

Meaningful Use and Public Health

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Agenda

- Review of Stage 2 Measures and Regulations
- New Public Health Business Processes
- Proposed Stage 3 Measures
- Other ONC Initiatives
 - Consumer Engagement
 - Query Health
- How to Inform the process

Stage 2 Measures and Standards

Objective	Ambulatory Measure	Hospital measure
Immunization Registries	Ongoing Submission to Public Health Authority (Core)	Ongoing Submission to Public Health Authority (Core)
Reportable Lab Results (ELR)	N/A	Ongoing Submission to Public Health Authority (Core)
Syndromic Surveillance	Ongoing Submission to Public Health Authority (Menu)	Ongoing Submission to Public Health Authority (Core)
Cancer Registries	Ongoing Submission to Public Health Authority (Menu)	N/A
Specialized Registry	Ongoing Submission to Public Health Authority or National Specialty Society (Menu)	N/A

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Public Health Domain	Exchange Standards	Vocabulary Standards
Immunization Registries (IIS)	Standard - HL7 2.5.1 • HL7 2.5.1 Implementation Guide for Immunization Messaging Release 1.4 - Approved 7/15	HL7 Standard Code Set CVX -- Vaccines Administered, updates through July 11, 2012
Reportable Lab Results (ELR)	Standard - HL7 2.5.1 • HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 with Errata and Clarifications - Approved 7/15	SNOMED-CT and Logical Observation Identifiers Names and Codes (LOINC®) Database version 2.40
Syndromic Surveillance	Standard - HL7 2.5.1 • PHIN Messaging Guide for Syndromic Surveillance: Emergency Department and Urgent Care Release 1.1 August 2012 (Required for Inpatient and optional for ambulatory) - Approved 7/15 <i>Note: Ambulatory / In-patient Guide under development</i>	
Cancer Registries	CDA • Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries, August 2012	IHTSDO SNOMED CT® International Release July 2012 and US Extension to SNOMED CT® March 2012 Release and LOINC
Specialized Registries		

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EHR Certification

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- Test Tools and Procedures published for comment late September/early October 2012
 - Cancer
 - Immunization
 - Syndromic (Hospital Based only)
 - ELR
- Authorized Testing Labs trained
- Ready for Certification Jan 2013
- <http://www.healthit.gov/policy-researchers-implementers/2014-edition-draft-test-methods>

Health Information Exchange

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- Public Health arrangements with HIE/intermediary to transport data are acceptable to demonstrate Meaningful Use
 - No certification of HIE required
- Can also be extension of certified technology
 - Requires Certification
- EP or EH must still ensure accomplishment of ongoing submission
 - Unless PHA specifically designates intermediary as acceptable for satisfying requirement

Transport

- EP or EH required to utilize transport method supported by PHA
 - Encourages use of HIE and standardization
 - Specifically states that the requirement is independent of ONC Certification
- EHRs Direct Enabled
- NWHIN RFP

Exclusions

- PHA does not provide capacity information to central repository by beginning of EHR Reporting Period or PHA cannot accept MU transaction according to published standards(All measures)
- Immunization
 - Does not give reportable immunization
- Syndromic
 - No ED or not the provider type for which SS collected
- Cancer
 - EP does not diagnose or treat cancer

Grandfathering

- Public Health measures may be satisfied if ongoing submission achieved in a previous year using either current or 2011 Edition EHR Certification
 - Those successfully moving into production in Stage 1 using 2.3.1 messages can continue to submit 2.3.1 messages as long as it is acceptable to the PHA

“except where prohibited, and in accordance with applicable law and practice”

- Providers must report even if not required by law
- Providers do not have to report if specifically excluded by law

Specialized Registries

- For the purpose of exclusion applies to registries maintained by National specialty societies and specialized registries maintained by PHAs.
- Can also include specialized registries operated by patient safety organizations and quality improvement organizations

Zero Paid Claims

- **The EHR Incentive Programs Stage 1 Rule stated that, in order for a Medicaid encounter to count towards the patient volume of an eligible provider, Medicaid had to either pay for all or part of the service, or pay all or part of the premium, deductible or coinsurance for that encounter. The Stage 2 Rule now states that the Medicaid encounter can be counted towards patient volume if the patient is enrolled in the state's Medicaid program (either through the state's fee-for-service programs or the state's Medicaid managed care programs) at the time of service without the requirement of Medicaid payment liability. How will this change affect patient volume calculations for Medicaid eligible providers?**

Changes to Stage 1 starting 2013

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- Adds “Except where prohibited by law”
- Exclusion of menu set items does not count towards overall number of menu set items met.

