

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/perspectives-ama/how-ehr-can-help-you-participate-macra/8368/>

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How an EHR Can Help You Participate in MACRA

Narrator:

You're listening to ReachMD, and this is Inside Medicare's New Payment System, produced in partnership with the American Medical Association. This podcast was produced before final regulations for the quality payment program created by the Medicare Access and CHIP Reauthorization Act (MACRA) were released. Visit the AMA website for the latest news and more details on Medicare's new quality payment program.

Matt Reid:

You're listening to a podcast from the American Medical Association to help your practice transition to the Medicare Access and CHIP Reauthorization Act, or MACRA. I'm Matt Reid, Senior Health IT Consultant.

This podcast provides you with information about the importance of electronic health records, also known as EHRs, to participation in MACRA. EHRs have made a significant impact in the practice of medicine across the country. While many improvements in the usability, flexibility, and interoperability of EHRs are needed, the use of an EHR can still be beneficial to many physicians. For example, EHRs can improve the storage and management of charts and remote access of patient information. EHRs also enable the electronic prescription of most medications, including controlled substances.

As the healthcare shifts to new reimbursement models, the use of an EHR will continue to play a major role in the practice of medicine. As early as 2017, many physicians will begin participating in MACRA. Most physicians will participate in MACRA through the Merit-Based Incentive Program, also known as MIPS. MIPS is comprised of four components – Quality, Clinical Practice Improvement Activities, Advancing Care Information, and Resource Use. While CMS has not released the final requirements for MIPS, we expect there will be a number of areas in which EHRs can help physicians achieve success.

Let's now talk about the Quality component of MIPS. As with prior reporting programs, MIPS requires physicians to report on quality measures. Physicians will have the option to select individual measures or from a specialty specific measure set. CMS has proposed a number of electronic quality measures which will be reported through an EHR. Recognizing the cost and effort to report through electronic sources, CMS is expected to provide bonuses to physicians who chose to report quality measures through an EHR, qualified registry, qualified clinical data registry, also QCDR, or web interface. It is also helpful to use an EHR to capture quality measure data if you plan on participating in a clinical registry. Many medical specialties manage registries.

The Advancing Care Information, or ACI, component of MIPS, will replace the Meaningful Use program. While physicians will recognize certain objectives and measures from stage 3 in ACI, they will notice that the Computerized Provider Order Entry, or CPOE, and Clinical Decision Support, or CDS, objectives were eliminated, but as with previous Meaningful Use stages, the use of EHR is still essential for success. ACI is expected to be comprised of two sections – Base and Performance.

The combination of these scores is the physician's total score in the ACI category. To receive any ACI points in the Base section, physicians must simply enable certain functionality in the EHR, exchange patient information with one or more medical facilities, or have one or more patients electronically engaged with their medical records. If their practice includes such activities, physicians must send at least one prescription electronically and submit information to an immunization registry. The Performance score will be based on a numerator/denominator calculation. It will take into account the number of patients who engage with their records through EHR, as well as how frequently the physician uses certain functions within their EHR.

Many physicians will also be required to participate in reporting to an immunization registry. Reporting to these registries requires the use of an EHR; however, CMS recognizes the cost and effort to connect to these registries. CMS proposes to provide bonuses to physicians who connect their EHRs to two or more registries. The Clinical Practice Improvement Activity, or CPIA, is a new category focused on activities that improve the physician's clinical practice.

The activity CMS has proposed are things that many physicians already do in their day to day practice. While not required, many of these activities can be accomplished or easily performed using an EHR. For example, CMS has proposed an activity focused on the coordination of patient care. Many EHRs support the electronic exchange of medical information between other physicians or medical facilities. Utilizing your EHR's health information exchange capability, patient care can be more easily managed. This may require connecting your EHR to a local or state health information exchange.

Other activities include clinical registry reporting, providing patients with time and access to their medical records, managing of patient referrals. Each of these activities can be accomplished or improved using an EHR. Physicians looking to use an existing EHR or looking to purchase an EHR for the first time should keep a few things in mind. Participating in MIPS requires the use of a certified EHR. Most EHRs on the market today are certified to either the federal government's 2014 or 2015 edition certification versions. Physicians are allowed to use either 2014 or 2015 edition EHRs to participate in MIPS in 2017. However, CMS has proposed that starting in 2018, physicians must use 2015 edition EHRs.

If you're considering purchasing or upgrading your existing EHR, you should discuss the EHR certification timeline with your vendor. For example, ask your vendor how they plan on transitioning your EHR from 2014 to 2015 edition and ask them about what system downtime or transitions might include. Other vendor questions to consider are whether your staff will require new or additional training following the transition; what costs are associated with upgrading the EHR to the 2015 edition; what new or enhanced features you will receive with the upgrade; how 2015 edition EHRs will change your current workflow; with Meaningful Use being replaced, whether your dashboards will look any different; what CPIAs and the EHR will help you more easily accomplish, and lastly what steps and costs are associated with connecting your EHR to both a clinical registry and a health information exchange.

For those physicians participating in an Advanced Payment Model, or APM, EHR requirements may differ from MIPS. You should check with your Accountable Care Organization or Medical Home for technology requirements. You may also want to consider including your EHR vendor in this conversation.

Thank you for joining us for thiA podcast on MACRA. To learn more, visit ama-assn.org/go/medicarepayment.