

CMS Releases Stage 2 Meaningful Use Proposals

Officials with the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health IT (ONC) on Wednesday announced the proposed requirements for Stage 2 Meaningful Use and 2014 certification of electronic health records at the Healthcare Information and Management Systems Society's annual conference in Las Vegas.

The officials said they expected the notices of proposed rulemaking (NPRM) for the two sets of regulations to be published this week in the *Federal Register*. Following a 60-day comment period, the final rule is scheduled for release this summer.

The Stage 2 Meaningful Use rules and EHR certification standards largely reflect the recommendations made last year by the Health IT Policy Committee and the Health IT Standards Committee, said National Coordinator for Health IT Farzad Mostashari, speaking to an overflow crowd.

The proposed regulations, he said, emphasize the need for greater interoperability among systems and health information exchange. "We can't wait five years to get standards-based exchange," he said. On the Meaningful Use side, this means that organizations will have to exchange data across organizational boundaries and disparate EHRs.

According to Mostashari, other areas that receive enhanced focus in these NPRMs include patient engagement, patient safety and increased flexibility in the design of applications.

Overall, the proposals continue to push both hospitals and physicians to improve quality and efficiency through the use of health IT. "We've stayed the course," Mostashari said. "We're continuing what was in Stage 1 [of Meaningful Use] and making it better."

The proposed Stage 2 regulations will keep some Stage 1 criteria unchanged, revise others, and include new requirements. Some highlights cited include:

- Patients must be given the opportunity to view, download and transmit their medical records online.
- The number of decision support elements that must be used will increase.
- Data must be submitted to public health agencies, where possible.
- Viewing of images will be on the optional menu of criteria.
- Clinical quality measures for Meaningful Use will be aligned with those in other programs that involve quality reporting, including Medicare's Physician Quality Reporting System, the shared savings program for accountable care organizations, medical homes and the Joint Commission's quality program.
- Eligible professionals will be able to report data in batches.
- Physician groups of a certain size can report quality data for their groups.
- Connections to registries will be required, including cancer registries
- CMS will do prospective reporting of "payment adjustments" for those who don't show Meaningful Use by 2015.

On the EHR certification side, some of the proposals included:

- EHRs must include the direct protocol for secure clinical messaging.
- Vendors will have to begin incorporating standard clinical terminologies into their products. Mostashari cited SNOMED, LOINC, and RXNorm, as examples, but it was unclear whether EHRs must have all of those for 2014 certification. RXNorm for medications must be included, said Steve Posnak, the director of ONC's federal policy division.
- There will be new vendor requirements for usability, partly to give more flexibility to specialists who need "scope of practice" exclusions to meet the Meaningful Use criteria.
- The definition of a certified EHR no longer will be based on meeting 100 percent of a set list of criteria. Instead, the criteria will be revised so that they enable providers to meet the requirements they have chosen to meet for Meaningful Use. That means that specialists who don't use certain aspects of primary care EHRs can qualify for Meaningful Use by using EHRs that are certified to meet the needs of their specialties.

Beyond satisfying "base EHR" requirements, such as patient demographics, problems, clinical decision support, and computerized physician order entry, EHRs or EHR modules can be certified if they have the capability to help providers achieve the core criteria for their stage of Meaningful Use (with exclusions for specialists) and only those optional menu items that the providers who use those applications have chosen.