



Stimulus Bill Regulations: Meaningful Use & EHR Certification

Health TechNet

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CMS and ONC Regulations

CMS Notice of Proposed Rule Making (NPRM) for EHR Incentive Program

Defines the provisions for incentive payments to eligible professionals and hospitals participating in Medicare and Medicaid programs that adopt and meaningfully use certified EHRs.

Deadline for Public Comments... March 15, 2010

Final Rule Released..... Late Spring

ONC Interim Final Rule (IFR) on Standards and Certification Criteria

Proposes initial set of standards, implementation specifications, and certification criteria to “enhance the interoperability, functionality, utility, and security of health IT and to support its meaningful use.”

Deadline for Public Comments... March 15, 2010

Final Rule Released..... IFR took effect on February 17, 2010, can be modified per comments

ONC Rule on Certification Process (*forthcoming*)

Will address the process by which EHR systems will be certified or by which accreditation/certification entities can become recognized by CMS in order to certify EHR systems.

Broad Goals for Meaningful Use

Vision

- Enable significant and measurable improvements in population health through a transformed health care delivery system.

Goals

- 1. Improve quality, safety, efficiency and reduce health disparities.
- 2. Engage patients and families.
- 3. Improve care coordination.
- 4. Ensure adequate privacy and security protections for personal health information.
- 5. Improve public health.

Basic Details

- Three stages of implementation, tied to adoption year.
- Providers and Hospitals must meet specific criteria.
- Report by attestation in 2010/2011.
 - For first year, must report for a 90-day consecutive period.
- Comment period on rule runs through March 15th.

How is MU Defined?

- An eligible provider and an eligible hospital shall be considered a meaningful EHR user if they meet the following three requirements:
 - (1) demonstrates use of certified EHR technology in a meaningful manner;
 - (2) demonstrates to the satisfaction of the Secretary that certified EHR technology is connected in a manner that provides for the electronic exchange of health information to improve the quality of health care such as promoting care coordination, in accordance with all laws and standards applicable to the exchange of information; and
 - (3) using its certified EHR technology, submits to the Secretary, in a form and manner specified by the Secretary, information on clinical quality measures and other measures specified by the Secretary
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MU Evolution

- The proposed rule lays out three stages to be applied to providers and hospitals seeking to receive incentive payments:
 - The first stage will be applied to all those seeking to meet the requirements when the program launches in fiscal year (FY) 2011 (hospitals) and calendar year (CY) 2011 (providers).
 - The second and third stages, which will be proposed in late 2011 and late 2013, will apply to providers and hospitals as they progress in their meaningful use of EHRs.

Meaningful Use: Stages 1-3

2011
Capture/share data

- Prescribing / 10% of all orders through CPOEs
- Drug-drug, -allergy, -formulary checks; medication lists / reconciliations
- Lab results delivery
- Patient e-copies of their health information
- Claims and eligibility checking
- Quality and immunization reporting

2013
Advanced care processes with decision support

- CPOE for all order types
- Evidence-based order sets
- Clinical decision support at the point of care
- Record all clinical documentation in EHR
- Health summaries for continuity of care
- Registry reporting and reporting to public health
- Populate PHRs

2015
Improved Outcomes

- Achieve minimal levels of performance on quality, safety, efficiency measures
- Implement clinical decision support for national high priority conditions
- Access comprehensive data from all available sources
- Experience of care reporting
- Medical device interoperability
- Dynamic /ad hoc quality reports
- Real-time surveillance

Meaningful Stages and Incentives: Eligible Professionals

2010	2011	2012	2013	2014	2015	2016+	Maximum Incentive
	Stage 1 \$18k	Stage 1 \$12k	Stage 2 \$8k	Stage 2 \$4k	Stage 3 \$2k	Stage 3 \$0	\$44k
		Stage 1 \$18k	Stage 1 \$12k	Stage 2 \$8k	Stage 3 \$4k	Stage 3 \$2k	\$44k
			Stage 1 \$15k	Stage 2 \$12k	Stage 3 \$8k	Stage 3 \$4k	\$39k
				Stage 1 \$12k	Stage 3 \$8k	Stage 3 \$4k	\$24k
					Any less than Stage 3 = Penalty	Any less than Stage 3 = Penalty	Penalty

Source: IFR+NPRM; maximum incentive for Eligible Providers, Medicare (not Medicaid or underserved geographies)

Meaningful Stages and Incentives: Eligible Hospitals

2010	2011	2012	2013	2014	2015	2016	2017
	Stage 1 100%	Stage 1 75%	Stage 2 50%	Stage 2 25%	0%		
		Stage 1 100%	Stage 1 75%	Stage 2 50%	Stage 3 25%	0%	
			Stage 1 100%	Stage 2 75%	Stage 3 50%	Stage 3 25%	0%
				Stage 1 75%	Stage 3 50%	Stage 3 25%	0%
					Stage 3 50%	Stage 3 25%	0%
					Penalty	Penalty	Penalty

Incentive payments calculation: $(\$2,000,000 + \text{Discharge Amount}) (\text{Medicare Share}) (\text{Transition Percentage})$
 Source: HIMSS

Sample quality measures

Proposed Clinical Quality Measures for Electronic Submission by Medicare or Medicaid Eligible Professionals for the 2011 and 2012 Payment Year

Measure Number	Clinical Quality Measure Title & Description	Clinical Quality Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/ Specialty Measure Group
PQRI 1 NQF 0059	Title: Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus Description: Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9.0%	National Committee for Quality Assurance (NCQA) Contact Information: www.ncqa.org	http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage	Endocrinology, Primary Care
PQRI 2 NQF 0064	Title: Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus Description: Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dl)	NCQA Contact Information: www.ncqa.org	http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage	Endocrinology
PQRI 3 NQF 0061	Title: Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus Description: Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent blood pressure in control (less than 140/80 mmHg)	NCQA Contact Information: www.ncqa.org	http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage	Endocrinology

**Overview of ONC's Interim Final Rule:
EHR Standardization and Certification**

Today: Status of Federal Rulemaking

Step 1: Adopt
Certified EHR
Technology

Standards and
Certification Criteria:
published in IFR

- Process for recognition of Certifying Bodies: not yet available but practical assumptions can be made

Step 2: Achieve
Meaningful Use
Objectives

MU Objectives for
Stage 1: proposed in
NPRM, but changes
are still likely

- MU Objectives for Stage 2 and 3:
>1yr away

Step 3: Apply
for Incentive
Payment

Payment policies
proposed in NPRM,
but refinements are still
possible

Should you wait
until all rules are
fully finalized?

The Interim Final Rule

- Contains the initial set of standards, implementation specifications and certification criteria for EHR technology that eligible professionals and hospitals must adopt and use to become “meaningful users”.
- The standards, specifications and criteria are requirements that an EHR will need to include in order to support the achievement of the proposed “meaningful use” Stage 1.

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