

Stage 3 Meaningful Use

In October 2015, CMS released the *Medicare and Medicaid Programs: Electronic Health Record Incentive Program – Stage 3 and Modifications to Meaningful Use in 2015 through 2017* final rule, which establishes the requirements for Stage 3 Meaningful Use.

ASCRS opposed the release of the Stage 3 rule and is continuing to work with the medical community and Congress to advocate for a delay of Stage 3 Meaningful Use.

Stage 3 requires providers to report for a full calendar year reporting period on eight objectives with one to three measures for each objective. For 2017, providers have the option to report Modified Stage 2 or Stage 3 Meaningful Use. **By 2018, all providers will be required to move to Stage 3 Meaningful Use.** The Meaningful Use program will become one component of the Merit Based Incentive Program in 2019 based on 2017 reporting.

Please see below for details on the reporting periods, and the required objectives and measures for Stage 3 Meaningful Use.

Stage of Meaningful Use Criteria by First Reporting Year:

First Year Demonstrating Meaningful Use	Stage of Meaningful Use				
	2015	2016	2017	2018	2019
2011	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2012	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2013	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2014	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2015	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2016	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3

Objectives and Measures:

As stated above, all providers must report eight objectives in 2015. Each objective consists of one to three measures that all eligible professionals must report:

Stage 3 Meaningful Use Objectives	Stage 3 Meaningful Use Measures	Exclusions
Protect electronic patient health information created or maintained by the CEHRT through the implementation of appropriate administrative and physical safeguards	Measure: Conduct or review a security risk analysis (including addressing security of electronic public health information created or maintained by CEHRT), implement security updates as necessary and correct identified security deficiencies as part of the eligible professionals risk management process.	
Generate and transmit permissible prescriptions electronically (eRx)	Measure: More than 60 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.	Any eligible professional who (1) writes fewer than 100 permissible prescriptions during the EHR reporting period or (2) does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within ten miles of the eligible professionals practice location at the start of the EHR reporting period.
Implement clinical decision interventions focused on improving performance on high-priority health conditions	Measure 1: The eligible professional must implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP’s scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. Measure 2: The eligible professional has enabled and implemented the functionality for drug–drug and drug–allergy interaction checks for the entire EHR reporting period.	Measure 2: Any eligible professional who writes fewer than 100 medication orders during the EHR reporting period.
Use Computerized Provider Order Entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed	Measure 1: More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using CPOE.	Measure 1: Any eligible professional who writes fewer than 100 medication orders during the EHR reporting period.

<p>healthcare professional, credentialed medical assistant or a medical staff member credentialed for and performing the equivalent duties of a credentialed medical assistant; who can enter orders into the medical record per state, local and professional guidelines</p>	<p>Measure 2: More than 60 percent of laboratory orders created by the EP during the EHR reporting period are recorded using CPOE.</p> <p>Measure 3: More than 60 percent of diagnostic imaging orders created by the EP during the EHR reporting period are recorded using CPOE.</p>	<p>Measure 2: Any eligible professional who writes fewer than 100 laboratory orders during the EHR reporting period.</p> <p>Measure 3: Any eligible professional who writes fewer than 100 laboratory orders during the EHR reporting period.</p>
<p>The eligible professional provides patients or their authorized representatives electronic access to their health information and patient specific education</p>	<p>Measure 1: For more than 80 percent of all unique patients seen by the EP:</p> <p>(1) The patient (or the patient-authorized representative) is provided access to view online, download, and transmit his or her health information; and (2) the provider ensures the patient’s health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the providers CEHRT.</p> <p>Measure 2: The eligible professional must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during the EHR reporting period.</p>	<p>A provider may exclude the measures if one of the following apply:</p> <ul style="list-style-type: none"> • An eligible professional may be excluded from the measure if they have no office visits during the EHR reporting period. • Any eligible professional that conducts 50% or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measure.
<p>Use CEHRT to engage with patients or their authorized representatives about the patient’s care</p>	<p>Measure 1: During the EHR reporting period, more than 10% of all unique patients (or their authorized representatives) seen by the eligible professional actively engage with the EHR made accessible by provider and either:</p> <p>(1) View, download or transmit to a third party their health information; or</p> <p>(2) Access their health information through the use of an Application Programming</p>	<p>A provider may exclude the measures if one of the following apply:</p> <ul style="list-style-type: none"> • An eligible professional may be excluded from the measure if they have no office visits during the EHR reporting period. • Any eligible professional that conducts 50% or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband

