Meaningful Use & Public Health

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Electronic Disease Surveillance Program
Arizona Department of Health Services
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Quick Meaningful Use Overview

• National Electronic Health Record (EHR) incentive program

• Primary agencies:
  – Centers for Medicare and Medicaid Services (CMS)
  – Office of the National Coordinator for Health Information Technology (ONC)

• Organized into 2 incentive programs:
  – Medicare
  – Medicaid
• Eligible Hospitals (EH), Critical Access Hospitals (CAH) and Eligible Professionals (EP) are required to adopt Certified Electronic Health Record Technology (CEHRT)

• In order to demonstrate *Meaningful Use* of the CEHRT, health care providers must meet certain objectives in three progressive stages
Three Progressive Stages

- 2011: Data capture and sharing
- 2014: Advanced clinical processes
- 2016: Improved outcomes
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</table>
Legislation and Rules

• American Recovery and Reinvestment Act of 2009 (ARRA)
  – includes the Health Information Technology for Economic and Clinical Health (HITECH) Act

• Stage 1
  – CMS: 2010 - Medicare and Medicaid Programs; Electronic Health Record Incentive Program; Final Rule
  – ONC: 2010 - Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology; Final Rule
Rules continued

• **Stage 2**
  
  – **CMS:** 2012 – Medicare and Medicaid Programs; Electronic Health Record Incentive Program—Stage 2; Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, 2014 Edition; Revisions to the Permanent Certification Program for Health Information Technology; Final Rules

  – **ONC:** 2012 – Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, 2014 Edition; Revisions to the Permanent Certification Program for Health Information Technology; Final Rules
Objectives and Measures

- **Objectives** are broad policy goals that CMS hopes to achieve through MU – such as Electronic Laboratory Reporting to Public Health

- **Measures** are the actual criteria that the Providers will have to meet to realize that objective
<table>
<thead>
<tr>
<th>Electronic Reportable Laboratory Results</th>
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</thead>
<tbody>
<tr>
<td><strong>Objective</strong></td>
</tr>
<tr>
<td>Capability to submit electronic reportable laboratory results to public health agencies, where except where prohibited, and in accordance with applicable law and practice.</td>
</tr>
<tr>
<td><strong>Measure</strong></td>
</tr>
<tr>
<td>Successful ongoing submission of electronic reportable laboratory results from Certified EHR Technology to a public health agency for the entire EHR reporting period.</td>
</tr>
<tr>
<td>Any eligible hospital or CAH that meets one or more of the following criteria:</td>
</tr>
<tr>
<td>(A) Operates in a jurisdiction for which no public health agency is capable of receiving electronic reportable laboratory results in the specific standards required for Certified EHR Technology at the start of their EHR reporting period.</td>
</tr>
<tr>
<td>(B) Operates in a jurisdiction for which no public health agency provides information timely on capability to receive electronic reportable laboratory results.</td>
</tr>
<tr>
<td>(C) Operates in a jurisdiction for which no public health agency that is capable of accepting the specific standards required by Certified EHR Technology at the start of their EHR reporting period can enroll additional eligible hospitals or CAHs.</td>
</tr>
<tr>
<td><strong>Exclusion</strong></td>
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## Number of MU Objectives

<table>
<thead>
<tr>
<th></th>
<th>Stage 1</th>
<th>Stage 2</th>
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<tbody>
<tr>
<td><strong>Eligible Hospitals (EH, CAH)</strong></td>
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</tr>
<tr>
<td>Core</td>
<td>14</td>
<td>16</td>
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<tr>
<td>Menu</td>
<td>5 of 10</td>
<td>3 of 6</td>
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<tr>
<td><strong>Eligible Professionals (EP)</strong></td>
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<tr>
<td>Core</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>Menu</td>
<td>5 of 10</td>
<td>3 of 6</td>
</tr>
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</table>
Stage 1 Objectives

1. Computer provider order entry (CPOE) for medication orders.
2. Implement drug-drug and drug-allergy interaction.
3. Maintain up-to-date problem list of current and active diagnoses.
4. Generate and transmit permissible prescriptions electronically.
5. Maintain active medication list
6. Maintain active medication Allergy list
7. Record patient demographics.
8. Record vital signs and chart changes (height, weight, blood pressure, body-mass index, growth charts for children).
9. Record smoking status for patients 13 years of age or older.
10. Report clinical quality measures to CMS or states.
11. Implement one clinical decision support rule and ability to track compliance with the rule.
12. On request, provide patients with an electronic copy of their health information.
13. Provide patients with clinical summaries for each office visit.
14. Implement capability to electronically exchange key clinical information among providers and patient-authorized entities.
15. Conduct Risk Assessment to protect privacy and security of patient data in the EHR.
## Public Health Objectives – **Stage 1 MU**

