



Meaningful Use Outlined

By Robin L. Napier, RN, BSN, Senior Consultant

The Meaningful Use Initiative within the HITECH Act of ARRA has been created to increase patient safety and ensure regulatory compliance (including HIPAA) by healthcare providers. This governmental mandate has three primary objectives that serve as the foundation upon which anticipated benefits to providers and patients can be built:

- **Complete and accurate information.** With electronic health records (EHR), providers have the information they need to provide the best possible care. Providers will know more about their patients and those patients' health histories before walking into the examination room.
- **Better access to information.** EHR's facilitate greater access to the information providers need to diagnose health problems earlier and improve the health outcomes of patients. EHR's also allow information to be shared more easily among doctors' offices, hospitals, and across health systems, leading to better care coordination.
- **Patient empowerment.** EHR's will help empower patients to take a more active role in their health and in the health of their families. Patients can receive electronic copies of their medical records and share their health information securely over the Internet.

Under the HITECH Act, eligible health care professionals and hospitals can qualify for Medicare and Medicaid incentive payments once certified EHR technology has been adopted, used, and reported.

Two regulations have been released, one of which defines the "meaningful use" criteria that providers must meet to qualify for the incentive payments, and the other which identifies the technical capabilities required for certified EHR technology.

This breaks down to the following:

- **Incentive Program for EHR's:** Issued by the Centers for Medicare & Medicaid Services (CMS), this final rule establishes the minimum requirements that providers must meet through use of certified EHR technology in order to qualify for the payments. The Medicare EHR Incentive Program will provide federal payments to eligible professionals, eligible hospitals, and Critical Access Hospitals (CAH) that demonstrate meaningful use of certified EHR technology.
 - Participation can begin as early as January 1, 2011
 - Eligible professionals can receive up to **\$44,000** over five years under the Medicare EHR Incentive Program. There's an additional incentive for eligible professionals who provide services in a Health Professional Shortage Area (HSPA).
 - To get the maximum incentive payment, Medicare eligible professionals must begin participation by 2012.
 - Incentive payments for eligible hospitals and CAH's may begin as early as 2011 and are based on a number of factors, beginning with a **\$2 million base payment**.
 - **Important!** For 2015 and later, Medicare eligible professionals, eligible hospitals, and CAH's that do not successfully demonstrate meaningful use will have a payment adjustment in their Medicare reimbursement.
 - The Medicaid EHR Incentive Program will provide incentive payments to eligible professionals, eligible hospitals, and Critical Access Hospitals (CAH) as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR

technology in their first year of participation and demonstrate meaningful use for up to five remaining participation years.

- The Medicaid EHR Incentive Program is voluntarily offered by individual states and territories and may begin as early as 2011, depending on the state.
 - Eligible professionals can receive up to **\$63,750** over the six years that they choose to participate in the program.
 - Eligible hospital incentive payments may begin as early as 2011, depending on when the respective state begins its program. The last year a Medicaid eligible hospital may begin the program is 2016. Hospital payments are based on a number of factors, beginning with a **\$2 million base payment**.
 - There are **no** payment adjustments under the Medicaid EHR Incentive Program.
- The **Medicare Advantage** EHR Incentive Program will provide incentive payments for certain Medicare Advantage Organizations (MAO's) whose affiliated eligible professionals and hospitals are meaningful users of certified EHR technology.
- **Standards and Certification Criteria for Electronic Health Records:** Issued by the Office of the National Coordinator for Health Information Technology (ONC), this rule 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.

The upshot of these two platforms to providers and patients is confidence that the electronic health information technology (health IT) products and systems they use are secure, can maintain data confidentiality, can work with other systems to share information, and can perform a set of well-defined functions. To this end, a Final Rule on an initial set of standards, implementation specifications, and certification criteria for adoption by the HHS Secretary was issued July 13, 2010. This Final Rule represents the first step in an incremental approach to adopting standards, implementation specifications, and certification criteria to enhance the interoperability, functionality, utility, and security of health IT and to support its meaningful use. The certification criteria adopted in this initial Final Rule establishes the required capabilities and related standards and implementation specifications that certified electronic health record (EHR) technology will need to include in order to, at a minimum, support the achievement of meaningful use Stage 1 (beginning in 2011) by eligible professionals and eligible hospitals under the Medicare and Medicaid EHR incentive programs.

- **Important Dates related to Incentive;**

- October 1, 2010 – Reporting year begins for eligible hospitals and CAHs.
- January 1, 2011 – Reporting year begins for eligible professionals.
- January 3, 2011 – Registration for the Medicare EHR Incentive Program begins.
- January 3, 2011 – For Medicaid providers, states may launch their programs if they so choose.
- April 2011 – Attestation for the Medicare EHR Incentive Program begins.
- May 2011 – EHR Incentive Payments expected to begin.
- July 3, 2011 – Last day for eligible hospitals to begin their 90-day reporting period to demonstrate meaningful use for the Medicare EHR Incentive Program.
- September 30, 2011 - Last day of the federal fiscal year. Reporting year ends for eligible hospitals and CAHs.
- October 1, 2011 – Last day for eligible professionals to begin their 90-day reporting period for calendar year 2011 for the Medicare EHR Incentive Program.
- November 30, 2011 – Last day for eligible hospitals and critical access hospitals to register and attest to receive an Incentive Payment for Federal fiscal year 2011.
- December 31, 2011 – Reporting year ends for eligible professionals.
- February 29, 2012 – Last day for eligible professionals to register and attest to receive an Incentive Payment for calendar year (CY) 2011.

The final rules released by the CMS in July 2010 specify each stage's criteria for providers demonstrating meaningful use of EHR's beginning in 2011.

Phase 1 (2 years commencing 2011)

- Ancillary department systems (lab, pharmacy, radiology) and a clinical data repository are in use and interfaced to the patient accounting system.
- A starter set of relevant core measures and other patient safety indicators to become incentivized rather than optional (as they currently are for CAH's). Since most data will still be paper based, continue QI data submissions through the current abstraction and upload process, but allow for automated reporting for the data that is available in machine readable form.
- Information exchange that is attainable without the need for significant increase in integration and interface expertise in house

Phase 2 (2 years commencing 2013)

- Electronic documentation of a variety of clinical information (allergies, care plans, vital signs, flow sheets, inputs and outputs, medication lists, etc.), such as through an electronic nurse documentation system. CPOE and physician documentation are optional.
- Expansion of relevant core measures and other patient safety indicators. Incentivized participation in staff and patient perception tools (such as H-CAHPS), which are currently optional for CAHs. With nurse documentation implemented, expand automation of reporting from the EHR.
- Information exchange that is attainable without the need for significant increase in integration and interface expertise in house

Phase 3 (2 years commencing 2015):

Important to note that CAH benefit payments phase out after 2014, so this phase is only to avoid penalties. PPS hospitals that are meaningful users starting in 2013 will be receiving incentive payments through 2017.

- EMAR and clinical decision support via evidence based order sets and core measures reminders, with CPOE and physician documentation still optional.
- Demonstration and reporting of quality improvements relating to the selected indicators, and expansion of indicators to achieve additional patient safety goals.
- Information exchange that is attainable without the need for significant increase in integration and interface expertise in house

By phasing in reasonable and achievable requirements, many believe that five years hence it will be possible to look back and see significant improvement relating to both EHR adoption and quality for the vast majority of small rural hospitals. Yet, if standards are set unreasonably high, without accounting for the current EHR adoption disparity between large and small hospitals, only a minority of small rural hospitals will achieve "meaningful use" and earn incentives while the majority will be left behind in the HIT revolution that ARRA commands.

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