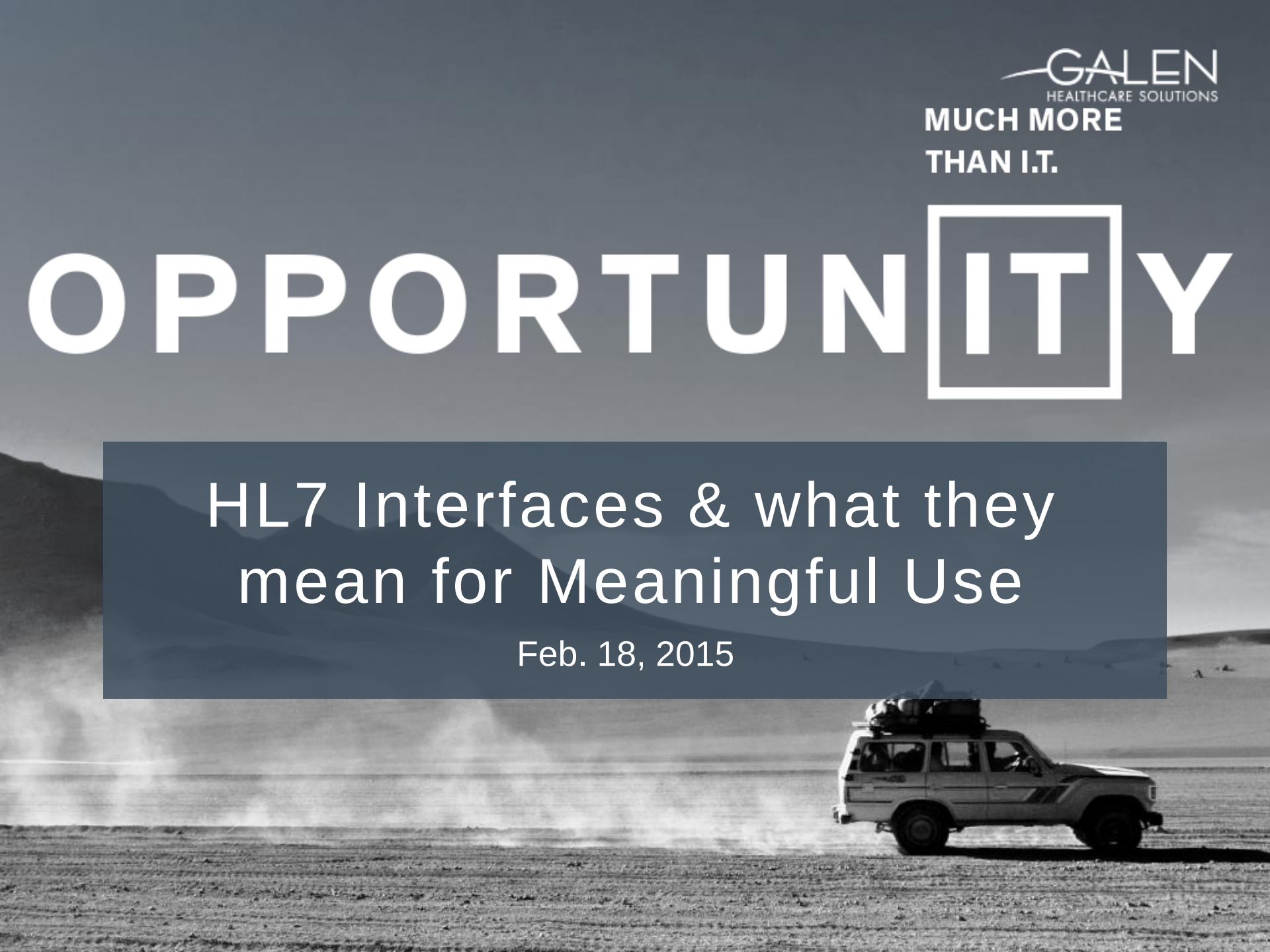
GALEN HEALTHCARE SOLUTIONS

MUCH MORE THAN I.T.

