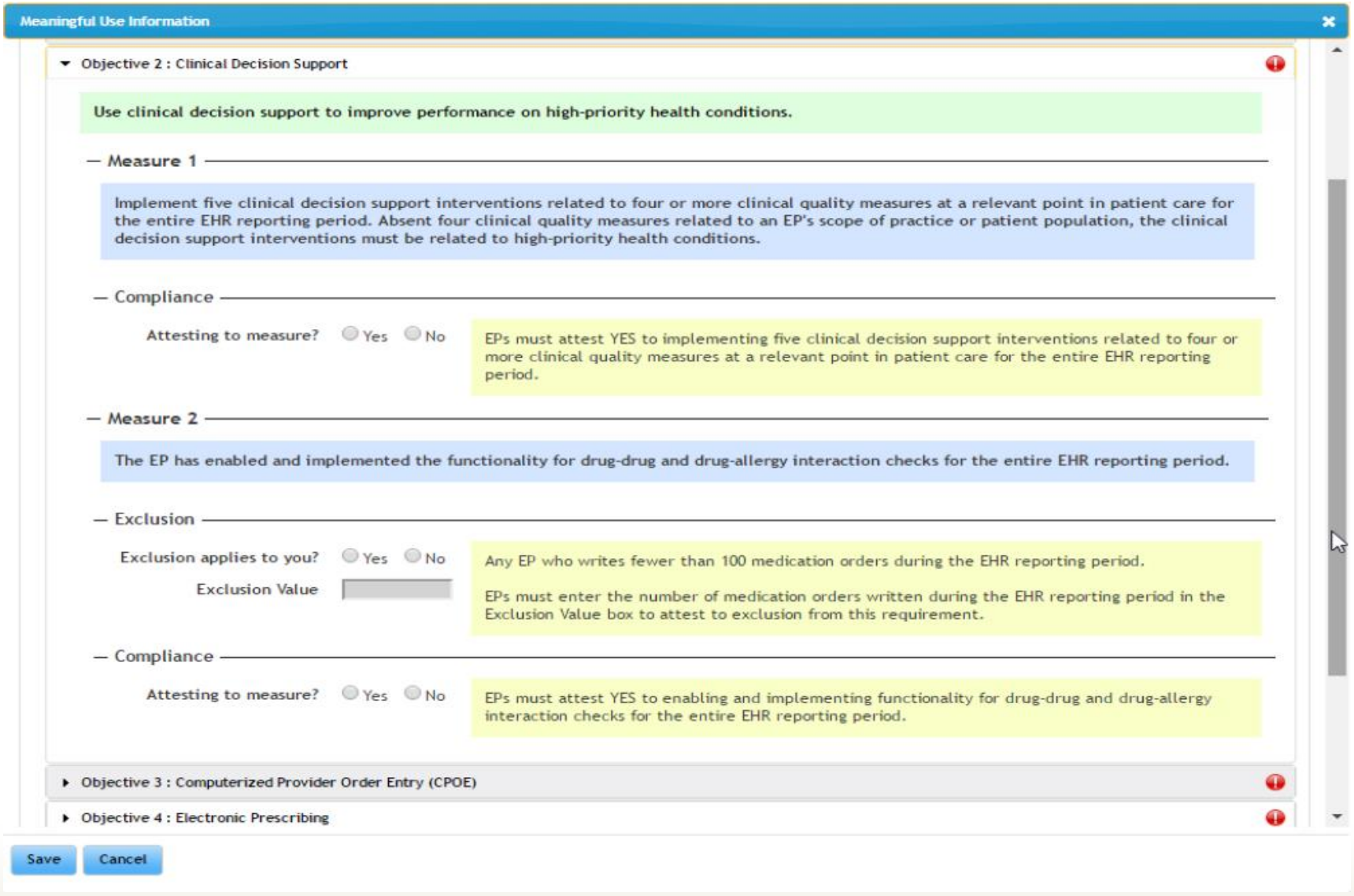
Washington State Health Care Authority

Using the Clinical Data Repository (CDR) to Meet Meaningful Use (MU)

