The Office of the National Coordinator for Health Information Technology

CDC Centers for Disease Control and Prevention

Department of Health & Human Services · USA

Joint Public Health Forum
&
CDC Nationwide Webinar

April 16, 2015

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Joint Public Health Forum & CDC Nationwide

Agenda

- **Announcements (CDC and ONC)**
- **CMS Stage 3 and ONC 2015 Edition HIT Certification Criteria – Brief Overview** – Jim Daniel
- **CDC Programmatic Overview of Public Health Reporting in Stage 3**
  - **Immunization** – Dan Martin
  - **Syndromic Surveillance**- Mike Coletta
  - **Case Reporting-** Lesliann Helmus
  - **Cancer** – Sandy Jones
  - **National Health Care Surveys** – Clarice Brown
  - **Electronic Laboratory Reporting** – Laura Conn
- **Question and Answer Session**

CMS Stage 3 and

ONC 2015 Edition HIT Certification Criteria

Brief Overview

CMS Rule

Medicare and Medicaid Programs; Electronic Health Record Incentive Program-Stage 3

- Align all three stages of Meaningful Use into single program/rule as an option in 2017 and required for all providers in 2018
- Aligns reporting periods – full calendar year reporting for eligible professionals, eligible hospitals and critical access hospitals
- Provides simplified objectives and measures – only 8 objectives, all tied to HHS Delivery System Reform Goals

Program goal/objective	Delivery system reform goal alignment
Protect Patient Health Information	Foundational to Meaningful Use and Certified EHR Technology *. Recommended by HIT Policy Committee.
Electronic Prescribing (eRx)	Foundational to Meaningful Use. National Quality Strategy Alignment.
Clinical Decision Support (CDS)	Foundational to Certified EHR Technology. Recommended by HIT Policy Committee. National Quality Strategy Alignment.
Computerized Provider Order Entry (CPOE)	Foundational to Certified EHR Technology. National Quality Strategy Alignment.
Patient Electronic Access to Health Information	Recommended by HIT Policy Committee. National Quality Strategy Alignment.
Coordination of Care through Patient Engagement	Recommended by HIT Policy Committee. National Quality Strategy Alignment.
Health Information Exchange (HIE)	Foundational to Meaningful Use and Certified EHR Technology. Recommended by HIT Policy Committee. National Quality Strategy Alignment.
Public Health and Clinical Data Registry Reporting	**Recommended by HIT Policy Committee. National Quality Strategy Alignment.**

Objective 8: Public Health and Clinical Data Registry (CDR) Reporting

- Proposed Objective: The EP, eligible hospital, or CAH is in active engagement with a Public Health Agency (PHA) or CDR to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice.
- Six possible measures to meet the objective
  - Eligible professionals must meet three measures
  - Eligible Hospitals and Critical Access Hospitals must meet four measures

(Source: CMS Stage 3 NPRM)

Measures for Objective 8

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PUBLIC HEALTH AND CLINICAL DATA REGISTRY REPORTING OBJECTIVE		
	Maximum times measure can count towards objective	
Measure	**EP**	**eligible hospital or CAH**
Measure 1 – Immunization Registry Reporting	1	1
Measure 2 – Syndromic Surveillance Reporting	1	1
Measure 3 – Case Reporting	1	1
Measure 4 - Public Health Registry Reporting	3	4
Measure 5 - Clinical Data Registry Reporting	3	4
Measure 6 - Electronic Reportable Laboratory Results	n/a	1

Options to Meet MU (2017 only)

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First Year Provider Demonstrated Meaningful Use	Stage Option	Certification Edition required by CEHRT	EHR Reporting Period in 2017
2011- 2014	Stage 2	2014 or 2015	Full CY
	Stage 3	2014 or 2015	Full CY
2015 - 2016	Stage 1	2014 or 2015	Full CY
	Stage 2	2014 or 2015	Full CY
	Stage 3	2014 or 2015	Full CY
2017	Stage 1	2014 or 2015	Full CY
	Stage 2	2014 or 2015	Full CY
	Stage 3	2015	Full CY

