Your Top 10 EHR, Meaningful Use Questions Answered

In an effort to provide greater clarity for you and your practice staff, we went right to the Federal agency charged with providing the incentives to get you to become a happy EHR user, CMS.

Over the last few months, a number of you have responded to our blogs and articles in Physicians Practice with your questions about how exactly the federal EHR registration program operates and what exactly entails "meaningful use," as defined by CMS.

In an effort to provide greater clarity for you and your practice staff, we went right to the Federal agency charged with providing the incentives to get you to become a happy EHR user, CMS.

The following are some of the initial questions you have had about getting your EHR off the ground and up and running and how exactly you can take advantage of some federal incentive payments.

If there are still unanswered questions, let us know and we'll go to CMS to get you the exact answers.

REGISTRATION FOR EHR INCENTIVES

Q. What's the difference between EHRs, EMRs, HIT, and Health Information Exchange?
A. Great question. It's important to know that sometimes they all mean the same thing and sometimes they don't.
The U.S. Department of Health and Human Services (DHHS), encourages the use of the term "Electronic Health Record" or EHR. Sometimes vendors and states may refer to this technology as Electronic Medical Records (EMRs), Health Information Technology (HIT), or Health Information Exchange (HIE), but, these acronyms may also be used to refer to local e-prescribing, or electronic billing initiatives that do not use systems certified by the DHHS. HIE may also refer to Health Insurance Exchanges, which have nothing to do with EHRs.

If you're not sure and you don't see the DHHS EHR logo, it's best to double check with us.

Q. Can I participate in the Medicare and Medicaid EHR Incentive programs at the same time?
A. No. While some hospitals can participate in both programs at the same time, health professionals have to pick either the Medicare or Medicaid Incentive programs. It is possible for an eligible professional to switch from one program to another but that can only be done once. If you have questions about how the programs compare, visit the Getting Started page at CMS.gov.

Q. How do I register to participate in the Medicare EHR incentive program?
A. Registering for the Medicare EHR Incentive Program is pretty easy. You can register online at: www.cms.gov/EHRIncentivePrograms as of January 3, 2011. There will be a live helpline for your program and system questions [1-888-734-6433 or 888-734-6563 (TTY)] available seven days a week, from 8:30 a.m. to 7:30 p.m. (Eastern).

Registering doesn't commit you to anything, but if you are able to meet the Medicare requirements for using a certified EHR for a 90 day period in 2011, you can get $18,000 in incentive payments in 2011, up to $44,000 in incentive payments over the next five years, and avoid the risk of Medicare payment reductions beginning in 2015.

Hint: Before you visit the online registration site, make sure that you are up to date in the Medicare systems used to identify Medicare providers:
• National Provider Identifier (NPI);
• National Plan and Provider Enumeration System (NPPES); and
• Provider Enrollment, Chain and Ownership System (PECOS)
For more information about these systems, download Basics of Internet-based PECOS for Physicians and Non-Physician Practitioners or contact your local Medicare carrier.

Q. How do I register to participate in my state's Medicaid EHR incentive program?
A. Medicaid EHR programs are run by individual states and to find out how to register in your state,
contact your state Medicaid program or check the CMS EHR website for updates on state Medicaid EHR Incentive Program progress.

Hint: Before you start to register, check your records to see if you can meet the Medicaid patient volume requirements (at least 20 percent for pediatricians and at least 30 percent for all other health professionals) for a 90 day period in 2010. If not, you’ll have to wait until you do meet volume requirements and then you can begin your participation the following year. If you meet the Medicaid requirements for adopting, implementing, upgrading, or using a certified EHR in a meaningful way in 2011, you can get $21,250 in 2011 Incentive payments and up to $63,750 over 6 years.

Q. When can I expect incentive payments in 2011?
A. Medicare Electronic Health Record Incentive Program payments may begin as early as May, 2011 depending on when you register and submit your EHR report. Medicaid incentive program registration and payments may begin as early as January 1, 2011 and vary from state to state. After you register, starting January 3, 2011, you can begin reporting on your Medicare EHR objectives (see below) and measures as early as April, 2011. Medicare reporting in 2011 will be relatively simple; you will only need to report compliance, or numerators and denominators, on your practice specific list of objectives and clinical quality measures. Medicare calls this simplified reporting "attestation" and will provide reporting instruction in early 2011.

Q. What happens if I don’t register and participate in the Medicare or Medicaid EHR incentive program?
A. Implementing a certified EHR is not required by law, but the longer you delay, the longer you and your patients miss the benefits of EHR technology. Late adopters will lose tens of thousands of dollars in incentives and, in 2015 and later, will see Medicare payment reductions of up to 5 percent, or more.

