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Meaningful Use and Electronic Health Records:
What Does It Mean For Me?

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On July 13, 2010, U.S. Department of Health and Human Services Secretary Kathleen Sebelius announced final rules to help improve Americans' health, increase safety and reduce health care costs through expanded use of electronic health records (EHR). This includes the announcement and release of two important regulations and marks the completion of multiple steps laying the groundwork for the Medicare/Medicaid incentive payments program.

As much as $27 billion may be expended in incentive payments over ten years. Eligible professionals may receive as much as $44,000 under Medicare or $63,750 under Medicaid (not both). Hospitals may receive millions of dollars for implementation and meaningful use of certified EHRs under both Medicare and Medicaid. With "meaningful use" definitions in place, EHR system vendors can ensure that their systems deliver the required capabilities. On the other hand physicians can be assured that the system they acquire will support achievement of "meaningful use" objectives.

One regulation, issued by the Centers for Medicare & Medicaid Services (CMS), defines the minimum requirements that physicians and other healthcare providers must meet through their use of certified EHR technology in order to qualify for the payments. The other rule, issued by the Office of the National Coordinator for Health Information Technology (ONC), identifies the standards and certification criteria for the certification of EHR technology, so eligible professionals and hospitals may be assured that the systems they adopt are capable of performing the required functions. Combined, these two regulations form the central components of a five-year national initiative to adopt and use electronic records in health care.

The CMS rule makes final a proposed rule issued on January 13, 2010 incorporating over 2000 comments made to improve and refine the proposed regulations. In particular, while the proposed rule called on eligible professionals to meet 25 requirements (23 for hospitals) in their use of EHRs, the final rules divides the requirements into a "core" group of requirements that must be met, plus an additional "menu" of procedures from which physicians and other healthcare providers may choose. This "two track" approach ensures that the most basic elements of meaningful EHR use will be met by all providers qualifying for incentive payments, while at the same time allowing latitude in other areas to reflect the needs of physicians and other healthcare providers and the individual path to full EHR use. It's important to emphasize that based on the thousands of public comments, the Centers for Medicare and Medicaid Services (CMS) and the Department of Health and Human Services (DHHS) has used an inclusive and open process incorporating significant changes in the final regulation. What are those changes?

- Stepwise implementation of meaningful use adopting a two-track approach regarding the objectives that allow practices and hospitals to qualify for incentive payments in the first 2 years of the program.
- 25 criteria (core objectives) for qualifying for "meaningful use" (in other words who qualifies for the money) have been changed to 15 with a further 5 from a menu of 10. Core objectives comprise basic functions that enable EHRs to support improved health care. As a start, these include the tasks essential to creating any medical record, including the entry of basic data: patients' vital signs and demographics, active medications and allergies, up-to-date problem lists of current and active diagnoses, and smoking status.
- In addition to the core elements, the rule creates a second group: a menu of 10 additional tasks, from which providers can choose any 5 to implement in 2011–2012. This gives providers latitude to pick their own path toward full EHR implementation and meaningful use. For example, the menu includes capacities to perform drug-formulary checks, incorporate clinical laboratory results into EHRs, provide reminders to patients for needed care, identify and provide patient-specific health education resources, and employ EHRs to support the patient's transition between care settings or personnel.
- Simplification of the quality reporting requirements. Clinicians will have to report data on three core quality measures in 2011 and 2012: blood-pressure level, tobacco status, and adult weight screening and follow-up (or alternates if these do not apply). Clinicians must also choose three other measures from lists of metrics that are ready for incorporation into electronic records.

Its also important to emphasize that with the release of final criteria for EHR standards vendors can finally retool and adjust their existing programs to meet meaningful use certification and physicians can be assured that ANY certified EHR will meet the required standardization criteria. All of you can achieve the set goals by enrolling in the South Florida Regional Extension Center. You can sign-up online at http://www.southfloridarec.org. Don't wait; start transforming your practice today!

I look forward to reading your comments and suggestions on our blog at:
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Disclosure: The author is a practicing family physician, addiction specialist and computer consultant. In addition, he is a founder and managing partner of a medical IT company and a member of the SFREC Steering Committee.