<table>
<thead>
<tr>
<th></th>
<th>Electronic Laboratory Reporting (ELR)</th>
<th>Immunization Registry (ASIIS)</th>
<th>Syndromic Surveillance (BioSense)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective for:</strong></td>
<td>EH, CAH</td>
<td>EH, CAH, EP</td>
<td>EH, CAH, EP</td>
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<tr>
<td><strong>Required or Menu?</strong></td>
<td>Menu*</td>
<td>Menu*</td>
<td>Menu*</td>
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<tr>
<td><strong>ADHS Status</strong></td>
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<td>Currently Accepting</td>
<td>Planning to accept from hospitals first (Summer 2013)</td>
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<td><strong>Standards</strong></td>
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<td>HL7 2.3.1 or 2.5.1</td>
<td>HL7 2.3.1 or 2.5.1</td>
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<tr>
<td><strong>MU HL7 Implementation Guide?</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Not specified (but there is one in use)</td>
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<tr>
<td><strong>Message Vocabulary</strong></td>
<td>LOINC (SNOMED)</td>
<td>CVX</td>
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### Public Health Objectives – **Stage 2 MU**

<table>
<thead>
<tr>
<th>Required or Menu?</th>
<th>Electronic Laboratory Reporting</th>
<th>Immunization Registry (ASIIS)</th>
<th>Syndromic Surveillance (BioSense)</th>
<th>Cancer Registry</th>
<th>Specialized Registry</th>
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</table>

*EPs must choose 3 of 6 menu objectives

<table>
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<tr>
<th>ADHS Status</th>
<th>Currently Accepting</th>
<th>Currently Accepting</th>
<th>Hospitals first (Summer 2013)</th>
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<td>HL7 2.3.1 or 2.5.1</td>
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| IG?           | Yes                     | Yes                     | Yes                           | Yes                         | No |
| Vocab         | LOINC, SNOMED           | CVX                     |                               | SNOMED                      |    |
Why do we need Meaningful Use?

Meaningful Use provides an opportunity to create better integration between public health and health care.
Electronic Laboratory Reporting (ELR)
What is ELR?

• Labs are required to report a set of test results to ADHS (A.A.C. R9-6-204)
• Electronic reports are integrated into the state electronic disease surveillance systems
• ELR shortens the time for reporting and initiation of infectious disease control measures
ELR: Current Status

- ADHS is currently accepting ELR submissions from hospitals for MU
- 25 hospitals have tested (3 in production)
- Onboarding additional laboratories based on readiness and following steps outlined at [www.azdhs.gov/meaningful-use](http://www.azdhs.gov/meaningful-use)
- 3 largest commercial labs are also sending ELR
Syndromic Surveillance
What is Syndromic Surveillance?

• Public Health receives reports of symptoms or diagnoses for all patient visits (ADT messages)
• This information can be used to identify outbreaks or health events and monitor the health status of a community
• Syndromic surveillance is fast – Public Health can see what’s happening in a community before the patients have a confirmed diagnosis or laboratory results
Syndromomic Surveillance: Current Status/Future Plans

- Plan to start accepting submissions from hospitals in late Summer 2013
- Work to get CDC’s BioSense 2.0 up and running as the MU Syndromic Surveillance system in AZ
- Create AZ implementation guide, user manual, training documents.
- Will require a Data Use Agreement (DUA) between Local Public Health Jurisdictions and ADHS
- Reporting will require a DUA between healthcare facilities and ADHS
Immunization Registry (ASIIS)
What is ASIIS?

• The Arizona State Immunization Information System (ASIIS) is the state’s immunization registry.
• Providers are required to report all immunizations administered to ≤18 y.o. under ARS 36-135.
• Pharmacists are required to report any immunizations administered regardless of patient age under ARS 32-1974.
• Enables providers to access a complete immunization record for each child they treat regardless of where immunizations may have been received.
ASiIS: Current Status

- ASiIS currently accepting submissions for MU
- Over 400 providers have tested (140 in production)
- Standard protocols and guidelines for testing distributed after receipt of initial interest form – available through www.azdhs.gov/meaningful-use
Cancer Registry
Cancer Registry

• Hospitals, pathology labs, clinics, and physicians are required to report cancer cases under ARS 36-133

• Meaningful Use targets eligible ambulatory setting only (e.g. physician offices)
Cancer Registry: Current Status

• The registry is currently in the Assessment and Planning Phase

• National target dates for cancer registry:
  – Declaration/Registration of Intent (e.g. share tentative plan, collect information from providers) – start date October 2013
  – On-boarding (invitation, testing, and production, acknowledgement) – start date January 2014
Specialized Registries
Specialized Registries

... still in a planning phase
PH Declaration of Capacity (Centralized CMS Repository)

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

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

Declaration Process

PHA MU Objective Readiness Data

PHAs

Providers

CMS Centralized Repository
Registration of Intent to Submit to PH

• Stage 2 requires Provider registration with ADHS of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period)

• ADHS is creating an online registration system

• At this time, email meaningfuluse@azdhs.gov to register
The Stage 2 measure will **not** be met if the provider:

- Fails to register their intent by the deadline; or
- Fails to participate in the onboarding process as demonstrated by failure to respond to the PHA written requests for action within 30 days on two separate occasions.
Stage 2 Public Health Letters

• ADHS will provide written communication (including electronic form) affirming that EP, EH or CAH met the appropriate measure
Health and Wellness for all Arizonans
MeaningfulUse@azdhs.gov

www.azdhs.gov/meaningful-use
It's QUESTION TIME!!

MeaningfulUse@azdhs.gov