

Making Meaningful Use a Meaningful Experience

Presented by AIRA

June 21st, 2011



Rob Savage

Northrop Grumman contractor supporting IISB interoperability efforts

- V 2.5.1 Implementation Guide
- Support vocabulary needs for Immunization messaging
- Co-chair of AIRA Standards and Interoperability Steering Committee (SISC) workgroup
- Working with IIS since 1989

Meeting Goals

Know the difference between Meaningful Use and Meaningful communication

Become familiar with the major players and their roles in Meaningful Use (MU)

Become familiar with the major milestones in MU effort

List responsibilities of IIS in MU

- No official responsibilities

- Facilitate testing

- Make new friends

List challenges to meaningful communication

Meeting Agenda

| | | |
|----------------|-------------------|------------|
| Introduction | Rob Savage | 10 minutes |
| Nuts and bolts | Michael McPherson | 20 minutes |
| Demonstrations | Mike Suralik | 20 minutes |
| Q&A | Rob Savage | 20 minutes |

Michael McPherson

- Interface Coordinator for Kansas IIS
- Project Manager for Kansas HIE
- Member of AIRA's Standards & Interoperability Steering Committee

Overview of Meaningful Use Criteria Stage 1 & Stage 2

**AIRA Webinar:
IIS Interoperability & Meaningful Use
June 22nd, 2011
Mike McPherson**



What is Meaningful Use

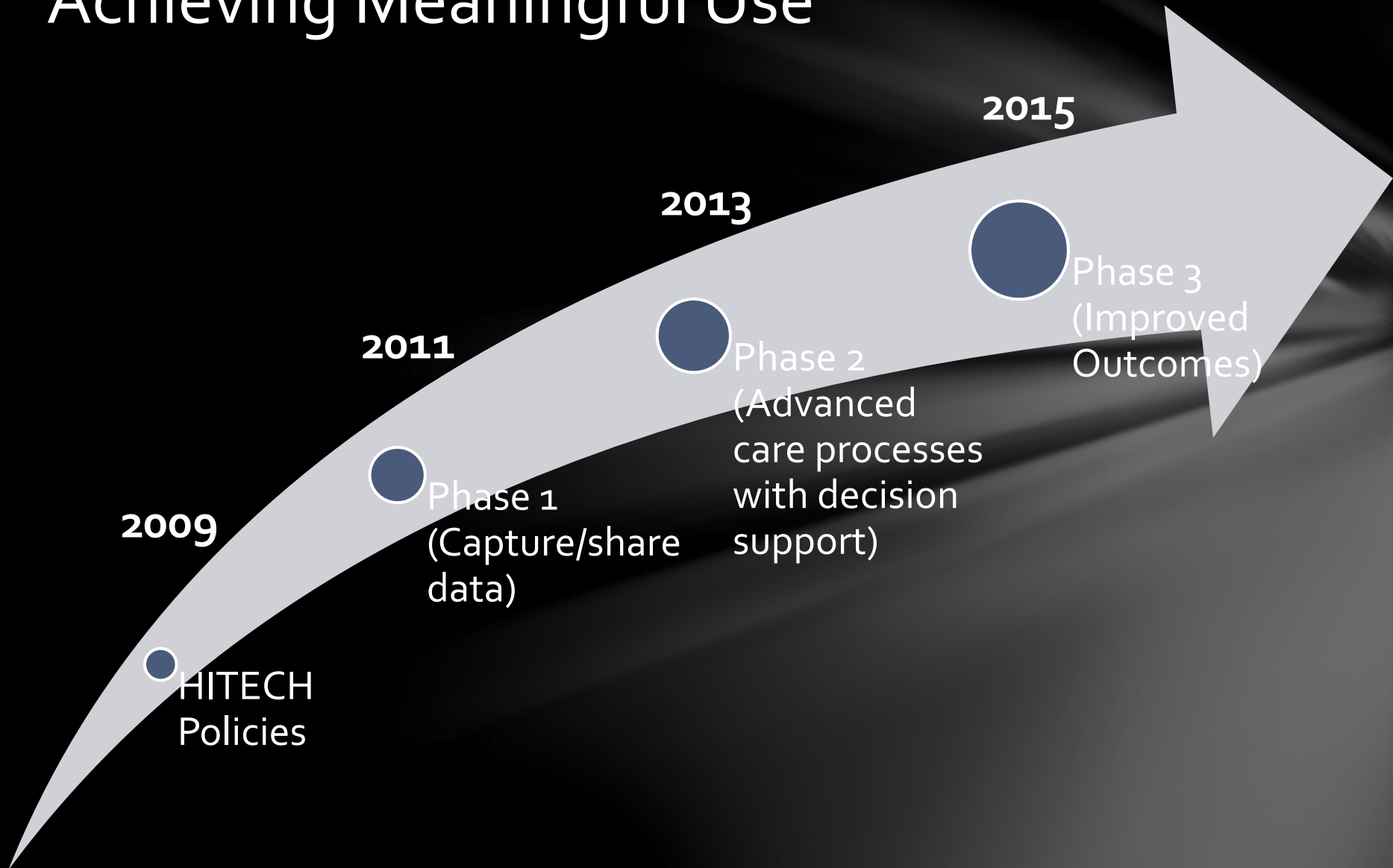
Financial incentive

Through use of certified EHR

End goal:

- Incentive (\$\$)
- Reduction medical errors

Achieving Meaningful Use



Components of Meaningful Use

1. The use of a certified Electronic Health Record (EHR) in a meaningful manner, such as e-prescribing.
2. The use of certified EHR technology for electronic exchange of health information to improve quality of health care.
3. The use of certified EHR technology to submit clinical quality and other measures.

Why Submit to an Immunization Information System?

Objective: Health outcomes

Specifically – Improving population and public health

Care goal: Patient's health care team communicates with public health agencies

Other public health criteria:

- Syndromic surveillance
- Reportable lab results



Immunization Registries Data Submission

Objective

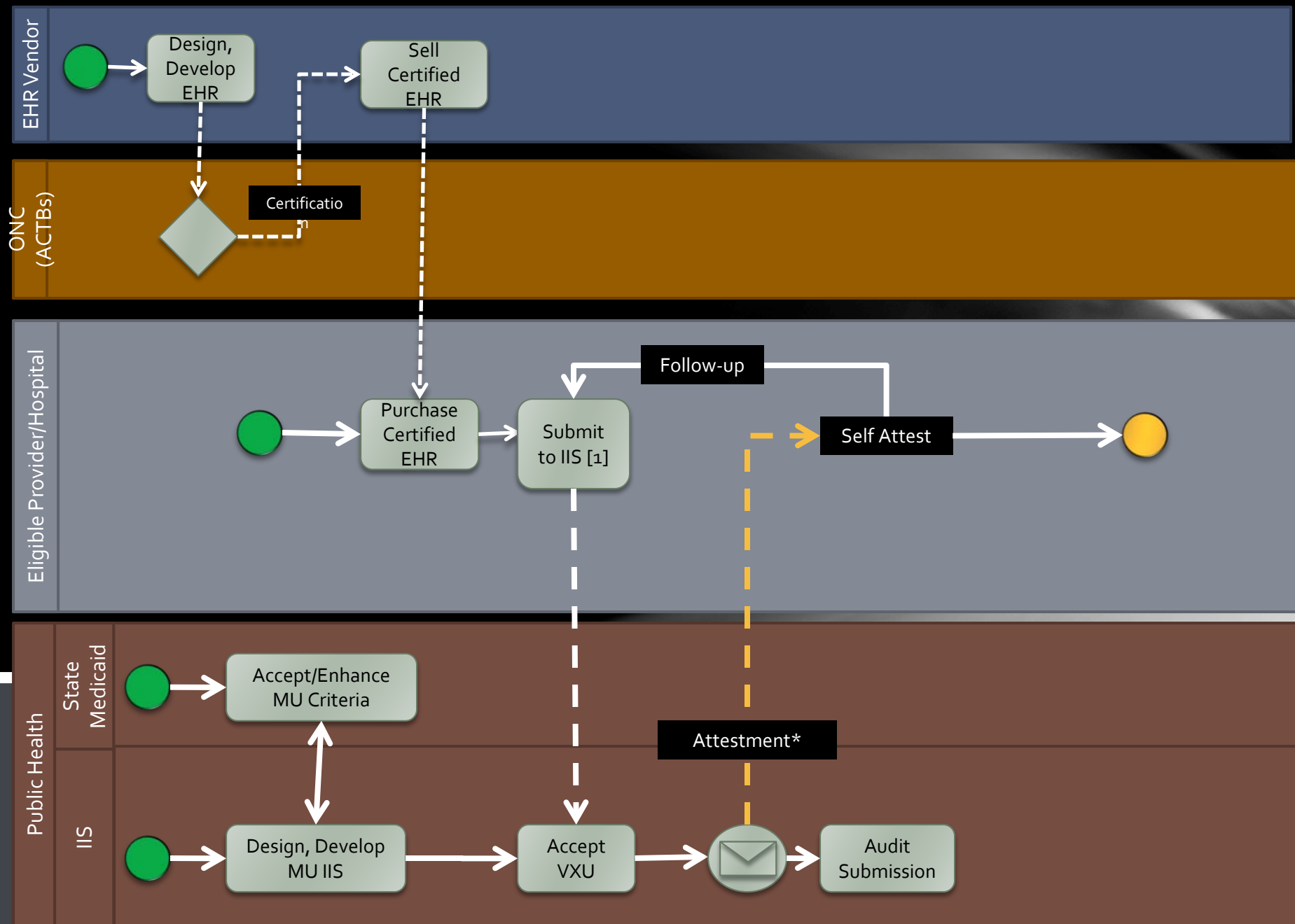
Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.