- *Starting in 2018 providers must use 2015 CEHRT and meet Stage 3 for the full year*
- *Medicaid providers demonstrating meaningful use for the first time may use an EHR reporting period of any continuous 90 days.*

ONC Rule

2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications

- New 2015 Base EHR Definition
- No optional/required criteria – developers should choose the criteria relevant to their purpose
- Can be used beyond CMS EHR Incentive Program

Objective 8 - Measures and Standards

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Measure	Standard	Implementation Guide
Measure 1 – Immunization Registry Reporting	170.315(f)(1)	HL7 Version 2.5.1: Implementation Guide for Immunization Messaging, Release 1.5 (October 2014)
Measure 2 – Syndromic Surveillance Reporting	170.315(f)(2)	PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent, Ambulatory Care, and Inpatient Settings, Release 2.0, September 2014 ("Release 2.0")
Measure 3 – Case Reporting	170.315(f)(5)	IHE Quality, Research, and Public Health Technical Framework Supplement, Structured Data Capture, Trial Implementation (September 5, 2014)
Measure 4 - Public Health Registry Reporting	170.315(f)(4) 170.315(f)(6) 170.315(f)(7)	HL7 Implementation Guide for CDA© Release 2: Reporting to Public Health Cancer Registries from Ambulatory Healthcare Providers Release 1 HL7 Implementation Guide for CDA ® Release 2—Level 3: Healthcare Associated Infection Reports, Release 1, U.S. Realm (August 2013) HL7 Implementation Guide for CDA ® Release 2: National Health Care Surveys (NHCS), Release 1—US Realm, Draft Standard for Trial Use (December 2014),
Measure 5 - Clinical Data Registry Reporting		
Measure 6 - Electronic Reportable Laboratory Results	170.315(f)(3)	HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 2 (US Realm), DSTU R1.1, 2014 or "Release 2, DSTU R1.1

2015 Edition NPRM: Public Comment Opportunities

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Public comments will be accepted through May 29, 2015.

- Read the proposed rule: (public inspection version) https://www.federalregister.gov/articles/2015/03/30/2015-06612/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base
- Public comment template for 2015 Ed Rule
  (Available at: http://www.healthit.gov/policy-researchers-implementers/standards-and-certification-regulations

Other 2015 Edition Resources:

- Press release: http://www.healthit.gov/sites/default/files/HHS_Proposes_Rules_Path_Inop_FINAL_FORMATTED.docx
- Fact sheet: http://www.healthit.gov/sites/default/files/ONC-Certification-Program-2015-Edition_FactSheet.pdf
- ONC regulations: http://www.healthit.gov/policy-researchers-implementers/standards-and-certification-regulations
- Contact: Michael.Lipinski@hhs.gov

Stage 3 NPRM:
Public Comment Opportunities

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Public comments will be accepted through May 29, 2015. Please consider using the comment template ONC has provided.

- Read the proposed rule: (public inspection version) https://www.federalregister.gov/articles/2015/03/30/2015-06685/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3

Other Stage 3 Resources:

- Press release: http://www.hhs.gov/news/press/2015pres/03/20150320a.html
- CMS MU regulations: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html
- Contact: Elise.Anthony@hhs.gov to discuss specific proposals in Stage 3.

CDC Programmatic Overview of Public Health Reporting in Stage 3

Objective 8: Public Health and Clinical Data Registry Reporting

Measure 1 – Immunization Registry Reporting

***Dan Martin**, Public Health Analyst, Immunization Information Systems Support Branch / National Center for Immunization and Respiratory Diseases / CDC*

Active engagement

"Active engagement means that the provider is in the process of moving towards sending "production data" to a PHA or CDR, or—is sending production data to a PHA or CDR."

