Promoting Interoperability 2019 Dental Providers

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Agenda

1. Meaningful Use Program Basics
2. Meaningful Use Stage 3 Deep Dive (2019+)
3. Q & A

Medicaid Meaningful Use - Eligible Providers

- Physicians (M.D. and D.O.)
- Nurse Practitioners
- Certified Nurse Midwives
- Dentists
- Physician Assistants (only if they practice in an FQHC or RHC that is **led** by a PA)
- EPs must demonstrate 30% or more Medicaid or Needy Patient volume in a 90 day period (20% for pediatricians)

Medicaid Incentive Payment

- Incentives paid over 6 participation years

- No Medicaid penalty for missing a year

- Payments
  - $21,250 for Year 1 for Adopt, Implement Upgrade (AIU)
  - $8,500 for Years 2-6 for Meaningful Use
  - Payment Year 2021 - Last day of attestation NLT 10/31/21 and last payment NLT December 31, 2021

Note: The last year to begin Meaningful Use was 2016

Requirements by Payment Year

	PY 2018	PY 2019	PY 2020	PY 2021
Stage	Modified Stage 2 Stage 3 (Optional)	Stage 3	Stage 3	Stage 3
CEHRT Edition	2014 / 2015	2015	2015	2015
Objective Reporting Period	90 Days	90 Days	90 Days	90 Days
CQM Reporting Period	Calendar Year	Calendar Year	Calendar Year	90 Days
CQMs	6 (any domain)	6*	6*	6*

*must include 1 outcome measure

Medicaid Meaningful Use Deep Dive Stage 3 in 2019

Final Rule published 11/1/18
https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-24170.pdf

Stage 3 Pocket Guide – 2019+

OBJ1 Protect ePHI	OBJ 2 eRX + Formulary	OBJ 3 Clinical Decision Support	OBJ 4 CPOE
Conduct or review a security risk analysis and address security including encryption during the reporting year	>60% of permissible prescriptions are queried for a drug formulary and transmitted electronically* *Exclusion <100 Prescriptions	Implement 5 CDS interventions associated with 4 or more CQMS for the entire reporting period **Enable drug/drug and drug/allergy checking** for the entire reporting period	>60% of medication orders entered using CPOE* >60% of lab orders entered using CPOE* >60% of diagnostic imaging orders entered using CPOE* *Exclusion <100 Orders

OBJ 5 Patient Electronic Access	OBJ 6 Coordination of Care Patient Engagement (Report all, meet 2 out of 3)	OBJ 7 Health Information Exchange (Report all, meet 2 out of 3)	OBJ 8 Public Health/Clinical Data Reporting (Report 2 out of 5)
>80% of unique patients seen by the EP are provided online access to view, download and transmit their health information; AND ensures the information is available to access using an API. >35% of patients seen by the EP are provided electronic access to patient-specific education resources identified by the CEHRT. *Exclusion >50% of patients in a county with <4 Mbps broadband	>5% of unique patients seen by the EP views, downloads, or transmits their health information; OR access their health information through an API; or a combination of the 2 options. >5% of patients seen by the EP was sent a secure message from the CEHRT >5% of patients seen by the EP have patient generated health data or data from a nonclinical setting incorporated into the CEHRT. *Exclusion >50% of patients in a county with <4 Mbps broadband	>50% of transitions of care and referrals include a summary of care created by the CEHRT and is transmitted Electronically >40% of transitions, referrals or new patients received, the EP incorporates the summary of care into the EHR. >80% of transitions, referrals or new patients received have their medication, allergies, and problem list reconciled. *Exclusion <100 transitions, referrals or new patients	The EP is in active engagement with a public health agency or clinical data registry to submit electronic public health data. • Immunization Registry • Syndromic Reporting • Electronic Case Reporting • Public Health Registry* • Clinical Data Registry * * Can report more than 1 *Exclusion if registries outside provider's scope or the is registry not available

Stage 3 Objective 1
Protect ePHI

No Change

Objective: Protect e-health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities

Measure:

- **Conduct or review a security risk analysis,** including **addressing the security** (to include **encryption**) of ePHI created or maintained in CEHRT.
- **Implement security updates** as necessary and correct identified security deficiencies

You must conduct or update your security risk assessment during the payment year. This needs to be documented annually for audits and will be reviewed in the event of a breach.

