

What you should know about
Meaningful Use



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At Sequest our mission from day one was to encourage practitioners and executive staff to become “meaningful users” of their electronic health record (EHR). We are continuing this mission through our enterprise-wide TIER® application and the passing of the American Recovery and Reinvestment Act of 2009 (ARRA) that includes Medicare and Medicaid incentive payments for meeting certain electronic information tracking criteria.

Published July 13, 2010, the final ruling for Stage 1 of the meaningful use criteria specifically focuses on electronically capturing health information in a coded format; using that information to track key clinical conditions and communicate that information for care coordination purposes.

Sequest has reviewed this information, and placed it in an easy to read grid which combines the list of meaningful use objectives for both eligible professionals (EP) and hospitals, the required EHR technology criteria to accomplish those objectives, and what criteria the government will use to measure “meaningful use”.

The Centers for Medicare & Medicaid Services (CMS) defines “meaningful use” as agencies meeting a specific level of EHR utilization and service delivery integration. These fall into fifteen core objectives, and twelve menu items (two specifically for hospitals) for organizations to choose from. All fall under five health outcome policy priorities set forth by the Health Information Technology (HIT) Committee.

- Improving quality, safety, efficiency, care coordination, population and public health; and reducing health disparities;
- Engaging patients and their families;
- Improve care coordination;
- The patients healthcare team should communicate with public health agencies; and
- Ensuring adequate privacy and security protections for personal health information

CMS has taken into consideration the time and effort required for each agency to meet all proposed meaningful use criteria. In this regard CMS has broken the use criteria into three stages. The initial use criteria listed in the grid is referred to as Stage 1. To receive incentive payments each agency must be in compliance within the 2012 calendar year. The current proposed timeline for updates to the criteria for Stage 2 is by the end of 2011 and Stage 3 by the end of 2013. Sequest is continually reviewing all updates to the ruling and will be in compliance with both Stage 2 and 3 when they are finalized.

Like CMS, Sequest wants to help ensure reform of health care data gathering and improve health care quality by encouraging widespread EHR adoption. Sequest is committed to adhere to all passed federal standards, and will continue to be your meaningful use solutions partner.

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Core Set of Fifteen Meaningful Use Objectives - Sequest Analysis

Priority: Improving quality, safety, efficiency and reducing health disparities

	Stage I Final Objectives	Measure	TIER Review
1	Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	More than 30% of unique patients with at least one medication on their medication list seen by the EP or admitted to the eligible hospital have at least one medication order entered using CPOE	TIER® includes a full (CPOE) and Medical Administration Record (MAR). The Alchemy Gold drug decision support is utilized for all contraindications.
2	Implement drug-drug and drug-allergy interaction checks	Both EP's and hospitals needs to enable this functionality for the entire Electronic Health Record (EHR) reporting period	Alchemy's seamless integration with TIER®'s CPOE enables the frontline clinician to make rapid yet careful decision-making. When you deploy Alchemy for CPOE decision support with TIER® from Sequest, users benefit from a single source of congruent drug information and clinical alerts enterprise-wide such as Drug-Drug/Food/Allergy interaction.
3	Generate and transmit permissible prescriptions electronically (eRX)	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using EHR technology	The TIER® eRx web based e-prescribing tool gives each agency the ability to transmit prescriptions electronically. TIER® eRx integrates seamlessly into TIER® and allows users to seamlessly review clients medical records.
4	Record demographics: preferred language, gender, race, ethnicity, date of birth, date of death	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital or emergency department must have these demographics reported	Demographics can be captured during the Pre-admission process and are viewable and can be updated at anytime within the TIER® application. Clients complete demographic history can be reviewed and reported.
5	Maintain an up-to-date problem list of current and active diagnoses	More than 80% of all unique patients seen by the EP or admitted into the eligible hospital or emergency department have at least one entry or an indication that no problems are known for the patient recorded as structured data	The Master Treatment plan contains a prioritized problems or needs list from the integrated summary can be initialized to the Master Treatment plan for development of related goals, objectives, and interventions/modalities. The problem look up table consists of 35 common problem/need areas and targeted outcomes.
6	Maintain active medication list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital or emergency department have at least one entry, or an indication that the patient is not currently on medications, recorded as structured data	The TIER® MAR records the date, time, medication and person administering. Missed medications with a justification are recorded and overlooked medications are automatically recorded. In addition there is a recorded history all medication orders and discontinued medications. These medication lists will be shared with TIER® eRX, our e-prescribing tool.
7	Maintain active medication allergy list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital or emergency department have at least one entry, or an indication that the patient has no known medication allergies, recorded as structured data	The TIER® CPOE includes the ability to track and report all client allergies.
8	Record and chart changes in the following vital signs: Height, Weight, Blood Pressure, Calculate and display the body mass index (BMI). Plot and display growth charts for children 2 to 20 years including BMI	More than 50% of the unique patients age 2 years or older seen by the EP or admitted to the eligible hospital, record blood pressure and BMI and plot the growth chart for children age 2 to 20 years old	The TIER® Nurse Administration allows nursing staff to efficiently document Medications, Vitals including height and weight, Patient Safety and Behavioral Checks across all patients on a unit. The application can also calculate BMI.