OPPORTUNITY

HL7 Interfaces & what they mean for Meaningful Use

Feb. 18, 2015



PRESENTERS

- Carolina Velasquez
- Phil Anderson

OVERVIEW

- What Is Meaningful Use?
- Eligible professionals vs Critical Access Hospitals
- Incentive Payouts
- Meaningful Use Timeline
- Meaningful Use Stage 1 & 2
- MU2 Objectives
- Clinical Quality Measures
- What is HL7?
- In-depth HL7 to MU2 measures
- Interface Demo
- Conclusion
- Questions

WHAT IS MEANINGFUL USE?

- Meaningful use sets specific objectives that eligible professionals (EPs) and hospitals must achieve to qualify for Centers for Medicare & Medicaid Services (CMS) Incentive Programs.
- There are two EHR Incentive Programs. CMS oversees the Medicare EHR Incentive Program, and the state Medicaid agencies manage the Medicaid EHR Incentive Program.
- In order to achieve meaningful use, CMS requires that all the products being used for attestation meet 100% of the CMS required criteria.

ELIGIBLE PROFESSIONALS VS CRITICAL ACCESS HOSPITALS (CAH)

- EPs
  - Medicare –or– Medicaid
  - Calendar Year
- Hospitals
  - Medicare &/or Medicaid
  - Fiscal Year

POLL #1

INCENTIVE PAYOUTS

Calendar Year	*Maximum Incentive Payments Based on the First CY in Which an EP Participates in the Program*			
	2011	**2012**	**2013**	**2014**
2011	$18,000			
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	***$44,000***	***$44,000***	***$39,000***	***$24,000***

Year	Medicaid EPs Who Adopted In					
	2011	2012	2013	2014	2015	2016
2011	$21,250					
2012	$8,500	$21,250				
2013	$8,500	$8,500	$21,250			
2014	$8,500	$8,500	$8,500	$21,250		
2015	$8,500	$8,500	$8,500	$8,500	$21,250	
2016	$8,500	$8,500	$8,500	$8,500	$8,500	$21,250
2017		$8,500	$8,500	$8,500	$8,500	$8,500
2018			$8,500	$8,500	$8,500	$8,500
2019				$8,500	$8,500	$8,500
2020					$8,500	$8,500
2021						$8,500
Total	$63,750	$63,750	$63,750	$63,750	$63,750	$63,750

MEANINGFUL USE TIMELINE

First payment year	Stage of meaningful use								
	2011	2012	2013	2014	2015	2016	2017	2018	2019
2011	1	1	1	* 1 or 2	2	2	3	3	TBD
2012		1	1	* 1 or 2	2	2	3	3	TBD
2013			1	* 1	2	2	3	3	TBD
2014				* 1	1	2	2	3	3
2015					1	1	2	2	3
2016						1	1	2	2
2017							1	1	2

MEANINGFUL USE STAGE 1

- Core Measures, Menu Measures, and Clinical Quality Measures (CQMs)
- Most organizations have already completed this step
- If you’re starting attestation, you’ll have to start with Stage 1.

MEANINGFUL USE STAGE 2

- New Measures
- More CQMs to choose from
- Higher thresholds, refined criteria

MU2 CORE OBJECTIVES

Eligible Professional Core Objectives	
(1)	Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.
(2)	Generate and transmit permissible prescriptions electronically (eRx).
(3)	Record the following demographics: preferred language, sex, race, ethnicity, date of birth.
(4)	Record and chart changes in the following vital signs: height/length and weight (no age limit); blood pressure (ages 3 and over); calculate and display body mass index (BMI); and plot and display growth charts for patients 0-20 years, including BMI.
(5)	Record smoking status for patients 13 years old or older.
(6)	Use clinical decision support to improve performance on high-priority health conditions.
(7)	Provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP.
(8)	Provide clinical summaries for patients for each office visit.
(9)	Protect electronic health information created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.
(10)	Incorporate clinical lab-test results into Certified EHR Technology as structured data.
(11)	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.
(12)	Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care and send these patients the reminders, per patient preference.
(13)	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.
(14)	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.
(15)	The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide a summary care record for each transition of care or referral.
(16)	Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.
(17)	Use secure electronic messaging to communicate with patients on relevant health information.

