EHR Changes for MU2: Overview of Changes

CDR Susan Pierce-Richards, MSN, ARNP, FNP-BC, ANP-BC
Federal Lead – EHR, Clinical Reminders, PCC

IHS-Office of Information Technology
EHR Program

Introduction

- This is a very high-level overview of changes in EHRp13, TIUp1011/1012, BHSp8, GMRAp1007, PXRMv2.0p1001/1002.
- We will present the Integrated Problem List (IPL), Clinical Information Reconciliation (CIR), and CCDA tools in much more detail later in the training.
- We will offer more in-depth trainings on the EHR and related packages to include configuration tips and tricks when we are closer to release.
- We will offer an in-depth overview of Reminders 2.0 p1001/1002 when we are closer to release.

Approach as opportunity for improvement

- Software provides tools.
- Just because a process has existed for along time does not mean it is the optimal process.
- New tools provide opportunities to review clinical and business processes and leverage what will improve these processes
- Longitudinal problem documentation is not a new concept. Our tools did not well support this. The new tools better support longitudinal problem documentation and care planning.
- Documentation improvement is needed with ICD-9 and even more for ICD-10
- More data can now be exchanged and more data is transparent to patients.

Benefits Meaningful Use 2014 Adoption

- Increased Health information exchange
  - Health information exchange infrastructure
  - More data encoded with controlled vocabularies supports health information exchange (SNOMED CT®, LOINC, RxNORM, UNII)
- Longitudinal problem data collection and aggregation
  - Changes to problem data are logged and viewable
  - Care planning documentation available
  - Data aggregation of care provided for problems
- Increased transparency to patients
  - CCDA clinical summaries and PHR that include care planning
- Increased data security
  - Auditing
- Transition to ICD-10
  - Meaningful Use 2014 introduces a new process for documenting problems and encounter diagnoses that incorporates SNOMED CT® and maps to ICD.
  - Providers will already be accustomed to the new Integrated Problem List making ICD-10 transition relatively transparent.

What is SNOMED CT®?

Systematized **NO**menclature of **MED**icine **C**linical **T**erms (SNOMED CT®) is a comprehensive, multilingual clinical terminology that provides clinical content and expressivity for clinical documentation.

Clinician friendly language to document clinical impressions, findings, and diagnoses.

What is SNOMED CT® ?

SNOMED CT® is a "controlled vocabulary"

- Each SNOMED CT® term is carefully defined by an international team of terminologists. The term is placed by the terminologist in a specific hierarchy with specific relationships.
- This is where the power of SNOMED CT® lies. Because the content is organized based on its clinical meaning, the information can be utilized more accurately and more thoroughly.
- ICD is also organized hierarchically, but its purpose is billing and utilization so the information cannot be extracted and grouped the same way.

Why change to the Integrated Problem List?

There were several required changes due to Meaningful Use 2014 incorporated into the EHR:

- SNOMED CT® for problem list
- Longitudinal problem-focused documentation including goals, care plans, and visit instructions
- Support for multidisciplinary problem documentation
- SNOMED CT® for much of the data used in Clinical Quality Measures
- Supports transition to ICD-10 for encounters

More About SNOMED CT®

- Extremely large set of concepts and descriptions representing many standard terminologies
- Scalable for a variety of uses
- Owned and maintained by the International Health Terminology Standards Development Organisation (IHTSDO) in Denmark
- Released in the U.S. by the National Library of Medicine (NLM)

Source: IHTSDO, www.snomed.org

SNOMED CT® Definitions

Clinical Expressions

Concept – the computer readable "code"

Example: 823660015 (concept for the disorder of the Common Cold)

Descriptions – explain concepts in a human readable expression

Example:

Common cold (disorder) – fully specified name which is unique

Common cold – preferred term

Cold – synonym

Head cold – synonym

Relationships – define the type of association between two related concepts

Example: Common Cold (disorder), a viral upper respiratory tract infection (disorder)

SNOMED CT®
Reduces Ambiguity

SNOMED CT ® Definitions (cont.)

Scalability and Mapping

Subsets - reference sets, value sets - a collection of SNOMED CT® concepts used for a particular purpose

Example: Pick list, sub-search, drop down selection in EHR

Extensions - incorporate concepts, descriptions and terms unique to a particular region or country

Example: U.S. and U.K. have their own extensions

Cross maps - explicit links to health-related classifications and coding schemes such as ICD-9-CM and ICD-10

Example: SNOMED to ICD-9 map

SNOMED CT® in the RPMS EHR

Where will you see SNOMED CT® ?

- You will select SNOMED CT® terms instead of ICD-9 or ICD-10 codes for diagnoses and conditions on the problem list, and clinical indications when ordering labs, medications, and consults.
- SNOMED CT® codes will also be stored in the background in other areas of the EHR.

SNOMED CT® in the RPMS EHR (cont.)

What does this mean for the clinical user?

- The most significant change is a redesigned and redefined problem list.
- The way problems are entered and managed and how POVs are selected has been changed.

Mappings to ICD

Mappings are an integral part of the design of the Integrated Problem List and how SNOMED CT® will assist IHS with the transition to ICD-10.

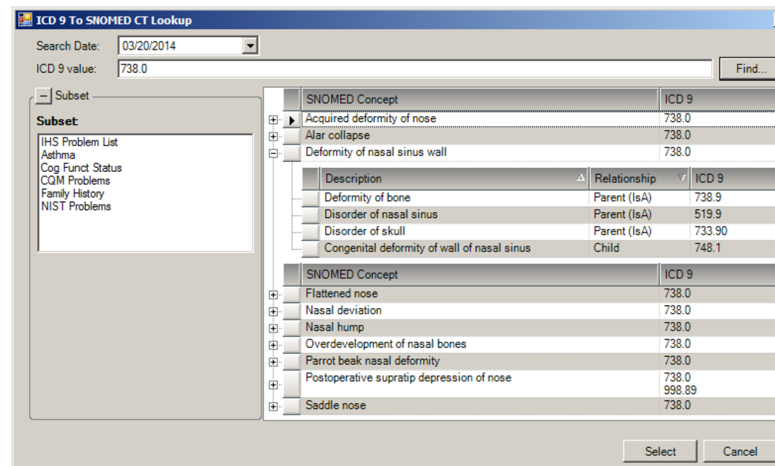
These mappings automate, only when appropriate, assignment of ICD codes.

Mappings are transparent to the user. They are visible when selecting a SNOMED, on the problem list, visit diagnosis, and clinical indications.

SNOMED CT® Related Maps Used in RPMS

ICD-9 to SNOMED CT® reverse map developed by Centers for Medicare and Medicaid Services (CMS) and released by the NLM

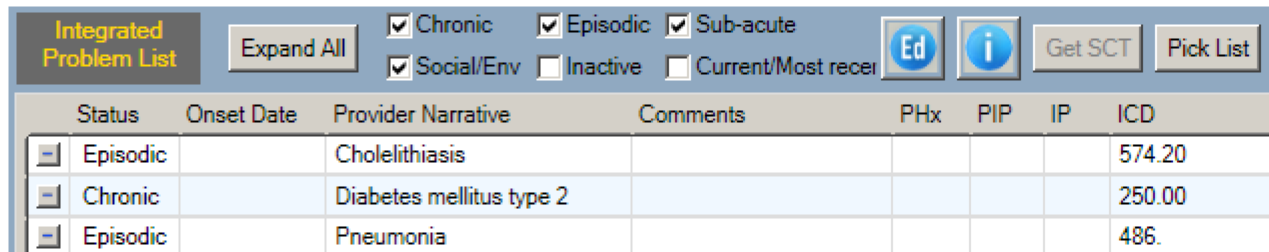
- ***Use in EHR*** - assist in the transition of problem lists to SNOMED



SNOMED CT® Related Maps Used in RPMS (cont.)

SNOMED CT® to ICD-9 – *provided by CMS and delivered* ***by*** *NLM*

- ***Use in EHR*** – for SNOMED problems and problems selected as POVs prior to ICD-10 transition



SNOMED to ICD-9 Mapping Examples

SNOMED Term	ICD-9	Storage of Mapped Codes
Sunburn of second degree	Sunburn of second degree 692.76	1:1 This is a 1:1 match so will store in the POV when selected.
Diabetic Nephropathy	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled 250.00 Nephritis and nephropathy, not specified as acute or chronic, in diseases classified elsewhere 583.81	1:1: This is a 1:1 match so will store both ICD-9 codes. When problem is selected as POV, 2 POVs will store.
Ganglion of the wrist	Ganglion of joint 727.41	Narrow to Broad: Closest ICD-9 code is less specific than the SNOMED. This will store in POV when selected.

When there is no mapping available OR when the closest ICD-9 code is more specific than the SNOMED, then the system will assign .9999 un-coded. The code assigned by coders will depend on the SNOMED term selected and the remainder of the visit documentation.

