

## **Congratulations!**

Thanks to your cooperation with the EHR usage survey, we have rounded the halfway point and are in the homestretch to have all members surveyed. As a reminder, we are gathering information from all member practices on EHR usage, including system names and version numbers, to assess preparedness in the Hudson Valley for Meaningful Use and Health Information Exchange. Currently, 41 percent of ambulatory providers and 48 percent of primary care providers are using an ONC-certified system. Another 15 percent plan to adopt one in the next 12 months, putting the Hudson Valley ahead of most national benchmarks for readiness. **To our knowledge, this is the most complete, granular study of EHR adoption currently underway in the nation.** The TIPA board believes so strongly in the potential of this project to further the Hudson Valley's position at the forefront of health care transformation they have made participation mandatory for all member practices. To participate in this project or for more information, please contact May-Lorie Saint-Laurent at 845-896-9301 x3129 or [msaintlaurent@taconicipa.com](mailto:msaintlaurent@taconicipa.com).

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## Questions about about Meaningful Use; now, some answers

**By A. John Blair III, MD, FACS, president of TIPA**



Recent conversations with physicians, at committee meetings and in the context of a number of other events, have made one thing quite clear: Many providers don't understand what Meaningful Use entails. I'm not the only one noticing this knowledge gap: Several TIPA physicians have approached me about the confusion, suggesting I devote a column to the basics of Meaningful Use. My goal here isn't to offer an exhaustive

review; rather, I hope to clarify a few issues and direct you to resources to help you and your teams prepare.

### **Billions available, but no easy money**

The HITECH portion of the 2009 stimulus bill provides tens of billions of dollars in health IT funding, to create a national health information infrastructure and provide substantial incentives for practices to implement an EHR and related health care IT.

To qualify for incentive payments from Medicare and Medicaid, provider organizations must document meaningful use of electronic health records. That involves collecting, organizing and reporting of, initially, 20 measures of meaningful use for eligible professionals.

As the name suggests, physicians and practices must demonstrate that health information technology is being "meaningfully used" (in ways that can be measured both quantitatively and qualitatively) to improve patient care and outcomes. Clearly, the incentives aren't simply for implementing an EHR system. It must be properly installed and configured, and the provider team needs to be trained on how to capture the requisite data.

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Eligible providers can receive up to \$44,000 in Medicare incentives over five years, with additional incentives for those who provide services in a Health Professional Shortage Area. The Medicaid incentive program offers \$63,750 over six years. The earlier you qualify, the more incentives you are eligible to receive. More than money is at stake. Meaningful use of health IT contributes to improved clinical outcomes, enhanced financial vitality and increased patient satisfaction, and greater staff satisfaction.

Broadly speaking, there are three components to Meaningful Use; the use of

- ▶ a certified EHR in a meaningful manner, such as e-prescribing;
- ▶ certified EHR technology for electronic exchange of health information to improve quality of care; and
- ▶ certified EHR technology to submit clinical quality and other measures.

Meaningful Use criteria will be implemented over three stages, and the standards will become increasingly demanding.

Stage 1 (2011) focuses on simple data capture, data sharing and paper-based quality reporting. Additional refinements are planned for the next two stages, in 2013 and 2015; they will include moving quickly to electronic reporting on quality improvements, more advanced clinical process flow, patient engagement and the demonstration of improved outcomes. The ONC just announced plans to fine tune Stage 2 requirements this summer.

## Stage 1 objectives

Stage 1 contains 25 objectives/measures for eligible professionals. The objectives/measures have been divided into a core set and menu set. Eligible professionals and eligible hospitals must meet **all** objectives/measures in the core set:

1. Use computerized order entry for medication orders.
2. Implement drug-drug, drug-allergy checks.
3. Generate and transmit permissible prescriptions electronically.
4. Record demographics.
5. Maintain an up-to-date problem list of current and active diagnoses.
6. Maintain active medication list.
7. Maintain active medication allergy list.
8. Record and chart changes in vital signs.
9. Record smoking status for patients 13 years old or older.
10. Implement one clinical decision support rule.

11. Report ambulatory quality measures to CMS or the states.
12. Provide patients with an electronic copy of their health information upon request.
13. Provide clinical summaries to patients for each office visit.
14. Capability to exchange key clinical information electronically among providers and patient-authorized entities.
15. Protect electronic health information (privacy and security).

The second group is a menu of 10 additional tasks, from which providers can **choose any five** to implement in 2011–2012. CMS has both lists at <https://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf>.

## Sticks as well as carrots

Most physicians know about the incentives; what you may not realize is that those bonuses turn into penalties in 2015. No incentive payments may be made to eligible providers whose use of certified EHR begins after 2015. In addition, those who are eligible but fail to become “meaningful users of certified EHR” technology by 2015 will be penalized: Medicare reimbursement will be reduced to 99 percent of the fee schedule and decrease gradually to 95 percent for 2018 and beyond.

## Learn more

Let me emphasize that I’ve provided only a brief rundown; I hope I’ve answered some basic questions and—most important—communicated that merely having an EHR system isn’t enough to qualify for the bonuses. It is a confusing topic. Fortunately, abundant resources are available to help physicians and their teams better understand what Meaningful Use entails. Among them are the following:

- ▶ The ONC offers a Meaningful Use summary at [http://healthit.hhs.gov/portal/server.pt/community/healthit\\_hhs\\_gov\\_\\_meaningful\\_use\\_announcement/2996](http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__meaningful_use_announcement/2996) and an extensive list of resources here: [http://healthit.hhs.gov/portal/server.pt/community/healthit\\_hhs\\_gov\\_\\_meaningful\\_use\\_resources/3006](http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__meaningful_use_resources/3006).
- ▶ CMS offers a detailed overview at [http://www.cms.gov/EHRIncentivePrograms/30\\_Meaningful\\_Use.asp](http://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp).
- ▶ One helpful primer, written by David Blumenthal, MD, (then) ONC director, and Marilyn Tavenner, RN, principal deputy administrator of the CMS, appeared last year in the *New England Journal of Medicine*: <http://healthpolicyandreform.nejm.org/?p=3732>.
- ▶ Last year, the Patient-Centered Primary Care Collaborative published *Transforming Patient Engagement: Health IT in the Patient Centered Medical Home*. The last paper in the compendium, “Meaningful Use and Patient Engagement,” focuses on Meaningful Use in the primary care setting: <http://www.pccpc.net/files/pep-report.pdf>.