The KHA and KHERF team hope this mailing finds you enjoying the holiday season! Traditionally these emails are sent to give you information that you would not receive though other national publications. We have included the new federal policy around Stage 2 as a clarification - the national media has been confusing. Also, KHERF is pleased to announce that ONC has allowed for an extension of the Regional HIT Extension Center (REC) program and that KFMC and KHERF will continue our great relationship to provide resources and technical expertise for clinics and hospitals in Kansas through 2014. Funding will be limited, but we are excited that the program and partnership will continue.

**Meaningful Use Stage 3 Timeline Changes:** The Centers for Medicare and Medicaid Services (CMS) released a [statement](#) on Friday December 6, 2013 announcing changes to the planned start date for Stage 3 of Meaningful Use for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs.

It is important to note that this is NOT a delay of Meaningful Use in 2014 (Stage 1 or Stage 2) and that this announcement has no impact on when hospitals must start Stage 2. All 2014 certification and attestation deadlines are still in force. The announcement essentially adds another year to Stage 2, delays Stage 3 to 2017 and makes Meaningful Use Stage 2 a three year cycle. CMS anticipates the proposed rulemaking (NPRM) will be released for public review by fall of 2014.

The [Office of the National Coordinator for Health Information Technology](#) (ONC) also plans to release a NPRM for the 2017 Edition of the ONC Standards and Certification Criteria by fall of 2014. The proposed approach is designed to allow for certification criteria to be updated more frequently in response to public input and changing industry standards. ONC also plans to publish a set of 2015 Edition criteria in an additional NPRM, but stated providers and vendors participation is voluntary. Eligible hospitals or providers would not have to upgrade to the 2015 Edition technology. The 2014 Edition will remain as the baseline certification criteria edition for meeting the Certified EHR Technology definition. Both the 2017 and 2015 Edition criteria are also expected from ONC in the fall of 2014.
**Stage 1 Meaningful Use Changes for 2014:** CMS Stage 2 Final Rule includes some significant changes that affect health care providers currently in Stage 1 of the Electronic Health Record Incentive Program. Hospitals should make plans now to comply with the new requirements. Here is a quick overview of some pertinent changes.

**Electronic copy** of health information, discharge instructions and timely electronic access to health information is replaced with View, Download and Transmit. Providers planning to attest to Stage 1 in FY 2014 must make patients' health information available online within 36 hours post-discharge for hospitals. This typically requires an ONC certified patient portal.

**Clinical Quality Measures** (CQMs). Beginning FY 2014, all providers, regardless of year or stage, must report a greater number of CQMs. Specifically, hospitals must report 16 CQMs, rather than 15 from previous years. Hospitals beyond year 1 of participation in 2014 must report their CQM data to CMS electronically. Reporting CQM denominators and numerators via the attestation portal is allowed only for those providers in their first year of demonstrating meaningful use.

**A new age limit for vital signs:** Stage 1 providers must record height and weight for all patients and blood pressure for patients age three years and older. This replaces the previous requirement for patients age two and older.

**Alternate computerized provider order entry (CPOE) measure:** Starting in 2013, providers can report on an alternate measure based on the number of medication orders rather than the number of unique patients with at least one medication in the medication list. This alternate measure will remain optional for providers attesting to Stage 1 in the years following 2013.

**New document format for summary of care record:** In 2014, providers selecting to provide a summary of care at transitions of care must follow the C-CDA document format rather than the Continuity of Care Document (CCD) or Continuity of Care Record (CCR) specified in the Stage 1 Final Rule. Neither CCDs nor CCRs contain the number of data fields required to meet the new summary of care objective.

**Elimination of exchange of key clinical information objective:** Providers are no longer required to attest to this particular measure starting in 2013.

Visit the [CMS EHR incentive website](http://www.cms.gov) for more details or contact Mary Matzke

**Meaningful Use E-Clinical Quality Measures, HIT Security & More Conference:** Save the date for an upcoming HIT conference on January 23rd and 24th in Wichita @ the Doubletree. Topics include HIT security updates, Meaningful Use Stage 2, electronic clinical quality measures, and MU audit tips. More details to come.

**2013 Kansas Community Hospital EHR Status Report:** Kansas community hospitals have made significant progress in HIT adoption based on the [2013 Kansas Community Hospital EHR Status Report](http://www.kcha.org) published this week. Ninety-one percent of hospitals use some form of EHR and more than half are fully electronic. Eighty percent have or plan to attest to Stage 1 Meaningful
Use in 2013 and ninety-seven percent will have attested by 2015 when payment adjustments go into effect.

The report was prepared by the Kansas Hospital Education and Research Foundation staff as part of its work with the Kansas Regional Extension Center and displays statistical evidence pulled from the 2012 AHA IT Survey Supplement, the Kansas Medicaid payment report, the Kansas Regional Extension Center CRM report and other hospital surveys. Information on the current status of health information exchange in Kansas, barriers to implementation and a look at 2014 and beyond are also provided in the report.

**2013 AHA Annual Survey Information Technology Supplement:** The Kansas Hospital Association encourages all hospitals to complete the sixth annual Information Technology Supplement to the AHA Annual Survey, which was mailed to CEOs of member hospitals in November. Recipients should forward the survey to their chief information officer to complete on paper or online by Friday, December 20. KHA uses results from the survey to support grant opportunities, populate EHR connect, build the annual Kansas EHR Status Report and for advocacy purposes. Your participation is encouraged and appreciated. For more information, contact AHA survey support at (800) 530-9092 or surveysupport@healthforum.com.

**Melissa**

Melissa Hungerford  
Kansas Hospital Association  
Kansas Hospital Education and Research Foundation  
215 S.E. Eigth Ave.  
Topeka, KS 66603-3906  
(785) 233-7436  
(785)230-1375 Cell  
www.kha-net.org  
mhungerford@kha-net.org