Meaningful Use and Public Health

Stage 1: Three PH objectives:

1) Immunization Registry reporting
2) Syndromic Surveillance reporting
3) Electronic Laboratory Results reporting (Hospital only)

Stage 2: Five PH objectives:

1) Immunization Registry reporting
2) Syndromic Surveillance reporting
3) Cancer Registry reporting (Clinics Only)
4) Specialized Registry reporting (Clinics Only)
   (e.g. Prescription Monitoring Program PDMP, EHDDI and National Associations)
5) Electronic Laboratory Results reporting (Hospitals only)

Stage 3: One PH objective with Six measures:

1) Immunization Registry reporting – adds receive back forecasts and histories
2) Syndromic Surveillance reporting
3) Reportable Conditions Case reporting **NEW** (e.g. to WDRS)
4) Public Health Registry reporting combines cancer and specialized registry (e.g. WSRC, PDMP, EHDDI, HAI-NHSN, National Hospital Care Survey, Hospital Abstract Reporting)
5) Clinical Data Registry reporting **NEW** (e.g. HCA's Link4Health) (e.g. NQRN, National Assoc)
6) Electronic Laboratory Results reporting (Hospitals only)

Stage [a] (Timeframe)	Public Health Objectives	Eligible Professionals (EP) Clinics [b]	Eligible Hospitals (EH) and CAH
I [c] (2011–2017)	Immunization registry reporting (WSIIS)	Optional	Optional
	Syndromic Surveillance reporting	Optional	Optional
	Electronic laboratory reporting	N/A	Optional
Total for I		Must pick 1 of 2	Must pick 1 of 3
II [d] (10/1/13–2017)	Immunization registry reporting (WSIIS)	Required	Required
	Syndromic surveillance reporting	Optional [e]	Required (if has ED)
	Cancer Registry reporting (WSCR)	Optional [e]	N/A
	Other Specialized Registry reporting	Optional [e]	N/A
	Electronic laboratory reporting	N/A	Required
Stage (Timeframe)	Public Health Measures	Eligible Professionals (EP) Clinics [b]	Eligible Hospitals (EH) and CAH
III [g] (2017–2021)	Immunization registry reporting	Optional	Optional
	Syndromic surveillance reporting	Optional	Optional
	Case reporting of reportable conditions	Optional	Optional
	Public health registry reporting	Optional x3	Optional x4
	Clinical data registry reporting	Optional x3	Optional x4
	Electronic reportable laboratory results	N/A	Optional
Total for III		Must pick 3 of 5	Must pick 4 of 6

Proposed

[a] Each stage lasts for 2-3 years after enrollment. EHs and EPs must work through the stages consecutively; each stage is a pre-requisite for the following stage until 2017. They may enroll at any time during the timeframe for that stage. The timeframes vary for Medicare and Medicare incentives.

[b] EPs = Doctors of medicine, osteopathy, dental surgery/medicine, podiatry, optometry, chiropractor; nurse practitioners; certified nurse-midwives; physician assistants (note does NOT include pharmacists and mental health counselors).

[c] Enrollment must be initiated by 2014 (Medicare) and 2016 (Medicaid). Stage 1 only requires that a test message be sent.

[d] October 1, 2013 enrollment is only for EHs. EPs may enroll January 1, 2014. Stage 2 requires ongoing transmission to be established.

[e] Stage II: there are 6 total optional objectives 3 of which are PH. EPs must pick 3 of the 6 optional objectives.

[f] Potential registries can be maintained by Public Health, National Specialty Societies, patient safety or quality improvement organizations. The applicable registries are not further defined in the rule and are determined by the EP.

[g] Stage III:The proposed federal rules published (NPRM) and are currently out for comment.
Consolidates to 1 Public Health Clinical Data Registry objective with 5 PH measures and 1 Clinical measure. EPs must pick 3 of the 5 optional measures EHs must pick 4 of the 6 optional measures. Stage III will start Jan 1, 2017 and becomes required for all in 2018.

Stage 3: Proposed Rule – CMS Released in pre-published form on March 20**.** Will be published in the federal register March 30, comments due 60 days later (May 29?) As with Stages 1 and 2, there is a CMS rule with the criteria and an ONC rule with the standards and certification criteria for the EHR technology

- CMS: medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3 **https://federalregister.gov/a/2015-06685** 301 pages
- ONC: health-information-technology-certification-criteria-base-electronic-health-record-definition **https://federalregister.gov/a/2015-06612** 431 pages
- Specifies criteria that Eligible Providers (EPs), Eligible Hospitals (EHs), and Critical Access Hospitals (CAHs) must meet to qualify for incentives and avoid payment adjustments Incentive payments end 2016 (Medicare) and 2021 (Medicaid). Penalty for Medicare starts this year.
- Makes a number of changes to reduce complexity and simplify MU criteria and requirements
  - Proposing single set of criteria for MU to eliminate varying stages
    Stage 3, would be optional in 2017 and mandatory in 2018

First Year as a Meaningful EHR User	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021 and future years
2011	1	1	1	2*	2	2	2 or 3	3	3	3	3
2012		1	1	2*	2	2	2 or 3	3	3	3	3
2013			1	1	2	2	2 or 3	3	3	3	3
2014				1	1	2	2 or 3	3	3	3	3
2015					1	1	1, 2 or 3	3	3	3	3
2016						1	1, 2 or 3	3	3	3	3
2017							1, 2 or 3	3	3	3	3
2018 and future years								3	3	3	3

*Please note, a provider scheduled to participate in Stage 2 in 2014, who instead elected to demonstrate stage 1 because of delays in availability of EHR technology certified to the 2014 Edition, is still considered a stage 2 provider in 2014 despite the alternate demonstration of meaningful use. In 2015, all such providers are considered to be participating in their second year of Stage 2 of meaningful use.

