



Meaningful Use for Eligible Providers

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Background Information

- The American Recovery and Reinvestment Act of 2009 (ARRA) includes the **Health Information Technology for Economic and Clinical Health (HITECH) Act**, which “Seeks to improve American health care delivery and patient care through an **unprecedented investment in health information technology.**”
- The EHR Financial Incentive program is **one** of many HITECH programs. This program authorizes CMS to make incentive payments to eligible providers to promote the **adoption and meaningful use** of interoperable **certified EHR technology**



Meaningful Use Requirements

1. Use a **Certified** Electronic Health Record (EHR) in a **Meaningful** way.
2. Use an EHR that can **exchange information** with other systems electronically.
3. Submit reports to CMS that include **performance measures** proving meaningful use.

These requirements were published for public comment.
IHS submitted its comments on March 15, 2010.
The final rule has not yet been published.



Meaningful Use Stages

Meaningful Use occurs in three increasingly comprehensive stages, each with a specific focus area:

1. Stage 1: Data capture and sharing (2011)
2. Stage 2: Advanced clinical processes*
3. Stage 3: Improved outcomes*

Requirements for Stages 2 and 3 will be defined in future CMS rulemaking to be published in 2013 and 2015.

Medicaid Provider Eligibility Criteria



- Eligible providers include non-hospital based providers defined as any of the following EXCEPT for any of provider shown below practicing predominantly[†] in a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC)
 - Physicians
 - Dentists
 - Certified Nurse-midwives
 - Nurse Practitioners
 - Physician Assistants who are practicing in FQHCs or RHCs led by a physician assistant
- A hospital-based provider is defined the same as for Medicare.

[†] When the clinical location for over 50% of total patient encounters over a period of 6 months occurs at an FQHC or RHC.



Adopt, Implement, Upgrade

Eligible providers can qualify to receive a Medicaid incentive payment in the first payment year **ONLY** by “adopting, implementing, or upgrading certified EHR technology.

Adopt: Acquire and install the EHR

- There must be evidence of actual installation prior to the incentive rather than “efforts” to install

Implement: Start using the EHR

- Includes staff training, data entry of patient data, or establishing data exchange agreements with other providers, such as labs, pharmacies, and health information exchanges

Upgrade: Expand the functionality and start using a certified EHR that meets meaningful use requirements. (Example: Add the ability to electronically verify insurance for all third party payors).

- Many IHS RPMS EHR sites will fall into the “upgrade” category

Functional & Interoperability Measures

- Computerized Provider Order Entry
 - At least 80% of all orders must be entered directly into EHR by the provider
- Drug-drug, Drug-allergy, drug-formulary checks
 - All sites must implement these features of EHR
- Problem Lists
 - At least 80% of patients must have a current Problem List (or notation of no problems)

Functional & Interoperability Measures (cont'd)

- Electronic Prescribing
 - At least 80% of prescriptions must be entered and transmitted electronically
- Medication Lists
 - At least 80% of patients must have a medication list documented in the EHR (or notation of no medications)
- Documentation of Allergies
 - At least 80% of patients must have drug allergies documented in the EHR (or notation of no allergies)

Functional & Interoperability Measures (cont'd)



- Recording Demographic Information
 - At least 80% of patients have specific demographic information recorded in RPMS
- Recording Vital Measurements
 - At least 80% of patients age 2 and older have vital measurements recorded in EHR, including growth charts for children
- Recording Smoking Status
 - At least 80% of patients age 13 and older have their smoking status recorded in the EHR

Functional & Interoperability Measures (cont'd)

- Incorporate lab test results into EHR
 - At least 50% of all lab tests have their results recorded in the EHR
- Generate lists of patients with specific conditions
 - Generate at least one report from the EHR listing patients with a specific condition
- Ability to report on Meaningful Use quality measures
 - 2011 – manual submission of data to CMS
 - 2012 – electronic submission of data to CMS

Functional & Interoperability Measures (cont'd)



- Send reminders to patients for preventive/follow-up care, per patient preference (internet or non-internet)
 - Each provider must send reminders to at least 50% of their patients age 50 and older
- Clinical decision support rules
 - Implement at least 5 clinical decision support rules that are linked to the clinical quality measures
- Electronic insurance verification
 - At least 80% of patients have insurance eligibility checked electronically
- Electronic claims submission
 - At least 80% of insurance claims are filed electronically

Functional & Interoperability Measures (cont'd)



- Provide information to patients
 - At least 80% of patients who request electronic copies of health records receive them within 48 hours
- Provide patients timely access to health information
 - At least 10% of patients can get electronic access to lab results, problem, medication and allergy lists within 96 hours after they are available to the provider (e.g. Personal Health Record)
- Clinical summaries of office visits
 - Clinical summaries are provided for at least 80% of office visits

Functional & Interoperability Measures (cont'd)



- Ability to exchange data with other systems
 - Perform a test of system's ability to exchange key clinical information electronically, such as problem and medication list, diagnostic test results
- Medication Reconciliation
 - Perform medication reconciliation for at least 80% of patient encounters and transitions of care
- Summary of care record
 - Provide a summary of care for at least 80% of patient referrals and transitions of care
 - Includes key information about the patient, such as diagnostic test results, problem and medication list



Other Meaningful Use Resources

IHS Meaningful Use Website

http://www.ihs.gov/recovery/index.cfm?module=dsp_arra_meaningful_use

Sign up for the Meaningful Use listserv using instructions provided

Center for Medicaid Services (CMS)

http://www.cms.gov/Recovery/II_HealthIT.asp

American Health Information Association (AHIMA)

<http://www.ahima.org/advocacy/arra-hitech.aspx>



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Some Key Points

- Incentives are available for users of **any certified EHR**. RPMS sites **must be using the EHR** to meet meaningful use.
- Provider incentive programs run on a calendar year.
- Providers need to be ready by January 1, 2011 to receive maximum advantage.
- Providers may qualify for Medicare or Medicaid incentives, not both.
- Measures must be reported on **ALL** Patients, not just Medicaid.