

# **Electronic Health Record (EHR) Incentive Program**

## **Stage 2 Final Rule Update – Part 2**

**November 7, 2012**

## Agenda

- **Program Update**
- **Stage 2 Final Rule Overview**
  - **Timeline**
  - **Non-Meaningful Use (MU) updates**
  - **Stage 1 MU changes**
  - **Stage 2 MU changes**
- **What to Expect**
- **Resources**

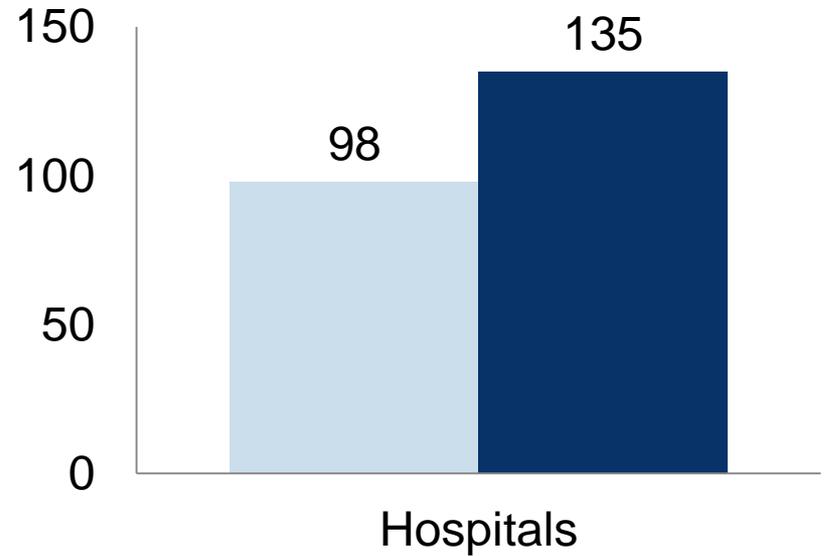
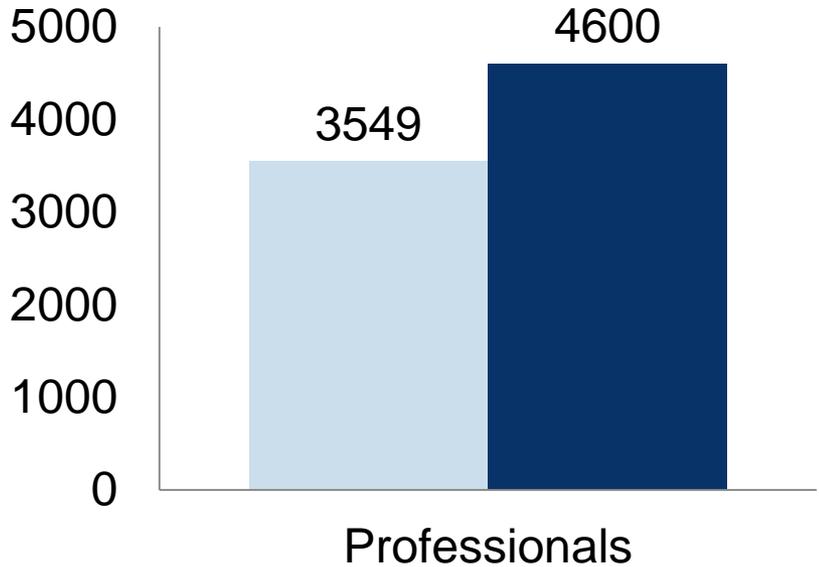
## Medical Assistance HIT Incentive Program

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## Key Points of Federal Rule

<b>Eligible Providers</b>	<b>5 types of professionals and acute care hospitals and children's hospitals</b>
<b>Patient Volume</b>	<b>Professionals generally must have 30% Medicaid patient encounters</b>
<b>Electronic Health Record Status</b>	<b>Adopt, Implement, or Upgrade option for first participation year Meaningful Use (MU) in subsequent years</b>
<b>Program Duration</b>	<b>Through 2021 1 Incentive payment per participation year Professionals – 6 payments Hospitals – 4 payments</b>
<b>Incentive Payment Amount – 100 % Federal</b>	<b>Maximum incentive is \$63,750 for EPs Hospital incentives are determined through calculation that incorporates: Discharges, Bed Days and Charges</b>
<b>Stage 2 Rule Update</b>	<b>Published September 2012 Outlines Stage 2 MU requirements Reduces barriers with patient and Stage 1 requirements Stage 2 MU not effective until 2014</b>

# Program Update: Payments



■ Received 1st Payment ■ Estimate

■ Received 1st Payment ■ Estimate

Professional: 77%

Hospital: 73%

Total Professional Payments\*:  
\$75,405,001

Total Hospital Payments\*:  
\$77,527,061

**Total Payments\* - \$152,932,062**

\* Payments through Nov. 5, 2012 for first (EP-3549, EH-98) and second (EP - 204, EH - 4) payments

# What is Meaningful Use?

- It's about improving healthcare through the adoption and use of electronic health records.
  - Improve patient safety
  - Improve patient outcomes
  - Improve privacy and security
  - Reduce healthcare costs

# Overview

- **Updates to this rule apply to Eligibility, Stage 1 MU criteria and Stage 2 MU criteria**
- **IMPORTANT** - Even though the Stage 2 Final Rule has been published, a number of the changes identified are not yet effective.

### Stage 1 vs. Stage 2

**We are currently in Stage 1 of MU for the EHR Incentive Program for both EHs and EPs. Stage 2 MU goes into effect in 2014**

**If you have participated in the EHR Incentive Program in 2011 or 2012, it does not mean you will report on Stage 2 MU criteria for your next participation year**

