
Aligning Meaningful Use and the Patient Centered Medical Home

Pre-Training Webinar

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Primary Care Development Corporation (PCDC)

- Founded in 1993, the Primary Care Development Corporation (PCDC) is a nonprofit organization dedicated to ensuring that every community has timely and effective access to primary care services to achieve our vision of "**Excellent Healthcare in Every Neighborhood.**"
- PCDC's mission is driven by our impact in three key program areas, designed to **invest** in primary care facilities, **strengthen** service delivery, and **lead** policy initiatives.

www.pcdc.org

AGENDA

- Overview of CMS Meaningful Use (MU) Program
- Overview of NCQA PCMH 2011 Standards (PCMH)
- Review MU and PCMH Overlap
- Review of the MU Stage 1 Assessment Tool
Next Steps

Today's Objective

- Understand MU & NCQA 2011 PCMH basics
- Learn MU & NCQA 2011 PCMH overlap
- Review PCDC MU Stage 1 Assessment tool



Meaningful Use Basics

CMS EHR Incentive Program

- Federal and State incentive payment program for Eligible Professionals (EP's) that either **adopt, implement, upgrade** or attest to usage of a **Certified EMR application**
- If an EP qualifies, they will be able to receive payment from either CMS (Medicare providers) or the California State Health Department (Medi-Cal providers)

Meaningful Use Basics

In 2009 ARRA* defined that MU is the use of:

- a certified EHR in a meaningful manner, such as e-prescribing
- certified EHR technology for electronic exchange of health information to improve quality of health care
- certified EHR technology to submit clinical quality and other measures

*American Recovering and Reinvestment Act

Meaningful Use Basics



In order to get
the money...

Simply put, "MU" means providers need to show they're using **certified EHR** technology in ways that can be measured significantly in quality and in quantity

Meaningful Use Basics

How Much Money?

A Lot



Meaningful Use Basics

Medicaid EHR Incentive Payment Schedule for Eligible Professionals

	Medicaid EP Qualifies to Receive First Payment in 2011	Medicaid EP Qualifies to Receive First Payment in 2012	Medicaid EP Qualifies to Receive First Payment in 2013	Medicaid EP Qualifies to Receive First Payment in 2014	Medicaid EP Qualifies to Receive First Payment in 2015	Medicaid EP Qualifies to Receive First Payment in 2016
2011	→ \$21,250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2012	→ \$8,500.00	\$21,250.00	\$0.00	\$0.00	\$0.00	\$0.00
2013	→ \$8,500.00	\$8,500.00	\$21,250.00	\$0.00	\$0.00	\$0.00
2014	→ \$8,500.00	\$8,500.00	\$8,500.00	\$21,250.00	\$0.00	\$0.00
2015	→ \$8,500.00	\$8,500.00	\$8,500.00	\$8,500.00	\$21,250.00	\$0.00
2016	→ \$8,500.00	\$8,500.00	\$8,500.00	\$8,500.00	\$8,500.00	\$21,250.00
2017	\$0.00	\$8,500.00	\$8,500.00	\$8,500.00	\$8,500.00	\$8,500.00
2018	\$0.00	\$0.00	\$8,500.00	\$8,500.00	\$8,500.00	\$8,500.00
2019	\$0.00	\$0.00	\$0.00	\$8,500.00	\$8,500.00	\$8,500.00
2020	\$0.00	\$0.00	\$0.00	\$0.00	\$8,500.00	\$8,500.00
2021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,500.00
TOTAL Incentive Payment	\$63,750.00	\$63,750.00	\$63,750.00	\$63,750.00	\$63,750.00	\$63,750.00

Meaningful Use Basics


Medicare EHR Incentive Payment Schedule for Eligible Professionals

	If a Medicare Eligible Professional Qualifies to Receive First Payment in 2011	If a Medicare Eligible Professional Qualifies to Receive First Payment in 2012	If a Medicare Eligible Professional Qualifies to Receive First Payment in 2013	If a Medicare Eligible Professional Qualifies to Receive First Payment in 2014	If a Medicare Eligible Professional Qualifies to Receive First Payment in 2015
2011	\$18,000				Sorry no money for you!
2012	\$12,000	\$18,000			
2013	\$8,000	\$12,000	\$15,000		
2014	\$4,000	\$8,000	\$12,000	\$12,000	
2015	\$2,000	\$4,000	\$8,000	\$8,000	
2016		\$2,000	\$4,000	\$4,000	
Total Payment Amount	\$44,000	\$44,000	\$39,000	\$24,000	

Medicare EHR Incentive Program

- Eligible professionals, eligible hospitals, and critical access hospitals (CAHs) must successfully **demonstrate meaningful use of certified** electronic health record **technology every year** they participate in the program.