- Active Engagement Option 1–Completed Registration to Submit Data
- Active Engagement Option 2 - Testing and Validation
- Active Engagement Option 3 – Production

(Source: CMS Stage 3 NPRM)

Measure 1 – Immunization Registry Reporting

"Immunization Registry Reporting" is one of the measures under Objective 8 - Public Health and Clinical Data Registry Reporting.

"We propose that to successfully meet the requirements of this measure, bidirectional data exchange between the provider's certified EHR technology system and the immunization registry/IIS is required."

"…to submit immunization data and receive immunization forecasts and histories…"

(Source: CMS Stage 3 NPRM)

Exclusions for Measure 1 – Immunization Registry Reporting:

(1) Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period

(2) Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period

(3) Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data at the start of the EHR reporting period.

(Source: CMS Stage 3 NPRM)

§ 170.315(f)(1) - Transmission to immunization registries

- Adopt an updated IG (HL7 Version 2.5.1: Implementation Guide for Immunization Messaging, Release 1.5)
- Require National Drug Codes (NDC) for recording administered vaccines
- Require CVX codes for historical vaccines
- Require a Health IT Module presented for certification to this criterion to be able to display an immunization history and forecast from an immunization registry.
- Immunization Forecasting is listed in § 170.315(a)(23) (Decision support – service) as an option for CDS

(Source: 2015 Edition HIT Certification Criteria NPRM)

CDC Programmatic Overview of Public Health Reporting in Stage 3

Objective 8: Public Health and Clinical Data Registry Reporting

Measure 2 – Syndromic Surveillance

***Michael Coletta**, National Syndromic Surveillance Program Manager, Division of Health Informatics and Surveillance /Center for Surveillance, Epidemiology, and Laboratory Services / CDC*

Measure 2—Syndromic Surveillance Reporting

- We are distinguishing between EPs and eligible hospital or CAHs reporting locations because, as discussed in the Stage 2 final rule, few PHAs appeared to have the ability to accept non-emergency or non-urgent care ambulatory syndromic surveillance data electronically (77 FR 53979). We continue to observe differences in the infrastructure and current environments for supporting electronic syndromic surveillance data submission to PHAs between eligible hospitals or CAHs and EPs. Because eligible hospitals and CAHs send syndromic surveillance data using different methods as compared to EPs, we are defining slightly different exclusions for each setting as described later in this section.

(Source: CMS Stage 3 NPRM)

Exclusion for Measure 2 (EPs) – Syndromic Surveillance

Exclusion for EPs for Measure 2: Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP: (1) Does not treat or diagnose or directly treat any disease or condition associated with a syndromic surveillance system in their jurisdiction; (2) operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period.

(Source: CMS Stage 3 NPRM)

Exclusion for Measure 2 (EHs, CAHs) – Syndromic Surveillance

Exclusion for eligible hospitals/CAHs for Measure 2: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH: (1) Does not have an emergency or urgent care department; (2) operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs at the start of the EHR reporting period.

(Source: CMS Stage 3 NPRM)

§ 170.315(f)(2) Transmission to public health agencies—syndromic surveillance

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Emergency Department, Urgent Care, and Inpatient Settings

- We propose to adopt the PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent, Ambulatory Care, and Inpatient Settings, Release 2.0, September 2014 ("Release 2.0").
- Given the improvements included in Release 2.0 of the IG, we propose to adopt it at § 170.205(d)(4) and include it in the 2015 Edition "transmission to public health agencies—syndromic surveillance" certification criterion for emergency department, urgent care, and inpatient settings.

