



The Meaningful Use Train Is Leaving the Station

CMS Announces Stage 3

by

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One of the last things medical practices want to hear about right now is Stage 3 of meaningful use. Many had to give up on Stage 2 last year and are wrestling with it in 2015. Nonetheless, on March 20th, the Centers of Medicare and Medicaid Services (CMS) announced a proposal for Stage 3 of meaningful use. Concurrently, the Office of National Coordinator, which is responsible for certifying electronic health record (EHR) systems, announced specifications for a new 2015 EHR certified electronic health record technology (2015 CEHRT) which will be required to meet Stage 3.

Where do practices stand with meaningful use today? Most attested to Stage 1 for 2014 even though many of them were slated for Stage 2. CMS put in place the Flexibility Rule to help those who were impacted by problems with EHR software, allowing them to meet the easier Stage 1 measures. However, large numbers of practices, are now facing Stage 2 and are still ill-prepared to meet it for a full twelve months. They are once again looking for relief from CMS, hoping that legislation before Congress will pass, shortening the reporting period to ninety days. Without this change, many will again fall short of Stage 2 in 2015.

Needless to say, the Stage 3 proposed rule is not high on the priority list of most practices. However, the announcement sends a strong message about where the program is going, which is well worth noting. Consideration should be given to Stage 3 as practices plan for the future.

The most significant takeaway from the Stage 3 announcement is that meaningful use is here to stay. It is a permanent fixture for practices to deal with and there are substantial penalties for noncompliance. Also, the proposed rule positions Stage 3 as the destination of the meaningful use journey. It states that all eligible professionals (EPs) must meet a single set of meaningful use measures each and every year beginning in 2018 and into the future, regardless of their prior participation in the program.

The underlying message to those who have avoided the program until now is, “get on the meaningful use train while you can”. By announcing the Stage 3 proposed rule at this early date, CMS is giving late adopters about thirty months to get a certified EHR in place and move rapidly through the first two stages of meaningful use before beginning the required Stage 3 in 2018. This is a feat that their early adopter colleagues will have had between five and seven years to accomplish.

Financial reasons for participating in the meaningful use program will continue to become more and more significant as reimbursement evolves to a pay-for-performance system. It is clear from the

language in the rule that EHRs will provide outcomes data for several CMS quality programs. An even more compelling reason for specialty practices to stay with meaningful use is the need to secure their referral sources. Communicating clinical information electronically using secure protocols when a patient is transitioned to another setting of care is a core Stage 3 requirement. A practice's inability to accept this information electronically may negatively impact efforts by referral sources to meet their meaningful use goals and influence referral decisions.

Additionally, as patients continue to develop into consumers they will come to expect a more direct interaction with their providers and online access to their health information. This is a primary focal point of Stage 3 of meaningful use.

There is no question that staying on the meaningful use track is not easy. It will require a concerted effort by all participants, especially those who are behind in the process. The challenge is substantial for newcomers to the program in 2015. For example, they will need to acquire a 2014 certified version of software then migrate to a 2015 version by some point during 2017. However, the alternative is not good. Becoming isolated as a practice in a connected healthcare community could have a harmful effect on the health of the practice.

To help ease the burden of migrating to the 2015 CEHRT and to aid in making the needed workflow changes for Stage 3 in 2018, CMS has slated 2017 as a "transition year". CMS will allow EPs the ability to determine which stage of meaningful they will report on in 2017. Although an EP will be unable to return to an earlier stage of meaningful use, providers may move forward to any more advanced stage they choose. By moving forward to Stage 2 in 2017 when it might otherwise stay at Stage 1, an early adopter practice can avoid "measure shock" i.e. having to move from Stage 1 to Stage 3 in a single leap in one year (between 2017 and 2018). This would be extremely difficult.

Furthermore, any practice that wishes to move to Stage 3 in 2017 from Stage 2 (or Stage 1) may do so as well. It will be optional. This approach may provide an opportunity to work out any issues with the 2015 CEHRT and address workflow changes that need to be made. If for some reason the Stage 3 measures are not attainable in 2017 for these practices, they would have the option to remain at Stage 2, regroup, and continue to prepare for 2018 when Stage 3 will be required of everyone.

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