

Background

In order to receive electronic health record (EHR) incentive payments under the American Recovery and Reinvestment Act (“ARRA”, or the “Stimulus Bill”), Medicare and Medicaid physicians will have to demonstrate “meaningful use” of an EHR system. As defined in the bill, meaningful use consists of:

1. The physician demonstrating that the EHR is being used in a meaningful way, including electronic prescribing;
2. The EHR being connected to a Health Information Exchange; and
3. The physician reporting on quality measures, as determined by the Secretary of Health and Human Services.

ARRA authorized the Federal Office of the National Coordinator for Health IT (ONCHIT) to define the details of meaningful use for the Medicare program. State Medicaid programs (Medi-Cal in California) are allowed to set different meaningful use guidelines for their incentive programs.

Proposed Rule

On December 30, ONCHIT released a proposed definition of meaningful use for the Medicare program. In a 556-page document, this rule, though not yet final, sets out the basic guidelines of what physicians will have to demonstrate in order to receive incentive payments. It lays out, for example, which quality measures physicians will report, and which functions (computerized physician order entry, for example) a physician will use.

A summary of the major provisions of meaningful use is below:

Three Stages of Implementation

ONCHIT’s proposed rule lays out a process whereby the definition of meaningful use would change over time. The definition that is being proposed right now is called “Stage 1.” Stages 2 and 3 will come in 2013 and 2015, respectively. As the chart below shows, physicians will generally have to meet the Stage 1 definition in their first year of adoption, and then scale up over time.

Stage of Meaningful Use Criteria by Payment Year (Calendar Year)

First Payment Year	2011	2012	2013	2014	2015+
2011	Stage 1	Stage 1	Stage 2	Stage 2	Stage 3
2012		Stage 1	Stage 1	Stage 2	Stage 3
2013			Stage 1	Stage 2	Stage 3
2014				Stage 1	Stage 3
2015+					Stage 3

The stages are likely to become more stringent (i.e., reporting on more quality measures). This creates for physicians an incentive to implement in 2011 or 2012. Beginning in 2013, physicians who implement will receive a lower incentive payment, and will have less time to ramp up to the Stage 2 requirements.

Reporting Period

The proposed rule also defines the amount of time for which the physician will have to demonstrate meaningful use in order to receive payment.

For the first year that a physician receives payment, he or she can choose any 90-day period that falls completely within the calendar year as his or her reporting period. For all subsequent years, the physician will need to demonstrate meaningful use for the whole calendar year.

For example, a physician could choose to begin his or her reporting period on October 1, 2012 and end it on December 31, 2012. This physician would have to demonstrate Stage 1 meaningful use for that 90 days and still be eligible for the full incentive payment. Starting January 1, 2013, that same physician would be required to report for the whole year.

Coordination of Medicare and Medicaid Definitions

As stated above, state Medicaid programs are allowed to set different standards for meaningful use for physicians who qualify through their programs. In the proposed rule, ONCHIT creates a strong preference for the states to make their definitions the same or very similar to the Medicare one. Any additional requirements that the State plans to include in the Medi-Cal definition would have to be approved by the Federal Secretary of Health and Human Services.

Definition of Measures

Finally, the proposed rule defines what clinical and quality measures physicians will have to report in order to

demonstrate meaningful use. The proposed set of quality measures borrows heavily from the existing PQRI structure. As the HIT Policy Committee recommended, ONCHIT proposes to group clinical and quality measures around five broad themes:

1. Improving Quality, safety, efficiency, and reducing health disparities;
2. Engage patients and their families in their health care;
3. Improve care coordination;
4. Improve population and public health; and
5. Ensure adequate privacy and security protections for personal health information.

Under each of these broad headings, ONCHIT has laid out proposed measures that physicians will need to demonstrate in order to prove meaningful use. A complete list of those measures is below. It's important to note that, under the proposed rule, a physician will have to demonstrate all of the measures described.

Also, there are some differences between what is required of physicians and hospitals. The measures outlined below are only for non-hospital-based physicians.

Timeline and Next Steps

As soon as the final proposed rule is printed in the Federal Register, there will be a 60-day comment period. During that time CMA will file comments on behalf of California physicians. A final meaningful use definition should be released in late February or early March 2010. Due to Federal rules, the final rule will not be effective until 60 days after release.

**CMA Staff Contact: David Ford, 916-444-5532
or dford@cmanet.org.**

Proposed Stage 1 Definition of Meaningful Use

Health Outcomes Policy Priority	Care Goals	Stage 1 Measures
<p>Improving Quality, safety, efficiency, and reducing health disparities</p>	<ol style="list-style-type: none"> 1. Provide access to comprehensive health data for patient's health care team. 2. Use evidence-based order sets and CPOE. 3. Apply Clinical decision support at the point of care. 4. Generate lists of patients who need care and use them to reach out to patients. 5. Report information for quality improvement and public reporting. 	<ul style="list-style-type: none"> • Use CPOE at least 80% of all orders. • Enable drug-drug, drug-allergy, and drug-formulary checks. • At least 80% of patients seen have an indication based on ICD-9 or SNOMED CT. • At least 75% of allowable prescriptions are transmitted electronically. • At least 80% of all patients seen have an active medication list (or "none") recorded. • At least 80% of all patients have an active medication allergy list. • At least 80% of all patients seen have demographic data recorded. • At least 80% of all patients over age 2 have a record of blood pressure and BMI; additionally plot growth chart for children age 2-20. • Record smoking status for 80% of patients over age 13. • Incorporate at least 50% of all clinical lab tests into the EHR. • Generate at least one report listing patients seen with a specific condition. • Report ambulatory quality measures to CMS or the State. • Reminder sent to at least 50% of all patients that are 50 or over. • Implement 5 clinical decision support tools.
<p>Engage patients and their families in their health care</p>	<ol style="list-style-type: none"> 1. Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health. 	<ul style="list-style-type: none"> • At least 80% of patients who request an electronic copy of their health information must be provided it within 48 hours. • At least 10% of all patients seen must be provided timely access to their health information. • Clinical summaries are provided for at least 80% of all office visits.

Proposed Stage 1 Definition of Meaningful Use (continued)

Health Outcomes Policy Priority	Care Goals	Stage 1 Measures
Improve care coordination	1. Exchange meaningful information among professional health care team.	<ul style="list-style-type: none"> • Performed at least one test of EHR's capacity to electronically exchange key clinical information. • Perform medication reconciliation for at least 80% of relevant encounters and transitions of care. • Provide summary of care record for at least 80% of transitions of care and referrals.
Improve population and public health	1. Communicate with public health agencies.	<ul style="list-style-type: none"> • Performed at least one test of EHR's capacity to transmit data to immunization registries. • Performed at least one test of EHR's capacity to provide electronic syndromic surveillance data to public health agencies.
Ensure adequate privacy and security protections for personal health information	1. Ensure privacy and security protections for confidential information through operating policies, procedures, and technologies and compliance with applicable law. 2. Provide transparency of data sharing to patient.	<ul style="list-style-type: none"> • Conduct or review a security risk analysis and implement security updates as necessary.