(Source: 2015 Edition HIT Certification Criteria NPRM)

§ 170.315(f)(2) Transmission to public health agencies—syndromic surveillance

Ambulatory Syndromic Surveillance

- We propose to permit, for ambulatory setting certification, the use of any electronic means for sending syndromic surveillance data to public health agencies as well as optional certification to certain syndromic surveillance data elements. In the 2014 Edition Release 2 final rule, we adopted a certification criterion for ambulatory syndromic surveillance at § 170.314(f)(7) that permits use of any electronic means of sending syndromic surveillance data to public health agencies for ambulatory settings. We adopted this criterion to provide EPs under the EHR Incentive Programs to meet the Stage 2 syndromic surveillance objective with the use of CEHRT. Because there were no IGs to support HL7 2.5.1 messaging or query-based syndromic surveillance for ambulatory settings, we expanded our policy to provide more flexibility to EPs to meet the syndromic surveillance objective.

(Source: 2015 Edition HIT Certification Criteria NPRM)

Measure 3: Public Health Case Reporting

CDC Programmatic Overview of Public Health Reporting in Stage 3

Objective 8: Public Health and Clinical Data Registry Reporting

Measure 3 – PH Case Reporting

***Lesliann Helmus**, MS, National Notifiable Diseases Program Manager, Division of Health Informatics and Surveillance / Center for Surveillance, Epidemiology and Laboratory Services / Office of Public Health Scientific Services / CDC*

Measure 3: Public Health Case Reporting

This is a new reporting option that was not part of Stage 2. The collection of electronic case reporting data greatly improves reporting efficiencies between providers and the PHA. Public health agencies collect "reportable conditions", as defined by the state, territorial, and local PHAs to monitor disease trends and support the management of outbreaks. In many circumstances, there has been low reporting compliance because providers do not know when, where, or how to report. In some cases, the time burden to report can also contribute to low reporting compliance. However, electronic case reporting presents a core benefit to public health improvement and a variety of stakeholders have identified electronic case reporting as a high value element of patient and continuity of care. Further, we believe that electronic case reporting reduces burdensome paper-based and labor-intensive case reporting.

(Source: CMS Stage 3 NPRM)

Exclusion for Measure 3 – Case Reporting

Any EP, eligible hospital, or CAH meeting one or more of the following criteria may be excluded from the case reporting measure if the EP, eligible hospital, or CAH: (1) Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period; (2) operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data at the start of the EHR reporting period.

(Source: CMS Stage 3 NPRM)

§ 170.315(f)(5) Transmission to public health agencies – Case Reporting

We propose to adopt a certification criterion for electronic transmission of case reporting information to public health that would require a Health IT Module to be able to electronically create case reporting information for electronic transmission in accordance with the IHE Quality, Research, and Public Health Technical Framework Supplement, Structured Data Capture, Trial Implementation (September 5, 2014) standard, which we propose to adopt at § 170.205(q)(1). As mentioned above, this standard and our proposal include compliance with other existing standards. One such standard is the CDA Release 2.0, which is a foundational standard for use in sending and receiving case reporting information.

- To note, for testing to this criterion, a Health IT Module would need to demonstrate that it can create and send a constrained transition of care document to a public health agency, accept a URL in return, be able to direct end users to the URL, and adhere to the security requirements for the transmission of this information.

(Source: 2015 Edition HIT Certification Criteria NPRM)

§ 170.315(f)(5) Transmission to public health agencies – Case Reporting

We recognize that the Fast Health Interoperability Resource (FHIR®) REST API and FHIR-based standard specifications will likely play a role in an interoperable health IT architecture. FHIR resources that implement SDC concepts and support the use of case reporting to public health would likely play a role in that scenario. The current HL7 FHIR Implementation Guide: Structure Data Capture (SDC), Release 1 is a "draft for comment" with a DSTU ballot planned for mid-2015. Given this trajectory, we solicit comment on whether we should consider adopting the HL7 FHIR Implementation Guide: SDC DSTU that will be balloted in mid-2015 in place of, or together with, the IHE Quality, Research, and Public Health Technical Framework Supplement. We are aware of a proposed HL7 working group known as the Healthcare Standards Integration Workgroup that will collaborate on FHIR resources considered co-owned with the IHE-HL7 Joint Workgroup within IHE. The implementation guides created from the S&I SDC Initiative is part of this joint workgroup's area of responsibility. Therefore, we intend to work with these coordinated efforts to ensure a complementary and coordinated approach for case reporting using SDC.

