We will be using **Poll Everywhere** throughout the presentation for attendees to participate in live polling and see the results.

Please follow the instructions below so you can participate in the live polls by activating your mobile device or computer.

**How to join**

**Web**

1. Go to PollEv.com
2. Enter EOPROGRAM753
3. Respond to activity

**Text**

1. Text EOPROGRAM753 to 22333
2. Text in your message
What is your favorite type of ice cream?
Open Forum for Meaningful Use
Focus: Electronic Prescribing, Clinical Decision Support, and Computerized Provider Order Entry
August 2021
### Changes from PY 2020 to 2021

<table>
<thead>
<tr>
<th>Reporting Periods</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>PI (EHR) 90-Day Reporting Period</td>
<td>90-day period must start and end between January 1, 2020 and December 31, 2020.</td>
<td>90-day period must start and end between January 1, 2021 and October 31, 2021.</td>
</tr>
<tr>
<td>eCQM Reporting Period</td>
<td>90-day period must start and end between January 1, 2020 and December 31, 2020.</td>
<td>90-day period must start and end between January 1, 2021 and October 31, 2021.</td>
</tr>
<tr>
<td>SRA Completion Date</td>
<td>SRA must be completed on or after the end of the PI (EHR) reporting period and no later than December 31, 2020.</td>
<td>The SRA must be completed within CY 2021 and no later than <strong>December 31, 2021</strong>.</td>
</tr>
</tbody>
</table>
Meaningful Use (MU) Requirements*

- All Eligible Professionals (EPs) are required to attest to Stage 3 of MU for PY 2021.
- All EPs must have 2015 Edition CEHRT implemented.
- 8 objectives and their related measures must be met.
  - 5 objectives are percentage-based measures
  - 3 objectives are yes/no measures
- If exclusions are selected, must meet exclusion criteria.
- Must report on minimum required number and type of eCQMs.
- Must maintain at least 80% of all unique patients’ data in CEHRT.
- Must perform at least 50% of all encounters at locations with CEHRT.

*In addition to meeting the MU requirements listed above, the EP must meet all eligibility requirements of the program. To learn about those eligibility requirements use the following link: Documentation Retention.
## Stage 3 Objectives

<table>
<thead>
<tr>
<th>#</th>
<th>Objective</th>
<th>Type of Measure</th>
<th>Documentation</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Protect Patient Health Information</td>
<td>Yes/No</td>
<td>See SRA webinar</td>
<td>SRA Webinar</td>
</tr>
<tr>
<td>2</td>
<td>Electronic Prescribing</td>
<td>Percentage-Based</td>
<td>Percentage-Based Standard*</td>
<td>Electronic Prescribing Webinar</td>
</tr>
<tr>
<td>3</td>
<td>Clinical Decision Support</td>
<td>Yes/No</td>
<td>Yes/No Standard</td>
<td>Clinical Decision Support Webinar</td>
</tr>
<tr>
<td>4</td>
<td>Computerized Provider Order Entry</td>
<td>Percentage-Based</td>
<td>Percentage-Based Standard</td>
<td>Computerize Provider Order Entry Webinar</td>
</tr>
<tr>
<td>5</td>
<td>Patient Electronic Access</td>
<td>Percentage-Based</td>
<td>Additional Documents will be requested*</td>
<td>Patient Electronic Access Webinar</td>
</tr>
<tr>
<td>6</td>
<td>Coordination of Care</td>
<td>Percentage-Based</td>
<td>Percentage-Based Standard*</td>
<td>Coordination of Care Webinar</td>
</tr>
<tr>
<td>7</td>
<td>Health Information Exchange</td>
<td>Percentage-Based</td>
<td>Percentage-Based Standard*</td>
<td>Health Information Exchange Webinar</td>
</tr>
<tr>
<td>8</td>
<td>Public Health Reporting</td>
<td>Yes/No</td>
<td>Yes/No Standard*</td>
<td>Public Health Reporting Webinar</td>
</tr>
</tbody>
</table>

*Additional documentation may be needed if exclusion is claimed.
Objective 1: Security Risk Analysis

- **Objective**: Protect electronic protected health information (e-PHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.

- **Measure**: Conduct or review a SRA in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider’s risk management process.

- **Exclusion**: None
Objective 2: Electronic Prescribing (eRx)

- **Objective:** Generate and transmit permissible prescriptions electronically.
- **Measure:** More than 60 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using a CEHRT.
Objective 3: Clinical Decision Support

• **Objective**: Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.

• An EP must satisfy both measures for this objective through a combination of meeting the thresholds and exclusions.
Objective 3: Clinical Decision Support

• **Measure 1**: Implement five CDS interventions related to four or more electronic clinical quality measures (eCQMs) at a relevant point in patient care for the entire PI (EHR) reporting period. Absent four eCQMs related to an EP’s scope of practice or patient population, the CDS interventions must be related to high-priority health conditions.

