Meaningful Use Objectives for Dental Professionals

Issue

RECs have difficulty in guiding dentists in understanding and claiming the appropriate exclusions for Meaningful Use measures.

Background

Dentists are interested in having a guide to help them decide when they are allowed to claim exclusions for Meaningful Use measures. Like other specialists, dentists also want to report on measures in a way that is relevant to the specialty of dentistry. This is especially a problem with clinical quality measures. If dentists do claim exclusions for the core measures, they must find three additional, alternate measures to record in order to reach a total of nine measures. However, many dentists believe that none of the 38 additional clinical quality measures applies to dentistry.

Medicare and Medicaid EHR Incentive Programs, Eligibility Requirements for Dental Professionals

Dentists are eligible under the Medicare EHR Incentive Program, and some may be eligible under the Medicaid EHR Incentive Program. Dentists who are eligible for both programs must choose one, and are allowed to switch once between the programs before calendar year 2015. Dentists eligible to receive EHR incentive payments under Medicare or Medicaid will maximize their payments by choosing to certify with the Medicaid EHR Incentive Program.

I. To qualify for an incentive program under the Medicaid EHR Incentive Programs, dentists must (see Final rule page 170 of the Federal Register copy):
   - Have a minimum of 30% Medicaid patients, excluding Children's Health Insurance Program (CHIP) patients; or
   - Practice predominantly in a Federally Qualified Health Center or Rural Health Center, and have a minimum 30% patient volume attributable to needy individuals. Needy individuals (specified in statute) include:
     - Medicaid or CHIP enrollees;
     - Patients furnished uncompensated care by the provider; or
     - Patients furnished services at either no cost or on a sliding scale.

II. Eligible dentists must demonstrate all 15 of the core Meaningful Use objectives and 5 from the 10 menu measures of their choosing (see tables 1 and 2). The core set includes reporting of six clinical quality measures (three core or alternate core and three from the menu of their choosing). Where applicable, dentists can claim exclusions for objectives if they meet the criteria for those exclusions (CMS), and if the objectives are outside the dental scope of practice.
Table 1 shows the Meaningful Use objectives that can be excluded from the core set in Stage 1, based on certain requirements: CPOE, eRx, Vital Signs, Smoking Status, Electronic Copy of Health Information, and Clinical Summaries.

Table 2 shows exclusions that may be claimed from the menu set: Drug Formulary Checks, Clinical Lab Test Results, Patients Reminders, Patient Electronic Access, Medication Reconciliation, Summary Care Record, Immunization Registries Data Submission, and Syndromic Surveillance Data Submission (CMS).

<table>
<thead>
<tr>
<th>Stage 1 Core Meaningful Use Measure (number and descriptor)</th>
<th>Likelihood dentists can be excluded</th>
<th>Reason to exclude</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CPOE (prescriptions)</td>
<td>High</td>
<td>Writes fewer than 100 prescriptions during the reporting period (the reporting period is 90 days for the first year and 1 year subsequently).</td>
<td>In most states, controlled substances cannot be sent electronically and do not count towards the 100 minimum prescriptions.</td>
</tr>
<tr>
<td>2. Drug interaction checks</td>
<td>N/A</td>
<td>None</td>
<td>Implementation required.</td>
</tr>
<tr>
<td>3. Problem list</td>
<td>N/A</td>
<td>None</td>
<td>Required for 80% of patients.</td>
</tr>
<tr>
<td>4. e-prescribing</td>
<td>High</td>
<td>Writes fewer than 100 prescriptions during the reporting period.</td>
<td>In most states, controlled substances cannot be sent electronically and do not count towards the 100 minimum prescriptions.</td>
</tr>
<tr>
<td>5. Medication list</td>
<td>N/A</td>
<td>None</td>
<td>Required for 80% of patients.</td>
</tr>
<tr>
<td>6. Medication allergy</td>
<td>N/A</td>
<td>None</td>
<td>Required for 80% of patients.</td>
</tr>
<tr>
<td>7. Demographics</td>
<td>N/A</td>
<td>None</td>
<td>Required for 50% of patients.</td>
</tr>
<tr>
<td>9. Smoking status</td>
<td>Medium</td>
<td>Sees no patients older than 13 years of age.</td>
<td>Required for 50% of patients over age 13.</td>
</tr>
</tbody>
</table>
10. Clinical quality measures

N/A

Of the 6 core and alternate only blood pressure screening may truly apply. None of the 38 additional applies to dentists.

EPs must report on 6 total measures: 3 required core measures (substituting alternate core measures where necessary) and 3 additional measures. A maximum of 9 measures would be reported if the EP needed to attest to the 3 required core, the three alternate core, and the 3 additional measures.

