



FAQs for the HITECH Act and Meaningful Use

Updated February 2011

Q: Is MOSAIQ meaningful use certified?

Yes. MOSAIQ was certified as a Complete EHR on February 25, 2011 by the Drummond Group. Version 2.3 was successfully certified, following testing earlier in February. We expect to release this version of the software no later than summer of 2011. Releases moving forward will include meaningful use certification.

Q: When will Elekta have a version of the software available for customers?

A: We will ship MOSAIQ version 2.3 as the first version certified for the HITECH Act. Customer testing is expected in the first quarter of 2011, followed by a broader pilot release in the spring, with general release no later than summer.

As work is completed on the various functionalities, they will be incorporated into additional releases (meaning version 2.2 incorporates some, but not all, features required to demonstrate meaningful use). Also, understand that version 2.3 will include many additional features outside the scope of meaningful use as we continue to expand the capabilities, interfaces and user experience in MOSAIQ.

Q: What other certified products are there?

A: About 300 product have been certified. As of March 1, 2011, only two other oncology systems have received certification: Altos for its OncoEMR product (Medical Oncology only) and Bogardus Medical Systems for ONCOCHART (Radiation Oncology Practice Management). Keep in mind that this is the first of three rounds of meaningful use criteria, and we expect that the releases in 2013 and 2015 will be significantly more complex and make a number of additional demands on your software and clinical team. An initial certification is only the first step in a multi-year process.

Q: What type of certification did Elekta pursue?

A: Complete EHR. This ensures we can deliver more functionality sooner and give our customer the complete solution they need as soon as possible. Keep in mind that there are two types of certification available, "Complete EHR" and "Modular EHR". Any changes to a system certified under the Complete EHR certification does create some limit on what can be modified in future releases. This includes the second and third rounds of meaningful use, which will be implemented in 2013 and 2015.

Q: What is the difference between an EHR and an EMR?

A: For the purposes of meaningful use and The HITECH Act, Electronic Health Record (EHR) and Electronic Medical Record (EMR) can be used interchangeably.

Q: Will the meaningful use version cost extra?

A: The version of MOSAIQ that will be required will not cost extra as long as the customer has a valid maintenance and support agreement. If the customer does not have a valid maintenance and support agreement, we will not be able to provide the upgrade free of charge.

Also, it is important to note that there are two requirements of stage 1 meaningful use that could result in additional software costs: adoption of the ePrescribing module and electronic interfaces for lab results. If you are not using ePrescribing, or currently not capturing lab results either through an interface or via manual entry,



meaningful use will require that you do so for every patient. The ePrescribing module and lab results interfaces are available for purchase. A second option for labs is devise a workflow to manually enter the discrete lab results into MOSAIQ.

Q: Can I file for incentives under both the ePrescribing program and the HITECH Act?

A: Generally speaking no. Eligible providers and hospitals that will be pursuing HITECH Act incentives under the Medicare classification cannot do both. Eligible providers and hospitals that will be pursuing HITECH funds under Medicaid CAN do both.

Q: If I don't have a valid maintenance and support agreement, how much would it cost to get the "meaningful use" version of MOSAIQ?

A: The cost of a maintenance and support agreement is quite variable based on an extensive list of customized parameters unique to each site. We suggest you contact your Regional Account Manager or our Inside Sales team to develop a customized quote for your site. You can reach our MOSAIQ sales team through our main number 855-MY-ELEKTA (855-693-5358).

As the opportunity to demonstrate meaningful use begins in 2011, it is important that you initiate your upgrade planning as soon as possible.

Q: Can we use a homegrown system to demonstrate and report on meaningful use?

A: Yes. In this situation, a customer would need to follow the same certification procedures as a software vendor, including development and certification of the product in question. Remember that ANY system used to demonstrate meaningful use MUST be certified for meaningful use.

Q: What can you do now to prepare?

A: It is important that MOSAIQ users take a proactive approach to demonstrating meaningful use. One of the first, and most important steps, is to make a detailed examination of your processes and current capabilities against the published criteria. It is apparent from both the requirements and the feedback from our other customers that the HITECH Act demands a number of new elements that aren't currently present in most oncology workflows. These elements will need to be incorporated, and we have found in past upgrades that changing behaviors is often the key to a successful transition.

