Electronic Health Records (EHRs) and Meaningful Use (MU)

The passage of the Health Information Technology for Economic and Clinical Health (HITECH) Act in 2009, served as an impetus for the Meaningful Use Incentive program through CMS. As such, Electronic Health Records and their meaningful use have been a topic of discussion for most physicians and medical facilities.

Electronic Health Record (EHR)

An electronic health record is a digital version of a patient's paper chart. EHR's are real-time, patient-centered records that make information available instantly and securely to authorized users. EHRs can:

- Improve quality and convenience of patient care
- Increase patient participation in their care
- Improve accuracy of diagnoses and health outcomes
- Improve care coordination
- Increase practice efficiencies and cost savings

Meaningful Use (MU)

Meaningful Use (MU) is the utilization of a certified EHR system to improve quality, safety, efficiency, and reduce health disparities, improve care coordination, improve population and public health, engage patients and their families in their own health care, and ensuring that patient privacy and security is maintained according to the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

There are three basic components of meaningful use:

1) The use of a certified EHR in a meaningful manner.
2) The electronic exchange of health information to improve quality of health care.
3) The use of certified EHR technology to submit clinical quality and other measures.

These basic components will be implemented gradually through three stages. Fulfillment of the requirements of each stage, attesting to each stage, is required to access incentives and avoid penalties as of 2015.

EHR Incentive Programs

The Medicare and Medicaid Electronic Health Records Incentive Programs provides incentive payments to eligible professionals (EPs), eligible hospitals (EHs), and critical access hospitals (CAHs) if they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology by October 1st, 2014.

- Eligible Professionals (EPs) are physicians who are not hospital-based (meaning that they provide 90% or LESS of their covered provider services in either an inpatient or emergency department) and who treat Medicare/Medicaid patients.
  EPs include:
    o Doctor of medicine or osteopathy
    o Dentist
    o Podiatrist
    o Optometrist

o   Chiropractor

EHR Incentive Program Resources:
- CMS Medicare EP Registration User Guide (Link to PDF)
- CMS Medicaid EP Registration User Guide (Link to PDF)
- CMS EP Attestation User Guide (Link to PDF)
- CMS Link for EHR Incentive Programs

Meaningful Use Stage 1

All electrodiagnostic medicine and neuromuscular physicians who are not hospital based are required to meet Meaningful Use Standards of at least Stage 1 boy October 1, 2014, or face penalties in Medicare reimbursement in 2015.

Beginning in 2014, there are some significant changes to Stage 1 requirements. Link to 2014 Changes PDF

Stage 1 Requirements:
- Meet 13 core objectives as well as choose 5 more Menu Objectives from a list of 10.
  o   13 Core Objectives (PDF link)
  o   9 Menu Objectives (choose 5 of 9) (PDF link)

- Eligible professionals must select and report on 9 of a possible list of 64 approved Clinical Quality Measures.
  o   Quality Measures selected must cover at least 3 of the 6 available National Quality Strategy (NQS) domains, which represent the Department of Health and Human Services' NQS priorities for health care quality improvement. The 6 domains are:
    - Patient and Family Engagement
    - Patient Safety
    - Care Coordination
    - Population and Public Health
    - Efficient Use of Health Care Resources
    - Clinical Processes/Effectiveness
  o   CMS List of CQMs for Eligible Professionals (PDF link)

Summary of 2014 changes:
- EP's must make a patient's health information available online within 4 business days of the information being available to the physician.
- CMS replaced the "provide patients with an electronic copy of their health information" measure with a "view online, download and transmit" core measure.
- The Consolidated Clinical Document Architecture (C-CDA), a new document format, is now required for physicians to deliver a summary of care for transitions of care or referrals.
- Height and weight for all patients must be captured regardless of age, and blood pressure for patient's 3 years of age and older, exclusions do apply.
- EPs are allowed to report on an alternate measure based on the number of medication orders. This is a change from reporting on the number of unique patients with at least one medication on the medication list. This alternate measure is now optional for EPs attesting for Stage 1 in the years following 2013
- Elimination of the "exchange of key clinical information" core measure, and replacement with "transition of care" core measure that required electronic exchange of summary of care documents.
- A greater number of CQM's are required, 9 instead of the 6 from previous years.

For more information and specification sheets for Stage 1, please visit the CMS website at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful_Use.html

Meaningful Use Stage 2

Stage 2 becomes effective in 2014 for those who began participating in the Meaningful Use program in 2011 or 2012.

Stage 2 Requirements:
- Meet 17 Core Objectives as well as choose 3 more Menu Objectives from a list of 6.
  - 17 Core Objectives (PDF link)
  - 6 Menu Objectives (choose 3 of 6) (PDF link)
- Beginning in 2014, eligible professionals must select and report on 9 of a possible list of 64 approved Clinical Quality Measures.
  - Quality Measures selected must cover at least 3 of the 6 available National Quality Strategy (NQS) domains, which represent the Department of Health and Human Services' NQS priorities for health care quality improvement. The 6 domains are:
    - Patient and Family Engagement
    - Patient Safety
    - Care Coordination
    - Population and Public Health
    - Efficient Use of Health Care Resources
    - Clinical Processes/Effectiveness
  - CMS List of CQMs for Eligible Professionals (PDF link)

For more information and specification sheets for Stage 2, please visit the CMS website at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html

Hardship Exemptions

If a provider is unable to meet Meaningful Use requirements, he/she may apply for a hardship exemption. Hardship exemptions are granted under specific circumstances as determined by CMS. Applications for such exemptions are due July 1, 2014.

Eligible professionals can apply for exemptions in the following categories:
- Infrastructure: Eligible professionals must demonstrate that they are in an area without sufficient internet access or face insurmountable barriers.
- New Eligible Professionals: Newly practicing eligible professionals who would not have had time to become meaningful users can apply for a 2-year limited exception to payment adjustments.
- Unforeseen Circumstances: Examples may include a natural disaster or other unforeseeable barrier.
- Patient Interaction (Lack of face-to-face interaction or lack of follow-up need with patients)
- Practice at Multiple Locations: Lack of control over availability of certified EHR technology (CEHRT) for more than 50% of patient encounters
- 2014 EHR Vendor Issues: The eligible professional's EHR vendor was unable to obtain 2014 certification or the eligible professional was unable to implement meaningful use due to 2014 EHR certification delays.
  - CMS has announced a proposed rule to extend the deadline to transition from Stage 1 to Stage 2 due to slow delivery and implementation of 2014 certified software. As of June 5, 2014, this is only a proposed rule and has not been formally adopted. If your facility is attempting to attest to Stage 2 this year and is having difficulties because of EHR issues, a hardship exemption still needs to be submitted citing this issue.

For more information:
- CMS Hardship Exception Tip Sheet (PDF link)
- CMS Link for Payment Adjustments and Hardship Exceptions

- Hardship Exception Application for Eligible Professionals (PDF link)