Consensus Document Defines '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.

"The financial meltdown … has shown us how we as a nation need to totally transform the U.S. health care system," said Helen Darling, president of the National Business Group on Health. "We have a fiscal crisis, not just a health crisis; we have to act urgently."

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

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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, Dr. Fisher said.

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.

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.

The consensus document provides a "simple" definition of 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 document lists slightly different meaningful use requirements for the first 2 years, however; during that time period meaningful use would be when "the provider makes use of, and the patient has access to, clinically relevant electronic information about the patient to improve medication management and coordination of care." ■

Medicaid Trumps Medicare in Paying for Health IT

BY JOYCE FRIEDEN

While Medicare is almost always a better payer than Medicaid, one notable exception is the health information technology funding contained in the Recovery Act.

For physicians applying for incentive money to purchase electronic health record (EHR) systems, "Medicaid is a little better than Medicare because there's more upfront money," Dr. William Jessee, president and CEO of the Medical Group Management Association (MGMA), said during a teleconference on the bill.

The Recovery Act—formally known as the American Recovery and Reinvestment Act of 2009—includes about $19 billion for spending on health IT, said Dr. Jessee. Physicians can apply for money through either Medicare or through Medicaid, but not both. Other clinicians eligible for the Medicare incentive include dentists, podiatrists, optometrists, and chiropractors.

To qualify for the incentive, physicians must be "meaningful electronic health records users" and use electronic prescribing. In addition, the EHR must have the capability of exchanging information with other users, and physicians must report clinical quality measures to the Health and Human Services department, presumably through the Physician Quality Reporting Initiative, Dr. Jessee said.

To be eligible for the Medicaid incentive, at least 30% of a provider's practice base must be Medicaid recipients. Pediatricians have a lower threshold—just 20%, he said.

The states administering the Medicaid portion of the incentive can make payments to Medicaid providers for up to 85% of net average allowable costs, to a maximum of $63,750 over 6 years for a certified EHR. The maximum incentive starts at $25,000 in the first year and then gradually decreases each year.

Under the Medicare incentive, physicians who are using an EHR in 2011 or 2012 can receive an incentive equal to as much as 75% of their Medicare allowable charges per year for the cost of their hardware and software, up to a maximum of $44,000 over a 5-year period. (The maximum allowable benefit per provider is $15,000 in the first year and gradually decreases over the next four years.) Physicians practicing in health professional shortage areas can receive a 10% additional payment, he noted.

Many provisions—such as who is a "meaningful" user—haven't yet been made clear. "What's [also] still fuzzy is, do you report in 2010 and get your first payment in 2011, or report in 2011 for a first payment in 2012?" Dr. Jessee said.

The incentive also comes with a "stick" attached: Physicians who are not using an EHR by 2015 will see a decrease in their Medicare payments, he said.

Also still to be determined is what constitutes a certified EHR. Still, Dr. Jessee said, "you need to be very careful to make sure that the product you use or are contemplating investing in will be a certified product that qualifies for an incentive. We suggest putting a [clause] in your contract saying that the vendor will make sure the product you're using will qualify for the incentive."

In addition to the federal EHR incentives, Congress allocated another $2 billion for indirect grants to support HIT, primarily at state and regional levels.

Although there has been speculation about whether the government was going to come out with a free EHR for providers, "my guess is, don't hold your breath," Dr. Jessee said.

The Recovery Act also contains additional health care privacy provisions, according to Dr. Jessee. "If you liked HIPAA, you'll love the privacy provisions" in this bill, he said. For instance, providers are required to have the ability to track every disclosure of personally identifiable health information, including information released for payment purposes. "The patient has a right to request who you've disclosed their information to for 3 years; this is probably going to require a system upgrade" for those who already have an EHR, he said.

If the patient's information has been disclosed because of a breach of privacy, providers must notify the patient or their next of kin within 60 days; if the breach affects more than 500 patients the local media must be notified along with HHS, so it can be posted on the department's Web site, he added.

The interim regulation spelling out all the EHR requirements is due to be published no later than July of this year. Practices that already have EHRs will have until Jan. 1, 2014 to comply with the new rules; those who buy EHRs from now on will have to comply either by the day they purchase the system or by Jan. 1, 2011, whichever is later, he said.

The teleconference was sponsored by MGMA, MedFusion, Athena health, and MicroMD. ■

Feds Offer Free Software to Share Data

The federal government has released free software that will enable health care organizations to exchange information over the Nationwide Health Information Network in the near future.

The Nationwide Health Information Network (NHIN) is currently under development as a "network of networks," designed to securely link the electronic health records at hospitals, physician offices, pharmacies, payers, and labs.

The new software is designed to be an "on-ramp," allowing different systems to connect to the NHIN once it is fully operational in the next few years. The open source software, called CONNECT, is available online at www.connectopensource.org. The software is available under an open source license that allows users to make changes to fit their own needs. Although the software is free, organizations that use it are responsible for the costs of implementation and maintenance, according to the Department of Health and Human Services.

The release of the CONNECT software is just a first step, according to the DHHS. At this stage, vendors in the health information technology market are likely to begin examining CONNECT and may integrate some of its elements into their products for health care providers.

—Mary Ellen Schneider