Meaningful Use in a Nutshell

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MEANINGFUL USE

☑ Defining Meaningful Use
☑ Benefits of Electronic Health Records (EHRs)
☑ Goals for Meaningful Use
☑ Incentive Programs (Medicare & Medicaid)
☑ Eligibility for MU Funds
☑ Certification of EHRs
☑ Application and Attestation Processes
☑ The Stages of Meaningful Use
☑ Criteria: Core and Menu Sets
☑ Timeline for Meaningful Use
☑ Financial oversight/combating fraud and abuse

(45 CFR Parts 412, 413, 422, 495)
DEFINING MEANINGFUL USE

To be a considered a meaningful use EHR user the following requirements must be met:

- Use of certified EHR technology in a meaningful manner (e.g. e-prescribing)
- Use of certified EHR technology for electronic exchange of health information to improve the quality of healthcare, such as promoting care coordination
- Use of certified EHR technology to submit Clinical Quality Measures (CQH) and other measures in a form & manner specified by the Secretary of HHS

Providers must provide and monitor privacy and security protection of confidential protected health information through operating policies, procedures, and technologies.

BENEFITS of ELECTRONIC HEALTH RECORDS

- Complete and accurate information
  ✓ With electronic health records, providers have the information they need to provide the best possible care. Providers will know more about their patients and their health history before they walk into the examination room.
- Better access to information
  ✓ Electronic health records facilitate greater access to the information providers need to diagnose health problems earlier and improve the health outcomes of their patients. Electronic health records also allow information to be shared more easily among doctors’ offices, hospitals, and across health systems, leading to better coordination of care.
- Patient empowerment
  ✓ Electronic health records 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 with their families.
IMPROVEMENTS to PATIENT CARE

• EHRs can make a patient’s health information available when and where it is needed – too often care has to wait because the chart is in one place and needed in another.
• EHRs enable clinicians secure access to information needed to support high quality and efficient care.
• EHRs can bring a patient’s total health information together to support better health care decisions, and more coordinated care.
• EHRs can support better follow-up information for patients – for example, after a clinical visit or hospital stay, instructions and information for the patient can be effortlessly provided and reminders for other follow-up care can be sent easily or even automatically to the patient.
• EHRs can improve patient and provider convenience – patients can have their prescriptions ordered and ready even before they leave the provider’s office, and insurance claims can be filed immediately from the provider’s office.

CMS GOALS for MEANINGFUL USE

1. Improve **quality, safety, and efficiency** of health care and reduce health disparities
2. Engage patients and families
3. Improve **care coordination**
4. Improve **population and public health**
5. Ensure **adequate privacy and security protections** for personal health information.
Incentive Money for Meaningful Use

**Medicare EHR Program**
- Participation as early as FY 2011
- EPs may receive up to $44,000 over 5 years, plus incentive if in HSPA
- Must begin by 2012 to get maximum
- Incentives for hospitals may begin in 2011 w/ a $2 million base payment
- Medicare EPs, hospitals and CAHs who do not show meaningful use have payment decrease beginning 2015

**Medicaid EHR Program**
- Voluntarily offered by individual states
- May begin as early as FY 2011
- EPs may receive up to $63,750 over 6 years
- Incentives for hospitals may begin in 2011
- No payment adjustment for providers who do not show meaningful use

**ELIGIBILITY for MU FUNDS**
- Eligible professionals (EPs)
- Eligible hospitals
- Critical access hospitals
- Certain Medicare Advantage Organizations whose affiliated EPs and hospitals are meaningful users of certified EHR technology
- Eligible parties must be **meaningful users of certified EHR technology** (Medicare)
- Eligible parties must adopt, implement, upgrade or demonstrate meaningful use in first year of participation, and show meaningful use for up to 5 remaining years (Medicaid)
CERTIFICATION of EHR: BASICS of the Process

1. Focus certification on Meaningful Use
2. Leverage the certification process to improve progress on privacy, security, and interoperability
3. Improve the objectivity and transparency of the certification process
4. Expand certification to include a range of software sources, e.g., open source, self-developed, etc.
5. Develop a certification transition (short-term to long-term)

Privacy and Security: Consistent themes throughout regulations and guidance.

