



2019 Patient Electronic Access and Patient Education

Illinois Health Information Technology Regional Extension Center (ILHITREC)



SUPPORT PROVIDED BY ILHITREC:

The Illinois Health Information Technology Regional Extension Center (ILHITREC), under contract with the Illinois Department of Health and Family Services (HFS), is providing education, outreach, and EHR support to Medicaid providers for the Promoting Interoperability Program. Contact us at info@ILHITREC.org



Speaker Biographies



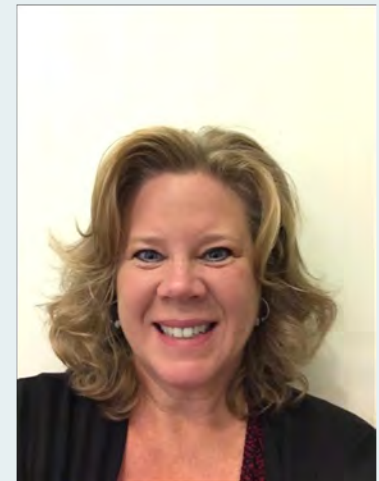
Kerri Lanum, MS, CHC

Kerri Lanum is a Clinical Informatics Specialist at ILHITREC with over 20 years of experience in the healthcare industry. She is an expert in the design and implementation of innovative technologies to support ambulatory practice workflows. She is certified in several EMR Products, a Lean Six Sigma green belt, certified health coach and has a passion for educating providers and medical office staff on how to track their quality data to improve patient care. Kerri is an active member of the Medical Group Management Association (MGMA) and Health Information Management and Systems Society (HIMSS).



Deena Layton, RN, MSN, CPPS

Deena Layton is the Physician Quality Coordinator at Riverside Healthcare located in Kankakee, IL. Deena leads Riverside in all of their outpatient quality initiatives and has been an integral part of helping Riverside to many awards and honors including recently being given an exemplary status for their work in achieving practice transformation in the Transforming Clinical Practice Initiative. Deena has successfully attested Riverside providers in both the Medicaid Promoting Interoperability program and the Medicare Quality Payment Program.





Disclaimer

- **The target audience of this presentation is Eligible Providers, but some references may be made related to Eligible Hospitals.**
- This webinar is based on official guidance provided by the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator (ONC), experiences from ILHITREC, and other Regional Extension Centers.
- This presentation was prepared as a tool to assist providers enrolled in the Medicaid Promoting Interoperability program administered by CMS. The ultimate responsibility for compliance, submission and response to any remittance from CMS rests with the provider. Medicare policy changes frequently. It is highly recommended that providers and their designee review rules and regulations frequently.
- The focus of this presentation is **Stage 3 2019 Reporting Requirements**. The content applies to the Medicaid Promoting Interoperability program through CMS and the ONC.



Acronyms

- CEHRT-Certified Electronic Health Record Technology
- CQM-Clinical Quality Measure
- eCQM- Electronic Clinical Quality Measure
- EHR-Electronic Health Record
- EP- Eligible Professional
- MIPS- Merit Based Incentive Payment System
- MU-Meaningful Use
- NQF- National Quality Forum
- QPP-Quality Payment Program
- QRDA- Quality Reporting Document Architecture
- PI- Promoting Interoperability
- API-Application Programming Interface
- CDR- Clinical Data Registry

[CMS Acronyms](#)



2018 Program Reminder-Attestation

- ✓ Deadline Extended- Submit 2018 attestations by **April 30th, 2019**
- ✓ Attestations are submitted through the eMIPP system <https://impact.illinois.gov>- Login- click on IMPACT- select provider's name and Domain Administrator or EHR Administrator- External Links-EHRMIPP
- ✓ Pre-approvals for 2018 patient volume are still being accepted
- ✓ Pre-approvals for 2019 will begin being accepted in June 2019.