MEANINGFUL USE GUIDELINES

Q. What does "meaningful use" mean?
A. The incentives offered by Medicare and Medicaid require more than just buying software. To earn the incentives, you need to use the clinical information in your certified EHR to improve care and outcomes for your patients. The law calls this "meaningful use."

While meaningful use requirements are still being developed by experts and stakeholders to promote better health outcomes, state Medicaid incentive programs may propose alternative measures. The basic requirements for Medicare and Medicaid are that you use the capabilities of your certified EHR system to meet 15 core objectives plus an additional 5 objectives you select from a menu.

You must also meet 6 clinical quality measures. Half of the clinical quality measures must be either the CMS core quality measures or the CMS alternate core measures. You choose 3 more quality measures from a menu of 38 measures.

This means you need to meet a total of 26 requirements, 18 mandatory objectives and measures and another 8 that you select from menus.

Q. What are the specific EHR objectives and measures that I have to meet?
A. The 15 required EHR core objectives are:
1. Computerized provider order entry (CPOE)
2. Drug-drug and drug-allergy interaction checks
3. Maintain an up-to-date problem list of current and active diagnoses
4. E-Prescribing (eRx)*
5. Maintain active medication list
6. Maintain active medication allergy list
7. Record demographics
8. Record and chart changes in vital signs
9. Record smoking status for patients 13 years or older
10. Report ambulatory clinical quality measures to CMS/States
11. Implement one clinical decision support rule
12. Provide patients with an electronic copy of their health information, upon request
13. Provide clinical summaries for patients for each office visit
14. Capability to exchange key clinical information among providers of care and patient-authorized
entities electronically

15. Protect electronic health information
*CMS does not currently have e-prescribing guidelines available; check their EHR Web site for updates.
You must also choose 5 EHR objectives from this menu:

1. Drug-formulary checks
2. Incorporate clinical lab test results as structured data
3. Generate lists of patients by specific conditions
4. Send reminders to patients per patient preference for preventive/follow up care
5. Provide patients with timely electronic access to their health information
6. Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate
7. Medication reconciliation
8. Summary of care record for each transition of care/referrals
9. Capability to submit electronic data to immunization registries/systems*
10. Capability to provide electronic syndromic surveillance data to public health agencies*
*At least 1 public health objective must be selected
You must select either the EHR core or alternate core quality measures:

Core Quality Measures (CQMs):
(NOF Measure Number & PQRI Implementation Number / Clinical Quality Measure Title)
• NQF 0013 / Hypertension: Blood Pressure Measurement
• NQF 0028 / Preventive Care and Screening Measure Pair:
  [a) Tobacco Use Assessment; b) Tobacco Cessation Intervention]
• NQF 0421, PQRI 128 / Adult Weight Screening and Follow-up

Alternate Core Quality Measures:
(NOF Measure Number & PQRI Implementation Number / Clinical Quality Measure Title)
• NQF 0024 / Weight Assessment and Counseling for Children and Adolescents
• NQF0041 / PQRI 110
• Preventive Care and Screening:
  Influenza Immunization for Patients 50 Years Old or Older / NQF 0038
You must also select 5 EHR objectives and 3 EHR clinical quality measures from the menus posted on the CMS Web site (download the .zip file here).

Q. If these are the Stage 1 objectives and measures, what will be the Stage 2 and 3 objectives and measures?
A. Just like other areas in the practice of medicine, you should expect meaningful use criteria to change somewhat over time as we continue to identify ways to use EHRs to promote better health care and outcomes. Stage 2 criteria are currently under development. Stage 2 is expected to be implemented in 2013 and Stage 3 criteria are expected to be implemented in 2015. There will be plenty of opportunity for public and expert input in the development of the Stage 2 and 3 criteria.

Q. We just purchased a certified EHR. Do we have time to qualify for incentives in 2011?
A. Yes. For Medicare, you can get 2011 incentive payment as long as you register with the incentive program and your 90 day, year 1, Stage 1 reporting period begins by October 1, 2011. To qualify for 2011 Medicaid incentives, you must have met Medicaid patient volume requirements for at least 90 continuous days in 2010 (at least 20 percent for pediatricians and at least 30 percent for all other eligible professionals.) You must then meet and report on the Medicaid “meaningful use” requirements for adopting, implementing, upgrading, or using a certified EHR in 2011.
Still a little bewildered when it comes to EHRs and meaningful use? Experiencing any obstacles at your practice? Let us know your issues and questions and we'll go to CMS to get you some answers. Post your question in our comments section below or e-mail your inquiries to keith.martin@ubm.com.

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