The future of Health IT is here. Turn it on.
About GA-HITEC

GA-HITEC is Georgia’s only federal and state-endorsed expert to assist providers in achievement of Meaningful Use of EHR technology.

Located at Morehouse School of Medicine, National Center for Primary Care
Housekeeping

- Participants microphones muted
- Check internet connection
- Refer all Tech Issues to Tech Support Chat Pod
- Refer all Presenter Questions to the Presenter Q&A Pod
  - There will be periodic stopping points for Q&A
  - There will be a time designated at the conclusion of the webinar for Q&A
Part II: Preparing for Meaningful Use
Modified Stage 2 2016

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Objectives

• Provide an understanding of the requirements to meet Modified Stage 2 Meaningful Use.

• Review the Registry Reporting requirements and how to achieve this measure.

• Review of the Health Information Exchange requirements and how to meet this measure.
• Recap of the Meaningful Use requirements for Modified Stage 2

• Review how a provider can meet the Health Information Exchange (eSummary of Care) requirement

• Review registry requirements (Public Health Agency and Clinical Data Registry reporting) and how to meet these requirements
All providers must attest to Modified Stage 2 objectives and measures

- **2016 MU**
  - First year Meaningful Use
    - Report any continuous 90-day period, from Jan 1, 2016 – Dec 31, 2016
    - Modified Stage 2 with alternate exclusions and specifications
  - All other Meaningful Use
    - Report full-year (calendar year 2016)
    - If scheduled Stage 2 - no alternate exclusions and specifications
Modified Stage 2 Objectives

1. Protect Electronic Health Information
2. Clinical Decision Support
3. CPOE
4. Electronic Prescribing (eRx)
5. Health Information Exchange
6. Patient-Specific Education
7. Medication Reconciliation
8. Patient Electronic Access (View, Download, Transmit)
10. Public Health and Clinical Data Registry Reporting

➢ Must report CQM (9 over at least 3 domains)
### Modified Stage 2 Rules for 2016

<table>
<thead>
<tr>
<th>Rule Description</th>
<th>Threshold</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Protect Patient Health Information</td>
<td>Y/N</td>
<td>Security Risk Assessment with Mitigation Plan and Dates</td>
</tr>
<tr>
<td>2. Clinical Decision Support</td>
<td>Y/N</td>
<td>5 rules that are reflected in 4 CQMs</td>
</tr>
<tr>
<td>3-1. CPOE - Medication</td>
<td>&gt;60%</td>
<td>Exempt &gt;100 orders</td>
</tr>
<tr>
<td>3-2. CPOE - Labs</td>
<td>&gt;30%</td>
<td>Exempt &gt;100 orders</td>
</tr>
<tr>
<td>3-3. CPOE - Imaging</td>
<td>&gt;30%</td>
<td>Exempt &gt;100 orders</td>
</tr>
<tr>
<td>4. Electronic Prescribing (eRX)/Formulary</td>
<td>&gt;50%</td>
<td>Exempt &gt;100 orders</td>
</tr>
<tr>
<td>5. Health Information Exchange - electronic Summary of Care (eSoC)</td>
<td>&gt;10%</td>
<td>Through Direct Secure Messaging, Exempt &gt;100 SoC</td>
</tr>
<tr>
<td>6. Patient Specific Education</td>
<td>&gt;10%</td>
<td>Patient Portal</td>
</tr>
<tr>
<td>7. Medication Reconciliation</td>
<td>&gt;50%</td>
<td>Patient Portal</td>
</tr>
<tr>
<td>8-1. Patient Electronic Access</td>
<td>&gt;50%</td>
<td>Patient Portal</td>
</tr>
<tr>
<td>8-2. VDT</td>
<td>Y/N</td>
<td>At least 1 patient has accessed/utilized VDT</td>
</tr>
<tr>
<td>9. Secure Messaging</td>
<td>Y/N</td>
<td>At least 1 message sent to a patient from provider</td>
</tr>
<tr>
<td>10. Public Health and Clinical Data Registry Reporting</td>
<td>Y/N</td>
<td>Need engagement with 2 or engagement with one and two exclusions or 3 exclusions - must be engaged or due diligence proof within first 60 days of attestation period</td>
</tr>
</tbody>
</table>