Patient Volume Pre-Approval

Patient Volume Pre-Approval Process

- ✓ Contact HFS @ dfs.ehrincentive@Illinois.gov
 - Provide the following information:
 - TIN =**
 - Group or individual numbers?**
 - Provider type: (physician, hospital, dentist)**
 - Date Range (either from the previous calendar year or previous 12 months from today's date)=**
 - Straight Medicaid (only traditional Medicaid & All Kids) =**
(count ALL encounters where straight Medicaid is the primary, secondary, or tertiary coverage even if Medicaid paid \$0.00 and Medicaid/Medicare crossovers).
 - Medicaid Managed Care =**
 - Total Encounters for all payees =**



Incentive Payments

There are still Incentive payments \$\$\$ available until 2021

First Year	Total	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	\$63,750	21,250	8,500	8,500	8,500	8,500	8,500					
2012	\$63,750		21,250	8,500	8,500	8,500	8,500	8,500				
2013	\$63,750			21,250	8,500	8,500	8,500	8,500	8,500			
2014	\$63,750				21,250	8,500	8,500	8,500	8,500	8,500		
2015	\$63,750					21,250	8,500	8,500	8,500	8,500	8,500	
2016	\$63,750						21,250	8,500	8,500	8,500	8,500	8,500

Learning Objectives



Give Reminders for Stage 3 reporting periods and program requirements

Discuss Changes from Modified Stage 2 to the Stage 3 Measure

Define the Patient Electronic Access with Patient Education Measure

Share Best Practices to Meet This Measure



2019 IPPS Final Rule

- **90 day reporting period for Objective measures in 2019 & 2020**

Important 2019 Requirements:

- 2015 CEHRT Required
- Stage 3 Required in 2019

Important changes to hospital PI program- a new performance-based scoring methodology with fewer measures, The performance-based scoring methodology would apply to eligible hospitals and CAHs that submit an attestation to CMS under the Medicare Promoting Interoperability Program beginning with the EHR reporting period in CY 2019



Clinical Quality Measures

- EPs must select 6 approved Clinical Quality measures.
- For the EHR reporting period in 2019, providers will attest to a **full year** of CQM reporting unless it is their first year of MU reporting then it can be any continuous 90 day period in that calendar year.
- Submission methods available are electronically submitting via a QRDA file format or manually entering numerator and denominators at the time of attestation.
- Physician Fee Schedule Rule adds the requirement of submitting one outcome measure and also finalizes reporting periods for 2019.

[2019 CQM Specifications](#)



CQM Outcome and High Priority Measures

CQM	NQF	Title
50	NA	Closing the Referral Loop: Receipt of Specialist Report
56	NA	Functional Status Assessment for Total Hip Replacement
66	NA	Functional Status Assessment for Total Knee Replacement
68	0419	Documentation of Current Medications in the Medical Record
75	NA	Children who have dental decay or cavities
90	NA	Functional Status Assessments for Congestive Heart Failure
122	0059	Diabetes: Hemoglobin A1c(HbA1c) Poor control (>9%)
129	0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
132	0564	Cataracts: Complications within 30 Days following Cataract Surgery Requiring Additional Surgical Procedures
133	0565	Cataracts: 20/40 of Better Visual Acuity within 90 days following Cataract Surgery
139	0101	Falls: Screening for Future Fall Risk
142	0089	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
146	NA	Appropriate Testing for Children with Pharyngitis
154	0069	Appropriate Treatment for Children with Upper Respiratory Infection (URI)
156	0022	Use of High-Risk medication in the Elderly
157	0384	Oncology: Medical and Radiation – Pain Intensity Quantified
159	0710	Depression Remission at Twelve Months
165	0019	Controlling High Blood Pressure
177	1365	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
249	NA	Appropriate Use of DXA Scans in Women under 65 who don't meet the risk factor profile for Osteoporotic Fracture

[Full List 50 2019 eCQMs](#)



Clinical Quality Measures

The following CQMs were removed for 2019

CQM	NQF	Title
123	0056	Diabetes: Foot Exam
164	0068	Ischemic Vascular disease (IVD): Use of Aspirin or Another Antiplatelet
166	0052	Use of Imaging Studies for Low Back Pain
167	0088	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
169	NA	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use
158	NA	Pregnant women that had HBsAg testing
65	NA	Hypertension: Improvement in Blood Pressure
















Stage 3

Objective Measures	Stage 3
Objective 1: Protect Patient Information	Perform Security Risk Analysis
Objective 2: E-Prescribing	>60%
Objective 3: Clinical Decision Support (CDS)	5 interventions related to 4 or more CQMs drug-drug + drug-allergy alerts
Objective 4: CPOE Meds/Labs/Rads	>60%/>60%/>60%
Objective 5: Patient Electronic Access with Patient Education	>80% /> 35%
Objective 6: Coordination of Care	>5% VDT/>5% Messaging/>5% pt. generated health info
Objective 7: Health Information Exchange	>50% send summary of care/>40% receive summary of care/> 80% clinical reconciliation for new patients
Objective 8: Public Health Reporting	Report on 2 out of 5 measures

