Meaningful Use: On Overview

Section 1: Introduction to Meaningful Use

The objective of meaningful use is to:
- Increase use of certified EHR technology
- Improve quality, safety, efficiency, and reduce health disparities
- Engage patients and families in their health care
- Improve care coordination
- Improve population and public health
- Maintain privacy and security

Meaningful Use mandates, by legislation, economic incentives to encourage the adoption of technology in the healthcare industry.

The economic incentive for Medicare providers include incentive payments to eligible professionals, eligible hospitals, and CAHs that demonstrate meaningful use of certified EHR technology.

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 CAHs are based on a number of factors, beginning with a $2 million base payment.

For 2015 and later, Medicare eligible professionals, eligible hospitals, and CAHs that do not successfully demonstrate meaningful use will have a payment adjustment (lowered) in their Medicare reimbursement.
The Medicaid EHR Incentive Program provides incentive payments to eligible professionals, eligible hospitals, and CAHs 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.

Eligible professionals can receive up to **$63,750** over the six years that they choose to participate in the 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.

**Section 2: Foundation of Meaningful Use**

Meaningful Use is a part of the American Recovery and Reinvestment Act of 2009 (ARRA) legislation. ARRA was a broad, sweeping piece of legislation signed by the 111th Congress in 2009 covering many parts of American society. It is a detailed piece of legislation aimed at economic recovery throughout many segments of the country. Part of the legislation was designed to promote the use of new technologies in healthcare, most specifically, the use on an electronic health records the goals of which is to reduce costs and improve patient care. While portions of the Act contained measures that impacted healthcare, the legislation itself is not exclusive to healthcare.

The Recovery Act impacts the framework for meaningful use by setting forth 3 major components:

1) Use of certified EHR in a meaningful manner
2) Use of certified EHR technology for electronic exchange of health information to improve quality of health care
3) Use of certified EHR technology to submit clinical quality measures (CQM) and other measures selected by the Secretary

Since the original legislation was passed in January 2009, two other pieces of legislation have refined the goals and objectives of ARRA. In February 2009, the Healthcare Information and Technology for Economic and Critical Health Act amended the Public Service Act by adding a number of funding opportunities to advance health information technologies. And, in July, 2010, the final rule concerning the electronic health record incentive program was published in the Federal Register.
The push to achieve an electronic health record is not a new one. It was a part of the original Clinton-era health reforms that resulted in HIPAA legislation (Health Insurance and Portability and Accountability Act). But, the Clinton healthcare reforms stalled after the passage of this piece of legislation which left healthcare reform to President Bush. President Bush continued to pursue healthcare reform and was successful in passing the Medicare Prescription Drug, Improvement and Modernization Act which provided prescription drug coverage for the persons on Medicare.

However, the healthcare arena continued to lag behind other industries in the area of electronic commerce. There are numerous reasons for this, but technology costs and interoperability are two major issues. It is with this background that the ARRA legislation focused on healthcare information technology.

The first part of the legislation was to offer incentives to providers and hospitals who adopted electronic health records. To determine if a provider or hospital qualified for the incentive payments the concept of meaningful use was adopted. In general, meaningful use determines the providers that are eligible for incentive payments and what standards need to be met to receive payment.

The Health Information Technology for Economic and Clinical Health Act (HITECH) further defined, refined and built upon the foundation of the ARRA legislation. It provided the Department of Health and Human Services with the authority to improve healthcare quality. The goals of the Act were to:

- Improve quality
- Improve safety
- Improve efficiency

These goals are to be accomplished through the promotion of health information technology including electronic health records and private and secure electronic health information exchange. Under the HITECH Act, eligible health care professionals and hospitals can qualify for Medicare/caid incentive payments when they adopt certified EHR technology and use it to achieve specified objectives.

- **Incentive Program for Electronic Health Records**: Issued by the Centers for Medicare & Medicaid Services (CMS), this final rule defines the minimum requirements that providers must meet through their use of certified EHR technology in order to qualify for the payments.
- **Standards and Certification Criteria for Electronic Health Records**: Issued by the Office of the National Coordinator for Health Information Technology, 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.

Section 3: Eligible Providers

Eligible professionals under the Medicare EHR Incentive Program include:

- Doctor of medicine or osteopathy
- Doctor of dental surgery or dental medicine
- Doctor of podiatry
- Doctor of optometry
- Chiropractor

For Medicaid, eligible providers include:

- Physicians (primarily doctors of medicine and doctors of osteopathy)
- Nurse practitioner
- Certified nurse-midwife
- Dentist
- Physician assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant.