Modified Stage 2

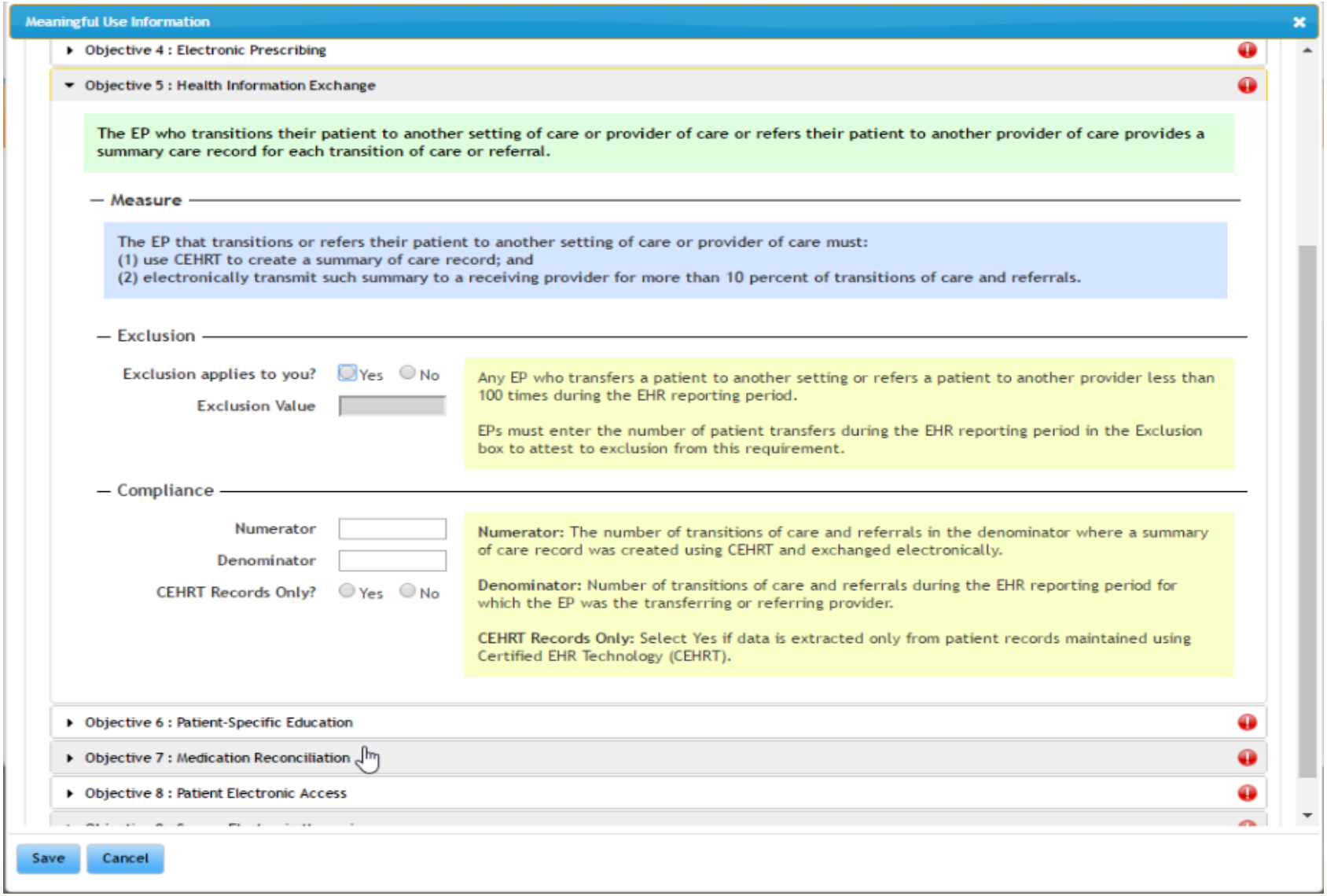
Objective 2: Clinical Decision Support

Requirement	Link4Health CDR Linkage	Opportunity	Leveraging Existing Authorities	Tips
In order for EPs to meet the objective they must satisfy both of the following measures: **MEASURE 1:** EPs must attest "YES" to implementing five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. **MEASURE 2:** EPs must attest YES to enabling and implementing the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period. **EXCLUSION:** Any EP who writes fewer than 100 medication orders during the EHR reporting period.	Querying from the CDR can provide real-time feedback on previously completed clinical decision support interventions Data within the CDR can be used as one of the sources for decision making.	Make information available across care settings to authorized providers with or without EHR.		**Helpful Hint:** Do not use a "zero" in the denominator to exclude. You may only use the exclusion buttons. **Helpful Hint:** Do not choose "exclude" AND choose "no" on compliance for the same measure or it will cause an error to post. **CMS Tipsheet:** https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016EP_2ClinicalDecisionSupportObjective.pdf


Meaningful Use Information
Objective 2 : Clinical Decision Support
Use clinical decision support to improve performance on high-priority health conditions.
Measure 1
Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.
Compliance
Attesting to measure? Yes No
EPs must attest YES to implementing five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period.
Measure 2
The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.
Exclusion
Exclusion applies to you? Yes No
Exclusion Value
Any EP who writes fewer than 100 medication orders during the EHR reporting period.
EPs must enter the number of medication orders written during the EHR reporting period in the Exclusion Value box to attest to exclusion from this requirement.
Compliance
Attesting to measure? Yes No
EPs must attest YES to enabling and implementing functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.
Objective 3 : Computerized Provider Order Entry (CPOE)
Objective 4 : Electronic Prescribing
Save
Cancel