- Yes/No measures require additional documentation for audits and/or for Medicaid attestations
- Threshold measures require MU report
Clinical Quality Measures

- No changes to CQM selection or reporting scheme from CQM requirements in Stage 2 Rule
- 9 CQM across at least 3 of 6 domains
- For PY 2016, EP beyond first year of meaningful use attest to one full calendar year of CQM data
5. Health Information Exchange (HIE): Summary of Care/Referral

- **Stage 1**
  - Must do Stage 2 in 2016

- **Stage 2**
  - SoC is created with CHERT and >10% exchanged

- **Denominator**
  - Care transitions

- **Exclusion**
  - EP: <100 transfers or referrals during the EHR reporting period
5. Health Information Exchange (HIE): Summary of Care/Referral

- Establish Direct secure email address for Exchange of Summary of Care (SoC)/Referral
  - EHR vendor may provide Direct secure email address
  - Georgia Health Information Network
    - Can provide a Direct secure email address
    - For additional information, visit: www.gahin.org
- Understand how to generate a Summary of Care document (CCD or C-CDA) from your certified EHR (workflow)
- Understand how to track for MU
- If within your EHR or healthcare system network or you have a HISP-to-HISP connection,
  - Process may be slightly different and automatically track for MU
- Obtain Direct email address from providers to whom you refer
- Attach Summary of Care to Direct secure email and send to other provider using their Direct email address
10. Public Health & Clinical Data Registry Reporting

- Active engagement with a public health agency (PHA) or clinical data registry (CDR) to submit electronic public health data
  - PY 2016:
    - All EPs must meet two measure options, or meet 1 and exclude two, or exclude all three measures
10. Public Health & Clinical Data Registry Reporting

- **Active Engagement:**
  - **Completed Registration to Submit Data:**
    - Registration submitted within 60 days of start of EHR reporting period
    - Providers who have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period
  - **Testing and Validation**
  - **Production** (electronically submitting production data)

- **Timing of Active Engagement as it relates to EHR reporting period**
  - First 60 days of reporting period (if available)
Modified Stage 2 Objectives


EHR Incentive Programs in 2015 through 2017
Public Health Reporting for Eligible Professionals in 2015

The Electronic Health Record (EHR) Incentive Programs in 2015 through 2017 include a consolidated public health reporting objective for eligible professionals (EPs). Below is an overview of the public health reporting objective, measures, and alternate exclusions for EPs. Details on how to successfully demonstrate “active engagement” for public health reporting are also provided.

Public Health Reporting Objective and Measures

Objective: The EP is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measures: The public health reporting objective for EPs includes three measures. EPs must attest to any combination of two measures—this includes EPs scheduled to be in Stage 2 in 2015 and all EPs in 2016 and 2017. An EP scheduled to be in Stage 1 may meet one measure in 2015.

10. Public Health & Clinical Data Registry Reporting

• Exclusions
  – CMS FAQ #13409 – PY 2015: EP who had not planned on new Active Engagement “registration of intent” requirement
  – CMS FAQ #12985 – PY 2015: public health reporting alternate exclusions and specifications

10. Public Health & Clinical Data Registry Reporting

CMS FAQ 14397

[EHR Incentive Programs] What should a provider do in 2016 if they did not previously intend to report to a public health reporting measure that was previously a menu measure in Stage 2 and they do not have the necessary software in CEHRT or the interface the registry requires available in their health IT systems? What if the software is potentially available but there is a significant cost to connect to the interface?