Meaningful Use Basics



In order to get the money...

Medicaid (Medi-Cal) EHR Incentive Program

- Eligible professionals may qualify for incentive payments if they **adopt, implement, upgrade** or demonstrate meaningful use in their **first year** of participation.
- They must **successfully demonstrate meaningful use after year 1.***

Meaningful Use Basics

ADOPT

IMPLEMENT

UPGRADE

- **Adopted:** Acquired and installed certified EHR technology.
 - For example, can show evidence of installation.
- **Implemented:** Began using certified EHR technology.
 - For example, provide staff training or data entry of patient demographic information into EHR.
- **Upgraded:** Expanded existing technology to meet certification requirements.
 - For example, upgrade to certified EHR technology or add new functionality to meet the definition of certified EHR technology.

Meaningful Use Basics

What are the criteria for MU Stage 1?

- EP's must complete
 - 15 core objectives
 - 5 objectives out of 10 from menu set
 - 6 total Clinical Quality Measures
 - ✓ 3 core or alternate core
 - ✓ 3 out of 38 from alternate set
- Hospitals must complete:
 - 14 core objectives
 - 5 objectives out of 10 from menu set
 - 15 Clinical Quality Measures

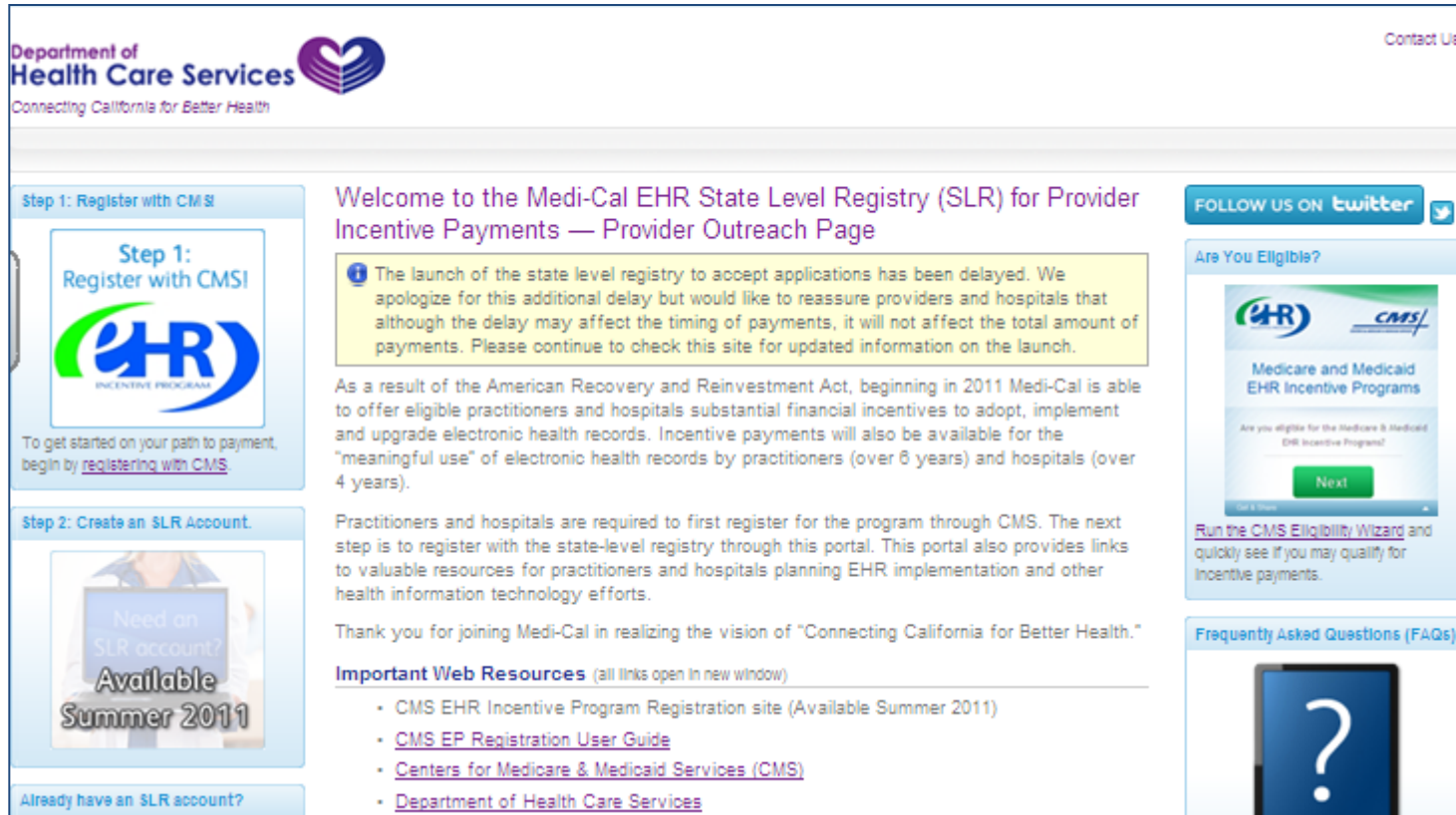
Meaningful Use Basics


Attestation Criteria Stage 1

- Reporting period is **90 days for first year** and 12 months subsequently
- Reporting is **through attestation** (*i.e., may be yes/no, numerator/denominator*)
- To meet certain objectives/measures, **80% of patient records must be in the certified EHR technology**

Meaningful Use Basics

CA Dept. of Health Care Services Medi-Cal EHR State Level Registry (SLR)



Department of Health Care Services  Contact Us
Connecting California for Better Health

Step 1: Register with CMS

Step 1: Register with CMSI

To get started on your path to payment, begin by [registering with CMS](#).

Step 2: Create an SLR Account.

Need an SLR account? Available Summer 2011

Already have an SLR account?

Welcome to the Medi-Cal EHR State Level Registry (SLR) for Provider Incentive Payments — Provider Outreach Page

i The launch of the state level registry to accept applications has been delayed. We apologize for this additional delay but would like to reassure providers and hospitals that although the delay may affect the timing of payments, it will not affect the total amount of payments. Please continue to check this site for updated information on the launch.