INTEGRATED PROBLEM LIST

Integrated Problem List: MU Required Features

- SNOMED CT® Problem List
- Care Planning
- Treatment Regimen elements for CQM

Integrated Problem List | Expand All | ☑ Chronic | ☑ Episodic | ☑ Sub-acute | ☑ Social/Env | ☐ Inactive | ☐ Current/Most recent Inpatient | Ed | i | Get SCT | Pick List | POV | Add | Edit | Delete

Status	Onset Date	Provider Narrative	Comments	PHx	PIP	IP	ICD
Chronic	08/26/2013	Diabetes mellitus type 2					250.00
Chronic		Asthma | really really bad asthma					493.90
Chronic		Herpes simplex					054.9
Chronic		*DEPRESSION					311.
Chronic		*TOBACCO DEPENDENCE					305.1

Chronic | 08/26/2013 | Diabetes mellitus type 2 | 250.00

Latest | All Active

PRVs

Problem Info

Goal Notes
HGBA1C <7
Modified by: RICHARDS,SUSAN P 02/19/2014

Patient Instructions/Care Plan
Test Medical Care Plan
Modified by: RICHARDS,SUSAN P 02/19/2014
Tesst Nutritionist Care Plan
Modified by: RICHARDS,SUSAN P 02/19/2014

Visit Info

Visit Instructions
Test Visit instructions
Modified by: RICHARDS,SUSAN P 02/18/2014

Care Plan Activities
Given a Visit Instruction :: Test Visit instructions

Integrated Problem List: IHS Additions

- Longitudinal data collection and aggregation
  - Changes in problem data are now stored and visible in the problem detail. This allows the user view the evolution of the problem over time.
  - Care planning is associated with problems
  - Some visit data is now associated with problems used as POVs
    - Visit Instructions
    - Patient Education (when entered about a problem)
    - Treatment/Regimen
    - Referrals (when problem selected as reason for referral)
    - Consults (when problem selected as clinical indication)

We encourage user requests for report views to aggregate problem data and care planning that will better suit needs in the field.

Integrated Problem List: IHS Additions (cont.)

- Reverse Mapping tool to assist with updating Problem List from ICD-9 to SNOMED
- Mapping to ICD-9 without user intervention
  - Data entry can still adjust coding when necessary and if un-coded after selected for POV
- POV selection from Problem List
- POV selection dialog
- Patient Ed documentation
- Expanded statuses
- Nationally vetted pick lists

Integrated Problem List: IHS Additions

Get SCT Reverse Mapping Tool

ICD 9 To SNOMED CT Lookup

Search Date: 02/20/2014

ICD 9 value: 723.0

Subset

IHS Problem List
Asthma
Cog Funct Status
CQM Problems
Family History
NIST Problems

SNOMED Concept	ICD 9
Degenerative cervical spinal stenosis	723.0
Iatrogenic cervical spinal stenosis	723.0
Idiopathic cervical spinal stenosis	723.0
Spinal stenosis in cervical region	723.0
Stenosis of spinal canal at craniovertebral junction	723.0

Select | Cancel

Integrated Problem List: IHS Additions

POV Selection Tool with Options for Additional Care Planning and Patient Education Documentation

POV

ID	Status	Prov. Narrativ	POV	Episodicity	Prov. Text	Goal Notes	Care Plans	Visit Instructions	Pt Ed	Tx/Regimen/FU	Tx/Regimen/FU display only
4944	Chronic	Diabetes mellitus type 2	☑	○ First episode ○ New episode ○ Old episode ○ Ongoing episode ○ Undefined episodicity		HGBA1C <7	Tesst Nutritionist Care Plan	Test Visit instructions	☐ DP ☐ MED ☐ EX ☐ N ☐ LA ☐ P	Treatment/ Regimen	Given a Visit Instruction :: Test Visit inst
3128	Chronic	Asthma | really really bad asthm	☑	○ First episode ○ New episode ○ Old episode ○ Ongoing episode ○ Undefined episodicity					☐ DP ☐ MED ☐ EX ☐ N ☐ LA ☐ P	Treatment/ Regimen	
3128	Chronic	Herpes simplex	☑	○ First episode ○ New episode ○ Old episode ○ Ongoing episode ○ Undefined episodicity					☐ DP ☐ MED ☐ EX ☐ N ☐ LA ☐ P	Treatment/ Regimen	

Primary POV

Diabetes mellitus type 2

Save **Cancel**

Integrated Problem List: IHS Additions

Care Planning and Patient Education Documentation

Integrated Problem Maintenance - Edit Problem

Problem ID TST-8 Priority 0 Pregnancy Related Use as POV Primary Save Cancel

* SNOMED CT Diabetes mellitus type 2 ... Get SCT Pick list

* Status Chronic Sub-acute Episodic Social/Environmental Inactive Personal Hx

* Required Field

Provider Text

Diabetes mellitus type 2 250.00

Qualifiers Severity: Clinical Course

Severity Clinical Course Episodicities

Date of Onset 08/26/2013 ... Is Injury

Comments Add Delete

Narrative Date Author

Care Plan Info Add Visit Instruction / Care Plans / Goal Activities

Goal Notes Care Plans Visit Instructions Care Planning Activities

S HGBA1C <7

S Test Medical Care Plan

S Tesst Nutritionist Care Plan

S Test Visit instructions

Given a Visit Instruction :: Test V

Add Visit Instructions / Care Plans / Goal Notes / Care Planning Activities

Visit Instructions

Date 02/19/2014

Goal Notes

Date 02/19/2014

Care Plans

Date 02/19/2014

Patient Education provided

Disease Process Nutrition

Exercise Lifestyle Adaptation

Medications Prevention

Treatment/Regimen/Follow-up

Current Visit - Care Planning Activities

Treatment/Regimen/Follow-up

Education Provided

OK Cancel

Integrated Problem List: IHS Additions

Pick List Examples

PickList Selection

Manage PickLists

PickList | SNOMEDCT Desc

ABNORMAL FINDINGS *
CASE MANAGEMENT
CQM Problems
CQM PROBLEMS
CQM Problems for test
DIABETIC RETINOPATHY
Eye General
EYE GENERAL
IMMUNIZATIONS
MAN test picklist
New
New Picklist
New Picklist 1
NIST PROBLEMS
NUTRITION
PICK Prenatal - Problem Pregnancy
PICK Public Health Nursing
PICK Womens Health
Prenatal - Care
Test Import Subset
Test Picklist
Test Picklist womens health
Test Picklist2

BH 11
- Alcoholism
- Chronic major depressive disorder, single episode
- Family tension
- Generalized anxiety disorder
- Home unsettled
- Insomnia
- Juvenile
- Major depression single episode, in partial remission
- Major depressive disorder
- Noncompliance with treatment
- Severe depression

CARDIAC 10
- Acute infarction of papillary muscle
- Aortic valve disorder
- Atrial fibrillation and flutter
- Benign hypertension
- Chronic atrial fibrillation
- High output heart failure
- Hypertensive disorder
- Left coronary artery occlusion
- Moderate left ventricular systolic dysfunction
- Myocardial infarction

ENDOCRINE 10
- Diabetes mellitus
- Diabetes mellitus type 2

Cancel | Save

PickList Selection

Manage PickLists

PickList | SNOMEDCT Desc

ABNORMAL FINDINGS *
CASE MANAGEMENT
CQM Problems
CQM PROBLEMS
CQM Problems for test
DIABETIC RETINOPATHY
Eye General
EYE GENERAL
Immunizations
IMMUNIZATIONS
MAN test picklist
New
New Picklist
New Picklist 1
NIST PROBLEMS
Nutrition
NUTRITION
PICK Prenatal - Problem Pregnancy
PICK Public Health Nursing
PICK Womens Health
Prenatal - Care
Test Import Subset
Test Picklist
Test Picklist womens health
Test Picklist2

17
- Combined hepatitis A and B vaccination
- Drug declined by patient - patient beliefs
- Human vaccination
- Immunization consent not given
- Immunization contraindicated
- Immunization refused
- Immunization/vaccination management
- Influenza vaccination
- Measles mumps and rubella booster vaccination
- Medical C/I - immunization
- Pneumococcal vaccination
- Poliomyelitis vaccination
- Tetanus diphtheria vaccination
- Vaccination for diphtheria, pertussis, and tetanus
- Vaccination with third dose of human papillomavirus
- Vaccines allergy
- Varicella vaccination

Cancel | Save

MU2 Data Captured by IPL

Feature	Required for Performance Measure?	Meets MU requirement
Problems: SNOMED CT® encoded	No	MU2 rule, CQM data capture
POV selected from problem: SNOMED CT® passed to V POV	No	CQM data capture
Goal Notes	No	MU2 rule, displays on CCDA
Care Plan Notes	No	MU2 rule, displays on CCDA
Visit Instructions	No	MU2 rule, displays on CCDA (CS)
Tx/Regiment/Followup	No	CQM data capture
Patient Education	No	CQM date capture, CCDA

Preparing for Transition

Clean up problem lists - this is the single most important task your site can do to prepare for the IPL transition.

- Remove/consolidate redundant problem entries.
- Remove entries that do not belong on the problem list.
- Inactivate resolved problems.
- Code the un-coded problems – your data entry/coders can assist by running the Uncoded Problem report and coding the entries.