In the 2015 EHR Incentive Programs Final Rule, we stated that we did not intend for providers to be inadvertently penalized for changes to their systems or reporting made necessary by the provisions of that regulation. This included alternate exclusions for providers for certain measures in 2016 which might require the acquisition of additional technologies they did not previously have for measures they did not previously intend to include in their activities for meaningful use (80 FR 62945). Therefore, in order that providers are not held accountable to obtain and implement new or additional systems, we will allow providers to claim an alternate exclusion from certain public health reporting measures in 2016 if they did not previously intend to report to the Stage 2 menu measure.
10. Public Health & Clinical Data Registry Reporting

CMS FAQ 14401

[EHR Incentive Programs] For 2016, what alternate exclusions are available for the public health reporting objective? Is there an alternate exclusion available to accommodate the changes to how the measures are counted?

We do not intend to inadvertently penalize providers for changes to their systems or reporting made necessary by the provisions of the 2015 EHR Incentive Programs Final Rule. This includes alternate exclusions for providers for certain measures in 2016 which might require the acquisition of additional technologies they did not previously have or did not previously intend to include in their activities for meaningful use (80 FR 62945).

For 2016, EPs scheduled to be in Stage 1 or Stage 2 must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3 and eligible hospitals or CAHs scheduled to be in Stage 1 or Stage 2 must attest to at least 3 public health measures from the Public Health Reporting Objective Measures 1-4.
10. Public Health & Clinical Data Registry Reporting

CMS FAQ 13657

[EHR Incentive Programs] What steps does a provider have to take to determine if there is a specialized registry available for them, or if they should instead claim an exclusion?

The eligible professional (EP) is not required to make an exhaustive search of all potential registries. Instead, they must do a few steps to meet due diligence in determining if there is a registry available for them, or if they meet the exclusion criteria.

1 - An EP should check with their State* to determine if there is an available specialized registry maintained by a public health agency.

2 - An EP should check with any specialty society with which they are affiliated to determine if the society maintains a specialized registry and for which they have made a public declaration of readiness to receive data for meaningful use no later than the first day of the provider’s EHR reporting period. If the EP determines no registries are available, they may exclude from the measure.
10. Public Health & Clinical Data Registry Reporting

- Documentation for audit purposes
  - Documentation for having met the measure or the exclusion
  - If you utilized an FAQ to support exclusion, maintain a copy of the FAQ and the url
  - Medicaid EHR Incentive Program requires documentation included as part of the attestation submission
10. Public Health & Clinical Data Registry Reporting

- Measure 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data

- Measure 2 – Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data

- Measure 3 – Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry
10. Public Health & Clinical Data Registry Reporting

Measure 1 – Immunization Registry

- Active engagement with a public health agency to submit immunization data
- Yes/no response
- Exclusions available but tight:
  - Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction’s immunization registry during the reporting period;
  - Operates in jurisdiction for which no immunization registry is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period;
  - Operations in jurisdiction for which no immunization registry has declared readiness to receive immunization data at the start of the EHR reporting period
10. Public Health & Clinical Data Registry Reporting
Measure 1 - Immunization Registry

• GRITS – Immunization Registry
  – Contact information on site

• Exclusion for “does not administer any immunizations”
  – ‘immunizations’ includes, but is not limited to: flu, pneumonia, Gardasil, etc.
10. Public Health & Clinical Data Registry Reporting
Measure 1 - Immunization Registry

GRITS Interface

GRITS Flat File Specifications
- Client File
- Immunization File
- Comment File (Optional)

Flat File uploads are executed by logging into GRITS and selecting the Data Exchange menu option. The 3 files are linked via a 24-character Record Identifier. This interface can be set to bi-directional. During bi-directional processing, if any updates occurred since the last data upload, information on the clients and providers is updated.

Interface Considerations:
1. Inventory Management is operative through data exchange.
2. Organization Structure Options
   a. Single organization
   b. Parent/child organization
   c. Vendor/client organization.