As a result of the American Recovery and Reinvestment Act, beginning in 2011 Medi-Cal is able to offer eligible practitioners and hospitals substantial financial incentives to adopt, implement and upgrade electronic health records. Incentive payments will also be available for the "meaningful use" of electronic health records by practitioners (over 6 years) and hospitals (over 4 years).

Practitioners and hospitals are required to first register for the program through CMS. The next step is to register with the state-level registry through this portal. This portal also provides links to valuable resources for practitioners and hospitals planning EHR implementation and other health information technology efforts.


Thank you for joining Medi-Cal in realizing the vision of "Connecting California for Better Health."

Important Web Resources (all links open in new window)

- [CMS EHR Incentive Program Registration site \(Available Summer 2011\)](#)
- [CMS EP Registration User Guide](#)
- [Centers for Medicare & Medicaid Services \(CMS\)](#)
- [Department of Health Care Services](#)

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Are You Eligible?


 Medicare and Medicaid EHR Incentive Programs

Are you eligible for the Medicare & Medicaid EHR Incentive Program?

[Next](#)

[Run the CMS Eligibility Wizard](#) and quickly see if you may qualify for incentive payments.

Frequently Asked Questions (FAQs)



<http://medi-cal.ehr.ca.gov/>

Meaningful Use Basics: Care Goals

Meaningful Use Basics

Care Goals

CARE GOAL A:	Improve quality, safety, efficiency and reduce health disparities
CARE GOAL B:	Engage patients and families
CARE GOAL C:	Improve Care Coordination
CARE GOAL D:	Improve Population and Public Health
CARE GOAL E:	Ensure Adequate Privacy and Security Protection for PHI

Meaningful Use: Q&A

NCQA PCMH 2011 Basics

National Committee for Quality Assurance (NCQA)

NCQA is a private, 501(c)(3) not-for-profit organization dedicated to improving health care quality. Since its founding in 1990, NCQA has been a central figure in driving improvement throughout the health care system, helping to elevate the issue of health care quality to the top of the national agenda.