(Source: 2015 Edition HIT Certification Criteria NPRM)

CDC Programmatic Overview of Public Health Reporting in Stage 3

Objective 8: Public Health and Clinical Data Registry Reporting

Measure 4 - Public Health Registry Reporting

- **Cancer Case Reporting**

***Sandy Jones**, Public Health Advisor, Division of Cancer Prevention and Control / National Center for Chronic Disease Prevention and Health Promotion / CDC*

Measure 4 Public Health Registry Reporting (Cancer Case Reporting)

For the Stage 3 public health registry reporting measure, given the desire to provide more flexible options for providers to report to the registries most applicable for their scope of practice, we propose that EPs would have the option of counting cancer case reporting under the public health registry reporting measure. We note that cancer case reporting is not an option for eligible hospitals and CAHs under this measure because hospitals have traditionally diagnosed or treated cancers and have the infrastructure needed to report cancer cases.

(Source: CMS Stage 3 NPRM)

Exclusions for Measure 4 Public Health Registry Reporting

Any EP, eligible hospital, or CAH meeting at least one of the following criteria may be excluded from the public health registry reporting measure if the EP, eligible hospital, or CAH: (1) Does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period; (2) operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no public health registry for which the EP, eligible hospital, or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

(Source: CMS Stage 3 NPRM)

§ 170.315(f)(4) Transmission to cancer registries

- HL7 Implementation Guide for CDA© Release 2: Reporting to Public Health Cancer Registries from Ambulatory Healthcare Providers Release 1 or "HL7 IG Release 1"
- We propose to include the September 2014 Release of the U.S. Edition of SNOMED CT® and LOINC® version 2.50 in this criterion. We refer readers to section III.A.2.d ("Minimum Standards" Code Sets) for further discussion of our adoption of SNOMED CT® and LOINC® as minimum standards code sets and our proposals to adopt the versions cited above, or potentially newer versions if released before a subsequent final rule, as the baselines for certification to the 2015 Edition.

(Source: 2015 Edition HIT Certification Criteria NPRM)

§ 170.315(f)(4) Transmission to cancer registries

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- Aligns with C-CDA Release 2.0 templates, where possible;
- Adds new data elements, including grade, pathologic TNM stage, family history of illness, height and weight, discrete radiation oncology items, planned medications, and planned procedures;
- Changes optionality for some data elements in response to cancer community input and to align with C-CDA Release 2.0 templates;
- Improves documentation and aligns conformance statements with table constraints;
- Adds some new vocabulary links and a new reportability list for ICD-10-CM;
- Fixes some within-document references;
- Fixes some LOINC® codes;
- Fixes some Code System and Value Set Object Identifiers;
- Fixes some conformance verbs;
- Improves sample XML snippets;
- Fixes some conformance verbs and data element names in Appendix B "Ambulatory Healthcare Provider Cancer Event Report—Data Elements"; and
- Fixes a value in the value set.

(Source: 2015 Edition HIT Certification Criteria NPRM)

CDC Programmatic Overview of Public Health Reporting in Stage 3

Objective 8: Public Health and Clinical Data Registry Reporting

Measure 4 - Public Health Registry Reporting

- **National Health Care Surveys**

***Clarice Brown**, Director, Division of Health Care Statistics / National Center for Health Statistics / Office of Public Health Scientific Services / CDC*

Exclusions for Measure 4 Public Health Registry Reporting

Any EP, eligible hospital, or CAH meeting at least one of the following criteria may be excluded from the public health registry reporting measure if the EP, eligible hospital, or CAH: (1) Does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period; (2) operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no public health registry for which the EP, eligible hospital, or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

(Source: CMS Stage 3 NPRM)

§ 170.315(f)(7) Transmission to public health agencies—health care surveys

HL7 Implementation Guide for CDA ® Release 2: National Health Care Surveys (NHCS), Release 1—US Realm, Draft Standard for Trial Use (December 2014),which we propose to adopt at § 170.205(s)(1).

