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A Quick Reference to Economic Stimulus Funds: Achieving meaningful use of a certified EHR

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The American Recovery and Reinvestment Act of 2009 (ARRA) authorizes the Centers for Medicare & Medicaid Services (CMS) to provide financial incentives for physicians/eligible professionals (EP) as well as hospitals that become "meaningful users" of certified electronic health records (EHR). A CMS fact sheet and additional specifics are available at: www.cms.hhs.gov/Recovery/11_HealthIT.asp. For a direct copy of this legislation, go to www.hhs.gov/recovery/overview/index.html.

In summary, core checkpoints to receiving funds include:

1) **Eligibility/Payment** - Determine if you are a Medicaid or Medicare eligible professional (EP) (choose one not both)

Medicaid - If more than 30% (20% for pediatricians) of patient mix is Medicaid, qualify for up to $63,750 per EP (includes dentists and most mid-level providers) Cover 85% of the "average allowable cost" to purchase, implement or upgrade a certified EHR (including maintenance and training)

Medicare - If more than $24,000 in allowable Medicare charges, qualify for the maximum of $18,000 in 2011 and up to $44,000 per EP (2011-2016) (10% more in health provider shortage areas)

Otherwise, qualify for 75% of allowable Medicare charges. For example, if Medicare charges are $20K in 2011, incentive payment would be $15K versus $18K

2) **Certification** - Obtain or verify that your EHR is HHS certified with needed capabilities according to ARRA defined by CMS

3) **Meaningful use** - Use required EHR capabilities capturing needed information to create/send reports for CMS

4) **Timelines** - Meet 2011-2016 Medicare and 2011-2021 for Medicaid timelines including interim criteria checkpoints in 2013 and 2015

5) **Assistance** - If you are in a practice with less than 10 providers or supporting Medicaid populations, starting early 2010 obtain an additional $5,000 per provider in consulting assistance from regional extension centers

Year	Medicare Incentives per Eligible Professional						
	2011	2012	2013	2014	2015	2016	Total
2011	18,000	12,000	8,000	4,000	2,000	0	44,000
2012		18,000	12,000	8,000	4,000	2,000	44,000
2013			15,000	12,000	8,000	4,000	39,000
2014				15,000	12,000	8,000	35,000
2015					15,000	8,000	23,000

Certification

EHR products certified prior to 2009 meet some, yet not all requirements for funding under ARRA. In October 2009, the Certification Commission for Health Information Technology (CCHIT) began offering 2 new EHR product certifications: CCHIT Certified® 2011 Comprehensive and Preliminary ARRA 2011. According to CCHIT, comprehensive certification meets or exceeds ARRA 2011 certification requirements and provides maximal assurance of comprehensive, integrated EHR capabilities. Preliminary ARRA certification is limited to certifying security, privacy, interoperability and modular functional requirements.

Once CMS publishes its final rule in Spring 2010, CCHIT plans to also offer a site certification option intended for organizations using self-developed or non-certified EHRs. See www.cchit.org for specifics. Beyond 2011, additional certifications are anticipated to align with 2013 and 2015 ARRA requirements. Going forward, the National Institute of Standards and Technology (NIST) www.nist.gov will also have a greater role in the certification process. The door is open for other organizations besides CCHIT to provide HHS certification, yet no others have been announced as of this writing.

CCHIT provides three paths to meet EHR certification criteria needed for ARRA funding: 1) purchase a comprehensive certified package from one vendor, 2) purchase certified components from different vendors and 3) build your own EHR or use a non-certified product and certify it individually on site for a fee.

Meaningful use
Overall, EHR meaningful use will support national goals to:
• Improve quality, safety and efficiency and reduce disparities

• Engage patients in their care

• Increase coordination of care

• Improve the health status of the population

• Ensure privacy and security

Care Goals include:
Access - Provide access to comprehensive patient health data for patient's health care team
CPOE - Use evidence-based order sets and CPOE
CDS - Apply clinical decision support at the point of care
Care reminders/outreach - Generate lists of patients who need care and use them to reach out to patients (e.g., reminders, instructions)
Quality Reporting - Report to patient registries for quality improvement, public reporting, etc.
Engaging Consumers - Provide patients/families with access to data, knowledge and tools to make informed decisions/manage their health

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Care Goals cont'd:
Care Coordination - Exchange meaningful clinical information among professional team and communicate with public health agencies. Provide transparency of data sharing to patient.
Privacy/Security - Ensure privacy & security protections for confidential information through operating policies, procedures, technologies and compliance with applicable law

The Health Information Technology (HIT) Policy Committee approved their EHR meaningful use definition in July 2009. Specifics can be found at: http://healthit.hhs.gov. CMS will publish an interim final rule to formally define EHR meaningful use for the incentive funding in December 2009, and finalize by Spring 2010.

