

The goal is for the definition of meaningful use to be consistent with applicable provisions of Medicare and Medicaid law while continually advancing the contributions certified EHR technology can make to improving health care quality, efficiency, and patient safety. The Centers for Medicare and Medicaid Services (CMS) has been tasked with providing proposed definitions regarding the establishment of standards, so that orthopedists and other EP's will be able to implement EHR incentive programs successfully. To accomplish this, CMS' rulings will phase in more robust criteria for demonstrating meaningful use in three stages. Stage 1 is proposed as follows:

Stage 1 Criteria for Meaningful Use

The proposed Stage 1 criteria for meaningful use is focused on electronically capturing health information in a coded format, using that information to track key clinical conditions, communicating that information for care coordination purposes, and initiating the reporting of clinical quality measures and public health information. The proposed criteria for meaningful use are based on a series of specific objectives, each of which is tied to a proposed measure that all EPs and hospitals must meet in order to demonstrate that they are meaningful users of certified EHR technology.

For Stage 1, which begins in 2011, CMS proposes 25 objectives/measures for EPs that must be met in order to be deemed a meaningful EHR user. In 2011, all of the results for all objectives and measures, including clinical quality measures would be reported by EPs and hospitals to CMS, or for Medicaid EPs and hospitals to the states, through attestation. In 2012, CMS proposes requiring the direct submission of clinical quality measures to CMS (or to the states for Medicaid EPs and hospitals) through certified EHR technology. CMS recognizes that for clinical quality reporting to become routine, the administrative burden of reporting must be reduced. By using certified EHR technology to report information on clinical quality measures electronically to a health information network, a state, CMS, or a registry, the burden on providers that are gathering the data and transmitting them will be reduced.

Beyond the Stage 1 Criteria for Meaningful Use

The policy goals of meaningful use will be most fully realized by building on findings from Stage 1 and by making full use of the greater proliferation of certified EHR technology and supporting infrastructure that will take place under Stage 1 for meaningful use. Stage 2 will expand upon the Stage 1 criteria in the areas of disease management, clinical decision support, medication management, support for patient access to their health information, transitions in care and bi-directional communication with public health agencies. Consistent with other provisions of Medicare and Medicaid, Stage 3 will focus on achieving improvements in quality, safety and efficiency, focusing on decision support for national high priority conditions, patient access to self management tools, access to comprehensive patient data, and improving population health outcomes.

The 25 Modules of Meaningful Use

Certification is a guarantee of software capabilities and Meaningful Use describes the way software features should be implemented in actual workflows. Certification and Meaningful Use are related but different concepts. For example, Certification requires that a complete EHR or EHR module have the capability of recording, retrieving, and transmitting

immunization information using HL7 2.3.1 or HL7 2.5.1 with the CVX vocabulary. The Meaningful Use Stage 1 measure is to perform at least one test of the certified EHR technology's capacity to submit electronic data to immunization registries if local public health agencies are capable of receiving them. Thus, for 2011, actual submission of immunization data is not required, just the capability and a single test of that capability. Of course, by Stage 2 (2013), actual data submission will be part of every patient immunization.

As it stands today, the 25 building blocks (known formally as modules) of Meaningful Use are as follows:

1. Use CPOE
 - a. For ambulatory settings - support electronic ordering of 80% of medications, laboratory, radiology/imaging, and referrals.
 - b. For inpatient settings - support electronic ordering of 10% of medications, laboratory, radiology/imaging, blood bank, physical therapy, occupational therapy, respiratory therapy, rehabilitation therapy, dialysis, provider consultants, and discharge/transfers.
2. Implement drug-drug, drug-allergy, and drug-formulary checks.
3. Maintain an up to date problem list of current and active diagnoses (at least one coded entry or "No Problems exist") in ICD9-CM or SNOMED-CT for at least 80% of all patients
4. Generate and transmit permissible prescriptions electronically (the DEA does not yet allow controlled substances to be e-prescribed) for 75% of all ambulatory prescriptions.
5. Maintain an active medication list (at least one coded entry or "No Medications taken") for at least 80% of all patients
6. Maintain an active allergy list (at least one entry or "No Allergies reported") for at least 80% of all patients. Note that no coding/vocabulary is required for 2011.
7. Record demographics including preferred language, insurance type, gender, race, ethnicity, date of birth, and date of death/cause in the event of inpatient mortality for 80% of patients.
8. Record vital signs including height, weight, blood pressure, Body Mass Index (calculated) and growth charts for children 2-20 years for 80% of patients.
9. Record smoking status for 80% of patients 13 years or older.
10. Incorporate 50% of clinical lab test results as structured data using LOINC codes.
11. Generate a least one report listing patients with a specific condition. The concept is that such reporting can be used for quality improvement, reduction of disparities, and outreach.
12. Report aggregate numerator and denominator quality data to CMS in 2011 and exchange it using PQRI XML by 2012.
13. Send reminders to at least 50% of all patients who are 50 years and over for preventative care/follow-up. The intent is to allow the patient to choose between post card, email, phone reminder, or PHR reminder.
14. Implement 5 clinical decision support rules relevant to the clinical quality metrics.

15. Check insurance eligibility and submit claims electronically for at least 80% of patients.
16. Provide 80% of patients who request an electronic copy of their health information in the CCD or CCR format within 48 hours of their request.
 - a. For ambulatory settings this will include the problem list, medication list, allergies, and diagnostic test results.
 - b. For inpatient settings this will include discharge instructions and procedures.
17. Provide 10% of patients with online access to their problem list, medication lists, allergies, lab results within 96 hours of the information being available to the clinician.
18. Provide a clinical summary for 80% of all office visits (problem lists, medication lists, allergies, immunizations, and diagnostic test results) in paper or CCD/CCR format.
19. At least one test of health information exchange among providers of care and patient authorized entities.
20. Perform Medication reconciliation for at least 80% of relevant encounters and transitions of care.
21. Provide a summary of care record for at least 80% of transitions of care and referrals. This also implies the ability to receive a record and display it in human readable format.
22. Perform at least one test of the EHR capacity to submit electronic data to immunization registries.
23. Perform at least one test of the EHR's capacity to submit electronic lab results to public health agencies.
24. Perform at least one test of the EHR's capacity to submit syndromic surveillance data to public health agencies.
25. Conduct or review a security risk analysis and implement updates as necessary.

For additional information on the demonstration of Meaningful Use as it pertains to the orthopaedic practice, please consult the Medweb web site (www.medweb.com) and/or contact Amy Window of Medweb: 415-541-9980, Ext. 333.

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