We also suggest that you work direct with your upgrade specialist, account manager, education group and project management team to determine an upgrade path that is appropriate for your site. For some customers, an upgrade from a version of Multi-Access to the meaningful use-certified MOSAIQ can be accomplished with a single transition. For others, a stepped approach is a better fit. Regardless, we have the team ready, willing and able to assist you with the transition and implementation.

Finally, we recommend an engagement with STRATEGIQ, our consulting team, to isolate, prepare and help you implement the necessary workflow changes and usage of MOSAIQ. They are experts in both software and oncology workflows and can save your care and administrative teams significant time and effort by providing a comprehensive service package to help you through this change.

Q: What about registration on the CMS website?



A: If you are planning on pursuing incentive money under Medicare, you must register to do so. Registration is open as of January 3, 2011, and is done online. There is no penalty for registering in 2011 but not filing for meaningful use. http://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp
This site will also serve as the reporting function.

Q: What can you tell me about attestation in 2011 and 2012?

A: Under Medicare, the 90-day attestation period can begin as early as January 2011, or as late as October 2, 2012 for year 1. For Year 2, whether it is 2012 or 2013, use must be reported through your certified EMR.

Q: How is Elekta handling meaningful use at other U.S. facilities/health systems?

A: As you might expect, there is no one-size-fits all solution. As guidance, we are advising that customers first understand both the context of the requirements and how the requirements will change the workflow within their facility. Even our most advanced paperless customers will be forced to modify workflows to accommodate meaningful use. Physicians will be forced to complete tasks within MOSAIQ that are new to them, or have been previously handled by other staff. Information will be collected and managed within MOSAIQ that has little to no existing relevance to oncology.

As mentioned above, we have our STRATEGIQ Services group available to assist with this effort, and would be happy to make the appropriate introductions.

We are recommending our customers plan an upgrade path that takes them to version 2.3 (and beyond) in the most efficient way possible. Depending on existing versions of the software deployed, there are likely to be many new features available in the 2.3+ versions. Making a single jump from, say, version 1.6 to 2.3 may be acceptable to certain customers, but for many, a stepped upgrade path to version 2.0/2.2 then to 2.3 is a better option and what we recommend.

Q: What can sites be doing to prepare for meaningful use?

A: We will be able to provide the required software but it important to understand that workflow and process will be equally important. Customers should focus their initial effort on the planning and understanding of their processes to ensure the best possible practices are in place, and in compliance with the needs of meaningful use. We suggest customer begin with these steps:

1. CPOE – Make sure that orders are being entered in MOSAIQ either through Quick Rx or eChart Orders
2. Purchase FDB licenses so that the following items are entered with the correct data
 - a. Allergies – allergy information must be entered on every patient through Allergies and Alerts
 - b. Medication List – all patients must have their medications entered in the MOSAIQ medication list
3. Set up a lab interface
4. Purchase and implement ePrescribing (available in version 2.2 of MOSAIQ).
5. Enter the patient’s vital signs in the Vital Signs tab; at a minimum this means entering height, weight, blood pressure, temperature, and pulse

All of these are core functions currently available in MOSAIQ. While we are designing a significant number of new features to fully meet the requirements, these are all available in the current versions of MOSAIQ, and won’t change in the version that is certified in meaningful use. They represent a good starting point for many customers.



Q: Does the use of MOSAIQ as outlined in the published criteria make us eligible for "refunds vs. penalties" for meaningful use?

A: Yes but it is worth mentioning that there are several different categories – Medicare vs. Medicaid, eligible provider vs. hospital – that are defined within the bill and will impact the value, timing and amount of incentive money (and any penalties).

Q: Is MOSAIQ considered an EMR?

A: MOSAIQ is the world's most popular and well used oncology-specific EMR and will be certified as such. Aside from their care teams and clinical staff, it will be the most important tool our customers will use to demonstrate meaningful use.

Q: What about other Elekta software products?

