

The Office of the National Coordinator for  
Health Information Technology



# Medicare and Medicaid Programs; Electronic Health Record Incentive Program-Stage 3 and 2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications

Overview of “*Measure 3—Case Reporting*”

for Public Health Community Platform Steering Committee

Putting the **I** in **Health IT**  
[www.HealthIT.gov](http://www.HealthIT.gov)

This presentation is:

- Limited to the Meaningful Use Stage 3 Case Reporting Measure
- An excerpt from a more complete review of the Meaningful Use 3 Stage Public Health Objective
- That entire slide deck and a recording of a presentation on the topic can be found here:
  - <http://www.phconnect.org/group/joint-public-health-forum-cdc-nationwide>
  - Scroll down to the 4/2 meeting section with the heading: *“04/02/2015 (Special Session): CMS Stage 3 and ONC 2015 Edition Notice of Proposed Rule Making (NPRMs) - Overview and Key Public Health Reporting Aspects”*

## **Medicare and Medicaid Programs; Electronic Health Record Incentive Program-Stage 3**

- Align all three stages of Meaningful Use into single program/rule as an option in 2017 and required for all providers in 2018
- Aligns reporting periods – full calendar year reporting for eligible professionals, eligible hospitals and critical access hospitals
- Provides simplified objectives and measures – only 8 objectives, all tied to HHS Delivery System Reform Goals

| Program goal/objective                                    | Delivery system reform goal alignment  |
|---|--|
| Protect Patient Health Information                        | Foundational to Meaningful Use and Certified EHR Technology *. Recommended by HIT Policy Committee.                                    |
| Electronic Prescribing (eRx)                              | Foundational to Meaningful Use. National Quality Strategy Alignment.   |
| Clinical Decision Support (CDS)                           | Foundational to Certified EHR Technology. Recommended by HIT Policy Committee. National Quality Strategy Alignment.                    |
| Computerized Provider Order Entry (CPOE)                  | Foundational to Certified EHR Technology. National Quality Strategy Alignment.   |
| Patient Electronic Access to Health Information           | Recommended by HIT Policy Committee. National Quality Strategy Alignment.  |
| Coordination of Care through Patient Engagement           | Recommended by HIT Policy Committee. National Quality Strategy Alignment.  |
| Health Information Exchange (HIE)                         | Foundational to Meaningful Use and Certified EHR Technology. Recommended by HIT Policy Committee. National Quality Strategy Alignment. |
| <b>Public Health and Clinical Data Registry Reporting</b> | <b>Recommended by HIT Policy Committee. National Quality Strategy Alignment.</b>   |

## **2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications**

- New 2015 Base EHR Definition
- No optional/required criteria – developers should choose the criteria relevant to their purpose
- Can be used beyond CMS EHR Incentive Program

## Measure 3—Case Reporting:

- “The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit case reporting of reportable conditions.”

*(Source: CMS Stage 3 NPRM, page 16765)*

- “This is a new reporting option that was not part of Stage 2. The collection of electronic case reporting data greatly improves reporting efficiencies between providers and the PHA. Public health agencies collect “reportable conditions”, as defined by the state, territorial, and local PHAs to monitor disease trends and support the management of outbreaks. In many circumstances, there has been low reporting compliance because providers do not know when, where, or how to report. In some cases, the time burden to report can also contribute to low reporting compliance. However, electronic case reporting presents a core benefit to public health improvement and a variety of stakeholders have identified electronic case reporting as a high value element of patient and continuity of care. Further, we believe that electronic case reporting reduces burdensome paper-based and labor-intensive case reporting.”

*(Source: CMS Stage 3 NPRM page 16765)*

## *Exclusion for Measure 3 – Case Reporting*

“Any EP, eligible hospital, or CAH meeting one or more of the following criteria may be excluded from the case reporting measure if the EP, eligible hospital, or CAH: (1) Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period; (2) operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data at the start of the EHR reporting period.”

