

2014 Edition Standards & Certification Criteria Final Rule

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S&CC 2014 Edition Final Rule Major Themes



- Enhancing standards-based exchange
- Promoting EHR technology safety and security
- Enabling greater patient engagement
- Introducing greater transparency
- Reducing regulatory burden

S&CC and Meaningful Use Complementary but Different Scopes Putting the I in Health IT \(\)

- S&CC scope = "technical"
 - Specifies the capabilities EHR technology must include and how they need to perform in order to be certified.
 - It <u>does not</u> specify how the EHR technology needs to be used.
- Meaningful use scope = "behavioral"
 - Specifies how eligible providers need to use Certified EHR Technology in order to receive incentives.

NPRM versus Final Rule



2014 Edition (NPRM) VS. 2014 Edition (Final)

S&CC February '12

§ 170.314

- Clinical (n=18)
- (b) Care Coordination (n=6)
- **CQMs (n=3)**
- Privacy and Security (n=9*)
- Patient Engagement (n=3)
- (f) **Public Health (n=8)**
- Utilization (n=4)

S&CC August '12

§ 170.314

- (a) Clinical (n=17)
- Care Coordination (n=7)
- **CQMs (n=3)**
- Privacy and Security (n=9*)
- Patient Engagement (n=3)
- Public Health (n=6*) (f)
- Utilization (n=4)





Ambulatory & Inpatient	Inpatient Only	Ambulatory Only
Electronic Notes	Electronic medication administration record	Secure messaging
Image results	eRx (for discharge)	Cancer case information
Family Health History	Transmission of electronic lab tests and values/results to ambulatory providers	Transmission to cancer registries
Amendments		
View, Download, & Transmit to 3 rd party		
Auto numerator recording		
Non % based measure use report		
Safety-enhanced design		
Quality management system		
Data Portability		

"Revised" Certification Criteria



Ambulatory		
Drug-drug, drug-allergy interaction checks	Vital signs, body mass index, and growth charts	eRx
Demographics	CQMs (3 criteria)	Clinical summaries
Clinical information reconciliation	Incorporate lab tests and values/results	
Problem list	End-user device encryption	
Clinical decision support	Auditable events and tamper-resistance	Inpatient Only
Drug-formulary checks	Audit report(s)	
TOC – receive, display, and incorporate toc/referral summaries	TOC – create and transmit toc/referral summaries	Transmission of reportable lab tests and values/results
Patient list creation	Patient-specific education resources	
Smoking status	Automated measure calculation	
Transmission to Immunization Registries	Transmission to public health agencies – syndromic surveillance	5

"Unchanged" Certification Criteria



Ambulatory & Inpatient			
CPOE	Advance directives		
Medication list	Immunization information		
Medication allergy list	Automatic log-off		
Authentication, access control, & authorization	Emergency access		
Integrity	Accounting of disclosures		
Incorporate lab test results (inpatient only)	Smoking status		
Vital signs, body mass index, and growth-charts	Drug formulary checks		
Patient-lists	Patient reminders		
Public health surveillance	Reportable laboratory tests and values/results		

• These certification criteria would be "eligible" for "gap certification."

Revised Certified EHR Technology (CEHRT) Definition



July 2010 Final Rule Policy
Static Definition
Driven by Certification Criteria



August 2012 Final Rule Policy
Dynamic Definition
Driven by Meaningful Use



Revised CEHRT Definition and Interdependence



Big picture

- The new regulatory framework provides more flexibility.
- The potential number of 2014 Edition certification criteria to which EHR technology would need to be certified (for an eligible provider to have EHR technology that meets the CEHRT definition) could be limited to the MU stage needs of an EHR technology developer's customer.

CEHRT Interdependence – Two views of the CEHRT Definition

- For eligible providers:
 - It is about having EHR technology(ies) certified to meet the Base EHR definition and just enough of 2014 Edition certification criteria to support their achievement of the MU stage they seek to meet.
- For EHR technology developers:
 - This new definition presents the opportunity to rethink the scope of EHR technology certifications sought.
 - Now able to seek "right size certifications" for their EHR technology based on their customers scope of practice and/or the MU stage that their customers will be seeking to achieve.