CERTIFICATION CRITERIA

• HIT Policy Committee determined areas where standards, implementation specifications, and certification criteria are needed
• Process and analysis likely to occur on a periodic basis
• Priority order of standards, implementation specifications, and certification criteria, communicated to the HIT Standards Committee to guide its work
• Work groups: MU, Certification/Adoption, Information Exchange, NHIN, Strategic Plan, Privacy & Security Policy, Enrollment, Governance, Quality Measures, Tiger Teams

healthit.hhs.gov
CERTIFICATION PRIORITIES

• Technologies that protect the privacy of health information and promote security
• Nationwide health information technology infrastructure
• Utilization of individual certified electronic health record
• Technologies that, as a part of a qualified electronic health record, allow for accounting of disclosures

CERTIFICATION PRIORITIES (Cont’d)

• Use of certified electronic health records to improve the quality of health care
• Technologies that allow individually identifiable health information to be rendered unusable, unreadable, or indecipherable to unauthorized individuals
• Use of electronic systems to ensure the comprehensive collection of patient demographic data
• Technologies that address the needs of children and other vulnerable populations
How do I know if my System or EHR Module is Certified?

• Check healthit.hhs.gov or CCHIT web sites for certification status of vendors/systems

APPLICATION PROCESS

• Both Registration and Attestation required
Registration Process

- Requirements for Eligible Hospitals and Eligible Providers:
  - National Provider Identifier (NPI)
  - National Plan and Provider Enumeration System (NPPES)
  - Provider Enrollment, Chain and Ownership System (PECOS)

- Registration started January 3, 2011

- http://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation

Attestation Process

- Attestation requires:
  - “... demonstrated meaningful use of certified EHR technology during the EHR reporting period”
  - “...documented evidence of a recent risk analysis, findings of the analysis, and subsequent implementation of updates and corrections”

- Attestation process to start April 4, 2011
The ATTESTATION PROCESS:
What do you need to do?

Must show “documented evidence of a recent risk analysis, findings of the analysis, and subsequent implementation of updates and corrections”

MEANINGFUL USE: STAGE 1
(FY2011)

Stage 1 Meaningful Use criteria focus on:

• Electronically capturing information in a structured format
• Using that information to track key clinical conditions
• Communicating that information for care coordination
• Implementing clinical decision support tools to facilitate disease & medication management
• Using EHRs to engage patients and families
• Reporting clinical quality measures and public health information.
MEANINGFUL USE: STAGE 2  
(2013)

• Stage 2 expands upon Stage 1 criteria by encouraging the use of HIT for continuous quality improvement at the point of care and the exchange of information in “the most structured format possible.”


MEANINGFUL USE: STAGE 3  
(2015)

Stage 3 goals focus on:
• Promoting improvements in quality, safety and efficiency leading to improved health outcomes
• Focusing on decision support for national high priority conditions
• Patient access to self management tools
• Access to comprehensive patient data through robust, patient-centered information exchange and improving population health.
STAGE 1

• Core Measures
  – Eligible Professionals
  – Eligible Hospitals

• Menu Set Objectives
  – Eligible Professionals
  – Eligible Hospitals

CORE SET OBJECTIVES: Eligible Hospitals

1. CPOE
2. Drug-drug and drug-allergy interaction checks
3. Record demographics
4. Implement one clinical decision support rule
5. Maintain up-to-date problem list of current and active diagnoses
6. Maintain active med. list
7. Maintain active medication allergy.
8. Record and chart changes in vital signs
9. Record smoking status for patients 13 years or older
10. Report hospital clinical quality measures to CMS or States
11. Provide patients with an electronic copy of their health information, upon request
12. Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request
13. Capability to exchange key clinical information among providers of care and patient-authorized entities electronically
14. Protect electronic health information
CORE SET OBJECTIVES: **Eligible Professionals**