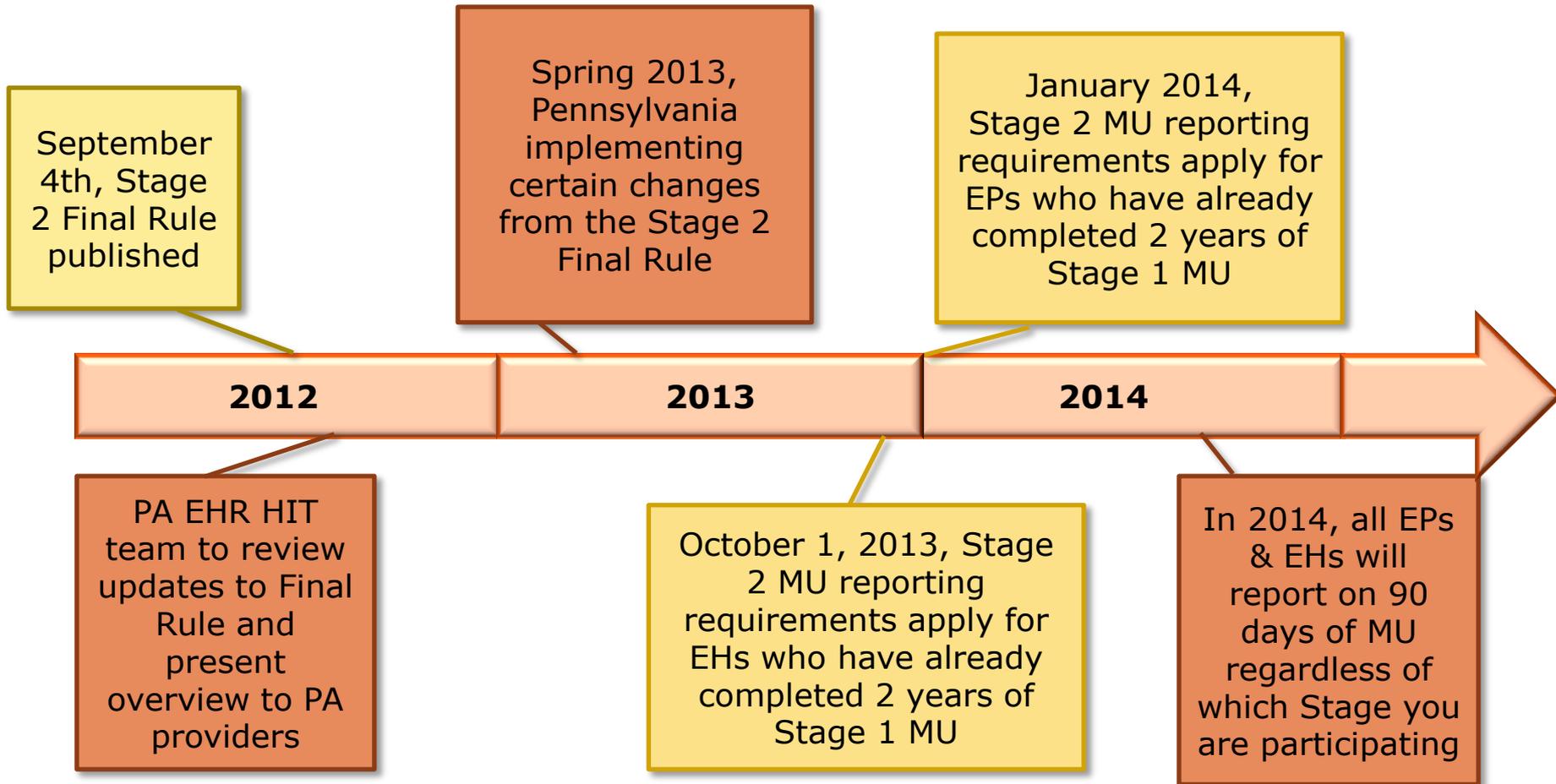
**Once you have completed 2 years of Stage 1 MU, you will then move to Stage 2 MU. If you have only completed 1 year of Stage 1 MU by 2014, you will report on Stage 1 MU again in 2014**