General Points to Remember



- Two types of certifications can be issued:
 - "Complete EHR" (i.e., EHR tech certified to all mandatory cert. criteria)
 - "EHR Module" (i.e., EHR tech certified to less than all mandatory cert. criteria)
- The scope of a certification issued to EHR technology represents only the capabilities for which the certification was sought/granted.
- EHR technology developers get to choose the type of certification sought for EHR technology and its
 - **SCOPE** (i.e., for EHR Modules, the number of cert. criteria to which it would be certified).
 - Additional capabilities beyond those for which certification criteria have been adopted are not within the scope of ONC's regulatory framework and reflect a business decision made by the EHR technology developer if they are included with an EHR technology to which a certification is issued.

So what? What's to be excited about? Now 3 ways to meet CEHRT definition Putting the I in Health IT www.HealthIT.gov

Complete EHR

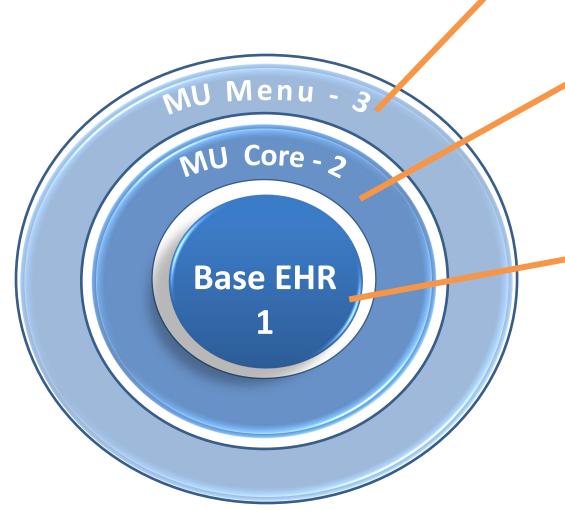
- Generally provides overall assurance.
- EPs would still need EHR technology
 certified to cancer registry certification criteria if they seek to meet that MU objective.

• EHR Module(s):

- Combination of EHR Modules
- Single EHR Module
- In the case of EHR Modules, it is now possible for an eligible provider to have just enough EHR technology certified to the 2014 Edition EHR certification criteria to meet the CEHRT definition.

2014 Edition CEHRT Easy as 1, 2, 3 + C*





EP/EH/CAH would only need to have EHR technology with capabilities certified for the MU menu set objectives & measures for the stage of MU they seek to achieve.

EP/EH/CAH would need to have EHR technology with capabilities certified for the MU core set objectives & measures for the stage of MU they seek to achieve unless the EP/EH/CAH can meet an exclusion.

EP/EH/CAH must have EHR technology with capabilities certified to meet the Base EHR definition.

Certification Criteria Assigned to Final Base EHR Definition



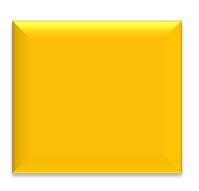
- It is a definition. It is meant to be used like a checklist to meet the CEHRT definition.
- It is not "a Base EHR" or a singular type of EHR technology that has these capabilities.
- The Base EHR definition includes CQM requirements not specified in this table.

2014 Edition EHR Certification Criteria Required to Satisfy the Base EHR Definition			
EHR technology that:	Certification Criteria		
Includes patient demographic and	Demographics § 170.314(a)(3)	$\overline{\checkmark}$	
	Vital Signs § 170.314(a)(4)	N/A	
clinical health information, such as	Problem List § 170.314(a)(5)	V	
medical history and problem lists	Medication List § 170.314(a)(6)	V	
	Medication Allergy List § 170.314(a)(7)	V	
Has the capacity to provide clinical decision support	Drug Drug and Drug Allergy Interaction Checks § 170.314(a)(2)	N/A	
	Clinical Decision Support § 170.314(a)(8)	V	
Has the capacity to support physician order entry	Computerized Provider Order Entry § 170.314(a)(1)		
Has the capacity to capture and query information relevant to health care quality	Clinical Quality Measures § 170.314(c)(1) through (3)		
Has the capacity to exchange electronic health information with, and integrate such information from other sources	Transitions of Care § 170.314(b)(1) and (2)	V	
	Data Portability § 170.314(b)(7)	V	
	View, Download, and Transmit to 3rd Party § 170.314(e)(1)	N/A	
Has the capacity to protect the confidentiality, integrity, and availability of health information stored and exchanged Privacy and Security § 170.314(d)(1) through (8)		I	

