TECHNOLOGY

Medical Information Technology

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Meaningful Use Criteria For Electronic Health Records Enigma Or Solution?

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On December 30, 2009 the Federal government released the proposed rules describing how health care providers can demonstrate meaningful use of electronic health records (EHRs) to qualify for incentive payments under the 2009 economic stimulus package (American Recovery and Reinvestment Act). The much anticipated final definition of "meaningful use" released by the Centers for Medicare & Medicaid Services (CMS) and Office of the National Coordinator for Health Information Technology (ONC) was wrapped into 700 pages of proposed legislation. The Health Information Technology (HIT) Policy Committee, a Federal Advisory Committee (FACA) to the U.S. Department of Health and Human Services (HHS), submitted the initial draft in June 2009 for comment and discussion and the final rule includes many improvements and refined suggestions. According to CMS the definition of meaningful use should be consistent with applicable provisions of Medicare and Medicaid law while continually advancing the contributions certified EHR technology can make to improving health care quality, efficiency, and patient safety. CMS provides a 60-day comment period on the proposed rule, beginning on the date of publication. You can download the full 556-page document at http://www.federalregister.gov/OFRUpload/OFRData/2009-31217_PI.pdf Having analyzed and studied the entire document I can summarize the text as follows:

- For the first time, CMS outlined specific measurements for how the government will determine if an EHR is being used in a meaningful manner.
- CMS has realized that the meaningful use criteria should be passed in three stages. Stage 1 criteria for the 2011 adoption year. Updated definitions of meaningful use for Stage 2 for 2013 and Stage 3 for 2015. Specific definitions for the goals to be achieved in each EHR adoption period will be released in the year before those periods begin.
- Stage 1 encompasses 25 criteria for eligible healthcare professionals and 23 for eligible hospitals.
- Stage 1 criteria are each divided into meaningful use (MU) objectives, corresponding software features and MU measures. For example: MU objective - Maintain active medication/allergy list. Software feature - Electronically record, modify, and retrieve a patient's active medication/allergy list. MU Measure - At least 80% of all unique patients have at least one entry or an indication of "none"; MU Objective - Provide patients with an electronic copy of their health information upon request. Software feature - Enable a user to create an electronic copy of a patient's clinical information and provide to a patient on electronic media, or through some other electronic means. MU Objective - At least 80% of all patients who request an electronic copy of their health information are provided it within 48 hours.
- In the first year of adoption, CMS states that a physician or hospital must be using an EHR in a meaningful manner for a minimum of 90 days in order to qualify for incentives. In subsequent years, the EHR must be used in a meaningful manner for the entire year. Furthermore, the "drop dead" start date for meaningfully using technology has been pushed from January 1, 2011 to October 1, 2011.
- The general requirements for 2011 and the required compliance rates range from 10% to 80% depending on the novelty of the requirement. All these activities need to be reported, which translates into a new and meaningful reporting burden on most software vendors.
- Physicians may acquire, or subscribe to, either one comprehensive product that has the ability to satisfy all requirements and is certified as such, or piece together an array of modular products, each capable of a subset of the required functionality. Certification processes for comprehensive and modular technologies are to be defined at a later date.

For the last 15 years I have repeatedly stated that physicians should incorporate electronic medical records into their practices. Now, the move to Electronic Medical Records is all but inevitable! We all must learn to collaborate to manage the successful implementation of medical information technology tools. Our active participation in this transformation process will benefit each and every physician in our community.

We also should explore collaborative purchasing alliances to drive down the cost of the implementation process and to standardize information exchange between different specialists. We are entering a new and exciting phase in healthcare evolution. Lets not miss this opportunity!

I look forward to reading your comments and suggestions on our blog at http://miamimedblog.blogspot.com/ or send me a twit at http://twitter.com/dadedoc.

Resources:
1. ONC: Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, http://www.federalregister.gov/OFRUpload/OFRData/2009-31216_PI.pdf
2. CMS: Medicare and Medicaid Programs; Electronic Health Record Incentive Program, http://www.federalregister.gov/OFRUpload/OFRData/2009-31217_PI.pdf

Next month: Modular Electronic Health Records

Disclosure: The author is a practicing family physician, addiction specialist and computer consultant. In addition, he is a founder and managing partner of VirtualMed,LLC (www.virtualmed.com)