Health IT vendors, clinicians and consumer groups are weighing in with their thoughts on the federal government’s plan to extend and change Stage 2 of the meaningful use program. This is an audio report for *iHealthBeat*, a daily news service of the California HealthCare Foundation. I’m Rachel Dornhelm.

At the end of May, HHS proposed a new rule to give providers more flexibility in meeting meaningful use deadlines.

Paul Tang is vice president and chief innovation and technology officer at the Palo Alto Medical Foundation. He says it is a reasonable move that shows the federal government is listening to all providers -- rural and urban, large and small.

*Tang: "HHS does try to be very responsive to the community and understands sometimes the predicament that either a provider or vendor can be in when they're trying to implement something very quickly."*

Tang says some institutions, like his home hospital Palo Alto Medical Foundation, are on track to meet the original deadlines. He urges those that can to continue on that path.

But for those whose vendors are waiting for approved products or who need more time to set up their new systems, the proposed rule offers flexibility in certifications and additional time to complete Stage 2. It also delays Stage 3 by a year.

Tang is particularly aware of providers' varying circumstances because he chairs the Health IT Policy Committee's Meaningful Use Workgroup ...

*SFX Woman's conference call voice "Good morning everyone... " [FADE UNDER]*

... which allows stakeholders to weigh in on policy options.
Internist Douglas Ashinsky is one of the many stakeholders who has been vocal on the issue.

**Ashinsky:** "I have attested to Stage 1 meaningful use for three years. I am in the process of attempting to attest to meaningful use Stage 2 right now."

Ashinsky’s vendor, Cerner Corporation, is helping him to install the required electronic health record technology. But Ashinsky says as a solo practitioner there are challenges.

**Ashinsky:** "The worst thing for us to do is to make it so stringent to the providers, hospitals and the EMR companies that everyone who is on the train of EMR suddenly jumps off the train of EMR and says it’s no longer worth it. And the patient care suffers, the patient portal suffers and everyone suffers."

Ashinsky says it is better to put a detour sign on the train. The proverbial passengers may be a little annoyed, he says, but at least they will get to their destination.

For those vendors that still are working on achieving certification for their technology, the rule would allow providers to continue working with 2011 certified products.

Mike Hourigan, director of regulatory and compliance at Cerner, says their company already has received certification for its EHR product. But in its consultancy business, Cerner sees the challenges facing doctors, like finding direct trading partners ...

**Hourigan:** "Because of the timing between the providers being required to implement direct compared with the hospitals. And even some of the downstream hospitals not having the direct included in their systems yet."

While many providers and vendors are welcoming the delay, some patient advocates are expressing frustration. Mark Savage is the director of health IT policy and programs at the National Partnership for Women & Families.

**Savage:** "Fundamentally, patients and consumers have been waiting a long time for health information and health care to get to the same level that we’ve all been experiencing in other core areas of our lives, like banking and voting. Why should health care not have reached the 21st century with electronic information?"
He says his group is urging the federal government to use the extra time to add additional measures that will benefit consumers. For example, offering IT records in multiple languages for the 60 million U.S. residents who speak a language other than English.

William Hersh is chair of the Department of Medical Informatics and Clinical Epidemiology at Oregon Health & Science University. He says to fully understand this meaningful use delay, it's important to take a step back and look at all of the unprecedented change medicine is experiencing. On top of health IT, there's the Affordable Care Act, payment reform, and changes in genomics and personalized medicine ...

**Hersh:** "So I think there is a lot of change going on in health care and that too probably contributes to some of the uncertainty and challenges with meaningful use."

HHS is accepting public comment on the new proposed rule. Any changes are likely to be finalized in August or September.

This has been an audio report for iHealthBeat, a daily news service of the California HealthCare Foundation. If you have feedback or other issues you’d like to have addressed, please email us at iHB@CHCF.org. I'm Rachel Dornhelm, thanks for listening.