HEALTH CARE

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Health Care Stimulus Update: Health Information Technology Policy Committee Provides Preliminary Guidance on "Meaningful Use"

On June 16, 2009, the Meaningful Use Workgroup of the Health Information Technology (HIT) Policy Committee released its initial recommendations for the definition of "meaningful use" of electronic health records (EHR). In order to qualify for incentive payments under the health care IT portions of the American Recovery and Reinvestment Act, hospitals and physicians must demonstrate meaningful use of EHR technology. When finalized, the HIT Policy Committee's recommendations will provide the basis for the final rules for demonstrating the meaningful use required to receive stimulus funds.

While the framework for defining meaningful use will evolve over time (the deadline for publication of the initial rules is the end of this year), these initial recommendations provide the most concrete and detailed information to date regarding the software functionality and other requirements for achieving meaningful use and obtaining incentive payments through Medicare and Medicaid.

The Workgroup presented a Meaningful Use Matrix, which identifies proposed EHR functionality and standards for demonstrating meaningful use. The Matrix identifies and defines the following categories: Policy Priorities, Care Goals, Objectives, and Measures for meeting the meaningful-use requirement. Based on a number of high-level Priorities and Goals (e.g., improving quality, safety, and efficiency of care; providing patients and families with access to health care data; and ensuring adequate privacy and security of health information), the Workgroup identified 21 Objectives for achieving the Priorities and Goals. The Matrix specifies Measures (metrics) for determining whether the Objectives have been met, thereby satisfying the meaningful-use requirement.

The Objectives and Measures provide the most detailed and concrete guidelines. The Matrix identifies separate Objectives and Measures for the years 2011, 2013, and 2015, which increase in functionality, sophistication, and complexity over time, indicating the government will utilize a phased approach with increased requirements implemented in two-year increments.

Objectives and Measures for 2011 are based primarily on the ability to transmit and capture data electronically in a coded format. For example, 2011 Objectives include the use of computerized physician order entry (CPOE) systems; maintaining EHR identifying medications, problem lists, drug allergies, and so forth; and the use of electronic prescribing. Measures for 2011 include metrics relating to the reporting of quality measures such as the ability to report the percentage of hypertensive patients with blood pressure under control, the percentage of smokers offered smoking-cessation counseling, and the percentage of patients older than 50 with annual colorectal cancer screening. Patient and family access Measures include the ability to track and report the percentage of patients with access to personal health information electronically and the percentage of patients with access to patient-specific educational resources. Data security and privacy Measures include a requirement for full compliance with the HIPAA privacy and security rules and that an entity under investigation for a HIPAA privacy or security violation cannot achieve meaningful use until the entity is cleared.

Understandably so, the Objectives and Measures for 2013 and 2015 provide less detail than those for 2011. Recommendations for 2013 include the use of computers for clinical decision support at the point of care; managing chronic conditions using patient lists and decision support; and measuring inappropriate use of imaging (e.g., MRI for acute lower-back pain). For 2015, the Workgroup's recommendations include the use of multimedia support (e.g., X-rays); access for all patients to personal health records populated in real time; and measuring clinical outcome, efficiency, and safety measures.

Because the requirements ramp up over time, providers will benefit from adopting EHR sooner rather than later. The Matrix and other meaningful-use guidance coming out of the June 16, 2009 meeting are works in progress and will be modified and updated during the Committee and rule-making process. Nonetheless, this information provides an early indication of what it will take to show meaningful use and qualify for the stimulus payments. This guidance should be utilized as a critical and fundamental part of every provider's due diligence process in selecting, implementing, and upgrading EHR systems.

The Meaningful Use Matrix should be used as a guideline and minimum standard for any EHR system being considered by a provider. Additionally, the vendor should guarantee that its software or system will satisfy the meaningful-use requirements (or applicable portions thereof) when implemented by the provider. Given the additional visibility provided by the recommendations of the Meaningful Use Workgroup and time required to implement and commence meaningful use of an EHR system, if not already under way, providers should start the process now of selecting and implementing an EHR system or upgrading existing systems.

Additional information regarding the EHR implementation process can be found on Foley's EHR and the Stimulus Act Web page at www.foley.com/ehr.

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