COLUMNS

The Meaningful Use Final Rule

Laboratory professionals will play an important role in ensuring Meaningful Use (MU) incentive payments and avoiding penalties

By Jenny Barsky

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After much anticipation, the Meaningful Use Final Rule for 2015-2017 was released on October 6, 2015. The rule significantly modifies the timeline and requirements for eligible hospitals (EH) and eligible professionals (EP) for the 2015 reporting period and beyond. By reducing the number of requirements, CMS is giving providers an opportunity to focus their efforts on key measures, such as computerized provider order entry (CPOE) and public health reporting. Laboratory professionals will play an important role in coordinating these efforts to ensure their clients are able to receive Meaningful Use (MU) incentive payments and avoid the dreaded penalties.

Timeline and Structural Changes

The confusing nature of the MU program has always been an area of contention for the program's critics. Keeping track of the appropriate stage and program year was increasingly difficult for providers and their vendors, particularly with the ever-changing nature of today's healthcare marketplace. Reference labs, for example, serving multiple hospitals and physician practices, needed to be aware of each client's timeline to safeguard all of their MU efforts. With some providers on Stage 1 and others on Stage 2, even sometimes within the same client, timelines were becoming unnecessarily complex.

The final rule effectively reduces this confusion by allowing all providers to attest to any continuous 90 day period in 2015, but mandating full year reporting in 2016 with the only exceptions granted to new EHs or EPs. Easing the timeline even further, EHs who reported based on the Federal fiscal year are now aligned with the EP schedule, reporting on the calendar year.

In addition to changing the timeline, CMS has eliminated Stage 1 and the structural concept of core and menu measures going forward. All providers will attest to what is now referred to as "Modified Stage 2," which includes a reduced roster of requirements, but all compliance standards must be attained. During 2015, providers previously scheduled to be in Stage 1 will be allowed exclusions for Stage 2 requirements. However, in 2016 these providers will need to attest to all of the requirements with the exception of two: electronic prescribing and CPOE for laboratory and radiology orders can be excluded by providers who would have been in Stage 1 in 2016 prior to the final rule.

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With all providers operating on the same timeline and attesting to the same measures, confusion will certainly be eased. However, those assisting providers to meet their MU goals, such as laboratories and EHR vendors, must be prepared for the influx of client requests with identical deadlines. The need for experienced laboratory professionals will certainly increase as demands for resources to aid interoperability heighten within a concentrated period of time.

Modified Requirements

Perhaps the most drastic change put in place by the final rule is the elimination of several MU compliance measures that were considered redundant, duplicative or topped out. Requirements placed on the chopping block included incorporating clinical lab-test results into certified EHR technology (CEHRT) as structured data and providing structured electronic lab results to ambulatory providers. While this may be frustrating for providers and lab resources, who have spent significant time and effort to implement these measures, it offers much needed relief to those with too much on their plates.

- *Eliminated Core Measure for EH & EP:* More than 55% of all clinical lab test results ordered by the EP or authorized providers of the eligible hospital for patients admitted to its inpatient or emergency department during the EHR reporting period whose results are either in a positive, negative or numerical format are incorporated in certified EHR technology as structured data.

- *Eliminated Menu Measure for EH:* Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20% of electronic lab orders received.

Eliminating these measures enables laboratory professionals to focus on assisting their clients in complying with the remaining measures, such as CPOE for lab orders and reporting lab results to public health agencies. Since the final rule significantly eased the most difficult measures for providers-patient engagement and secure messaging-CPOE compliance will quickly become a top priority.

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Previous Stage 1 providers, in particular, who are new to entering lab orders through CPOE, may need to increase the number of labs that they are interfaced with in order to meet the 30% threshold. Laboratories should ensure they are prepared to adhere to MU interface standards, such as LOINC, HL7 and SNOMED CT, in order to take advantage of new and existing business opportunities.

- *EH & EP Modified Stage 2 Measure:* More than 60% of medication, 30% of laboratory and 30% of radiology orders created during the EHR reporting period are recorded using CPOE.

- *EH Modified Stage 2 Measure:* EHs must select 3 public health measures and EPs must select 2. The reportable lab results option is for EHs only-the EH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.

A Glimpse at Stage 3

The final rule also details MU requirements for Stage 3 which, despite the name, are certainly not final. The rules and regulations surrounding Stage 3 will undergo formal review through a 60 day comment period and, ultimately, the publication of a Stage 3 specific final ruling. The proposal indicates that Stage 3 will be optional for providers in 2017 and mandatory for all providers beginning in 2018.

The new program requirements will be a steep climb from Modified Stage 2, with new certification standards, increased compliance thresholds and additional measures. All providers will need to be on a 2015 certified EHR prior to the start of the 2018 reporting period, which places significant pressure on EHR vendors and those aligned with provider systems. Once again, the aggressive timeline will exacerbate the need for resources specialized in maintaining and enhancing the interoperability of systems. Laboratories prepared to handle this demand will surely thrive in the future years of Meaningful Use.

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