# Is it too late to get started?

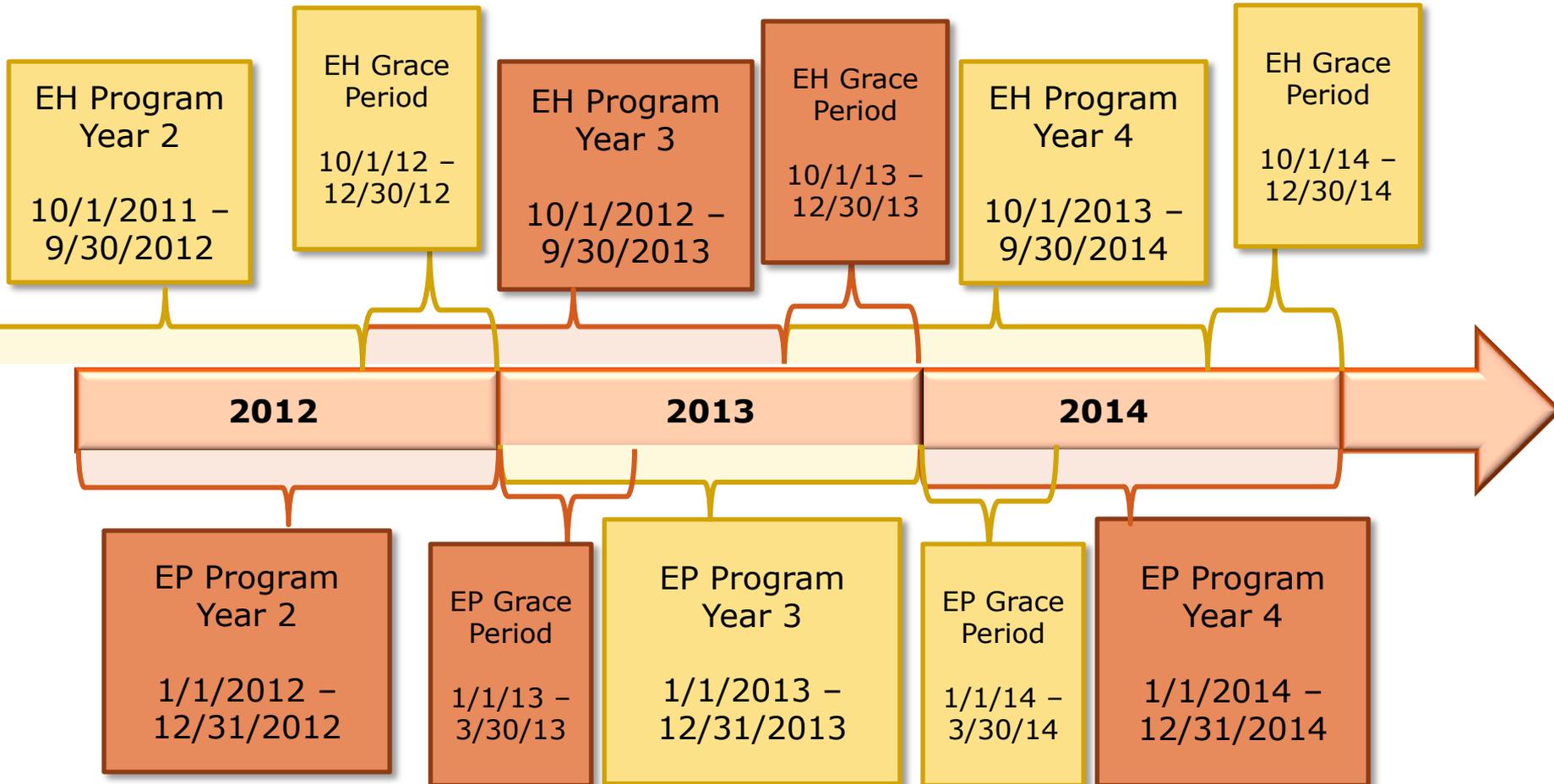
## ➤ **Not at all!**

- Even though today's presentation is on MU
- Stage 2, eligible providers will always begin at the Stage 1 level.
- Each EP spends:
  - 2 years in Stage 1
  - 2 years in Stage 2
  - 2+ years in Stage 3
- The Medicaid incentive program runs through 2021 and lets EPs skip years if necessary.

## Stage 2 Implementation Timeline



## EH & EP Program Years & Grace Periods



## Stage 2 EP Implementation Timeline

1st Year	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	AIU \$21,250	1 \$8,500	1 \$8,500	2 \$8,500	2 \$8,500	3 \$8,500	TBD	TBD	TBD	TBD	TBD
2012		AIU \$21,250	1 \$8,500	1 \$8,500	2 \$8,500	2 \$8,500	3 \$8,500	TBD	TBD	TBD	TBD
2013			AIU \$21,250	1 \$8,500	1 \$8,500	2 \$8,500	2 \$8,500	3 \$8,500	TBD	TBD	TBD
2014				AIU \$21,250	1 \$8,500	1 \$8,500	2 \$8,500	2 \$8,500	3 \$8,500	TBD	TBD
2015					AIU \$21,250	1 \$8,500	1 \$8,500	2 \$8,500	2 \$8,500	3 \$8,500	TBD
2016						AIU \$21,250	1 \$8,500	1 \$8,500	2 \$8,500	2 \$8,500	3 \$8,500

# Stage 2 Final Rule: Timelines



## Stage 2 EP Implementation Timeline Examples

Example 1: Provider participates in 2012, but skips 2013

1 <sup>st</sup> Year	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2012		AIU	1	1	2	2	3	TBD	TBD	TBD	TBD
		\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500				
2012		AIU	SKIP	1	1	2	2	3	TBD	TBD	TBD
		\$21,250	\$0	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500			

Example 2: Provider chooses 90 days MU for 1<sup>st</sup> participation year instead of AIU

1 <sup>st</sup> Year	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2012		AIU	1	1	2	2	3	TBD	TBD	TBD	TBD
		\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500				
2012		1	1	2	2	3	3	TBD	TBD	TBD	TBD
		\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500				

## Medicare Payment Adjustments

- In 2015, CMS’s Medicare program will begin imposing payment adjustments for the **Medicare** claims for providers who have **not** demonstrated meaningful use in a previous payment year.
- Providers can demonstrate meaningful use through the Medicaid program in order to avoid the payment adjustments through Medicare. **NOTE:** Adopt, Implement & Upgrade does not count toward demonstrating Meaningful Use
- Payment adjustments do not affect provider types who are not eligible for the EHR Incentive program
- **NOTE:** To avoid Payment Adjustments: EPs **MUST** continue to demonstrate meaningful use every year to avoid payment adjustments in subsequent years. Payment adjustments begin in 2015.

Payment Adjustment Year	2015	2016	2017	2018	2019
Full Year EHR Reporting Period (starting 2011 or 2012)	2013	2014	2015	2016	2017
MU Reporting Period (starting with 90 days in 2013)	2013 (90 days)	2014 (90 days)	2015	2016	2017
MU Reporting Period (starting with 90 days in 2014)	2014 (90 days)	2014 (90 days)	2015	2016	2017

### Key Points That Did NOT Change

- **Half of Outpatient Encounters** – at least 50% of EP outpatient encounters must occur at locations equipped with certified EHR technology.
- **Denominators based on outpatient locations equipped with CEHRT** and include all such encounters or only those for patients whose records are in CEHRT depending on the measure.
- **CHIP Encounters** – In Pennsylvania, we can still NOT Accept CHIP encounters unless it's from an EP that practices predominately in a FQHC or RHC
- **Program eligible provider types** remain the same

# EHR Incentive Program Eligibility

- 
1. Program *Eligibility* is determined by the HITECH Act
  2. There have been **no** changes to the HITECH Act
  3. Therefore, the definitions of Eligible Professionals (EPs) and Eligible Hospitals (EHs) remain the same.

## Hospital-Based EP Change

If a Hospital-Based EP can demonstrate that they fund the acquisition, implementation, and maintenance of CEHRT, including supporting hardware and interfaces needed for meaningful use without reimbursement from an eligible hospital or CAH – in lieu of using the hospital’s CEHRT – they can be determined non-hospital-based & potentially receive an incentive payment.



**Process yet to be finalized.**

## EHR Encounter Definition Update

### **Current Encounter Definition**

- Services rendered on any one day to an individual where Medical Assistance paid for part or all of the service or their premiums, co-payments and/or cost-sharing.

### **New Encounter Definition\***

- Services rendered on any one day to an individual enrolled in a Medical Assistance program. Zero-paid encounters can now be included in the patient volume calculations.

## EHR MA Patient Volume Calculations

### Current Patient Volume Calculations

- Currently, the 90 day patient volume calculations are collected from the previous calendar year for EPs and the previous federal fiscal year for EHs

### New Patient Volume Calculations\*

- In 2013, CMS is allowing states to continue to use the same reporting period as before or there is now the option to use a 90 day period in the last 12 months preceding provider's attestation.

## EH Cost Data Update

### Current EH Cost Data Definition

- Use discharge data from the hospital fiscal year that ends during the Federal fiscal year which serves as the first payment year.

