

# An Update on Meaningful Use

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# Two e-Health Sections

The economic stimulus bill signed into law on February 17, 2009, formally known as the American Recovery and Reinvestment Act (or ARRA), has two sections that directly address health IT (HIT) and health information exchange (HIE).

- **Division A, Title XIII**, the HITECH Act, (1) codifies the Office of the National Coordinator, (2) creates a new federal framework for setting e-health policy and standards, (3) directs ONC to establish certain grant and loan funding programs, and (4) establishes significant new privacy laws. \$2 billion in funding.
- **Division B, Title IV** establishes incentives, in the form of Medicare and Medicaid reimbursements, starting in 2011, for professionals and hospitals that are “meaningful users” of electronic health records. CBO estimates gross 2009-2015 outlays for this program will be \$36.35 billion. DHHS now estimates outlays will be \$46.84 billion.

# Why is Meaningful Use Important?

- It is the articulation point between the underlying technology and the healthcare improvements we seek;
- It is the standard that doctors and hospitals must achieve to qualify for Medicare and Medicaid incentive payments;
- It will likely be the central organizing principle for the very important work of the Office of National Coordinator, the HIT Policy Committee, and the HIT Standards Committee; and
- It will have a major influence on the activities of the Commonwealth through the Massachusetts eHealth Institute and the MassHealth program.
- It will become a dominant consideration for EHR vendors as they upgrade the functionality of their products.

# How Does the Statute Define “Meaningful EHR User”?

## For Professionals:

### `(2) MEANINGFUL EHR USER-

`(A) IN GENERAL- For purposes of paragraph (1), an eligible professional shall be treated as a meaningful EHR user for an EHR reporting period for a payment year (or, for purposes of subsection (a)(7), for an EHR reporting period under such subsection for a year) if each of the following requirements is met:

- `(i) MEANINGFUL USE OF CERTIFIED EHR TECHNOLOGY- The eligible professional demonstrates to the satisfaction of the Secretary, in accordance with subparagraph (C)(i), that during such period the professional is using certified EHR technology in a meaningful manner, which shall include the use of electronic prescribing as determined to be appropriate by the Secretary.
- `(ii) INFORMATION EXCHANGE- The eligible professional demonstrates to the satisfaction of the Secretary, in accordance with subparagraph (C)(i), that during such period such certified EHR technology is connected in a manner that provides, in accordance with law and standards applicable to the exchange of information, for the electronic exchange of health information to improve the quality of health care, such as promoting care coordination.
- `(iii) REPORTING ON MEASURES USING EHR- Subject to subparagraph (B)(ii) and using such certified EHR technology, the eligible professional submits information for such period, in a form and manner specified by the Secretary, on such clinical quality measures and such other measures as selected by the Secretary under subparagraph (B)(i).

The Secretary may provide for the use of alternative means for meeting the requirements of clauses (i), (ii), and (iii) in the case of an eligible professional furnishing covered professional services in a group practice (as defined by the Secretary). The Secretary shall seek to improve the use of electronic health records and health care quality over time by requiring more stringent measures of meaningful use selected under this paragraph.

# How Does the Statute Define “Meaningful EHR User”?

## For Hospitals:

### `(3) MEANINGFUL EHR USER-

`(A) IN GENERAL- For purposes of paragraph (1), an eligible hospital shall be treated as a meaningful EHR user for an EHR reporting period for a payment year (or, for purposes of subsection (b)(3)(B)(ix), for an EHR reporting period under such subsection for a fiscal year) if each of the following requirements are met:

`(i) MEANINGFUL USE OF CERTIFIED EHR TECHNOLOGY- The eligible hospital demonstrates to the satisfaction of the Secretary, in accordance with subparagraph (C)(i), that during such period the hospital is using certified EHR technology in a meaningful manner.

`(ii) INFORMATION EXCHANGE- The eligible hospital demonstrates to the satisfaction of the Secretary, in accordance with subparagraph (C)(i), that during such period such certified EHR technology is connected in a manner that provides, in accordance with law and standards applicable to the exchange of information, for the electronic exchange of health information to improve the quality of health care, such as promoting care coordination.

`(iii) REPORTING ON MEASURES USING EHR- Subject to subparagraph (B)(ii) and using such certified EHR technology, the eligible hospital submits information for such period, in a form and manner specified by the Secretary, on such clinical quality measures and such other measures as selected by the Secretary under subparagraph (B)(i).

The Secretary shall seek to improve the use of electronic health records and health care quality over time by requiring more stringent measures of meaningful use selected under this paragraph.

