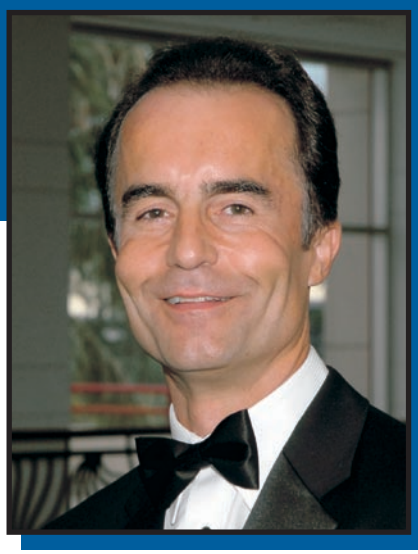

TECHNOLOGY

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Meaningful Use Standards May Delay EHR Implementation: *AMA Seeks Compromise Solution*

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The introduction of Electronic Medical Records into the medical practice will not only eliminate pen and paper but will change the way we practice medicine. The significant investment and training cost can be offset by improved efficiency, overhead reduction and reimbursement incentives. The federal government has demonstrated that it is committed to promoting a paperless health system by offering financial incentives starting next year for physicians and hospitals that demonstrate meaningful use of certified EHR (Electronic Health Records) systems. The Center for Medicare & Medicaid Service has proposed rules on the Medicare and Medicaid Electronic Health Record Incentive Programs containing common definition for meaningful use (MU) that would apply to eligible professionals (EPs), including physicians, participating in the Medicare Fee For Service (FFS) and Medicare Advantage (MA) electronic health record

(EHR) incentive program, and would be the minimum standard for those participating in the Medicaid incentive program. EPs who are meaningful EHR users, are eligible for incentives based on an amount equal to 75 percent of their allowed Medicare Part B charges for covered professional services subject to the annual maximum limits.

For EPs, the payment year would be based on the calendar year starting in 2011.

Incentive payments would be made on a rolling basis by Medicare contractors as soon as they ascertain that an EP has demonstrated meaningful use for the applicable reporting period, and has reached the threshold for maximum payment. The contractors would also track the incentive payments using the qualifying EP's Tax Identification Number (TIN). For the first year an EP applies for and receives an incentive payment, CMS proposes that the EHR reporting period be 90 days for any continuous period beginning and ending within the calendar year (i.e., EHR reporting period can be January 1, 2011 to April 1, 2011, March 13, 2011 to June 11, 2011, etc.). For every year after the first payment year, CMS proposes that the EHR reporting period be for the entire calendar year.

CMS defined Three Stages for Meeting Meaningful Use Criteria: Stage 1 criteria would require: 1) electronically capturing health information in a coded format; 2) using that information to track key clinical conditions and communicating that information for care coordination purposes (whether that information is structured or unstructured, but in structured format whenever feasible); 3) implementing clinical decision support tools to facilitate disease and medication management; and 4) reporting clinical quality measures and public health information.

The reporting requirements vary based on when a physician begins reporting. Stages 2 and 3 will be defined in future rulemaking. Furthermore, CMS proposes two categories of measures to be reported on: health IT functionality measures and clinical quality measures. Unfortunately, the reporting of those measures is based on the "all or nothing" approach requiring physicians to meet ALL criteria in order to qualify for the incentive payments. According to a letter sent by the American Medical Association, CMS is taking a too aggressive timeline by mandating that by next year physicians EHR systems have to meet ALL 25 meaningful use objectives and standards.

According to an article published in the recent edition of AMA News (04/12/2010) *"The vast majority of practices consist of five physicians or fewer. To many doctors, concepts such as computerized physician order entry, structured and codified SIG, and EMR modules are relatively foreign terms. To expect small practices with minimal health information technology experience to embrace a relatively robust, fully featured EMR in a short time frame is a tall order."*

Subsequently, the AMA and 95 state and medical societies submitted formal comments to the Center for Medicare & Medicaid Services suggesting a number of revisions to the proposed rule, including:

- Removing the "all or nothing" approach and requiring physicians to meet five objectives and measures instead of 25.
- Eliminating objectives and measures that don't directly apply to EHR adoption, such as checking insurance eligibility electronically.
- Revising the definition of meaningful use for certain hospital based physicians to broaden eligibility for federal incentive programs.
- Reducing the number of quality measures reporting requirements and allowing physicians to identify only THREE clinically relevant measures.

In my opinion we should all be committed to optimize and streamline physicians practices through EHR adoption. But this requires a carefully designed staged approach supported by Regional Extension Centers. Lets use this unique opportunity to move the practice of medicine into the 21st century.

I look forward to reading your comments and suggestions on our blog at:
*http://*miamimedblog.blogspot.com/
or send me a twit at http://twitter.com/dadedoc.

Next month: South Florida Regional Extension Center Launches Support Program

Disclosure: The author is a practicing family physician, addiction specialist and computer consultant. In addition, he is a founder and managing partner of VirtualMed, LLC (www.virtualmed.com)

[i] http://www.ama-assn.org/amednews/2010/04/05/edsa0405.htm
[ii] http://www.ama-assn.org/ama1/pub/upload/mm/399/electronic-health-records-standards-comments.pdf