### New EH Cost Data Definition\*

- Hospitals that begin participating in Federal Fiscal year 2013 or later can use discharge data from the most recently completely facility fiscal year.

## Optional Changes to Stage 1 Measure: CPOE

Core measure 1 (EP & EH)

### Current Stage 1 Measure



### New Stage 1 Option



- This optional CPOE denominator is available in Spring 2013 and beyond for Stage 1

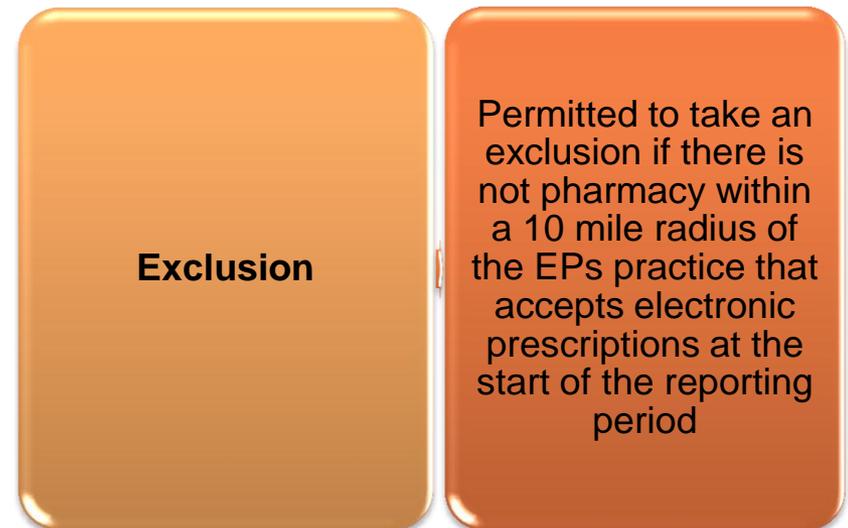
# Optional Changes to Stage 1 Measure: ePrescribing

## Core measure 4 (EP)

### Current Stage 1 Measure



### New Stage 1 Option



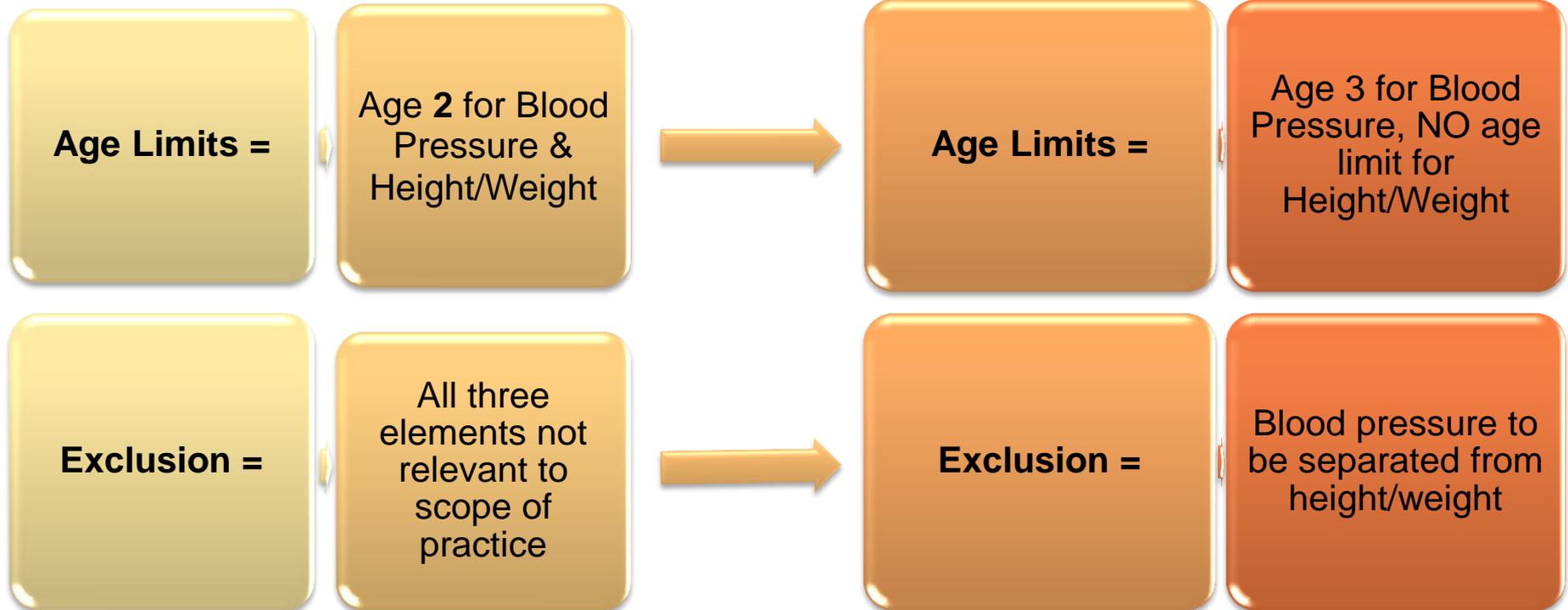
- This exclusion is available in Spring 2013 and beyond for Stage 1

## Optional Changes to Stage 1 Measure: Vital Signs

Core measure 8 for EPs and core measure 7 for EHs

**Current Stage 1 Measure**

**New Stage 1 Option**



\* The vital signs changes are optional in 2013, but required starting in 2014

## **Changes to Stage 1 Measure: Report CQMs**

Core measure 10 for EPs and core measure 9 for EHs

**Current Stage 1 Measure**

**Report Clinical Quality  
Measures verification**



**Stage 1 Measure Removed**

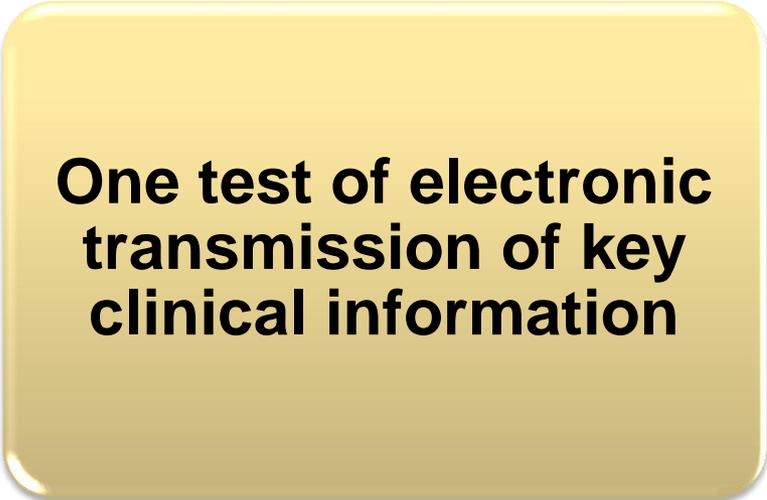
**Requirement removed  
effective 2013 although  
EPs and EHs will still  
need to report on CQMs**

