per day

Smoking Cessation Handout Given

Recreational Drug Use: yes no

Alcohol Use Use Previous Alcohol Use in Note
 yes no

Exercise: yes no

above exercise reviewed and no changes

Pneumovax
Pneumovax Stat:

Diabetic Foot Check
Current Problems: CONGESTIVE HEART FAILURE (ICD-428.0)
EFFUSION, PLEURAL (ICD-511.9)
EDEMA (ICD-782.3)



Meaningful Use Checklist

Done = item documented, no action required

Missing! = item NOT DOCUMENTED, please update

~~~ Everything should be marked DONE by the end of the visit ~~~

| Demographics:                                                                               | Vitals:                                                                          | Smoking Status & Portal Access                                                                                                   |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Changes must be made in Registration <input style="float: right;" type="button" value="?"/> | Height: <b>Missing!</b> <input style="float: right;" type="button" value="Add"/> | Smoking Status: <b>Missing!</b> <input style="float: right;" type="button" value="Add"/>                                         |
| DOB: <b>Done</b>                                                                            | Weight: <b>Done</b>                                                              |                                                                                                                                  |
| Gender: <b>Done</b>                                                                         | BMI: <b>Missing!</b> <input style="float: right;" type="button" value="Add"/>    |                                                                                                                                  |
| Race: <b>Done</b>                                                                           | Blood Pressure: <b>Done</b>                                                      |                                                                                                                                  |
| Ethnicity: <b>Done</b>                                                                      | <input type="button" value="Check All Reviewed Prob/Meds/All"/>                  |                                                                                                                                  |
| Language: <b>Done</b>                                                                       |                                                                                  | Portal Pin # <input style="width: 100%;" type="text"/><br><b>Missing!</b> <input style="float: right;" type="button" value="?"/> |

| Problems                                                            | Medications                                                         |
|---------------------------------------------------------------------|---------------------------------------------------------------------|
| Documented? <b>Done</b>                                             | Documented? <b>Done</b>                                             |
| Reviewed? <b>Missing!</b> <input type="checkbox"/> Mark as Reviewed | Reviewed? <b>Missing!</b> <input type="checkbox"/> Mark as Reviewed |

| Allergies                                                           | BMI                                                                      |
|---------------------------------------------------------------------|--------------------------------------------------------------------------|
| Documented? <b>Done</b>                                             | BMI Calc <input style="width: 50%;" type="text"/> in-lbs <b>Missing!</b> |
| Reviewed? <b>Missing!</b> <input type="checkbox"/> Mark as Reviewed | <input style="width: 100%;" type="text"/>                                |

Have you had a flu shot?(50 and older)

yes  no

Date Last Asked

Have you had a pneumonia shot?(65 and older)

yes  no

Date Last Asked

# MU Training

Role base custom workflow training – meaningful use measures

Install meaningful use crystal reports

Validate content

Run reports often

Make it fun –

incorporate internal incentives

Survival guidelines

Post results of winners



# Stage 1 and beyond

Meaningful Use  
“Infinity and  
Beyond!”

Meaningful use  
does not end  
with Stage 1

PQRS and MU  
Quality  
Measures

# PQRS and Meaningful Use-Really

Align your Meaningful Use  
Quality Measures with PQRS

How are the PQRS codes going  
to be communicated to the  
billing staff? Consider  
MEL\_ADD\_ORDERS

Ensure all PQRS codes are  
loaded to your system





# PQRS and MU 2014

## Participating in Both in 2014 and Beyond

2014: the PQRS and EHR programs have overlapping participation guidelines, including the same quality measures, the same reporting criteria, and the option to use the same reporting mechanism.

Key Considerations for PQRS and EHR alignment in 2014:

PQRS and EHR programs will align on the same set of eCQMs (64 total) and the same electronic specifications

Medicare-EPs beyond their first year of demonstrating meaningful use will be required to electronically report their CQM data to CMS for the EHR program

