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CPDP Strategy Session on Stage 2 Meaningful Use

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Today's Goals

1. Understand why a strong Meaningful Use program is essential to the Consumer-Purchaser Disclosure Project's agenda

2. Assess Stage 2 gains and opportunities for improvement

3. Identify actions needed by consumers and purchasers to influence CMS and other policy makers

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Red Alert!

- Comments are due May 7th
- We've got to tell CMS what we think!
  - The direction of the program is being set now and consumers and purchasers can't afford to miss the boat – they may never get another chance like it
    - Critical opportunity to ensure that health IT supports new delivery and payment models, including more robust performance data
    - Lots of providers are participating, and the number keeps growing
    - $44B in taxpayer funding dedicated to getting providers to use EHRs to improve patient care

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Red Alert!

- Major threats include tremendous push-back by other stakeholders, such as hospitals and clinicians, on a number of the criteria that are of greatest importance to consumers and purchasers

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Background

- Meaningful Use is a gradual, escalating program – and providers can get on the escalator whenever they want
- Who can participate?

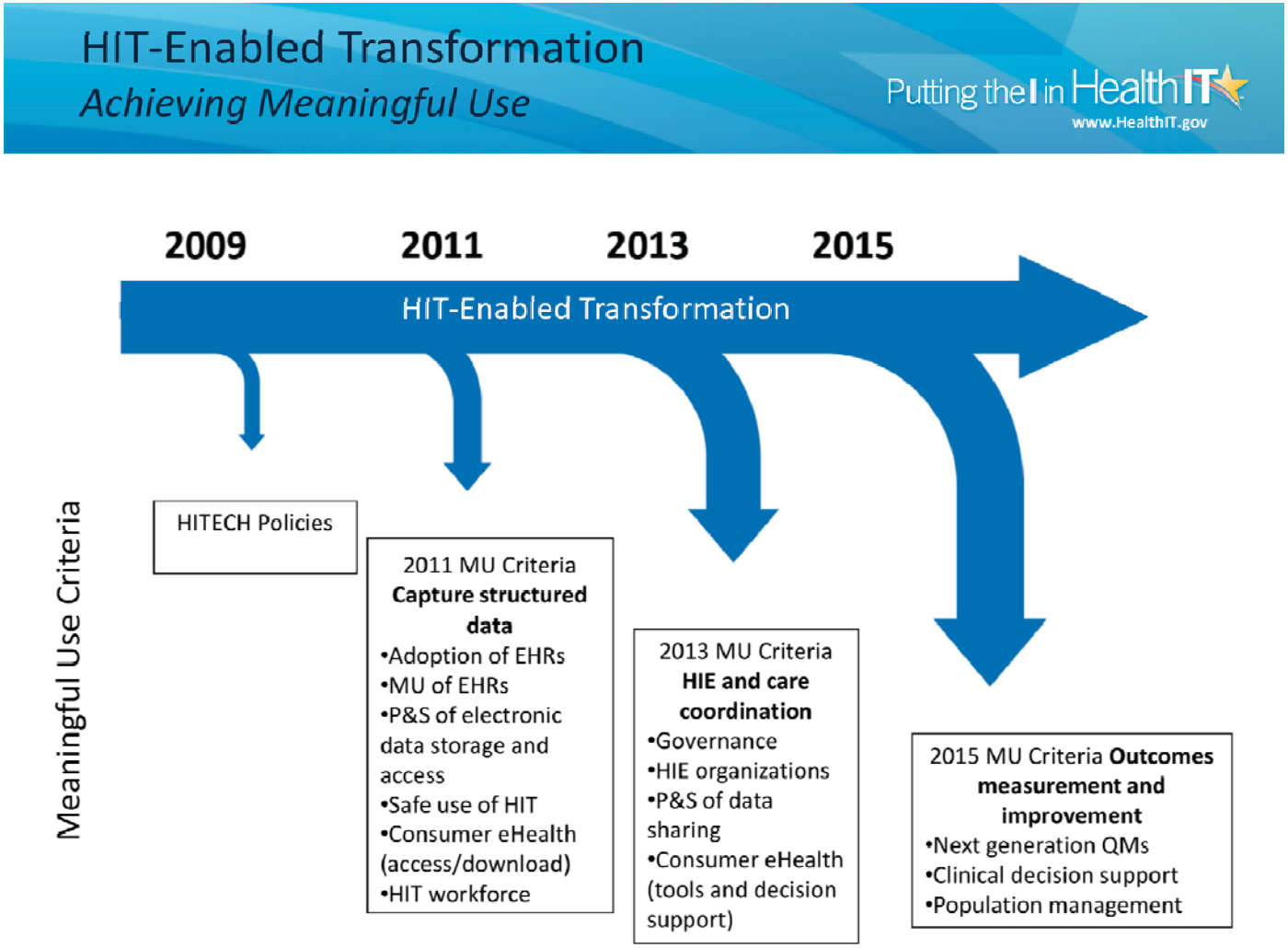
<u>Medicare</u>

- Clinicians: Physicians, osteopaths, dentists, podiatrists, optometrists and chiropractors
- Hospitals: Acute care and critical access hospitals