A: The legislation is focused on EMRs. While Elekta's Laboratory, Pathology and other systems may be involved in future meaningful use objectives and associated criteria, they are not in scope at this time.

The same answer applies to Elekta's treatment planning products. While much of the information they generate is (or will be) consumed in MOSAIQ, these products are also out of the scope of the HITECH Act and the current meaningful use criteria.

Q: A number of software vendors have EMRs previously "certified" by CCHIT. Does this mean they are compliant and ready for the HITECH Act?

A: No. An EMR previously certified by CCHIT does not meet the requirements set forth under the HITECH Act and will not be capable of demonstrating or reporting on meaningful use. CCHIT has been selected as one of the HITECH Act certifying bodies and can now certify EMR's for meaningful use.

It's also important to note that there is no oncology-specific certification under the HITECH Act. This means that although a number of the requirements aren't applicable to oncology nor are they currently practiced in oncology, they must be incorporated into your daily operations.

Q: Who are the certification bodies and does it matter who certifies a product?

A: There are currently six companies who can certify software for meaningful use. They are CCHIT, Surescripts LLC, Drummond Group, ICSA Labs, InfoGard Laboratories, and SLI Global Solutions. All are approved by the Office of the National Coordinator and will test the same set of requirements.

Q: Is there any difference in criteria or incentives for medical oncology or radiation oncology?

A: No. The incentive package is the same regardless of treatment modality.

Q: Are nurse practitioners and physicians assistants eligible to receive incentive money?

A: In most cases, no. In certain cases where a region has been previously designated as underserved by physicians, PAs and LPNs can file for and receive incentive funds.

Q: How are the incentives to be paid out?

A: For eligible providers, incentives are paid out per physician. Hospitals get paid for inpatient discharges and physicians for outpatient...so there is no overlap if you are a hospital based RO physician.



Q. What are some of the specific things we will need to do to demonstrate meaningful use?

A: Here is a sampling of what the software will be required to do:

- 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
- Implement Drug-drug and drug-allergy interaction checks
- Generate and transmit permissible prescriptions electronically (ePrescribing)
- Record demographics
- Record preferred language
- Record gender, Race, Ethnicity, Date of birth
- Maintain an up-to-date problem list of current and active diagnoses
- Maintain active medication list
- Maintain active allergy list
- Record and chart changes in vital signs: Height, Weight, Blood pressure
- Calculate and display BMI
- Plot and display growth charts for children 2-20 years, including BMI
- Record smoking status for patients 13 years old or older
- Implement one clinical decision support rule relevant to specialty or high clinical priority
- Report ambulatory clinical quality measures to CMS or the States
- Provide patients with an electronic copy of their health information/labs (including diagnostic test results, problem list, medication lists, medication allergies) upon request
- Provide clinical summaries for patients for each office visit
- Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results) among providers of care and patient authorized entities electronically
- Provide variable access controls, including emergency access, automatic log-off, audit log integrity, authentication, general encryption, and encryption when exchanging electronic health information
- Implement drug formulary checks
- Incorporate clinical lab test results into certified EHR technology as structured data
- Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach
- Send reminders to patients per patient preference for preventative / follow up care
- Provide patients with timely electronic access to their health information
- Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate

Q: Which of the above criteria are already in versions 1.6/ 2.0/2.2 and will the others be in a release prior to V2.3?

A: Please refer to the release notes for the various versions, as well as the latest version of the MOSAIQ feature matrix, available on SupportPlus. We continue to update materials and regularly post updates.

Q: Where is material located on SupportPlus?

A: We have a dedicated HITECH information center on the customer-only website. First log in at <https://supportplus.impac.com/splus/login.aspx>. From there, hover over the "Oncology" Tab at the top center of



the page. Choose the seventh item on the list “Online Resources.” The first item in that menu is the “HITECH Act Information Center.”

Q: Is there information available to help better understand ePrescribing?

A: We have created a FAQ document focused on the ePrescribing incentives and penalties, which is available by request at hitech@elekta.com or eRx@elekta.com. It is also available on the HITECH Resources page on SupportPlus.