CCDA DOCUMENT GENERATION

Clinical Summary: MU Required Features

Generate Clinical Summary

Customize Clinical Summary

Clinical Summary from 2013 DEMO HOSPITAL

Patient: CDSADULT DEMO
Date of Birth: March 25, 1965
Race: American Indian or Alaska Native
Preferred Language:

HR#: XFA: 999998
Sex: Female
Ethnicity:

Visit Date: January 14, 2014
Visit Location: 2013 DEMO HOSPITAL; UPTOWN USA; ALBUQUERQUE, NE 89701

Table of Contents

- Reason for Visit
- Problems/Encounter Diagnoses
- Allergies, Adverse Reactions, Alerts
- Medications
- Procedures
- Today's Instructions and Patient Decision Aids
- Plan of Care
- Social History (Smoking Status)
- Recent Lab Results
- Immunizations
- Recent Vital Signs
- Care Team

Reason for Visit

No Reason Information for the extraction criteria

Problems/Encounter Diagnoses

Active:

- Diabetes mellitus | [73211009]; 01/14/2014

Inactive (personal history):

- None

*Reasons for today's visit

CCDA - Clinical Summary

Patient: Demo,Cdsadult Female | HR#: 999998

Visit Date: January 14, 2014

- ClinicalDocument
  - Reason for Visit
    - No Reason Information for the extraction
  - Problems/Encounter Diagnoses
    - Active:
      - Diabetes mellitus | [73211009]; 01/14/
    - Inactive (personal history):
      - None
    - *Reasons for today's visit
  - Allergies, Adverse Reactions, Alerts
    - Active allergies:
      - ASPIRIN
        - ANAPHYLAXIS
    - Inactive allergies:
      - None reported
  - Medications
  - Procedures
    - No Procedure Information for the extracti
  - Today's Instructions and Patient Decision Aids
  - Plan of Care
  - Social History (Smoking Status)
    - Unknown if ever smoked [266927001]
  - Recent Lab Results
    - PAH A1c w/eAG
      - PAH A1c w/eAG-_PAH A1c [4548-4]01/1
      - PAH A1c w/eAG-_PAH eAG [4548-4]01/
    - PAH A1c w/eAG
      - PAH A1c w/eAG-_PAH A1c [4548-4]01/1
      - PAH A1c w/eAG-_PAH eAG [4548-4]01/
  - Immunizations
    - Completed:
      - None
    - Due:
      - INFLUENZA [TIV], SEASONAL, INJ
      - Tdap
    - Declined/Not Given:
      - None
  - Recent Vital Signs
    - No Vital Sign Information for the extraction
  - Care Team
    - Visit Provider:
      - SUSAN P RICHARDS
    - Primary Care Provider:
      - NONE

Clinical Summary from 2013 DEMO HOSPITAL

Patient: CDSADULT DEMO
Date of Birth: March 25, 1965
Race: American Indian or Alaska Native
Preferred Language:

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- Recent Lab Results
- Immunizations
- Recent Vital Signs
- Care Team

Reason for Visit

No Reason Information for the extraction criteria

Problems/Encounter Diagnoses

Active:

- Diabetes mellitus | [73211009]; 01/14/2014

Inactive (personal history):

- None

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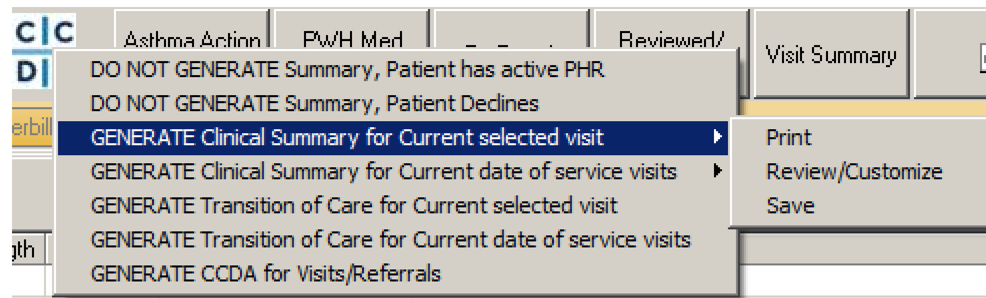
Clinical Summary: IHS Additions

Smart tool allows:

- Easy generation of summary.
- Documentation of education if access to PHR.
- Documentation of refusal.



Transitions of Care: IHS Additions

GENERATE CCDA for Visits/Referrals

Patient: Everyman,Adam | HR#: 147085

Clinical Summary | Transition of Care

Visits | Referrals

- Visits
  - _8_15_2012
    - Visit Detail: (Time: 9:22 AM; Location: GET WELL CLINIC; Status: AMBULATORY; ID: 208384
  - _8_14_2012
    - Visit Detail: (Time: 12:00 PM; Location: PA PHARMACY; Status: AMBULATORY; ID: 2083881)
  - _3_30_2012
    - Visit Detail: (Time: 8:04 AM; Location: GET WELL CLINIC; Status: AMBULATORY; ID: 208435
  - _11_7_2011
    - Visit Detail: (Time: 8:51 AM; Location: DEMO CLINIC; Status: EVENT (HISTORICAL); ID: 208
  - _9_25_2011
    - Visit Detail: (Time: 12:00 AM; Location: GET WELL CLINIC; Status: AMBULATORY; ID: 20843
  - _8_29_2011
    - Visit Detail: (Time: 5:52 PM; Location: GET WELL CLINIC; Status: EVENT (HISTORICAL); ID:
  - _12_3_2010
    - Visit Detail: (Time: 5:53 PM; Location: GET WELL CLINIC; Status: EVENT (HISTORICAL); ID:

Print | Save | Review/Customize | Cancel

GENERATE CCDA for Visits/Referrals

Patient: Everyman,Adam | HR#: 147085

Clinical Summary | Transition of Care

Visits | Referrals

- 8/15/2012
  - Visit Detail: (Time: 9:22 AM; Location: GET WELL CLINIC; Status: AMBULATORY)
    - Reference Detail: (Ref#: 134563; RefType: Pulmonary function test; Status: ACTIVE; Vendor:

Submit | Save | Review/Customize | Cancel

Transition of Care: MU Required Features

Generate ToC

Customize ToC

Transmit ToC

Transitions of Care from 2013 DEMO HOSPITAL

Patient:
Date of Birth: May 1, 1947
Race: White
Preferred Language: English

HR#: XFA: 147190
Sex: Female
Ethnicity: Not Hispanic or Latino

Visit Date: February 13, 2014
Visit Location: 2013 DEMO HOSPITAL; UPTOWN USA; ALBUQUERQUE, NE 89701

Table of Contents

- Problems/Encounter Diagnoses
- Allergies, Adverse Reactions, Alerts
- Medications
- Procedures
- Reason for Referral
- Plan of Care
- Functional/Cognitive Status
- Social History (Smoking Status)
- Recent Lab Results
- Immunizations
- Recent Vital Signs
- Care Team

Problems/Encounter Diagnoses

Active:

- *Community acquired pneumonia | [385093006]; 08/06/2012

Inactive (personal history):

- Asthma | [195967001]; 02/18/2014

*Reasons for today's visit

Allergies, Adverse Reactions, Alerts

Active allergies:

CCDA - Transition of Care

Patient: Hill,Mykayla | HR#: 141177

Visit Date: February 18, 2014

- ClinicalDocument
  - Problems/Encounter Diagnoses
    - Active:
      - TOBACCO DEPENDENCE [305.1]; 10
      - Herpes simplex | [88594005]; 02/1
      - *Diabetes mellitus type 2 | [44054
      - DEPRESSION [311.]; 10/27/2009
      - Asthma | really really bad asthma [1
    - Inactive (personal history):
      - None
    - *Reasons for today's visit
  - Allergies, Adverse Reactions, Alerts
    - Active allergies:
      - LOSARTAN
        - RASH
      - LISINOPRIL
        - URTICARIA
    - Inactive allergies:
      - None reported
  - Medications
    - Given during visit:
      - None
    - Outpatient Medications:
      - CAPTOPRIL 12.5MG TAB
        - TAKE ONE TABLET BY MOUTH B
      - CAPTOPRIL 12.5MG TAB
        - TAKE ONE TABLET BY MOUTH T
      - CAPTOPRIL 12.5MG TAB
        - TAKE TWO TABLETS BY MOUTH
      - WARFARIN 5MG TAB U.D.
        - TAKE ONE (1) TABLET BY MOUT
    - Outpatient Medications:
      - None
    - Outside Medications:
      - None

Transitions of Care from 2013 DEMO HOSPITAL

Patient:
Date of Birth: February 8, 1965
Race: American Indian or Alaska Native
Preferred Language: English

HR#: XFA: 141177
Sex: Female
Ethnicity: Not Hispanic or Latino

Visit Date: February 18, 2014
Visit Location: 2013 DEMO HOSPITAL; UPTOWN USA; ALBUQUERQUE, NE 89701

