

TOPIC	Timing of Stage 2 MU
POINTS	<p>Key Points:</p> <ul style="list-style-type: none"> • Many commenters expressed concern over the tight timeframe for transitioning to stage 2, focusing on feasibility, development, testing and HIT safety. Most of these comments came from: <ul style="list-style-type: none"> ○ Hospitals/health systems ○ Physicians ○ EHR vendors • Many commenters expressed support for moving forward with the current proposed timeline in order to ensure that the escalator maintains an adequate trajectory to appropriately advance beyond the data capture and sharing focus of stage 1, and that sufficient incentive dollars remain to encourage stage 2 and 3 MU. Most of these comments came from: <ul style="list-style-type: none"> ○ Consumers ○ Purchasers ○ Health plans and disease/care management organizations ○ HIT advocates (e.g., coalitions, technology companies) • Timing issues were also reflected in comments many specific proposed MU objectives; that is, concerns about implementing new functionalities were often placed in the context of the current proposed timeframe <p>Detailed argument for slowing down timeline:</p> <ul style="list-style-type: none"> • Ensure adequate timelines to achieve transitions; the proposed timeline does not allow sufficient time for safe development, testing and release of new functionalities, distribution of upgrades, and training of user on the new features • Learn fully from provider experience in implementing stage 1; it is important to understand how real-world providers (from a wide variety of settings) are doing with stage 1 prior to raising the bar • Coupled with other changes in the health information sector (e.g., ICD-10, HIPAA 5010 transaction standards, state-level HIEs, etc.), MU changes have the potential to overwhelm providers • A short timeframe for implementing new MU objectives may cause some providers (particularly those with fewer resources) to not continue on the path toward meaningful use of EHRs- this is particularly problematic because Medicare providers can't "skip a year"

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POINTS	<p>Detailed argument for maintaining timeline:</p> <ul style="list-style-type: none"> • Stage 1 focused primarily on data capture and sharing whereas the major benefits of EHRs in quality, safety, and efficiency will be achieved by advanced clinical processes (the stated focus of stage 2) and improved outcomes (the stated focus of stage 3); there is a pressing need to demonstrate EHR benefits, and they cannot be realized if rapid progress is not made in advancing MU expectations • Delays in implementation of additional functionality (e.g., more advanced quality measures and interoperability standards) will hinder health reform and interoperability efforts; the escalator approach is required to allow for effective delivery system reforms being considered by CMS • Extending transition from stage 1→2 would set precedent for stage 2→3 transition, and could make it more difficult to ever progress beyond stage 2 • According to HITECH statute, no incentives can be paid to providers after 2016, which means that there would be little or no positive incentives (as opposed to penalties) to drive providers to stage 3 (and potentially fewer dollars would be at stake for stage 2 depending on timing specifics)

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