Meaningful Use of EHR

Meaningful use must be demonstrated to earn Medicare incentive payments.

BY JEREMY D. WOLFE, MD

The American Recovery and Reinvestment Act of 2009, commonly referred to as the Stimulus or the Recovery Act, established a mechanism for Medicare incentive payments to eligible providers who adopt and demonstrate so-called "meaningful use" of electronic health records (EHR). The incentive payments began in 2011 and may extend until 2016, depending on when an eligible provider first demonstrates and attests to meaningful use.

In order to receive the maximum incentive payment of $44 000, meaningful use must be implemented by October 2012, as 90 consecutive days are required in the first year of participation. The maximum incentive decreases to $39 000 for those starting in 2013 and to $24 000 for those who begin in 2014. Providers who do not adopt EHR or fail to meet the meaningful use criteria by October 2014 will not be eligible for incentive payments.

Beginning in 2015, penalties in the form of decreased Medicare reimbursement will be imposed on the eligible providers who do not demonstrate meaningful use. In order to avoid such penalties, eligible providers in certain situations may apply for a yearly hardship exemption to a maximum 5 years of exemption.

> If your goal is to attain meaningful use criteria and garner incentive payments, pay careful attention to the criteria and you are likely to avoid any unpleasant surprises.

MEANINGFUL USE OBJECTIVES

The path to earning Medicare incentive payments requires the adoption of a certified EHR system, followed by demonstration and attestation to meaningful use. The details for stage 1 meaningful use were published in the Federal Register in July 2010. There is a core set of 15 meaningful use objectives that must be reported, although exclusions are available for some of the measures.

Several of the measures must be met by exceeding a stated percentage of patients; therefore, simply meeting a required percentage will not be enough. Instead, the eligible provider must exceed said percent. Additionally, the provider must report on 5 more objectives selected from a menu of 10, and 1 of the objectives must be a population or public health objective. Again, exclusions are available for some of the measures.

CLINICAL QUALITY MEASURES

The eligible provider must report on 3 clinical quality measures (CQM). There are 3 core CQMs (hypertension, tobacco use and cessation, and weight assessment), 3 alternate core CQMs, and 38 additional CQMs (4 of the measures in the list are related to eye care.). The provider is required to report on the 3 core CQMs; however, the core CQMs are not applicable to a typical ophthalmic visit.

In order to accomplish meaningful use, the provider must supply documentation acknowledging the core CQMs; this is accomplished by entering "0" as the number of times the parameter was measured. Alternatively, if the relevant field is left blank (compared with entering "0") in the meaningful use form, the provider has not fulfilled the meaningful use documentation requirements. So, although the provider is not required to meet any performance threshold for CQMs, he or she must report on them to receive the stage 1 incentive payments.

MEETING THE REQUIREMENTS

Retina specialists who practice at more than 1 location must consider whether they see enough patients using certified EHR to meet the requirements for meaningful use. To qualify, one must see at least 50% of one's total patients (at all locations) with a certified EHR. Only patients seen at locations with a certified EHR are to be included when reporting on meaningful use criteria.

The American Academy of Ophthalmology (AAO) is an excellent resource for physicians who are interested in adopting EHR. An entire section of the AAO website is devoted to summarizing the pertinent data, with links where appropriate (http://www.aao.org/aaoesite/promo/business/ehr_central.cfm). Further, the AAO has developed tools to help ensure successful reporting, such as an attestation guide, which will ease the process.

CONCLUSION

Implementing EHR into practice requires considerable forethought and planning. Undoubtedly, there will be a period of decreased productivity in the early stages of adoption. Larger practices may elect to roll out the EHR at one location at a time in order to adequately train staff and minimize disruption to patient care. If your goal is to attain meaningful use and garner incentive payments, pay careful attention to the criteria and you are likely to avoid any unpleasant surprises. ■

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