Business Rules
1. Any immunization records received

Modified Stage 2 Objectives

10. Public Health & Clinical Data Registry Reporting
Measure 1 - Immunization Registry

Raw Text:

1. HMO Query Submission – A list of clients can be submitted to GRITS and data on the clients and any immunization for the client are returned in a text file.
2. School Access – Allows school users to submit list of students to generate 3231 and Immunization Needed Reports.

Extract Data from GRITS

Vital Records Loads – Weekly loads of birth and death records every Friday evening.

Information Source code to indicate (New) Administered Vaccine or a 01 to indicate a Historical Record.

4. Deduct from Inventory can be enabled upon request of the provider. Lot number and CPT code or Trade name must be present for deduct from inventory.

Please contact a GRITS Business Analyst for assistance with interfacing.

GRITS Business Analysts
Nikki Griffin 404-657-3166; njgriffin@dhr.state.ga.us
Patrice Wade 404-463-0808; rpwade@dhr.state.ga.us or Email: immreg@dhr.state.ga.us

10. Public Health & Clinical Data Registry Reporting Measure 2 – PHA/CDR, Syndromic Surveillance

- Active engagement with a public health agency to submit syndromic surveillance data
- Yes/no response
- Exclusions available but tight:
  - Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction’s syndromic surveillance;
  - Operates in jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period;
  - Operates in jurisdiction for which no public health agency has declared readiness to receive electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.
10. Public Health & Clinical Data Registry Reporting

Syndromic Surveillance

Included in the strategies for demonstrating “meaningful use” of the EHR systems is the submission of electronic syndromic surveillance data to public health agencies.

The DPH Epidemiology Section uses Syndromic Surveillance to aid in event detection and monitor community health trends. Pre-diagnostic, “chief complaints” from patients are used to identify patterns of illness. For example, Syndromic Surveillance is used to monitor seasonal trends such as influenza-like illness to help identify possible outbreaks and other issues of public health concern. Data is transmitted from participating facilities to SendSS daily. The data are grouped into syndromes and statistical algorithms are applied to identify unusual temporal and geographic patterns that might indicate situations of public health concern. Transmission includes limited patient-identifying information. SendSS uses technical and administrative measures to ensure the security of the data and protect the confidentiality of the submitted information.

- Eligible Hospital/Critical Access Hospital Objective: Ongoing submission of syndromic surveillance data from a Certified EHR Technology to SendSS for the EHR reporting period.
- Eligible Hospital/Critical Access Hospital Measure: Ongoing submission of syndromic surveillance data from a Certified EHR Technology to SendSS for the EHR reporting period.
- Eligible Professional: At this time Georgia Public Health only accepts syndromic surveillance data from Eligible Hospitals, Critical Access Hospitals and Urgent Care facilities. Ambulatory care physician practices can receive an exemption for this requirement, but must still register with Georgia public health.

To register for Meaningful Use Stage 2, [click here](http://dph.georgia.gov/meaningful-use).
Modified Stage 2 Objectives

10. Public Health & Clinical Data Registry Reporting
Syndromic Surveillance

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**Georgia Department of Public Health Meaningful Use Registration**

<table>
<thead>
<tr>
<th>MU Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Organization Name:</td>
</tr>
<tr>
<td>2. Organization Street:</td>
</tr>
<tr>
<td>3. Organization City:</td>
</tr>
<tr>
<td>4. Organization County:</td>
</tr>
<tr>
<td>5. Organization State:</td>
</tr>
<tr>
<td>6. Organization Zip Code:</td>
</tr>
<tr>
<td>7. Organization Phone:</td>
</tr>
<tr>
<td>8. Organization Type:</td>
</tr>
<tr>
<td>- Eligible Provider</td>
</tr>
<tr>
<td>- Eligible Hospital</td>
</tr>
<tr>
<td>- Critical Access Hospital</td>
</tr>
<tr>
<td>- EHR Vendor</td>
</tr>
<tr>
<td>- Other</td>
</tr>
</tbody>
</table>