# The HIT Policy Committee

## Section 3002 of the HITECH Act:

- Establishes the HIT Policy Committee “to make policy recommendations to the National Coordinator relating to the implementation of a nationwide health information technology infrastructure, including implementation of the strategic plan”;
- Describes the duties of the HIT Policy Committee as being: (1) recommending a policy framework for the development and adoption of a nationwide health information technology infrastructure; (2) recommending and prioritizing areas in which standards, implementation specifications, and certification criteria are needed; and (3) serving as a forum for broad stakeholder input; and
- Directs the National Coordinator to take a leading position in establishing and operating the committee, describes the membership of the committee, and applies the Federal Advisory Committee Act to the committee.

# HIT Policy Committee Meetings

Four Meetings of the HIT Policy Committee to date:

- May 11, 2009 – Introductory meeting
- June 16, 2009 – 1<sup>st</sup> Draft of meaningful use
- July 16, 2009 – 2<sup>nd</sup> Draft of meaningful use
- August 14, 2009 – Update on Meaningful Use Workgroup
- Sept. 18, 2009 - Review of Privacy and Security Policy and Issues

The regulatory schedule calls for the final rule to be published at the end of December, 2009, with a 60-day comment period before it is finalized.

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[healthit.hhs.gov](http://healthit.hhs.gov)