NCQA's Programs and Services

Reflect a straightforward formula for improvement: Measure. Analyze. Improve. Repeat.

They make this process possible in health care by developing quality standards and performance measures for a broad range of health care entities.

Annual reporting of performance against such measures has become a focal point for the media, consumers, and health plans.

The Patient Centered Medical Home

Is a health care setting that **facilitates**:

- **partnerships** between individual **patients**, and their personal **physicians**, and when appropriate, the **patient's family**
- **use of registries, information technology, health information exchange** and other means

to assure that patients get the indicated care when and where they need and want it in a **culturally and linguistically appropriate** manner.

PCMH Basics

NCQA PCMH 2011 Standard Structure

- **6 Standards (core components of primary care)**
 - 27 Elements (*6 are must pass elements - essential to PCMH*)
 - Over 100 factors some are “critical factors”* (*scored item in each element – 100% is the highest possible score*)
 - **A critical factor is a factor that is required for practices to receive more than minimal or, for some factors, any points. Critical factors are clearly identified.*
- Results can be in one of three levels:
 - Level 1
 - Level 2
 - Level 3
- Practices seeking PCMH recognition complete a Web-based data collection tool and provide documentation that validates responses

NCQA PCMH 2011 Recognition Criteria

Recognition Levels	Required Points	Must-Pass Elements
Level 1	35–59 points	6 of 6 elements are required for each level Score for each Must-Pass element must be $\geq 50\%$
Level 2	60–84 points	
Level 3	85–100 points	

PCMH Basics

NCQA PCMH 2011 Standards

PCMH1: Enhance Access and Continuity		Pts	PCMH4: Provide Self-Care Support and Community Resources		Pts
A.	Access During Office Hours**	4	A.	Support Self-Care Process**	6
B.	After-Hours Access	4	B.	Provide Referrals to Community Resources	3
C.	Electronic Access	2			9
D.	Continuity	2	PCMH5: Track and Coordinate Care		Pts
E.	Medical Home Responsibilities	2	A.	Test Tracking and Follow-Up	6
F.	Culturally and Linguistically Appropriate Services	2	B.	Referral Tracking and Follow-Up**	6
G.	Practice Team	4	C.	Coordinate with Facilities/Care Transitions	6
		20			18
PCMH2: Identify and Manage Patient Populations		Pts	PCMH6: Measure and Improve Performance		Pts
A.	Patient Information	3	A.	Measure Performance	4
B.	Clinical Data	4	B.	Measure Patient/Family Experience	4
C.	Comprehensive Health Assessment	4	C.	Implement Continuously Quality Improvement**	4
D.	Use Data for Population Management**	5	D.	Demonstrate Continuous Quality Improvement	3
		16	E.	Report Performance	3
PCMH3: Plan and Manage Care		Pts	F.	Report Data Externally	2
A.	Implement Evidence-Based Guidelines	4			20
B.	Identify High-Risk Patients	3	<div style="border: 1px solid black; padding: 5px; display: inline-block;">** Must Pass Elements</div>		
C.	Care Management**	4			
D.	Manage Medications	3			
E.	Use Electronic Prescribing	3			
		17			

PCMH Basics: Q&A

Overlap of MU & PCMH

MU & PCMH Overlap

Meaningful Use

CARE GOAL A: Improve quality, safety, efficiency and reduce health disparities

CARE GOAL B: Engage patients and families

CARE GOAL C: Improve Care Coordination

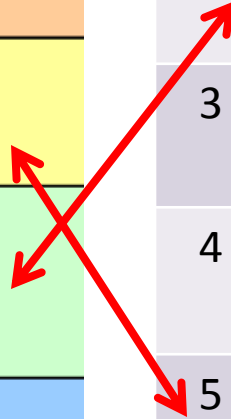
CARE GOAL D: Improve Population and Public Health

CARE GOAL E: Ensure Adequate Privacy and Security Protection for PHI

PCMH

Standards

1	Enhance Access and Continuity
2	Identify and Manage Patient Populations
3	Plan and Manage Care
4	Provide Self- Care Support and Community Resources
5	Track and Coordinate Care
6	Measure and Improve Performance



