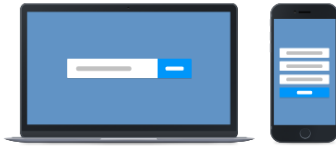


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# Open Forum for Meaningful Use

## Focus: Patient Electronic Access and Coordination of Care

July 2021

# Changes from PY 2020 to 2021

Reporting Periods	2020	2021
PI (EHR) 90-Day Reporting Period	90-day period must start and end between January 1, 2020 and December 31, 2020.	90-day period must start and end between January 1, 2021 and October 31, 2021.
eCQM Reporting Period	90-day period must start and end between January 1, 2020 and December 31, 2020.	90-day period must start and end between January 1, 2021 and October 31, 2021.
SRA Completion Date	SRA must be completed on or after the end of the PI (EHR) reporting period and no later than December 31, 2020.	The SRA must be completed within CY 2021 and no later than <b>December 31, 2021</b> .

# 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

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

\*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 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 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

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

\*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.
  - 6 outcome measures
  - 27 high priority measures
  - 14 remaining measures
- **Priority Level 1:** If relevant, at least one eCQM should be an outcome measure.
  - **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



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# Polling Questions for Objective 5 – Patient Electronic Access



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## Polling Questions for Objective 6 – Coordination of Care



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# Resources



# Future Webinars

- **Open Forum: Objective 2 – Electronic Prescribing, Objective 3 – Clinical Decision Support, and Objective 4 – Computerized Provider Order Entry**
  - Date: August 26, 2021
  - [Register Here](#)
- **Open Forum: Documentation and Program Closure**
  - Date: September 16, 2021
  - [Register Here](#)
- **Open Forum: Post-pay Audit Focus**
  - Date: September 30, 2021
  - [Register Here](#)

# Contact Information

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

Questions?

Thank You.