MU2 MENU OBJECTIVES

Eligible Professional Menu Objectives	
(1)	Capability to submit electronic syndromic surveillance data to public health agencies except where prohibited, and in accordance with applicable law and practice.
(2)	Record electronic notes in patient records.
(3)	Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT.
(4)	Record patient family health history as structured data.
(5)	Capability to identify and report cancer cases to a public health central cancer registry, except where prohibited, and in accordance with applicable law and practice.
(6)	Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice.

CLINICAL QUALITY MEASURES

- What are they?
- Why are they important?
- Must include at least 1 CQM from 3 of the 6 National Quality Strategy (NQS) domains

1. Patient and Family Engagement
2. Patient Safety
3. Care Coordination
4. Population/Public Health
5. Efficient Use of Healthcare Resources
6. Clinical Process/Effectiveness

POLL #2

ONC-CERTIFIED EHR SOFTWARE

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- **Is my interface engine ONC-certified?**

http://oncchpl.force.com/ehrcert

WHAT IS HL7?

- Health Level 7
- Provide standards for interoperability
  - Improve Care Delivery
  - Optimize Workflow
  - Reduce Ambiguity
  - Enhance Knowledge Transfer

http://www.hl7.org/about/index.cfm?ref=nav

HL7 VERSION 2.X (V2)

Widely used – 95% of US healthcare organizations

International – More than 35 countries

Flexible

Backwards compatible

Impossible to have reliable conformance tests

Additional time analyzing and planning interface implementations

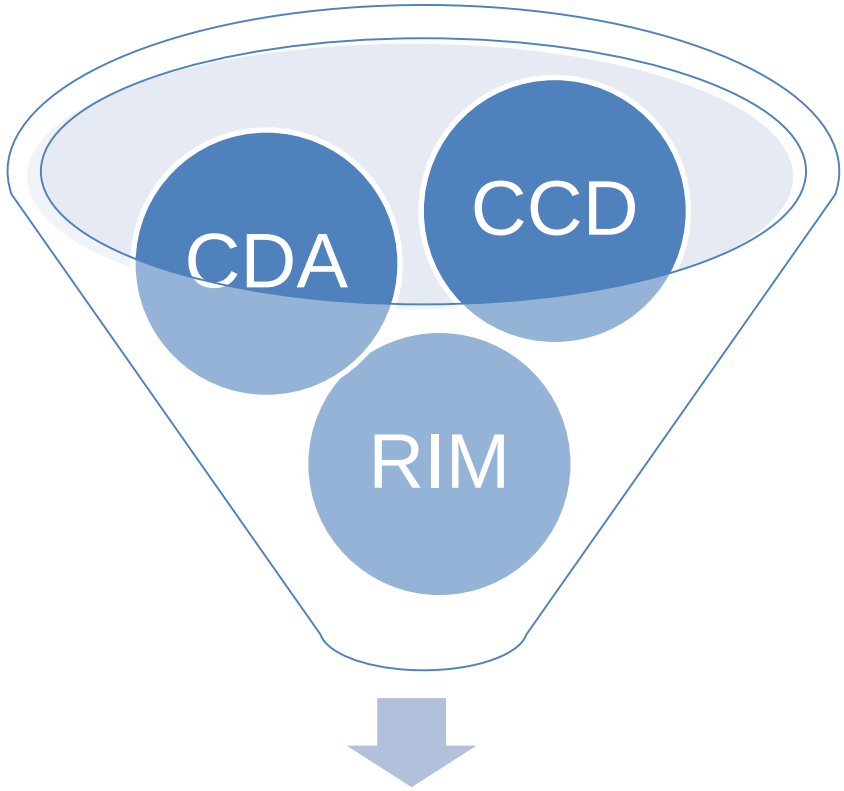
http://www.hl7.org/implement/standards/product_brief.cfm?product_id=185