Table of Contents

- Problems/Encounter Diagnoses
- Allergies, Adverse Reactions, Alerts
- Medications
- Procedures
- Reason for Referral
- Plan of Care
- Functional/Cognitive Status
- Social History (Smoking Status)
- Recent Lab Results
- Immunizations
- Recent Vital Signs
- Care Team

Problems/Encounter Diagnoses

Active:

- TOBACCO DEPENDENCE [305.1]; 10/27/2009
- Herpes simplex | [88594005]; 02/18/2014

Document 1 of 1

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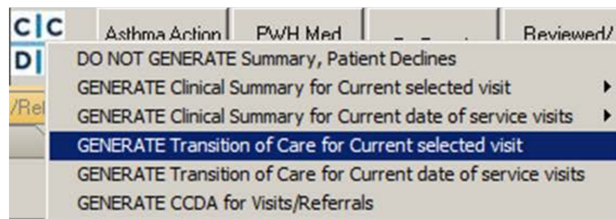
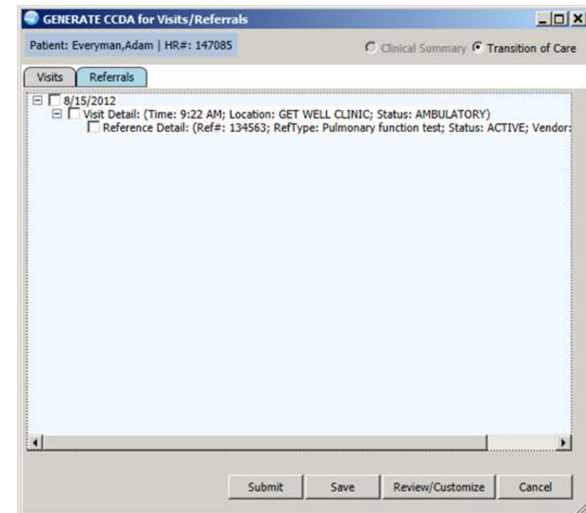
Transition of Care: IHS Additions

Smart tool allows:

- Generation by visit(s) or RCIS referral.
- Defaults to print, fax, or transmit based on data in Vendor file of RCIS.





Measure

Clinical summaries provided to patients within ***one business day*** for more than 50 percent of office visits.

*** Access to PHR, Refusals count in numerator.

Measure: ToC

Measure 1:

The EP who transitions or refers their patient to another setting of care or provider of care ***provides a summary of care*** record for more than ***50 percent*** of transitions of care and referrals.

Measure 2:

The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than ***10 percent*** of such transitions and referrals ***electronically transmitted*** using certified EHR technology (CEHRT) to a recipient.

Measure 3:

An EP must satisfy one of the following criteria:

- Conducts one or more successful electronic exchanges of a summary of care document, part of which is counted in "measure 2" (for EPs the measure at §495.6(j)(14)(ii)(B) with a recipient who has EHR technology that was developed designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2).
- Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.

MU2 Data Captured by CCDA

Feature	Required for Performance Measure?	Meets MU requirement
Generate ToC	Yes	MU2 rule
Transmit ToC	Yes	MU2 rule
Generate Clinical Summary	Yes	MU2 rule
Refused Clinical Summary	Yes	MU2 rule

VIEWING SUMMARY DOCUMENTS

View Summaries in CIR Tool

View CCD and scanned summaries

View CCDA summaries

View Summaries in CIR Tool (cont.)

CIR Tool

Restore | Visit | CCDA Source

Generated by CCDA

Select	Source	Responsible Party	Encounter Date	Created	Class	Reconciled
☑	Get Well Clinic	Dr Henry Seven	From August 06, 2012	1/8/2014 4:20:47 PM	CCDA	A(1/10/20
☐	Get Well Clinic	Dr Henry Seven	From August 06,			
☐	Get Well Clinic	Dr Henry Seven	From August 06,			
☐	Get Well Clinic	Dr Henry Seven	From August 06,			

FULL CCDA
ALLERGIES, ADVERSE REACTIONS, ALERTS
ENCOUNTERS
IMMUNIZATIONS
Medications
CARE PLAN
REASON FOR REFERRAL
PROBLEMS
PROCEDURES
FUNCTIONAL STATUS
RESULTS
SOCIAL HISTORY
VITAL SIGNS

Problems | Adverse Reactions | Medications

RPMS

Problem	Status	Onset
Hypoxemia	INACTIVE	08/06/2012
Community acquired pneumonia	CHRONIC	08/06/2012
Asthma	INACTIVE	01/03/2007

CCDA - Clinical Summary

Get Well Clinic: Health Summary

Patient: Isabella Jones
Date of Birth: May 1, 1947
Race: White
Preferred Language: English
HR#:
Sex: Female
Ethnicity: Not Hispanic or Latino

Visit Date: August 6, 2012, 00:28 +0500 to August 6, 2012, 00:58 +0500
Visit Location:

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- FUNCTIONAL STATUS
- RESULTS
- SOCIAL HISTORY
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- Care Team

ALLERGIES, ADVERSE REACTIONS, ALERTS

Substance	Reaction	Severity	Status
Penicillin G benzathine	Hives	Moderate to severe	Inactive
Codeine	Shortness of	Moderate	Active

Close

MU2 View Summaries

Feature	Required for Performance Measure?	Meets MU requirement
View documents	No	MU2 rule

INCORPORATION

Incorporation of CCDA Data: MU Required Features

Data to be incorporated from CCDA:

Problems

Allergies

Medications

- View on single screen data from EHR/RPMS and incoming CCDA.
- Incorporate with electronic facilitation data from CCDA into the EHR/RPMS.
- Display reconciled list on single view.

Incorporation of CCDA Data: MU Required Features (cont.)

CIR Tool -

Restore | CCDA Source | Accept All | Cancel All

Generated by CCDA

Select	Source	Responsible Party	Encounter Date	Created	Class	Reconciled
☐	Get Well Clinic	Dr Henry Seven	From August 06, 2012	1/8/2014 4:20:47 PM	CCDA	A(1/10/2014) ; P(1/10/2014) ; M(1/10/2014)
☑	Get Well Clinic	Dr Henry Seven	From August 06, 2012	1/6/2014 3:29:01 PM	CCDA	M(2/13/2014)
☐	Get Well Clinic	Dr Henry Seven	From August 06, 2012	11/19/2013 1:45:49 PM	CCDA	
☐	Get Well Clinic	Dr Henry Seven	From August 06, 2012	11/8/2013 2:24:50 PM	CCDA	

Problems | Adverse Reactions | Medications

RPMS

Problem	Status	Onset	Last Date
Hypoxemia	INACTIVE	08/06/2012	10/4/2013
Community acquired pneumonia	CHRONIC	08/06/2012	10/4/2013
Asthma	INACTIVE	01/03/2007	10/4/2013

Clinical Document

Problem	Status	Onset	Source	Last Date
Pneumonia	ACTIVE	08/06/2012	Dr Henry Seven	08/06/2012
Asthma			Dr Henry Seven	08/06/2012

Add
Do Not Add, Redundant
Do Not Add, Not Clinically Significant
View Details

Reconciled Problems

Problem	Status	Onset	Acti
Hypoxemia	Inactive	08/06/2012	RPM
Community acquired pneumonia	Chronic	08/06/2012	RPM
Asthma	Inactive	01/03/2007	RPM

CIR Tool - Jones,Isabella

Restore | CCDA Source | Accept All | Cancel All

Generated by CCDA

Select	Source	Responsible Party	Encounter Date	Created	Class	Reconciled
☐	Get Well Clinic	Dr Henry Seven	From August 06, 2012	1/8/2014 4:20:47 PM	CCDA	A(1/10/2014) ; P(1/10/2014) ; M(1/10/2014)
☑	Get Well Clinic	Dr Henry Seven	From August 06, 2012	1/6/2014 3:29:01 PM	CCDA	M(2/13/2014)
☐	Get Well Clinic	Dr Henry Seven	From August 06, 2012	11/19/2013 1:45:49 PM	CCDA	
☐	Get Well Clinic	Dr Henry Seven	From August 06, 2012	11/8/2013 2:24:50 PM	CCDA	

Problems | Adverse Reactions | Medications

RPMS

Problem	Status	Onset	Last Date
Hypoxemia	INACTIVE	08/06/2012	10/4/2013
Community acquired pneumonia	CHRONIC	08/06/2012	10/4/2013
Asthma	INACTIVE	01/03/2007	10/4/2013

Clinical Document

Problem	Status	Onset	Source	Last Date
Asthma	ACTIVE	01/03/2007	Dr Henry Seven	08/06/2012
Pneumonia	ACTIVE	08/06/2012	Dr Henry Seven	08/06/2012

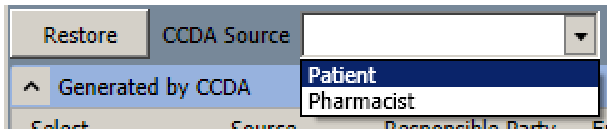
Reconciled Problems

Add Problem | Accept Problems | Cancel

Problem	Status	Onset	Action
Hypoxemia	Inactive	08/06/2012	RPMS Reviewed, No Action
Community acquired pneumonia	Chronic	08/06/2012	RPMS Reviewed, No Action
Asthma	Inactive	01/03/2007	RPMS Reviewed, No Action
Pneumonia	Inactive	08/06/2012	CCDA: Add Problem

Incorporation of CCDA: IHS Additions

- Ability to incorporate data from other sources such as patient report or caregiver.
  - Site parameter that is populated with site-determined choices.