- Automating the survey process using the CDA standard streamlines the collection of data and increases the sample pool by allowing all providers who want to participate in the surveys to do so. The HL7 Implementation Guide defines the electronic submission of the data to the CDC. We clarify that the IG is intended for the transmission of survey data for both the NAMCS (*e.g.,* for ambulatory medical care settings) and NHAMCS (*e.g.,* for hospital ambulatory settings including emergency departments and outpatient departments).

(Source: 2015 Edition HIT Certification Criteria NPRM)

CDC Programmatic Overview of Public Health Reporting in Stage 3

Objective 8: Public Health and Clinical Data Registry Reporting

Measure 6 -Electronic Reportable Laboratory Results

***Laura Conn**, MPH, Director, Health Information Strategy Activities / Center for Surveillance, Epidemiology, and Laboratory Services / Office of Public Health Scientific Services / CDC*

Exclusion for Measure 6 – Electronic Reportable Laboratory Result Reporting

Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the electronic reportable laboratory result reporting measure if the eligible hospital or CAH: (1) Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period; (2) operates in a jurisdiction for which no public health agency is capable of accepting the specific ELR standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from an eligible hospital or CAH at the start of the EHR reporting period.

(Source: CMS Stage 3 NPRM)

§ 170.315(f)(3) Transmission to public health agencies—reportable laboratory tests and values/results

HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 2 (US Realm), DSTU R1.1, 2014 or "Release 2, DSTU R1.1"

- Corrects errata;
- Updates Objective Identifiers;
- Applies conformance statements from the LRI DSTU;
- Provides technical corrections; and
- Updates usage for consistent treatment of modifier fields.

(Source: 2015 Edition HIT Certification Criteria NPRM)

§ 170.315(f)(3) Transmission to public health agencies—reportable laboratory tests and values/results

We propose to include the September 2014 Release of the U.S. Edition of SNOMED CT® and LOINC® version 2.50 in this criterion. We refer readers to section III.A.2.d ("Minimum Standards" Code Sets) for further discussion of our adoption of SNOMED CT® and LOINC® as minimum standards code sets and our proposals to adopt the versions cited above, or potentially newer versions if released before a subsequent final rule, as the baselines for certification to the 2015 Edition.

(Source: 2015 Edition HIT Certification Criteria NPRM)

Medicare and Medicaid Programs; Electronic Health Record Incentive Program-- Modifications to Meaningful Use in 2015 through 2017

“Need for Regulatory Action”

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“to better align the objectives and measures of meaningful use for 2015 through 2017 with the proposed Stage 3 requirements which would be optional in 2017 and required beginning in 2018, we are proposing to make similar modifications to Stage 1 and Stage 2 of the EHR Incentive Programs.”

(Source: CMS – Modifications to Meaningful Use in 2015 through 2017)

"Proposed Objective"

- Proposed Objective: The EP, eligible hospital, or CAH is in active engagement with a Public Health Agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited and in accordance with applicable law and practice.

(Source: CMS – Modifications to Meaningful Use in 2015 through 2017)

“a single objective with multiple measure options”

“For the public health reporting objectives and measures, we are proposing to consolidate the different Stage 2 core and menu objectives into a single objective with multiple measure options. We proposed this approach for the Stage 3 public health reporting objective.”