• **Measure 2**: Enable and implement the functionality for drug-drug and drug-allergy interaction checks for the entire PI (EHR) reporting period.
Objective 4: Computerized Provider Order Entry (CPOE)

• **Objective:** Use CPOE for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.
Objective 4: Computerized Provider Order Entry (CPOE)

• An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective:
  o **Measure 1:** More than 60 percent of medication orders created by the EP during the PI (EHR) reporting period are recorded using computerized provider order entry.
  o **Measure 2:** More than 60 percent of laboratory orders created by the EP during the PI (EHR) reporting period are recorded using computerized provider order entry.
  o **Measure 3:** More than 60 percent of diagnostic imaging orders created by the EP during the PI (EHR) reporting period are recorded using computerized provider order entry.
Objective 5: Patient Electronic Access (PEA)

• **Objective:** The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.

• This objective has two measures.

• An EP must satisfy both measures for this objective through a combination of meeting the thresholds and exclusions for each measure.
Objective 6: Coordination of Care through Patient Engagement

• **Objective:** Use CEHRT to engage with patients or their authorized representatives about the patient’s care.

• An EP must meet the minimum threshold for 2 of the 3 measures or meet 1 of the 2 available exclusions.

• The exclusions for all three measures are the same. If the EP meets one of the exclusions, the EP can meet the exclusion for all three measures.
Objective 7: Health Information Exchange

- **Objective:** The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their electronic health record (EHR) using the functions of a CEHRT.

- An EP must attest to all three measures and meet the minimum threshold for two of the three measures.
Objective 8: Public Health and Clinical Data Registry Reporting

- **Objective:** The eligible professional (EP) is in active engagement with a public health agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using certified electronic health record technology (CEHRT), except where prohibited, and in accordance with applicable law and practice.

- **Measures:** An EP must satisfy 2 of the 5 measures for this objective.
  - If the EP cannot satisfy at least two measures, the EP may still meet the objective if the EP qualifies for exclusions from all measures the EP cannot meet.
# Available Registries in Arizona

<table>
<thead>
<tr>
<th>#</th>
<th>Measure</th>
<th>Available Registry #1</th>
<th>Available Registry #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Immunization Registry Reporting</td>
<td>Arizona State Immunization Information System (ASIIS)*</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>Syndromic Surveillance Registry</td>
<td>Not available to EPs</td>
<td>None</td>
</tr>
<tr>
<td>3</td>
<td>Electronic Case Reporting Registry</td>
<td>Not available to EPs or EHs</td>
<td>None</td>
</tr>
<tr>
<td>4</td>
<td>Public Health Registry Reporting**</td>
<td>Cancer Registry***</td>
<td>Research national public health registries related to your specialty</td>
</tr>
<tr>
<td>5</td>
<td>Clinical Data Registry Reporting**</td>
<td>CMS-Approved Quality Clinical Data Reporting Registries for 2021</td>
<td>CMS-Approved Quality Clinical Data Reporting Registries for 2021</td>
</tr>
</tbody>
</table>

*EPs must be actively engaged to exchange data bi-directionally to meet the measure
**EPs may choose to report on up to 2 registries & count each registry towards the 2 measures required by the objective.
***Available to EPs with below specialties who diagnose and treat >100 cancer cases per year.

[Specialties List includes: dermatologists, gastroenterologists, hematologists, medical oncologists, radiation oncologists, surgeons & urologists.]
What is an Electronic Clinical Quality Measure?

• Electronic clinical quality measures (eCQMs) use data electronically extracted from CEHRT and/or health information technology systems to measure the quality of health care provided. The Centers for Medicare & Medicaid Services (CMS) use eCQMs in a variety of quality reporting and value-based purchasing programs.

• Hospitals, professionals, and clinicians use eCQMs to provide feedback on their care systems and to help them identify opportunities for clinical quality improvement. eCQMs are also used in reporting to CMS, The Joint Commission, and commercial insurance payers in programs that reimburse providers based on quality reporting.
Definition of eCQM for PI Program

• EPs must attest to 6 out of 47 available eCQMs.
  o 6 outcome measures
  o 27 high priority measures
  o 14 remaining measures
• **Priority Level 1**: If relevant, at least one eCQM should be an outcome measure.
  o **Priority Level 2**: If no outcome measure is relevant, at least one eCQM should be a high priority measure.
    • **Priority Level 3**: If no outcome or high priority measures are relevant, report on relevant measures if possible.
General Polling Questions
Has 2015 certified electronic health record technology (CEHRT) been fully implemented at the practice?

Yes
No
Unsure
N/A
When do attestations for Program Year 2020 and Program Year 2021 close?

- July 31, 2021
- October 31, 2021
- December 31, 2021
- January 14, 2022
- Unsure
Have you already or do you plan to attest for Program Year 2020?

Yes
No
Unsure
N/A
Have you already or do you plan to attest for Program Year 2021?

Yes
No
Unsure
N/A
What is your biggest concern attesting to Program Year 2021?
What PI Program topics would you like to see more of?
Would you like to be contacted for further assistance?

Yes
No
N/A
Polling Questions for Objective 2 – Electronic Prescribing
**True or False: The EP must use the CEHRT when creating the prescription to count towards the numerator?**

<table>
<thead>
<tr>
<th>True</th>
</tr>
</thead>
<tbody>
<tr>
<td>False</td>
</tr>
<tr>
<td>Unsure</td>
</tr>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>
Is an EP able to use intermediary networks to convert electronic prescriptions from the CEHRT into a computer-based fax and the electronic prescription still be included in the numerator?

