

# Crash Course in Meaningful Use: What Orthopaedic Surgeons Need to Know

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Presented by:

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## KZA Disclaimer

This manual is not intended to provide legal advice to physicians and their staffs. If you have specific questions regarding the permissibility of your billing or other practices, we recommend that you consult legal counsel directly for assistance in evaluating any legal, regulatory or compliance issues regarding these matters. In the event that you choose to consult with outside legal counsel, KZA is available to work with such counsel, as appropriate, to meet your needs.

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# Cheyenne Brinson, MBA, CPA

## Consultant and Speaker



### Areas of expertise

- Operational practice evaluations
- New practice set-up
- Fee schedule and contract rate analysis
- Practice Manager recruitment, training, and coaching
- Strategic planning retreats
- Customer service training

### Speaking Topics

- Practice and Financial Management
- EHR Meaningful Use, e-Prescribing and Physician Quality Reporting System (PQRS)
- Overhead Reduction
- Internal Controls/Financial Security

### Published in

*The American Journal of Orthopedics*

*Business of Hand Surgery Newsletter*

*NERVES News*

*Association of Plastic Surgery Assistants  
Network Publication*

*Plastic Surgery News*

### Memberships

Illinois Medical Group Management  
Association (ILMGMA), Past President

Medical Group Management Association  
(MGMA)

For over a decade, Cheyenne Brinson has helped physician practices ranging in size and specialties solve business problems. She draws upon her experience as a CPA and her hands-on management experience to help surgeons across the country build solid internal controls, reduce overhead, reduce risk and increase revenue.

Cheyenne works extensively with Orthopaedic, Plastic Surgery, Otolaryngology, Neurosurgery, General Surgery, and Vascular Surgery practices, from solo practices to group practices, private practice to hospital employed, to increase efficiencies to improve collections and leverage overhead costs. Prior to joining KarenZupko & Associates, she was a Director in a primary care practice where she turned around the practice from operating in the red to a profit in less than one year. She led an implementation team to open a new clinic site – fully functional on an EMR.

Key recent accomplishments include:

- Saved a practice \$89k in staff costs by appropriately implementing technology and improving efficiencies
- Revamped the surgery coordination process to increase patient collections by 10-25%
- Identified \$5,500 in annual cost savings for credit card processing and 20% savings on ASC medical supplies

As a speaker, Cheyenne draws upon her experiences in the field as a practice management consultant and delivers relevant, timely, and anecdotal information in a friendly, upbeat fashion. She is an instructor for KZA's national coding and reimbursement workshops sponsored by the American Academy of Orthopaedic Surgeons (AAOS) and the American Academy of Otolaryngology – Head and Neck Surgery Foundation (AAO-HNSF). She also frequently speaks for state specialty societies and administrator organizations.

Cheyenne holds a Master of Business Administration and Bachelor's degree in accounting from Troy State University in Troy, Alabama. She is an inductee to the Accounting Hall of Honor in recognition of her professional accomplishments.

# EHR Incentives

Physicians who adopt and **use** a **certified** EHR in a **meaningful way** by 2012, will receive up to **\$44,000 per physician** in incentives over five years. Physicians not using an EHR will face penalties beginning in 2015.

Maximum Amount You'll Receive Each Year (Medicare)							
Year you first file	2011	2012	2013	2014	2015	2016	TOTAL
2011	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$0	\$44,000
2012	\$0	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$44,000
2013	\$0	\$0	\$15,000	\$12,000	\$8,000	\$4,000	\$39,000
2014	\$0	\$0	\$0	\$12,000	\$8,000	\$4,000	\$24,000
2015 or Later	\$0	\$0	\$0	\$0	\$0	\$0	\$0

## Incentives now... Penalties later

The "fine print"

- Only Medicare or Medicaid providers receive the incentive (can only receive the incentive under one or the other, not both)