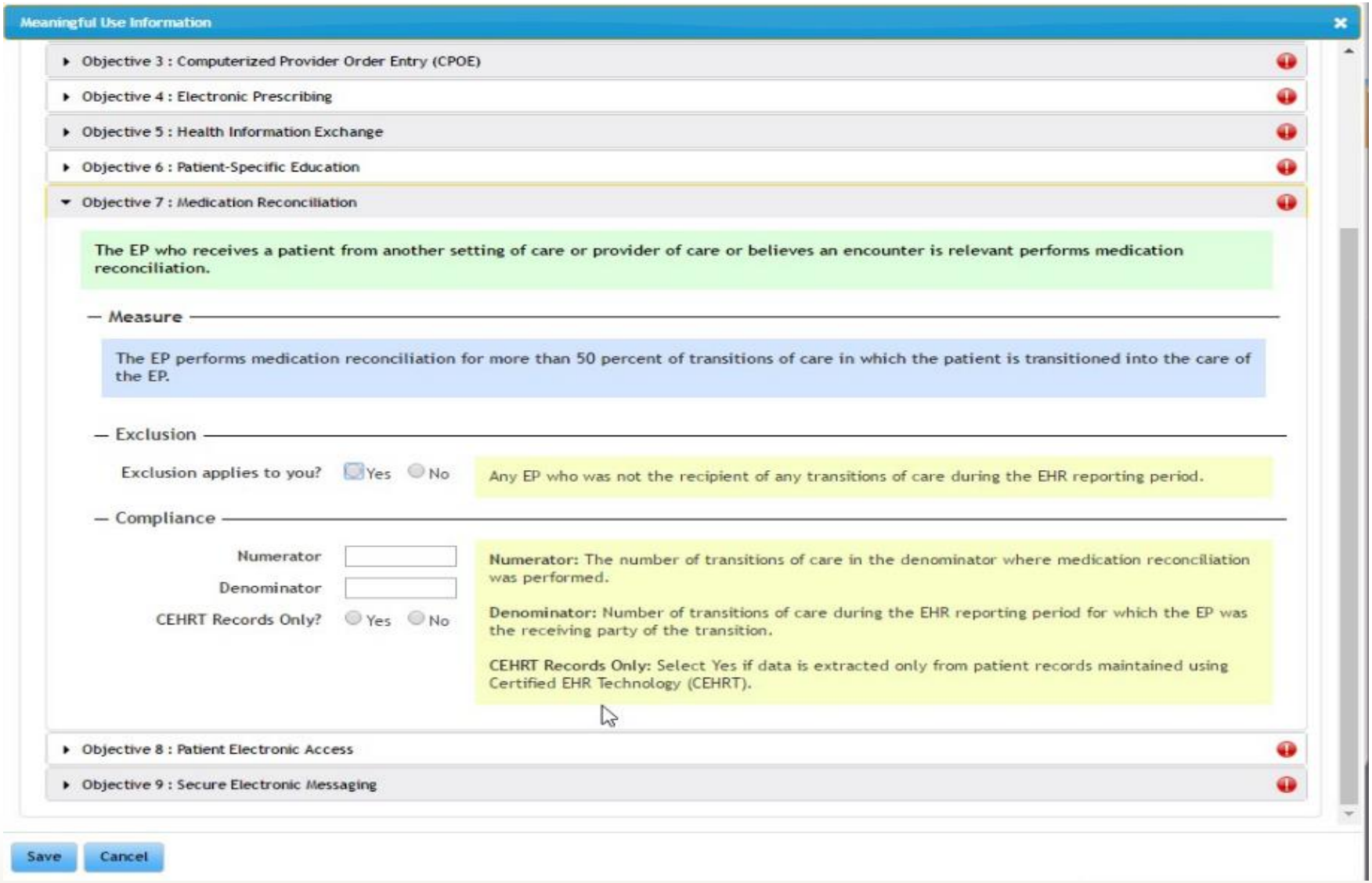
Objective 5: Health Information Exchange

Requirement	Link4Health CDR Linkage	Opportunity	Leveraging Existing Authorities	Tips
EXCLUSION: 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. **COMPLIANCE:** The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.	Contributing CCDA from certified EHR to Link4Health CDR adds to an integrated Medicaid patient record and makes information available to authorized providers using different EHR systems or through the portal hosted by OneHealthPort for organizations without EHR.	• Participation in the Link4Health CDR fully meets this objective and overcomes the interoperability challenges across various EHR products in meeting this measure. • Reduces point to point interfaces between organizations. • Make information available across care settings to authorized providers with or without EHR. • Can easily exceed the threshold of 10% of transitions of care.	Requirement in the MCO contract reads as follows: *The Contractor (MCO) shall require that when subcontracted provider organizations with certified EHRs see an Apple Health Managed Care enrollee, the provider sends a care summary (CCDA) from the provider's EHR to the Link4Health Clinical Data Repository.*	**CMS Tipsheet:** https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016EP_5HealthInformationExchangeObjective.pdf