Yes
No
Unsure
N/A
3) Is an EP allowed to limit data included in the e-prescribing measure to only those patients whose records are maintained with CEHRT?

- Yes
- No
- Unsure
- N/A
If a patient requests a paper prescription is the EP able to exclude the prescription from the denominator?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Unsure</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
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</tbody>
</table>
Can EPs include controlled substances as permissible prescriptions for the measure?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Unsure</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
Polling Questions for Objective 3 – Clinical Decision Support
What is Clinical Decision Support (CDS)?

Health IT functionality that builds upon the foundation of an EHR to provide persons involved in care processes with general and person-specific information, intelligently filtered and organized, at appropriate times, to enhance health & healthcare.

Interruptive activities in the CEHRT, such as “pop-up” alerts.

Information displayed or linked in the CEHRT, such as an info button.

Targeted highlighting of relevant data in the CEHRT.

All of the above

Unsure

N/A
When should an EP have the CDS interventions used to meet objective 3, measure 1 enabled? Select all that apply.

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before the PI (EHR) reporting period.</td>
</tr>
<tr>
<td>During the PI (EHR) reporting period</td>
</tr>
<tr>
<td>After the PI (EHR) reporting period</td>
</tr>
<tr>
<td>Unsure</td>
</tr>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>
Do all 5 CDS interventions have to be related to eCQMs (objective 3, measure 1)?

Yes
No
Unsure
N/A
What if there are not four or more eCQMs applicable to an EP's scope of practice (objective 3, measure 1)?

The EP can select any CDS interventions to report on, regardless of whether they apply to relevant eCQMs or high priority health conditions.

The EP should implement CDS interventions that he or she believes will drive improvements in the delivery of care for high-priority health conditions relevant to their specialty and patient population.

Unsure

N/A
Is an EP able to count drug-drug and drug-allergy interactions as one of the five CDS interventions?

Yes
No
Unsure
N/A
Polling Questions for Objective 4 – Computerized Provider Order Entry
What is Computerized Provider Order Entry (CPOE)?

CPOE is a provider's use of computer assistance to directly enter medical orders (for example, medications, consultations with other providers, laboratory services, imaging studies, and other auxiliary services) from a computer or mobile device.

CPOE is the entry of the order into the patient's EHR that uses a specific function of CEHRT. CPOE does not otherwise specify how the order is filled or otherwise carried out.

All of the above

Unsure

N/A
Is an EP allowed to limit data included in the CPOE measure to only those patients whose records are maintained with CEHRT?

- Yes
- No
- Unsure
- N/A
True or False: To count in the numerator, the CPOE function must be used to create the first record of the order that becomes part of the patient's medical record and before any action can be taken on the order.

True
False
Unsure
N/A
Can orders involving telehealth or remote communication (such as a phone order) be included in the numerators?

Yes

No

Unsure

N/A
Can the EP choose to exclude orders that are predetermined for a given set of patient characteristics or for a given procedure (also known as "protocol" or "standing orders") from the calculation of CPOE numerators and denominators?

Yes A
No B
Unsure C
N/A D
Resources
Future Webinars

• **Open Forum: Documentation and Program Closure**
  o Date: September 16, 2021
  o [Register Here](#)

• **Open Forum: Post-pay Audit Focus**
  o Date: September 30, 2021
  o [Register Here](#)
## Contact Information

<table>
<thead>
<tr>
<th>Agency</th>
<th>Help With</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHS</td>
<td>Arizona State Immunization Information Systems</td>
<td><a href="mailto:ASIIS_Group1@azdhs.gov">ASIIS_Group1@azdhs.gov</a></td>
<td>(602) 364-3899</td>
</tr>
<tr>
<td>ADHS</td>
<td>Electronic Laboratory Reporting</td>
<td><a href="mailto:ELR@azdhs.gov">ELR@azdhs.gov</a></td>
<td>(602) 542-6002</td>
</tr>
<tr>
<td>ADHS</td>
<td>Syndromic Surveillance</td>
<td><a href="mailto:SyndromicSurveillance@azdhs.gov">SyndromicSurveillance@azdhs.gov</a></td>
<td>(602) 542-6002</td>
</tr>
<tr>
<td>ADHS</td>
<td>Arizona Cancer Registry</td>
<td><a href="mailto:CancerRegistry@azdhs.gov">CancerRegistry@azdhs.gov</a></td>
<td>(602) 542-7314</td>
</tr>
<tr>
<td>AHCCCS</td>
<td>PI Program</td>
<td><a href="mailto:EHRIncentivePayments@azahcccs.gov">EHRIncentivePayments@azahcccs.gov</a></td>
<td>(602) 417-4333</td>
</tr>
<tr>
<td>Health Current</td>
<td>Educational Assistance &amp; Support</td>
<td><a href="mailto:EHR@healthcurrent.org">EHR@healthcurrent.org</a></td>
<td>(602) 688-7210</td>
</tr>
</tbody>
</table>
Questions?
Thank You.