  - Then may use the Add buttons to add new entries or right click options to edit the RPMS list.

Incorporation of CCDA: IHS Additions (cont.)

CIR Tool -

Restore | CCDA Source: Patient

Generated by CCDA

Select	Source	Responsible Party	Encounter Date	Created
☐	Get Well Clinic	Dr Henry Seven	From August 06, 2012	1/8/2014 4:20:47 PM
☐	Get Well Clinic	Dr Henry Seven	From August 06, 2012	1/6/2014 3:29:01 PM
☐	Get Well Clinic	Dr Henry Seven	From August 06, 2012	11/19/2013 1:45:49 PM
☐	Get Well Clinic	Dr Henry Seven	From August 06, 2012	11/8/2013 2:24:50 PM
☑	Patient	RICHARDS,SUSAN P	From February 20, 2014	2/20/2014 3:04:55 PM

Problems | Adverse Reactions | Medications

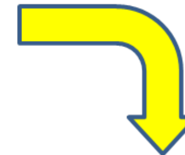
RPMS

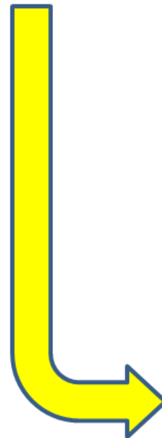
Causative Agent	Event	Symptoms	Status	Last Date
ASPIRIN	DRUG ALLERGY 41609[…]	HIVES	ACTIVE	9/18/2013
CODEINE	DRUG 41609[…]		[…]CTIVE	9/18/2013
PENICILLIN G BENZ 600000 SYRINGE	DRUG 41609[…]		[…]CTIVE	8/22/2013

Change
RPMS: Reviewed, No Action
Entered in Error
Inactivate
View Details

Add Allergy | Accept Adverse Reactions | Cancel

Action
RPMS: Reviewed, No Action
RPMS: Reviewed, No Action
RPMS: Reviewed, No Action





CIR Tool - Jones,Isabella

Restore | CCDA Source: Patient | Accept All | Cancel All

Generated by CCDA

Select	Source	Responsible Party	Encounter Date	Created	Class	Reconciled
☐	Get Well Clinic	Dr Henry Seven	From August 06, 2012	1/8/2014 4:20:47 PM	CCDA	A(1/10/2014) ; P(1/10/2014) ; M(1/10/2014)
☐	Get Well Clinic	Dr Henry Seven	From August 06, 2012	1/6/2014 3:29:01 PM	CCDA	M(2/13/2014)
☐	Get Well Clinic	Dr Henry Seven	From August 06, 2012	11/19/2013 1:45:49 PM	CCDA	
☐	Get Well Clinic	Dr Henry Seven	From August 06, 2012	11/8/2013 2:24:50 PM	CCDA	
☑	Patient	RICHARDS,SUSAN P	From February 20, 2014	2/20/2014 3:04:55 PM		

Problems | Adverse Reactions | Medications

RPMS

Causative Agent	Event	Symptoms	Status	Last Date
ASPIRIN	DRUG ALLERGY 416098002	HIVES	ACTIVE	9/18/2013
CODEINE	DRUG ALLERGY 416098002	SHORTNESS OF BREATH	INACTIVE	9/18/2013
PENICILLIN G BENZ 600000 SYRINGE	DRUG ALLERGY 416098002	HIVES	INACTIVE	8/22/2013

Clinical Document

Causative Ag	Event	Symptom	Status	Source	Last Date

Reconciled Adverse Reactions

Add Allergy | Accept Adverse Reactions | Cancel

Causative Agent	Event	Symptoms	Action
ASPIRIN	DRUG ALLERGY 416098002	HIVES	RPMS: Reviewed, No Action
CODEINE	DRUG ALLERGY 416098002	SHORTNESS OF BREATH	RPMS: Reviewed, No Action
PENICILLIN G BENZ 600000 SYRINGE	DRUG ALLERGY 416098002	HIVES	RPMS: Reviewed, No Action
LISINOPRIL	DRUG INTOLERANCE	ITCHING,WATERING EYES	RPMS: Add
ASPIRIN RELATED MEDICATIONS	DRUG ALLERGY	HIVES, DROWSINESS	RPMS: Changed

Medication Reconciliation Measure

The EP who performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.

*** Reconciliation may be done using CIR, manually updating meds on Medication Management component, or clicking on Chart Review component.

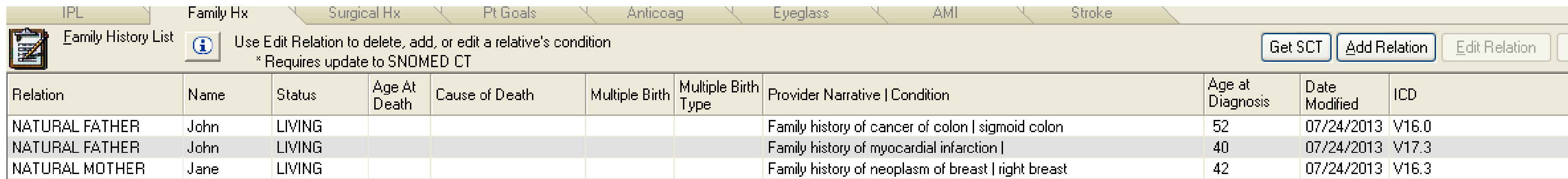
MU2 Data Captured by CCDA

Feature	Required for Performance Measure?	Meets MU requirement
Document reconciled	No	MU2 rule
Item reconciled	No	MU2 Rule
V Updated/ Reviewed stores when reconcile meds, allergies, problems	Yes – but not only way to perform med reconciliation	MU2 Rule
SNOMED stores in V Updated/ Reviewed when reconcile meds	No – and not only way to have SNOMED for med rec stored in background	CQM data capture

FAMILY HISTORY

Family History:
MU Required Features

SNOMED CT for Family History Conditions


IPL | Family Hx | Surgical Hx | Pt Goals | Anticoag | Eyeglass | AMI | Stroke

Family History List

Use Edit Relation to delete, add, or edit a relative's condition
* Requires update to SNOMED CT

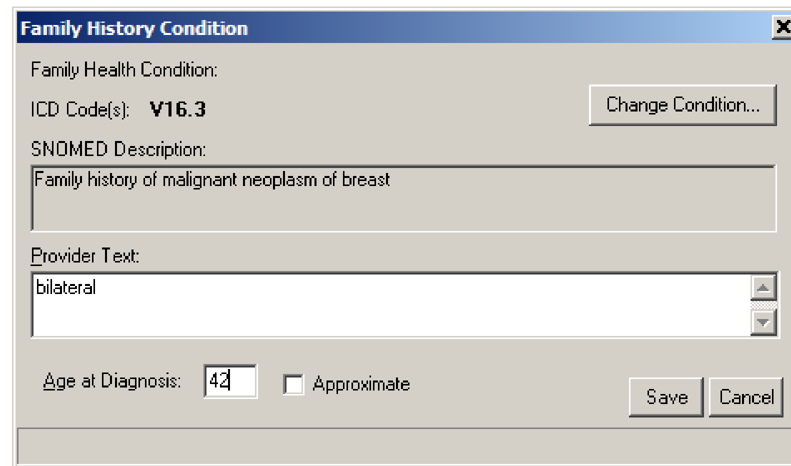
Get SCT | Add Relation | Edit Relation

Relation	Name	Status	Age At Death	Cause of Death	Multiple Birth	Multiple Birth Type	Provider Narrative | Condition	Age at Diagnosis	Date Modified	ICD
NATURAL FATHER	John	LIVING					Family history of cancer of colon | sigmoid colon	52	07/24/2013	V16.0
NATURAL FATHER	John	LIVING					Family history of myocardial infarction |	40	07/24/2013	V17.3
NATURAL MOTHER	Jane	LIVING					Family history of neoplasm of breast | right breast	42	07/24/2013	V16.3

Family History: IHS Additions

Ability to document actual age of onset for documented conditions.

Ability to note "approximate" for age of onset.



Family Health History Measure

More than 20 percent of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives.

MU2 Data Captured by Family History

Feature	Required for Performance Measure?	Meets MU requirement
Enter relation	Yes	MU2 rule
Condition: SNOMED CT® encoded	No	MU2 rule

Preparing for Transition

Update your family history:

- Many sites have not fully converted the family history after the transition to the new component in EHRp6.

ALLERGIES

Allergies:
MU Required Features

- RxNorm, UNII for causative agents
- SNOMED CT® for Signs/Symptoms
- SNOMED CT® for drug/reaction combinations

Allergies: IHS Additions

- Encoded data is stored in the background.
- No significant changes for the EHR user.