Stage 2 MU - Public Health Agency Readiness

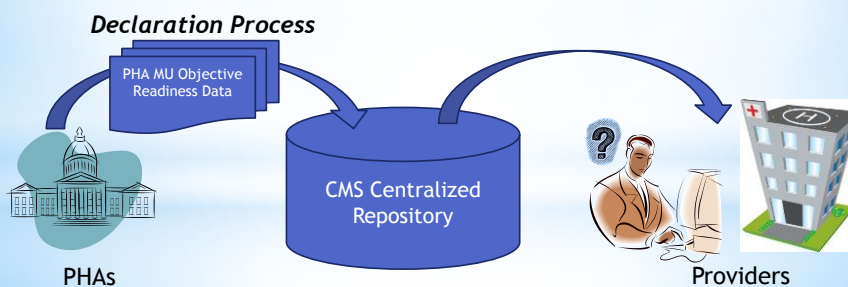
Declaration of Capacity

Stage 2 MU - Public Health Agency Readiness

Declaration of Capacity (Centralized CMS Repository)

A PHA formally declares its capacity to CMS to receive Stage 2 data and on-board the EP/EH. CMS then uses that information in an on-line, centralized repository available to any EP/EH.

A “one-stop shop” of information on public health reporting objectives



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Stage 2 MU - Public Health Agency Readiness

Declaration of Capacity (Centralized CMS Repository)

What this means for PHAs

- PHAs must provide CMS information regarding their capacity to accept electronic data for the MU objectives
 - PHA does have capacity - technical capability and administrative capacity (resources) to enroll and onboard providers
 - PHA doesn't have capacity - Provider can claim exclusion
- PHA must provide information to CMS by deadline
 - Deadline not established yet, but will be prior to start of Stage 2 MU (10/01/2013 for eligible hospitals)
 - **If PHA doesn't provide information, Providers can claim exclusion**

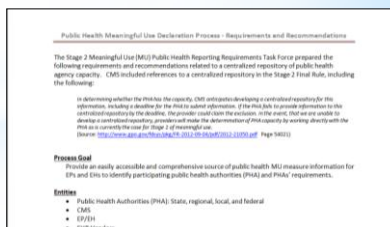
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Stage 2 MU - Public Health Agency Readiness

Declaration of Capacity (Centralized CMS Repository)

Stage 2 MU PH Reporting Requirements Task Force

- Provided recommendations for the centralize repository to CMS on 11/13/2012
- Document: *Public Health Meaningful Use Declaration Process - Requirements and Recommendations*
 - Included recommendations for:
 - ✓ Process Rules
 - ✓ Data Elements
 - ✓ Functionality



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Stage 2 MU - Public Health Agency Readiness

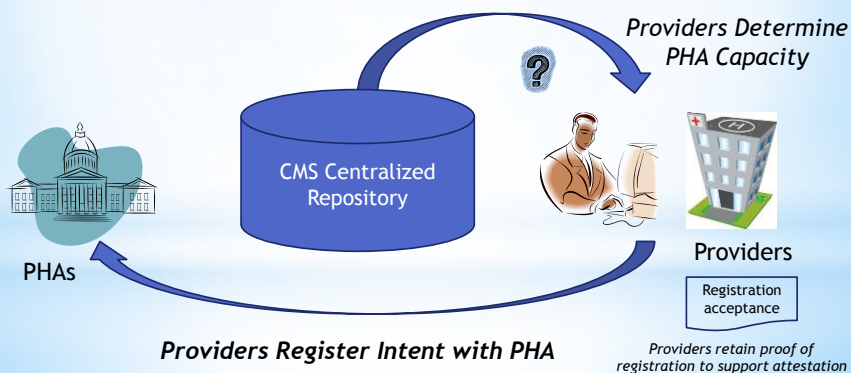
Registration of Intent

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Stage 2 MU - Public Health Agency Readiness

Registration of Intent

Providers use the CMS centralized repository to determine PHA capacity and register their intent with the PHA within the first 60 days of their reporting period.



