STANDARDS

by David Hartzband, D.Sc.

HIT CONNECTIONS: Meaningful Use of HIT and Its Importance to the Medical Home

In the course of the past year, health centers have faced enormous changes as the country struggled through an economic crisis and prepared for health reform.

February 2009 brought us the American Recovery and Reinvestment Act (i.e., stimulus law), which included $2 billion in funding to help health centers provide care to increasing numbers of uninsured people who lost their jobs and insurance coverage, as well as to create jobs.

Incorporated in the stimulus law was the Health Information Technology for Economic and Clinical Health (HITECH) Act. It provides for substantial Medicaid and Medicare incentive payments to providers who demonstrate the "meaningful use" of certified electronic health records (EHR). January 2010 brought us the proposed rule defining meaningful use, and although the final rule has not yet been published, we know enough about meaningful use to know that qualifying for Medicaid incentives will be a challenge for most providers at health centers. Two months later in March, the proposed rule for EHR certification was issued, opening the possibility for the certification of specific and independent EHR modules, as well as complete systems.

Most significantly, the unprecedented health reform law enacted in March will change the face of health care in this country. The health reform package includes $11 billion over five years to support the rapid expansion of the nation's community health centers and an additional $1.5 billion over that period to establish the National Health Service Trust Fund to support the placement of National Health Service Corps providers in high need areas. The new law also contains other provisions of importance to health centers, such as the Prevention and Public Health Fund [to expand and sustain national investment in prevention and public programs while restraining increases in health care costs] and many payment improvements and protections, all intended to improve access, quality and affordability of care.

In this new health care environment, community heath centers will have to develop and expand their core competencies, including patient-centered care, while adding new capabilities. In fact, the concept of patient-centered medical homes (PCMH) is a cornerstone of health reform.

The law has multiple references to medical homes, defined as entities that offer and arrange for comprehensive health care; meet performance, quality, and efficiency standards; use health information technology; and meet established requirements.

Many of the core elements are described in the reform law (Section 3502 of the Patient Protection and Affordable Care Act). The legislation recognizes the importance of the medical home model and establishes several medical home demonstrations, with the objective of enhancing a core primary care foundation. These initiatives coincide with the efforts of the Department of Health and Human Services' Office of the National Coordinator (ONC) to promote meaningful use of EHR technology as a major way to improve quality, affordability and outcomes.

These two efforts – meaningful use and patient-centered medical home – will help define the new environment in which health centers must function. What is the relationship between them? Do they facilitate each other? How do we accomplish them? In order to find the answers, we have to look briefly at each program.

Meaningful Use

To qualify for Medicaid incentive payments, an eligible provider must meet 24 separate "Stage 1" criteria. As of May this year, ALL these criteria had to be met in order to qualify, although there certainly are many recommendations, including from the ONC's own HIT Policy Committee, to relax this requirement.

The majority of the criteria can be met by the effective use of a certified EHR, although several important criteria may require the adoption and use of additional technology. These may include: computer-based provider order entry (CPOE), especially if the health center has already adopted a separate CPOE system; the direct patient communication and record dissemination; health information exchange and integration of public health; and bio-surveillance requirements.

Some of these requirements might be addressed by the use of separate certified EHR modules, especially if the all-or-none requirement is lifted, but it is not yet clear how or when these modules would be certified. What is clear is that several important criteria may require the adoption and use of additional applications, as well as significant workflow changes and substantial expenditures. Much of this is still to be worked out, but is of paramount importance, with Medicaid incentive payments potentially starting as early as the last quarter of 2010.

Patient-Centered Medical Home

According to the National Committee for Quality Assurance (NCQA), a patient-centered medical home is "a model for care provided by physician practices that seeks to strengthen the physician-patient relationship by replacing episodic care based on illnesses and patient complaints with coordinated care and a long-term healing relationship." A medical home also provides "enhanced care through open scheduling, expanded hours and communication between patients, physicians and staff."[1] The medical home model emphasizes the relationship between patient and provider for the delivery of high-quality preventive and chronic care.

Community health centers, with a long history of delivering accessible, comprehensive, continuous and culturally competent health care services, are in many respects the prototypical patient-centered medical home, and the reform legislation recognizes the unique attributes of health centers as effective providers of high quality care.

