



Promoting Interoperability Program: Succeeding at Challenging Measures

5/26/2021

This webinar was developed with support from the Office of National Coordinator for Health Information Technology, the Centers for Medicare & Medicaid Services, and the Illinois Department of Healthcare and Family Services. The contents of this presentation do not necessarily reflect the opinions of our state and federal grant partners.




Agenda

- Stage 3 Objectives Refresher
- Objective 6: Coordination of Care through Patient Engagement
- Objective 7: Health Information Exchange (HIE)
- Objective 8: Public Health Reporting
- Key Takeaways





Stage 3 Objectives Refresher

- Meet compliance threshold for all measures under eight objectives:
 1. Protect Patient Health Information (complete security risk assessment)
 2. e-Prescribing (>60%)
 3. Clinical Decision Support (five CDS rules, drug/drug/allergy interaction checking)
 4. Computerized Provider Order Entry (>60% medications, labs, imaging)
 5. Patient Electronic Access (>80% online access, >35% educational material)
 6. Coordination of Care through Patient Engagement (>5% view/download/transmit, secure messaging, patient-generated data)
 7. Health Information Exchange (>50% send summary of care, >40% receive summary of care, >80% clinical information reconciliation)
 8. Public Health Reporting (engage with two of: immunization, syndromic surveillance, case reporting, public health registry, clinical data registry)
 - Learn more at <https://www.chitrec.org/webinars/archive/#promoting-interoperability>
- 



Stage 3 Objective 6:

Coordination of Care through Patient Engagement





Objective 6 Overview

- Use CEHRT to engage with patients or their authorized representatives
- Three measures based on “unique patients seen”
 - Included in denominator once per measure, regardless of number of visits
 - One numerator action per measure per patient
- Patients must have electronic access (patient portal) as a prerequisite
- No exclusions based on patient demographics or interest in portal



Objective 6 Measures

- Attest to all three measures and meet the threshold for two measures
- **Measure 1:** More than 5% of patients actively engage with the EHR to view, download, or transmit their health information
- **Measure 2:** More than 5% of patients are sent a secure message
- **Measure 3:** Patient generated health data or data from a non-clinical setting is incorporated into the EHR for more than 5% of patients





Measure 1: View, Download, Transmit (VDT)

- “View” is the simplest option
 - E.g. patient logs into portal once
 - Not necessary to also download and/or transmit
- Action typically occurs through portal but may also use an API-based app
- Action must occur during 2021 but may occur outside reporting period





Measure 2: Secure Messaging

- Measures whether a message was sent to the patient, not from
- Sending a message satisfies measure whether patient reads it or not
- Patient that logs into portal to read message also satisfies measure 1
- Action must occur during 2021 but may occur outside reporting period





Measure 3: Patient-Generated Data

- Types of data that would satisfy the measure are broad:
 - Patient-generated: advance directives, fitness monitors
 - Data from non-clinical setting: physical therapist, home health care
- Types of data that would not satisfy the measure include:
 - Data provided during the visit
 - Billing, payment, or other insurance information
- No specified manner in which data must be incorporated
- Must be incorporated during the reporting period





Objective Tips

- Know your tools:
 - How is the portal accessed? What is the troubleshooting process?
 - What information is available? How is it presented?
 - What functions are available? What do patients find valuable?
 - Are there smartphone options?
- Advertise tools and encourage engagement:
 - Signs posted in waiting area/exam rooms
 - Reference during order workflow (e.g. “your lab results will be available”; “you can re-fill Rx”)
 - Promote efficiency of secure messaging vs. “phone tag”





Stage 3 Objective 7:

Health Information Exchange (HIE)





Objective 7 Overview

- Use CEHRT to create and exchange “summary of care records” (SoC)
- Three measures based on “transitions of care” (ToC)
 - Movement from one setting of care to another
 - At minimum includes new patients and referrals sent/received
 - One measure for outgoing ToC, two measures for incoming ToC
- Exclusions available when below 100 ToC in the reporting period



Objective 7 Measures

- Attest to all three measures and meet the threshold for two measures
- **Measure 1:** Send SoC electronically for more than 50% of outgoing ToC
- **Measure 2:** Request and incorporate SoC (when available) for more than 40% of incoming ToC
- **Measure 3:** Reconcile medication, allergy and problem lists at more than 80% of incoming ToC





Measure 1: Send Summary of Care

- Two-step process:
 - Create SoC using CEHRT
 - Exchange SoC in HIPAA secure manner
- SoC typically sent using the Direct messaging
- Must have reasonable certainty of receipt
- Action must occur during 2021 but may occur outside reporting period





Measure 2: Receive Summary of Care

- Workflow:
 - Document visit as incoming ToC
 - Request/query SoC from provider most recently treating patient
 - Incorporate SoC into CEHRT
- SoC typically received using the Direct messaging
- If SoC is unavailable, ToC may be removed from denominator
- Action must occur during 2021 but may occur outside reporting period





Measure 3: Clinical Info Reconciliation

- Review and update problem, medication and allergy list
- Does not depend on receipt of SoC
 - Includes all ToC regardless of response to SoC request for measure 2
 - Manual reconciliation allowed
- Confirming that information is up-to-date satisfies measure
- May be completed by any properly credentialed staff