Security Risk Assessment Tool: https://www.healthit.gov/providers-professionals/security-risk-assessment-tool

Stage 3 Objective 1
Protect ePHI Requirements

- Conduct/review security risk analysis of CEHRT including addressing encryption/security of data, and implement updates as necessary at least once each calendar year.

- Must be done upon installation or upgrade to a new system

- Security Updates and deficiencies identified should be included in the risk management process and implemented/corrected

No exclusions – this applies to all specialties

HIPAA Security Rule Guidance: http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/

Stage 3 Objective 2
Electronic Prescribing

Objective: Generate and transmit permissible prescriptions electronically

Exclusions:

- Any EP that writes less than 100 permissible prescriptions during the reporting period
- Does not have a pharmacy within their organization and no pharmacy that accepts electronic prescriptions within 10 miles of the practice location.

Stage 3 Objective 2
Electronic Prescribing

Threshold Increase

Measure:

More than 60% of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

- RX eligibility must be verified for all patients prior to e-prescribing (or within 3 days of the prescription date), including self-pay patients, every time a prescription is sent.

Dental providers are exempt if they write less than 100 permissible prescriptions during the reporting period.

Stage 3 Objective 3
Clinical Decision Support (CDS)

No Change

Objective: Use clinical decision support focused on improving performance on high-priority health conditions.

Exclusion:

Provider who writes fewer than 100 medication orders during the EHR reporting period

Stage 3 Objective 3
Clinical Decision Support (CDS)

No Change

Measure:

1. Implement 5 CDS interventions related to 4 or more CQMs at a relevant point in patient care for the entire EHR reporting period

2. Enable drug/drug, drug/allergy interaction checking for the entire EHR reporting period

No exclusions, however, dental specific decision support rules are not required.   These will be focused on high priority conditions.

Stage 3 Objective 3
Clinical Decision Support (CDS) Requirements

- If there are no relevant clinical quality measures they must be related to high-priority health conditions

- The same interventions do not need to be used for the entire reporting period, you just need to have 5

- If there are limited CQMs for the EP, implement CDS interventions to drive improvements for high priority health conditions

- Drug-drug and drug-allergy interaction alerts do not count towards the 5

Stage 3 Objective 4
Computerized Provider Order Entry (CPOE)

Objective:

Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.

Stage 3 Objective 4
CPOE Measures

Threshold Increase

1. >60% of Medication orders entered using CPOE by licensed healthcare professional

   > Dental providers may claim the exclusion for measure 1 if they write less than 100 prescriptions during the reporting period.

2. >60% of Lab orders entered using CPOE by licensed healthcare professional

   > Dental providers may claim the exclusion for measure 2 if they create less than 100 lab orders during the reporting period.

3. >60% of Radiology orders entered using CPOE by a licensed healthcare professional

   > Dental providers may claim the exclusion for measure 3 if they create less than 100 radiology orders during the reporting period.

Stage 3 Objective 5
Patient Electronic Access to Health Information

Objective:

The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.

Exclusions:

- No office visits during the EHR reporting period
- Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measure.

Stage 3 Objective 5: Patient Electronic Access Measure 1 - Online Access

Threshold Increase

- **>80%** of unique patients or authorized representative are provided online access to view, download and transmit their health information;

    AND

- Ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's CEHRT.

Dental providers may be excluded if they have no office visits (as identified by your CEHRT).

Application Programming Interface - API

- APIs may be enabled by a provider or provider organization to provide the patient with access to their health information through a third-party application with more flexibility than is often found in many current "patient portals."

- APIs enable patients to access their own medical information and organize that information in a way that is usable and makes sense to them.

Stage 3 Objective 5: Patient Electronic Access Measure 2 - Patient Education

Threshold Increase

>35% of patients seen by the EP are provided **electronic access** to clinically relevant patient-specific educational resources identified by the CEHRT.

Dental providers may be excluded if they have no office visits (as identified by your CEHRT).