\* The removal of this measure is effective starting in 2013

## **Changes to Stage 1 Measure: Exchange of Clinical Information**

Core measure 14 for EPs and core measure 13 for EHs  
Current Stage 1 Measure

Stage 1 Measure Removed



One test of electronic transmission of key clinical information

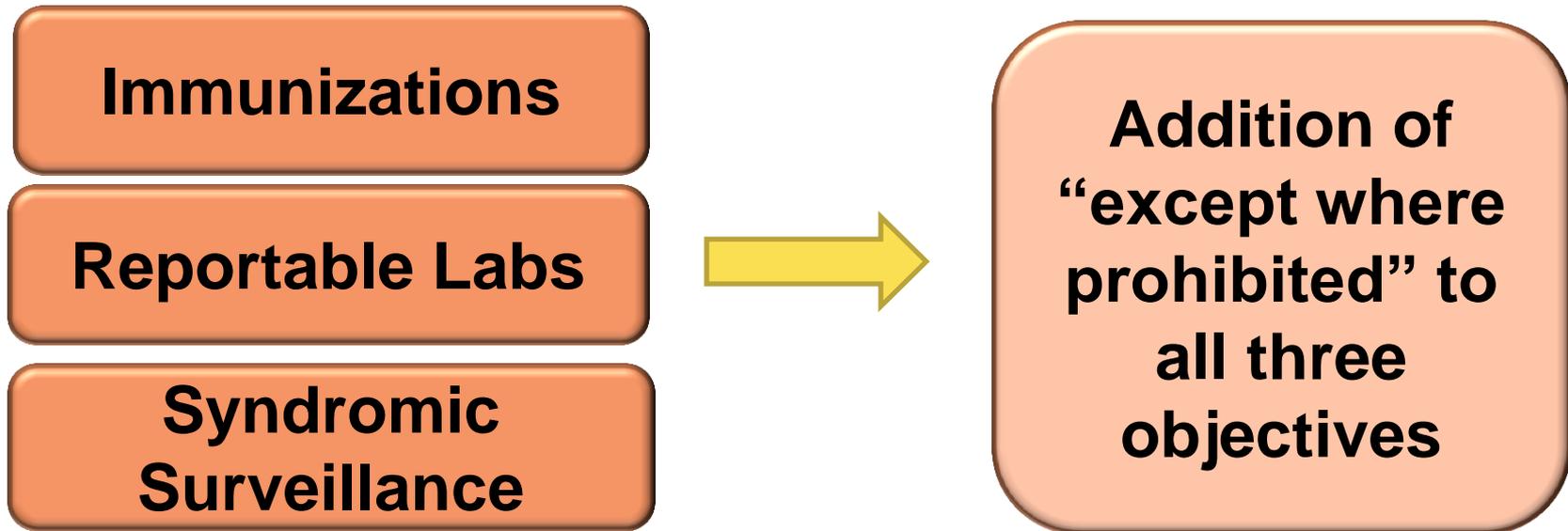


Requirement removed effective 2013

\* The removal of this measure is effective starting in 2013

## Changes to Stage 1: Public Health Objectives

Menu measures 9 & 10 for EPs and Menu measures 8, 9 & 10 for EHs



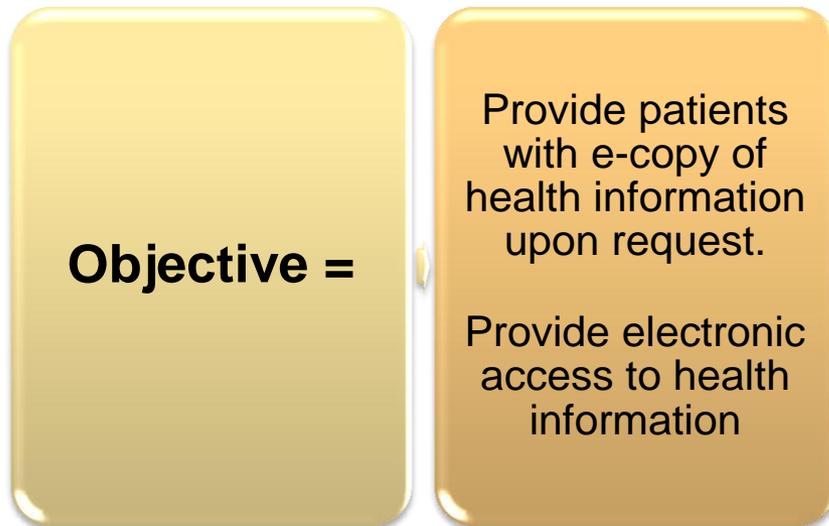
**This update will be available in Spring 2013 and beyond for Stage 1**

This addition is for clarity purposes and does not change the Stage 1 measure for these objectives.

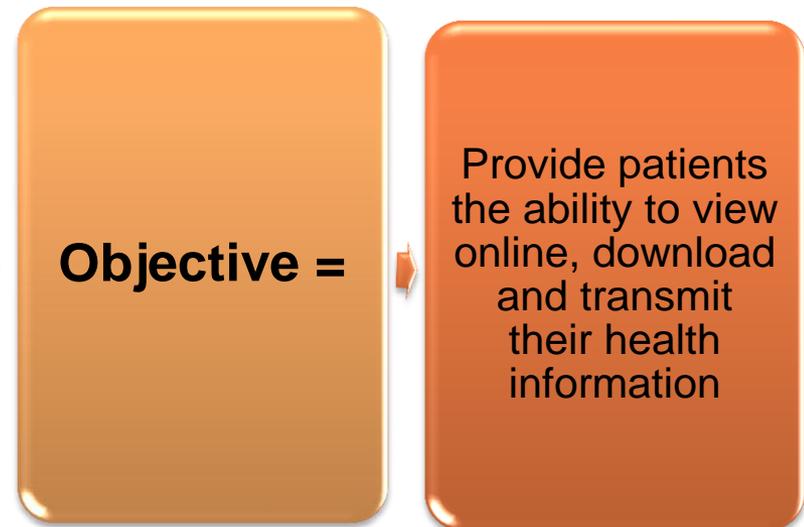
## Changes to Stage 1 Measures: E-Copy & Online Access