But becoming designated as a "patient-centered medical home" in a practical sense will require that health centers and other providers meet specific and measurable criteria. The NCQA is among the organizations that have developed specific guidelines for patient-centered medical homes. While focused generally on coordinated, patient-centered care, NCQA's PCMH accreditation guidelines have three distinct recognition levels, nine standards, and 10 "must pass" elements.

The criteria standards emphasize access and communication among providers and patients, a variety of tracking and registry functions, e-prescribing and, most importantly, a team approach to care. As of March 1, 2010, nearly 450 practices in 24 states and the District of Columbia have been reviewed and recognized by NCQA as medical homes. More than 400 applications were pending, with

NCQA receiving an average of 100 applications per month. Last November, the National Academy of State Health Policy identified 37 states where either the state Medicaid or Children Health Insurance Program agency was participating in a medical home development program[2].

The emphasis on medical homes in the health reform law, and the creation of the demonstration programs, make clear that this will be a major focus for both cost control and care improvement.

Aligning Both Meaningful Use and Medical Home

Primary care medical homes emphasize many of the key characteristics and, perhaps more importantly, patient and community-centered values of community health centers. Meaningful use focuses on the adoption of appropriate health information technologies to support the delivery of care. Achieving competency in and meeting the specified requirements for each of these initiatives will be a key focus for health centers in the year ahead.

So how can health centers best capitalize on their known strengths, understand the requirements, and efficiently move toward qualification in both areas?

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First, a quick look at what we know. Recently, attention has been directed at several articles on the relationship of EHR and medical home that appeared in *Health Affairs* (April 2010). One article[3], written by Drs. David W. Bates and Asaf Bitton, surveyed EHRs and concluded that they needed further development in order to meet PCMH requirements, particularly in the areas of support for telehealth, care transitions, personal health records, integration with registries, team care and clinical decision support for chronic diseases. They recommended that policy makers include medical home requirements in future legislation regarding HIT and EHRs.

In the same issue of *Health Affairs*, Drs. Rushika Fernandopulle and Neil Patel describe in their article[4] how they struggled to adapt a commercial (and widely used) EHR to the needs of a medical home practice at a not-for-profit system (including a 500+ bed hospital and several Federally Qualified Health Centers) in Atlantic County, New Jersey. They found the EHR system inflexible and prone to cause workflow interruptions that detracted from the quality of care provided. However, they also found a number of benefits including the consistent availability of "charts," or clinical records, the advantages of web-published as opposed to handwritten notes, and the ease of refilling medication prescriptions, especially for patients with large medication lists.

Reading these articles, you might think that meaningful use and medical home are not well aligned with each other. A deeper read suggests that while some EHRs are not fully aligned with medical home requirements in the short-term, this will change as EHRs evolve. Meaningful use and medical home have the same general, patient-centered goals, and adoption of a certified EHR could greatly facilitate the implementation of medical home over time, especially as EHRs become more oriented toward team care models and data sharing among providers and patients.

Further, health centers that have been working toward PCMH qualification will likely find it easier to meet meaningful use requirements as they will have already started providing care that makes productive use of clinical records. The evaluation and redesign of operations, workflows and associated procedures that are necessary for successful EHR adoption will position health centers well for PCMH certification and *vice versa*.

Working toward providing both a PCMH and meaningful use of EHR technology will substantially strengthen a health center's capabilities. The full adoption of both of these programs will lead to:

- Improved interaction with consumers/patients and caregivers
- Improved treatment of chronic diseases
- Improved collaboration among providers, both internal and external
- Improved public health liaison, and
- Improved operations

All of these can help us achieve our primary goals: lower costs, improved operations and, most importantly, better outcomes for our patients. As we enter the second decade of the 21st century, we have the tools and many of the resources needed for health centers to help make these goals a reality.

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1. Both from NCQA PPC_PCMH Fact Sheet http://www.ncqa.org/tabid/631/Default.aspx
2. http://www.nashp.org/med-home-map
3. Bates, D.W. and A. Bitton. 2010. The Future of Health Information Technology in the Patient-Centered Medical Home. Health Affairs. 29(4)614-621.
4. R. Fernandopulle and N. Patel. 2010. How the Electronic Health Record Did Not Measure Up to the Demands of Our Medical Home Practice. Health Affairs. 29(4)622-628.