Stage 3 Objective 6
Coordination of Care

Objective:

Use CEHRT to engage with patients or their authorized representatives about the patient's care.

Exclusions:

- No office visits during the EHR reporting period
- Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability

Must report on all 3 measures but only need to meet the threshold for 2 of them.

Stage 3 Objective 6
Care Coordination through Patient Engagement
Measure 1 - View, Download, Transmit

>5% of unique patients seen by the provider views, downloads, or transmits their health information; OR access their health information through an API; or a combination of the 2 options.

- The action must occur in the calendar year in which the reporting EHR period occurs

Note: Threshold will remain the same 2019 and beyond based on the final rule instead of increasing to 10% as originally planned.

Dental providers may be excluded if they have no office visits (as identified by your CEHRT).

The following must be available for the patient to View, Download, Transmit or access with an API within 4 business days:

- Patient name
- Provider's name and office contact information
- Current and past problem list
- Procedures
- Laboratory test results
- Current medication list and medication history
- Vital signs (height, weight, blood pressure, BMI, growth charts)
- Smoking status
- Demographic information (preferred language, sex, race, ethnicity, date of birth)
- Care plan field, including goals and instructions
- Any known care team members including the primary care provider (PCP) of record

Stage 3 Objective 6
Care Coordination through Patient Engagement
Measure 2 - Secure Electronic Messages

>5% of patients were sent a secure electronic message using the electronic messaging function of the CEHRT to the patient or in response to a secure message sent by the patient.

- The action must occur in the calendar year in which the reporting EHR period occurs

Note: Threshold will remain the same 2019 and beyond based on the final rule instead of increasing to >25% as originally planned.

Dental providers may be excluded if they have no office visits (as identified by your CEHRT).

Stage 3 Objective 6
Care Coordination through Patient Engagement
Measure 3 - Patient Generated Data (New)

>5% of patients seen by the provider have patient generated health data or data from a non-clinical setting is incorporated into the CEHRT.

Dental providers may be excluded if they have no office visits (as identified by your CEHRT).

Stage 3 OBJ 7
Health Information Exchange (HIE)

Objective:

The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.

Must report on all 3 measures but only need to meet the threshold for 2 of them

Stage 3 OBJ 7 HIE
Measure 1 - Summary of Care (Outbound)

Threshold Increase

>50% of transitions of care/referrals include a summary of care document created by the CEHRT and is exchanged electronically.

- Must create a summary of care record using CEHRT; and
- Electronically exchanges the summary of care record

Exclusions:

- Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.

- Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband may exclude the measures.

Dental providers may claim the exclusion for measure 1 if they transition or refer less than 100 patients to another setting of care during the reporting period.

Summary of Care Requirements

- Patient name
- Referring or transitioning provider's name and office contact information
- Procedures
- Encounter diagnosis
- Immunizations
- Laboratory test results
- Vital signs (height, weight, blood pressure, BMI)
- Smoking status
- Functional status, including activities of daily living, cognitive and disability status
- Demographic information (preferred language, sex, race, ethnicity, date of birth)
- Care plan field, including goals and instructions
- Care team
- Reason for referral
- Current verified problem list
- Current verified medication list
- Current verified medication allergy list

Stage 3 OBJ 7 HIE
Measure 2 - Summary of Care (Inbound)

>40% of inbound transitions, referrals, or new patients, the eligible provider incorporates the patient's **electronic summary of care** record into the EHR.

Exclusion:

- Provider that <u>receives</u> less than 100 transitions, referrals and new patients during the EHR reporting period

- Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband may exclude the measures.

Dental providers may claim the exclusion for measure 1 if they received less than 100 patients from a another setting of care, referral or new patients during the reporting period where an electronic summary was available.

Stage 3 OBJ 7 HIE
Measure 2 – Calculation

Numerator: Number of patient encounters in the denominator where an electronic summary of care record received is incorporated into the CEHRT.

Denominator: Number of patient encounters during the EHR reporting period for which an EP was the receiving party of a transition or referral or has never before encountered the patient AND for which an electronic summary of care record is available.

