

Approaching a definition of “Meaningful Use”

The committee responsible for creating the government’s definition of “meaningful use” of Electronic Health Records presented its recommendations June 16, providing a better idea of the direction in which the Office of the National Coordinator for HIT may be headed.

The definition is important because in order for physicians to receive incentive payments through the federal stimulus bill, they must show “meaningful use” of a certified system.

The government has until Dec. 31, 2009 to formally define both meaningful use and what will constitute a “certified” system (it won’t necessarily be a system certified by CCHIT), so this week’s recommendations could change.

One basic and significant premise is likely to remain the same: The definition of meaningful use will change over time, with the expectations of physicians growing over the years.

Under the current plan, physicians in 2011 and 2012 will be expected to show they have the ability to capture and share data. In 2013, the data must be used to advance care processes. By 2015, the government wants to see improved outcomes.

The committee acknowledged its timeline is ambitious. But its vision for 2015 is equally lofty. With the help of HIT, the committee hopes (among other things) that the country will see 50 percent fewer medication errors, a 50 percent cut in preventable readmissions, and better prevention and management of chronic diseases.

Listed below are some of the committee’s recommended objectives for each payment year. For 2011 and 2012, the committee also recommended specific measures that could be used to determine if a physician is accomplishing meaningful use.

The committee is accepting public comment on these recommendations through June 26. Instructions on submitting comments can be found at <http://healthit.hhs.gov>

2011 and 2012

Objectives:

- Capture data in coded format. Includes lab/test results, demographic information, medication lists, allergies and vital signs.
- Document progress note for each encounter (outpatient only).
- Use CPOE for all order types. E-prescribing, drug/drug and drug/allergy checks.
- Manage populations. Generate list of patients by specific conditions, send patient reminders.
- Provide patients with electronic copy of clinical information.
- Provide clinical summaries for each encounter.
- Exchange key clinical information among providers.
- Perform medication reconciliation at relevant encounters.
- Submit electronic data to immunization registries where required and can be accepted.
- Submit electronic reportable lab results to public health.
- Compliance with HIPAA and state laws.

Measures:

- Percent of labs incorporated into EHR in coded format.
- Percent of CPOE orders entered directly by physician.
- Report quality measures using HIT-enabled quality measures (HIT-QM). These could include: Percent of hypertensives with blood pressure under control, percent of women over 50 with current mammogram, percent with annual flu vaccination, percent of aspirin prophylaxis for patients at risk for cardiac event.
- Quality reports stratified by race, ethnicity, gender, insurance type.
- Percent of patients with electronic access to personal health information.
- Percent of encounters where clinical summary provided.
- Report 30-day readmission rate.
- Percent encounters where medication reconciliation performed.
- Implemented ability to exchange health information with external clinical entities (problems, labs, medication lists, care summaries).
- Report up-to-date status of childhood immunizations.
- Percent of reportable lab results submitted electronically.
- Full compliance with HIPAA.
- Conduct or update a security risk assessment and implement security updates as necessary.

2013, 2014

Objectives:

- Improve quality, safety efficiency.
Evidence based order sets, recording clinical documentation (inpatients), clinical decision support at point of care, managing chronic conditions using patient lists and decision support, reports to external disease registry.
- Engage patients and families.
Offer secure patient-provider messaging, access to patient-specific educational resources, record patient preferences, documentation of family medical history, upload data from home monitoring devices.
- Coordinate care.
Medication reconciliation at each transition of care, produce electronic summary of care at each transition, retrieve and act on electronic prescription fill data.
- Improve population and public health.
Receive immunization histories from registries, receive public health alerts, electronic syndromic surveillance data sent to public health agencies.
- Ensure privacy and security protection.
Use summary or de-identified data when reporting data for population health purposes.

2015

Objectives:

- Improve quality, safety and efficiency.
Achieve minimal levels of performance on quality, safety and efficiency measures, implement clinical decision support for national high priority conditions, achieve medical device interoperability, provide multimedia support (e.g., x-rays).
- Engage patients and families.
Provide access for all patients to patient health record populated in real time with data from EHR, provide patients with access to self-management tools, capture electronic reporting on experience of care.
- Coordinate care.
Access comprehensive patient data from all available sources.
- Improve population and public health.
Use epidemiologic data derived from EHRs, automate real-time surveillance, provide clinical dashboards, generate dynamic and ad hoc quality reports.
- Ensure privacy and security protection.
Provide patients with accounting of treatment, payment, and health care operations disclosures, protect sensitive health information.