# Advancing Stage 3 Meaningful Use and 2015 EHR Certification Criteria: Why HIM Professionals Hold the Key

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By AHIMA's Advocacy and Policy Team

This past spring, the HIM profession saw many important regulatory changes. For starters, on March 20 the Department of Health and Human Services (HHS) announced a notice of proposed rulemaking (NPRM) for stage 3 of the "meaningful use" EHR Incentive Program. At the same time, the Office of the National Coordinator for Health Information Technology (ONC) also released its proposed 2015 edition for EHR certification criteria. On April 10, HHS released a proposed rule to revise meaningful use in 2015 through 2017.

## Overview of NPRM for MU Stage 3

The proposed third—and final—stage of meaningful use includes many opportunities for HIM professionals to help propel their organizations forward with success. As proposed, stage 3 meaningful use includes the following goals:

- Increase interoperable health data sharing
- Promote advanced use of EHR technology to improve patient engagement and coordination of care
- Improve program efficiency, effectiveness, and flexibility by aligning the EHR Incentive Program with other Centers for Medicare and Medicaid Services (CMS) quality reporting programs that use certified EHR technology (i.e., the Hospital Inpatient Quality Reporting and the Physician Quality Reporting System)

Note that stage 1 attestation will be eventually phased out. In 2016, providers using EHR technology certified in whole or in relevant part to the 2014 certification criteria may attest to either stage 1 or stage 2, but only if they're demonstrating meaningful use for the first time or had demonstrated it for the first time in 2015. Otherwise, they must attest to stage 2 objectives. Providers using EHR technology certified in whole or in relevant part to the 2015 certification criteria must attest to either stage 2 or 3 if they demonstrated meaningful use for the first time in any year prior to 2015.

Under the proposed rule, all providers must attest using stage 3 criteria by 2018 regardless of their previous levels of participation or face a downward payment adjustment—also known as a financial penalty. In addition, providers must report on meaningful use measures for a full calendar year beginning in 2017. The only exceptions will be providers participating in the Medicaid EHR Incentive Program that are attesting to meaningful use for the first time. These providers will have a 90-day reporting period. By requiring a single EHR reporting period based on the calendar year, HHS can more easily align meaningful use attestation with other quality reporting programs.

## HIM Should Take Action Now

HIM professionals must work with IT and their EHR vendors to ensure that the technology will be updated to reflect proposed stage 3 criteria by 2018. The next few years will go by quickly, and it's wise to start making preparations now. Depending on the organization's current level of participation, this shift may require significant workflow changes that must be addressed.

Consider the following questions:

- How does the proposed stage 3 meaningful use criteria compare with the organization's current stage? Note that stage 3 includes a marked difference from stages 1 and 2.
- Which providers and staff members may require additional education to ensure compliant reporting?
- Which policies must be updated to reflect new practices?

Notable is the fact that HHS will increasingly remove earlier iterations of objectives and measures that were designed to support the beginning stages of EHR implementation, such as allowing providers the option to include paper-based formats. The proposed rule states that paper-based formats would not be allowed for purposes of stage 3 meaningful use attestation. However, the agency also acknowledges that some patients may want to receive education or reminders on paper or using some other non-electronic method. HHS encourages all providers to use the method that "is most relevant for each individual patient and easiest for that patient to access."

HIM professionals can help answer these questions:

- How many patients currently prefer paper-based and other non-electronic formats of communication? Why do patients prefer these formats? What are the barriers?
- Are these patients willing to receive electronic notifications and reminders?
- If not, how might this potentially affect stage 3 attestation?
- What type of outreach can the organization use to better engage patients via an electronic medium?

## Eight Important Stage 3 Objectives

The proposed rule includes eight objectives that align with HHS' goals to advance interoperability and quality. The following is a summary of these objectives, many of which will require the strength and knowledge of HIM professionals.

1. Protect patient health information. This includes using certified EHR technology to implement technical, administrative, and physical safeguards.
2. Generate and transmit electronic prescriptions via e-prescribing.
3. Implement clinical decision support to improve high-priority health conditions.
4. Use computerized physician order entry (CPOE). In particular, providers must use CPOE for medication, laboratory, and diagnostic imaging orders directly entered by a licensed healthcare professional, credentialed medical assistant, or credentialed medical staff member.
5. Provide patients with access to their health information.
6. Engage with patients. Providers must use communication functions within certified EHR technology.
7. Provide a summary of care record. This document must be available when providers transition or refer patients to another setting of care. All providers must also be able to incorporate summary of care information from other providers into their own EHR.
8. Actively engage with a public health association or clinical data registry using certified EHR technology. Hospitals must attest to four of the following six measures:

    - Immunization registry reporting
    - Syndromic surveillance reporting
    - Case reporting
    - Public health registry reporting
    - Clinical data registry reporting
    - Electronic reportable lab results

## Proposed 2015 EHR Certification Criteria

The new proposed EHR criteria incorporates elements of the 2011 and 2014 editions, and it aligns with ONC's draft Nationwide Interoperability Roadmap that calls for expanded use of interoperable health IT by 2020. By 2024, the goal is to achieve a nationwide learning health system. Such a system would enable longitudinal records, precision medicine, and more efficient and targeted care.

The 2015 edition includes provisions that address certification criteria to support population health management, interoperability, data portability and access, improved transparency, and enhanced privacy and security capabilities. The criteria also include a path for certification of technology designed for healthcare settings in which providers are not typically eligible to qualify for meaningful use payments.

HIM professionals should note the following:

- **Changes to criteria for transitions of care.** ONC proposes to revise the 2014 edition's requirement to demonstrate both "content" and "transport" to reflect two separate testing and certification opportunities. This will create potentially more opportunities for health information exchange entities to certify transport capabilities.
- **Adoption of new minimum standard code sets.** ONC proposes to adopt newer versions of four previously-adopted minimum standard code sets (i.e., the September 2014 release of the US Edition of SNOMED CT; LOINC version 2.50; the Feb. 2, 2015 monthly version of RxNorm; and the February 2, 2015 version of the CVX code set). It also proposes to adopt two new minimum standard code sets—the National Drug Codes (NDC) and the Centers for Disease Control and Prevention's Race and Ethnicity Code System.
- **Discontinuation of the complete EHR definition.** The original definition required that providers use certified technology that met all of the setting-specific certification criteria. Under the CEHRT definition for fiscal/calendar year 2014 and beyond, providers only need EHR technology certified to the 2014 rule that meets the base definition (i.e., possessing a finite set of capabilities) and includes only the other capabilities they need for the meaningful use stage to which they are attesting.

In 2017, providers may use EHR technology that is certified using either the 2014 edition or the new proposed 2015 edition. But for the reporting period in 2018, all providers must use an EHR that has been certified with the 2015 criteria.

To view the proposed meaningful use stage 3 rule, visit www.gpo.gov/fdsys/pkg/FR-2015-03-30/pdf/2015-06685.pdf. To view the proposed 2015 certification criteria, visit www.gpo.gov/fdsys/pkg/FR-2015-03-30/pdf/2015-06612.pdf. To view the proposed modifications to meaningful use for 2015 to 2017, visit www.gpo.gov/fdsys/pkg/FR-2015-04-15/pdf/2015-08514.pdf.

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**Article citation**:
AHIMA Advocacy and Policy Team. "Advancing Stage 3 Meaningful Use and 2015 EHR Certification Criteria: Why HIM Professionals Hold the Key" *Journal of AHIMA* 86, no.7 (July 2015): 14-15.

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