Making Meaningful Use of 'Meaningful Use'

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The American Recovery and Reinvestment Act of 2009, better known as the Stimulus Act, sent a clear message to physicians: electronic health records (EHRs) will be ever more integral to medical practice.

The new law includes both rewards and repercussions. Physicians who update their record-keeping system in the next five years will be eligible for incentive dollars. Physicians who fail to demonstrate "meaningful use" of EHR after 2015 are scheduled to be penalized.

By comparison to other fields, the medical profession's adoption of electronic records has been like recovering from certain procedures—slow and painful. Many providers have considered instituting EHRs into their practices, but well-grounded concerns delayed progress.

Providers realize that the financial outlay of an EHR reaches far beyond simply researching and purchasing an appropriate system. Cost is measured not only by dollar expenditure, but by the hours needed for staff training, trouble-shooting, and audits associated with successful implementation.

Medical professionals must consider patient privacy and professional liability, in addition to administrative and technical costs. No provider can ignore the risk of liability posed by EHR. To what extent is a provider liable for computerized security breaches? Is a patient's request for an emailed copy of their medical records sufficient to absolve the sender of unintended access by other people?

Inevitable glitches in the refinement of computer software have contributed to the reluctance to adopt or update EHR. Some providers tried to keep their practices at the cutting-edge of technology, only to encounter serious problems with system reliability and vendor support, among other challenges. The belief that EHR carries more risks than benefits has hindered integration.

These reasons largely explain the following statistics. As of 2009, only 43.9% of office-based physicians are

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using EHR to track their patients. According to the Centers for Disease Control, only 20.5% have what qualifies as a "basic system". A basic system is one that tracks demographic information of patients, problem lists, clinical notes, prescription orders, lab and imaging results. A "fully functional" system also includes warnings of drug interactions, drug contraindications, medical histories, follow-up notes, and orders for tests. Only 6.3% of office-based physicians have a fully functional EHR in place.

As the next tech-savvy generations of health providers come of age, this percentage will continue to grow. These predictions are supported by the projection that by 2013, the market for EHRs will reach $25.4 billion.

EHRs help improve quality of care and reduce cost by improving communication among providers, avoiding duplicate testing, and avoiding medication errors, to cite a few benefits. As medicine becomes more specialized, successful health outcomes will greatly depend upon care coordination.

The Center for Medicare & Medicaid Services (CMS) is implementing financial incentives—up to $27 billion over the next ten years—to encourage doctors to integrate technology into their practices. Health providers serving Medicare patients who use EHRs that meet the CMS' definition of "meaningful use" may be eligible for up to $44,000 over five years, beginning now. Moreover, those practicing in Health Professional Shortage Areas may also receive a 10% increase, up to $48,400. Incentives up to $63,750 over six years are also available for a wider range of health providers who care for Medicaid patients. While hospitals may be eligible for incentives for both Medicare and Medicaid patients, individual providers must choose in which program to participate. Incentive dollars are meant to buy and maintain computer equipment to collect and store digital health records.

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For individual providers to receive incentive dollars, they must be "office-based" rather than "hospital-based." CMS defines "hospital-based" narrowly (those who providing more than 90% of services in exclusively inpatient or emergency room settings). This, along with the many exceptions allowed, results in most physicians being considered "office – based" and thus eligible for incentive funding.

To receive maximum payment, physicians must begin meaningful use of EHR by 2012. Those adopting EHR in 2013 or 2014 may be eligible for reduced funds. No incentive dollars will be given to those who delay until 2015. In fact, beginning in 2015, physicians failing to demonstrate "meaningful use" of EHR will be penalized by reductions in Medicare payments. Non-compliant physicians will receive approximately 99% of the Medicare fee schedule in 2015, with a further 1% reduction for every year thereafter. Hardship exceptions may be granted on a case-by-case basis, considering specific details of a practice, including technological capacity and feasibility. Such exceptions may be not available after 2019.

Resources are available to assist providers in determining whether

their practice can receive some of the thousands of dollars available. In January 2011, CMS will launch a website for physicians to register for the program. The US Department of Health and Human Services has established the Washington & Idaho Regional Extension Center to facilitate the process.

Simply instituting an EHR into a practice does not qualify for these funds. Only certified EHR systems meet the criteria for meaningful use. The Office for the National Coordinator for Health Information Technology has set out the standards for EHR certification, necessary to qualify for funding. Comprehensive information about "meaningful use" is available at www.healthit.hhs.gov. That website will soon release a resource to allow physicians to verify whether their EHR sufficiently covers all required certification criteria.

To be eligible for incentive dollars, safer, better and more cost-effective care must be demonstrated. Providers must demonstrate "meaningful use" of an EHR system. Eligible physicians meet all 15 "core criteria" (such as notation of blood pressure, tobacco use, and weight) as well as a set number of criteria from a "menu" of other measures, one of which must be a population health criteria. For those seeking incentive payments for Medicare patients, meaningful use of EHR must be demonstrated over consecutive years. The amount of incentive is determined by participation year and decreases every year. Moreover, additional requirements for meaningful use will be gradually introduced.

Special conditions apply to Medicare Advantage physicians. For specialists, certain quality measures fall outside their scope of practice. In such cases, an exception may be given for that objective. Exceptions exist for certain providers, and these exceptions do not disqualify a provider from funding.

Providers should consider the daily reality of their practice when selecting which EHR system to institute. While EHR will be a necessary component to the practice of medicine in the future, established office-based physicians close to retirement may not need to invest in new technology.

Government incentives to adopt new technology will bring great change to the practice of medical record-keeping. The complex legislative process that created these incentives will be amplified by simple market forces: the future of medical practice includes EHRs, and if your practice hasn't embraced EHR yet, it may have to soon. ■

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