

MU Stage 3 Challenges:

Do you have what it takes for 2018?

An emids+encore Point of View

Liz Richard, MBA/MHS and Sophia Batallas, MSN, RN

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Organizations have been dreading the move to Meaningful Use (MU) Stage 3 for several years. The uncertainty in the regulatory arena has many organizations questioning what, if anything, they should do to prepare for MU Stage 3. Will MU Stage 3 be eliminated, delayed, or significantly changed? Given this ever-changing regulatory landscape, what should organizations do right now for MU Stage 3?

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To understand what you can do about MU Stage 3, you can relate it to the popular HGTV show “Fixer Upper”. The show opens with the question, “do you have what it takes to buy a fixer upper?” That question translates to MU as “Does your organization have what it takes to move to MU Stage 3?” Organizations will be challenged; but they can put it all together by leveraging foundational solutions and applying them to the new components of MU Stage 3. The bottom line is there is less than six months before the beginning of 2018, so do not delay preparations for MU Stage 3.

Modified MU Stage 2 is the “before” view in our fixer upper analogy. Organizations faced hurdles meeting measures like the patient portal, public health, and clinical exchange of information. MU Stage 3 is the “after” view. MU Stage 3 presents those same challenges but ramps it up by adding application programming interfaces (APIs), coordination of care, health information exchange, and clinical reconciliation. Is MU Stage 3 a “fixer upper” or is it a complete “do over”?

MU Stage 3 introduces new measures. Organizations must understand these new measures, how their certified electronic health record technology (CEHRT) captures the data elements, and what new or changed workflows will need to be introduced to clinicians. APIs are one of the completely new components that organizations must consider and understand. MU Stage 3 now requires APIs. Organizations are expected to give patients detailed instructions on how to authenticate their access through APIs and give the patient supplemental information on the available applications that leverage APIs. As organizations work to find a way to put it all together, there are four key takeaways:

1. Protect Patient Information

It’s all about the Security Risk Analysis (SRA). It must include electronic personal health information (ePHI) that is created, received, maintained, or transmitted. This means adding the patient portal software, APIs, and public health registries to the SRA. CMS indicates that an organization’s SRA should include the technology related to the sharing of health data with patients and other providers. In addition, it is important for organizations to develop a timeline for the SRA taking into consideration the timing of system upgrades. Organizations must also consider all applications that make up their CEHRT to participate in MU Stage 3.

2. Engage Patients

Patient engagement is a primary goal of MU Stage 3. The patient portal can support meeting multiple MU Stage 3 measures. Measures that are part of Objectives 3 (Patient Electronic Access to Health Information) and 4 (Coordination of Care Through Patient Engagement) could all be met via the patient portal if it is configured and leveraged correctly. Review each measure,

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understand the current state of the patient portal, identify any gaps, and then incorporate a patient portal adoption plan to meet the measures. Engaging patients through a functional, value-added portal will not only help organizations meet MU Stage 3 but can also increase patient satisfaction and engagement.

3. Reconcile Clinical Information

Objective 5 (Health Information Exchange: Clinical Reconciliation) is by far one of the more challenging MU 3 objectives. It deals with interoperability, information exchange, and clinical reconciliation. It is important to understand the requirements and what a health information exchange (HIE) is capable of to meet this measure. Clinical reconciliation is not a difficult process (organizations have been doing reconciliation for some time); it is a matter of building on those workflows. The challenge is to understand the difference between certification requirements for EHR vendors and what is required to meet the measures.

Vendors may advise organizations that they have to meet additional requirements meant for certification only. However, CEHRT requirements may be different than the requirements for an organization to meet the measure. One example is the Summary of Care measure; only three data elements are required to meet the measure (problem list, medication list, and allergy list). However, additional components are required for EHR certification. Organizations can review the optional components and decide if they will include these even though they are not required. It will be important for organizations and vendors to work closely together for mutual success.

4. Leverage Technology

The right technology is crucial for all measures. A key component is using the correct version of CERHT for MU Stage 3. An organization should review the certification of each application on the Certified HIT Product List (also called CHPL and found at <https://chpl.healthit.gov/>) website to verify it is certified to the measures and functionality expected for MU Stage 3. This requires attention to detail to validate the correct version of the EHR is in the CHPL cart, and the EHR is certified for the components required.

MU Stage 3 is challenging, but organizations can succeed. Leadership sponsorship continues to be key in successfully participating in MU. Many organizations continue to view MU as an IT project. It is important to have leadership embrace MU as a quality program with support and collaboration from IT. Although incentive payments are being phased out, organizations will still be effected by payment penalties for not participating. MU Stage 3 can be a “fixer upper” instead of a total tear down, but it does mean taking time to understand the requirements, identify where your organization may have some gaps, and leverage current workflows as you work with vendors.