

Health Information Technology Policy Committee Issues Revised Recommendations

On July 16, 2009, the Meaningful Use Workgroup of the Health Information Technology Policy Committee (Workgroup) released revised recommendations for the definition of "meaningful use" of electronic health records (EHR). The Centers for Medicare & Medicaid Services (CMS) will consider the Workgroup's recommendations as it develops regulations that officially define meaningful use later this year. When finalized, the regulations 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 likely continue to evolve over time (the deadline for publication of the initial rules is the end of 2009), the Workgroup 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 revised Meaningful Use Matrix, which identifies proposed EHR functionality and standards for demonstrating meaningful use and can be found at: http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_10741_876940_0_0_18/Meaningful%20Use%20Matrix%2007162009.pdf. 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 18 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.

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 for 10 percent of all orders; maintaining EHR identifying medications, problem lists, drug allergies, and so forth; and recording vital signs. 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. Measures for patient and family access 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.

The Workgroup recommended that the 2011 criteria apply to providers who adopt EHR by 2011 as well as to providers whose first adoption year is after 2011. Thus, a provider that is not ready to implement EHR until 2012 or 2013 will need to comply with the 2011 criteria as its initial criteria. The 2013 criteria are applicable for a provider's third year of EHR adoption.

The Matrix and other meaningful-use guidance coming out of the July 16, 2009 meeting are works in progress and will be modified and updated during the 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 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. With the additional visibility provided by the recommendations of the Workgroup and time required to implement and commence meaningful use of an EHR system, providers should now start — if they have not already done so — the process of selecting and implementing an EHR system or upgrading existing systems.

Additional information regarding the preliminary guidance on meaningful use can be found on Foley's EHR and the Stimulus Act Web page at Foley.com/EHR.

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