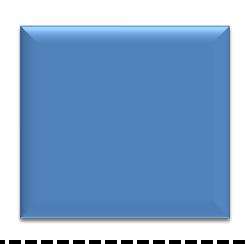
CEHRT: Show and Tell



2010 Final Rule Policy *No MU core exclusions
** 5 MU menu deferral



Ambulatory CEHRT = 32 CC



2012 Final Rule Policy

Reality sized "Right sized" certified EHR Module(s)

Ambulatory CEHRT = CC required by Base EHR def

+ those to meet MU stage

Revised CEHRT Definition Effective Dates and Options



EHR Reporting Period				
FY/CY 2011	FY/CY 2012	FY/CY 2013	FY/CY2014	
MU Stage 1	MU Stage 1	MU Stage 1	MU Stage 1 <u>or</u> MU Stage 2	
 MU Stage 1 MU Stage 1 EPs, EHs, and CAHs have 3 options: 1) EHR technology that has been certified to all applicable 2011 Edition EHR certification criteria. 2) EHR technology that has been certified to all applicable 2011 Edition or equivalent 2014 Edition EHR certification criteria same certification criteria. 3) EHR technology certified to the 2014 Edition EHR certification criteria that meets the Base EHR definition and would support ability to achieve MU stage 1 and successfully report the CQMs. 		en certified to all R certification en certified to all quivalent 2014 eiteria Same Policy the 2014 Edition at meets the uld support and	All EPs, EHs, and CAHs must have EHR technology certified to the 2014 Edition EHR certification criteria that meets the Base EHR definition and would support the objectives, measures, and their ability to successfully report the CQMs, for the MU stage that they seek to achieve.	

- 2014 Edition EHR technology supports the achievement of either meaningful use stage.
- Certification is not tied to MU stages.
- No "Stage 1 Certified" or "Stage 2 Certified" in perpetuity.

Illustrated: Two Types of Certifications Issued "Complete EHR" or "EHR Module"



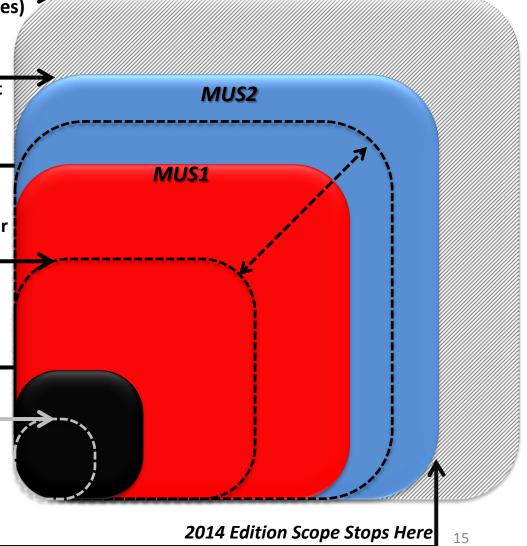
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- **2014Ed Complete EHR definition Generally supports MUS1 or MUS2 achievement** Certified to all mandatory 2014Ed CC for setting
- **EHR Module certified to number of 2014Ed** necessary to support MUS1
- *Inner square* = EHR Module certified to number of 2014Ed CC less than MUS1 (or MUS2) *Outer square* = EHR Module certified to number of 2014Ed CC necessary to support MUS2
- Base EHR definition = certified EHR Module
- **EHR Module certified to less than Base EHR definition**