Meaningful Use Information
Objective 4 : Electronic Prescribing
Objective 5 : Health Information Exchange
The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.
Measure
The EP that transitions or refers their patient to another setting of care or provider of care must:
(1) use CEHRT to create a summary of care record; and
(2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.
Exclusion
Exclusion applies to you? Yes No
Exclusion Value
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.
EPs must enter the number of patient transfers during the EHR reporting period in the Exclusion box to attest to exclusion from this requirement.
Compliance
Numerator
Denominator
CEHRT Records Only? Yes No
Numerator: The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.
Denominator: Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.
CEHRT Records Only: Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).
Objective 6 : Patient-Specific Education
Objective 7 : Medication Reconciliation
Objective 8 : Patient Electronic Access
Save
Cancel

Objective 7: Medication Reconciliation

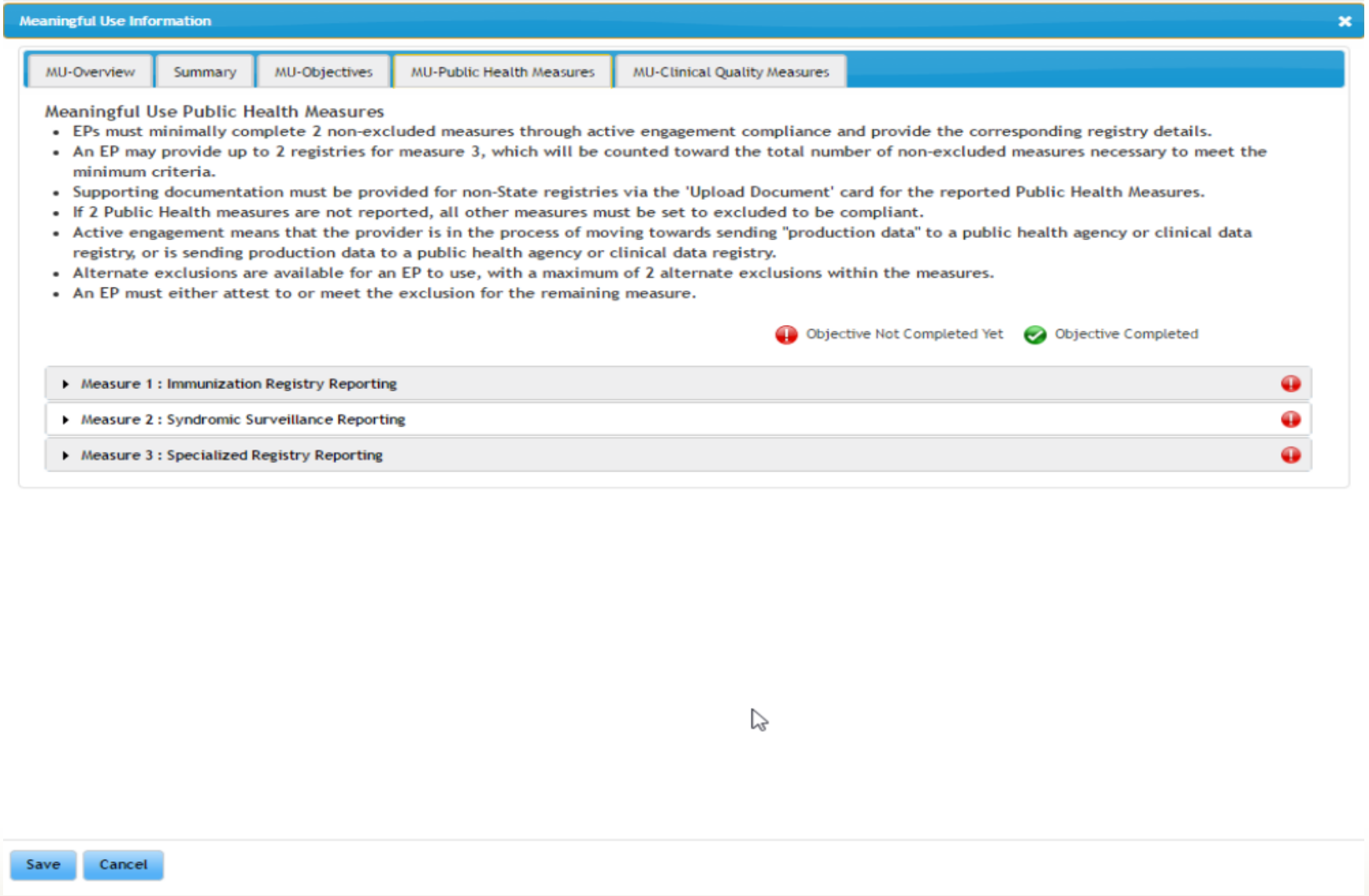
Requirement	Link4Health CDR Linkage	Opportunity	Leveraging Existing Authorities	Tips
The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP. **EXCLUSION:** Any EP who was not the recipient of any transitions of care during the EHR reporting period. **COMPLIANCE:** The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	Querying the CDR, provider is able to view expanded list of current medications that includes external lists of medications from other providers and hospital EHR systems. Providers can determine which prescriptions have been filled because Medicaid claims data is included.	Participation through query and response capabilities in the CDR fully meets this objective as it integrates medication data from multiple provider EHR systems to provide a comprehensive list of current medications. Claims data provided by Medicaid confirms if a prescription is filled. If query process is automated, provider organization can ensure they meet threshold of over 50%. HCA can validate measure through HIE reporting.	Requirement in the MCO contract reads as follows: *The Contractor (MCO) shall require that when subcontracted provider organizations with certified EHRs see an Apple Health Managed Care enrollee, the provider sends a care summary (CCDA) from the provider's EHR to the Link4Health Clinical Data Repository.*	CMS Tip Sheet: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016EP_7MedicationReconciliationObjective.pdf