Factor	Medicare	Medicaid*
Eligible Providers (EP)	Doctor of Medicine or Osteopathy, Doctor of Podiatric Medicine, Chiropractor, Doctor of Dental Surgery or Dental Medicine, Doctor of Optometry	Physicians, Nurse Practitioners (NPs), Certified Nurse-Midwives (CNMs), Dentists, Physician Assistants (PAs) working in a Federally Qualified Health Center (FQHC) or rural health clinic (RHC) that is so led by a PA
Incentive Payments	Up to 75% of the EPs estimated allowed charges up to \$44,000 per EP	Up to \$63,750 per EP (dependent on state participation)
		To receive a Medicaid incentive payment in the initial year of payment, an EP may demonstrate that they have engaged in efforts to "adopt, implement, or upgrade certified EHR technology."

\* Medicaid patients must represent 30% of total patients. For more information on Medicaid programs, visit [https://www.cms.gov/EHRIncentivePrograms/40\\_MedicaidStateInfo.asp#TopOfPage](https://www.cms.gov/EHRIncentivePrograms/40_MedicaidStateInfo.asp#TopOfPage) or <http://www.ama-assn.org/ama1/pub/upload/mm/472/ehr-medicaid-incentive-summary.pdf>

- Hospital-based EPs are not eligible for the incentive (those performing substantially all (90% or more) of their services in an inpatient hospital setting or emergency room, such as anesthesiologists, pathologists and ED physicians).
- Physicians operating in a "provider shortage area" or HPSA will be eligible for an incremental increase of 10% in their bonus payments.

# Meaningful Use

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What is "Meaningful use"?

- (1) Use of certified EHR technology in a meaningful manner (e.g., e-prescribing)
- (2) Connected in a manner that provides for the electronic exchange of health information to improve the quality of health care such as promoting care coordination
- (3) Use of certified EHR technology to submit to the Secretary information on clinical quality measures (CQM) and other measures specified by the Secretary

## Stages of Meaningful Use

**Stage 1: Data Capture and Sharing** — electronically capture health information in a structured format and use that information to track key clinical conditions and communicate that information for care coordination purposes (e.g., 80% of patients must have records in the certified EHR technology)

**Stage 2: Continuous Quality Improvement** — the exchange of information in the most structured format possible, such as the electronic transmission of orders entered using computerized provider order entry and the electronic transmission of diagnostic test results (e.g., blood tests, microbiology, urinalysis, pathology tests, radiology, cardiac imaging, nuclear medicine tests, pulmonary function tests, genetic tests, genomic tests and other such data needed to diagnose and treat disease). The Final Rule indicates that Stage 2 will include rigorous expectations for health information exchange, including more demanding requirements for e-prescribing and incorporating structured laboratory results and the expectation that providers will electronically transmit patient care summaries to support transitions in care across unaffiliated providers, settings and EHR systems. The ultimate goal is that information follows the patient. (updated by 2011)

**Stage 3: Improved Outcomes** — focus on promoting improvements in quality, safety, and efficiency by focusing on decision support for national high-priority conditions, patient access to self management tools, improving access to comprehensive patient data, and improving population health. (updated by 2013)

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### *Health Outcomes Policy Priorities:*

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- *Improving quality, safety, efficiency, and reducing health disparities*
  - *Engage patients and families in their health care*
  - *Improve care coordination*
  - *Ensure adequate privacy and security protections for personal health information*
  - *Improve population and public health*
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# Road to Meaningful Use

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## 1. Purchase and implement a Certified EHR

For the Certified HIT Product List visit <http://onc-chpl.force.com/ehrcert>

Is your EHR certified by one of these bodies?