MU & PCMH Overlap

Core Meaningful Use Set Measures	NCQA 2011 PCMH Standards
<p>4) Generate and transmit permissible <u>prescriptions electronically (eRx)</u></p>	<p>3E: Use Electronic Prescribing</p> <ol style="list-style-type: none"> 1. Generates and transmits at least 40 percent of eligible prescriptions to pharmacies* 2. Generates at least 75 percent of eligible prescriptions* 3. Integrates with patient medical records
<p>6) Maintain active <u>medication allergy list</u></p>	<p>2B: Clinical Data</p> <ol style="list-style-type: none"> 2. Allergies, including medication allergies and adverse reactions, for more than 80 % of patients
<p>10) Report <u>ambulatory clinical quality measures</u> to CMS</p>	<p>6F: Report Data Externally</p> <ol style="list-style-type: none"> 1. Ambulatory clinical quality measures to CMS*

MU & PCMH Overlap



Eligible Professionals
Meaningful Use Core Measures
Measure 4 of 15
Stage 1
Date issued: December 21, 2010

e-Prescribing (eRx)

Objective	Generate and transmit permissible p
Measure	More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.
Exclusion	Any EP who writes fewer than 100 prescriptions during the EHR reporting period.

Table of Contents

- Definition of Terms
- Attestation Requirements
- Additional Information

Definition of Terms

Permissible Prescriptions – The concept of only permissible prescriptions refers to the current restrictions established by the Department of Justice on electronic prescribing for controlled substances in Schedule II-V. (The substances in Schedule II-V can be found at http://www.deadiversion.usdoj.gov/schedules/orangebook/e_cs_sched.pdf). Any prescription not subject to these restrictions would be permissible.

Prescription – The authorization by an EP to a pharmacist to dispense a drug to a patient without such authorization.

Attestation Requirements

NUMERATOR / DENOMINATOR / EXCLUSION

- **DENOMINATOR:** Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period.
- **NUMERATOR:** Number of prescriptions in the denominator that are generated and transmitted electronically.
- **EXCLUSION:** EPs who write fewer than 100 prescriptions during the EHR reporting period must be excluded from this requirement. EPs must enter their name in the Exclusion box to attest to exclusion from this requirement.

e-Prescribing (eRx)

Objective Generate and transmit permissible prescriptions electronically (eRx).

Measure More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.

Exclusion Any EP who writes fewer than 100 prescriptions during the EHR reporting period.

Attestation Requirements

NUMERATOR / DENOMINATOR / EXCLUSION

- **DENOMINATOR:** Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period.
- **NUMERATOR:** Number of prescriptions in the denominator generated and transmitted electronically.

<http://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf>

MU & PCMH Overlap

PCMH 1: Enhance Access and Continuity Standard 20 points

The practice provides access to culturally and linguistically appropriate routine care and urgent team-based care that meets the needs of patients/families.

Element A: Access During Office Hours Element 4 points **MUST-PASS**

The practice has a written process and defined standards, and demonstrates that it monitors performance against the standards for:

- | | Yes | No | NA |
|--|--------------------------|--------------------------|--------------------------|
| 1. Providing same-day appointments Critical Factor | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Providing timely clinical advice by telephone during office hours | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Providing timely clinical advice by secure electronic messages during office hours | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Documenting clinical advice in the medical record. | <input type="checkbox"/> | <input type="checkbox"/> | |

Scoring

100%	75%	50%	25%	0%
The practice meets all 4 factors	The practice meets 3 factors, including factor 1	The practice meets 2 factors, including factor 1	The practice meets factor 1	The practice meets no factors or does not meet factor 1

Explanation

MUST-PASS elements are considered the basic building blocks of a patient-centered medical home. Practices must earn a score of 50% or higher. All six must-pass elements are required for recognition.

Factors

MU & PCMH Overlap

Core Meaningful Use Set Measures	NCQA 2011 PCMH Standards
<p>4) Generate and transmit permissible <u>prescriptions electronically (eRx)</u></p>	<p>3E: Use Electronic Prescribing</p> <ol style="list-style-type: none"> 1. Generates and transmits at least 40 percent of eligible prescriptions to pharmacies* 2. Generates at least 75 percent of eligible prescriptions* 3. Integrates with patient medical records
<p>6) Maintain active <u>medication allergy list</u></p>	<p>2B: Clinical Data</p> <ol style="list-style-type: none"> 2. Allergies, including medication allergies and adverse reactions, for more than 80 % of patients
<p>10) Report <u>ambulatory clinical quality measures</u> to CMS</p>	<p>6F: Report Data Externally</p> <ol style="list-style-type: none"> 1. Ambulatory clinical quality measures to CMS*

MU #4 e-Prescribing (eRX)

e-Prescribing (eRx)	
Objective	Generate and transmit permissible prescriptions electronically (eRx).
Measure	More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.
Exclusion	Any EP who writes fewer than 100 prescriptions during the EHR reporting period.