	<p>Interface (API) that can be used by applications chosen by the patient and configured to the API in the provider’s CEHRT; (3) Or a combination of (1) and (2).</p> <p>Measure 2: For more than 25% of all unique patients seen by the eligible professional during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative).</p> <p>Measure 3: Patient generated health data or data from a non-clinical setting is incorporated into the CEHRT for more than 5% of all unique patients seen by the eligible professional during the EHR reporting period.</p>	<p>availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measure.</p>
<p>The eligible professional provides a summary of care record when transitioning or referring their patient to another setting of care, retrieves a summary of record upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT</p>	<p>Measure 1: For more than 50% of transitions of care and referrals, the eligible professional:</p> <ol style="list-style-type: none"> (1) Creates a summary of care record using CEHRT; and (2) Electronically exchanges the summary of care record. <p>Measure 2: For more than 40% of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the eligible professional incorporates into the patient’s record an electronic summary of care document from a source other than the provider’s EHR system.</p> <p>Measure 3: For more than 80% of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the eligible professional performs a clinical information reconciliation. The provider must implement clinical information.</p>	<p>Measure 1: A provider may be excluded from the measure if any of the following apply:</p> <ul style="list-style-type: none"> • Any eligible professional who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period. • Any eligible professional that conducts 50% or more of his patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measure. <p>Measure 2: A provider may be excluded from the measure if any of the following apply:</p> <ul style="list-style-type: none"> • Any eligible professional for whom the total of transitions or referrals received and

	<p>reconciliation for the following three clinical information sets: <u>Medication</u>: Review of the patient’s medication, including the name, dosage, frequency, and route of each medication. <u>Medication allergy</u>: Review of the patient’s known medication allergies. <u>Current problem list</u>: Review of the patient’s current and active diagnoses.</p>	<p>patient encounters in which the provider has never before encountered the patient is fewer than 100 times during the EHR reporting period.</p> <ul style="list-style-type: none"> Any eligible professional that conducts 50% or more of his patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measure. <p>Measure 3: Any eligible professional for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient is fewer than 100 times during the EHR reporting period.</p>
<p>The eligible professional is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using CEHRT, except where prohibited, and in accordance with applicable law and practice</p>	<p>Measure 1: Immunization Registry Reporting: The eligible professional 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 (IIS).</p> <p>Measure 2: Syndromic Surveillance Reporting: The eligible professional is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.</p> <p>Measure 3: Electronic Case Reporting: The eligible professional is in active engagement with a public health agency to submit case reporting of reportable conditions.</p> <p>Measure 4: Public Health Registry Reporting: The eligible professional is in active engagement with a public health</p>	<p>Measure 1: Any eligible professional meeting one or more of the following criteria can be excluded from the measure:</p> <ul style="list-style-type: none"> Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction’s immunization registry or immunization information system during the EHR reporting period. Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period. Operates in a jurisdiction where no immunization registry or immunization information system has

agency to submit data to public health registries.

Measure 5: Clinical Data Registry Reporting: The eligible professional is in active engagement to submit data to a clinical data registry.

EPs must meet 2 measures and may choose to report to more than one public health registry or clinical data registry to meet the objective.

declared readiness to receive immunization data as of 6 months prior to the start of the EHR reporting period.

Measure 2: Any eligible professional meeting one or more of the following criteria can be excluded from the measure:

- Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.
- Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from the eligible professionals in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.
- Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible professionals as of 6 months prior to the start of the EHR reporting period.

Measure 3: Any eligible professional meeting one or more of the following criteria can be excluded from the measure:

- Does not treat or diagnose any reportable disease for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period.
- Operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in specific standards required to meet the CEHRT definition

at the start of the EHR reporting period.

- Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the EHR reporting period.

Measure 4: Any eligible professional meeting one or more of the following criteria can be excluded from the measure:

- Does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period.
- Operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.
- Operates in a jurisdiction where no public health agency has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.

Measure 5: Any eligible professional meeting one or more of the following criteria can be excluded from the measure:

- Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period.
- Operates in a jurisdiction for which no clinical data registry is capable of receiving electronic registry transactions

		<p>in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.</p> <ul style="list-style-type: none">• Operates in a jurisdiction where no clinical data registry has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.
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Additional Information:

If you have any questions, please contact Ashley McGlone, manager of regulatory affairs, at 703-591-2220.