HL7 V2 – SAMPLE MESSAGE

```
MSH|^~\&|ALLSCRIPTS|FTDLABH|EPIC||20140802173017||ORU^R01||P|2.3
PID|||144901997^^^^IHSMRN||TEST^PATIENT||19810101|M||||||||||333333333
PV1||O|FTDFFMKR|||||||||||||||123456789|||||||||||||||||||||||||20140317091700
ORC|RE||12046513282
OBR|1||12046513282|NA^SODIUM^FDTLAB|||20120215||||||||1215153077^PATEL^AIYUB^AIYU
B^^^^^^^^^PNPI|||||20120215|||F
OBX|1|NM|NA^SODIUM^FDTCOMP||140|mmol/L|135-145|H
```

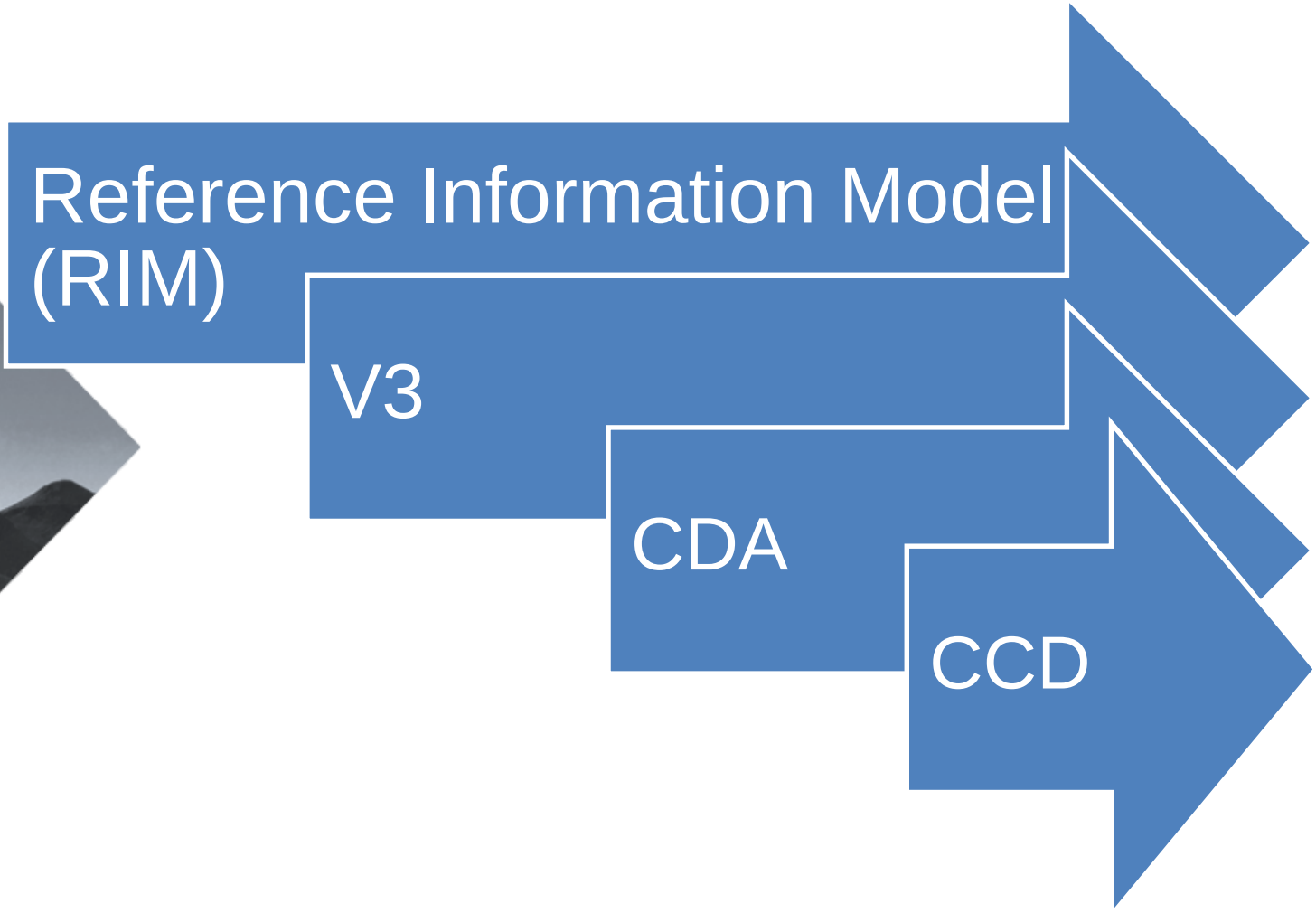
http://www.hl7.org/implement/standards/product_brief.cfm?product_id=185

