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Alerts

CMS Issues Proposed Stage 3 Meaningful Use Standards

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Health Law Alert

On March 30, 2015, the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) published proposed Stage 3 rules for the agency's Electronic Health Record Incentive Program that requires medical professionals, hospitals, and critical access hospitals to adopt and prove meaningful use of electronic health records (EHR). The public has the ability to submit comments on the proposed rules prior to final publication. The 60-day comment period closes on May 29, 2015.

A significant portion of the proposed changes address Stage 3's proposed standards for proving "meaningful use." The EHR incentive programs were designed to consist of three stages of demonstrating meaningful use. Each stage consists of increasing requirements and providers advance through each stage. Stage 3 is the final stage; it will begin in 2017 and be mandatory for all providers in 2018. For a more detailed discussion of the Stage 3 meaningful use rules, including exemptions and areas where CMS seeks comments, click here.

Overall, Stage 3's proposed meaningful use rules consist of eight objectives.

1. **Patient Health Information Protection**. All providers[1] must show that they conduct a security risk analysis of their EHR system and correct any security deficiencies.
2. **Electronic Prescribing.** Eligible Professionals must transmit more than 80% of prescriptions electronically, which is an increase from Stage 2's 50% standard. Eligible Hospitals and Critical Access Hospitals must transmit 25% of prescriptions electronically, which is an increase from the 10% standard found in Stage 2.
3. **Clinical Decision Support (CDS)**. In this category, all providers must show the use of five CDS interventions to improve performance before diagnostic or treatment action is taken in response to the intervention. CDS interventions should be tied to four clinical quality measures or, alternatively, related to high-priority health conditions. Providers must also enable and implement drug-to-drug and drug-to-allergy interaction alerts.
4. **Computerized Provider Order Entry (CPOE).** CPOE is a provider's use of computer assistance to directly enter clinical orders from a computer or mobile device. Providers must order 80% of medication orders, 60% of laboratory orders, and 60% of diagnostic imaging orders using CPOE. Stage 2 required lower percentages and did not require diagnostic imaging to be ordered using CPOE.
5. **Patient Electronic Access to Health Information**. 80% of patients must be able to electronically access their health information electronically within 24 hours of its availability to the provider. Stage 2 had required 50% of patients to have the same access within four business days. Additionally, providers must use clinically-relevant electronic information to identify and provide patient-specific electronic educational resources for 35% of their patients.
6. **Coordination of Care through Patient Engagement**. Providers must show that they are meeting 2 of the 3 categories: i) 25% patient of patients must use an approved electronic health system to access their records; ii) 35% of patients must receive a clinically-relevant secure message regarding their health care; and iii) for 15% of patients, providers must incorporate information acquired from their patients or from non-clinical settings, such as data acquired from other care providers such as nutritionists and physical therapists, as well as patient-generated data through devices such as a FitBit.
7. **Health Information Exchange**. Providers must use electronic summary of care record for patients seeking care among different providers. Providers must show that they are meeting two of the three categories: i) EHR was used in

over 50% of referrals to another provider; ii) providers receive EHR records in over 40% of referrals from another provider; and iii) electronic reconciliation must occur for over 80% of transitions of care from another or provider.

8. **Public Health and Clinical Data Registry Reporting.** Eligible Professionals must report on three of the first five public health measures, while Eligible Hospitals and Critical Access Hospitals must report on four measures out of all six. The measures are Immunization Registry Reporting, Syndromic Surveillance Reporting, Case Reporting of reportable conditions, Public Health Registry Reporting, Clinical Data Registry Reporting, and Electronic Reportable Laboratory Results. For all measures, providers must demonstrate that they are "actively engaged," rather than Stage 2's "ongoing submission" standard.

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