On March 20, 2015, the Centers for Medicare and Medicaid Services (CMS) issued a notice of proposed rulemaking (NPRM) for Stage 3 of the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I am pleased to report that the Proposed Objective for computerized provider order entry (CPOE) in the NPRM is very favorable for credentialed medical assistants such as CMAs (AAMA). Note the following excerpts from the Notice of Proposed Rulemaking:

**Proposed Objective:** Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant; who can enter orders into the medical record per state, local, and professional guidelines. …

In Stage 3, we propose to continue the policy from the Stage 2 final rule at 77 FR 53986 that orders entered by any licensed healthcare professional or credentialed medical assistant would count toward this objective. A credentialed medical assistant may enter orders if they are credentialed to perform the duties of a medical assistant by a credentialing body other than the employer. If a staff member of the eligible provider is appropriately credentialed and performs assistive services similar to a medical assistant, but carries a more specific title due to either specialization of their duties or to the specialty of the medical professional they assist, orders entered by that staff member would be included in this objective. We further note that medical staff whose organizational or job title, or the title of their credential, is other than medical assistant may enter orders if these staff are credentialed to perform the equivalent duties of a credentialed medical assistant by a credentialing body other than their employer and perform such duties as part of their organizational or job title. We defer to the provider’s discretion to determine the appropriateness of the credentialing of staff to ensure that any staff entering orders have the clinical training and knowledge required to enter orders for CPOE. …

However, as stated in the Stage 2 final rule at 77 FR 53986, it is apparent that the prevalent time when CDS [Clinical Decision Support] interventions are presented is when the order is entered into CEHRT [Certified Electronic Health Record Technology], and that not all EHRs also present CDS when the order is authorized (assuming such a multiple step ordering process is in place). This means that the person entering the order would be required to enter the order correctly, evaluate a CDS intervention either using their own judgment or through accurate relay of the information to the ordering provider, and then either make a change to the order based on the information provided by the CDS intervention or bypass the intervention. The execution of this role represents a significant impact on patient safety; therefore, we continue to maintain for Stage 3 that a
layperson is not qualified to perform these tasks. ... [Emphasis added]

In addition, the NPRM has expanded the category of radiology orders to include diagnostic imaging other than radiology. Also, the thresholds for medication, laboratory, and diagnostic imaging orders have been increased for Stage 3. Note the following excerpts from the CMS NPRM:

We propose to continue our policy from the Stage 2 final rule that the orders to be included in this objective are medication, laboratory, and radiology orders, as such orders are commonly included in CPOE implementation and offer opportunity to maximize efficiencies for providers. However, for Stage 3, we are proposing to expand the objective to include diagnostic imaging, which is a broader category including other imaging tests such as ultrasound, magnetic resonance, and computed tomography in addition to traditional radiology. This change addresses the needs of specialists and allows for a wider variety of clinical orders relevant to particular specialists to be included for purposes of measurement. ...

Based on our review of attestation data from Stages 1 and 2 demonstrating provider performance on the CPOE measures, we propose to increase the threshold for medication orders to 80 percent and to increase the threshold for diagnostic imaging orders and laboratory orders to 60 percent.

The AAMA will submit comments on these proposed Stage 3 regulations to CMS. Further updates about the proposed Stage 3 rules will be posted on the blog Legal Eye: On Medical Assisting at https://aamalegaleye.wordpress.com/.

Reference

Questions? Contact Donald A. Balasa, JD, MBA, at dbalasa@aama-ntl.org or 800/228-2262.

CMA Today | May-Jun 2015