Measure

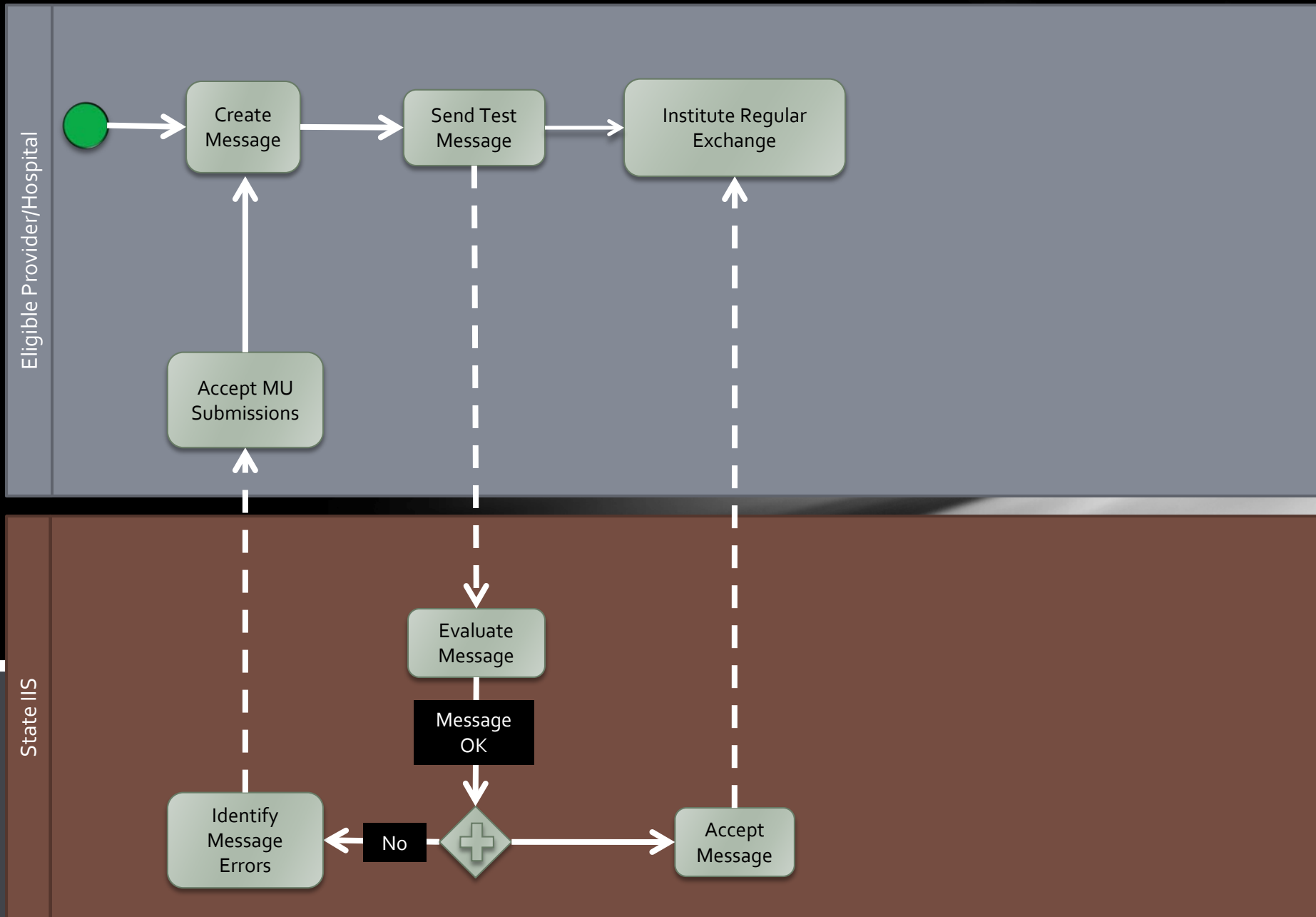
Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information has the capacity to receive the information electronically).

Exclusion

An EP who administers no immunizations during the EHR reporting period or where no immunization registry has the capacity to receive the information electronically.



[1] EP/EH performs immunizations and there's a registry to receive the information electronically.



What To Expect Next

Plan/Execute Stage 1

- Contact partners
 - Regional Extension Center (REC)
 - State Medicaid agency
 - State Health Information Exchange (HIE) agency
- Prepare for contact from EHR vendors
 - Interface document

Prepare for Stage 2

Some Considerations

What other Public Health criteria are available in your state?

- Reportable lab results
- Public health surveillance

Does your state Medicaid agency plan to follow/enhance MU criteria?

Have you contacted your REC yet?

What are your state HIE plans?

Available Resources

Regional Extension Centers (RECs)

- Education
- MU subject matter experts

State Medicaid agency

National Institute of Standards & Technology (NIST)

- Tools and use cases

CDC

- IIS MU
- IIS standards

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Preparing for Meaningful Use

MU efforts do not guarantee meaningful communication

MU encourages movement towards meaningful communication

Let's focus on supporting MU attestation and testing with an eye towards meaningful communication



presentations

AIRA

AMERICAN
IMMUNIZATION
REGISTRY
ASSOCIATION

Immunization Information Systems for a New Era

Wrap-up

American Immunization Registry Association

Phone: (202) 527-7000 • Fax: (202) 833-3636

References

Final Rule - edocket.access.gpo.gov/2010/pdf/2010-17207.pdf

Meaningful Use Wordle: <http://www.tedeytan.com/wp-content/uploads/2010/08/LygeiaWordle.jpg>