HL7 V3



Meaningful Use

HL7 V3



HL7 V3

- Based on the Reference Information Model (RIM)
- XML Syntax
- Designed for Universal Application

RIM

- XML CANNOT BE USED ALONE
- CORNER STONE OF THE V3 DEVELOPMENT

SIX CORE CLASSES

Act	Act_Relationship	Participation
Role	Role_link	Entity

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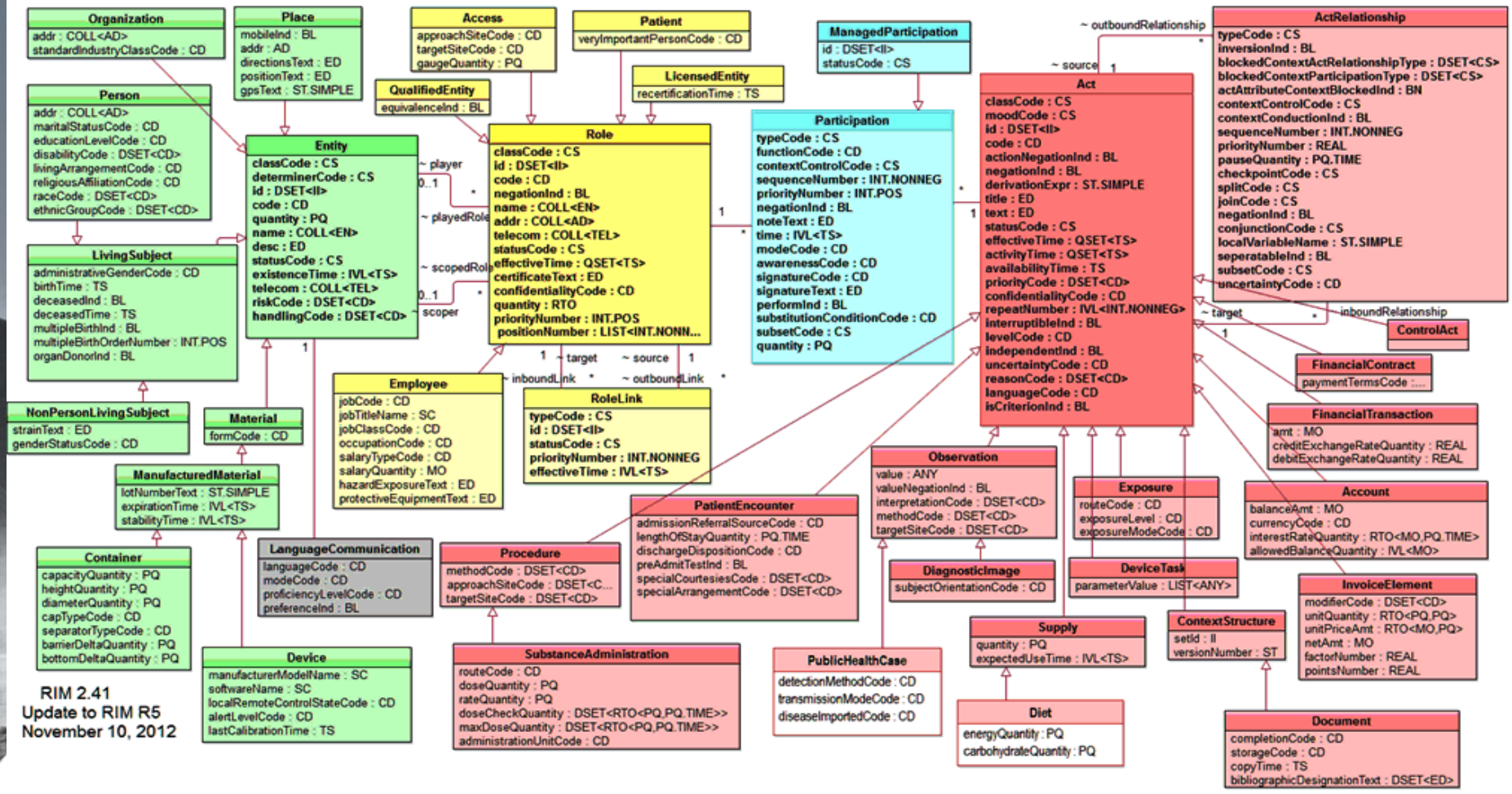
RIM
REFERENCE INFORMATION MODEL