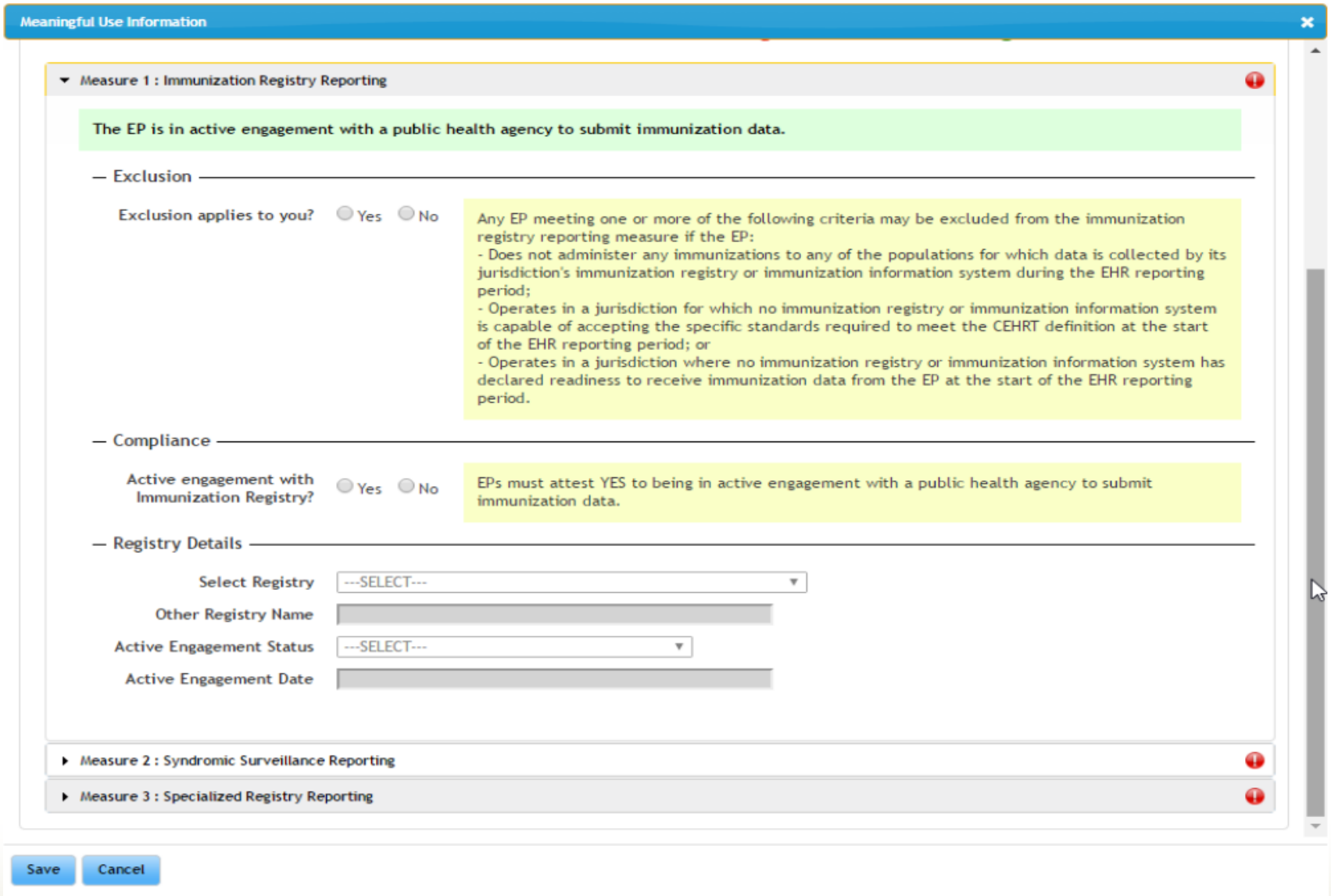

Meaningful Use Information
Objective 3 : Computerized Provider Order Entry (CPOE)
Objective 4 : Electronic Prescribing
Objective 5 : Health Information Exchange
Objective 6 : Patient-Specific Education
Objective 7 : Medication Reconciliation
The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.
Measure
The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.
Exclusion
Exclusion applies to you? Yes No
Any EP who was not the recipient of any transitions of care during the EHR reporting period.
Compliance
Numerator
Denominator
CEHRT Records Only? Yes No
Numerator: The number of transitions of care in the denominator where medication reconciliation was performed.
Denominator: Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.
CEHRT Records Only: Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).
Objective 8 : Patient Electronic Access
Objective 9 : Secure Electronic Messaging
Save
Cancel

