CMS-3310-P: Meaningful Use Stage 3
Health Information Exchange (HIE)

HIMSS North America

Key Information

- Centers for Medicare and Medicaid Services (CMS) Electronic Health Record (EHR) Incentive Program (Meaningful Use) Stage 3 criteria will start at the beginning of calendar year 2017 for eligible hospitals (EHs), critical access hospitals (CAH) and eligible providers (EPs.)
- The Health Information Exchange (HIE) goals and objectives of the meaningful use program are foundational. Improved communication between providers and patients can help providers make more informed care decisions for their patients.

Overview of Health Information Exchange

The HIE measures in Meaningful Use Stage 3 address several areas: the creation and transmission of a summary of care record, incorporation of a summary of care document from a source outside the provider's EHR, clinical information reconciliation covering medications (including allergies), and a current problem list.

This objective will allow the inclusion of transition of care and referrals in which the recipient provider may have access to the medical record maintained in the referring provider's CEHRT, as long as the providers have different billing identities in the EHR Incentive Program. For the transition or referral to be included in the numerator, if the receiving provider has access to the CEHRT of the initiating provider of the transition or referral, just accessing the patient's health information will not count towards meeting the objective. If the initiating provider sent a summary of care document (CCD), the transition can be included in the denominator and the numerator, as long as the transition is counted consistently across the organization.

The ONC 2015 Edition proposed rule may require additional fields beyond those initially required for Stage 2 of meaningful use, i.e. unique device identifier (UDI).
Providers must actively seek as recipient of a transition or referral, an electronic summary of care document in a patient's record when a patient is referred to them or otherwise transferred to them for care.

Objectives and Measures

ONC Objective #7 – Health Information Exchange

The EP, EH or CAH provides a summary of care record when transitioning or referring their patient to another setting of care, retrieves a summary of care 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 certified EHR technology.

Providers must meet the thresholds of two of three measures and must attest to the numerators and denominators of all three measures.

Measure #1

For more than 50 percent of transitions of care and referrals, the EP, EH or CAH that transitions or refers their patient to another setting of care or provider of care:

- Creates a summary of care record using CEHRT and,
- Electronically exchanges the summary of care record.

Measure #2

For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP, EH, or CAH incorporates into the patient's EHR an electronic summary of care document from a source other than the provider's EHR system.

Measure # 3

For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP performs clinical information reconciliation. The EP, EH, or CAH must implement clinical information reconciliation for the following three clinical information sets:

- Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication.
- Medication allergy. Review of the patient's known allergic medications.
- Current problem list. Review of the patient's current and active diagnoses.

Exclusions

A provider must be excluded when any of the following occur:

- An EP, EH, or CAH neither transfers a patient to another setting nor refers a patient to another provider during the EHR reporting period must be excluded.
- Any EP, EH, or CAH 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 during the EHR reporting period may be excluded.
- Any EP, EH, or CAH that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent 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 from the measures.

Seeking Comment

CMS is seeking comment on the following:

- Whether electronic alerts "utilization alerts" received by a provider when a patient is admitted, seen in an emergency room or discharged from a hospital should be included in measure two or as a separate measure?
- Which information from a utilization alert would be included into a patient record and how it is done today?
- With regards to the health information exchange governance mechanism, CMS specifically asks whether providers who create a summary of care record using CEHRT should be permitted to send the created summary of care record through either (1) through any electronic means; or (2) in a manner that is consistent with the governance mechanism established by ONC for the national health information network?
- Whether providers who are receiving a summary of care record using CEHRT for meeting Measure 2 should have a similar requirement for the transport of summary of care documents requested from a transitioning provider?
- How a governance mechanism established by ONC at a later date could be incorporated into the EHR Incentive Programs to encourage interoperable exchange that benefits patients and providers?
- How the numerator and denominator should be captured in the governance mechanism and the thresholds for the first (send) and second (receive) measures of the Health Information Exchange objective?
- On the proposal to require reconciliation of all three clinical information data sets, or if providers are potentially should be required to choose 2 of 3 information reconciliation data sets based on patient population? Examples are requested of challenges and burdens to providers who deliver specialty care and/or have unique workflows of care.
- Necessity to conduct different types of clinical reconciliation of data for each patient.

Note: Public comments on the proposed rule are due to CMS on May 29, 2015.