11. Clinical decision support

N/A

None

EPs must implement one clinical decision support rule in addition to drug-drug and drug-allergy interaction checks.

12. Electronic copy of health information to patient upon request

High

No requests made

Minimum set: Problem List, Diagnostic Test Results, Medication Lists, and Medication Allergy List.

13. Clinical summaries

N/A

None

Required for 50% of office visits within 3 business days. Minimum set: Problem List, Diagnostic Test Results, Medication List, and Medication Allergy List.

14. Exchange key clinical data

N/A

None

One test must be done. See Issue brief.

15. Protect electronic information

N/A

None

Conduct a security risk analysis and mitigate all risks.

Table 2: Menu Measures (Exclude 5)

<table>
<thead>
<tr>
<th>Stage 1 Core Meaningful Use Measure (number and descriptor)</th>
<th>Likelihood dentists can be excluded</th>
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</tr>
</thead>
<tbody>
<tr>
<td>M1. Drug formulary checks</td>
<td>High</td>
<td>Writes fewer than 100 prescriptions during the reporting period.</td>
<td>Same as CPOE and e-prescribing.</td>
</tr>
<tr>
<td>M2. Clinical lab results</td>
<td>High</td>
<td>Orders no labs.</td>
<td>Incorporate 40% of all lab tests into EHR as structured data.</td>
</tr>
<tr>
<td>M3. Patient list</td>
<td>N/A</td>
<td>None</td>
<td>One report of patients with a specific condition.</td>
</tr>
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<td>----------------------</td>
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</tr>
<tr>
<td>M4. Patient reminders</td>
<td>Low</td>
<td>Has no patients younger than 5 or older than 65.</td>
<td>Required for 20% of patients under the age of 5 and over age 65.</td>
</tr>
<tr>
<td>M5. Electronic access by patients</td>
<td>N/A</td>
<td>None</td>
<td>Required 10% of all patients with information in diagnostic test results, problem list, medications list and medication allergies list.</td>
</tr>
<tr>
<td>M6. Patient education resources</td>
<td>N/A</td>
<td>None</td>
<td>EHR uses patient information to suggest educational resources for 10% of patients.</td>
</tr>
<tr>
<td>M7. Medication reconciliation</td>
<td>High</td>
<td>There were no patients who had care transitions during the reporting period.</td>
<td>Required for 50% of the patients who had a transition in care.</td>
</tr>
<tr>
<td>M8. Transition of care summary</td>
<td>High</td>
<td>There were no patients who had referrals or care transitions during the reporting period.</td>
<td>Required for 50% of patients who had a transition in care or a referral to another provider.</td>
</tr>
<tr>
<td>M9. Immunization registry</td>
<td>High</td>
<td>Out of scope</td>
<td></td>
</tr>
<tr>
<td>M10. Syndromic surveillance</td>
<td>High</td>
<td>Out of scope</td>
<td></td>
</tr>
</tbody>
</table>

**Available Resources**
- Eligible Professional Meaningful Use Table of Contents Core and Menu Set Objectives
- List of Certified EHR Technology
- Oral Health IT Toolbox
- Flow Chart – Determine Eligibility for Medicare and Medicaid EHR Incentive Programs
- Tip Sheet: Medicare EHR Incentive Payments for Eligible Professionals
- Tip Sheet: Medicaid EHR Incentive Payments for Eligible Professionals
- Adoption and Implementation CoP – Specialty EHR Workgroup
- Dentists and Meaningful Use Stage 1
- Electronic Health Records Primer Presentation
- Indian Health Service FAQs Related to Dental Care
Dental Health Information and Patient Education Resources

California Primary Care Association Dental Crosswalk

**CMS FAQs**

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<th>FAQ</th>
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<td>Specialty Providers</td>
<td>#10469</td>
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<tr>
<td>Requirements for Dentists</td>
<td>#10527</td>
</tr>
<tr>
<td>Recording and charting changes in vital signs</td>
<td>#10593</td>
</tr>
</tbody>
</table>

**Meaningful Use CoP**

Electronic Dental Records
Dental Professionals and MU

**Adoption and Implementation CoP**

Specialty EHR Workgroup
EHR Vendors for Dentists or with Dental Components

**References**

CMS Medicare and Medicaid EHR Incentive Program Stage 1 Final Rule
Health Resources and Services Administration – Oral Health IT Toolbox

**Author(s)**

Benedicta Osafo-Darko is a Research Associate at Westat. Heather McKenzie and Mary Crimmins are Knowledge Integrators at Westat. Anna Roberts is a Data Manager at CHITREC.

**Reviewers**

Amanda Landis is an EHR Coordinator at the Virginia Health IT REC. Anna Roberts is Data Manager for CHITREC.