  - Combined objectives, removed objectives that were duplicative or "topped out"
  - Aligns reporting period to calendar years for Clinics (EPs) and Hospital (EHs/CAHs) no Federal Fiscal Year
- Clinic(Eps) choose from Measure 1-5, required to meet any three;
  Hospitals (EHs/CAHs) choose from Measure 1-6, required to meet any four
  - Registry measure may count more than once if more than one registry is available

Objective 8: Public Health and Clinical Data Registry Reporting		
	Clinics: EP maximum times it can count	**Hospitals**: EH and CAH maximum times it can count
Measure 1 Immunization Registry Reporting	1	1
Measure 2 Syndromic Surveillance Reporting	1	1
Measure 3 Case Reporting (e.g. to WDRS)	1	1
Measure 4 Public Health Registry Reporting	3x* (e.g. WSRC, PMP, EHDDI)	4x* (e.g. HAI-NHSN,CHARS, Injury, National Hospital Care Survey)
Measure 5 Clinical Data Registry Reporting	3x* (e.g. HCA's Link4Health)	4x* (e.g. Link4Health, NQRN, National Associations)
Measure 6 Electronic Laboratory Results Reporting	N/A	1
Total need for Objective:	Must pick 3 total of 5	Must pick 4 total of 6
* Clinic EPs and Hospitals (EHs and CAHs) may choose to report to more than one registry to meet the total number of measures required to meet the objective		

  - Exclusions do not count, still need to meet the ones available to them
  - Certification EHR technology (CEHRT) standards and certification criteria included in ONC proposed rule

Stage 3 Objective 8: Public Health and Clinical Data Registry Reporting (pp. 135-151, pre-published CMS rule)

- Consolidates prior objectives into a single objective: The EP, EH, or CAH is in active engagement with a PH agency or clinical data registry 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 proposed measures for PH objective:
    1) Immunization registry reporting - active engagement to submit ImmZ data and receive forecasts and histories from the IIS
        - Requires bidirectional exchange between EHR and IIS Receive electronic immunization histories from an immunization registry (i.e. WSIIS→EHR)
        - Use registry CDSi, forecasting, get most complete ImmZ record for decision making
    2) Syndromic surveillance reporting - active engagement to submit SS data from non-urgent care ambulatory setting for EPs, or emergency/urgent care department for EHs and CAHs
        - Still distinguishing locations because few PHAs can accept ambulatory SS data
    3) Case reporting of reportable conditions - **NEW** - active engagement to submit case reporting of reportable conditions
        - Certification criteria: ability of EHR to send initial data to PHA and receive request for supplemental structured data
    4) Public health registry* reporting - active engagement to submit data to PH registries
        - Combined cancer with other specialized registries (e.g. PDMP and EDDHI), but split into PH and clinical (see 6 below) and can do more than one (3x for Clinic EP and 4x for Hospital EH)
        - PH = administered by or on behalf of PHA and collects data for PH purposes (note CDC counts)
        - Mentions cancer (for EPs only), since hospitals have other reporting methods.
        - Electronically send standardized reports to jurisdictional registries (e.g. Cancer Registry, HAI infections to the (NHSN) National Healthcare Safety Network, early hearing detection and intervention, children with special needs, Trauma Registry, CDC's National Hospital Care Survey, Hospital Abstract Reporting)
    5) Clinical data registry* reporting- **NEW** active engagement to submit data to a clinical data registry (example National Quality Registry Network)
        - CDR = record information about health status of patients and health care they receive over time, administered by or on behalf of non-PHA entities (e.g. HCA's Link4Health repository)
        - Report to National Association (e.g. hypertension, diabetes, BMI,)
    6) Electronic reportable laboratory results - active engagement to submit electronic reportable lab results (Hospital EH/CAH only)
        - Same as in previous stages

    *change to how specialized registries and Cancer reporting is counted. Can do three (EP) or four (EH) different PH or clinical registries, added Clinical Data Registries as a flexible option for providers not of interest to PH.

- Removed "ongoing submission" language and replaced it with "active engagement" requirement - trying to reflect the complexity of communications and steps necessary to submit data to a PHA or registry; may be in one of three possible states of "active engagement":
    - Registered to send data
    - Testing and validation
    - Production
- Propose creation of centralized repository of PHA readiness to accept data – mentioned in Stage 2 rule, now ready to move on development (expected to be available by start of CY 2017)
- Companion rule from ONC on the 2015 Edition of HIT Certification Criteria

- Standards and Implementation Guides from ONC for the 2015 Edition of HIT Certification Criteria:

Objective 8 - Measures and Standards

Putting the I in HealthIT
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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