# Meaningful Use Workgroup

## **Co-Chairs:**

Paul Tang, Palo Alto Medical Foundation

Farzad Mostashari, New York City Health Department

## **Members:**

David Bates, Brigham & Women's Hospital

Christine Bechtel, National Partnership for Women & Families

Neil Calman, The Institute for Family Health

Art Davidson, Denver Public Health Department

David Lansky, Pacific Business Group on Health

Deven McGraw, Center for Democracy & Technology

Latanya Sweeney, Carnegie Mellon University

Charlene Underwood, Siemens

## **ONC Lead:**

John Glaser

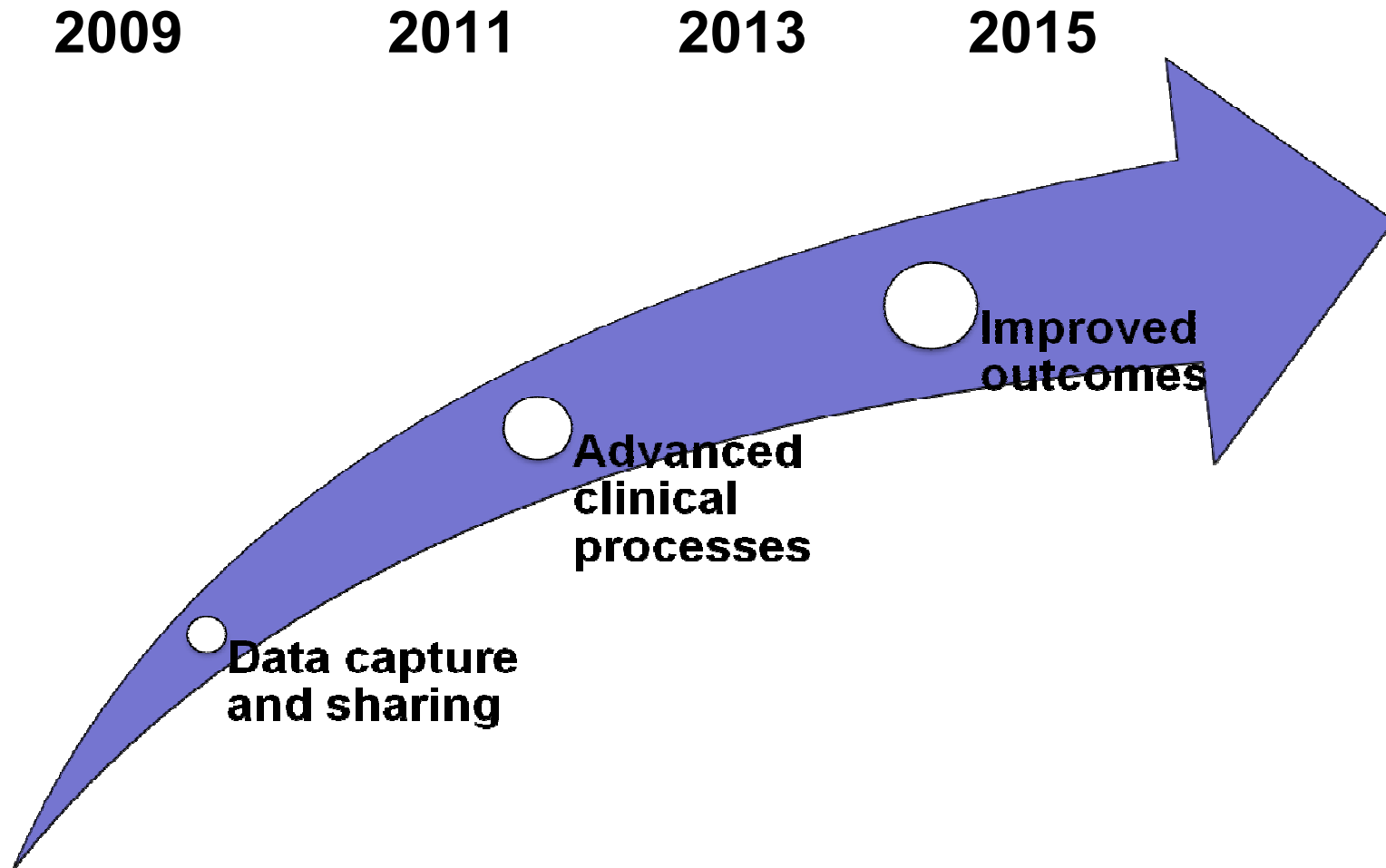
# The Meaningful Use Matrix

The Meaningful Use Matrix is built around five “Health Outcomes Policy Priority” areas taken from the work of the National Priorities Partnership convened by the National Quality Forum:

- Improve quality, safety, efficiency, and reduce health disparities;
- Engage patients and families;
- Improve care coordination;
- Improve population and public health; and
- Ensure adequate privacy and security protections for personal health information.

For each priority area there are overarching “Care Goals,” and then more specific “Objectives” and “Measures” established for 2011, 2013, and 2015.

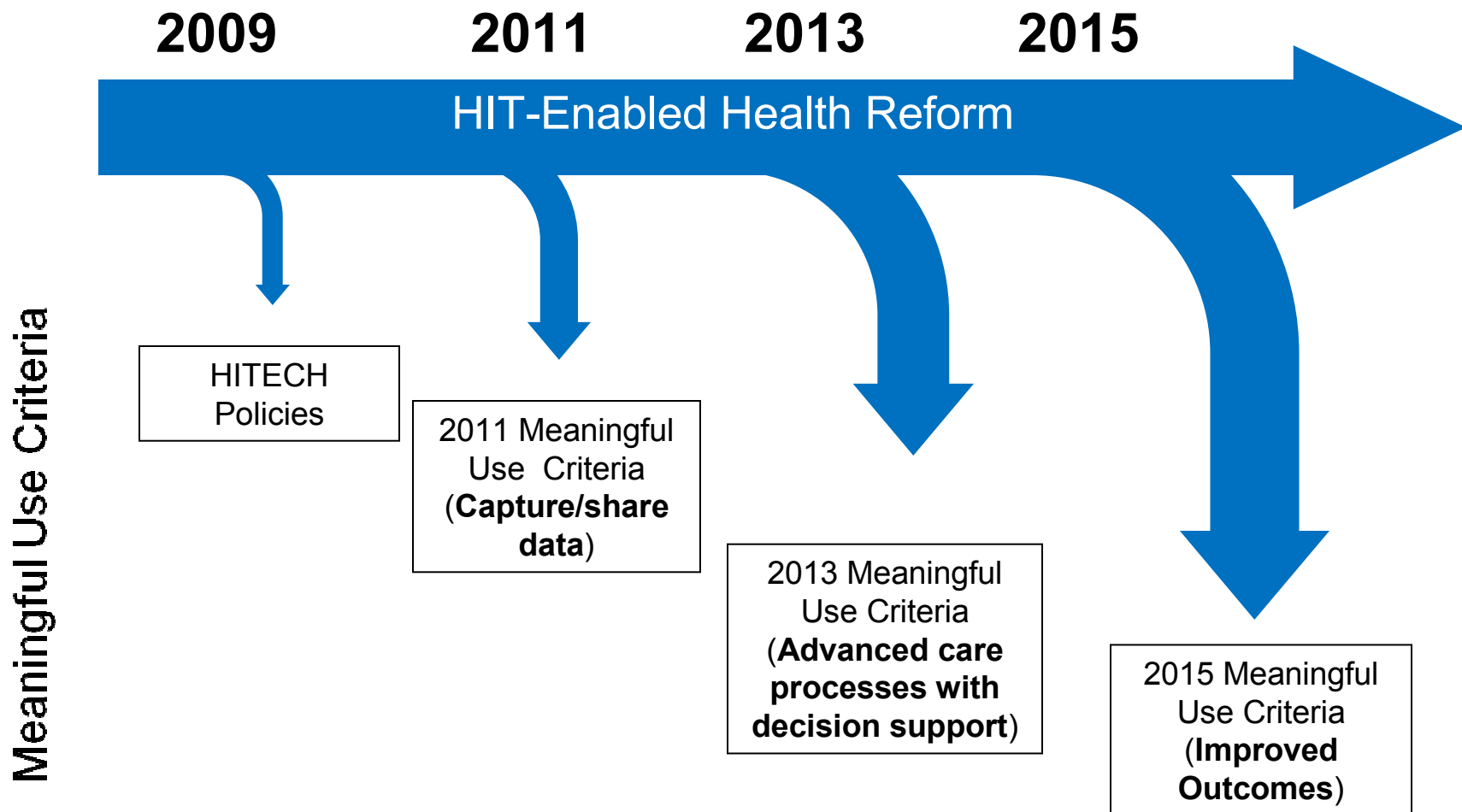
# Bending the Curve Towards Transformed Health *Achieving Meaningful Use of Health Data*



