

Understanding the Federal Incentives for Meaningful Use of Health Information Technology

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Meaningful Use and Why It Matters

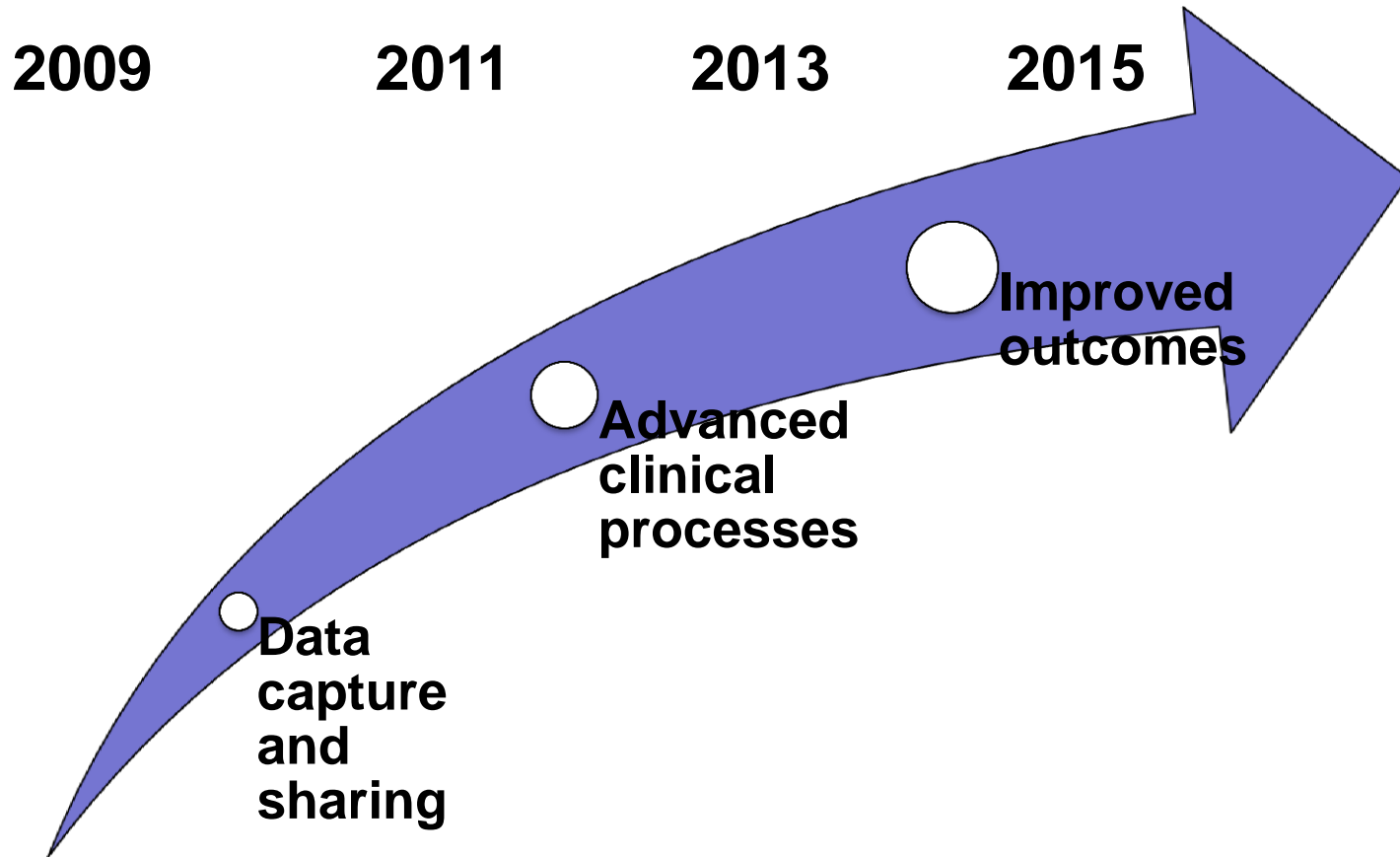
- It is the standard that doctors and hospitals must achieve to qualify for Medicare and Medicaid incentive payments;
- It is the federal government's new roadmap for linking HIT and HIE to healthcare delivery system improvements;
- It will be the central organizing principle for the ongoing work of the Office of National Coordinator, the HIT Policy Committee, and the HIT Standards Committee;
- It will have a major influence on the activities of the Commonwealth through the Massachusetts eHealth Institute and the MassHealth program; and
- It will become a dominant consideration for EHR vendors as they upgrade their products.

Medicare/Medicaid Incentive Program Differences

Medicare	Medicaid
Feds will implement (will be an option nationally)	Voluntary for States to implement (may not be an option in every State)
Fee schedule reductions begin in 2015 for providers that are not Meaningful Users	No Medicaid fee schedule reductions
Must be a meaningful user in Year 1	A/I/U option for 1 st participation year
Maximum incentive is \$44,000 for EPs	Maximum incentive is \$63,750 for EPs
MU definition will be common for Medicare	States can adopt a more rigorous definition (based on common definition)
Medicare Advantage EPs have special eligibility accommodations	Medicaid managed care providers must meet regular eligibility requirements
Last year an EP may initiate program is 2014; Last payment in program is 2016; Payment adjustments begin in 2015	Last year an EP may initiate program is 2016; Last payment in program is 2021
Only physicians, subsection (d) hospitals and CAHs	5 types of EPs, 3 types of hospitals

