MEANINGFUL USE 2015
PROPOSED 2015 MEANINGFUL USE FLEXIBILITY RULE

*Please note, the below guidelines are currently proposed. ASCRS will let you know if and when they are finalized through regulatory alerts and the Washington Watch.

PROPOSED RULE

- On April 10, 2015, CMS released the proposed Medicare and Medicaid Programs; Electronic Health Record Incentive Program-Modifications to Meaningful Use in 2015 through 2017.
- The proposed rule includes major changes to both Stage 1 and Stage 2 Meaningful Use.
- CMS states they are working toward reducing complexity and removing topped out or duplicate measures by shifting to a single set of objectives and measures based on the previously released Stage 3 proposed rule.

REPORTING PERIOD

- For 2015, CMS proposes to allow all eligible professionals, regardless of prior participation in EHR Meaningful Use incentive programs, to attest to an EHR reporting period of any calendar year quarter.
- For 2015 and 2016, CMS proposes to allow new participants in the program to attest to Meaningful Use for any continuous 90-day period within the calendar year.
- All returning participants in 2016 and 2017 would use an EHR reporting period of one year.

PATIENT ENGAGEMENT MEASURES

- CMS proposes to change the threshold from the Stage 2 Patient Electronic Access measure that requires patients to view, download or transmit their health information, from 5% to equal or greater than 1 patient.
- CMS proposes to change the Stage 2 Secure Electronic Access measure from being a percentage-based measure to a yes-no measure stating ‘functionality fully enabled.’

CHANGES TO MEASURES AND OBJECTIVES

- CMS proposes to eliminate the distinction between menu and core measures. Retained objectives and measures would be required for the program.
- CMS is proposing all eligible professionals must report on 9 objectives and one consolidated public health reporting objective for both Stage 1 and Stage 2 Meaningful Use.
- For details, see chart below.
<table>
<thead>
<tr>
<th>PROPOSED OBJECTIVE</th>
<th>PROPOSED MEASURES</th>
<th>PROPOSED ALTERNATE MEASURES / EXCLUSIONS / SPECIFICATIONS</th>
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</table>
| 1 Computerized Provider Order Entry (CPOE) | Measure 1: More than 60% of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.  
Measure 2: More than 30% of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.  
Measure 3: More than 30% of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry. | If for an EHR reporting period in 2015 the provider is scheduled to demonstrate Stage 1:  
Alternative Measure 1: More than 30% of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE; or more than 30% of medication orders created by the EP during the EHR reporting period are recorded using CPOE.  
Alternate Exclusion for Measure 2: Provider may claim an exclusion for measure 2 of the Stage 2 CPOE objective for an EHR reporting period in 2015.  
Alternate Exclusion for Measure 3: Provider may claim an exclusion for measure 3 of the Stage 2 CPOE objective for an EHR reporting period in 2015. |
| 2 Electronic Prescribing          | More than 50% of all permissible prescriptions, or all prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.                                                                 | If for an EHR reporting period in 2015, the provider is scheduled to demonstrate Stage 1:  
Alternate EP Measure: More than 40% of all permissible prescriptions written by the EP are transmitted electronically using CEHRT.                                                                                                      |
| 3 | Clinical Decision Support | **Measure 1:** Implement 5 clinical decision support interventions related to 4 or more clinical quality measures (CQM)s at a relevant point in patient care for the entire EHR reporting period. Absent 4 CQMs related to an EP’s scope of practice or patient population, the clinical decision support messages must be related to high-priority health conditions. It is suggested that one of the five clinical support interventions be related to improving healthcare efficiency.  
**Measure 2:** The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.  
**Exclusion:** For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period. | If for an EHR reporting period in 2015 the provider is scheduled to demonstrate Stage 1:  
Alternate Objective and Measure 1:  
**Objective:** Implement one clinical decision support rule relevant to specialty or high clinical priority, along with the ability to track compliance with that rule.  
**Measure:** Implement one clinical decision support rule. |
|---|---|---|---|
| 4 | Patient Electronic Access | **Measure 1:** More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely (within 4 business days after the information is available to the EP) online access to their health information subject to the EP’s discretion to withhold certain information.  
**Measure 2:** At least one patient seen by EP during EHR reporting period (or their authorized representative) views, downloads, or transmits his or her health information to a third party. | Alternate Exclusion Measure 2:  
Provider may claim an exclusion for the second measure, if for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, which does not have an equivalent measure. |
<p>| 5 | Protect Electronic Health Information | Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data stored in CEHRT in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP’s risk management process. | N/A |</p>
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<tr>
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<th><strong>Patient Specific Education</strong></th>
<th>Patient-specific education resources identified by CEHRT are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period.</th>
<th><strong>Alternate Exclusion:</strong> Provider may claim an exclusion for the measure of the Stage 2 Patient Specific Education objective, if for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient Specific Education menu objective.</th>
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<tr>
<td>7</td>
<td><strong>Medication Reconciliation</strong></td>
<td>The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.</td>
<td><strong>Alternate Exclusion:</strong> Provider may claim an exclusion for the measure of the Stage 2 Medication Reconciliation objective, if for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Medication Reconciliation menu objective.</td>
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<td>8</td>
<td><strong>Summary of Care</strong></td>
<td>The EP that transitions or refers their patient to another setting of care or provider of care (1) uses CEHRT to create a summary of care record and (2) electronically transmits such summary to a receiving provider for more than 10% of transitions of care and referrals.</td>
<td><strong>Alternate Exclusion:</strong> Provider may claim an exclusion for Measure 2 of the Stage 2 Summary of Care objective, if for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.</td>
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<td>9</td>
<td><strong>Secure Messaging</strong></td>
<td>During the EHR reporting period, the capability for patients to send and receive a secure electronic message with the provider was fully enabled.</td>
<td><strong>Alternate Exclusion:</strong> An EP may claim an exclusion for the measure, if for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.</td>
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| 10 | **Public Health** | **Measure Option 1- Immunization Registry Reporting:** The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system.  
**Measure Option 2- Syndromic Surveillance Reporting:** The EP is in active engagement with a public health agency to submit syndromic surveillance data from a non-urgent care ambulatory setting for EPs.  
**Measure Option 3- Case Reporting:** The EP is in active engagement with a public health agency to submit case reporting of reportable conditions.  
**Measure Option 4- Public Health Registry** | N/A |
**OTHER**

- CMS is not proposing any changes to the CQM selection and reporting.

If you have any questions, please contact Ashley McGlone at [amcglone@ascrs.org](mailto:amcglone@ascrs.org) or 703-591-2220.