Source: Meaningful Use Workgroup Presentation, July 16, 2009

# HIT-Enabled Health Reform

## *Achieving Meaningful Use*



# Meaningful Use Incentives by Adoption Year

Meaningful User	2009	2010	2011	2012	2013	2014	2015	2016	Total Incentive
2011			\$ 18,000	\$ 12,000	\$ 8,000	\$ 4,000	\$ 2,000		\$ 44,000
2012				\$ 18,000	\$ 12,000	\$ 8,000	\$ 4,000	\$ 2,000	\$ 44,000
2013					\$ 15,000	\$ 12,000	\$ 8,000	\$ 4,000	\$ 39,000
2014						\$ 12,000	\$ 8,000	\$ 4,000	\$ 24,000
2015 +									\$ Penalties

Health Outcomes Policy Priority	Care Goals	2011 <sup>1</sup> Objectives	2011 <sup>1</sup> Measures	2013 Objectives		2013 Measures
		Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions		Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions		
		Eligible Providers	Hospitals	Eligible Providers	Hospitals	
Health Outcomes Policy Priority	Care Goals	Adoption Year 1 <sup>1</sup> Objectives	Adoption Year 1 <sup>1</sup> Measures	Adoption Year 2 Objectives		Adoption Year 2 <sup>1</sup> Measures
		Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions		Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions		
		Eligible Providers	Hospitals	Eligible Providers	Hospitals	

Source: Meaningful Use Workgroup Presentation, July 16, 2009

# Meaningful Use Care Goals

## **Improve quality, safety, efficiency, and reduce health disparities**

- Provide access to comprehensive patient health data for patient's health care team
- Use evidence-based order sets and CPOE
- Apply clinical decision support at the point of care
- Generate lists of patients who need care and use them to reach out to patients (e.g., reminders, care instructions, etc.)
- Report to patient registries for quality improvement, public reporting, etc.

## **Engage patients and families**

- Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health

## **Improve care coordination**

- Exchange meaningful clinical information among professional health care team

# Meaningful Use Care Goals (cont.)

## **Improve population and public health**

- Communicate with public health agencies

## **Ensure adequate privacy and security protections for personal health information**

- Ensure privacy and security protections for confidential information through operating policies, procedures, and technologies and compliance with applicable law.
- Provide transparency of data sharing to patient.

# A look at 2011 Objectives and Measures

- Turn to Meaningful Use Matrix

# Timeline for the next 12 months

- 3Q09: Develop process for updating meaningful use objectives and measures
  - Tag 2011 measures relevant to specialties
- 4Q09: Conduct informational hearings to inform 2013 and 2015 criteria development
- 1Q10: Update 2013 and 2015 criteria
- 2Q10: Work with HIT Standards committee to ascertain availability of relevant standards
- 3Q10: Refine 2013 meaningful use criteria
- 4Q10: Assess industry preparedness for meeting 2011 and initial 2013 meaningful use criteria

# Meaningful Use Update Process

- Continue to use National Priorities Partnership (NPP) framework for meaningful use criteria
- Work with NPP and HealthyPeople programs to identify HIT-sensitive objectives and measures appropriate for meaningful use criteria (exemplars) in 2013 and 2015
- Gather public input on identified gaps in measures needed for MU criteria
  - Examples: specialists, smaller practices and hospitals, safety-net providers, patient-supplied information
- Assess industry initial response to 2011 MU program
- Refine 2013 and 2015 MU criteria
- Address barriers to EHR adoption and mitigation strategies

# Informational Hearing on MU criteria for 2013-15

## October 2009

- Addresses gaps in appropriate measures for assessing meaningful use
- Criteria for specialists
  - Use of measures relevant to specialists
  - Participation in national registries
  - Development of new measures
- Feedback and new ideas from provider organizations for MU criteria for 2013, 2015
  - Spectrum of physician practices
  - Spectrum of hospitals
  - Safety-net providers