Submitting data electronically using 2014 certified EHR technology will meet the standards for both EHR and PQRS programs

Participating EPs will have the option to submit patient-level data (via QRDA I) or aggregate data (via QRDA III) using the same reporting mechanism for electronic reporting for both programs

# Delaying Stage 2 – Discussions

The Medical Group Management Association (MGMA) has asked the U.S. Department of Health & Human Services to extend reporting for Stage 2 by at least one year and delay the penalties

The American Academy of Family Physicians (AAFP) requested an extension and a softer, tiered implementation structure.

The American Medical Association (AMA) and American Hospital Association (AHA) asked for an extension of each stage, a softening of the requirements and greater flexibility in meeting those requirements.

The College of Healthcare Information Management Executives (CHIME) and its members would like an extension.

The Health Information and Management Systems Society (HIMSS) doesn't want a delay but would like the attestation requirements to be extended.

And Sen. Orrin Hatch (R-Utah), who arguably can be called a stakeholder, in July called for a "pause" and reassessment of the program, a request that Republicans in Congress have made in the past.

# Summary of Public Health Objectives in Stage 2 Meaningful Use ONC and CMS Final Rules Stage 2 Timeline Delayed to 2014

| 1 <sup>st</sup><br>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                    | HHS had announced in a November 2011 under the "We Can't Wait" announcement, that the Stage 1 has been extended an additional year for providers who attested in 2011 – meaning that these providers will have to attest to Stage 2 in 2014, instead of in 2013. |      |      |      |      |      |      |      |      |      | TBD  |
| 2016                    |                                                                                                                                                                                                                                                                  |      |      |      |      |      |      |      |      |      | 3    |
| 2017                    |                                                                                                                                                                                                                                                                  |      |      |      |      |      |      |      |      |      | 3    |

# Helpful links

## PQRS Info:

[http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/How\\_To\\_Get\\_Started.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/How_To_Get_Started.html)

## GE Meaningful Use Info & Handbook (username/password: cpsuser):

<http://centricitypractice.gehealthcare.com/mu/index.html>

## Summary of Public Health Objectives in Stage 2 Meaningful Use ONC and CMS Final Rules

<http://www.cdc.gov/ehrmeaningfuluse/Docs/Summary%20of%20PH%20Objectives%20in%20Stage%202%20MU%20ONC%20and%20CMS%20Final%20Rules.pdf>

**Need assistance  
preparing for the  
October 1, 2014  
Meaningful Use  
deadline?**



## **Take Advantage of GE Healthcare's Meaningful Use Consulting Services**

As the window for accessing incentives is closing and penalties are looming, GE Healthcare's Meaningful Use Consulting services will equip practices with insights to Centricity Practice Solution and Centricity EMR features to help your organization successfully prepare for regulatory compliance.



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## Tailored Specifically for CPS/EMR Customers

- Access varying degrees of support, ranging from education and report generation, through a fully customized offering
- Implement best practices for MU workflow mapping, reporting, data analysis and clinical data capture reviews, including alignment for future measures
- Understand all necessary MU regulatory measures, reports and incentives



# Three Meaningful Use services designed to meet your specific needs, applicable for Stage 1 or Stage 2

## Accelerator

- An interactive, web-based education and optimization program
- MU1 includes education, setup, data capture, report generation, and attestation support
- MU2 includes education, workflow and software review, report generation, and attestation support

## 360

- A combination of virtual sessions and on-site planning
- Includes education, data analysis, workflow mapping and 2014 Certified EHR transition tips
- You will receive a summary report that documents progress on each measure

## Customized

- A comprehensive full service program that provides a complement of services ranging from education through audit support
- Accounts for custom needs around workflow data aggregation and Meaningful Use progress
- Depending upon need, may include the delivery of training for all staff and optimization of EMR adoption



We can help you navigate the meaningful  
use program  
and prepare for regulatory compliance

Want to learn more?

[www.gehealthcare.com/muconsulting](http://www.gehealthcare.com/muconsulting)

[inside.sales@med.ge.com](mailto:inside.sales@med.ge.com)



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