PCMH 3E Factors 1-3

Element E: Use Electronic Prescribing

3 points

The practice uses an electronic prescription system with the following capabilities.

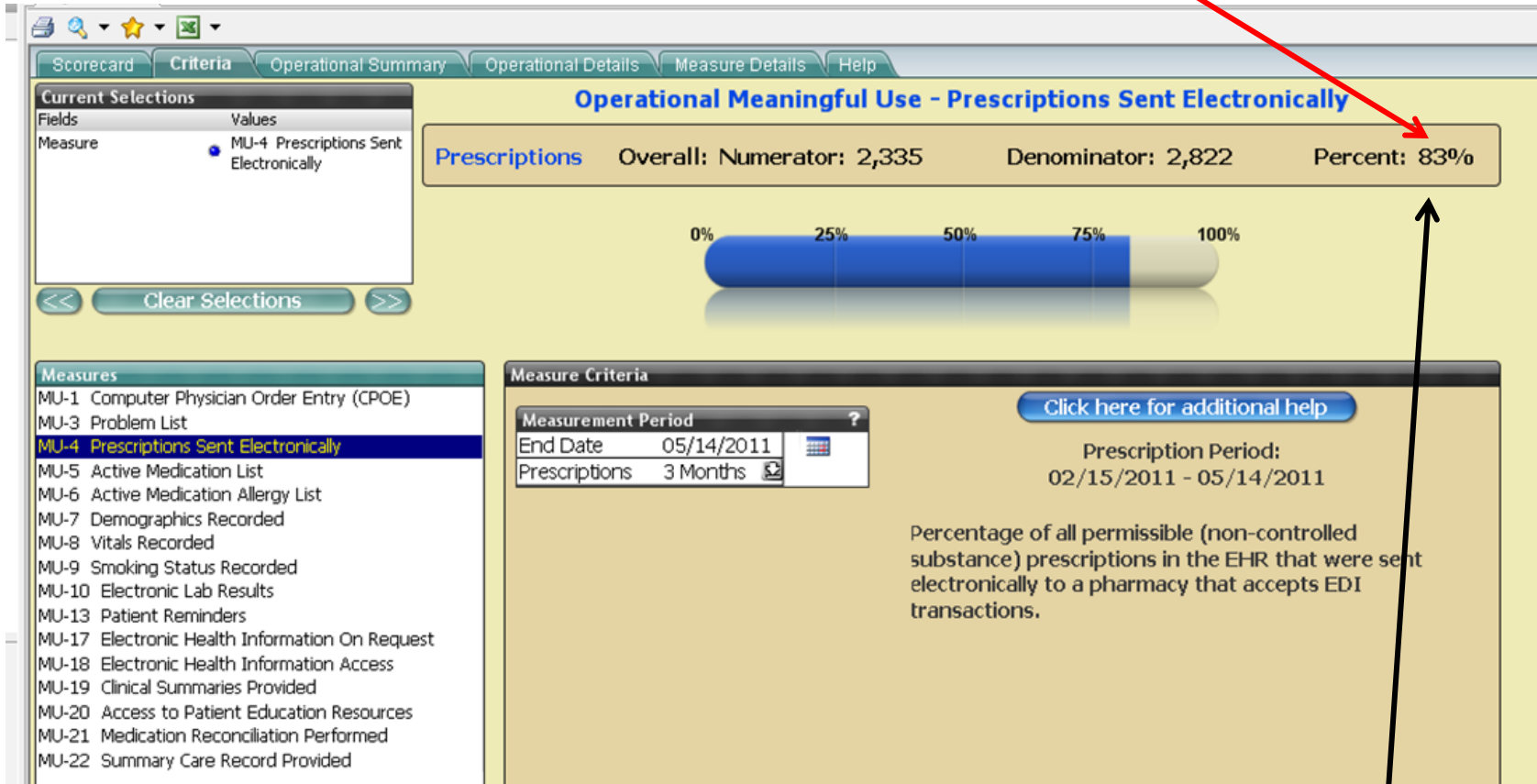
Yes No

1. Generates and transmits at least 40 percent of eligible prescriptions to pharmacies*
2. Generates at least 75 percent of eligible prescriptions* ← **Critical Factor**
3. Integrates with patient medical records

