

## Meaningful Use Overview

*Meaningful use* is the use of a certified electronic health record (EHR) to demonstrate improved quality and safety of health care delivery for a patient population within a clinical practice. The American Recovery and Reinvestment Act of 2009 (ARRA) was enacted February 17, 2009, and includes the HITECH Act, which outlines the criteria for achieving meaningful use (MU). These criteria have specific timelines and completion dates to qualify for CMS financial incentives. The MU initiative is meant to help providers collect and store different combinations of electronic patient data—allergies, medication history, lab results, clinic visits—in an electronic health record (EHR) and then securely share and exchange this data with patients, other health entities, and governmental agencies.

The three stages of meaningful use of EHRs aim to support five health care goals:

- Improve quality, efficiency, patient safety, and reduce health disparity
- Improve care coordination
- Promote public and population health
- Engage patients and families
- Ensure privacy and security

Stage 1:	Stage 2:	Stage 3:
Electronically capturing health information in a standardized format	More rigorous health information exchange (HIE)	Improving quality, safety, and efficiency, leading to improved health outcomes
Using that information to track key clinical conditions	Increased requirements for e-prescribing and incorporating lab results	Decision support for national high-priority conditions
Communicating that information for care coordination processes	Electronic transmission of patient care summaries across multiple settings	Patient access to self-management tools
Initiating the reporting of clinical quality measures and public health information	More patient-controlled data	Access to comprehensive patient data through patient-centered HIE
Using information to engage patients and their families in their care		Improving population health

\*\* chart accessed from <http://www.healthit.gov/providers-professionals/how-attain-meaningful-use>

### Medicare and Medicaid MU Incentive Program

Eligible professionals (EPs) who satisfy the MU requirements are eligible for Medicare incentives of up to \$18,000 beginning in 2011 or 2012 with gradually declining amounts over the following four years, up to a total of \$44,000. Beginning in 2015, EPs who have not attained meaningful use will receive reduced Medicare payments.

EPs with at least 30 percent of their patients in Medicaid are eligible for Medicaid incentives up to \$21,250 in the first year of participation if they adopt, implement, or

upgrade electronic health record systems. In the following five years, they can earn up to \$8,500 per year if they continue to satisfy MU requirements, for a 5-year total of \$63,750. Pediatric providers with 20 – 30 percent of their patients in Medicaid are also eligible for financial incentives, but they receive lower payments. ***The last year in which EPs can begin participation in the Medicaid incentive program is 2016.***

To determine eligibility for Medicaid incentives, clinicians at community health centers or rural clinics may count both their Medicaid patients and the uninsured patients they treat without reimbursement. EPs may accept either the Medicare or Medicaid incentives but not both. Of the two sets, the Medicaid incentives are larger and have less-stringent requirements for the first year.

Eligible professionals under the Medicare EHR Incentive Program include the following:

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

Eligible professionals under the Medicaid EHR Incentive Program include the following:

- Physicians (doctors of medicine and doctors of osteopathy)
- Nurse practitioner
- Certified nurse-midwife
- Dentist
- \*\*Physician assistant (only if meeting specific criteria)
  - PA is the primary provider in a clinic. (For example, when there is a part-time physician and full-time PA, CMS would consider the PA as the primary provider.)
  - PA provides the majority of services and the physician provides the minority of services.
  - PA is a clinical or medical director at a clinical site of practice.
  - PA is an owner of an RHC.

### Certification Criteria and Standards

Certification ensures that the EHR technology providers implement has necessary capabilities, functionalities, and security to help them achieve MU. Certification criteria address functionality such as Certified Provider Order Entry (CPOE), interoperability (e-prescribing), and clinical quality reporting. This initial set of standards defines a common language to ensure accurate and secure health information exchange across different EHR systems and explains the standard formats for clinical summaries and prescriptions and the standard terms to describe clinical problems, procedures, laboratory tests, medications, and allergies. The standards for the secure transportation of this information using the Internet.

In 2014, all EHR vendors will need to be in compliance with the ONC HIT Certification standards to meet MU eligibility. <http://www.healthit.gov/policy-researchers-implementers/onc-hit-certification-program>

### Health IT and MU Resources

#### **CMS EHR Incentive Programs Overview Web site**

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>

On this website you can find information pertaining to Medicare and Medicaid incentives for EHR adoption and resources for EHR adoption, security, and privacy (HIPAA) as well as links to other government sites. Resources include the Meaningful Use Overview, Meaningful Use Specification Sheets, Path to Payment, Timeline for Medicare and Medicaid EHR Incentive Programs, MU stage 1 and 2 toolkits, CMS Eligible Provider Meaningful Use Registration and Attestation.

#### **Office of the National Coordinator for HIT (ONC)**

<http://www.healthit.gov/providers-professionals>

ONC provides leadership for the development and nationwide implementation of an interoperable health IT infrastructure. ONC has funded 70 Regional Extension Centers (RECs) to support and serve health care providers to help them quickly become adept meaningful users of electronic health records (EHRs) by providing support, training, and technical assistance in EHR adoption and implementation. This is a good starting point for a health IT overview of federal initiatives and resources in areas of MU, certification, security and privacy, and health information exchange. Best use case studies are also shared.