[Stage 3 measure specifications](#)

Changes from Stage 2 to Stage 3



	2018 Medicaid PI Modified Stage 2	2018 Medicaid PI Stage 3
 Security Risk Analysis	Required	Required
 E-Prescribing	Required more than 50% Exclusion if denom <100	Required more than 60% Exclusion if denom <100
 Clinical Decision Support	Required 5 alerts related to 4 CQMs + drug-drug & drug-allergy interactions	Required 5 alerts related to 4 CQMs + drug-drug & drug-allergy interactions
 CPOE – Med, Lab & Radiation Orders	Required Meds more than 60%, Labs/Rads more than 30% Exclusion if denom <100	Required more than 60% Exclusion if denom <100
 Medication Reconciliation	Required more than 50%	Removed
 Patient Electronic Access	Required more than 50%	Required more than 80%
 Patient Education	Required more than 10%, does not have to be electronic	Required more than 35%, has to be electronic
 View, Download and/or Transmit	Required more than 5%	Required more than 5%
 Secure Messaging	Required more than 5%	Required more than 5%
 Patient-Generated Health Data	Not required	Required more than 5%
 Summary of Care	Required more than 10% send Exclusion if denom <100	Required more than 50% send and more than 40% receive Exclusion if denom <100
 Clinical Reconciliation	Not required	Required more than 80%
 Public Health Reporting	Required 2 of 3 options	Required 2 of 5 options

Changes from Stage 2 to Stage 3



Patient Electronic Access

Required more than 50%

Required more than 80%



Patient Education

Required more than 10%, does not have to be electronic

Required more than 35%, has to be electronic

Patient Engagement



Changes from Stage 2 to Stage 3

Modified Stage 2 2018: Provide patients the ability to view online, download, and transmit their health information within **4 business days** of the information being available to the eligible professional (EP).

Stage 3 2019: For Measure 1, EPs must offer all four functionalities (view, download, transmit, and access through API) to their patients, and PHI needs to be made available to each patient for view, download, and transmit **within 48 hours** of the information being available to the EP for each and every time that information is generated, regardless of how long the patient has been "enrolled".



Objective 5: Patient Electronic Access

Measure 1: > **80%** of all unique patients seen by the EP:

- (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; **and**
- (2) The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the API in the provider's CEHRT.

Measure 2: The EP must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to >**35%** of unique patients seen by the EP during the PI reporting period.

Exclusions: Any EP who:

- 1) No office visits during the PI reporting period.
- 2) Any EP that conducts more than 50% of his or her patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the Federal Communications Commission (FCC) on the first day of the PI reporting period.





Objective 5: Patient Electronic Access

(2) The provider ensures the patient’s health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the **API** in the provider’s CEHRT.

API- APIs are messengers or translators that work behind the scenes to help software programs communicate with one another. If you have ever used a web-based application or a mobile “app” on your computer, smartphone, or tablet to purchase a flight or pay a bill, you’ve probably used an API.



[API Education module](#)



Objective 5: Patient Electronic Access

Examples of Apps with APIs

Apple Health

CMS- ibluetooth

Verizon LTE 11:30 AM 44%

< Health Data Health Records



Health Records on iPhone (Beta)

Keep track of clinical health records from multiple sources and automatically receive updates. To get started, add your account information from participating health networks and hospitals.

[About Health Records & Privacy](#)

Get Started

Today Health Data Sources Medical ID



The image shows three iPhones displaying different views of a medical application interface. The leftmost phone shows a 'Medical History' screen with a table of hospital stays and surgeries. The middle phone shows a 'Summary Record' for a patient named Natasha Jones, with various medical categories like Medications, Conditions, Allergies, Immunizations, Medical History, and Providers. The rightmost phone shows a 'Medications' screen for a patient, listing drugs like Tramadol HCl, Imitrex, Metformin, and Lisinopril, with options to manage each entry.



Objective 5: Patient Electronic Access with Patient Education



Measure 2: The EP must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to **>35%** of unique patients seen by the EP during the PI reporting period

- Paper-based actions are no longer allowed or required to be counted for Measure 2 calculations. EPs may still provide paper based educational materials for their patients, but they may no longer be included in measure calculations.





