

An Update on Meaningful Use

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The Context for Meaningful Use

Executive Order 13335, 4/24/04, established the Office of the National Coordinator for Health Information Technology.

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 (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, for eligible professionals and hospitals that are “meaningful users” of electronic health records.

The Context for Meaningful Use

On June 16, 2009 the Meaningful Use Workgroup of the HIT Policy Committee released a draft definition of meaningful use in the form of a matrix. An updated matrix was released on July 16, 2009.

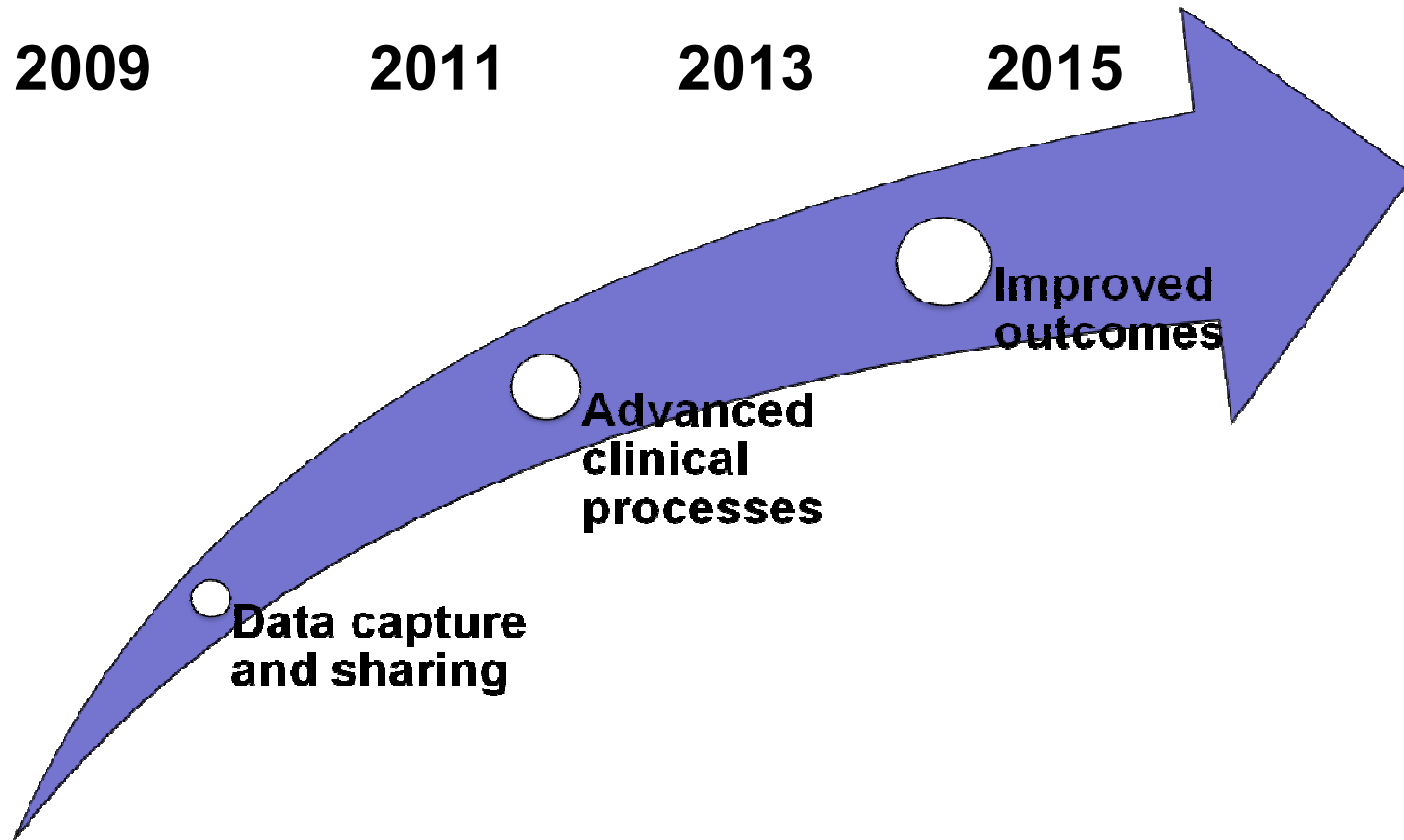
On 12/30/09 DHHS and CMS released two major regulations.