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CDA

- Document Standard
- Can include text, images, sounds and other multimedia content
- Examples: CCD, Consult Note, DI Report, Discharge Summary

CDA

SIX CHARACTERISTICS

- Persistence
- Stewardship
- Authentication
- Wholeness
- Context
- Human Readability

CDC
PUBLIC HEALTH INFORMATION NETWORK (PHIN)

- Develop and disseminate requirements standards
- Monitor the information exchange capabilities
- Develop methods to validate, test, and certify electronic messages
- MQF – Message Quality Framework

http://www.cdc.gov/phin/about/index.html

http://www.cdc.gov/ehrmeaningfuluse/

POLL #3

HL7 V3/CDA MEASURES

Objective	EH	EP	HL7
*Clinical Decision Support	Core	Core	V3
Provide patients ability to view online, download and transmit information	Core	Core	CDA/CCD *V2
Provide Summary of care record	Core	Core	CDA/CCD
Cancer Registry Reporting		Menu	CDA

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HL7 V2 MEASURES

Objective	EH	EP	HL7
Demographics	Core	Core	ADT
Clinical Lab-Test Results	Core	Core	ORU
Reportable Laboratory Results	Core		ORU
Immunization Information	Core	Core	VXU
Syndromic Surveillance	Core	Menu	ADT
Imaging Result	Menu	Menu	ORU/MDM
Secure Messaging		Core	MDM
Electronic Lab Results to Ambulatory Providers	Menu		ORU/ORM

DEMO

- Outbound Immunization Interface

CONCLUSION

- The Break Down
  - EP – 41% Core and 66% Menu
  - EH – 50% Core and 33% Menu
  - V2 - 65%
  - No more incentive payments for Medicare, but prove Meaningful Use to avoid penalties.

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RESOURCES

- http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/
- http://oncchpl.force.com/ehrcert?q=chpl
- http://www.healthit.gov/providers-professionals/meaningful-use-definition-objectives
- http://www.cdc.gov/ehrmeaningfuluse/
- http://oncchpl.force.com/ehrcert
- http://www.hl7.org/index.cfm

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QUESTIONS?