Objective Tips

- Measure is designed to promote care coordination
 - Identify and engage most common partners
 - Implement standard referral request for SoC
- [Use NPPES](#) to list your Direct address and search for partners
- Implement universal policy and procedure for internal ToC
- Know your CEHRT workflows
 - Documenting incoming/outgoing ToC
 - Documenting request for SoC and status of response





Understanding Compliance with Exclusions

- Exclusions do not count towards “meet threshold for two measures”
- If not meeting two (objectives 6 and 7), the following rules apply:

Measure Result	Measure Result	Measure Result	Objective Result
Met	Exclude	Exclude	Pass
Exclude	Exclude	Exclude	Pass
Met	Exclude	Did not meet	Fail
Exclude	Exclude	Did not meet	Fail





Stage 3 Objective 8:

Public Health Registry Reporting





Objective 8 Overview

- Active engagement with a public health agency (PHA) or clinical data registry (CDR) to submit electronic public health data using CEHRT
- Active engagement options:
 - Registration of intent to submit data from CEHRT
 - In the process of testing data submission from CEHRT
 - Integration sending/receiving real patient data from CEHRT
- Unique timing criteria for each option





Objective 8 Measures

- Actively engage with registries for two out of five measures:
 - Immunization registry
 - Syndromic surveillance
 - Electronic case reporting
 - Public health registry
 - Clinical data registry
- Exclusions do not count towards satisfying two
 - If fewer than two measures are available, report on available
 - No exclusions based on cost or vendor's ability to connect
- Illinois sponsors several applicable registries, but participants are not limited to these options





Measure 1: Immunization Registry

- Allows public and private healthcare providers to share the immunization records with other physicians statewide
- Features may include: calculation of immunization due dates, school physical forms, reminder/recall, Vaccine Information Statement (VIS)
- [Illinois Comprehensive Automated Immunization Registry Exchange \(ICARE\)](#) requires engagement for bi-directional connection
 - Submit immunization data
 - Receive immunization forecasts and histories
- Exclusion available if no immunizations administered during period





Measure 2: Syndromic Surveillance

- Collection of health-related data when illness begins, to provide overall population-based awareness of the spread
- Data points may include: absenteeism, OTC/Rx medication sales, reports to poison control, and EMS data
- [Illinois Syndromic Surveillance System](#) (ISSS)
 - For ambulatory care, ISSS only accepts data from urgent care sites
 - Exclusion available for non- urgent care sites





Measure 3: Electronic Case Reporting

- Reporting of communicable diseases to support rapid response to outbreak of infections
- Illinois has the electronic Initial Case Reports (eICR) system
- Must use CEHRT certified to case reporting standards
- Exclusion available if not treating for any reportable disease





Measure 4: Public Health Registry

- Stage 3 public health registries include:
 - State cancer registries
 - [CDC Healthcare Surveys](#)
- CEHRT must be certified to related standard
- [Illinois State Cancer Registry](#) (ISCR)
 - Only available if directly diagnosing and treating cancer
 - Exclusion available to other providers
- [Illinois Prescription Monitoring Program](#)
 - Only available if used in a prior year attestation
 - Prior attestation must have been production status
- Exclusion available if not eligible for ISCR





Measure 5: Clinical Data Registry

- CDR are the broadest in scope and are operated by private entities, commonly specialty societies
- Must use a 2015 Edition CEHRT standard
- Examples include:
 - American Academy of Family Physicians DARTNet [Performance Registry](#)
 - American College of Physicians [Genesis Registry](#)
- Exclusion available if not a member of any society or other private entity sponsoring a registry in their jurisdiction





Objective Tips

- Conduct “availability verification”
 - Contact us for support with identifying available Illinois registries or CDRs
 - If fewer than two available, document justification for exclusion
- Confirm active engagement status
 - If first time, register intent within first 60 days of period
 - If engaged in a prior year, confirm no status change
 - Confirmation letter required with attestation
- Contact registry for confirmation letter:
 - ICARE: DPH.HL7ICARE@illinois.gov
 - ISSS and eICR: Stacey.Hoferka@illinois.gov
 - ISCR: DPH.ISCRREP@illinois.gov
 - ILPMP: Jennifer.Erickson@illinois.gov





Key Takeaways



Key Takeaways

- Run reports early and often
 - Identify gaps before it's too late
 - May be possible to increase performance after 90-day period
- Engage with partners necessary for success:
 - Encourage patients to leverage portal functions
 - Communicate with peers at referral partners about Direct messaging
 - Contact EHR vendor and public health registries to ensure integrations are operational or in progress
- Claim exclusions where available





Q & A



Contact Us

Contact the **Illinois Medicaid Promoting Interoperability* Help Desk** with questions on Attestation, Registration, and Meeting the Measures.

1-855-68-HELP-1

(855-684-3571)

Monday – Friday
8:30 a.m. – 5:00 p.m.

**formerly Meaningful Use*

muhelpdesk@chitrec.org



CHICAGO HEALTH INFORMATION TECHNOLOGY
REGIONAL EXTENSION CENTER

A PROGRAM OF