<u>Medicaid</u>

- Clinicians: Physicians, dentists, certified nurse-midwives, nurse practitioners, and physician assistants
- Hospitals: Acute care and children's hospitals

Staging of Meaningful Use



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Program Structure

- To receive incentive dollars, providers must:
  - Register for program
  - Fulfill functional criteria and submit clinical quality measures
  - Attest that they successfully met Meaningful Use requirements using certified EHR technology

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Expectations for Stage 2

- Stage 2 must make the right linkages to realize, by Stage 3, the full potential of EHRs to support
  - Patient & family engagement
  - Care coordination (including health information exchange)
  - Use of best in class evidence-based care
  - Outcomes-oriented measurement
- We will dive into what the proposed rule attempts to do in each of these areas and elicit CPDP's reactions

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How the world can and should look for a knee replacement patient in 2015

Patient & family engagement

- Patient receives decision-aids
- Care plan is developed with the patient
- Patient-reported symptoms and function before and after surgery are captured
- Patient knows how to manage his/her condition post-surgery

Care coordination

- Nursing, PT, OT and other disciplines and specialists all have access to needed information
- Patient has online access to his/her health information
- List of patient's care team members is available
- Care summary and plan sent to primary care and rehab upon transition

Use of best-in-class evidence-based care

- Use of surgical techniques, implants and medications is based on evidence of effectiveness
- Most cost-effective drug is applied
- Care is aligned with patient values and preferences

Outcomes-oriented measurement

- Identifies which surgeons are improving patient functioning, providing cost-effective care, and effectively engaging patients and their families
- RELG data collected and used to ensure equity across populations
- Patient-focused outcomes are considered in overall provider performance

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Proposed Rule, Overview

- Focuses on Stage 2, with tweaks to current Stage 1 criteria
- Includes EHR functions that providers should be using (i.e., objectives) and clinical quality measures (CQMs) they must report, using data from a certified EHR
- Delays Stage 2 until 2014 (for 2011 meaningful users)
- Some changes to Stage 1 criteria go into effect in 2013; some immediately
- Most Stage 1 menu objectives made core in Stage 2

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Patient & Family Engagement

- What's proposed
  - Provide **online access (view, download, transmit)** to health information for more than 50% of patients with more than **10% actually accessing (EP, EH/CAH)**
  - **More than 10% of patients send secure messages to their EP** (EP)
  - Use EHR to identify and provide more than 10% of patients w/reminders for preventive/follow-up (also **eliminated age restrictions**) (EP)
  - Provide office visit summaries within **24 hours of encounter** (EP)
  - Use EHR to identify and provide education resources to more than 10% of patients (EP, EH/CAH)
  - Record indication of advance directives for more than 50% of patients (EH/CAH) (stays as menu)

(Bolding reflects changes to existing Stage 1 criteria)

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Patient & Family Engagement

- CPDP's reactions
  - Critical changes that will face opposition from some provider groups
    - Secure messaging
    - Provider accountability for 10% patient access and use of online information (providers are already trying to make it disappear)

    Recent survey shows that patients want this access
  - Ways to strengthen this policy priority
    - Have clinicians capture advance directives, not just hospitals
    - Make advance directives core, not elective
    - Increase threshold for educational resources
    - Direct the HITSC to determine a standard for patient preferences for communication (several criteria are subject to patient preference, but there is no specified way to collect this data)

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Care Coordination

- What's proposed
  - Provide summary of care document for more than **65%** of transitions of care and referrals with **10% sent electronically with non-related providers** (EP, EH/CAH)
    (Dropped "testing the capability to exchange clinical information" from Stage 1 without a replacement, but adds this "use case" for Stage 2; CMS seeks comment on 4 options for replacement in Stage 1)
  - Medication reconciliation at more than **65%** of transitions of care (EP, EH/CAH)
  - **EMAR is implemented and used for more than 10% of medication orders** (EH/CAH)
  - **More than 40% of imaging results are accessible through Certified EHR Technology** (EP, EH/CAH) (menu)

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Care Coordination

- CPDP's reactions
  - Continues to advance medication safety
  - Addition of imaging promotes efficiency and patient safety, consider extending similar requirements to lab results
  - Replacing "test" of information exchange with sharing of summary of care in Stage 2 is good news but threshold must be higher than 10%
  - Care coordination is ultimately indicated by the degree to which outcomes and patients' experience are improved
  - CMS should require some form of information exchange in Stage 1 (i.e., require one successful exchange of information from a real patient)

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Use of Best In Class Evidence-Based Care

- What CMS proposes
  - Implement 5 clinical decision-support interventions + drug/drug and drug/allergy checks (EP, EH/CAH) (interventions must be tied to CQMs, presumably by specialty)
  - Use CPOE for more than **60%** of medication, **laboratory and radiology** orders (EP, EH/CAH)
  - Use CPOE for all orders for medications, rather than all unique patients with at least one medication in their med list (voluntary in 2013, mandatory in 2014)
  - E-Rx prescribing (drug-formulary checks folded into this requirement)
    - For more than **65%** (EP)
    - **For more than 10% of discharge prescriptions** (EH/CAH)

