STANDARDS

by David Hartzband, D.Sc.

HIT CONNECTIONS:

Achieving "Meaningful Use" Means More than Technology

We hear the words "meaningful use" a lot these days, but the term is pretty abstract. What does it actually mean for community health centers in a practical sense?

The HITECH Act – Health Information Technology for Economic and Clinical Health – was enacted as part of the American Recovery and Reinvestment Act (ARRA) of February 2009. HITECH creates financial incentives, in the form of additional reimbursement, for providers who demonstrate "meaningful use" of health information technology.

On December 30, 2009, the Centers for Medicare and Medicaid Services (CMS) issued a proposed rule (CMS-0033-P) that defined the criteria for meaningful use of electronic health record (EHR) technology. An Interim Final Rule, also issued on December 30 (42 IFR Part 170), defines the criteria that an EHR must meet in order to be certified as appropriate for achieving meaningful use. Finally, a process for certification is pending. These definitions and standards will be finalized by the end of March of this year.

While it's essential to understand what is required to qualify for supplemental payments, it is also important to consider the implications for health center practice and operations.

Meaningful Use Criteria

Qualified providers (including physicians, dentists, certified nurse-midwives, nurse practitioners and physician assistants) who meet the "meaningful use" criteria will be eligible for Medicaid incentive payments beginning in 2011.

As reported in a recent study released by the Geiger Gibson/RCHN Community Health Foundation Research Collaborative, physicians who practice primarily in Federally Qualified Health Center (FQHC) settings can qualify for payments if at least 30 percent of their patients are determined to be "needy individuals," defined as patients who either are covered by Medicaid or who receive uncompensated care, or are charged income-related sliding scale fees. The authors estimate that about 15 percent of all office-based physicians in the country, including nearly 99 percent of FQHC physicians, would qualify for the Medicaid HIT incentives[1].

Since Medicaid is administered at the state level, the determination for participation will be made by the state, in collaboration with CMS. I won't go into too much detail on how to qualify as a Medicaid Eligible Provider here, since there are other sources, including CMS[2] and The Office of the National Coordinator (ONC)[3] for HIT, that describe the proposed regulations and define certified EHR technology. My focus here is to review the Stage 1 meaningful use criteria as well as the technical and non-technical practical, organizational and cultural implications of these criteria for community health centers.

The Stage 1 meaningful use criteria define the set of requirements that must be met in the first eligibility year, which may be between 2011 and 2015, in order to qualify for Medicaid incentives. After 2015 those providers who have not qualified will receive reduced reimbursement.

The Stage 1 criteria are organized around five policy goals and providers must meet all of them to qualify. The policy goals focus on improving the quality, safety, efficiency and coordination of care, engaging both individual populations and improving population health.

Policy Goals	Objectives	Measures	Technical Issues
1. Improving quality, safety efficiency and reducing health disparities	Computer-based provider order entry (CPOE)	80% of relevant provider orders must be computer-based	Feature must be included in EHR in order for application to be certified
	ePrescribing	75% of all eligible prescriptions must be submitted electronically	May require a separate software application (potentially at additional cost)
	Maintenance of electronic records	Record demographics and select clinical data for 80% of patients, incorporate lab results, send ambulatory quality measures to CMS or State	Feature must be included in EHR in order for application to be certified
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	Patient reminders	Send electronic reminders for preventive and follow-up care	Requires functionality for external email
2. Engage patients and their families in their health care	Provide patients with electronic copies of their health care information	80% of patients who request it must be presented with an electronic copy of their health care information within 48 hours	No format or standard has yet been specified for providing electronic records to patients
	Provide patients with electronic access to their health care information	At least 10% of patients must be provided with timely access to their health care information	Most current EHRs do not have this capability, requires an extended security model
	Provide electronic clinical summaries of encounters	For 80% of patients	Feature must be included in EHR in order for application to be certified
3. Improve care coordination	Exchange key clinical information among care providers and patient approved entities	Perform at least one test of the certified EHR's ability to exchange information	Requires functional Health Information Exchange platform
	Perform medication reconciliation for each relevant encounter and care transition	For 80% of relevant events	Feature must be included in EHR in order for application to be certified
	Provide electronic summary of care record for each care transition	For 80% of relevant events	Feature must be included in EHR in order for application to be certified
4. Improve population and public health	Submit electronic data to immunization registries	Perform at least one test of the certified EHR's ability to exchange information	May require additional integration work at additional expense
	Submit electronic syndromic surveillance data	Perform at least one test of the certified EHR's ability to exchange information unless relevant agency is unable to receive such data	May require additional integration work at additional expense
5. Ensure adequate privacy and security protections for personal health care information	Adequately protect information created or maintained by certified EHR technology	Carry out risk analysis as per Federal standards and implement security updates as needed	Requires well-defined security and privacy plans