Core measure 12 for EPs and core measure 11 for EHs

### Current Stage 1 Objective



### New Stage 1 Objective



- The measure of the new objective is 50% of patients have accessed their information; There is no requirement that 5% of patients do access their information in Stage 1
- **The change in objective takes effect in 2014 to coincide with the 2014 certification and standards criteria.**

## Upcoming 2014 Changes

- **EHRs Meeting ONC 2014 Standards** – starting in 2014 all EHR Incentive Program participants will have to adopt certified EHR technology that meets **ONC's** Standards & Certification Criteria 2014 Final Rule
- **Reporting Period Reduced to 90 Days** – to **allow providers time to adopt** 2014 certified EHR technology and prepare for Stage 2, **all participants** will have a 90 day reporting period in 2014 **only**.

## Upcoming 2014 Changes

- **Exclusions** – starting in 2014 EPs and EHs will not be permitted to count an exclusion toward the minimum of 5 menu objectives on which they must report if there are other menu objectives which they can select/meet

## Clinical Quality Measures Update

- Although reporting CQMs is **no longer a core objective of the EHR Incentive Programs**, all providers are required to report on CQMs in order to demonstrate meaningful use.
- Beginning in 2014, the reporting of clinical quality measures (CQMs) will change for all providers
- In 2014 and beyond, reporting programs (i.e., PQRS, eRx reporting) will be **streamlined** in order to reduce provider burden.
- EPs and EHs will need to begin reporting on the new CQMs in 2014 regardless of what MU stage they are in

## What Stage 2 Means to You

### **New Criteria**

- Starting in 2014, providers participating in the EHR Incentive Programs who have met Stage 1 for two or three years will need to meet meaningful use Stage 2 criteria.

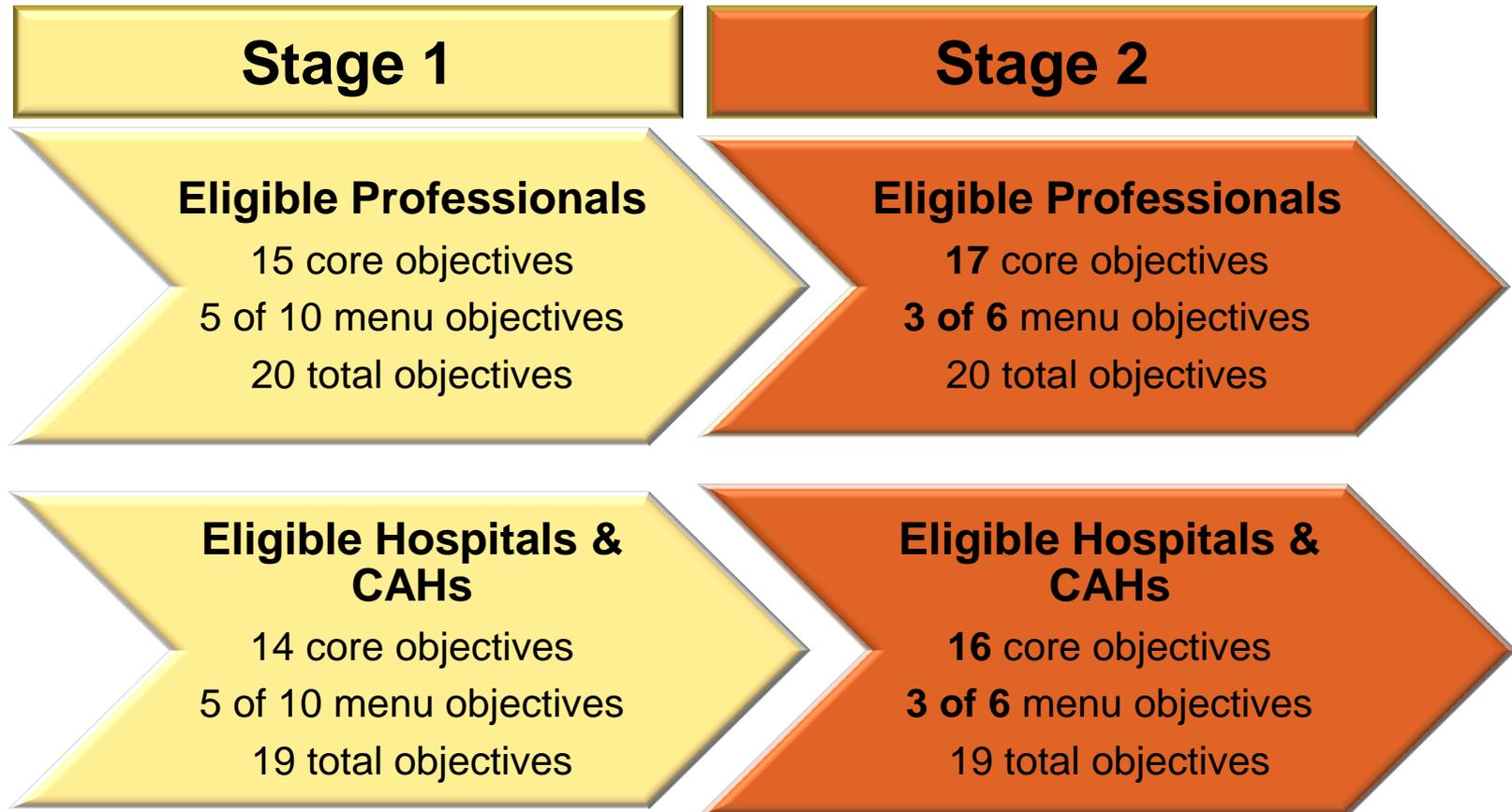
### **Improving Patient Care**

- Stage 2 includes new objectives to improve patient care through better clinical decision support, care coordination and patient engagement.

### **Saving Money, Time, Lives**

- With this next stage, EHRs will further save our health care system money, save time for doctors and hospitals and save lives.