According to the legislation, meaningful use includes: electronic prescribing, the electronic exchange of health information to improve the quality of healthcare, and reporting on clinical quality and other measures. The meaningful use definition will evolve over time as objectives and measures for 2013 and 2015 build on those of 2011. Beyond 2011, the criteria required to obtain payment is more subject to change. The following chart provides a general strategic framework:

2011	2013	2015
Data Collection	Process Measures	Outcome Measures
To electronically capture in coded format and to report health information and to use that information to track key clinical conditions	To guide and support care processes and care coordination	To achieve and improve performance and support care processes and on key health system outcomes

This brochure is offered as a reference outlining available economic stimulus funds for achieving meaningful use of a certified EHR and is not intended to replace updated laws and regulations of the ARRA. The content of this brochure is intended for general information only and is based on the HIT Policy Committee recommendations and information available as of October 2009.

The following references were used to develop this brochure and are available for additional and updated information: **American Recovery and Reinvestment Act (ARRA)** www.hhs.gov/recovery/overview/index.html, **Centers for Medicare and Medicaid (CMS)** www.cms.hhs.gov/Recovery/11_HealthIT.asp, **Certification Commission for Health Information Technology (CCHIT)** www.CCHIT.org, **National Institute for Standards (NIST)** www.nist.gov, **Office of the National Coordinator for Health Information Technology (ONC)** http://healthit.hhs.gov

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EHR Meaningful Use for Eligible Providers:
A Workflow-oriented Roadmap to 2011 ARRA Funding

	Scheduling/ Registration	Clinical Intake	History/Exam Problem List	Plan	Medications	Labs	Procedures	Patient/Family Education/PHR	Billing	Care Continuity	Reporting
EHR Meaningful Use Definition for 2011 criteria (based upon August 2009 HIT Policy and Standards Committee approved definition)	❒ Record gender, insurance type, preferred language, race, ethnicity (according to census bureau), and advance directive ❒ Check insurance eligibility electronically	❒ Record blood pressure, height, weight, smoking status ❒ Display calculated BMI	❒ Maintain an up-to-date problem list of current and active diagnoses based on ICD-9 or SNOMED ❒ Document a progress note for each encounter	❒ Use CPOE for all orders ❒ Use one clinical decision rule relevant to specialty or high clinical priority	❒ Maintain active medication list ❒ Maintain active med allergy list ❒ Use drug-drug, drug-allergy & drug-formulary checks ❒ Generate and transmit permissible prescriptions electronically ❒ Record which medications were entered in generic form versus brand name form ❒ Perform medication reconciliation at relevant encounters and each transition of care	❒ Incorporate lab-test results into EHR as structured data	(Medical Device Interoperability included in 2013/2015)	❒ Provide patients with an electronic copy of their health information and timely electronic access to their health information upon request (including lab results, problem list, medication lists, allergies) ❒ Provide clinical summaries for patients for each encounter ❒ Provide access to patient specific education resources ❒ Send reminders to patients	❒ Submit claims electronically to public and private payers	❒ Exchange key clinical information among providers of care and patient authorized entities electronically ❒ Generate lists of patients by specific conditions for quality improvement, education of disparities and outreach	❒ Submit electronic data to immunization registries and actual submission where required and accepted ❒ Provide electronic syndromic surveillance data to public health agencies ❒ Report ambulatory quality measures to CMS
Reporting criteria for ARRA funding (based upon August 2009 HIT Policy and Standards Committee approved definition)	❒ % patient encounters with insurance eligibility confirmed ❒ Stratify reports by gender, insurance type, primary language, race and ethnicity	❒ % of smokers offered smoking cessation counseling ❒ % hypertensive patients with BP under control ❒ % of patients with recorded BMI		❒ % of orders (for medications, lab tests, procedures, radiology and referrals) entered directly by physicians through CPOE	❒ % patients at high risk for cardiac events on aspirin prophylaxis ❒ Use of high-risk medications (re: Beers criteria) in the elderly ❒ % of all medications entered into EHR as generic, when generic options exist in the relevant drug class ❒ % of encounters where medication reconciliation was performed	❒ % diabetics with A1c under control ❒ % of patients with LDL under control ❒ % lab results incorporated into EHR in coded format	❒ % of orders for high-cost imaging services with specific structured indications recorded ❒ % of patients over 50 with annual colorectal cancer screenings ❒ % of females over 50 receiving annual mammogram	❒ % of all patients with access to personal health information electronically ❒ % of encounters for which clinical summaries were provided	❒ % claims submitted electronically to all payers	❒ % of transitions in which summary care record is shared (electronic, paper, e-Fax)	❒ % of patients who receive flu vaccine ❒ Full compliance with HIPAA Privacy and Security Rules ❒ Privacy/Security: Conduct or update a security risk assessment and implement security updates as necessary

Note: Only outpatient measures are listed here and other measures are still under final consideration.