Although it is important to understand the criteria and measures, what is most critical is that we first recognize that meaningful use is an immense change. It means that community health center performance will now be quantitatively measured in many areas, often for the first time. Ultimately, this will change how health centers operate and deliver care.

Technical Implications

Most certified electronic health records incorporate computer-based provider order entry (CPOE), e-prescribing, and email-based patient notification required to meet the Stage 1 policy goals and objectives. However, elements that require integration with external applications, such as immunization registries, are likely to require customization.

Similarly, most EHRs do not include features to provide patients with direct electronic access to their records; this requirement will require new functionality and consideration of the best way to address and maintain security. Finally, Health Information Exchange (HIO) will require that community health centers work, through networks or Regional HIOs, to share key data. This will also necessitate additional software, as well as policy development to ensure both privacy and security of all patient-specific information.

Non-Technical Considerations

Change almost always has considerable non-technical implications that generally fall into two major categories: changes due to measurement and changes due to workflow and operational modifications. Qualification for meaningful use will mean that health centers and the professionals who work in them will have to provide quantitative evidence of compliance with the requirements over the entire time they receive incentives – potentially up to six years.

These measures will be much more extensive than the reporting presently required of federally funded health centers through the Uniform Data System (UDS) or other mechanisms. Think of needing to keep track of all provider-initiated orders and then reporting that 80 percent were done through CPOE. Even if your EHR keeps track of some or all of this, think about how much work it is to submit your UDS reports using the center's practice management or EHR system, and whether those reports have a high degree of reliability.

"After 2015 those providers who have not qualified [under meaningful use criteria] will receive reduced reimbursement."

This is just the beginning of measurement and reporting. Over time, CMS expects that community health systems will use their EHR applications to report compliance with the meaningful use criteria. The work of providing measurement itself will require extraordinary effort, and the resulting operational and workflow changes will likewise be substantial. A non-trivial portion of the health center's work will be devoted to planning, budgeting, staffing and implementing this work.

The second non-technical area is also non-trivial. This relates to the workflow changes that will have to be made in order to meaningfully use an EHR. You are probably already involved in at least planning the workflow changes required to make use of an EHR, but what about the workflow and operational changes required for electronic patient access, for electronic connection to external repositories like immunization registries and public health databases, and for health information exchange?

Each of these, as well as other requirements such as those associated with obtaining medical home designation, will mean real changes in how provider and support staff do their jobs and interact with one another. And these are just the Stage 1 criteria – once your health center qualifies at Stage 1, there are two additional stages to be reached before 2015.

Make no mistake – meaningful use will change how providers and the community health centers where they work operate. There is much more to understand about this topic. Perhaps the first thing to remember is that the federal government has proposed this program in order to improve health care outcomes and reduce costs in the health care system. With that in mind, we can work out how to move forward with meaningful use, both technically and, ultimately, in terms of how we work.

David Hartzband, D.Sc., is the Director of Technology Research at the RCHN Community Health Foundation.

[1] Geiger Gibson/RCHN Community Health Foundation Research Collaborative Policy Research Brief No. 9 "Boosting Health Information Technology in Medicaid: The Potential Effect of the American Recovery and Reinvestment Act" Brad Finnegan, M.P.P., Ph.D. [cand.], Leighton Ku, Ph.D., M.P.H., Peter Shin, Ph.D., M.P.H., Sara Rosenbaum, J.D. July 7, 2009

[2] http://www.cms.hhs.gov/Recovery/11_HealthIT.asp

[3] http://healthit.hhs.gov/portal/server.pt?open=512&objID=1233&parentname=CommunityPage&parentid=8&mode=2&inhi_userid=10741&cached=true