## Meaningful Use: Core & Menu changes from Stage 1 to Stage 2



# Terminology Changes

Old Term	New Term
Clinical Decision Support Rules	Support Interventions
Stage 1 Certification	2011 Edition
Stage 2 Certification	2014 Edition
<ul style="list-style-type: none"><li>• ARRA Certification</li><li>• MU Certification</li><li>• EHR Certification</li></ul>	ONC HIT Certification

# Combined with Other Criteria

Criteria	Combined with
<ul style="list-style-type: none"> <li>• Problem List</li> <li>• Medication List</li> <li>• Medication Allergy List</li> <li>• Exchange Clinical Info</li> </ul>	Summary of Care for Transition Out
Drug Interaction Checking	Clinical Decision Support
Drug Formulary Checking	Electronic Prescribing
Electronic Copy	Online Access
Access Control	Authentication and Authorization

## Meaningful Use: Clinical Quality Measure changes from Stage 1 to Stage 2

### Stage 1

#### Eligible Professionals

Complete 6 out of 44  
3 core or alternate core objectives  
3 menu objectives

#### Eligible Hospitals & CAHs

Complete 15 out of 15

### Stage 2

#### Eligible Professionals

Complete 9 out of 64  
Choose at least 1 in 3 NQS domains  
Recommended core CQMs:  
- 9 CQMs for adult pop.  
- 9 CQMs for pediatric pop.  
- Prioritize NQS domains

#### Eligible Hospitals & CAHs

Complete 16 out of 29  
Choose at least 1 measure in 3 NQS domains

## Closer Look at Stage 2: Patient Engagement

**Patient Engagement** – engagement is an important focus of Stage 2

### **Requirements for Patient Action:**

- **More than 5%** of patients must send secure messages to their EP
- **More than 5%** of patients must access their health information online

**Exclusions** – CMS is introducing exclusions based on broadband availability in the provider's county.

## Closer Look at Stage 2: Electronic Exchange

Stage 2 focuses on actual use cases of electronic information exchange:

- Stage 2 requires that a provider send a summary of care record for **more than 50%** of transitions of care and referrals.
- The rule also requires that a provider electronically transmit a summary of care for **more than 10%** of transitions of care and referrals.
- **At least one summary of care document** sent electronically to recipient with different EHR vendor or to CMS test EHR.

**Stage 2 Core: EPs must meet **all** 17 objectives:**

Core Objective	Measure
1. CPOE	Use CPOE for more than <b>60%</b> of medication, <b>30%</b> of laboratory, and <b>30%</b> of radiology
2. E-Rx	E-Rx for <b>more than 50%</b>
3. Demographics	Record demographics for <b>more than 80%</b>
4. Vital Signs	Record vital signs for <b>more than 80%</b>
5. Smoking Status	Record smoking status for <b>more than 80%</b>
6. Interventions	Implement <b>5</b> clinical decision support interventions & drug/drug and drug/allergy
7. Labs	Incorporate lab results for <b>more than 55%</b>
8. Patient List	Generate patient list <b>by specific condition</b>
9. Preventive Reminders	Use EHR to identify and provide reminders for preventive/follow-up care for <b>more than 10%</b> of patients with two or more office visits in the last 2 years

**Stage 2 Core: EPs must meet **all** 17 objectives:**

Core Objective	Measure
10. Patient Access	Provide online access to health information for <b>more than 50%</b> with <b>more than 5%</b> actually accessing
11. Visit Summaries	Provide office visit summaries for <b>more than 50%</b> of office visits
12. Education Resources	Use EHR to identify and provide education resources <b>more than 10%</b>
13. Secure Messages	<b>More than 5%</b> of patients send secure messages to their EP 
14. Rx Reconciliation	Medication reconciliation at <b>more than 50%</b> of transitions of care
15. Summary of Care	Provide summary of care document for more than 50% of transactions of care and referrals with 10% sent electronically and at least one sent to a recipient with a different EHR vendor or successfully testing with CMS test EHR
16. Immunizations	Successful ongoing transmission of immunization data
17. Security Analysis	Conduct or review security analysis and incorporate in risk management process

## Stage 2 Menu: EPs must select 3 of 6 objectives:

Menu Objective	Measure
1. Imaging Results	More than <b>10%</b> of imaging results are accessible through Certified EHR Technology 
2. Family History	Record family health history for more than <b>20%</b> 
3. Syndromic Surveillance	Successful ongoing transmission of syndromic surveillance data
4. Cancer	Successful ongoing transmission of cancer case information 
5. Specialized Registry	Successful ongoing transmission of data to a specialized registry 
6. Progress Notes	Enter an electronic progress note for <b>more than 30%</b> of unique patients 

**Stage 2 Core: EHs must meet all 16 objectives:**

Core Objective	Measure
1. CPOE	Use CPOE for <b>more than 60%</b> of medication, <b>30%</b> of laboratory, and <b>30%</b> of radiology
2. Demographics	Record demographics for <b>more than 80%</b>
3. Vital Signs	Record vital signs for <b>more than 80%</b>
4. Smoking Status	Record smoking status for <b>more than 80%</b>
5. Interventions	Implement <b>5</b> clinical decision support interventions + drug/drug and drug/allergy
6. Labs	Incorporate lab results for more than 55%
7. Patient List	Generate patient list by specific condition
8. eMAR	eMAR is implemented and used for <b>more than 10%</b> of medication orders



**Stage 2 Core: EHs must meet **all** 16 objectives:**

Core Objective	Measure
9. Patient Access	Provide online access to health information for <b>more than 50%</b> with <b>more than 5%</b> actually accessing
10. Education Resources	Use EHR to identify and provide education resources <b>more than 10%</b>
11. Rx Reconciliation	Medication reconciliation at <b>more than 50%</b> of transitions of care
12. Summary of Care	Provide summary of care document for <b>more than 50%</b> of transitions of care and referrals with <b>10% sent electronically</b> and <b>at least one sent to a recipient with a different EHR vendor or successfully testing with CMS test EHR</b>
13. Immunizations	Successful ongoing transmission of immunization data
14. Labs	Successful ongoing submission of reportable laboratory results
15. Syndromic Surveillance	Successful ongoing submission of electronic syndromic surveillance data
16. Security Analysis	Conduct or review security analysis and incorporate in risk management process

## Stage 2 Menu: EHs must select 3 of 6 objectives:

Menu Objective	Measure
1. Progress Notes	Enter an electronic progress note for <b>more than 30%</b> of unique patients 
2. E-Rx	<b>More than 10%</b> electronic prescribing (eRx) of discharge medication orders 
3. Imaging Results	<b>More than 10%</b> of imaging results are accessible through Certified EHR Technology 
4. Family History	Record family health history for <b>more than 20%</b> 
5. Advanced Directives	Record advanced directives for <b>more than 50%</b> of patients 65 years or older
6. Labs	Provide structured electronic lab results to EPs for <b>more than 20%</b> 

## Clinical Quality Measures

- Clinical Quality Measures provide statistics on high priority health conditions.
- In the future, these measures will help support pay for performance reimbursement models. (i.e. payments based on improvement in a population's health instead of the number of services performed.)
- There are multiple federal programs that require the reporting of clinical quality measures.
- To ease the burden of reporting, clinical measures will be aligned across programs as much as possible.