Stage 3 OBJ 7 HIE
Measure 3 - Reconcile Clinical Information

>80% of transitions or referrals received and new patients have their medication, allergies, and problem list reconciled.

- Review patients medications, including name dosage, frequency and route
- Review patient's known medication allergies
- Review patient's current and active diagnoses

Exclusion:

Provider that <u>receives</u> less than 100 transitions, referrals and new patients during the EHR reporting period.

Dental providers may claim the exclusion for measure 1 if they received less than 100 patients from a another setting of care, referral or new patients during the reporting period.

Stage 3 OBJ 7 HIE
Measure 3 – Calculation

Numerator: The number of transitions of care or referrals in the denominator where the following three clinical information reconciliations were performed: medication list, medication allergy list, and current problem list.

Denominator: Number of transitions of care or referrals during the EHR reporting period for which the EP was the recipient of the transition or referral or has never before encountered the patient.

Stage 3 OBJ 8: Public Health/Clinical Data Reporting

1. Completed registration of intent to submit data	2. Testing or validation	3. Ongoing submission

	Public Health Measures	Requirement
1	**Immunization Registry**	EP is in active engagement to submit immunization data and receive forecasts/histories from the public health registry
2	**Syndromic Surveillance**	The EP is in active engagement with a public health agency to submit syndromic surveillance from any setting (Final rule expanded to all settings but up to the state if they are ready to accept it)
3	**Case Reporting** *(expanded cancer reporting)*	The EP is in active engagement with a public health agency to submit case reporting of reportable conditions (as defined by state, territorial, or local public health agencies)
4	**Public Health Registry**	The EP is in active engagement with a public health agency to submit data to public health registries. Maximum of 2 registries.
5	**Clinical Data Registry (CDR)** *(formerly specialized registry)*	The EP is in active engagement to submit data to a clinical data registry (non-public health agency entities). Maximum of 2 registries

Must attest to 2 out of 5 Measures

Stage 3 OBJ 8
Public Health/Clinical Data Reporting

Dental providers may claim the exclusion for registries as follows:

- the EP does not administer any immunizations/**not in a category of providers** that data is collected by their jurisdiction´s registry or system during the EHR Reporting Period;

- the EP operates in a jurisdiction for which **no public health agency is capable of receiving/accepting data** in the specific standards required to meet the CEHRT definition at the start of their EHR Reporting Period; or

- the EP operates in a jurisdiction where no immunization registry/**no public health agency has declared readiness** to receive data as of 6 months prior to the start of their EHR reporting period.

Stage 3 – NY Public Health Options

Public Health Reporting Measure	5 Boroughs of NYC	NYS (outside 5 Boroughs of NYC)
Immunization Registry Reporting (Dental Providers - Exclusion)	Citywide Immunization Registry (CIR)	NYS Immunization Information System (NYSIIS)
Syndromic Surveillance Reporting (Dental Providers - Exclusion)	NYC Department of Health and Mental Hygiene (NYC DOHMH)	NYS Department of Health (NYSDOH)
Electronic Case Reporting (Dental Providers – Possible Exclusion)	NYC DOHMH Electronic Case Reporting Registry (ECR)	NYSDOH Electronic Case Reporting (eCR) Registry
Public Health Registry Reporting (Dental Providers – Possible Exclusion)	New York State Cancer Registry (NYSCR) Population Health Registry*	New York State Cancer Registry (NYSCR)
Clinical Data Registry Reporting	No NY Registries – options on the Registry of Patient Registries (RoPR) **Azara CPCI – if previously used**	No NY Registries – options on the Registry of Patient Registries (RoPR) **Azara CPCI – if previously used**

*May only count to Public Health Registry based on the Grandfathering Regulation. Please see the MU Stage 3 – Public Health Registry Reporting Grandfathering Regulation.

https://www.health.ny.gov/health_care/medicaid/redesign/ehr/publichealth/2019_phr.htm

CPCI and Dental Providers

- **CPCI can be used as a Clinical Data Registry if you previously used this as a specialized registry.**
  - If you are interested in receiving a letter of engagement for using CPCI as a specialized registry, reach out to Amy Freiman (Afreiman@chcanys.org)
- In order to pull dental reports from CPCI, charge codes in your center's billing system must be entered correctly
- Reports available in CPCI for dental providers:
  - Dental CQMs
  - UDS Dental CQMs