#### **Being a Meaningful User of Electronic Health Records:**

<http://healthit.hhs.gov/meaningfuluse/provider>

#### **ONC Privacy and Security Resource Bank**

<http://www.healthit.gov/providers-professionals/ehr-privacy-security>

#### **HRSA's Office of Health Information Technology (HRSA-OHIT)**

<http://www.hrsa.gov/healthit/>

#### **HRSA HIT Toolbox**

Health IT Adoption Toolbox is a compilation of planning, implementation, and evaluation resources to help community health centers, other safety net providers, and ambulatory care providers implement health IT applications in their facilities.

***\*\*\* This should be the first stop for any health center that is implementing an EHR.***

### **HRSA HIT Safety Net Webinars**

These webinars and technical assistance webcasts are intended for safety net providers. Each webinar features leading experts with hands-on experience from within the safety net community as well as speakers with various grantee experiences and federal expertise.

### **AHRQ's National Resource Center (NRC) on Health Information Technology**

<http://healthit.ahrq.gov>

Collection of HIT topics in disease registries, personal health records, usability testing, education and training, privacy and security, quality measurement and improvement, and transitions in care. The health IT bibliography represents both peer-reviewed articles from professional journals and web-based resources from highly respected health care and IT organizations. The *Health IT Tools* link includes a privacy and security tool kit, searchable costs and benefits database, and evaluation toolkits.

### **Health Information and Management Systems Society (HIMSS)**

<http://www.himss.org>

HIMSS is the health care industry's membership organization exclusively focused on providing leadership for the optimal use of health care information technology (HIT) and management systems. Many HIT assessment and implementation tools and resources available to members, including *Workflow Redesign for Meaningful Use Toolkit*. The HIMSS State HIT Dashboard tracks key initiatives including Regional Extension Centers, Beacon Communities, the SHARP program, HIMSS Analytics EMRAM Stage7 recipients, HIMSS Davies Award recipients, Health Information Exchanges, State Legislation and HIMSS Chapters <http://apps.himss.org/StateDashboard/default.aspx>

### **United States Health Information Knowledge Bases**

<http://ushik.ahrq.gov>

Meaningful Use Resources: USHIK's Meaningful Use portal acts as a consolidated resource for retrieving data on Clinical Quality Measures (CQM's) and Value Sets as well as information on the Meaningful Use Core and Menu Objectives.

### **American Academy of Family Physicians Center for Health Information Technology**

<http://www.centerforhit.org>

This site includes tutorials on EMR basics, opportunities to talk with peers in similar practices, and practice and clinical improvement tools.

### **American EHR Partners**

[www.americanehr.com](http://www.americanehr.com)

American EHR Partners provides physicians, state and federal agencies, vendors, and funding organizations with the necessary tools to identify, implement, and effectively

use Electronic Health Records (EHRs) and other health care technologies. This free membership site provides readiness assessment tools, resources and educational opportunities, newsletter, webinars, videos and podcasts supporting EHR adoption and implementation, and best practice case studies.

### **A Structural Framework for Meaningful Use of Electronic Health Records**

<http://www.nhchc.org/2012/12/a-structural-framework-for-meaningful-use-of-ehr-in-the-hch-setting/>

This January 2013 webinar highlights the key foundational elements identified by health care for the homeless grantees for successful implementation of meaningful use of electronic health records. HRSA will provide an update of the tools and resources available to support HCH grantees in health information technology and quality.

## Health IT Publications

### **EHR Implementation with Minimal Practice Disruption in Primary Care Settings**

November 2012. Jeff Hummel, MD, MPH, and Peggy Evans, PhD, CPHIT

This paper provides a road map for how small primary care practices implement electronic health records (EHRs) and outlines six key areas that are crucial to the successful adoption and use of EHRs. The paper identifies mistakes and pitfalls commonly made in EHR adoption and outlines specific strategies practices can use to minimize the risk of practice disruption.

[http://www.wirecqh.org/upload/EHR-Implementation\\_white-paper-FINAL-10252012.pdf](http://www.wirecqh.org/upload/EHR-Implementation_white-paper-FINAL-10252012.pdf)

### **Enabling Patient-Centered Care through Health Information Technology**

June 15, 2012, Number 206 AHRQ

This report reviews the evidence on the impact of health IT applications developed and implemented to enhance the provision of PCC. The report identifies barriers and facilitators for the use of health IT applications to deliver PCC. It also identifies gaps in the literature and recommends future research endeavors. The report pays particular attention to the role of health IT in improving shared decision making, patient – clinician communication, and access to medical information by patients.

[http://www.effectivehealthcare.ahrq.gov/ehc/products/451/1158/EvidenceReport206\\_Patient-Centered-Care\\_ExecutiveSummary\\_20120614.pdf](http://www.effectivehealthcare.ahrq.gov/ehc/products/451/1158/EvidenceReport206_Patient-Centered-Care_ExecutiveSummary_20120614.pdf)

### **Equity in the Digital Age: How Health Information Technology Can Reduce Disparities**

February 2013. California Pan-Ethnic Health Network, the Asian & Pacific Islander American Health Forum, Consumers Union and the National Council of La Raza offers policy recommendations for how advancements can best improve health in all communities and highlights the importance of improving access to new technologies in underserved areas to avoid exacerbating existing disparities.

<http://www.cpehn.org/pdfs/EquityInTheDigitalAge2013.pdf>

**iHealthBeat- California Healthcare Foundation**

<http://www.ihealthbeat.org>

iHealthBeat is a free, daily news digest reporting on the Internet's impact on health care policy, delivery and financing.