



THE SUMMER OF EHR DISCONTENT

CMS Delights Practices in The Spring but Then Goes Dark About Meaningful Use Announcement

By John Netti

On April 15th, 2015, the Centers for Medicare and Medicaid Services (CMS) announced “Modifications to Meaningful Use in 2015 through 2017”. The announcement significantly lightened the burden for providers needing to reach Stage 2 of meaningful use in 2015. It was not however, the “final rule”. It required a minimum of ninety days for public commentary before it could become official. Ninety days has come and gone and as this article is being written in early October there is still no word from CMS. The entire electronic health record user community remains in the dark. Large numbers of practices will not achieve meaningful use in 2015 without the proposed rule change, leaving them open to Medicare reimbursement penalties. Needless to say the result is a great deal of anxiety.

Unfortunately, even if the ruling passes tomorrow as proposed, CMS has squandered an opportunity to allow practices to plan the use of their precious staff and time resources over the summer months and perhaps more efficiently apply them to other high priority projects such as ICD-10 implementation. Managing a medical practice has become more and more difficult over the last several years, but when the rules become a moving target, it can put even the best run practice at risk.

The idea of rolling back meaningful use for this year came as a very welcome surprise. In 2014 the EHR software industry had been rocked by problems meeting certification requirements. Practices were left scrambling to make their EHR software work. CMS finally stepped in and relaxed the rules, allowing the use of Stage 1 in place of Stage 2 measures for 2014 only. Most practices made it over the 2014 hurdles, but as they entered 2015 many still faced vendor software problems. Also, certain Stage 2 measures proved to be unusually difficult to meet. These involve patients having to take an action. For example, sending an electronic secure message to their provider or the requirement to access their health record electronically.

These activities require educating and training patients. They also change the way patients interact with providers. Both take time to implement and are even more challenging for those practices with elderly patient populations. Consequently, when the April announcement became public and nearly eliminated both of these measures for this year, there was a great sigh of relief. Additionally, the proposed rule provided a change from a twelve to a three-month reporting period. This would allow time to address product issues lingering from 2014 and also make the necessary workflow changes needed to meet the daunting Stage 2 measures.

It's no wonder why the sense of relief after the announcement was palpable. However, as the summer months passed by with no word about the status of the rule, frustration and even anger replaced the elation. Many providers will not make it to meaningful use in 2015 if the change does not take place. Some providers have become so frustrated with the meaningful use program that they are considering throwing in

the towel and simply taking Medicare reimbursement penalties instead. However, two other announcements that came out this Spring should give these naysayers reason for pause.

One announcement was for Stage 3 of Meaningful Use and the second was about the passage into law of the Merit-based Incentive Payment System (MIPS). These are closely intertwined. The Stage 3 announcement (also still not finalized) establishes it as the final stage in the meaningful use program. Moving to Stage 3 is mandatory for all providers in 2018. Under the new MIPS payment system, meeting Stage 3 of meaningful use will be one of the four categories providers will be measured on to determine reimbursement. This determination will be made from year-to-year beginning in 2019. It appears that Meaningful Use is not going away and will likely become more and more important to reimbursement as time goes on.

As the summer of 2015 passes and we enter the fourth quarter of the year with a deafening silence from CMS rule makers, we can anticipate that the final announcement will ultimately accommodate most of the concerns practices have in meeting Stage 2 measures. It is hard to imagine the uproar that will result if this does not happen. However, we can also expect a few more years of turmoil in the program. But eventually, if all goes as announced this past spring, Meaningful Use uncertainty will cease and meeting the measures will become standard operating procedure at the Stage 3 level as well as an essential component of provider payment.

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