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The Trend Line for Meaningful Use



The Meaningful Use Stages

TABLE 1: Stage of Meaningful Use Criteria by Payment Year

First Payment Year	Payment Year				
	2011	2012	2013	2014	2015
2011	Stage 1	Stage 1	Stage 2	Stage 2	TBD
2012		Stage 1	Stage 1	Stage 2	TBD
2013			Stage 1	Stage 1	TBD
2014				Stage 1	TBD

Meaningful Use – Core Objectives and Measures

1. Record patient demographics (sex, race, ethnicity, date of birth, preferred language, and in the case of hospitals, date and preliminary cause of death in the event of mortality). More than 50% of patients' demographic data must be recorded as structured data.
2. Maintain an active medication list. More than 80% of patients have at least one entry recorded as structured data.
3. Maintain an active medication allergy list. More than 80% of patients have at least one entry recorded as structured data.
4. Record smoking status for patients 13 and older. More than 50% of patients age 13 or older have smoking status recorded as structured data.

Meaningful Use – Core Objectives and Measures

5. Record vital signs and chart changes (height, weight, blood pressure, body mass index, growth charts for children). More than 50% of patients 2 years of age or older must have height, weight and blood pressure recorded as structured data.
6. Maintain up-to-date problem list of current and active diagnoses. More than 80% of patients must have at least one entry recorded as structured data.
7. For professionals, provide patients with clinical summaries for each office visit for more than 50% of all visits within 3 business days. For hospitals, provide an electronic copy of hospital discharge instructions upon request to more than 50% of all patients who request such an electronic copy.

Meaningful Use – Core Objectives and Measures

8. Upon request, provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication list, medication allergies, and for hospitals discharge summary and procedures). More than 50% of requesting patients must receive an electronic copy within 3 business days.
9. Generate and transmit permissible prescriptions electronically (does not apply to hospitals). More than 40% must be transmitted electronically using certified EHR technology.
10. Computerized Provider Order Entry for Medication Orders. More than 30% of patients with at least one medication in their medication list must have at least one medication ordered through CPOE

Meaningful Use – Core Objectives and Measures

11. Implement drug-drug and drug-allergy interaction checks. Functionality must be enabled for these checks for the entire reporting period.
12. Implement capability to electronically exchange key clinical information among providers and patient-authorized entities. Must perform at least one test of the EHR's capacity to electronically exchange information.
13. Implement one clinical decision support rule and track compliance with that rule. One rule must be implemented.
14. Implement systems to protect privacy and security of patient data in the EHR. Must conduct or review a security risk analysis, implement security updates as necessary, and correct identified security deficiencies.

Meaningful Use – Core Objectives and Measures

15. Report clinical quality measures to CMS or states. For 2011, provide aggregate numerator and denominator through attestation, for 2012, electronically submit measures.

Meaningful Use – Menu Objectives and Measures

1. Implement drug formulary checks. Drug formulary check system must be implemented and access at least one internal or external drug formulary during the reporting period.
2. Incorporate clinical laboratory test results into EHRs as structured data. More than 40% of clinical laboratory test results are in positive/negative or numerical format and are incorporated into EHRs as structured data.
3. Generate lists of patients by specific conditions for use for quality improvement, reduction of disparities, research or outreach. Must generate one listing of patients with a specific condition.
4. Use EHR technology to identify patient-specific education resources and provide those to the patient as appropriate. More than 10% of patients are provided patient specific education resources.

Meaningful Use – Menu Objectives and Measures

5. Perform Medication reconciliation between care settings. Medication reconciliation must be performed for more than 50% of transitions of care.
6. Provide summary of care record for patients referred or transitioned to another provider or setting. Summary of care record must be provided for more than 50% of patient transitions or referrals.
7. Submission of electronic immunization data to immunization registries or immunization information systems. Must perform at least one test of data submission (where registries can accept electronic submissions).
8. Submission of electronic syndromic surveillance data to public health agencies. Must perform at least one test of data submission (where public health agencies can accept electronic data).

Meaningful Use – Menu Objectives and Measures

9. For hospitals - record advanced directives for patients 65 years or older. More than 50% of patients aged 65 or older must have an indication of an advanced directive status recorded.
10. For hospitals - submission of electronic data on reportable laboratory results to public health agencies. Perform at least one test of data submission (where public health agencies can accept electronic data).
11. For professionals - Send reminders to patients (per patient preference) for preventative and follow up care. More than 20% of patients aged 65 or older or age 5 or younger must be sent appropriate reminders.

Meaningful Use – Menu Objectives and Measures

12. For professionals - Provide patients with timely electronic access to their health information (including laboratory results, problem list, medication list, medication allergies). More than 10% of patients must be provided with electronic access to information within 4 days of its being updated in the EHR.

Meaningful Use Data Exchanges

Core Set

- Provide patients an electronic copy of their ambulatory, ED or inpatient summary of care record
- Transmit prescriptions
- Capability to exchange key clinical information among care providers and patient authorized entities
- Report clinical quality measures

Menu Set

- Incorporate clinical lab tests results into EHRs as structured data
- Provide summary of care record for patients referred or transition to another provider or setting
- Capability to submit data to immunization registries, provide syndromic surveillance and lab data to public health agencies