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Use of Best In Class Evidence-Based Care

- CPDP's reactions
  - Supports evidence-based care and helps address specialty care
  - Needs to include safeguards to prevent providers from selecting low-value clinical decision-support interventions
  - Requirements for patient decision-support tools and resources are still missing

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Outcomes-Oriented Measurement

- Goal of CQM requirements is to stretch EHRs to collect and report on more meaningful data about how providers care for their patients -- Stage 2 isn't quite there
- If done right, would lead to
  - Valuable data collected in EHRs to populate measures of tomorrow
  - Existing high-value measures implemented nationally
  - High-value measures of different types and using various data sources developed

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Outcomes-Oriented Measurement

- What's proposed
  - Very little progress in collection of patient-reported data and no requirement for providers to use the data to address disparities
  - Heavily process-oriented list of CQMs
  - New CQMs and reporting options that reflect CMS' desire to align with other federal programs (i.e., PQRS, MSSP, HVBP, IQR)
  - The impact
    - Entrée of a few better CQMs, and many low-value CQMs

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Reporting Options

Individual EPs
Option 1a: 12 CQMs (≥ 1 per domain*) -- out of 125 possible measures
Option 1b: 11 “core” set of CQMs + 1 “menu” CQM
Option 2: Fulfill PQRS EHR reporting option using Certified EHR Technology (CEHRT)
Group EPs
Three group reporting options are offered to EPs and align with other federal programs
Hospitals
24 CQMs (≥ per domain) -- out of 49 possible measures

* The domains are: Patient and Family Engagement; Patient Safety; Care Coordination; Population and Public Health; Efficient Use of Healthcare Resources; and Clinical Process/Effectiveness

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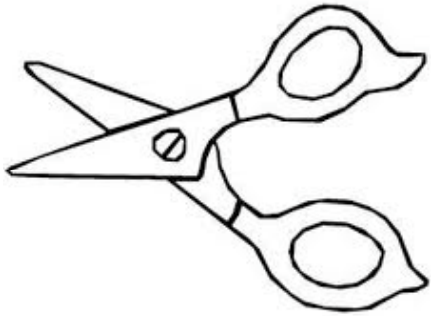
Outcomes-Oriented Measurement

- CPDP's reactions
  - Require USE of patient-reported data to improve care
  - Select reporting Option 1a for clinicians (with modifications to accompanying CQMs)
    - Will cover a wide breadth of specialties
    - Avoids alignment for the sake of alignment
  - Remove low-value CQMs from the program
    - Reflect basic competencies
    - Mask outcomes
    - Allow providers to just check-the-box
    - Are duplicative
    - Are topped out



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Outcomes-Oriented Measurement

- CPDP's reactions (cont'd)
  - Fill critical measure gaps by 2015 (capitalize on existing high-value CQMs and develop new ones)
    - Patient-reported outcomes
    - Quality of shared decision-making
    - Adverse drug events
    - Patient activation and self-management
    - Health care acquired conditions
    - Appropriate invasive testing, cancer and cardiac treatments
    - Adverse events and sub-optimal outcomes from chronic conditions (AMI, strokes, hypertension, amputations)

  It's doable – ONC identified these gaps back in 2010

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Outcomes-Oriented Measurement

- CPDP's reactions (cont'd)
  - Measure development $$ must make a difference, major concerns that ONC's investments aren't delivering the goods
    - Efforts to build measures of patient-reported outcomes for orthopedic care only resulted in check-the-box measures of whether the clinician "assessed" the patient's functional status before and after hip and knee replacement
    - Work didn't leverage or support progress being made in the federal government and the private sector (e.g., Minnesota Community Measurement's patient-reported outcome measure for total knee replacement, NIH PROMIS)

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Key Takeaways

- If consumers and purchasers don't act now, the train will have left the station -- this is our last chance to ensure the technical capacity to support health care reform
- Alignment, as proposed, may not be beneficial
- We should focus on finding ways to measure what needs to be measured, not what can be measured
- Emphasis on patient and family engagement is significant, and we should take full advantage of that opportunity

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What's Coming Down the Pike From CPDP

- We'll be gathering input from consumers and purchasers in the next couple of weeks
- Expect a draft comment letter by early April
- There's a lot at stake, so let's have a conversation and we'll also help you submit your own letter!

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Questions?

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About the Consumer-Purchaser Disclosure Project

The Consumer-Purchaser Disclosure Project is a coalition dedicated to improving the quality and affordability of health care in America for consumers and health care purchasers. The project's mission is to put the patient in the driver's seat — to share useful information about provider performance so that patients can make informed choices and the health care system can better reward the best performing providers. The coalition is comprised of leading national and local consumer organizations, employers and labor organizations. The Consumer-Purchaser Disclosure Project is funded by the Robert Wood Johnson Foundation along with support from participating organizations.

For more information go to http://healthcaredisclosure.org

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