

Meaningful Use: The rules explained at last

THE BASICS

The EHR incentive program was created by the Health Information Technology for Economic and Clinical Health Act (HITECH Act), part of the federal stimulus package signed by President Obama in 2009. The legislation provides incentives to each physician (and certain other providers) who meet HITECH's requirements.

There are separate programs for Medicare or the Medicaid participants; **you must participate in one of these programs to be eligible for the incentive.** If you participate in both, you may choose to participate in either incentive program — but not both. You may switch between incentive programs after you start, but only once.

Medicare offers physicians a bonus of up to **\$44,000** paid over a five-year period starting in 2011. The payments are tied to 75 percent of the physician's annual allowed Medicare Part B charges that year. If you start in 2011 or 2012, you can capture the maximum \$18,000 bonus in your first year of participation by billing at least \$24,000 in Medicare allowed charges.

Participation in the bonus program ends in 2015, so waiting until 2013 to begin drops your cumulative take to \$39,000, and to \$24,000 if you start in 2014. After that, physicians who still aren't using EHRs will begin to see their Medicare payments reduced; the penalties will go as high as 5 percent in 2019.

The **Medicaid** bonuses are geared to patient volume and there's no penalty for not participating. At least 30 percent or more of your patient volume must be Medicaid beneficiaries (but only 20 percent for pediatricians) measured over any continuous 90-day period in the program's first calendar year. Eligible professionals for Medicaid bonuses include nurse practitioners, certified nurse-midwives, and some physician assistants such as those working in rural health clinics or provider shortage areas.

For both programs, CMS will make bonus payments to **each eligible professional** in your practice. In other words, a group of three internists could receive \$132,000 in total if each successfully participates in the Medicare program.

THE RULES

The legislation sets four objectives for physicians to get the stimulus money. You must:

- Use certified EHR technology in a meaningful way
- Utilize electronic prescribing
- Use a system that electronically exchanges health information to improve the quality of care and
- Submit information about clinical quality and other measures.

That first bullet concerning the "meaningful use" of an EHR raises questions about what qualifies as meaningful. In response, CMS recently issued final meaningful use rules: 15

mandatory requirements for providers (and 14 for hospitals), as well as a menu of 10 additional requirements, from which providers must select five. You must attest in writing to using your EHR to those capabilities for at least a 90-day period if you start during 2011 and for a full year if you start in 2012 or later. CMS plans to raise the bar further by adding more criteria in subsequent years of the bonus program.

What are the meaningful use criteria? Here is the full list as compiled by David Blumenthal, MD, director of the Office of the National Coordinator for Health Information Technology (ONC) and Marilyn Tavenner, RN, principal deputy administrator of the CMS, in the *New England Journal of Medicine*. Note: We've modified the list slightly from the version in the *New England Journal*, in order to make it more user-friendly.

CORE REQUIREMENTS

To achieve meaningful use of an EHR, providers must meet the following 15 core requirements under the objectives in Stage 1:

1. Record patient demographics
2. Record and chart changes in vital signs
- 3-5. Maintain active problem, medication, and allergy lists
6. Record smoking status
- 7,8. Give patients an electronic copy of their health information and a summary of clinical data
9. Generate and transmit permissible prescriptions electronically
10. Use computer provider order entry for medication orders
11. Implement drug-drug and drug-allergy interaction checks
12. Implement one clinical decision support rule and the ability to track compliance with that rule
13. Implement system to protect the privacy and security of patient data
14. Report ambulatory quality measure to CMS or the state
15. Implement the capability to electronically exchange key clinical information among providers and patient-authorized entities.

MENU

Providers must also meet **at least five criteria** of the following "menu" of 10:

1. Implement drug formulary checks
2. Incorporate lab test results as structured data
3. List all patients who have a particular medical condition, for at least one condition
4. Identify and provide patient-specific educational materials
- 5,6. Reconcile medications and provide summary records during encounters and transitions of care
- 7,8. Show ability to provide data to public health agencies and immunization registries
9. Send patients preventive and follow-up care reminders
10. Provide patients with timely electronic access to their health information.