- 42 CFR Parts 412 et al., Medicare and Medicaid Programs; Electronic Health Record Incentive Program; Proposed Rule. Published in the Federal Register on 1/13/10, with a comment period that ends on 3/15/10.
- 45 CFR Part 170, Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology; Interim Final Rule. Published in the Federal Register on 1/13/10, is effective 2/12/10, and has a comment period that ends on 3/15/10.

Why is Meaningful Use Important?

- It is the standard that doctors and hospitals must achieve to qualify for Medicare and Medicaid incentive payments;
- It is the articulation point between the underlying technology and the healthcare improvements we seek;
- 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.

The Future Direction of Meaningful Use



Meaningful Use Proposed Pathway

- “The Stage 1 meaningful use criteria focuses on *electronically capturing* health information in a coded format; using that information to *track key clinical conditions and communicating that information* for care coordination purposes (whether that information is structured or unstructured, but in structured format whenever feasible); consistent with other provisions of Medicare and Medicaid law, *implementing clinical decision support tools* to facilitate disease and medication management; and *reporting clinical quality measures and public health information.*” Proposed Rule, page 1852, (emphasis added).

Meaningful Use Proposed Pathway

“Stage 2: Our goals for the Stage 2 meaningful use criteria, consistent with other provisions of Medicare and Medicaid law, expand upon the Stage 1 criteria to encourage the use of health IT for *continuous quality improvement at the point of care and the exchange of information in the most structured format possible*, such as the *electronic transmission of orders* entered using computerized provider order entry (CPOE) and the *electronic transmission of diagnostic test results* (such as blood tests, microbiology, urinalysis, pathology tests, radiology, cardiac imaging, nuclear medicine tests, pulmonary function tests and other such data needed to diagnose and treat disease). Additionally we may consider applying the criteria more broadly to both the inpatient and outpatient hospital settings.” Proposed Rule, page 1852, (emphasis added).

Meaningful Use Proposed Pathway

- “Stage 3: Our goals for the Stage 3 meaningful use criteria are, consistent with other provisions of Medicare and Medicaid law, to focus on promoting improvements in quality, safety and efficiency, focusing on *decision support for national high priority conditions, patient access to self management tools, access to comprehensive patient data and improving population health.*” Proposed Rule, page 1852, (emphasis added).

The CMS Proposed Rule

- 42 CFR Parts 412 et al., Medicare and Medicaid Programs; Electronic Health Record Incentive Program; Proposed Rule. Published in the Federal Register on 1/13/10, there is a comment period that ends on 3/15/10.
- The Proposed Rule as published in the Federal Register is 169 pages.
- Four major sections:
 - Definitions Across the Medicare FFS, Medicare Advantage, and Medicaid Programs
 - Medicare Fee-for-Service Incentives
 - Medicare Advantage Organization Incentive Payments
 - Medicaid Incentives

The CMS Proposed Rule

- Six Definitions
 - Certified Electronic Health Record (EHR) Technology
 - Qualified Electronic Health Record
 - Payment Year
 - First, Second, Third, Fourth, Fifth and Sixth Payment Year
 - EHR Reporting Period
 - Meaningful EHR User
- Meaningful Use
- Reporting on Clinical Quality Measures
- Demonstration of Meaningful Use

The DHHS Interim Final Rule

- 45 CFR Part 170, Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology; Interim Final Rule
- This rule does not address the EHR certification process, which will be addressed in a separate rule.
- The rule establishes EHR certification criteria tied to meaningful use objectives.
- The rule adopts an initial set of standards in four categories:
 - Vocabulary Standards
 - Content Exchange Standards
 - Transport Standards
 - Privacy and Security Standards