MEANINGFUL USE

Week 58

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Reading Assignment:
Read the following webpage:
LEARNING OBJECTIVES

• To review the meaning of Meaningful Use

• To understand the purpose of Meaningful Use

• To learn how to demonstrate Meaningful Use
WHAT IS MEANINGFUL USE?

• The Center for Medicare & Medicaid Services (CMS) EHR incentive program
  • Initially *provided incentives* to accelerate the adoption of EHRs to meet program requirements
  • Now, *physicians who fail to participate in MU will receive a penalty* in the form of reduced Medicare/Medicaid reimbursements

• Program that requires using CEHRT (certified health records technology) to **CAPTURE, EXCHANGE** and **REPORT** specific clinical data and quality measures
WHAT IS MEANINGFUL USE?

• The MU program began in 2011
• It has evolved over the course of 3 stages:
  • **Stage 1**: established requirements for electronic capturing of clinical data, including providing patients with electronic copies of health information
  • **Stage 2**: encouraged the use of EHRs for increased exchange of information and continuous quality improvement at the point of care in the most structured format possible
    • **Modified Stage 2**: current requirements all physicians should follow
  • **Stage 3**: focused on using CERHT to improve health outcomes
WHAT IS MEANINGFUL USE?

There are 3 main components of MU:

1. Use of certified EHR in a meaningful manner (e.g., e-prescribing)
2. Use of certified EHR technology for electronic exchange of health information to improve quality of health care
3. Use of certified EHR technology to submit clinical quality measures
WHAT IS THE PURPOSE OF MEANINGFUL USE?

MU was defined by the use of CEHRT in a meaningful manner and rests on the five pillars of health outcomes policy priorities:

1. Improving quality, safety, efficiency and reducing health disparities
2. Engage patients and families in their health
3. Improve care coordination
4. Improve population and public health
5. Ensure adequate privacy and security protection for personal health information
HOW DO YOU DEMONSTRATE MEANINGFUL USE?

• Physicians must use certified health records technology (CEHRT)
• Physicians must demonstrate MU through an attestation process at the end of each MU reporting period to avoid a penalty
• All physicians participating in MU must demonstrate the 10 new Modified Stage 2 requirements
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## Eligible Professional Objectives and Measures

### (1) Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.

### (2) Generate and transmit permissible prescriptions electronically (eRx).

### (3) Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.

### (4) Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.

### (5) Patient Electronic Access - The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patientspecific education.

### (6) Coordination of Care - Use CEHRT to engage with patients or their authorized representatives about the patient’s care.

### (7) Health Information Exchange - The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.

### (8) Public Health Reporting - the EP is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice.
### SOCIAL DETERMINANTS OF HEALTH

**EMR-based tools that address social determinants of health:**

| EMR-based screening tool links patients with local social services |
| Clinic-Level EMR-based efficiencies help physicians prevent electricity service disconnection for patients with medical devices (nebulizers, respirators) |
| Screening tool identifies patients who were homeless or at risk of homelessness to improve care |

- **EMR-based screening tool:**
  - If a family screens positive for food insecurity, a referral through Epic is initiated. Advocates use EMR to complete application for services and document referral outcomes so referring physicians can track progress.

- **Clinic-Level EMR-based efficiencies:**
  - An auto-populated shut-off protection letter is now integrated into EMR (decreased physician time spent from 30min to 30sec).

- **Screening tool identifies patients who were homeless or at risk of homelessness to improve care:**
  - Veterans presenting to ED screened for housing needs & electronically referred to VA homeless programs leads to streamlined documentation and higher reimbursement rates.

When adequately leveraged, the EMR can improve collaboration between medical and social service delivery.
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At this time, ACOG does not have a specialty registry that EPs can utilize to meet attestation requirements for MU Stage 2 (Objective 10: Public Health, Specialized Registry Reporting).

The list of the CMS specialized registries can be found here:

One registry that might be appropriate for some obstetrics and gynecology practices is the American Urogynecologic Society Pelvic Floor Disorder Registry (AUGS PFDR), found on page 14 of the CMS specialized registries list.
REFERENCES

• HER Incentive Programs: 2015 – 2017 (Modified Stage 2) Overview