AHRQ Registry of Patient Registries

- https://patientregistry.ahrq.gov/
- Allows you to search for patient registries you can use

Available Dental Reports in CPCI

Available Dental Quality Reports

Child dental sealants (various age ranges)

Child dental decay or cavities

Prenatal oral health

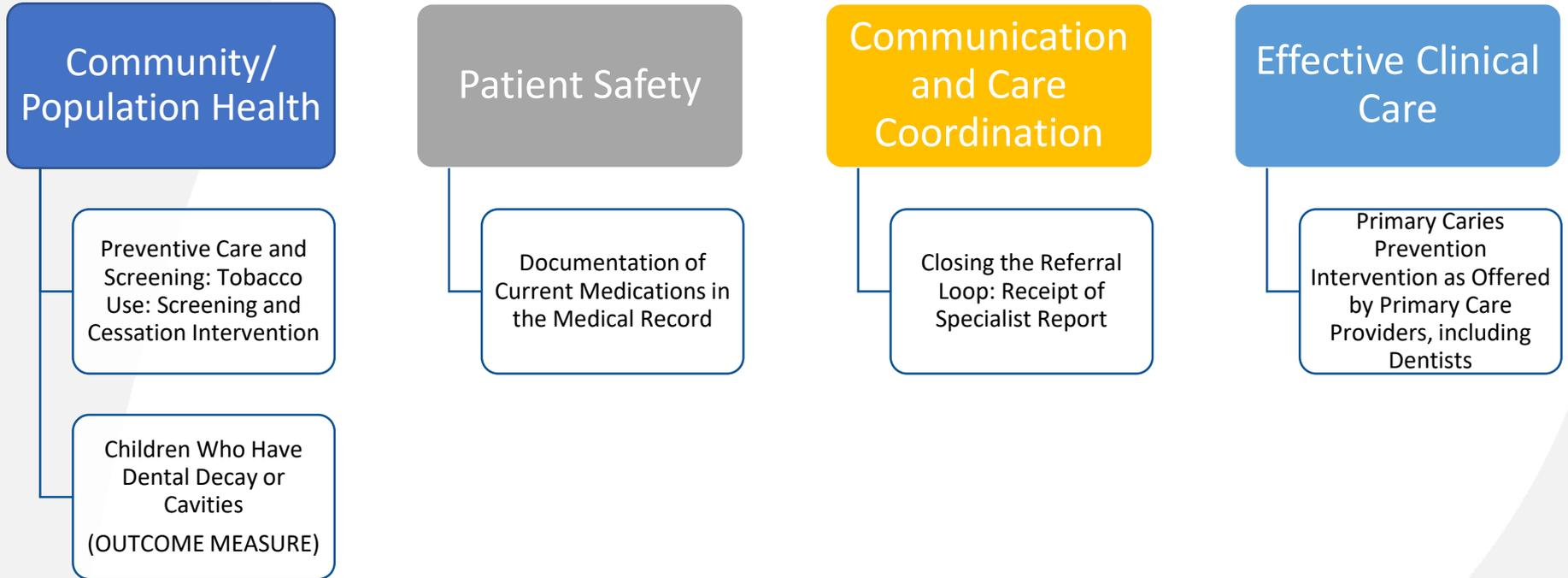Dental visit (Annual, child, well child, etc)

DM Oral health

Topical fluoride

Primary Caries Prevention Intervention

CHCANYS

CPCi

CENTER FOR PRIMARY CARE INFORMATICS

3/15/19

Recommended Dental CQMs

Community/ Population Health

- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- Children Who Have Dental Decay or Cavities

  (OUTCOME MEASURE)

Patient Safety

- Documentation of Current Medications in the Medical Record

Communication and Care Coordination

- Closing the Referral Loop: Receipt of Specialist Report

Effective Clinical Care

- Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists

For additional information on services through HCCN, please contact:
HCCN@chcanys.org