## Clinical Quality Measures Required

- 9 CQMs covering three domains (was 6 CQMs)
- There isn't a "required core" set.
- However, there are "recommended core" sets for adults and children; but only need to report if applicable to the EP's scope of practice.
- Regardless of the stage of meaningful use, all providers will need to submit 9 CQMs in 2014.
- CQMs aren't classified as Stage 1 or Stage 2.
- Medicaid providers will electronically report their CQM data to their state.

## Recommend Core CQMs - Adults

NQF 0018	Controlling High Blood Pressure
NQF 0022	Use of High-Risk Medications in the Elderly
NQF 0028	Tobacco Use: Screening and Cessation Intervention
NQF 0052	Use of Imaging Studies for Low Pain
NQF 0418	Screening for Clinical Depression
NQF 0419	Documentation of Current Medications in the Medical Record
NQF 0421	Adult Weight Screening and Follow-Up
TBD	Closing the Referral Loop: Receipt of Specialist Report
TBD	Functional Status Assessment for Complex Chronic Conditions

## Recommend Core CQMs - Children

NQF 0002	Appropriate Testing for Children with Pharyngitis
NQF 0024	Weight Assessment and Counseling for Children & Adolescents
NQF 0033	Chlamydia Screening in Women
NQF 0036	Use of Appropriate Medications for Asthma
NQF 0038	Childhood Immunization Status
NQF 0069	Appropriate Treatment for Children with Upper Respiratory Infection
NQF 0108	ADHD: Follow-Up Care for Children on ADHD Medications
NQF 0418	Screening for Clinical Depression
TBD	Children who have Dental Decay or Cavities

## Behavioral Health CQMs

NQF 0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
NQF 0104	Major Depressive Disorder (MDD): Suicide Risk Assessment
NQF 0105	Anti-depressant Medication Management
NQF 0108	Follow-Up Care for Children Prescribed ADHD Medication
NQF 0110	Bipolar Disorder and Major Depression: Alcohol/Chemical Substance Use
NQF 0418	Screening for Clinical Depression
NQF 0710	Depression Remission at Twelve Months
NQF 0712	Depression Utilization of the PHQ-9 Tool
NQF 1365	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment
NQF 1401	Maternal Depression Screening
TBD	Dementia: Cognitive Assessment

## Deleted CQMs

NQF 0013	Hypertension: Blood Pressure Management
NQF 0061	Diabetes: Blood Pressure Management
NQF 0027	Smoking and Tobacco Use Cessation, Medical Assistance
NQF 0084	Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation

## CQM Resources

- **EP final 2014 CQMs** [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP\\_MeasuresTable\\_Posting\\_CQMs.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP_MeasuresTable_Posting_CQMs.pdf)
- **EH final 2014 CQMs** [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2014\\_CQM\\_EH\\_FinalRule.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2014_CQM_EH_FinalRule.pdf)
- **Specifications for electronic reporting and access to the related value sets** (2014 CMS Clinical Quality Measures webpage) [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014\\_ClinicalQualityMeasures.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014_ClinicalQualityMeasures.html)

## CQM Resources (cont.)

- **e-Specifications:** The value sets of the electronic specifications code the CQMs in your EHR, allowing you to export the measure results and report them in attestation. National Library of Medicine Value Set Authority Center (VSAC) <https://vsac.nlm.nih.gov/https://vsac.nlm.nih.gov/>
- **Implementation Guide to the 2014 CQMs**  
[http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Guide\\_Reading\\_EP\\_Hospital\\_eCQMs.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Guide_Reading_EP_Hospital_eCQMs.pdf)
- **EP Release Notes** [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP\\_TechReleaseNote\\_CQMs.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP_TechReleaseNote_CQMs.pdf)

## CQM Resources (cont.)

- **EH Release Notes** [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EH\\_TechReleaseNote\\_CQMs.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EH_TechReleaseNote_CQMs.pdf)
- **CQM tipsheet** <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/ClinicalQualityMeasuresTipsheet.pdf>

# What To Expect

## What are the next steps?

- MA EHR Incentive Program website will be updated with Stage 2 information ([www.pamahealthit.org](http://www.pamahealthit.org))
- Follow-up Webinar in early 2013 to show updates in MAPIR application
- Continuous updates on weekly ListServ messages

## Stage 2 Resources

# CMS Stage 2 Information

- **Tip Sheets**
- **Stage 1 vs. Stage 2 Comparisons**
- **FAQs**
- **Final Rule**

[http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage\\_2.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html)

## Stage 2 Core: Comparison of Stage 1 & Stage 2

### CORE OBJECTIVES (17 total)

Stage 1 Objective	Stage 1 Measure	Stage 2 Objective	Stage 2 Measure
Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	More than 30% of unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE	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	More than 60% of medication, 30% of laboratory, and 30% of radiology orders created by the EP during the EHR reporting period are recorded using CPOE
Implement drug-drug and drug-allergy interaction checks	The EP has enabled this functionality for the entire EHR reporting period	<i>No longer a separate objective for Stage 2</i>	<i>This measure is incorporated into the Stage 2 Clinical Decision Support measure</i>
Generate and transmit permissible prescriptions electronically (eRx)	More than 40% of all permissible prescriptions written by the EP are transmitted	Generate and transmit permissible prescriptions electronically (eRx)	More than 50% of all permissible prescriptions written by the EP are compared to at least one drug formulary and

# Stage 2 Final Rule: Resources



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# Questions & Answers