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9	Record smoking status for patients 13 years old or older	More than 50% of all unique patient 13 years or older seen by the EP or admitted to the eligible hospital have "smoking status" recorded	The TIER® Intake Assessment /Preadmission Process allow the user to capture/record the smoking history as well as alcohol and drug history.
10	Implement one clinical decision support rules relevant to specialty or high clinical priority, including for diagnostic test ordering, along with the ability to track compliance with those rules	Implement one clinical decision support rules relevant to this objective	Via TIER® organizations have the ability to track and report any specific clinical protocols specifically assigned to a client as a part of treatment. With the open architecture of the TIER® database these diagnostic tests, and treatment compliance standards can be reported to any outside agency.
11	Report ambulatory clinical quality measures to CMS or the States	For 2011, provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II.A.3 of the final rule	Via TIER® organizations have the ability to track and report any specific hospital clinical measures specifically assigned programs, or clients. With the open architecture of the TIER® database these measures can be reported to CMS or State Medicaid.
Priority: Engaging patients and families in their health care			
12	Provide patients with an electronic copy of their health information (including diagnostic test results, problem lists, and allergies) upon request	More than 50% of all patient request for an electronic copy of their health information are provided within 3 business days	Via TIER® organizations have the ability to export electronic copies of client health information in any number of file formats. Per the ruling, these can be placed on a CD or USB drive as well as the TIER® Patient Portal. This will give each client a specific review of their clinical data. Meaningful Use does not override the HIPAA privacy rule that permits licensed healthcare professionals to withhold certain information if its disclosure would cause substantial harm to the client or another individual.
13	Provide patients with an electronic copy of clinical summaries for outpatient visits, and discharge instructions at time of discharge from inpatient units.	More than 50% of all patients who are provided clinical services (OP/IP) by an EP, or an eligible hospital or emergency department should provide electronic copies of visit summaries and discharge notes.	As stated above in objective 12, TIER® gives organizations the ability to provide electronic summaries and discharge instructions to clients in a number of ways. Per the final ruling, OP summaries should be provided in 3 business days. IP discharge summaries are upon patient request.
Priority: Improve care coordination			
14	Capability to exchange key clinical information among providers of care (for example problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Capability to exchange key clinical information among providers of care and authorized entities electronically	Sequest has already successfully demonstrated the ability to generate and exchange Continuity of Care Information (CCD).
Priority: Ensure adequate privacy and security protection for personal health information			
15	Protect electronic health information created or maintained by certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR and implement security updates as necessary	TIER® contains a multidimensional security framework which adheres to all HIPAA security standards. It can be based on roles, groups or by individual or a combination. The security covers what a person has access to, what screens and reports they get to see and even what fields or buttons on those screens or reports will appear. In addition the security function handles the hierarchy of the organization to manage escalations and alerts. TIER® Audit Trail monitoring tool tracks use of all documents and reports.



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Menu Set of Twelve Meaningful Use Objectives - Sequest Analysis

