



## **Beyond the Flexibility Rule**

### **Stage 2 Meaningful Use in 2015**

By John Netti

If you are heading into Stage 2 of meaningful use and feel like a deer in headlights, you are not alone. Many medical practices that breathed a sigh of relief when they attained meaningful use using the Flexibility Rule in 2014 are already behind the eight ball as they face a twelve month reporting period. The Stage 2 bar is set very high and will require an intense focus to reach it this year.

In addition to worrying about pre- and post- payment audits that are being conducted by the Centers of Medicare and Medicaid Services (CMS), the Stage 2 measures present a significant headache to most medical groups. One example is core measure 15, Summary of Care. This measure requires sending complete and comprehensive referral information on patients that move from one setting of care to another. It entails a standardized clinical data set and the use of rigid communication protocols commonly referred to as "Direct".

The Summary of Care measure has three sub-measures. The most challenging of the three is that at least 10% of patients transitioned or referred to another setting of care have an electronic Summary of Care sent AND an acknowledgement that it was received. To accomplish this the recipient of the Summary of Care must have a Direct address. Also, the document must be generated by the sender's Certified Electronic Health Record Technology (CEHRT).

A practice attempting to meet this measure should contact its physician referral base to ensure that the DIRECT addresses of its physicians are accessible from the EHR. If your EHR does not have a physician directory, then the Direct addresses of the physicians you refer to will need to be entered manually. Also, since EHR vendors may utilize varying means to transport Summary of Care documents (although all methods must be compliant with established protocols), it makes sense to review how well your product will work for your practice before committing to it. Typically a regional health information organization (RHIO) will provide a means to meet this measure and can be used as an alternative to your EHR vendor's solution. Some companies will charge an additional fee for this capability. Also, it should be noted that a common complaint from practices is that they are being inundated with too much information from their referral sources who attempting to meet this measure.

Menu Set measures in Stage 2 have also changed significantly and present some unique challenges. An EP must choose three of six measures and you can no longer can take an exclusion on a measure which

you have the ability to do. The easiest two of the six menu measures to meet are the Family Health History and Electronic Notes and three of the remaining four involve registries.

One of the registry measures is Electronic Syndromic Surveillance, which is not available to practices in Upstate New York. Another menu measure entails the identification and reporting of cancer cases to a public health registry. The use of the cancer registry In New York State is restricted to a few types of specialties which deal heavily with cancer cases and therefore is not an option for most practices in our area.

The third registry type menu measure involves the identification and reporting of cases to a specialized registry (other than cancer). For a registry to be acceptable for this measure it must be “sponsored by” a national specialty society. To meet this measure a practice should research the registries provided by its professional organization and ensure that it meets CMS defined criteria.

The remaining menu measure, and the one that most practices will have to choose because of their limited options, is Imaging Results. This measure is the percentage of radiologic orders an EP enters into the system that have an electronic image accessible via the EHR. Although there are different ways to meet this measure, the most practical is a link embedded within the radiology report that is provided by the radiologist. The link must take the EP directly into the image without requiring him/her to sign in or to search for the patient. To deploy this option, it will be necessary to involve your EHR vendor and most likely the provider of radiology services. This process can take several weeks and if you are already in your reporting period you should make it a high priority to address it as soon as possible.

Stage 2 has some big challenges, only a few of which have been discussed in this article. The most arduous in 2015 however, is the twelve month reporting period. The clock is ticking and your EHR is accumulating data each day. Now is the time to refocus on the daunting tasks of Stage 2.

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