

EHR Financial Incentives Tied to ‘Meaningful Use’

BY JOYCE FRIEDEN

WASHINGTON — Just what exactly does “meaningful use” mean?

It sounds like a simple question, but there’s a lot of money riding on the answer. The Recovery Act, formally known as the American Recovery and Reinvestment Act, stipulates that for a physician to receive up to \$44,000 in financial incentives for purchasing an electronic health record, the record must be put to “meaningful use.” Now the government has to come up with a definition of the term.

At a subcommittee meeting of the National Committee on Vital and Health Statistics, which was convened to discuss meaningful use, several speakers explained why having more physicians adopt an electronic health record (EHR) was so valuable.

Dr. Elliott Fisher, professor of medicine at Dartmouth University, Hanover, N.H., started explaining the benefits of EHRs by



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DR. RAPP

noting that more health care is not always better care. “Gray area” discretionary decisions about when to refer to a specialist explain most of the regional differences in health care spending and are responsible for most of the health care overuse. The only way to reduce that overuse is to feed the information—gathered through EHRs—back to the physician “and start to have a conversation” about when certain tests or referrals are necessary.

Although everyone agreed that EHRs were valuable, speakers’ definitions of “meaningful use” of them differed. “Meaningful use might vary by site of care as well as by type of care,” said Dr. David Classen of the Computer Sciences Corporation, whereas Dr. John Halamka of the Health Information Technology Standards Panel, a government-funded group that helps ensure EHR interoperability, said his definition of meaningful use was “processes and workflows that facilitate improved quality and increased efficiency.”

Several panelists agreed that EHRs had to allow for three things in order to be used meaningfully: electronic prescribing, interoperability with other computers, and reporting on health care quality measures. EHRs are particularly useful for reporting quality measures because they are a direct source of information and provide very timely data, said Dr. Michael Rapp of the Centers for Medicare and Medicaid Services.

Experts at the meeting also agreed in general that EHR systems need to be certified by a government-approved organization such as the Certification Commission for Healthcare Information

Technology to meet the Recovery Act’s requirements. However, certification alone is not sufficient, because many parts of a certified EHR are not necessarily implemented, said Dr. Floyd Eisenberg, senior vice president for health information technology at the National Quality Forum, which sets goals for performance improvement.

The day after the subcommittee’s 2-day meeting concluded, the Markle

Foundation held a press conference to release a consensus document on the definition of meaningful use. The document was endorsed by a number of provider and advocacy groups, including the AARP, the American Academy of Family Physicians, the Joint Commission, Surescripts, America’s Health Insurance Plans, and the National Committee for Quality Assurance.

The consensus document provides a

“simple” definition of patient-centered meaningful use: “The provider makes use of, and the patient has access to, clinically relevant electronic information about the patient to improve patient outcomes and health status, improve the delivery of care, and control the growth of costs.” ■

The consensus document is available at http://www.markle.org/downloadable_assets/20090430_meaningful_use.pdf.

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