

Moving forward towards an interoperable learning health system: Improving flexibility, simplicity, interoperability and outcomes to achieve a better, smarter and healthier system

On March 20, 2015, the Department of Health and Human Services' (HHS) Centers for Medicare & Medicaid Services (CMS) issued a [proposed rule for Stage 3 of the Medicare and Medicaid Electronic Health Record \(EHR\) Incentive Programs](#). Separately, the Office of the National Coordinator for Health Information Technology (ONC) issued [a proposed rule to improve the way electronic health information is shared](#) and ultimately improve the care delivery experience. Together, these proposed rules focus on making the EHR Incentive programs more **flexible, simplifying and reducing burden** of providers participating in the program, driving the **interoperability** of health IT across systems and between providers, and improving **patient outcomes**.

Taken together this work aligns with the path toward interoperability identified in [Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap Draft Version 1.0](#), which was issued earlier this year by ONC.

Providing More Flexibility for Providers and Simplifying Requirements

The CMS Stage 3 Meaningful Use proposed rule would make the meaningful use program more flexible for providers by:

- Establishing a single, aligned reporting period for all providers based on the calendar year;
- Allowing providers the option to start Stage 3 of meaningful use in either 2017 or 2018 (required in 2018), which gives providers an extra year to start than under current regulation;
- Simplifying meaningful use objectives and measures and reporting requirements by allowing flexible measures under health information exchange, consumer engagement, and public health reporting that would fit their own patient population or practice;
- Reducing the overall number of objectives to eight to focus on advanced use of EHRs;
- Removing measures that are redundant or received wide-spread adoption; and
- Aligning clinical quality measure reporting with other CMS programs.

Supporting Interoperability and the Adoption of Electronic Health Records

The three-year interoperability agenda for 2015 to 2017 outlined in the draft *Interoperability Roadmap* focuses on securely sending, receiving, finding, and using a common clinical data set to improve health and health care quality with appropriate privacy protections.

The proposed rules support that agenda by making it easier for providers and consumers to access their own health information electronically and support interoperability broadly.

The CMS Stage 3 Meaningful Use proposed rule would simplify the reporting requirements by:

- Proposing flexibility for health information exchange objectives that aim to make sure providers caring for the same patient are sharing information with one another so they can more effectively coordinate the care they provide.
- Proposing the use of APIs that could enable the development of new functionalities to build bridges across systems and provide increased data access.

The ONC 2015 Edition rule proposes:

- Adopting standards and certification criteria for data portability,
- Adopting application programming interface (API) functionality, and
- Adopting other standards, that support the goals of the draft *Interoperability Roadmap* and accompanying [2015 Standards Advisory](#).

The ONC 2015 Edition proposed rule would also provide the opportunity for the certification of health IT products for providers that are not currently eligible for EHR Incentive Programs incentive payments, such as long-term post-acute care and behavioral health providers.

Specifically, the proposed rule would help to broaden the use of health IT in a wider range of health settings, making sure that health information is available to consumers where and when it is needed. It would open the ONC Health IT Certification Program to other types of health IT beyond EHRs to an expanded range of health IT that can be certified to adopted certification criteria such as Health Information Service Providers, Health Information Exchanges, or Laboratory Information Systems. These proposed changes would also make the ONC Health IT Certification Program available to other HHS, public, and private programs to meet the specific needs of their programs, providing more flexibility to a wide range of health and health care systems and providers.

Improving Outcomes for Patients

The proposed rules support improved outcomes and measurement of those outcomes by proposing to simplify the reporting requirements, and enhancing data collection and safety measures.

The CMS Stage 3 Meaningful Use proposed rule would focus on the advanced use of EHR technology to promote improved patient outcomes and health information exchange. The rule proposes to make sure that providers are coordinating care for patients, providing patients with easy access to their health information, and fostering data collection in a format that can be shared across multiple health care organizations.

ONC's 2015 Edition Health IT Certification Criteria proposed rule includes support of improved outcomes in the area of patient safety by proposing to apply enhanced user-centered design principles to Health IT Modules that would help to prevent errors that could pose a risk to patient harm.

The 2015 Edition Health IT Certification Criteria includes proposals to enhance the consistent identification of patients; record social, psychological, and behavioral data in standard ways; exchange electronic sensitive health information securely; and document patient race and ethnicity using a more granular standard that would allow for more specific identification of health interventions and treatments for patients.