To qualify for an incentive payment under the Medicaid EHR Incentive Program, an eligible professional 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 Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals

If a provider is eligible under both programs, they must select which program they will participate in.

Hospitals can also qualify as eligible providers and, in some instances, may qualify under both the Medicare and Medicaid guidelines.

Hospitals must meet the following criteria:

Medicare

- "Subsection (d) hospitals" in the 50 states or DC that are paid under the Inpatient Prospective Payment System (IPPS)
- Critical Access Hospitals (CAHs)
Medicaid

- Acute care hospitals (including CAHs and cancer hospitals) with at least 10% Medicaid patient volume
- Children’s hospitals (no Medicaid patient volume requirements)

To qualify for incentive payments, meaningful use requirements must be met in the following ways:

**Medicare EHR Incentive Program**—Eligible professionals, eligible hospitals, and critical access hospitals (CAHs) must successfully demonstrate meaningful use of certified electronic health record technology every year they participate in the program.

**Medicaid EHR Incentive Program**—Eligible professionals and eligible hospitals may qualify for incentive payments if they adopt, implement, upgrade or demonstrate meaningful use in their first year of participation. They must successfully demonstrate meaningful use for subsequent participation years.

**Adopted:** Acquired and installed certified EHR technology. (For example, can show evidence of installation.)

**Implemented:** Began using certified EHR technology. (For example, provide staff training or data entry of patient demographic information into EHR.)

**Upgraded:** Expanded existing technology to meet certification requirements. (For example, upgrade to certified EHR technology or add new functionality to meet the definition of certified EHR technology.)

Section 4: Implementation – Stage 1 Criteria

Meaningful use is being phased in three stages: Stage 1, Stage 2 and Stage 3. The criteria for Stage 1 were developed by a federal advisory committee that included input from the National Center for Vital Health Statistics, the HIT Policy Committee and the HIT Standards Committee.

Stage One requirements gives a detailed outline of all Stage 1 requirements; what is provided here are the highlights. And, a 2010-2012 detailed calendar is also available which provides more specificity and differentiates between the Medicare and Medicaid deadlines.

**What are the requirements for Stage 1 of Meaningful Use (2011 and 2012)?**
Meaningful use includes both a core set and a menu set of objectives that are specific to eligible professionals or eligible hospitals and CAHs.
Stage 1: There are a total of 25 meaningful use objectives. **Eligible providers** to qualify for an incentive payment must 20 of these 25 must be met.
- Eligible professionals must complete 15 core objectives
- Five (5) objectives out of 10 from the menu set
- Six (6) Clinical Quality Measures (3 core or alternate core and 3 out of 38 from additional set)

Stage 1: There are a total of 24 meaningful use objectives for **hospitals and CAHs**. To qualify for an incentive payment, 19 of 24 objectives must be met.
- Must complete 14 required core objectives
- Five (5) objectives out of 10 from menu set
- Fifteen Clinical Quality Measures

Stage 1 criteria focus on electronically capturing health information in a coded format, using that information to track key clinical conditions, communicating that information for care coordination purposes, and initiating the reporting of clinical quality measures and public health information.

Stage 1 (2011 and 2012) sets the baseline for electronic data capture and information sharing. Stage 2 (expected to be implemented in 2013) and Stage 3 (expected to be implemented in 2015) will continue to expand on this baseline and be developed through future rule making. The final deadlines for Stages 2 and 3 have not been set. A complete timeline covering the period from 2010 to 2021 is available for anyone who is interested in the current implementation schedule. Be aware, that modifications to this timeline may be forthcoming.

