

Centers for Medicare and Medicaid Services (CMS) Final Rule to define Meaningful Use of an Electronic Health Record

Published July 13, 2010



Final Rule Meaningful Use Hospitals

- **Published July 13th**
- **Significant changes but still a challenge**
- **ED patients and Critical Access Hospitals are now included as appropriate**
- **Required measures now 14 instead of 23**
 - ◆ Called “Core Set” in the rules
- **5 optional measures are required from potential 10**
 - ◆ Called “Menu Set” in the rules
 - ◆ Must choose at least one of the population and public health related measures

Hospital Required (on the Core Set)

Proposed	FINAL	
10% CPOE all IP orders did not include ED patients	Medication CPOE for 30% of patients in ED or admitted IPs	1
Included drug-formulary checks	Implement drug-drug and drug-allergy interaction checks for the entire reporting period	2
80%	>50% patients demographics as structured data: language, gender, race, ethnicity, DOB, DOD w/ prelim cause	3
Same	> 80% have @ least 1 problem recorded as structured data	4
Same	>80% have at least 1 med recorded as structured data (Active Medication List)	5
Same	>80% have Med allergy documentation (Med Allergy List)	6
80%	>50% all pts have hgt, wgt, BP, BMI, growth chart if applicable as structured data	7

Hospital Required (on the Core Set)

Proposed	FINAL	
80%	>50% patients have smoking status recorded if >13 y.o. as structured data	8
5 clinical decision support rules	At least 1 clinical decision support rule	9
Same	Report clinical quality measures to CMS or State by attestation in 2011. (Electronic in 2012)	10
80% of patients within 48 hours	>50% ED or IP have e-copy of visit within 3 business days if requested (test result, prob list, med list, med allergies, d/c summary, procedures)	11
80%	>50% of discharges IP or ED have e-copy of discharge instructions if requested	12
Same	Performed at least one test of certified EHR capacity to electronically exchange key clinical information	13
Same	Conduct or review security risk analysis and implement security updates as necessary	14

Hospital Menu Set (choose 5)

Proposed	FINAL	
Same and required Divided from drug-drug checking	Implement drug-formulary checks using at least 1 internal or external formulary for the reporting period	1
Not in proposed	>50% of all pts >65 y.o. have advance directive status	2
80% and required	>40% of all clinical lab tests are incorporated as structured data if +/- or numeric result	3
Same and required	Generate at least one report listing pts with a specific condition	4
Not in proposed	>10% unique pts are provided patient specific education resources	5
80% and required	>50% pt admissions to IP or ED have med reconciliation performed	6
80% and required	>50% of patients transitioned to another care setting are provided with summary of care record	7

Hospital Menu Set (choose 5)

Proposed	FINAL	
Same and required	Performed at least one test of capacity to submit e-data to immunization registries and follow up if submission is successful if required in the state*	8
	Performed at least 1 test of EHR capacity to provide e-results to public health agencies and follow up if test is successful *	9
	Performed at least 1 test of certified EHR to provide electronic surveillance data to public health agencies *	10

* Must choose at least one of the population and public health related measures

Hospital Proposed - not in Final Rule

Proposed	FINAL
Insurance eligibility checked electronically for at least 80% patients	Dropped
Submit 80% claims electronically to public and private payers	Dropped

Final Rule Meaningful Use Providers

- **Required measures now 15 instead of 25**
 - ◇ Called “Core Set” in the rules
- **5 optional measures are required from potential 10**
 - ◇ Called “Menu Set” in the rules
 - ◇ Must choose at least one of the population and public health related measures
- **Clinical quality measures have been reduced to a total of six measures – 3 are mandatory**
 - ◇ BP level, tobacco status and adult weight screening (or alternates if not applicable)

Provider Required (on the Core Set)

Proposed	Final	
Decreased from 80%	More than 50% of patients demographic data is recorded as structured data: <ol style="list-style-type: none"> 1. Preferred language 2. Insurance type 3. Gender 4. Race 5. Ethnicity 6. Date of birth 	1
Decreased from 80%	Record VS and chart changes for more than 50% of patients \geq 2y.o. . <ol style="list-style-type: none"> 1. Height 2. Weight 3. Blood pressure 4. BMI 5. Growth chart for children 	2

Provider Required (on the Core Set)

Proposed	Final	
Took out ICD-9 or SNOMED	80% unique patients have at least one problem list recorded as structured data	3
Unchanged	80% of all unique patients have at least one entry to an active medication list	4
Same	80% of all unique patients seen have at least one entry on the active medication allergy list	5
Same	80% of patients 13 y.o. or older have recorded smoking status as structured data	6
Provide clinical summaries for at least 80% of all office visits	Electronic clinical summary for more than 50% of requestors within 3 business days	7
Decreased from 80% and time limit was 48 hours	At least 50% pts who request electronic copy of health info receive it within 3 business days (include test results, prob list, med list, allergies)	8

Provider Required (on the Core Set)

Proposed	Final	
Decreased from 80%	40% of all permissible prescriptions are transmitted electronically	9
CPOE is used for 80% of all orders	More than 30% of patients with @ least 1 medication in their medication list have at least 1 med ordered through CPOE	10
Took out drug-formulary checks	Functionality is enabled drug-drug, drug-allergy for entire reporting period	11
No change	Capable of exchanging key clinical information among providers and performed at least one test	12
Was 5 CDS rules	Implement 1 clinical decision support rule relevant to the clinical quality metrics	13
No change	Conduct or review a security risk analysis and implement security updates as necessary	14
Report ambulatory quality measures to CMS or State	Report clinical quality measures to CMS or state. By attestation for 2011 and electronically in 2012	15