Washington State Health Care Authority

Objective 10: Public Health Reporting

Requirement	Link4Health CDR Linkage	Opportunity	Leveraging Existing Authorities	Tips
There are 3 Measures (with exclusions); one for each type of Registry. EPs must minimally complete 2 non-excluded measures through active engagement compliance. An EP may provide up to 2 specialized registries for Measure 3, which will be counted toward the total number of non-excluded measures necessary to meet the minimum criteria. *Hospitals must meet 4 measures and Eps must meet 2* **Measure Option 1 – Immunization Registry Reporting**: The EP is in active engagement with a public health agency to submit immunization data. **The Immunization Registry should still be the highest priority to meet this objective. Other providers who administer vaccines can still participate in this measure and will be on boarded by DOH as resources permit (being in the queue is still ok for active engagement).** **Measure Option 2 – Syndromic Surveillance Reporting**: The EP is in active engagement with a public health agency to submit syndromic surveillance data. **Non-urgent care Syndromic Surveillance - Measure Option 3 – Specialized Registry Reporting:** The EP is in active engagement to submit data to a specialized registry **PMP (PRP) - Measure Option 3 – Public Health Registry Reporting (also known as Specialized Registry Reporting)::** The EP is in active engagement to submit data to a specialized registry **Cancer Case Reporting - Measure Option 3 – Public Health Registry Reporting (also known as Specialized Registry Reporting)::** The EP is in active engagement to submit data to a specialized registry **eCR - Measure Option 3 – Public Health Registry Reporting (also known as Specialized Registry Reporting):** The EP is in active engagement to submit data to a specialized registry ECR: as of 1/1/18	The steps for active engagement align with the process for preparing, testing and submitting CCDA data to the Clinical Data Repository. The CDR meets the definition of a specialized registry for Stage 2 which encompasses both registry reporting to public health agencies and clinical data registries.	• Participation in the CDR fully meets Measure 3 of this objective. • Opportunity exists for future exports of clinical data extracted from summaries of care directly to the Department of Health	Requirement in the MCO contract reads as follows: *The Contractor (MCO) shall require that when subcontracted provider organizations with certified EHRs see an Apple Health Managed Care enrollee, the provider sends a care summary (CCDA) from the provider's EHR to the Link4Health Clinical Data Repository.*	CMS Tip Sheet: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016EP_10PublicHealthObjective.pdf


Meaningful Use Information
MU-Overview
Summary
MU-Objectives
MU-Public Health Measures
MU-Clinical Quality Measures
Meaningful Use Public Health Measures
EPs must minimally complete 2 non-excluded measures through active engagement compliance and provide the corresponding registry details.
An EP may provide up to 2 registries for measure 3, which will be counted toward the total number of non-excluded measures necessary to meet the minimum criteria.
Supporting documentation must be provided for non-State registries via the 'Upload Document' card for the reported Public Health Measures.
If 2 Public Health measures are not reported, all other measures must be set to excluded to be compliant.
Active engagement means that the provider is in the process of moving towards sending "production data" to a public health agency or clinical data registry, or is sending production data to a public health agency or clinical data registry.
Alternate exclusions are available for an EP to use, with a maximum of 2 alternate exclusions within the measures.
An EP must either attest to or meet the exclusion for the remaining measure.
Objective Not Completed Yet
Objective Completed
Measure 1 : Immunization Registry Reporting
Measure 2 : Syndromic Surveillance Reporting
Measure 3 : Specialized Registry Reporting
Save
Cancel


Meaningful Use Information
Measure 1 : Immunization Registry Reporting
The EP is in active engagement with a public health agency to submit immunization data.
Exclusion
Exclusion applies to you? Yes No
Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP:
- Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period;
- Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
- Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.
Compliance
Active engagement with Immunization Registry? Yes No
EPs must attest YES to being in active engagement with a public health agency to submit immunization data.
Registry Details
Select Registry ---SELECT---
Other Registry Name
Active Engagement Status ---SELECT---
Active Engagement Date
Measure 2 : Syndromic Surveillance Reporting
Measure 3 : Specialized Registry Reporting
Save
Cancel

