Washoe County
Health District

EPI - NEWS

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October 20 , 2010
Vol. 30, No 10.
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Meaningful Use
- Being a Meaningful User of Electronic Health Records

Background

In February 2009, as a direct response to the current economic climate, Congress signed the American Recovery and Reinvestment Act of 2009 (ARRA) into law. ARRA includes the Health Information Technology for Economic and Clinical Health (HITECH) Act, which established programs under Medicare and Medicaid to provide incentive payments to providers and organizations for the "meaningful use" of certified electronic health records (EHR) technology. In July 2010, the Centers for Medicare & Medicaid Services (CMS) announced a final rule to implement provisions of ARRA. Through the Medicare and Medicaid EHR incentive programs, CMS hopes to expand the meaningful use of certified EHR technology.

Electronic Health Records and Meaningful Use

Electronic Health Records (EHR) is an evolving concept defined as a systematic collection of electronic health information about individual patients or populations. It is a record in digital format that is capable of being shared across different health care settings, by being embedded in network-connected enterprise-wide information systems. Such records may include a whole range of data in comprehensive or summary form, including demographics, medical history, medication and allergies, immunization status, laboratory test results, radiology images, and billing information.

"Meaningful use (MU)" refers to meaningful use of certified EHR. MU is ultimately linked to achieving measurable outcomes in patient engagement, care coordination, and population health.

Through the HITECH Act, the federal government will commit unprecedented resources to supporting the adoption and use of EHRs. It will make available incentive payments totaling up to $27 billion over 10 years (2011-2021), or as much as $44,000 (through Medicare) and $63,750 (through Medicaid) per clinician. This funding will provide important support to achieve liftoff for the creation of a nationwide system of EHRs. Equally important, HITECH's goal is not adoption alone but "meaningful use" of EHRs.

Eligibility for Incentive Programs

A Medicare eligible professional (EP) is defined as a doctor of medicine or osteopathy, doctor of dental surgery or dental medicine, doctor of podiatry, doctor of optometry or a chiropractor who is not hospital-based. **A Medicaid EP** is defined as a physician, nurse practitioner, certified nurse-midwife, dentist, or physician assistant who furnishes services in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) that is led by a physician assistant. To qualify for an EHR incentive payment, a Medicaid EP must not be hospital-based and must meet one of the following criteria:

- Have a minimum 30% Medicaid patient volume
- Have a minimum 20% Medicaid patient volume, and is a pediatrician
- Practice predominantly in a FQHC or RHC and have a minimum 30% patient volume attributable to needy individuals. Please check out the website of the Centers for Medicare & Medicaid Services (CMS) for more specific eligibilities for individual providers and hospitals (https://www.cms.gov/EHRIncentivePrograms/20_Eligibility.asp#TopOfPage).

Stage 1 Meaningful Use Objectives and Measures

MU has been divided into three stages. Stage 1 begins in 2011 and includes the following:

- 25 objectives/measures for EPs
  - 15 from the core set
  - 10 from the menu set
- 24 objectives/measures for hospitals
  - 14 from the core set
  - 10 from the menu set

Please see the following table for mandatory core set of objectives to be achieved by all eligible professionals, hospitals, and critical access hospitals (CAH) to qualify for incentive payments.

Please share this information with all physicians/staff in your facility/office.

Summary Overview of Meaningful Use Objectives (Mandatory Core Set)

Objectives	Measures
Record patient demographics (sex, race, ethnicity, date of birth, preferred language, and in the case of hospitals, date and preliminary cause in the event of death)	Over 50% of patients' demographic data recorded as structured data
Record vital signs and chart changes (height, weight, blood pressure, body-mass index, growth charts for children)	Over 50% of patients 2 years of age or older have height, weight, and blood pressure recorded as structured data
Maintain up-to-date problem list of current and active diagnoses	Over 80% of patients have at least one entry recorded as structured data
Maintain active medication list	Over 80% of patients have at least one entry recorded as structured data
Maintain active medication allergy list	Over 80% of patients have at least one entry recorded as structured data
Record smoking status for patients 13 years of age or older	Over 50% of patients 13 years of age or older have smoking status recorded as structured data
For individual professionals, provide patients with clinical summaries for each office visit; For hospitals, provide an electronic copy of hospital discharge instructions on request	Clinical summaries provided to patients for over 50% of all office visits within 3 business days; over 50% of all patients who are discharged from the inpatient department or emergency department of an eligible hospital or critical access hospital and who request an electronic copy of their discharge instructions are provided with it
On request, provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, and for hospitals, discharge summary and procedures)	Over 50% of requesting patients receive electronic copy within 3 business days
Generate and transmit permissible prescriptions electronically (does not apply to hospitals)	Over 40% are transmitted electronically using certified EHR technology
Computer provider order entry (CPOE) for medication orders	Over 30% of patients with at least one medication in their medication list have at least one medication ordered through CPOE
Implement drug-drug and drug-allergy interaction checks	Functionality is enabled for these checks for the entire reporting period
Implement capability to electronically exchange key clinical information among providers and patient-authorized entities	Perform at least one test of EHR's capacity to electronically exchange information
Implement one clinical decision support rule and ability to track compliance with the rule	One clinical decision support rule implemented
Implement systems to protect privacy and security of patient data in the EHR	Conduct or review a security risk analysis, implement security updates as necessary, and correct identified security deficiencies
Report clinical quality measures to CMS or states	For 2011, provide aggregate numerator and denominator through attestation; for 2012, electronically submit measures

In addition to the core set of objectives described in the above table, EPs, hospitals, and critical access hospitals may select any five choices from the menu set. One of the menu set selections must be one of three public health measures. The menu set objectives are:

- Implement drug formulary checks
- Incorporate clinical laboratory test results into EHRs as structured data
- Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach
- Use EHR technology to identify patient-specific education resources and provide those to the patient as appropriate
- Perform medication reconciliation between care settings
- Provide summary of care record for patients referred or transitioned to another provider or setting
- Submit electronic immunization data to immunization registries or immunization information systems*
- Submit electronic syndromic surveillance data to public health agencies*
- Record advance directives for patients 65 years of age or older (for hospitals and CAH only)
- Submit electronic data on reportable laboratory results to public health agencies (for hospitals and CAH only)*
- Send reminders to patients (per patient preference) for preventive and follow-up care (for EPs only)

- Provide patients with timely electronic access to their health information (including laboratory results, problem list, medication lists, medication allergies) (for EPs only)

*public health measures

Please find more information regarding Meaningful Use of EHRs at https://www.cms.gov/EHRIncentivePrograms/ **Certified Health IT Product List can be found at http://onc-chpl.force.com/ehrcert**

References

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