Stage 2 MU - Public Health Agency Readiness

Registration of Intent

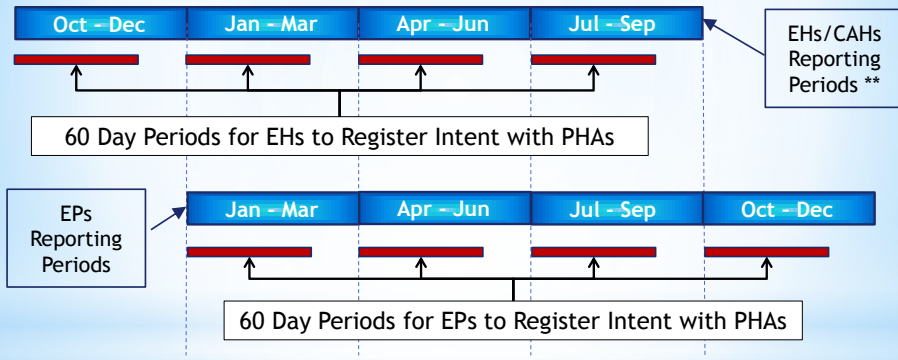
What this means for PHAs

- PHAs must have a process and/or system established to accept provider registrations
 - Determine what information the PHA should capture during registration
 - Method for provider to confirm registration was successful (Provider's documentation for attestation)
- Some PHAs have existing registration systems
 - Modify systems to add support for Stage 2 registration
- PHA registration process ready for start of Stage 2 MU

Stage 2 MU - Public Health Agency Readiness

Registration of Intent

3 Month 2014 EHR Reporting Periods (Medicare)



CMS Final Rule: <http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf> (Page 54021)

The measure will not be met if the provider—

- Fails to register their intent by the deadline

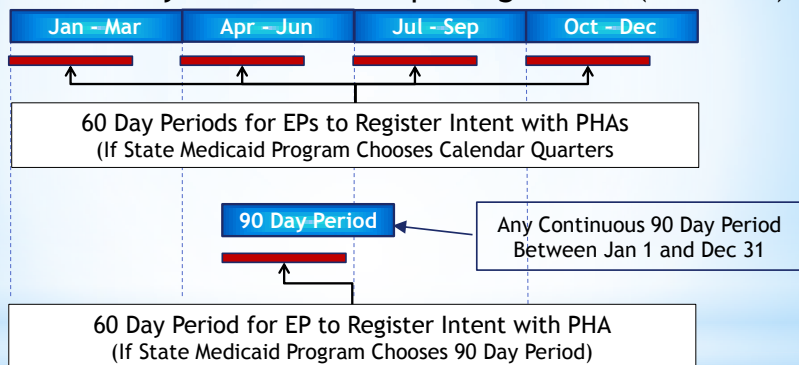
** EHR reporting periods for Medicare and Medicaid eligible hospitals and CAHs

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Stage 2 MU - Public Health Agency Readiness

Registration of Intent

3 Month or 90 Day 2014 EHR EP Reporting Periods (Medicaid)



Medicaid EPs will attest using an EHR reporting period of any continuous 90-day period between January 1, 2014 and December 1, 2014 as defined by the state Medicaid program, or, if the state so chooses, any 3-month calendar quarter in 2014.

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Stage 2 MU - Public Health Agency Readiness

Onboarding

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Stage 2 MU - Public Health Agency Readiness

Onboarding

PHAs will onboard Providers that register their intent to submit data for the MU objectives. Separate onboarding is required for each MU objective.

- PHA prioritize Providers that register
- PHA invites Provider to begin testing and validation
- PHA and Provider engage in data testing and validation
- After successful testing and validation Provider initiates ongoing submission

*CMS Final Rule: <http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf> (Page 54022)
..... successful ongoing submission as electronic submission of reportable data during the normal course of a provider's operations. This is not to say all data that is reportable is sent to the PHA. A provider who is submitting any reportable data during their normal course of their operations is engaged in ongoing submission.*

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Stage 2 MU - Public Health Agency Readiness

Providers Meet the PH MU Measures if:

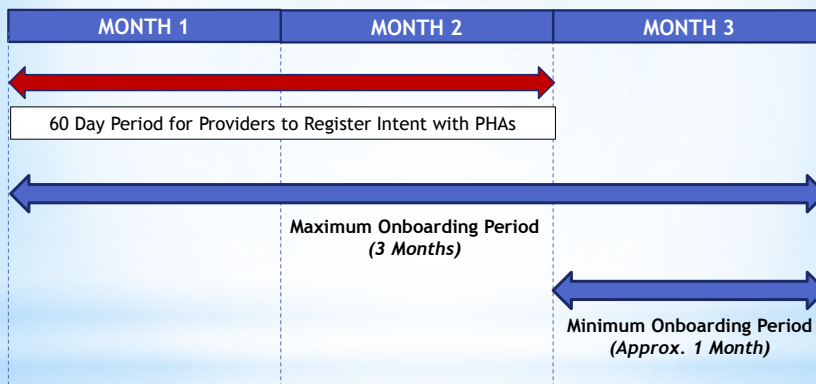
- Ongoing submission was already achieved for an EHR reporting period in a prior year and continues throughout the current EHR reporting period using either the current standard or the standards included in the 2011 Edition EHR certification criteria adopted by ONC during the prior EHR reporting period when ongoing submission was achieved.
- Registration with the PHA or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission was achieved.
- Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is still engaged in testing and validation of ongoing electronic submission.
- Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is awaiting invitation to begin testing and validation.

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Stage 2 MU - Public Health Agency Readiness

Onboarding

2014 EHR 3 Month Reporting Period



Limited timeframe for onboarding during the 1st year of Stage 2

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Stage 2 MU - Public Health Agency Readiness

Acknowledgement

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Stage 2 MU - Public Health Agency Readiness

Acknowledgement

PHAs provide written communications affirming Providers are able to submit relevant public health data to the PHA (Provider achieved ongoing submission). The Providers use this written communication to support their attestation.

Examples of written communications include, but are not limited to:

- Email sent to provider
- Letter mailed to provider
- HL7 Acknowledgement Messages from Immunization/Syndromic submissions
- Posting information on PHA website

CMS Final Rule:

<http://www.federalregister.gov/a/2012-21050/p-1018>

Comment: Commenters suggested that the expectation that public health agencies provide affirmation letters is too restrictive in accomplishing the goal of established a record of communication between the provider and the PHA. They maintain that there are simpler and less burdensome ways such as automated acknowledgment messages from immunization submissions.

Response: We agree that our proposal requiring it must be a letter is too restrictive and revise our expectation to allow for any written communication (which may be in electronic format) from the PHA affirming that the EP, eligible hospital or CAH was able to submit the relevant public health data to the PHA.

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HITPC stage 3 timeline

- Spring 2012 – stage 3 discussions began
- Mid November 2012 - HITPC RFC released for public comment
- Dec 31, 2012 – RFC deadline
- No NPRM for 2013
- HITPC Recommendations late 2013

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Opportunity for the public to inform the process

- ONC provides support to two Federal advisory committees
 - HIT Policy Committee (HITPC) and HIT Standards Committee (HITSC)
 - Provide a direct means for private and public sector health IT leaders as well as the public to provide input
- HITPC and HITPC workgroup meetings are public
 - The public has an opportunity to comment
 - All meetings are posted on the HealthIT.gov website
- HITPC's Request for Comment (RFC) will signal concepts that may be included in the stage 3 NPRM
- The NPRM provides an additional opportunity for the public to inform the process

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Goal: Collaborate with a vanguard group of State HIE grantees to empower consumers to be partners in their care by implementing innovative approaches to sharing electronic information with consumers and enabling consumer-mediated exchange, through which patients can aggregate, use, and re-share their own information.

5/15/2013

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- *Immunization Registries* - Enables families to access immunization registries and download or send them to a PHR
- *Blue Button* - Allows consumers to obtain a copy of their health information through a simple web-based download
- *Direct to Consumers* - Encourages patients and their providers to get Direct addresses and for consumers to begin receiving, aggregating and using their health information and sharing it with caregivers and providers
- *Cancer Care Coordination* - Focuses on improving cancer care coordination by sharing electronic health information including radiology images, discharge summaries and medication lists with cancer patients to support more coordinated care, patient engagement and better transitions

Consumer Engagement

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- *Immunization Registries Indiana* created a consumer portal myVAX that allows patients to access their records in the state immunization registry the Children and Hoosier's Immunization Registry Program (CHIRP). They developed a portal that provides multiple delivery options including an on screen view and download capability via "Blue Button", a CCD export option, and the ability to print out a copy.