- [Certification Commission for Health Information Technology](#) (CCHIT)
- [Drummond Group, Inc.](#) (DGI)
- [InfoGard Laboratories, Inc.](#)
- [ICSA Labs](#)
- [SLI Global Solutions](#)
- [Surescripts LLC](#)

## 2. Register via the EHR Incentive Program website

[https://www.cms.gov/EHRIncentivePrograms/20\\_RegistrationandAttestation.asp](https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp)

Note: EP must have a NPI and be enrolled in PECOS to register and participate

*Registration User Guide:*

[https://www.cms.gov/EHRIncentivePrograms/Downloads/EHRMedicareEP\\_RegistrationUserGuide.pdf](https://www.cms.gov/EHRIncentivePrograms/Downloads/EHRMedicareEP_RegistrationUserGuide.pdf)

## 3. Review 15 Core Objectives

Reference materials:

- **AMA's Meaningful Use Table**  
<http://www.ama-assn.org/resources/doc/hit/meaningful-use-table.pdf>
- **CMS' Meaningful Use Core Measures Specifications Sheets**  
[https://www.cms.gov/ehrincentiveprograms/30\\_Meaningful\\_Use.asp](https://www.cms.gov/ehrincentiveprograms/30_Meaningful_Use.asp)
- **Clinical Quality Measures (CQM) Table 5 of Federal Register**  
<http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>
- **Description of relevant NQFs** (or To view the 44 measure specifications, look at the [EP Measure Specifications](#) Zip file located at [http://www.cms.gov/QualityMeasures/03\\_ElectronicSpecifications.asp#TopOfPage](http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage))

## 4. Review Menu Set Objectives

Must report 5 in Stage 1. Concentrate on “exclusions” first to meet 5 requirement.

## 5. Work with EHR vendor to ensure how Meaningful Use criteria are tracked and will be reported to CMS

## 6. Meet Meaningful Use criteria for a for a consecutive 90-day reporting period

Note: The Reporting Period is 90 days for your first year; one year subsequently

## 7. Attest for the Medicare EHR Incentive Program via the EHR Incentive Program website

[http://www.cms.gov/EHRIncentivePrograms/32\\_Attestation.asp#TopOfPage](http://www.cms.gov/EHRIncentivePrograms/32_Attestation.asp#TopOfPage)

# Core Objectives – Stage 1

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## 15 Core Objectives (Must meet all in Stage 1)

1. **Use CPOE** (Computerized physician order entry) for medication orders (30%) Exclusion: EP who writes <100 prescriptions
2. Implement **drug to drug and drug allergy interaction** checks (*enabled*)
3. Generate and transmit permissible prescriptions electronically (**e-Prescribe**) (40% of permissible Rx) Exclusion: EP who writes <100 prescriptions
4. **Record demographics** (in a structured format) (50%) including:
  - preferred language
  - ethnicity
  - gender
  - date of birth
  - race
5. Maintain an **up-to-date problem list** (80%)
6. Maintain **active medication list** (80%)
7. Maintain **active medication allergy list** (80%)
8. **Record** and chart changes in **vital signs** (50%)
  - Height
  - Weight
  - Blood pressure
  - Calculate and display BMI; Plot and display growth charts for children 2-20 years, including BMIExclusion: if all three vital signs of height, weight and blood pressure have no relevance to scope of practice
9. Record adult **smoking status** (13 years and older) (50%)
10. Implement **one clinical decision support rule** relevant to specialty or high clinical priority along with the ability to track compliance that rule (1)
11. Capability to **electronically exchange key clinical information** (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically (1 test)
12. Provide patients with an **electronic copy of their health information**, upon request, within 3 business days (including diagnostic test results, problem list, medication lists, medication allergies) (50% of requesting patients)
13. Provide **clinical summaries** for patients for each office visit, within 3 business days (50%)
14. **Protect electronic health information** created or maintained by EHR. As part of your *risk management process*: (*attestation*)
  - Conduct or review a privacy risk analysis of the technology
  - Implement security updates as necessary and correct identified security deficiencies if identified
  - Update HIPAA policies & provide HIPAA training to physicians and other staff handling protected health information (PHI)

# Core Objectives – Stage 1

## 15. Report Clinical Quality Measures (CQM)

Report on **6** total CQM measures: **3** from required “Core Set” and **3** from “Additional Set”