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<thead>
<tr>
<th>Core Objectives Stage 1 – Eligible Providers</th>
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<tbody>
<tr>
<td><strong>Objective</strong></td>
<td><strong>Measure</strong></td>
<td></td>
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<tr>
<td>1 Record patient demographics</td>
<td>More than 50% of patients recorded</td>
<td></td>
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<tr>
<td>2 Record vitals and chart changes in vital signs</td>
<td>More than 50% of patients 2 years+ recorded</td>
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<tr>
<td>3 Up-to-date problem list of current active diagnoses</td>
<td>More than 80% of patients have at least one entry</td>
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<tr>
<td>4 Maintain active medication list</td>
<td>More than 80% of patients have at least one entry</td>
<td></td>
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<tr>
<td>5 Maintain active medication allergy list</td>
<td>More than 80% of patients have at least one entry</td>
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<tr>
<td>6 Smoking status for patients 13 yrs+</td>
<td>More than 50% of patients 13 yrs+ recorded.</td>
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<tr>
<td>7 Provide patient with clinical summary at each visit</td>
<td>More than 50% of patients within 3 business days</td>
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<tr>
<td>8 Provide patient with electronic copy of health information</td>
<td>More than 50% of those requesting within 3 business days</td>
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<tr>
<td></td>
<td>Objective</td>
<td>Measure</td>
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<td>---------------------------------------------------------------------------------------------------</td>
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<tr>
<td>9</td>
<td>Generate and Transmit Rx Electronically</td>
<td>More than 40% of prescriptions transmitted</td>
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<tr>
<td>10</td>
<td>Use computerized provider order entry (CPOE) for medication orders</td>
<td>More than 30% of patients with one med in list have at least one med entered through CPOE (EMR medications module)</td>
</tr>
<tr>
<td>11</td>
<td>Drug/drug and drug/allergy interaction checking</td>
<td>Functionality enabled for the entire reporting period, drug/drug and drug/allergy</td>
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<tr>
<td>12</td>
<td>Ability to electronically exchange clinical information with other providers</td>
<td>At least one test of the EHR’s ability to exchange data</td>
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<tr>
<td>13</td>
<td>Implement one clinical decision support rule and ability to track compliance</td>
<td>Successful implementation</td>
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<tr>
<td>14</td>
<td>Implement systems to protect patient privacy and security in the EHR</td>
<td>Conduct security risk analysis, implement updates, and correct deficiencies</td>
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**Menu Set Objectives Stage 1 – Eligible Providers**

**Choose 5**

*Note: Provider must select either menu set item 7 or 8 unless eligible for an exception*

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Drug formulary checks</td>
</tr>
<tr>
<td>2</td>
<td>Include lab test results in EHR</td>
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<tr>
<td>3</td>
<td>Create lists of patients by condition to use in quality improvement and reduction in disparities</td>
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<tr>
<td>4</td>
<td>Use the EHR to identify patient-specific educational resources and provide to patient</td>
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<tr>
<td>5</td>
<td>Medication reconciliation between care settings</td>
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<tr>
<td>6</td>
<td>Provide Summary of Care for Patients referred</td>
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<tr>
<td>7</td>
<td>* Submit electronic immunization data to registry</td>
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<tr>
<td>8</td>
<td>* Submit electronic syndromic data to public health agencies</td>
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Section 5: Clinical Quality Measures

The Centers for Medicare and Medicaid Services (CMS) wants to evaluate quality issues that actual impact patient care. From earlier, it is noted that the Recovery Act specified 3 components – use of a certified electronic record in a meaningful way; use of health information to improve quality of care and use of a certified electronic health record technology. It also permitted the Secretary of Health and Human Services to select the standards by which quality would be measured.

To demonstrate meaningful use successfully, eligible professionals, eligible hospitals and CAHs are required also to report specific clinical quality measures.

Eligible professionals must report on 6 total clinical quality measures:

- 3 required core measures (substituting alternate core measures where necessary) and,
- 3 additional measures (selected from a set of 38 clinical quality measures).

Eligible hospitals and CAHs must report on all 15 of their clinical quality measures.

See Clinical Quality Measures to learn more about clinical quality measures for eligible professionals, eligible hospitals and CAHs.

Simply put, "meaningful use" means providers need to quantitatively demonstrate they're using certified EHR technology in ways that can be measured significantly in quality and in quantity.

Click on Clinical Quality Measures 101 to view the current quality guidelines.

Section 6: Certified Electronic Health Records

The Medicare and Medicaid EHR Incentive Programs require the use of certified EHR technology. Standards, implementation specifications, and certification criteria for EHR technology have been adopted by the Secretary of the Department of Health and Human Services. EHR technology must be tested and certified by an Office of the National Coordinator.
(ONC) Authorized Testing and Certification Body (ATCB) in order for a provider to qualify for EHR incentive payments. Links are provided below for certified technology by provider type.

The final rule entitled Establishment of the Permanent Certification Program for Health Information Technology and was published on January 7, 2011 concerning technology requirements.

A list of certified EHR systems for ambulatory care facilities is available at: [http://onc-chpl.force.com/ehrcert/EHRProductSearch](http://onc-chpl.force.com/ehrcert/EHRProductSearch)

A list of certified EHR systems for inpatient care practices is available at: [http://onc-chpl.force.com/ehrcert/EHRProductSearch](http://onc-chpl.force.com/ehrcert/EHRProductSearch)

This list is provided by the Office of the National Coordinator at their website: [http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__home/1204](http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__home/1204)