(Source: CMS – Modifications to Meaningful Use in 2015 through 2017)

Measures

- Measure 1 – Immunization Registry Reporting
- Measure 2 – Syndromic Surveillance Reporting
- Measure 3 – Case Reporting
- Measure 4 - Public Health Registry Reporting
- Measure 5 - Clinical Data Registry Reporting
- Measure 6 - Electronic Reportable Laboratory Results *[Eligible hospitals and CAH only]*

Stage 1

"If a provider is scheduled to attest to Stage 1 of meaningful use in 2015, we propose to allow these EPs in 2015 to select to report on only 1 of the 5 available options outlined in section II.B.2.j. of this proposed rule and these eligible hospitals and CAHs in 2015 to select to report on any combination of 2 of the 6 available options in section II.B.2.j. of this proposed rule."

(Source: CMS – Modifications to Meaningful Use in 2015 through 2017)

Stage 2

"In addition, EPs would be required to report on a total of 2 measures from the public health reporting objective or meet the criteria for exclusion from up to 5 measures, and eligible hospitals and CAHs would be required to report on a total of 3 measures from the public health reporting objective or meet the criteria for exclusion from up to 6 measures."

(Source: CMS – Modifications to Meaningful Use in 2015 through 2017)

".. does not fundamentally change a provider's ability .."

"As mentioned previously, we are proposing to adopt the consolidated Stage 3 version of the public health reporting objectives for all providers to demonstrate meaningful use for an EHR reporting period in 2015 through 2017. We note that this change does not fundamentally change a provider's ability to demonstrate meeting the requirements of meaningful use with any actions they may have already taken or are in the progress of taking to meet the prior requirements of meaningful use defined in the Stage 1 and Stage 2 rules for public health reporting. These requirements are currently defined at (75 FR 44325 through 44326) for EPs and (75 FR 44364 through 44368) for eligible hospitals and CAHs in the Stage 1 final rule. In the Stage two final rule the requirements may be found at (77 FR 54021 through 54026) for EPs and (77 FR 54029 through 54031) for eligible hospitals and CAHs. We further note that this change does not require the addition of any new technology or standard not already available in CEHRT to demonstrate meaningful use in 2014."

(Source: CMS – Modifications to Meaningful Use in 2015 through 2017)

Certification Requirements

"Under this proposed rule, we are not proposing changes to the individual certification requirements for the objectives and measures of meaningful use for an EHR reporting period in 2015 through 2017. Until a transition to EHR technology certified to the 2015 Edition is required (proposed in the Stage 3 proposed rule beginning with an EHR reporting period in 2018 at (80 FR 16767 and 16768), we are proposing that providers would continue to use EHR technology certified to the 2014 Edition for an EHR reporting period in 2015, 2016, and 2017. As outlined in the Stage 3 proposed rule, providers may upgrade early to EHR technology certified to the 2015 Edition for an EHR reporting period prior to 2018. (For further information on this, and to review the applicable definition of CEHRT, we direct readers to the Stage 3 proposed rule at (80 FR 16767 and 16768)."

(Source: CMS – Modifications to Meaningful Use in 2015 through 2017)

“remove the prior ongoing submission requirement “

“In the Stage 3 proposed rule, we highlighted our intention to remove the prior ongoing submission requirement and replace it with an "active engagement" requirement. We believe that "active engagement" as defined in the Stage 3 rule at (80 FR 16739 and 16740) and reiterated in this section is more aligned with the process providers undertake to report to a clinical registry or to a PHA.”

(Source: CMS – Modifications to Meaningful Use in 2015 through 2017)

Mod Rule Wrap-up

- Additional PH Stage 3 modifications for Stages 1 and 2
  - Same measures, same exclusions
  - "Active Engagement" replaces "ongoing submission"
  - Should result in a single on-boarding process
  - No companion ONC rule
- The Mod Rule NPRM
  - https://federalregister.gov/a/2015-08514
- Mod Rule Comments
  - http://www.regulations.gov/#!submitComment;D=CMS_FRDOC_0001-1674
- Mod Rule Comments due
  - To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on June 15, 2015.

Discussion & Questions

Questions