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

MU PCMH Overlap

Certified EHR displaying overall results MU #4




PCMH 3E Factor 1 & 2

MU & PCMH Overlap

Core Meaningful Use Set Measures	NCQA 2011 PCMH Standards
<p>4) Generate and transmit permissible <u>prescriptions electronically (eRx)</u></p>	<p>3E: Use Electronic Prescribing 1. Generates and transmits at least 40 percent of eligible prescriptions to pharmacies* 2. Generates at least 75 percent of eligible prescriptions* 3. Integrates with patient medical records</p>
<p>6) Maintain active <u>medication allergy list</u></p>	<p>2B: Clinical Data 2. Allergies, including medication allergies and adverse reactions, for more than 80 % of patients</p>
<p>10) Report <u>ambulatory clinical quality measures</u> to CMS</p>	<p>6F: Report Data Externally 1. Ambulatory clinical quality measures to CMS*</p>

MU & PCMH Overlap

MU #6 Medication Allergy List

Medication Allergy List	
Objective	Maintain active medication allergy list. 
Measure	More than 80 percent of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.
Exclusion	No exclusion.

PCMH 2B Factors 2

Element B: Clinical Data

4 points

The practice uses an electronic system to record the following as structured (searchable) data.

- | | Yes | No | NA |
|--|--------------------------|--------------------------|----|
| 1. An up-to-date problem list with current and active diagnoses for more than 80 percent of patients | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Allergies, including medication allergies and adverse reactions, for more than 80 percent of patients | <input type="checkbox"/> | <input type="checkbox"/> | |

MU & PCMH Overlap

Core Meaningful Use Set Measures	NCQA 2011 PCMH Standards
<p>4) Generate and transmit permissible <u>prescriptions electronically (eRx)</u></p>	<p>3E: Use Electronic Prescribing</p> <ol style="list-style-type: none"> 1. Generates and transmits at least 40 percent of eligible prescriptions to pharmacies* 2. Generates at least 75 percent of eligible prescriptions* 3. Integrates with patient medical records
<p>6) Maintain active <u>medication allergy list</u></p>	<p>2B: Clinical Data</p> <ol style="list-style-type: none"> 2. Allergies, including medication allergies and adverse reactions, for more than 80 % of patients
<p>10) Report <u>ambulatory clinical quality measures</u> to CMS</p>	<p>6F: Report Data Externally</p> <ol style="list-style-type: none"> 1. Ambulatory clinical quality measures to CMS*

MU #10 Clinical Quality Measures

Clinical Quality Measures (CQMs)	
Objective	Report ambulatory clinical quality measures to CMS.
Measure	Successfully report to CMS ambulatory clinical quality measures selected by CMS in the manner specified by CMS.
Exclusion	No exclusion.

PCMH 6F Factors 1

Element F: Report Data Externally

2 points

The practice electronically reports:

1. Ambulatory clinical quality measures to CMS*
2. Data to immunization registries or systems**
3. Syndromic surveillance data to public health agencies.**