MU2 Data Captured by Allergies/ADR

Feature	User Input Required for Performance Measure?	Meets MU requirement
Causative agent: RxNorm/UNII for ingredients	No	MU2 Rule, CCDA
Signs/symptoms: SNOMED CT® for signs/symptoms	No	CCDA
Causative agent/Signs/symptoms: SNOMED CT® for drug/reaction combinations	No	CQM data capture

Preparing for Transition

- Review Policies and Procedures.
- Review Package settings.
  - Divisions
  - Auto-verify settings
  - “Top 10” sign/symptom list
- Review reactions on problem lists.
  - Reports available for this.
  - Ensure these are also in the Adverse Reaction package.
- Review Adverse Reaction “clean up” lists.

VITAL SIGNS

Vital Signs: MU Required Features

- Ability to enter height, weight, and blood pressure
- LOINC and SNOMED CT encoding

No change on front end for clinical users.
Background mapping/storage of needed codes.

Vital Signs Measure

More than 80 percent of all unique patients seen by the EP have blood pressure (for patients age three and over only) and/or height and weight (for all ages) recorded as structured data.

MU2 Data Captured by Vital Signs

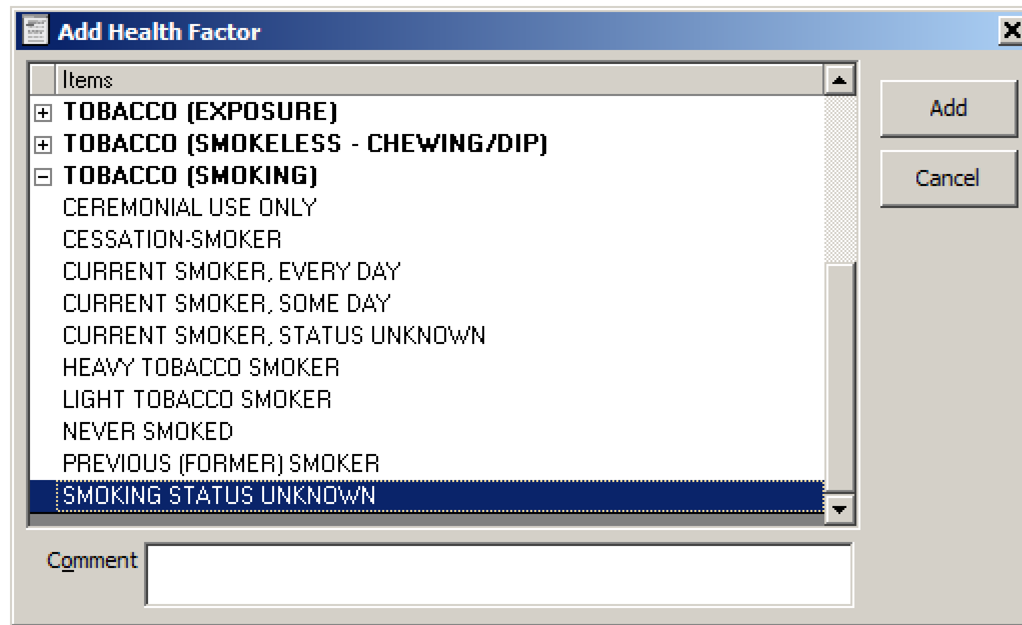
Feature	User Input Required for Performance Measure?	Meets MU requirement
Capture of measurements as structured data	Yes	MU2 Rule
SNOMED CT®	No	CQM data capture

SMOKING STATUS

Smoking Status: MU Required Features

SNOMED CT® encoded

Two new statuses



Smoking Status: IHS Additions

- SNOMED CT® is stored in background when smoking status stored by Health Factor component, Superbill association, reminder dialog.
- No significant change for users.
- EHR Reminder Dialogs updated.

Smoking Status Measure

- More than ***80 percent*** of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.

MU2 Data Captured by Smoking Status

Feature	Required for Performance Measure?	Meets MU requirement
Enter smoking status	Yes	MU2 rule
SNOMED CT® encoded	Yes – stored in background, no additional user input required	MU2 rule

INFANT FEEDING

Infant Feeding: MU Required Features

- SNOMED CT® encoded feeding choices
- Added secondary fluids if not exclusively breast or formula fed

Infant Feeding Choice

- ○ Exclusively Breastfeed
- ○ 1/2 Breast 1/2 Formula
- ○ Formula only
- ◉ Mostly Breastfeed
- ○ Mostly Breastfeed, some Formula
- ○ Mostly Formula, some Breastfeed
- ○ Mostly Formula

Save | Cancel

Secondary Fluids

- [ ] Milk
- [ ] Fruit juice
- [x] Carbonated drink
- [ ] Sports drink
- [ ] Glucose
- [ ] Water

MU2 Data Captured by Infant Feeding

Feature	User Input Required for Performance Measure?	Meets MU requirement
Feeding choice: SNOMED CT® encoded	No	CQM data capture

"REFUSALS" (REASONS SERVICE NOT DONE)

Reasons Not Done: MU Required Features

- SNOMED CT® encoded reasons not done.
- Exposed in Personal Health, Clinical Reminder Dialogs, Immunizations, Exams.
- Also exposed in components that will be enabled in EHRp14 – AMI and Stroke.

Reasons Not Done

nal Health | Infa

ersonal Health

Add | Edi

Enter Servi

Refusal Type

(None selected)
Absent response to treatment
Complication of medical care
Considered and not done
Contraindicated
Delay in receiving benefits
Discontinued
Finding related to health insurance issues
Loss of benefits
Medical care unavailable
Medical contraindication
Not entitled to benefits
Not indicated
Patient defaulted from follow-up
Patient noncompliance - general
Patient non-compliant - refused access to services
Patient on waiting list
Patient requests alternative treatment
Patient transfer
Refusal of treatment by patient
Refused
Treatment not available
Uninsured medical expenses

EKG

Reason: (None selected)

Date Refused: 12/09/2013

Comment

Add

Cancel

MU2 Data Captured by Refusals

Feature	User Input Required for Performance measure?	Meets MU requirement
Reason not done: SNOMED CT® encoded	No	CQM data capture

ORDERS

Orders:
MU Required Features

- CPOE is required for lab, radiology, and medications.

Orders: IHS Additions

- Selection of Clinical Indication
  - SNOMED CT® Problem List (SNOMED encoded) and problems marked as POV
  - Option to search SNOMED
- Clinical Indication added for Consult order
- Reason for referral added for RCIS referral entry
- Otherwise no significant change for clinicians

CPOE Measure

More than ***60 percent of medication, 30 percent of laboratory, and 30 percent of radiology orders created*** by the EP during the EHR reporting period are recorded using CPOE.

MU2 Data Captured by Orders

Feature	User Input Required for Performance Measure?	Meets MU requirement
CPOE	Yes	MU2 rule
Consults and Referrals (SNOMED CT® referral type, consult received)	No	CQM data capture

CONSULTS

Consults: MU Required Features

- SNOMED CT® for type of referral – requires CAC update existing consults.
- Problem hook using new Clinical Indication field.

Consults: MU Required Features (cont.)

- User will note new clinical indicator field; otherwise, user experience is the same.

Order a consult

Consult to Service/Specialty

ANTICOAGULATION (OUTPATIENT)

ANTICOAGULATION (OUTPATIENT)

Urgency

ROUTINE

Attention

Patient will be seen as an:

Inpatient

Outpatient

Place of Consultation

CONSULTANT'S CHOI

Clinical Indicator

Angina | 413.9

Other...

Reason for Request

ANTICOAGULATION (OUTPATIENT) Cons CONSULTANT'S CHOICE

Accept Order

Quit

MU2 Data Captured by Consults

Feature	User Input Required for Performance Measure?	Meets MU requirement
Consults and Referrals (SNOMED CT® referral type, consult received)	No	CQM data capture

CQM DATA CAPTURE

CQM Data Capture: MU Required Features

- Require many of our data be represented in standard vocabularies:
  - SNOMED
  - LOINC
  - RxNorm
  - UNII
  - And more
- Majority of data is stored in the background directly (problem list) or through background mapping.
- Two new components to document AMI and stroke data were developed and delivered disabled due to edit issues. These will be corrected and delivered enabled in EHRp14.

Required Data Input

Data for Measures	EHR/RPMS Input
SNOMED CT® for problems	IPL
SNOMED CT® for diagnosis	IPL – select problems as POV
ICD-9 (ICD-10 after 1 October 2014) for diagnoses	IPL – select problems as POV (mappings from SNOMED, verified/edited by Coders)
SNOMED CT® for patient education (stored in background)	IPL – patient ed, Reminder Dialog - patient ed, Patient Ed
SNOMED CT® and LOINC for Smoking, ECOG health factors	Health Factors, Reminder Dialogs
SNOMED CT® and LOINC for measurements +/- value	Vital measurement, Reminder Dialog
SNOMED CT® and LOINC for exams +/- result	Vital measurement, Reminder Dialog
SNOMED CT® for immunizations	Immunizations, Reminder Dialog

Required Data Input (cont.)

