Key Information

- The Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program (Meaningful Use) Stage 3 criteria will start at the beginning of calendar year 2017 for both eligible hospitals, and eligible providers.

- Electronic prescribing (eRx) is foundational to Meaningful Use (MU), and is part of the Objectives and Measures for MU in 2017 in subsequent years, specifically Objective 2.

- The Stage 2 final rule, for eligible hospitals and critical access hospitals (CAHs), included a menu set objective for the electronic prescription of discharge medications. For a full discussion of electronic prescribing as a meaningful use objective in the Stage 2 final rule, see 77 FR 53989 through 53990 for EPs and 77 FR 54035 through 54036 for eligible hospitals and CAHs.

- For Stage 3, it is being proposed to maintain the objective and measure finalized in the Stage 2 final rule for eRx for eligible providers (Eps), with minor changes. CMS is proposing to include the Stage 2 menu objective, with a modification to increase the threshold, as a required objective for Stage 3 of meaningful use for eligible hospitals and CAHs.

- In all cases under this objective, the provider needs to use certified electronic health record technology (CEHRT) as the sole means of creating the prescription, and when transmitting to an external pharmacy that is independent of the provider’s organization, such transmission must be pursuant to Office of the National Coordinator (ONC) Health IT Certification Program criteria.
Proposed Eligible Provider (EP) Measure

- In Stage 3, it is being proposed to raise the threshold to 80 percent. This proposed 80 percent threshold is of all permissible prescriptions written by the EP queried for a drug formulary and transmitted electronically using CEHRT. This is up from 50 percent in Stage 2. The median performance on this measure for Stage 1 EPs is 89 percent and for Stage 2 EPs is 92 percent, which indicates that patient preferences for e-prescribing is not a deterrent to EPs successfully meeting the 50 percent threshold, and as result, has led to a proposed Stage 3 increase to 80 percent.

- Denominator: Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period or number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period.

- Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.

- Controlled substances: CMS is proposing that providers who practice in a state where controlled substances may be electronically prescribed who wish to include these prescriptions in the numerator and denominator may do so under the definition of "permissible prescriptions" for their practice. If a provider chooses to include such prescriptions, they must do so uniformly across all patients and across all allowable schedules for the duration of the EHR reporting period.

- Proposed Exclusions: 1) Maintain the exclusion from Stage 2 for EPs who write fewer than 100 permissible prescriptions during the EHR reporting period; 2) Maintain from Stage 2 if no pharmacies within a 10-mile radius of an EP's practice location at the start of his or her EHR reporting period accept electronic prescriptions (77 FR 53990); and 3)
Proposed Eligible Hospital/Critical Access Hospital (CAH) Measure

- More than 25 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT. *Of Note:* For eligible hospitals and CAHs, the performance rate among Stage 2 providers selecting the measure is higher than the 10 percent threshold and has increased since the previous report (median rate is 76 percent).

- Denominator: The number of new or changed prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances for patients discharged during the EHR reporting period.

- Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary and transmitted electronically.

- Proposed for Stage 3: Limit to only new and changed prescriptions. *Of note:* New, changed, and refill prescriptions ordered during the course of treatment of the patient while in the hospital was part of Stage 2 final rule.

- Request for public comment: Whether a hospital would issue refills upon discharge for medications the patient was taking when they arrived at the hospital and, if so, whether distinguishing those refill prescriptions from new or altered prescriptions is unnecessarily burdensome for the hospital.

- Proposed Exclusion: Maintain the Stage 2 exclusion for any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period.

Other Request for Public Comment

- CMS maintains from Stage 2, that over the counter (OTC) medicines will not be routinely electronically prescribed and proposes to continue to exclude them from the definition of a prescription. However, CMS would like public comment on this assumption and whether OTC medicines should be included in this objective for Stage 3.