Public Health and Meaningful Use in 2017: Guidance for Public Health Agencies

08/18/2016

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 accept data consistent with Stage 3 measures and 2015 Edition CEHRT criteria at least **six months in advance of the provider's EHR reporting period**. For example, 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

- The PHA should include a statement declaring its readiness on its 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 supported
    - Which CEHRT edition(s) (2014 and/or 2015) are supported or specific implementation guides and requirements from the ONC rule(s)
    - Any EH/CAH/EP restrictions or targets based on factors such as provider type
    - Date PHA will begin accepting data consistent with the new criteria

- Keep track of changes to the declaration of readiness for each measure. Maintaining a history of any date of declaration (e.g. posting on the webpage) and the standards supported on the web page can provide documentation to a provider in the event they are audited. Consider having this history 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 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) will need to adjust SyS message receiving and data transformation processes.
    - Under 2015 Edition SyS should also provide additional facility and patient demographic information, 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.

Compiled by the Stage 3 Meaningful Use Public Health Reporting Requirements Task Force.

For this and other Task Force documents, please visit cdc.gov/ehrmeaningfuluse/meaningful-use-mu-public-health-ph-reporting-requirements-task-force.html.

If you have questions, please contact meaningfuluse@cdc.gov, or visit the EHR Meaningful Use website at cdc.gov/ehrmeaningfuluse.

Information for this document has been abstracted from the CMS and ONC regulations and represents the public health measures only. For the full and final guidance, please refer to the ONC and CMS Final Regulatory documents which can be found at CMS: gpo.gov/fdsys/pkg/FR-2015-10-16/pdf/2015-25595.pdf, and ONC: gpo.gov/fdsys/pkg/FR-2015-10-16/pdf/2015-25597.pdf.

Electronic Health Record Incentive Payment Program - Public Health Reporting Measures and Standards For Eligible Professionals (EPs), Eligible Hospitals (EHs), Critical Access Hospitals (CAHs) 2014 Edition, Certified Electronic Health Record Technology (CEHRT) and 2015 Edition CEHRT			
Stage/Year		**Modified Stage 2 MU (2015-2017)**	**Stage 3 MU (2018, optional 2017)**
ONC Regulation/ Certification Edition		**2014 CEHRT**	**2015 CEHRT**
MU Objective		**Public Health Registry Reporting**	**Public Health and Clinical Data Registry Reporting**
MU Eligible Entities (Numbers specify the minimum number of measures to meet)	(EPs-Eligible Professionals; EHs-Eligible Hospitals; CAHs-Critical Access Hospitals)	**EPs in Stage 1, 2015: 1** **EPs in Stage 2, 2015: 2** **EPs in 2016 or 2017: 2** **EHs, CAHs in Stage 1, 2015: 2** **EHs, CAHs in Stage 2, 2015: 3** **EHs, CAHs in 2016 or 2017: 3**	**EPs: 2** **EHs: 4** **CAHs: 4**
Measure Name	**Provider Type Availability**	**ONC-Adopted Standard (2014 CEHRT)**	**ONC-Adopted Standard (2015 CEHRT)**
Immunization Registry Reporting	EP, EH, CAH	Measure 1 HL7 2.5.1: Implementation Guide for Immunization Messaging, Release 1.4	Measure 1 HL7 Version 2.5.1: Implementation Guide for Immunization Messaging, Release 1.5 (October 2014) and Addendum (July 2015)
Syndromic Surveillance Reporting	Modified Stage 2: EP, EH, CAH Stage 3 MU: EP (Urgent Care Setting ONLY), EH, CAH	Measure 2 HL7 2.5.1 PHIN Messaging Guide for Syndromic Surveillance: Emergency Department and Urgent Care Data, Release 1.1 (August 2012)	Measure 2 HL7 2.5.1 PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Ambulatory Care and Inpatient Settings, Release 2.0
Specialized Registry Reporting	EP, EH, CAH (Cancer Registry Reporting only for EPs)	Measure 3 No standard mandated for Specialized Registry Reporting except for Cancer Case Reporting, as a specialized registry, from EPs to State Cancer Registry Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries, HL7 Clinical Document Architecture (CDA), (August 2012) National Health Care Surveys (NHCS) Reporting to CDC/NCHS also available.	Not included in Stage 3 MU See Measure 4 - Public Health Registry Reporting and Measure 5 - Clinical Data Registry Reporting
Electronic Case Reporting	EP, EH, CAH	Not included in Modified Stage 2. See Measure 3 - Specialized Registry Reporting.	Measure 3 Per guidelines in the ONC 2015 Edition Certification Final Rule Not available in 2017 for optional Stage 3 requirements.
Electronic Reportable Laboratory Results Reporting	EH, CAH only	Measure 4 HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 (US Realm), with Errata and Clarifications	Measure 6 HL7 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 (US Realm), with Errata and Clarifications
Public Health Registry Reporting	EP, EH, CAH	Not included in Modified Stage 2. See Measure 3- Specialized Registry Reporting.	Measure 4 Starting in 2018, only standard based transmissions will be accepted based on the standards listed below. **Cancer case reporting from EPs to State Cancer Registry**-HL7 CDA® Release 2 Implementation Guide: Reporting to Public Health Cancer Registries from Ambulatory Healthcare Providers, Release 1; DSTU Release 1.1, (U.S. Realm) (EPs Only) **Antimicrobial use and resistance reporting to NHSN**-HL7 Implementation Guide for CDA® Release 2 –Level 3: Healthcare Associated Infection Reports, Release 1, U.S. Realm (August 2013) (Eligible Hospitals/CAHs only) **CDC/NCHS Health care surveys**-HL7 Implementation Guide for CDA ® Release 2: National Health Care Surveys (NHCS), Release 1—US Realm, Draft Standard for Trial Use (December 2014)
Clinical Data Registry Reporting	EP, EH, CAH	Not included in Modified Stage 2. See Measure 3- Specialized Registry Reporting.	Measure 5 No standard included at this time.