*(Source: CMS Stage 3 NPRM, page 16765)*



## § 170.315(f)(5) Transmission to public health agencies—case reporting

“We propose to adopt a certification criterion for electronic transmission of case reporting information to public health that would require a Health IT Module to be able to electronically create case reporting information for electronic transmission in accordance with the IHE Quality, Research, and Public Health Technical Framework Supplement, Structured Data Capture, Trial Implementation (September 5, 2014) standard, which we propose to adopt at § 170.205(q)(1). As mentioned above, this standard and our proposal include compliance with other existing standards. One such standard is the CDA Release 2.0, which is a foundational standard for use in sending and receiving case reporting information.”

- “To note, for testing to this criterion, a Health IT Module would need to demonstrate that it can create and send a constrained transition of care document to a public health agency, accept a URL in return, be able to direct end users to the URL, and adhere to the security requirements for the transmission of this information.”

*(Source: 2015 Edition HIT Certification Criteria NPRM, page 16855)*

## § 170.315(f)(5) Transmission to public health agencies—case reporting

“We recognize that the Fast Health Interoperability Resource (FHIR®) REST API and FHIR-based standard specifications will likely play a role in an interoperable health IT architecture. FHIR resources that implement SDC concepts and support the use of case reporting to public health would likely play a role in that scenario. The current HL7 FHIR Implementation Guide: Structure Data Capture (SDC), Release 1 is a “draft for comment” with a DSTU ballot planned for mid-2015. Given this trajectory, we solicit comment on whether we should consider adopting the HL7 FHIR Implementation Guide: SDC DSTU that will be balloted in mid-2015 in place of, or together with, the IHE Quality, Research, and Public Health Technical Framework Supplement. We are aware of a proposed HL7 working group known as the Healthcare Standards Integration Workgroup that will collaborate on FHIR resources considered co-owned with the IHE-HL7 Joint Workgroup within IHE. The implementation guides created from the S&I SDC Initiative is part of this joint workgroup's area of responsibility. Therefore, we intend to work with these coordinated efforts to ensure a complementary and coordinated approach for case reporting using SDC.”

*(Source: 2015 Edition HIT Certification Criteria NPRM, page 16855)*

# 2015 Edition NPRM: Public Comment Opportunities

Public comments will be accepted through May 29, 2015.

- Read the proposed rule: (public inspection version)  
<https://www.federalregister.gov/articles/2015/03/30/2015-06612/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base>
- Public comment template for 2015 Ed Rule  
(Available at: <http://www.healthit.gov/policy-researchers-implementers/standards-and-certification-regulations>)

## Other 2015 Edition Resources:

- Press release:  
[http://www.healthit.gov/sites/default/files/HHS\\_Proposes\\_Rules\\_Path\\_Inop\\_FINAL\\_FORMATTED.docx](http://www.healthit.gov/sites/default/files/HHS_Proposes_Rules_Path_Inop_FINAL_FORMATTED.docx)
- Fact sheet:  
[http://www.healthit.gov/sites/default/files/ONC-Certification-Program-2015-Edition\\_FactSheet.pdf](http://www.healthit.gov/sites/default/files/ONC-Certification-Program-2015-Edition_FactSheet.pdf)
- ONC regulations:  
<http://www.healthit.gov/policy-researchers-implementers/standards-and-certification-regulations>
- Contact: [Michael.Lipinski@hhs.gov](mailto:Michael.Lipinski@hhs.gov)

# Stage 3 NPRM: Public Comment Opportunities

Public comments will be accepted through May 29, 2015. Please consider using the comment template ONC has provided.

- Read the proposed rule: (public inspection version)  
<https://www.federalregister.gov/articles/2015/03/30/2015-06685/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3>

## Other Stage 3 Resources:

- Press release:  
<http://www.hhs.gov/news/press/2015pres/03/20150320a.html>
- CMS MU regulations:  
<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>
- Contact: [Elise.Anthony@hhs.gov](mailto:Elise.Anthony@hhs.gov) to discuss specific proposals in Stage 3.