Provider Menu Set (choose 5)

Proposed	Final	
This was previously required	Implement drug-formulary checking to an internal or external formulary for the entire reporting period	1
This was previously required	Incorporate clinical lab test results in EHR as structured data for at least 50% of the results that are numeric or -/+	2
This was previously required	Generate at least 1 report listing patients with a specific condition.	3
New	Use EHR technology to ID patient specific education resources for more than 10% of patients	4
Perform med reconciliation at 80% of relevant encounters and each transition of care	Medication reconciliation performed for more than 50% transitions of care	5

Provider Menu Set (choose 5)

Proposed	Final	
Was required and decreased from 80%	Provide summary of care record for at least 50% of transitions of care and referrals	6
Was required	Capability to submit electronic data to immunization registries and actual submission where required and accepted (@ least 1 test)	7
This was required	Performed @ least 1 test of capacity to provide electronic syndrome surveillance data to public health agencies (where accepted)	8
Follow up reminder sent to at least 50% or unique patients that are \geq 50 y.o.	Follow up reminder to more than 20% of patients 65 y.o. or < 2 y.o. are sent appropriate reminders	9
At least 10% of all patients are provided electronic access to their health info within 96 hrs of it being available to the EP	More than 10% of patients are provided e-access to information within 4 days of its update in the EHR	10

Provider Measures deleted from final

Proposed

Check insurance eligibility electronically from the public and private payers.

Submit claims electronically to public and private payers.

Final Rule: Clinical Quality Measures

- **Final rule requires reporting by the hospital on 15 clinical quality measures**
 - ◇ (*Reference: Table 10 pg 303, Final Rule)
- **Rule requires reporting by the EP (eligible provider) on 6 measures (3 core or alternate core + 3 from a “menu” of 45 measures)**
 - ◇ (* Reference: Table 7 pg 287 Core EP measures, Final Rule)
 - ◇ (* Reference: Table 6 pg 272 Menu measures, Final Rule)
- **Stage 2 these numbers will increase dramatically**

Hospital Clinical Quality Measures

Measure Number Identifier	TITLE and DESCRIPTION
ED - 1 NQF 0495	<u>Emergency Department Throughput – admitted patients</u> Median time from ED arrival to ED departure for admitted patients
ED - 2 NQF 0497	<u>Emergency Dept Throughput – Admitted patients</u> Admission decision time to ED departure for admitted patients.
Stroke - 2 NQF 0435	<u>Ischemic stroke patients – Discharge on antithrombotics</u> Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.
Stroke – 3 NQF 0436	<u>Ischemic stroke – Anticoagulation for Afib/flutter</u> Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.
Stroke – 4 NQF 0437	<u>Ischemic stroke – Thrombolytic therapy for patients arriving within 2 hours of symptom onset.</u> Acute ischemic patients who arrive at this hospital within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well.

Hospital Clinical Quality Measures

Measure Number Identifier	TITLE and DESCRIPTION
Stroke – 5 NQF 0438	<u>Ischemic stroke – Antithrombotic therapy by the end of hospital day 2</u> Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2.
Stroke – 6 NQF 0439	<u>Ischemic stroke – Discharge on statins</u> Ischemic stroke patients w/ LDL \geq 100 mg/dL, or LDL not measured. Or, who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge.
Stroke – 8 NQF 0440	<u>Ischemic or hemorrhagic stroke – Stroke education</u> Patients or their caregivers who were given educational materials during their hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke and warning signs and symptoms of stroke.

Hospital Clinical Quality Measures

Measure Number Identifier	TITLE and DESCRIPTION
Stroke – 10 NQF 0441	<u>Ischemic or hemorrhagic stroke – Rehabilitation assessment</u> Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.
Venous Thromboembolism (VTE) - 1 NQF 0372	<u>VTE prophylaxis with 24 hours of arrival</u> Assesses the number of patients who received VTE prophylaxis or have documentation who no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission.
VTE – 2 NQF 0372	<u>Intensive Care Unit VTE prophylaxis</u> Assesses the number of pts who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after initial admission (or transfer) to the ICU or surgery end date for surgeries that start the day of or the day after ICU admission or transfer.

Hospital Clinical Quality Measures

Measure Number Identifier	TITLE and DESCRIPTION
<p>VTE – 3 NQF 0373</p>	<p><u>Anticoagulation overlap therapy</u> Assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (IV or subcu) anticoagulation and warfarin therapy. For patients who received less than 5 days of overlap therapy, they must be discharged on both medications. Overlap therapy must be administered for at least 5 days with an international normalized ration (INR) > 2 prior to discontinuation of the parenteral anticoagulation therapy or the patient must be discharged on both medications.</p>
<p>VTE – 4 NQF 0374</p>	<p>Platelet monitoring on unfractionated heparin Assesses the number of patients diagnosed with confirmed VTE who received intravenous UFH therapy dosages AND had their platelet counts monitored using defined parameters such as nomogram or protocol.</p>

Hospital Clinical Quality Measures

Measure Number Identifier	TITLE and DESCRIPTION
VTE – 5 NQF 0375	<p><u>VTE discharge instructions</u> Assess the number of patients diagnosed with confirmed VTE that are discharged to home, home with home health, home hospice or discharged/transferred to court/law enforcement on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring and information about the potential for adverse drug reactions/interactions.</p>
VTE – 6 NQF 0376	<p><u>Incidence of potentially preventable VTE</u> Assesses the number of patients diagnosed with confirmed VTWE during hospitalization (not present on arrival) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date.</p>