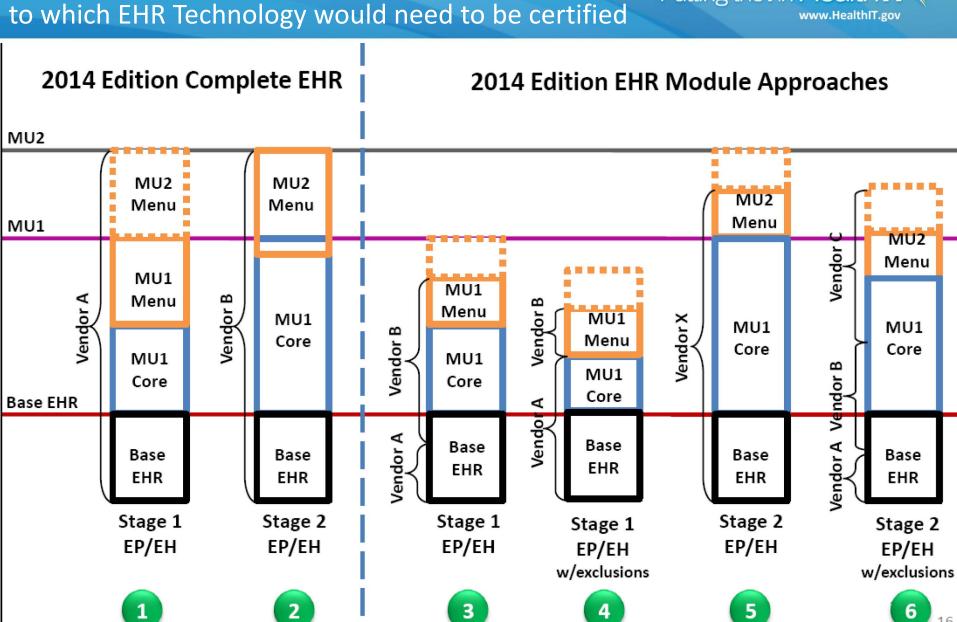
Point to remember:

Certification's scope does **NOT** address all capabilities included in EHR technology



A Different Look: Understanding the CEHRT Definition and the Minimum Number of Certification Criteria to which EHR Technology would need to be certified





ONC HIT Certification Program Final Changes



- Temporary Certification Program Sunsets
 - Upon 2014 Edition final rule effective date
- Program Name Change
 - "ONC HIT Certification Program"
- Revisions to EHR Module Certification Requirements
 - Privacy and Security Certification Policy
 - Will not require upfront certification to P&S for the 2014 Edition CC
 - Policy outcome now reflected in Base EHR definition (which includes all P&S CC)
 - Other tweaks to make certification more efficient

ONC HIT Certification Program Final Changes (cont.)



- Application of certain new certification criteria to EHR technology
 - § 170.314(g)(1): Automated numerator recording
 - § 170.314(g)(3): Safety-enhanced design
 - 8 Medication related certification criteria: CPOE; Drug-drug, drug-allergy interaction checks; Medication list; Medication allergy list; Clinical decision support; eMAR; e-prescribing; and Clinical information reconciliation.
 - § 170.314(g)(4): Quality management system
- Price Transparency: ONC-ACBs are required to ensure that EHR technology developers notify eligible providers about additional types of costs (i.e., one-time, ongoing, or both) that affect a certified Complete EHR or certified EHR Module's total cost of ownership for the purposes of achieving meaningful use.
- **Test Result Transparency:** The final rule requires that ONC-ACBs submit a hyperlink of the test results used to issue a certification to a Complete EHR or EHR Module.