HIT Initial Set of Standards - edocket.access.gpo.gov/2010/pdf/2010-17207.pdf

NIST MU tester - xreg2.nist.gov:8080/HL7V2MuValidation2011/

NIST MU use cases - xw2k.nist.gov/healthcare/use_testing/finalized_requirements.html

ONC - healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__home/1204

List of certified EHR products - onc-chpl.force.com/ehrcert

CDC IIS MU - cdc.gov/osels/phitpo/mu/immunization.html

CDC IIS standards - cdc.gov/vaccines/programs/iis/stds/standards.htm

NIST test VXU_Vo4 messages - xreg2.nist.gov:8080/HL7V2MuValidation2011/#documentation.htm

HITECH 101 - www.everythinghitech.com/everything-hitech/hitech-101-program-overview.html

EHR Incentive spec sheets - <https://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC-Core-and-MenuSet-Objectives.pdf>

Backup Slides

Eligible Provider

Medicaid

Physician

Dentist

Certified Nurse-Midwife

Nurse Practitioner

Physician Assistant practicing in a
Federally Qualified Health Center (FQHC)
or a Rural Health Clinic (RHC), led by a
Physician Assistant

Medicare

Doctor of Medicine or Doctor of
Osteopathy

Doctor of Dental Surgery or Dental
Medicine

Doctor of Podiatric Medicine

Doctor of Optometry

Chiropractor

Eligible Hospital

Acute care

- Excluding long term care facilities

Critical access hospital

Children's hospital

Hospital based EPs not eligible

List of Certified HIT Products

onc-chpl.force.com/ehrcert

Select Practice Type

- Ambulatory
 - 350 certified products *
- Inpatient
 - 149 certified products *

Submission to immunization registries

- General Criteria 170.302(k)

45 CFR 170.302(k)

45 CFR Part 170 identifies:

- Initial Set of Standards
- Implementation Specifications
- Certification Criteria for EHR Technology

170.302 General Criteria

- 25 Criteria

170.304 Ambulatory Criteria

- 10 Criteria

170.306 Inpatient Criteria

- 10 criteria

Final Rule Text

§170.302(k) Submission to immunization registries. Electronically record, modify, retrieve, and submit immunization information in accordance with:

- (1) The standard (and applicable implementation specifications) specified in §170.205(e)(1) or §170.205(e)(2); and
- (2) At a minimum, the version of the standard specified in §170.207(e).

Specifics

§170.205(e)(1)

- HL7 2.3.1 and Implementation Guide for Immunization Data Transactions using Version 2.3.1 of the Health Level Seven (HL7) Standard Protocol Implementation Guide Version 2.2

§170.205(e)(2)

- HL7 2.5.1 and HL7 2.5.1 Implementation Guide for Immunization Messaging Release 1.0

§170.207(e)

- HL7 Standard Code Set CVX - Vaccines Administered

Regional Extension Center

Provide training and support services to assist doctors and other providers in adopting EHRs

Offer information and guidance to help with EHR implementation

Give technical assistance as needed

National Institute of Standards & Technology

Responsible for leading core health IT testing infrastructure

Tools to verify HL7

- 2.3.1 & 2.5.1 validation
- View errors
- Downloadable Java apps

Use cases to help you test

NIST 2.3.1 Example VXU

| | | |
|--|---|----------------------------------|
| EHR Facility | PH Facility | V04 NIST-101215100919932 P 2.3.1 |
| COLORADO^HIMMS^MR Johnson^Philip 20070526 M 2106-3^White^HL70005 3345 Elm | | |
| Colorado | HMM^303^5548889 N ^Not Hispanic or Latino^HL70189 | |
| | Bacteriology | |
| | Mycology | |
| HL70292 | ISO+ 1039A MSD^Merck^HL70227 A | |

MSH-4 Sending Facility

MSH-6 Receiving Facility

RXA-5 Coding System needs to be 'CVX' vs. 'HL70292'

PID-11 Address requires 2 letter state designation

PID-22 Ethnic group we (KS) still require 2.3.1 definitions