**Meaningful Use Point of Contact : (Group or Department or Person within Organization)**

| 9. POC Name: |  |
| 10. POC Title: |  |
| 11. POC Phone: |  |
| 12. POC Fax: |  |
| 13. POC Email Address: |  |

https://sendss.state.ga.us/sendss/!dynamicsurvey.surveypublicprompt?pQATemplateId=1537
10. Public Health & Clinical Data Registry Reporting
Syndromic Surveillance

Georgia Department of Public Health Meaningful Use Registration

19. Please indicate the public health meaningful use objectives for which you are pursuing attestation:

- [ ] Syndromic Surveillance
- [ ] Reportable Laboratory Results
- [ ] Immunization Data
- [ ] Cancer Data

https://sendss.state.ga.us/sendss/l/dynamicsurvey.surveypublicprompt?pQATemplateld=1537
10. Public Health & Clinical Data Registry Reporting Measure 3 – PHA/CDR, Specialized Registries

- Active engagement to submit **relevant** data to a specialized registry
- Yes/no response
- Exclusions:
  - Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period;
  - Operates in jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period;
  - Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.
10. Public Health & Clinical Data Registry Reporting

Specialized Registries

- Nationally Certified Public Health or Clinical Data Registries
- Meet due diligence to determine if specialized registry is available for the EP
- Specialized Registry: has confirmed readiness to accept data, supports all three stages of Active Engagement, and is able to provide confirmation of Active Engagement back to the provider for audit purposes.
10. Public Health & Clinical Data Registry Reporting
Specialized Registries

Determining Availability of a Specialized Registry
The EP is not required to make an exhaustive search of all potential registries. Instead, they must take a few steps to meet due diligence in determining if there is a registry available for them, or if they meet the exclusion criteria:

1. An EP should check with their State (or the entity used as their reporting jurisdiction, such as a county) to determine if there is an available specialized registry maintained by a public health agency.
2. An EP should check with any specialty society with which they are affiliated to determine if the society maintains a specialized registry and for which they have made a public declaration of readiness to receive data for meaningful use no later than the first day of the provider’s EHR reporting period.

If the EP determines no registries are available, they may exclude from the measure.
Georgia Cancer Registry

- Specialties such as dermatology, urology, hematology, medical oncology, and gastroenterology, where cancer diagnosis and/or treatment frequently occur in the outpatient setting, are appropriate settings for the Cancer Registry

- CMS encourages EP to select and report on MU objectives that are relevant to the EP scope of practice
10. Public Health & Clinical Data Registry Reporting
Specialized Registries – Cancer Registry

19. Please indicate the public health meaningful use objectives for which you are pursuing attestation:

- [ ] Syndromic Surveillance
- [ ] Reportable Laboratory Results
- [ ] Immunization Data
- [ ] Cancer Data

https://sendss.state.ga.us/sendss/dynamicsurvey.surveypublicprompt?pQATemplatetId=1537
Are you ready to attest?

- Prepare for all of your yes/no measures with documentation (Medicaid attestation upload &/or audit preparation)
- Run your MU dashboard/scorecard (YTD or 90 days as appropriate) and make adjustments to workflow as needed to reach thresholds
- Run your Clinical Quality Measures report and make adjustments to workflow or coding as needed
Resources

• GA-HITEC:
  – 877-658-1990
  – www.ga-hitec.org

• Centers for Medicare and Medicaid Services
  – www.cms.gov/ehrincentiveprograms
  – http://go.cms.gov/QualityPaymentProgram

• Georgia Medicaid
  – http://dch.georgia.gov/eligible-professionals

• Office of the National Coordinator
  – www.healthit.gov

• Georgia Health Information Network (GaHIN)
  – www.gahin.org

• Department of Public Health
  – http://dph.georgia.gov/meaningful-use
Discussion & Questions
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