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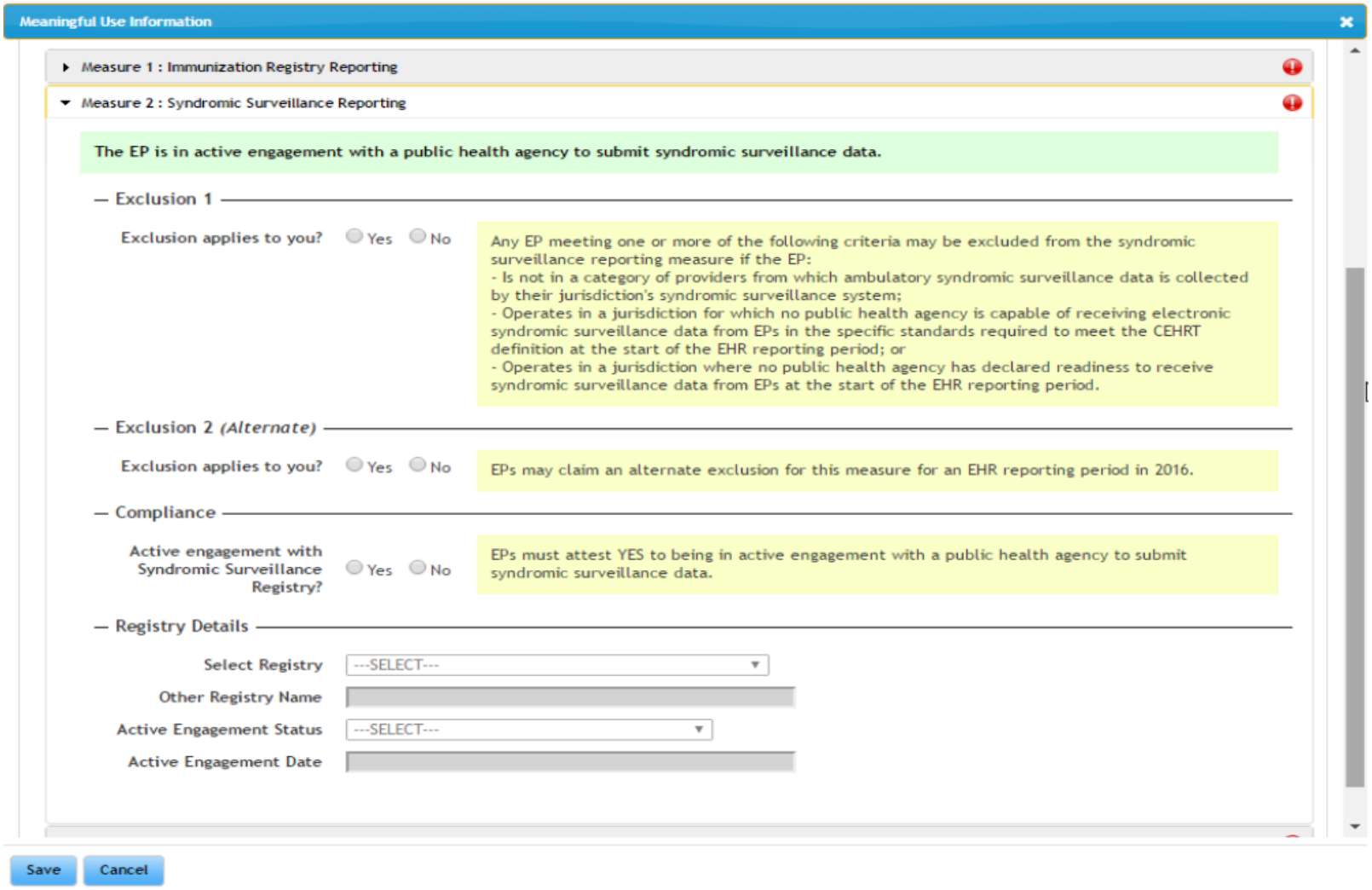