- For 2011, provide aggregate numerator, denominator, and exclusions through attestation
- For 2012, electronically submit the clinical quality



**No minimum values are required and EPs are not penalized for reporting zero values for CQMs in Stage 1**



Report 3

**CQM: Core Set for EPs** (substitute alternate core measures below where necessary)

1. Hypertension: **Blood Pressure Measurement** (NQF 0013)
2. Preventive Care and Screening Measure Pair: **a) Tobacco Use Assessment, b) Tobacco Cessation Intervention** (NQF 0028 a & b and PQRS 226)
3. **Adult Weight Screening and Follow-up** (NQF 0421 and PQRS 128)

**CQM: Alternate Core Set for EPs**

1. **Weight Assessment and Counseling for Children and Adolescents** (NQF 0024)
2. Preventive Care and Screening: **Influenza Immunization for Patients 50 Years Old or Older** (NQF 0041 and PQRS 110)
3. **Childhood Immunization Status** (NQF 0038)

Report 3

**CQM: Additional Set for EPs** (*Selected for Orthopaedics from a list of 38*)

- **Smoking and Tobacco Use Cessation, Medical Assistance:** a) Advising Smokers and Tobacco Users to Quit, b) Discussing Smoking and Tobacco Use Cessation Medications, c) Discussing Smoking and Tobacco Use Cessation Strategies (NQF 0027 and PQRS 226)
- **Pneumonia Vaccination Status for Older Adults** (NQF 0041 and PQRS 111)
- **Diabetes: Foot Exam** (NQF 0056 and PQRS 163)
- **Low Back Pain: Use of Imaging Studies** (NQF 0052)

### Notes on “Additional Set” CQMs:

- Report 3 that are clinically relevant to your specialty
- If fewer than 3 measures apply, make sure your EHR can demonstrate that the measures do not apply to your practice by showing zero patients in the denominator for all 38 measures

# Menu Set Objectives

**Menu Set Objectives\* (Must meet a minimum of 5 objectives in Stage 1, remaining 5 can be deferred to Stage 2)**

1. **Drug-formulary checks** (*enabled*)
2. Incorporate **clinical lab test results as structured data** (i.e. lab interface) (*40%*)
 

**Exclusion: EP orders no lab tests with results in positive/negative or numeric format**
3. Generate **patient lists by specific conditions** (*1 report listing pts*)
4. Send **patient care reminders** (per patient preference) for preventive/follow up care (*25%*)
 

**Exclusion: EP has no patients age 65+ or <five years with records maintained in EHR**
5. Provide patients **electronic access to their health information** (including lab results, problem list, medication lists, medication allergies) within 4 business days of the information being available to the EP (note: subject to the EP's discretion to withhold certain information) (*10%*)
 

**Exclusion: EP neither orders nor creates any lab test results, problem list, medication list, medication allergy list**
6. Provide **patient-specific education resources**, if appropriate (*10%*)
7. Perform a **medication reconciliation** between care settings (*50% of transitions of care*)
 

**Exclusion: EP was not recipient of any transitions of care**
8. Provide **summary of care record** for each transition of care/referrals (*50% of patient transitions or referrals*)
 

**Exclusion: EP neither transfers a patient to another setting nor refers a patient**
9. Capability to submit **electronic data to immunization registries/systems\*** (*1 test*)
 

**Exclusion: EP who administers no immunizations or where no immunization registry can receive electronic information**
10. Capability to provide **electronic syndromic surveillance data to public health agencies\*** (*1 test*)
 

**Exclusion: EP who does not collect reportable syndromic information on patients**

Public Health Options

\*At least 1 public health objective must be selected in Stage 1

## More on Exclusions

Some MU objectives are not applicable to every provider's clinical practice, thus they would not have any eligible patients or actions for the measure denominator. In these cases, the EP would be excluded from having to meet that measure. **Exclusions "count" as meeting the objective.**