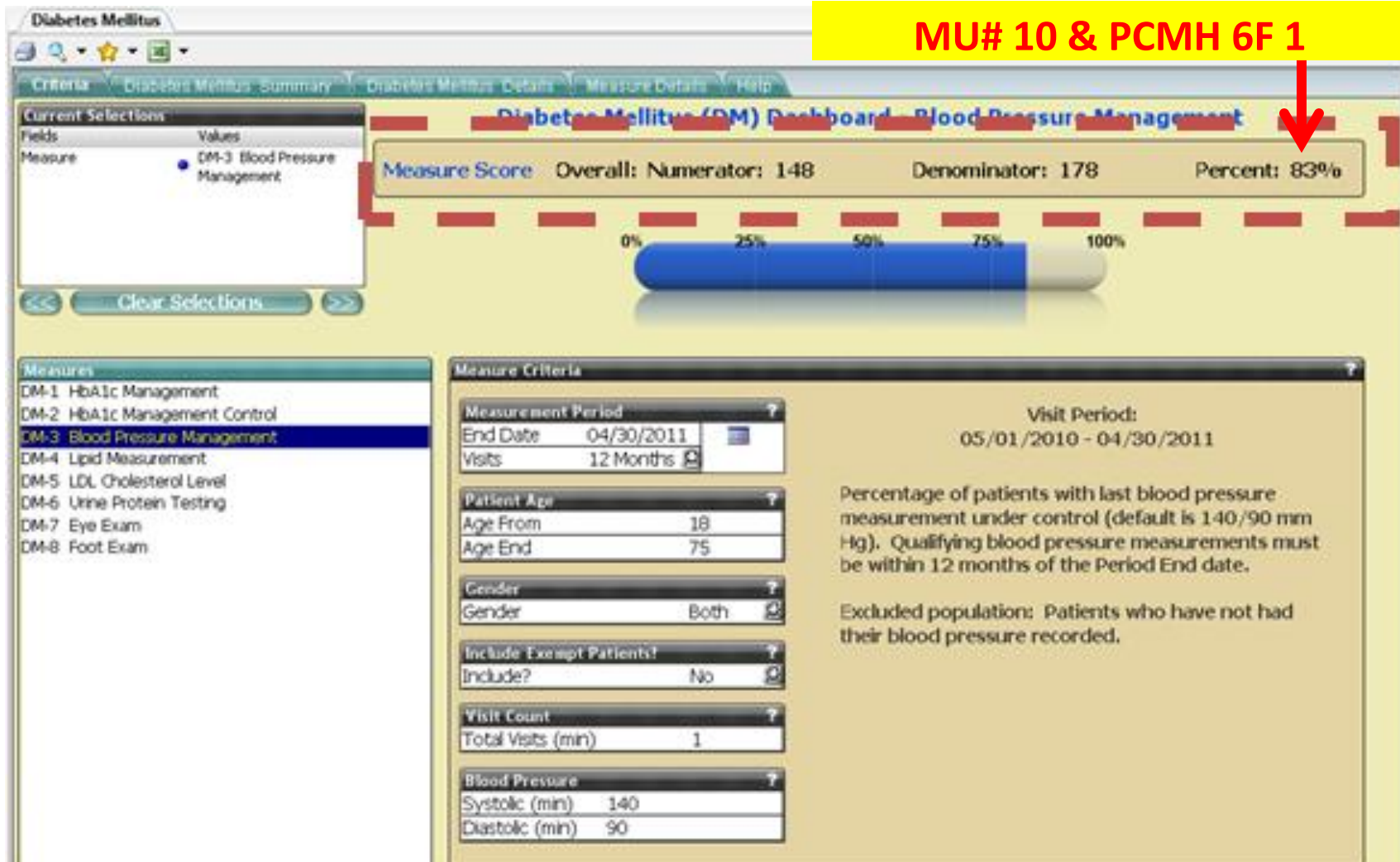
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

MU & PCMH Overlap

3 Clinical Quality Measures

Core Measures for all EP's Medicaid and Medicare			
Measure		Recommended Measure Title	Recommended Measure Description
0013	AMA	Hypertension: Blood Pressure Measurement	Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.
0028a	AMA	Preventive Care and Screening Measure Pair: a.Tobacco Use Assessment	Percentage of patients aged 18 years or older who have been seen for at least 2 office visits, who were queried about tobacco use one or more times within 24 months.
0028b	AMA	Preventive Care and Screening Measure Pair: b.Tobacco Cessation Intervention	Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months who received cessation intervention.
0421	QIP	Adult Weight Screening and Follow-Up	Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.
Alternate Core for all EP's Medicaid and Medicare			
0024	NCQA	Weight Assessment and Counseling for Children and Adolescents	The percentage of patients 2-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.
0038	NCQA	Childhood immunization Status	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.
0041	AMA	Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old	Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).

MU & PCMH Overlap





MU Stage 1 Self Assessment

Next Steps

- Complete MU Assessment Tool
- Email completed tool by **7/6/11** to:
dkasper@pcdcny.org
- Prep for In-Person Training: **Review e-Packet**
 - MU Core & Menu Measure Specifications
 - NCQA™ PCMH 2011 Standards



PRIMARY CARE
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Excellent Healthcare in Every Neighborhood

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