

Moving Beyond Meaningful Use

By Sara Clifton, HCCN Project Coordinator

CMS recently announced the renaming of the EHR Incentive Payment Program, also known as Meaningful Use, to the Promoting Interoperability (PI) Program.

Along with the renaming, CMS released a proposed rule that would reduce the number of measures from 16 to just 4-6 measures under 4 main objectives:

- ❖ **e-Prescribing (eRX)**
- ❖ **Health Information Exchange (HIE)**
- ❖ **Provider to Patient Exchange**
- ❖ **Public Health & Clinical Data Exchange**

The PI Program would be transitioned from a threshold-based methodology towards a performance-based scoring methodology. This would align the PI Program more closely with the Medicare Quality Payment Program (QPP).

The eRX Objective would consist of 3 measures. Two of the three measures would be new and include: 1) Query of the Prescription Drug Monitoring Program (PDMP) and 2) Verification of an Opioid Treatment Agreement.

The HIE Objective would have two measures 1) Support Electronic Referral Loops by Sending Health Information Across the Care Continuum and 2) Support Electronic Referral Loops by Receiving & Incorporating Health Information Across the Care Continuum. The measures would include a requirement that hospitals not only share a Summary of Care with other hospitals, but across other settings of care (long term care, skilled nursing facilities, home health, behavioral health settings, etc.).

CMS' proposed rule also suggests the removal of several patient engagement measures such as Secure Messaging and Patient Generated Health Data (which is a measure of Stage 3). The 3rd objective would instead be called Provider to Patient Exchange and include one measure - Provide Patients Electronic Access to their Health Information.

The 4th objective would be called the Public Health & Clinical Data Exchange Objective. It would continue to be a Yes/No attestation and would not be scored based on performance. Syndromic Surveillance would be one required measure while the second measure is self-selected.

Currently, the recommendations in the proposed rule would only affect hospitals. However, within the proposed rule, CMS is requesting feedback on the applicability and usefulness of making similar changes to the Medicaid PI program that affects eligible providers. As a result, HCCN will be submitting a public comment on the proposed rule and is requesting feedback from health centers on what changes they would like to see made to the Medicaid side of the PI program. The CMS deadline for submission of public comment is June 25, 2018.