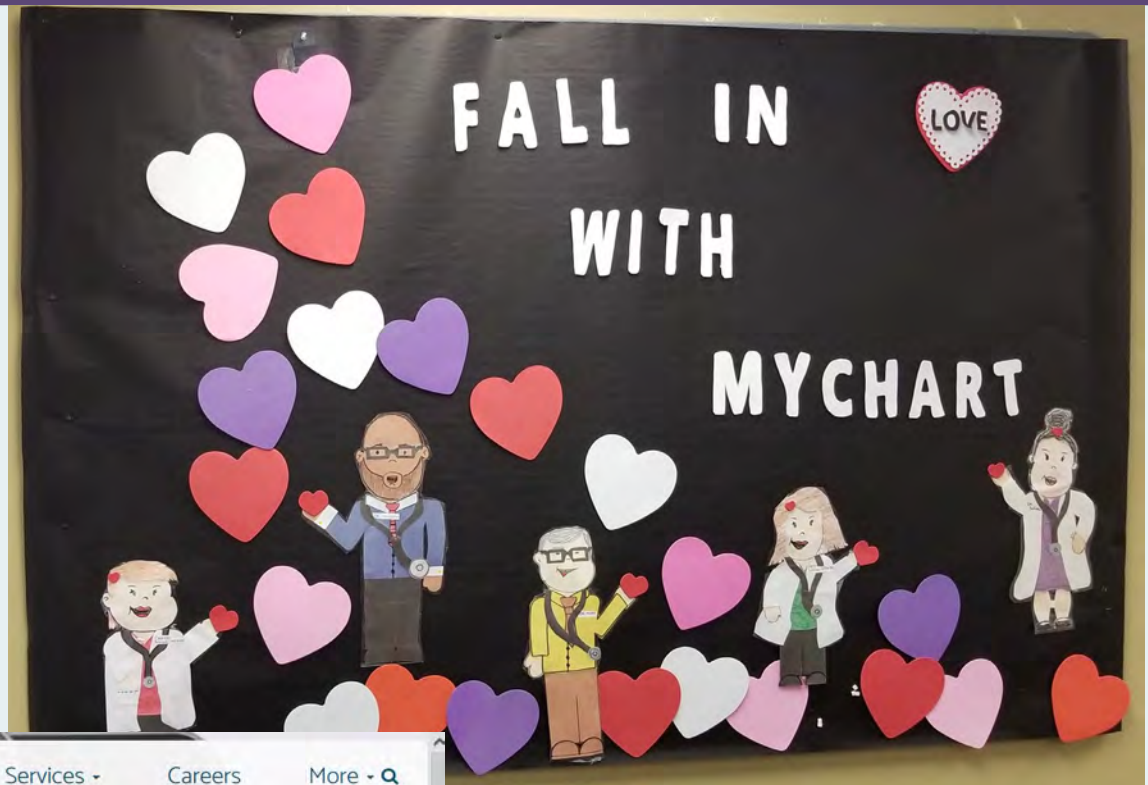
Patient Electronic Access- Best Practices

MyChart Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://riversidemychart.org/mychart-prd>, click "Sign Up Now", and enter your personal activation code:

██████████ Activation code expires 5/2/2019.



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Care anywhere. From your tablet, smart phone or PC.

When Well Can't Wait... Our Providers Make House Calls!

Sinus Infections
Eyes/Pink Eye
Upper Respiratory Infection

Cost of visit: \$49

As easy as 1...2...3...See!

- 1) Download
- 2) Log in (or sign up if you're new to MyChart)
- 3) Schedule

Be seen!

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[Feel Well](#)

[Live Well](#)

[My Chart](#)



Upcoming ILHITREC Deep Dive Webinars

- May 14th noon Care Coordination
- Jun 11th noon Health Information Exchange
- Jul 16th noon Public Health Reporting

More information and registration links are available on ILHITREC's website at <http://www.ilhitrec.org/ilhitrec/webinars.shtml>.



Educational Resources

ILHITREC

info@ILHITREC.org or <http://www.ILHITREC.org>



Healthit.gov

<https://www.healthit.gov/playbook/pe/introduction/>



Health Information Management Systems Society

<http://www.HIMSS.org>



EHR Vendor





Additional References

- [Medicaid PI Toolkit](#)
- [2019 IPPS Final Rule](#)
- [CMS Promoting Interoperability Program](#)
- [Comparing Stage 2 and Stage 3 Infographic](#)
- [IDPH Public Health Objectives Registration](#)
- [ICARE- Illinois Immunization Registry](#)

Thank you!

Questions?



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