What's Next? Anticipated Timeline

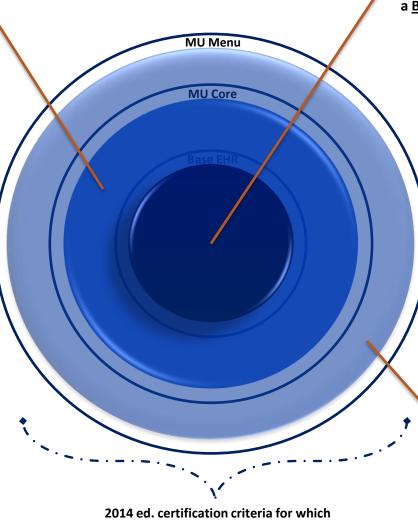


- Aug 2012
 - Final rule issued
- Sept 2012 Oct 2012
 - Weekly waves of test procedures and electronic test tools published
 - Test Procedures and tools available for comment
- Nov 2012 Dec 2012
 - Testing workshop
 - National Coordinator approves 2014Ed test procedures
- Testing and certification to 2014 Edition available early 2013.

2014 Edition EHR Certification Criteria Mapped to the 2014 CEHRT Definition for EHs & CAHs Seeking to Achieve MU Stage 2 in and after CY 2014

2014 Certification Criteria associated with MU Core Stage 2:

- Drug-drug, drug-allergy interaction checks (170.314(a)(2))
- Vital signs, BMI, & growth charts (170.314(a)(4))
- Smoking status (170.314(a)(11))
- Patient list creation (170.314(a)(14))
- Patient-specific education resources (170.314(a)(15))
- eMAR (170.314(a)(16))
- Clinical information reconciliation (170.314(b)(4))
- Incorporate lab tests & values/results (170.314(b)(5))
- View, download, & transmit to 3rd Party (170.314(e)(1))
- · Immunization information (170.314(f)(1))
- Transmission to immunization registries (170.314(f)(2))
- Transmission to PH agencies syndromic surveillance (170.314(f)(3))
- Transmission of reportable lab tests & values/results (170.314(f)(4))



certification may be required:

- Automated numerator recording (170.314(g)(1))
- Automated measure calculation (170.314(g)(2))
- Safety-enhanced design (170.314(g)(3))
- Quality management system (170.314(g)(4))

2014 Certification Criteria associated with a Base EHR:

- CPOE (170.314(a)(1))
- Demographics (170.314(a)(3))
- Problem list (170.314(a)(5))
- Medication list (170.314(a)(6))
- Medication allergy list (170.314(a)(7))
- Clinical decision support (170.314(a)(8))
- Transitions of care (170.314(b)(1) & (2))
- Data portability (170.314(b)(7))
- Clinical quality measures (170.314(c)(1) (3))
- **Privacy and Security CC:**
 - Authentication, access control, & authorization (170.314(d)(1))
 - Auditable events & tamper resistance (170.314(d)(2))
 - Audit report(s) (170.314(d)(3))
 - Amendments (170.314(d)(4))
 - Automatic log-off (170.314(d)(5))
 - Emergency access (170.314(d)(6))
 - End-user device encryption (170.314(d)(7))
 - o Integrity (170.314(d)(8))
 - Accounting of disclosures* (170.314(d)(9))

2014 Certification Criteria associated with MU Menu Stage 2:

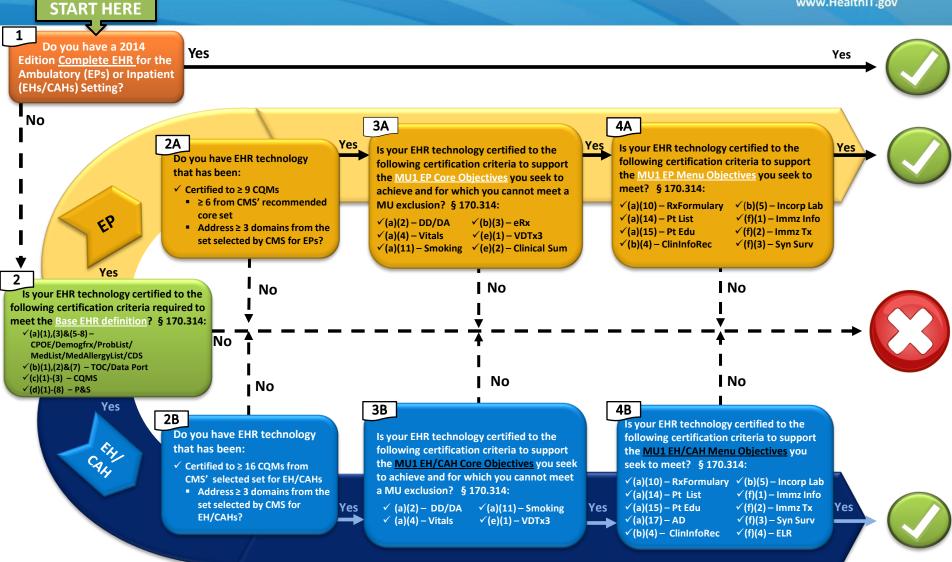
- Electronic notes (170.314(a)(9))
- Drug-formulary checks (170.314(a)(10))
- Image results (170.314(a)(12))
- Family health history (170.314(a)(13))
- Advance directives (170.314(a)(17))
- eRx (170.314(b)(3))
- Transmission of e-lab tests & values/results to providers (170.314(b)(6))