1. Computerized physician order entry (CPOE)
2. E-Prescribing (eRx)
3. Report ambulatory clinical quality measures to CMS/States
4. Implement one clinical decision support rule
5. Provide patients with electronic copy of their health information, upon request
6. Provide clinical summaries for patients for each office visit
7. Drug-drug and drug-allergy interaction checks
8. Record demographics
9. Maintain an up-to-date problem list of current and active diagnoses
10. Maintain active medication list
11. Maintain active medication allergy list
12. Record and chart changes in vital signs
13. Record smoking status for patients 13 years or older
14. Capability to exchange key clinical information among providers of care and patient-authorized entities electronically
15. **Protect electronic health information**

MENU SET OBJECTIVES: **Eligible Hospitals**

- Drug-formulary checks
- Record advanced directives for patients 65 years or older
- Incorporate clinical lab test results as structured data
- Generate lists of patients by specific conditions
- Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate
- Medication reconciliation
- Summary of care record for each transition of care/referrals
- Capability to submit electronic data to immunization registries/systems*
- Capability to provide electronic submission of reportable lab results to public health agencies*
- Capability to provide electronic syndromic surveillance data to public health agencies*

* At least 1 public health objective must be selected
**MENU SET OBJECTIVES:**

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**STAGE 2**

- Published by Health Information Technology Policy Committee (HITPC), a federal advisory committee that advises HHS on federal HIT policy issues, including how to define “meaningful use” of EHRs for purposes of Medicare and Medicaid incentive programs.
- Preliminary Set of Recommendations
  - Comment period ended February 25, 2011
  - Public hearing process in spring, 2011
  - To be published in summer, 2011
- Focus of new EHR functionalities
Clinical Quality Measures

- Quality Measures Workgroup of HITPC developing framework for evolution of clinical quality measures to be electronically reported as part of Stages 2 and 3 of MU.

PRIVACY and SECURITY PROTECTION

- HITPC and Privacy and Security Tiger Team developing State 2 and 3 recommendations for the fifth health outcome priority – “ensure adequate privacy and security protections for personal health information.”
STAGE 2 Proposed MU Objectives

- In addition to taking Stage 1 objectives and measures further, Stage 2 (proposed) introduces the following new items:
  - 30% of visits have at least one electronic EP note
  - 30% of EH patient days have at least one electronic note by a physician, NP, or PA
  - 30% of EH medication orders automatically tracked via electronic medication administration recording

*EP – Eligible Professional; EH – Eligible Hospital*

STAGE 2 Proposed (Cont’d)

- Additional NEW measures:
  - 80% of patients offered ability to view and download via web-based portal, within 36 hrs of discharge, relevant information contained in the record about EH inpatient encounters. Data available in human-readable and structured forms
  - EPs – online secure patient messaging in use
  - Patient preferences for communication medium recorded for 20% of patients

*EP – Eligible Professional; EH – Eligible Hospital*
STAGE 2 Proposed (Cont’d)

• Additional NEW measures:
  – List of care team members (including PCP) available for 10% of patients in EHR
  – Record a longitudinal care plan for 20% of patients with high priority health conditions

Source: HIT Policy Committee, January, 2011

MEANINGFUL USE TIMELINE

• 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

EP – Eligible Professional; EH – Eligible Hospital
MEANINGFUL USE TIMELINE (Cont’d)

• 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 (FY) 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

Financial Oversight/
Combating Fraud and Abuse

• Health care reform law includes 32 sections on program integrity and health care fraud, e.g.,
  – Improper hospital-physician relationships
  – CMS self-disclosure process for Stark-only violations
  – Enhanced protections for whistleblowers
  – Right of private action in HIPAA privacy cases
Affordable Care Act (PPACA): Fighting Fraud, Waste and Abuse

- Expands consumer protections
- Strengthens Medicare
- Reduces health care costs
- Improves government-wide efforts to fight fraud, waste, and abuse
- Enhances screening and sanctions checking
- Provides additional $350 million for Health Care Fraud and Abuse Control Account (HCFAC), FY2011 – 2020
- Expands RACs to Medicaid, Medicare Advantage and Part D

Security | Privacy | Culture

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