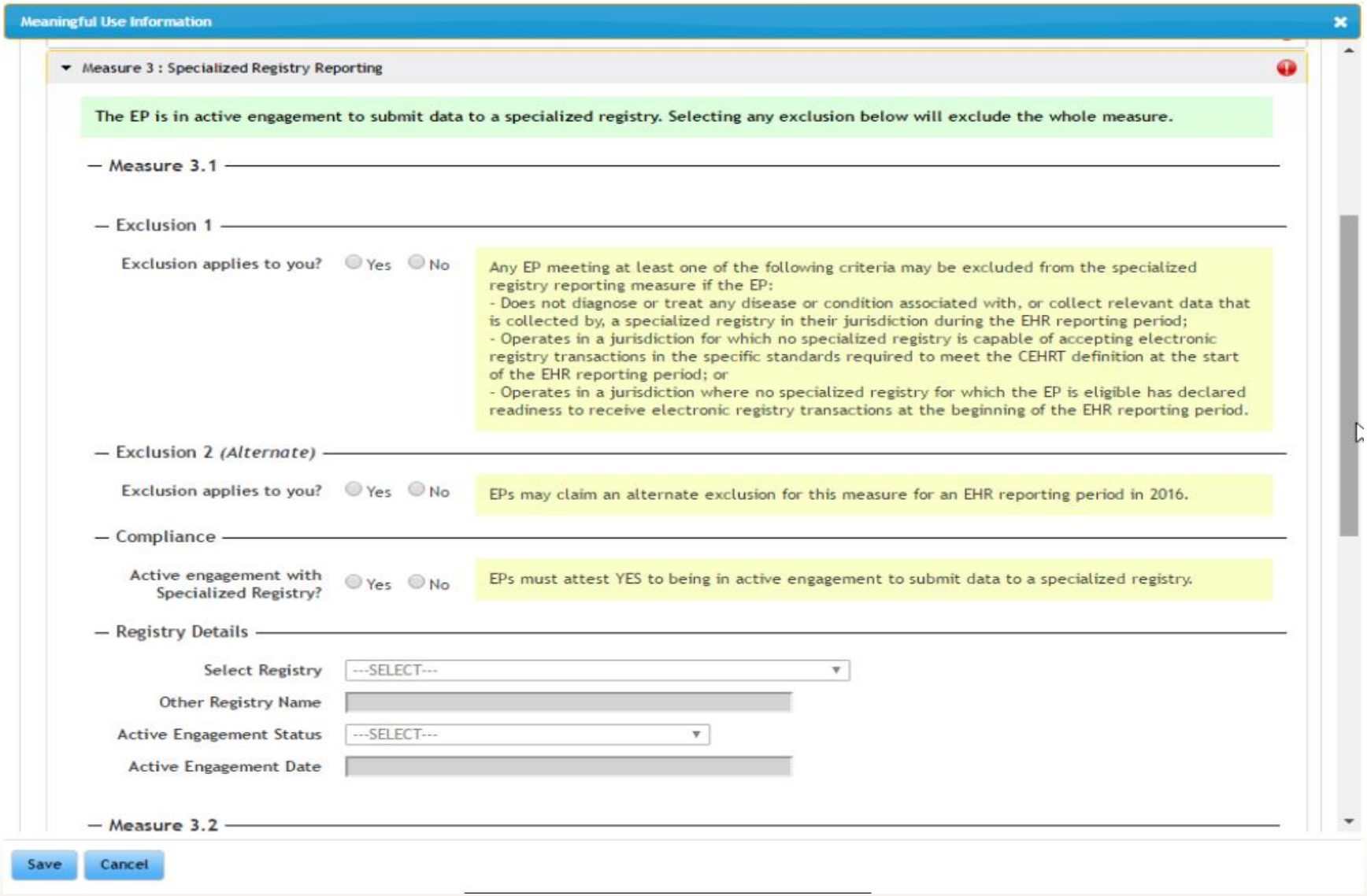
Meaningful Use Information
Measure 3 : Specialized Registry Reporting
The EP is in active engagement to submit data to a specialized registry. Selecting any exclusion below will exclude the whole measure.
Measure 3.1
Exclusion 1
Exclusion applies to you? Yes No
Any EP meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EP:
- Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period;
- Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
- Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.
Exclusion 2 (Alternate)
Exclusion applies to you? Yes No
EPs may claim an alternate exclusion for this measure for an EHR reporting period in 2016.
Compliance
Active engagement with Specialized Registry? Yes No
EPs must attest YES to being in active engagement to submit data to a specialized registry.
Registry Details
Select Registry ---SELECT---
Other Registry Name
Active Engagement Status ---SELECT---
Active Engagement Date
Measure 3.2
Save
Cancel

Meaningful Use Audits

- For CMS Stage 2 EHR Incentive Program supporting documentation for audits please see: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2_AuditGuidance.pdf

Reminder:

Documentation to support attestation data for Stage 2 Meaningful Use objectives and clinical quality measures should be retained for six years post-attestation

Reminder:

EHR vendors must be able to produce accurate Meaningful Use reports for their clients. As needed, HCA could also supplement that information with data regarding a provider's CDR use.

CDR Support for Audits

- Objective 2 (clinical decision support):

  Data within the CDR can be used as one of the sources for clinical decision making. Screen shots from these tabs in the CDR can be taken.

  - (A) Problem list
  - (B) Medication list
  - (C) Medication allergy list
  - (D) Demographics
  - (E) Laboratory tests and values/results
  - (F) Vital signs

CDR Support for Audits

- Objective 5 (health information exchange):
  - **To confirm care summary received:**
    - Appears in the CDR so can verify received. The provider organization can also review their transaction logs which document successful CCD submissions.
    - HCA can review a CDR report for that provider comparing claims submitted vs CCD submitted (to determine % of encounters with a summary sent). The report is run by OHP.
  - **To confirm viewed (via portal or query):**
    - HCA can review a CDR report by provider of how many CCD submitted and how many times their CCD were viewed. The report is run by OHP.

CDR Support for Audits

- Objective 7 (medication reconciliation):
  - CDR is a data source for medication reconciliation. Screen shots from the Medication tab in the CDR can be taken.
- Objective 10 (public health reporting to a registry):

  Note: The Clinical Data Repository has been deemed by CMS as meeting the definition of a registry
  - HCA can review a CDR report by provider of how many CCD submitted. The report is run by OHP.
  - The provider organization can review their transaction logs which document successful CCD submissions.

Questions?

- For CMS Stage 2 EHR Incentive Program supporting documentation for audits please see: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2_AuditGuidance.pdf

- Subscribe to our mailing lists (the newsletter goes to both lists):
  - EHR mailing list: https://public.govdelivery.com/accounts/WAHCA/subscriber/new?topic_id=WAHCA_338
  - CDR mailing list: https://public.govdelivery.com/accounts/WAHCA/subscriber/new?topic_id=WAHCA_339

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