Organizations must choose five to implement for stage I

Priority: Improving quality, safety, efficiency and reducing health disparities

	Stage I Final Objectives	Measure	TIER Review
1	Implement drug to drug, drug-allergy, drug-formulary checks	Eligible EP/hospital has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period	Alchemy by Gold Standard is seamlessly integrated with TIER®'s CPOE and enables the frontline clinician to make rapid yet well-informed medication decisions. When you deploy Alchemy for CPOE decision support within TIER® from Sequest, users benefit from a single source of congruent drug information and clinical alerts enterprise-wide such as Drug-Drug/Food/Allergy/Pregnancy interaction. In addition, the clinician has the ability to print up-to-date client education leaflets for prescribed medication to distribute to the client.
2	Record advanced directives for patients 65 years old or older	Hospital Specific - More than 50% of all unique patients 65 years old or older admitted to the eligible hospital have an indication of an advanced directive status recorded.	The TIER® system includes the ability to track client advanced directives as the intake assessment process. Any particular organizational process for gathering this information can be incorporated.
3	Incorporate clinical lab test results into certified EHR as structured data	More than 40% of all clinical lab tests results ordered by the EP or authorizing provider of the hospital during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data	The TIER® system includes a lab order and results component which allows for the ordering lab tests and the recording of results. In addition, the system supports an HL7 interface to several Lab systems for automated order entry and result reporting. Results can be displayed graphically if required and abnormal results can trigger a Doc Watch alert/TMail message to the doctor and other appropriate clinicians.
4	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research and outreach	Generate at least one report listing patients of the EP, eligible hospital with specific condition	This can be accomplished by running a Report using TIER® Report Writer or Crystal Reports. Also with the open architecture reports can be generated with any ODCB compliant tool.
5	Send reminders to patients per patient preference for preventive / follow-up care	More than 20% of all unique patients that are 65 year of age or older or 5 years old or younger are send an appropriate reminder during the EHR reporting period	TIER® allows your organization to easily print patient reminders, instructions, informed consent documents, and collection notes. In addition, DocWatch functionality can be utilized to notify staff of upcoming client events.

Priority: Engaging patients and families in their health care

6	Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP	More than 10% of all unique patients seen by the EP are provided timely electronic access to their health information. This must be available within four business days.	Via TIER® organizations have the ability to export electronic copies of client health information in any number of file formats. Per the ruling, these can be placed on a CD or USB drive as well as the TIER® Patient Portal. This will give each client a specific review of their clinical data. Meaningful Use does not override the HIPAA privacy rule that permits licensed healthcare professionals to withhold certain information if its disclosure would cause substantial harm to the client or another individual.
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7	Use Certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	More than 10% of all unique patients seen by the EP or admitted to the eligible hospital or emergency room are provided specific patient education resources	Alchemy by Gold Standard is seamlessly integrated with TIER®'s CPOE and enables the frontline clinician to make rapid yet well-informed medication decisions. The clinician has the ability to print up-to-date client education leaflets for prescribed medication to distribute to the client. Processes can also be put in place for staff to print educational documentation specific to a client diagnosis or treatment strategy.
Priority: Improve care coordination			
8	Perform medication reconciliation when a patient comes from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	Perform medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or hospital.	Through the use of the TIER® Medication History, Computerized Physician Order Entry (CPOE), Medical Administration Record (MAR) and Medication Reconciliation Form, clinical staff can complete medication reconciliation at all relevant client encounters.
9	Provide a summary care record for each transition of their patient to another setting of care or provider of care or refers their patient to another provider of care should provide a summary of care record for each transition of care or referral	Provider summary of care record for at least 50% of transitions of care and patient referrals	TIER® allows organizations to fully document and print the client care summary record. This can be done at any time for referral purposes or during the transition from one level of care to another.
Priority: Improve population and public health			
10	Capability to submit electronic data to immunization registries or immunization systems and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology's capability to submit electronic data to immunization registries	The TIER® system produces a number of electronic submissions across the US. Specific Development data formats and testing with state public health immunization facilities. If applicable bidirectional interfaces will be developed.
11	Capability to submit electronic data on reportable (as required by state law) lab results to public health agencies and actual submission in accordance with applicable law and practice	Perform at least one test of certified EHR's technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful. If no public health agencies in the area can accept electronic health data this objective is not applicable	The TIER® system includes a lab order and results component which allows for the ordering lab tests and the recording of results. In addition the system supports an HL7 interface to several Lab systems for automated order entry and result reporting. Results can be displayed graphically if required and abnormal results can trigger a DocWatch alert/TMail message to the doctor and other appropriate clinicians. Specific reporting lab results to public health agencies will be specific to each state.
12	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission with accordance to applicable law and practice	Perform at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies (unless none of the public health agencies to with the EP or eligible hospital submits such information have the capacity to receive the information electronically)	The TIER® system produces a number of electronic submissions across the US. Specific Development data formats with specific health agencies will need to be completed. As stated prior, the open architecture of TIER® gives all agencies the flexibility of gathering and reporting data. Currently we employ numerous standard data transfers including HL7 and Web Services.

The information regarding meaningful use was fully reviewed by Sequest in order to crosswalk the final rules to the TIER® application. It should not be seen as legal advice regarding the ARRA/HITECH legislation, and each entity should seek legal counsel to obtain their own full understanding of the final rulings published on July 13, 2010.