Data for Measures	EHR/RPMS Input
SNOMED CT® for Infant feeding choice	Infant feeding
SNOMED CT® for referral type	Consult and Referral entry
RxNorm for Meds	Order meds
RxNorm, UNII for causative agent	Enter allergies/ADR
SNOMED CT® for medication + reaction	Enter allergies/ADR
SNOMED CT® and LOINC for labs	Lab order entry and processing
SNOMED CT® and LOINC	Radiology
CPT, ICD procedure	Services
SNOMED CT® for various encounter and admission related data	Visit creation, Admission
SNOMED CT® for medication reconciliation	Chart review, CIR incorporation of meds, Medication Management component

Data Input

Data for Measures	EHR/RPMS Input
Stroke data: date of arrival, baseline state, SNOMED CT® for signs/symptoms, date/time fibrinolytic initiated, SNOMED CT® reason not initiated, Stroke score	Stroke tool ***(delivered corrected and enabled in EHRp14)***
AMI data: date of arrival, Date/time EKG done, SNOMED CT® & ICD for EKG impression, date/time fibrinolytic initiated, SNOMED CT® reason not initiated	AMI tool (***delivered corrected and enabled in EHRp14***)

Mapping/Storage of Data

RPMS/EHR Data	Stores Additional Data
Measurements	LOINC and/or SNOMED
Health Factors	LOINC and/or SNOMED
Exams	SNOMED
Immunizations	SNOMED
Infant feeding	SNOMED
Education	SNOMED
Reasons not done (refusals)	SNOMED
Type of referral (RCIS, Consults)	SNOMED

Mapping/Storage of Data (cont.)

RPMS/EHR Data	Stores Additional Data
Labs	LOINC
Radiology	LOINC and/or SNOMED
AMI data ***(delivery EHRp14)***	SNOMED
Stroke data ***(delivery EHRp14)***	SNOMED
Medications	RxNorm
Allergy ingredients	RxNorm and/or UNII
Allergy reactions	SNOMED
Medication reconciliation	SNOMED

TIU/NOTES

TIU/Notes: MU Required Features

- Create electronic notes (no change).
- Text searchable notes (delivered in EHRp11).

TIU/Notes: IHS Additions

- New TIU objects to support new IPL features.
- Updated Infant Feeding object.
- EHR upgrade required incorporation of numerous VA TIU patches.
  - Includes standardization and mapping of National Note Titles.
  - Requires clean up and mapping over time.
  - Users will not notice change but CACs will need to map new note titles.

TIU Object "Active Problems w/o Dates"

Displays problems marked as "Chronic."

```
Chronic Problems:
  Obesity | Can add clarification

  Chronic otitis externa | right

  Diabetes mellitus type 2 |

  Asthma |

  Lactocele | This is a test

  Abnormal findings diagnostic imaging heart+coronary circulat |

  Closed fracture of proximal ulna, comminuted | left, traumatic acute, swell
     ing and hematoma at site
```

TIU Object “V Prob w/o dates”

Displays the problems selected as POV for current visit, visit instructions and education topics.

```
V Prob w/o dates
 1)Open fracture of base of neck of femur | left, fall off cliff
   -QUALIFIERS:
   Severity Mild
   Clinical course Cyclic
   -INSTRUCTIONS:
   ORIF scheduled with Dr Bones tomorrow.   ( by )

 2)Diabetes mellitus type 2 |
   -QUALIFIERS:
   Severity Moderate
   Clinical course Acute-on-chronic
   -INSTRUCTIONS:
   Initial visit with Diabetes Case Management team today to receive
   glucose monitor.  Check sugars in the morning and after meals for the
   next 2 weeks.  Start metformin, take with meals to reduce the
   gastrointenstinal side effects.  Follow up with Diabetes Case
   Management team and return to see me in 2 weeks.
   ( by )
   -EDUCATION:
   Diabetes mellitus type 2-DISEASE PROCESS

 3)Hypothyroidism |
   -INSTRUCTIONS:
   TSH elevated and Free T4 supressed, increrase Levothyroxine to
   .112mg/day.  Return for labs in 4-6 weeks. ( by )
```

TIU Object “V Prob w/care plans”

Displays problems selected as POV, any active goal and care plan notes, visit instructions and education for current encounter.

```
V Prob w/care plans
 1)Open fracture of base of neck of femur | left, fall off cliff
   -QUALIFIERS:
   Severity Mild
   Clinical course Cyclic
   -CARE PLANS:
   Open reduction internal fixation with Dr Bones on 7/25.   Plan home
   PT and Deep Vein Thrombosis prophylaxis.  This will be arranged
   during the inpatient stay.  ( by )
   -INSTRUCTIONS:
   ORIF scheduled with Dr Bones tomorrow.   ( by )

 2)Diabetes mellitus type 2 |
   -QUALIFIERS:
   Severity Moderate
   Clinical course Acute-on-chronic
   -GOALS:
   A1C <7 ( by )
   -CARE PLANS:
   A1C every 3 months until reach goal then every 6 months.  Yearly:
   fasting lipids, kidney function, retinal eye exam, foot exam.
   Initial management with oral medications.  Co-management with
   Diabetes Case Management team who provides ongoing education about
   diet, exercise, medications.   ( by )
   -INSTRUCTIONS:
   Initial visit with Diabetes Case Management team today to receive
   glucose monitor.  Check sugars in the morning and after meals for the
   next 2 weeks.  Start metformin, take with meals to reduce the
   gastrointenstinal side effects.  Follow up with Diabetes Case
   Management team and return to see me in 2 weeks.
   ( by )
   -EDUCATION:
   Diabetes mellitus type 2-DISEASE PROCESS

 3)Hypothyroidism |
   -INSTRUCTIONS:
   TSH elevated and Free T4 supressed, incradded Levothyroxine to
   .112mg/day.  Return for labs in 4-6 weeks. ( by )
```

Inpatient Objects

INPT PROBLEM LIST

- Displays problem marked as for inpatient for current hospitalization

INPT PROBLEMS W/CARE PLANS

- Displays problem marked as for inpatient for current hospitalization
- Includes Goals, Care Plans, Instructions for each

INPT PROBLEMS W/INSTRUCTIONS

- Displays problem marked as for inpatient for current hospitalization
- Includes Instructions for each

Electronic Notes Measure

Enter at least one electronic progress note created, edited, and signed by an EP for more than 30 percent of unique patients with at least one office visit during the EHR reporting period. The text of the electronic note must be text-searchable and may contain drawings and other content.

MU2 Data Captured by TIU Notes

Feature	User Input Required for Performance Measure?	Meets MU requirement
Document care in TIU notes	Yes	MU2 rule

VA HEALTH SUMMARY COMPONENTS

TIU/Notes:
MU Required Features

None

VA Health Summary: IHS Additions

New Health Summary objects to support new IPL features.

MU2 Data Captured by VA Health Summary Components

None

CLINICAL DECISION SUPPORT

CDS: MU Required Features

Clinical Decision Support (Clinical Reminders 2.0 upgrade)

- Reference information added to Clinical Maintenance
- Bibliographic information added to Reminder Descriptions
- Many support CQMs (table will be delivered with patch documentation)

HL7 info “I” button retrieves UpToDate clinical info

- Repurposed old “I” button to “Ed” button to continue to retrieve Patient Education

Drug-Drug/Drug-Allergy interaction

- Only change is reference information on title bar

Reminders 2.0 in a Nutshell

Upgrade to Reminders 2.0

- Conversion to version 2.0 and 8+ years of fixes/enhancements
- Lots of new functionality on the RPMS side
- Same look and feel in EHR but some enhanced dialog functionality
- Installing new reminders are a little different
- Reminders installed on your RPMS when you load patch will still work, but formatting may be a bit changed

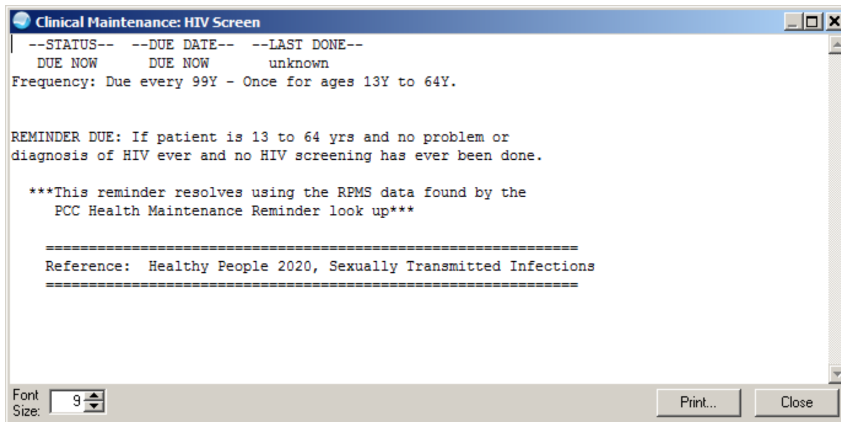
You cannot install any v1.5 reminders once you have loaded 2.0.

