Meaningful Use 2015-2017
What Pediatricians Need to Know
THIS INFORMATION IS PRESENTED BY
ACRONYMS

- MU Meaningful Use
- HIT Health Information Technology
- CQM Clinical Quality Measure
- EHR Electronic health record
- CEHRT Certified Electronic Health Record Technology
- EPs Eligible Professionals
- CAHs Critical Access Hospitals
- eRx Electronic prescribing
- CPOE Computerized Provider Order Entry
- eMAR Electronic medication administration record
- ONC Office of the National Coordinator for Health Information Technology
- CMS Centers for Medicare and Medicaid Services
- HHS U.S. Department of Health and Human Services
The CMS EHR Incentive Program (Meaningful Use) provides payment to eligible providers when they meet a set of standards for the use of federally certified EHR technology as part of their practice.

Meaningful Use (MU) promotes the use of EHRs to:
• Improve quality, safety, and efficiency of health care
• Reduce health disparities
• Engage patients and families
• Improve care coordination, population health, and public health
• Maintain privacy and security of patient health information
ABOUT MEANINGFUL USE

MU was developed as a progressive, staged program:

• Stage 1: Data Capturing and Sharing (began 2011)
• Stage 2: Advance Clinical Processes (began 2014)
• Stage 3: Improved Health Outcomes (begins 2018)
MODIFICATIONS TO MU 2015-2017

On October 16, 2015, CMS released a Final Rule for Meaningful Use. The Final Rule includes:

• Modifications to the program for 2015-2017
• Provisions for Stage 3, starting 2018
Objectives & Measures

Establishes a single set of objectives and measures

- Removes the core and menu structures of Stages 1 & 2
- Decreases the overall number of objectives
- Removes “topped out” objectives & measures
MODIFIED STAGE 2 OBJECTIVES

1. Protect Patient Health Information
2. Clinical Decision Support
3. Computerized Provider Order Entry
4. Electronic Prescribing
5. Health Information Exchange
6. Patient Specific Education
7. Medication Reconciliation
8. Patient Electronic Access
9. Secure Electronic Messaging
10. Public Health Reporting (EPs only)
**Key Concepts for Modifications to MU 2015-2017**

EHR Reporting Period

- Beginning in 2015, the EHR reporting period will be based on the calendar year
- **2015 EHR Reporting Period**
  - EHR reporting period is any continuous 90-day period within the 2015 calendar year
  - All participants must use 2014 Edition CEHRT
- **2016 & 2017 EHR Reporting Periods**
  - New participants have an EHR reporting period of any continuous 90 days in the calendar year
  - Returning participants have a full calendar year EHR reporting period
  - All participants must use either 2014 Edition CEHRT or 2015 Edition CEHRT
Alternate Exclusions & Specifications

- For 2015:
  - Providers scheduled to be in Stage 1 for the 2015 EHR reporting period may use a lower threshold for certain measures
  - Providers scheduled to be in Stage 1 may exclude modified Stage 2 measures for which there is no Stage 1 equivalent
  - Allows providers to exclude modified Stage 2 measures where a previous menu measure is now required

- For 2016:
  - All providers scheduled to be in Stage 1 for the 2016 EHR reporting period may claim an alternate exclusion for measures 2 & 3 in the CPOE objective.
  - Eligible hospitals and CAHs scheduled to be in Stage 1 may claim an alternate exclusion for the eRx objective.
Modifications to Patient Engagement Objectives

• Patient Electronic Access, Measure 2 (EPs, Eligible Hospitals, and CAHs)
  • Changes this measure to require that at least one patient views, downloads, or transmits his or her information during the EHR reporting period (eliminates 5% threshold)

• Secure Electronic Messaging (EPs)
  • Changes this measure to require that the EP demonstrate the capability for patients to send and receive a secure electronic message with the EP (eliminates 5% threshold)
Clinical Quality Measures (CQMs)

- There are no changes to CQM selection or reporting requirements
- For the 2015 EHR reporting period, providers may attest to any continuous 90-day period of CQM data. Providers also have the option to electronically report CQM data using established electronic reporting methods.
- For the 2016 & 2017 EHR reporting periods, providers must attest to one full calendar year of CQM data OR electronically report CQM data using established electronic reporting methods.
FOR MORE INFORMATION

• CMS: EHR Incentive Program for Eligible Professionals: What You Need to Know for 2015 Tipsheet

• CMS: What’s Changed for EHR Incentive Programs 2015-2017 (Modified Stage 2)

• CMS: EHR Incentive Programs: 2015 through 2017 (Modified Stage 2) Overview

• State-specific Meaningful Use