

Public Health Stage 3 Meaningful Use Measures in 2017: Guidance for Public Health Agencies

6/28/16

Providers have the option of attesting to the Stage 3 measures in 2017. The EHR reporting period for providers attesting to Stage 3 in 2017 will be 90 days, whereas providers who choose to attest to Modified Stage 2 in 2017 will have a full calendar year EHR reporting period. A new requirement for Public Health Agencies (PHAs) for Stage 3 is to declare readiness to the Stage 3 measures and 2015 Edition CEHRT criteria at least **six months in advance of the provider's EHR reporting period**. If a PHA plans to accept Stage 3 criteria on or before January 1, 2017, they should declare readiness on their publicly-available website by **July 1, 2016**.

Declaration of Readiness

- On the PHA publicly-available website.
- Six months in advance of when the PHA plans to accept (e.g. by July 1, 2016 to capture provider EHR reporting periods beginning January 1, 2017).
- Declaration should include:
 - Which measures will be accepted
 - Which CEHRT edition(s) (2014 and/or 2015) are accepted or specific implementation guides and requirements from the ONC rule(s) (Note: this may be the only change from Stage 2 declarations for certain measures)
 - Any EH/CAH/EP restrictions or targets based on factors such as provider type
 - Date PHA will begin accepting the new criteria
- Keep track of changes to the declaration of readiness for each measure. Dates of declaration (e.g. posting on the webpage) and the acceptance criteria at the time may be important in the event PHAs are asked to provide information for an audit. Consider having this information available on the PHA MU website.

General Considerations for 2017

- PHAs may need to be able to accept both 2014 Edition and 2015 Edition CEHRT standards simultaneously.
- Providers will be transitioning to 2015 Edition software and may use a combination of 2014 and 2015 Edition software, regardless of the Stage to which they are attesting.
- As some EHR vendors update their software to 2015 Edition criteria, there may be significant changes that would require revalidation by the PHA for providers in production status.

Immunization Registry

- Readiness for Stage 3 includes:
 - The ability to respond to bidirectional queries (QBP/RSP).
 - The capacity to receive NDC codes (Note: an IIS may also opt to require CVX codes in parallel with NDC codes until full adoption of NDC codes has been completed).
- Declarations of readiness for Stage 3 MU, bidirectional queries, and NDC codes should be in addition to, rather than replace existing readiness declarations for Stage 2 MU (unidirectional reporting).

Syndromic Surveillance

- In Stage 3, syndromic surveillance for EPs is limited to those in an **urgent care setting**.

- If the PHA plans to accept syndromic surveillance from EPs in other settings, the PHA should consider declaring this acceptance under the Public Health Registry Reporting Measure (formerly Specialized Registry Reporting).
- The PHIN messaging guide for hospital syndromic surveillance is upgraded to version 2.0 in the 2015 Edition CEHRT (Note: the rule does not specify a guide for syndromic surveillance in regards to ambulatory care, but notes the PHIN 2.0 guide is appropriate for use in urgent care ambulatory settings). Important changes include:
 - PHAs operating syndromic surveillance systems (SyS) may need to adjust SyS message receiving and data transformation processes.
 - Under 2015 Edition CEHRT, SyS messaging should also provide additional facility and patient information (were optional, now are R or RE), including:
 - Facility name
 - Facility address
 - Patient city, state, country
 - Patient class
 - Height and weight
 - Smoking status
 - Certification testing of SyS messaging was expanded to include the capture and transmission of ICD-9 CM, ICD-10 CM, LOINC, and SNOMED coded data along with Chief Complaint; under 2014 Edition CEHRT, testing for compliance was limited to ICD-9 CM and Chief Complaint.
- The PHIN 2.0 guide is to be used for emergency department, urgent care and inpatient settings. While EHs without emergency departments can claim an exclusion for SyS, the new guide allows for the transmission of **inpatient** data. The PHA should determine if inpatient visits will be requested in addition to emergency department or urgent care visits.

Cancer Registry (under Public Health Registries)

- The Cancer Implementation Guide for ambulatory provider cancer reporting to state cancer registries is updated to [HL7 CDA® Release 2 Implementation Guide: Reporting to Public Health Cancer Registries from Ambulatory Healthcare Providers, Release 1, DSTU Release 1.1 – US Realm](#) in the 2015 Edition CEHRT. Important changes include:
 - Addition of “Modification to the cancer patient’s EHR” as a second criterion (trigger) for identifying cancer cases
 - Addition of SNOMED cancer reportability list
 - Alignment with Consolidated CDA (C-CDA)
 - New sections, entries and data elements, including:
 - Document versioning elements
 - Use of identifiers within the document to link cancer diagnosis, problems and medications to the related problem
 - TNM Pathologic Stage
 - Tumor grade
 - Smoking and tobacco use
 - Family medical history
 - Changes to optionality, mostly to strengthen the requirements for some key cancer data elements.

Public Health Registries

- Starting in Stage 3, all Public Health Registries and Clinical Data Registries must use certified standards for meaningful use transactions. In 2017, providers can use a combination of 2014 Edition and 2015 Edition CEHRT. This is in contrast to Modified Stage 2 where use of ONC standards are not required if they are not present in the 2014 Edition CEHRT.
- The Centers for Disease Control and Prevention offers two registries (one available starting 2018):
 - National Center for Health Statistics – national health care surveys, which is currently accepting registrations from eligible hospitals, critical access hospitals and eligible professionals. A PHA may post information regarding this option on their MU webpage.
 - National Healthcare Safety Network – antimicrobial use and resistance reporting (EH and CAH only), which plans to start accepting in 2018.

Electronic Reportable Lab Results

- There are no changes to the HL7 implementation guide used for Electronic Laboratory Reporting.
- Despite no changes, there may be a need to revalidate if a hospital updates or purchases new certified software.

Electronic Case Reporting

- Not available for Stage 3 until 2018, however a PHA may elect to have Case Reporting as a Public Health Registry or Specialized Registry prior to 2018.