20 *= optional

Do you have EHR Technology that meets the new Certified EHR **Technology definition for Meaningful Use Stage 1?**



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Note: To meet the CEHRT definition, EHR technology will need to have been certified to:

Automated numerator recording (170.314(g)(1)) or Automated measure calculation (170.314(g)(2));

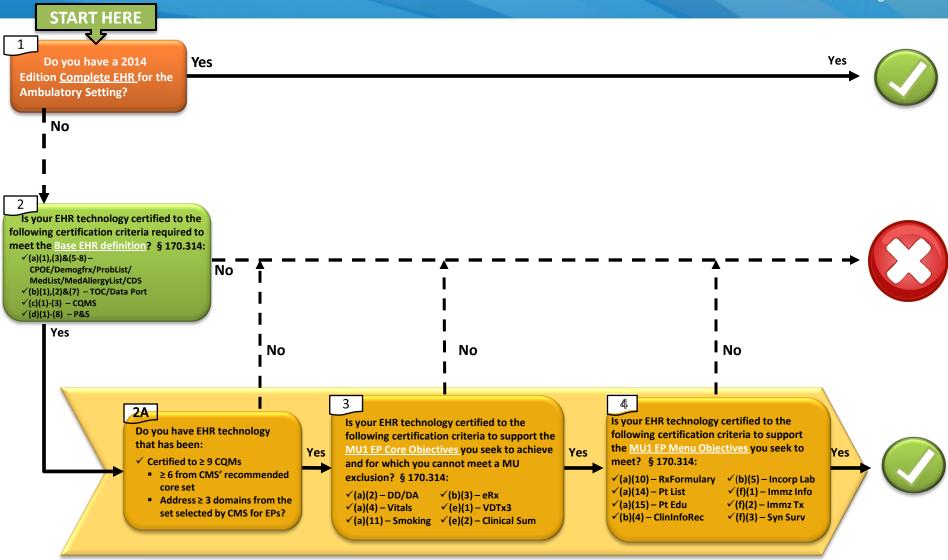
Safety-enhanced design (170.314(g)(3)); and

Quality management system (170.314(g)(4))

EPs: Do you have EHR Technology that meets the new Certified EHR Technology definition for Meaningful Use Stage 1? Putting the I in Health IT



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Note: To meet the CEHRT definition, EHR technology will need to have been certified to:

- Automated numerator recording (170.314(g)(1)) or Automated measure calculation (170.314(g)(2));
- Safety-enhanced design (170.314(g)(3)); and
- Quality management system (170.314(g)(4))

But wait, there's more!



Check back to:

http://www.healthit.gov/policy-researchers-implementers/meaningful-use-stage-2-0

Now:

CEHRT Infographic flows and Bull's eye diagrams

Coming soon:

- Grids comparing MU1 and MU2 w/ 2014 Ed.
- Standards resource page where all the adopted standards as part of the 2014 Edition EHR Certification Criteria will be listed with URLs to where you can find/access them.

Questions