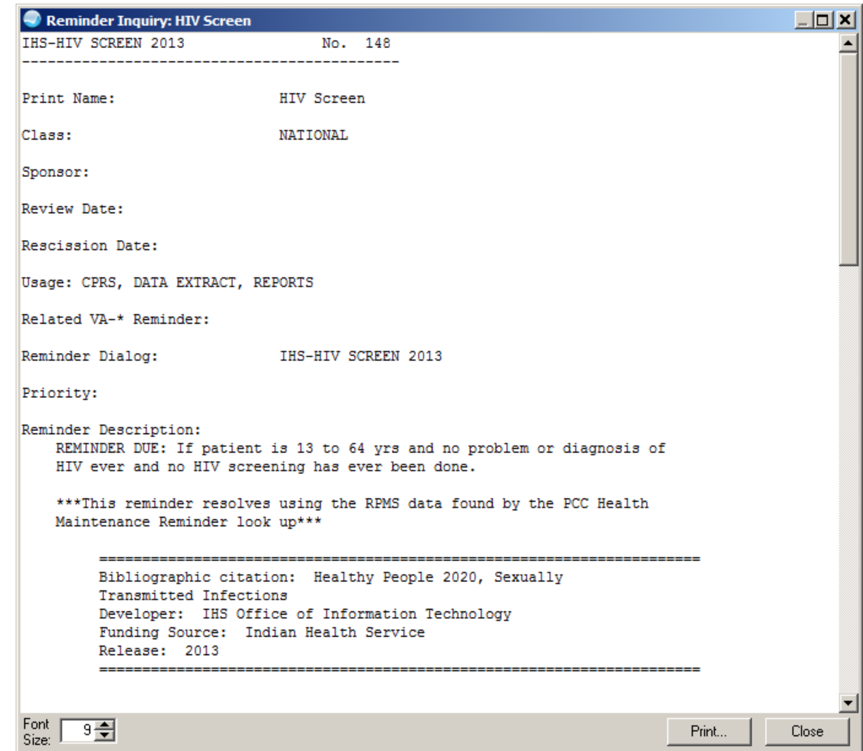
Reminders 2.0: IHS Modifications

Clinical Reminders updated to “Reminders 2.0”

- Updated reminders
  - Updated in v2.0
  - Reference data for reminders (Bibliographic, Funding Source, Developer)
  - Some logic updates where needed
- Table with measures and guidelines reminders support

Reminders 2.0: IHS Modifications (cont.)





MU2_CDS Reminders Table

	A	B	C	D	E
1	REMINDER/DIALOGS	CMS	NQF	CQM Name	Other Measures/Guidelines
2	IHS-ACTIVITY SCREEN 2013				Million hearts, HP 2020 - PA
3	IHS-ALCOHOL SCREEN 2013				GPRA, USPSTF, HP 2020 - SA
4	IHS-ALLERGY 2013				
5	IHS-ANTICOAG DURATION OF TX 2013				US American College of Chest Physicians Antithrombotic Therapy and Prevention of Thrombosis Panel
6	IHS-ANTICOAG INR GOAL 2013				US American College of Chest Physicians Antithrombotic Therapy and Prevention of Thrombosis Panel
7	IHS-ANTICOAG THERAPY END DATE 2013				US American College of Chest Physicians Antithrombotic Therapy and Prevention of Thrombosis Panel
8	IHS-ASTHMA ACTION PLAN 2013	**26**	**338**	**Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver**	NHBLI Asthma Guidelines, HP 2020 - RD 7
9	IHS-ASTHMA CONTROL 2013				NHBLI Asthma Guidelines, HP 2020 - RD 7
10	IHS-ASTHMA PRIM PROV 2013				NHBLI Asthma Guidelines, HP 2020 - RD 7
11	IHS-ASTHMA RISK EXACERBATION 2013				NHBLI Asthma Guidelines, HP 2020 - RD 7
12	IHS-ASTHMA SEVERITY 2013				NHBLI Asthma Guidelines, HP 2020 - RD 7
13	IHS-ASTHMA STEROID 2013	**126**	**0036**	**Use of Appropriate Medications for Asthma**	NHBLI Asthma Guidelines, HP 2020 - RD 7
14	IHS-BLOOD PRESSURE 2013	**165**	**0018**	**Controlling High Blood Pressure**	Million hearts, HP 2020 - HDS
15	IHS-CHLAMYDIA SCREEN 2013	**153**	**0033**	**Chlamydia Screening for Women**	USPSTF, HP 2020 - STI
16	IHS-COLON CANCER 2013	130	0034	Colorectal Cancer Screening	HP 2020 - Cancer, GPRA
17	IHS-CVD 2013	**30**	**639**	**AMI-10 Statin Prescribed at Discharge**	GPRA, Million hearts, ATP III 2004, Million hearts, HP 2010 – HDS
18	IHS-DENTAL VISIT 2013				HP 2020 - Oral Health
19	IHS-DEPO PROVERA 2013				HP 2020 - FP
	IHS-DEPRESSION SCREENING 2013	**2**	**0418**	**Preventive Care and Screening: Screening for Clinical Depression and**	GPRA, HP 2020 - MHMD

What Do I Need to Do Right After Install?

- Inactivate existing mammogram reminder and install new mammogram reminders (there are three).
- If you have any Immunization reminders deployed, you must install the new Immunization reminders.
  - You do not have to move these into production immediately, but you should replace your old immunization reminders with the new ones fairly soon.

What Do I Need to Do Right After Install (cont.)

- Check existing reminders to make sure nothing is significantly changed in formatting. The remaining reminders should work as before.
- Review new reminders and determine if any need immediate updating.

Then What Do I Need to Do?

- Update your reminders with the v2.0 set – prioritize with reminders you need to attest for MU2.
- Review new functionality – reminders you have wanted to build may now be possible.

Clinical Decision Support Measure

- Implement ***five*** clinical decision support interventions ***related to four or more clinical quality measures***, if applicable, at a relevant point in patient care for the entire EHR reporting period.
- The EP, eligible hospital, or CAH has ***enabled the functionality for drug-drug and drug-allergy interaction*** checks for the entire EHR reporting period.

How to Meet the Measure

- Enable drug-drug and drug-allergy interaction at the ***system level.***
- Review the MU2_CDS Reminders and, if needed, install additional reminders to ensure five are deployed.
  - Set these at the ***System Level.***
- For attestation, run the ***User Parameter Value Report by Date*** for the reporting time period.

Parameter Report

The new parameter reports enable a site to review the CDS tools that were enabled during the reporting period.

Parameter Audit System Menu

MGPA   Parameter Audit System Management ...

RPPA   Parameter Audit Reports ...

Parameter Report (cont.)

RUPA User Parameter Value Report by Date

Select Parameter Audit Reports Option:
Rupa User Parameter Value Report by Date

Select one of the following:

1 User Defined Date Range
2 Quarter: January 1 - March 31
3 Quarter: April 1 - June 30
4 Quarter: July 1 - September 30
5 Quarter: October 1 - December 31

Select Report Period: (1-5): 5

Enter the Calendar Year for which report is to be run.
Use a 4 digit
year, e.g. 2014.
Select Year: 2013 (2013) 2014 (2014)

Select one of the following:

IP Individual Provider
SEL Selected Providers (User Defined)
TAX Provider Taxonomy List

Enter Selection: ip ***Individual Provider***
Select a provider: NIESEN,MARY ANN MAN
enter for Seven, Henry – display then run for User,Clerk

Parameter Selection

You may select one or more Parameters.
Press the <Enter> key without entering a name to conclude the selection process.
Enter "^" to abort the selection process.

Select a Parameter: ***ORQQPX COVER SHEET REMINDERS***
Select a Parameter:
DEVICE: HOME// VT Right Margin: 80//

Parameter Report

01/16/2014 Page: 1

ORQQPX COVER SHEET REMINDERS Parameter Report

For provider: PRESCRIBERONE,ONE TEST

01/01/2014 - 03/31/2014*

*Auditing for this parameter was ENABLED on 01/16/2014

IHS-IMMUNIZATION FORECAST 2011	SYS	01/16/2014 - 01/16/2014	Lock
IHS-TOBACCO SCREEN 2013	SYS	01/16/2014 - 01/16/2014	Lock
IHSMU2-ACE/ARB ALLERGY 2014	USR	01/16/2014 - 01/16/2014	Normal
IHSMU2-ALLERGY 2014	USR	01/16/2014 - 01/16/2014	Normal
IHSMU2-ANTICOAG INR GOAL 2013	USR	01/16/2014 - 01/16/2014	Normal
IHSMU2-BP ELEVATED 2014	USR	01/16/2014 - 01/16/2014	Normal
IHSMU2-DIAB ACE/ARB 2013	USR	01/16/2014 - 01/16/2014	Normal
IHSMU2-DIAB BP CONTROL 2014	USR	01/16/2014 - 01/16/2014	Normal
IHSMU2-DIAB HGBA1C CONTROL 2014	USR	01/16/2014 - 01/16/2014	Normal
IHSMU2-HCT/HGB 2013	USR	01/16/2014 - 01/16/2014	Normal

Resources

Clinical Applications Documentation repository

http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0