Query Health

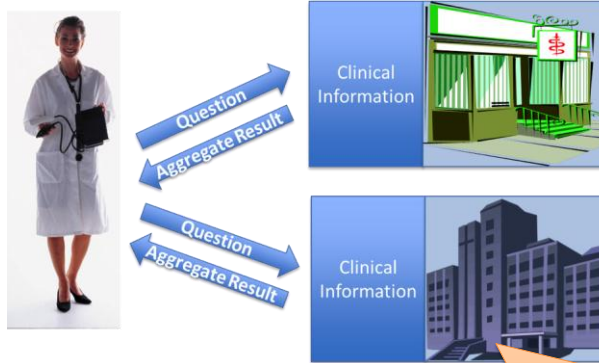
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Enable a learning health system to understand population measures of health, performance, disease and quality, while respecting patient privacy, to improve patient and population health and reduce costs.

Distributed queries unambiguously define a population from a larger set

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Questions about disease outbreaks, prevention activities, health research, quality measures, etc.

The Data Clinical Element Data Dictionary

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- Demographic
- Patient Contact Information
- Payer Information
- Healthcare Provider
- Allergies & Adverse Reactions
- Encounter
- Surgery
- Diagnosis
- Medication
- Procedure
- Immunization
- Advance Directive
- Vital Signs
- Physical Exam
- Family History
- Social History
- Order
- Result
- Medical Equipment
- Care Setting
- Enrollment
- Facility

- Standards independent dictionary
- Aligned with QDM
- Built for flexible response to evolving standards (e.g., CIMI)

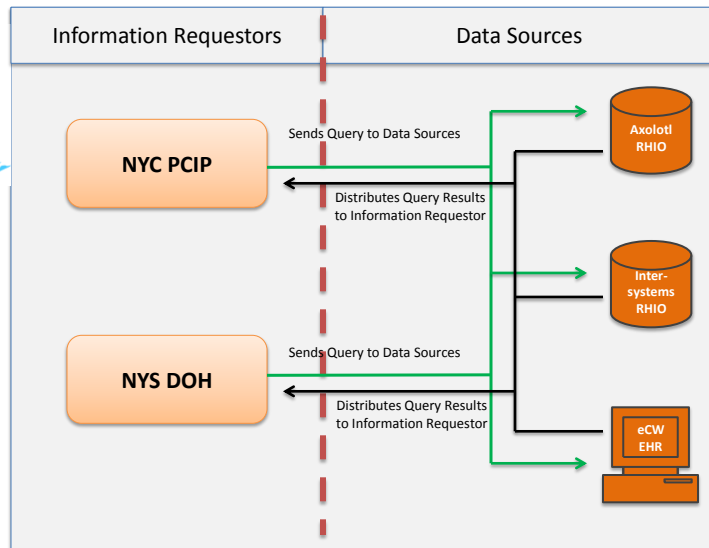


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Query Health Pilots

Pilot	Focus	RI Queries	RI Policy Layer	Data Sources	Kickoff
NYC & NYS Depts. of Public Health	Diabetes (NYC) Hypertension (NYS)	i2b2	PMN	RHIOs EHR Vendor	May 2012
FDA Mini-Sentinel	Use of clinical data sources for FDA questions	PMN	PMN	i2b2/Beth Israel	June 2012
CDC	National / regional: - Disease syndromes - Situation awareness	i2b2	PMN	Bio-Sense 2	July 2012
Mass. Dept. of Public Health	Diabetes	PMN	PMN	MDPHNet	July 2012
CQM	Quality Measures	hQuery	PMN	EHR Vendor	August 2012

New York City / New York State Pilot



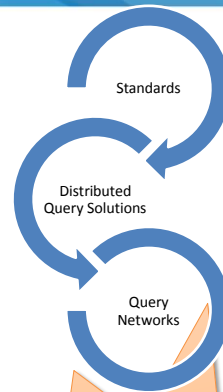
Impact of Query Health

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Query Health delivers the standards and reference implementation services for distributed population queries.

Game changer for how the healthcare community can begin to think about:

- Quality measures
- A learning health system
- Health system performance
- Population health
- Disparities
- Comparative effectiveness
- Policies around Health IT



Sustainable standards
embedded in working
distributed query
solutions & networks

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Questions

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