"Meaninful Use" – Some Details Were Overlooked

Modifications to Stage One and guidance on Stage Two requirements of the Electronic Health Records (EHR) meaningful use regulations are on the way. For health care IT professionals, there was never as much anticipation surrounding the release of federal regulations as there was when the meaningful use regulations were finalized (supposedly) and issued earlier this year. Unfortunately, a read through the regulations had you scratching your head as to what it all meant, and questioning the viability of the EHR adoption incentive program.

Questions mounted from physicians, hospitals, and EHR vendors alike as to whether Stage One could be met in time to take advantage of the applicable incentive payments. Some of the requirements just did not make practical sense. Additionally, since the regulations did not detail the specific requirements for Stage Two, IT professionals anxiously await the next set of regulations and wonder what they should be doing now, too.

David Blumenthal, the National Coordinator for Health Information Technology, has recognized that "some details were overlooked" in the process of releasing Stage One. Everyone say "understatement!" To address these overlooked details, CMS is poised to address the concerns voiced after the release of Stage One and to provide guidance regarding Stage Two.

The changes to the final rule on Stage One will attempt to address certain "inconsistencies in the final rule." Though the modifications are aimed at clarifying some issues, the particulars have yet to be released.

As for the Stage Two requirements, which are to become effective in 2013, according to *Government Health IT,* the Meaningful Use Work Group is comparing Stage One with the Group's goals for Stage Three. The hope is that by comparing the two, the Group will see the gaps that need to be bridged by Stage Two. Some of the requirements being considered for Stage Two include an increased performance level for computerized provider orders, electronic prescribing, and various other measures from Stage One.

The Chair of the Meaningful Use Work Group, Paul Tang, has stated that "Stage Two also should include more patient care data from EHRs to reduce health care providers' reporting burden." According to *Government Health IT*, the Meaningful Use Work Group is also considering a requirement that would entail health care providers linking at least 20% of their patients with other members of a health care team to improve care coordination. Further, Blumenthal has said that health care providers and vendors "should expect more complicated requirements" on clinical decision support tools and health information exchange for Stage Two.

Whether the modifications to Stage One or the new requirements of Stage Two provide the promised clarity or have any positive effect on the attainability of meaningful use remains to be seen. We are ever hopeful! For now though, health care IT and legal professionals will have to continue feeling their way through the regulations as they attempt to guide health care providers toward "meaningful use."