Is Meaningful Use Worth the Burden?

Joseph Eastern, MD

Practice Points

- Adoption of the meaningful use program entails a substantial commitment of time, money, and energy. Much more is involved than simply having an electronic health record system in place; the complexity increases as you progress through the stages of meaningful use.
- Each private practitioner must decide if starting or maintaining the program is worth the continued burden of time and finances for his/her practice.
- The decision on whether to enroll in stage 1 or to progress to stage 2 of the meaningful use program must be made soon, and staying on course will be an additional challenge.

Meaningful use (MU), the federal government's strategy for motivating health care providers to adopt electronic health record (EHR) technology to improve patient care,[1] is proving to be a major challenge for many health care providers, particularly for physicians in private practice. The investment of time and resources needed to capture all of the data necessary for successful MU attestation may, in many cases, outweigh the benefit (if any) to your practice and your patients as well as the promise of MU incentive dollars.

However, regardless of the financial incentives, achieving MU theoretically is worth the considerable effort, as improved documentation should lead to improvements in patient care. Errors become easier to identify and a centralized system of electronic records is easier to maintain and access than individual paper records, no matter how many physicians are contributing or where each contributor is located. Medical record entries from generalists, specialists, laboratories, and other providers ideally are available to all at any time; therefore, all involved providers theoretically should be on the same page for each patient.

From private practice, Belleville, New Jersey.
The author reports no conflict of interest.
Correspondence: Joseph Eastern, MD (joseph.eastern@verizon.net).

The downside to MU, of course, is that the real world seldom reflects ideal situations envisioned by bureaucrats. Furthermore, MU may be too much, too soon; many providers might not have enough time to adapt. Meeting MU criteria requires resources, time, and funding that many private practices, particularly smaller ones, simply do not have. In speaking with numerous physicians struggling with MU hurdles over the last few months, I came away with the distinct impression that many are feeling overwhelmed and increasingly frustrated as they struggle to keep up.

Stage 2 Attestation

Many EHR vendors are having difficulty certifying their products to the 2014 edition of the EHR criteria necessary for stage 2 qualification, which further complicates the situation. According to a recent *Medical Economics* article, data from the Centers for Medicare & Medicaid Services (CMS) that were recently presented to the Health IT Policy Committee showed that 17% of eligible professionals were using software that lacked proper stage 2 certification.[2] If the vendors in question cannot install the necessary upgrades before the stage 2 deadline, their customers will be faced with the dilemma of switching to another EHR system on short notice or abandoning any hope of stage 2 MU attestation.

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Meaningful use has been divided into 3 stages, with only the first 2 stages in production thus far. Providers must attest to demonstrating MU every year to receive incentive payments and avoid Medicare payment adjustments.[3] Although most hospitals and a high percentage (precise statistics are hard to come by) of eligible practitioners signed up for stage 1, approximately 20% of them stopped participating in 2013.[4] Furthermore, only 8 hospitals and 447 eligible professionals in the country had attested to stage 2 through June of this year.[5]

Opposition From the American Medical Association

Perhaps reflecting a general wariness among the nation's health care providers, the American Medical Association (AMA) has questioned the overall administration of the MU program. In a May 2014 open letter to the CMS and the Office of the National Coordinator for Health Information Technology, the AMA predicted substantially higher dropout rates if major modifications are not made soon (James L. Madara, MD, written communication). Among other things, the AMA proposed eliminating the all-or-nothing provision that requires providers to meet every single benchmark in each stage and replacing it with a 75% achievement level to obtain incentive payments as well as a 50% bar to avoid financial penalties. They also suggested eliminating all requirements that fall outside the physician's control. For example, stage 2 requires at least 5% of patients in each practice to access a patient portal in the EHR system, a provision that physicians report as difficult to implement because patients prefer to speak directly with the physician. "I resent that the CMS can dictate how many of my patients must use the portal as a measure of my quality of care," a dermatologist told me at a recent statewide meeting of the Dermatological Society of New Jersey (personal communication, May 2014). "I will not be attesting to stage 2 unless that requirement is eliminated."

Although there is no indication that the AMA's warning will be heeded or any of the suggestions will be adopted, at least one CMS official has said that the agency will be more flexible with its hardship exemptions on a case-by-case basis. Currently, the CMS offers hardship exemptions for new providers, those facing natural disasters, and those who do not have face-to-face interaction with patients.[6]

Compliance Deadlines and Penalties

Ultimately, whether or not the program is substantially modified, each private practitioner must decide whether starting or continuing MU is worth the burden of time and finances in his/her particular situation. If you are still undecided, the crossroad is nigh, as 2014 is the last year to start MU before you are hit with a 1% penalty in Medicare Part B reimbursement in 2015 that may eventually rise to a maximum 5% reduction.[7] You must choose a 90-day reporting period that will enable you to attest by the final deadline of October 1. If you have already attested stage 1 and are contemplating the progression to stage 2, you must begin reporting at the beginning of a calendar quarter, which would be October 1 at this point.[1] Detailed instructions for meeting stage 1 and stage 2 deadlines are available from many sources, including the American Academy of Dermatology.[8]

Final Thoughts

Once on board, the challenge is to remain on track, which involves a substantial investment of time and effort. "Our members who were unsuccessful at attestation weren't watching their numbers," said a health care strategist with the American Academy of Family Physicians. "Tracking as you go is crucial."[9] You must continually monitor your progress in attaining the required benchmarks, making course corrections as you go to be sure that the necessary numbers will be there when your practice is ready to attest.

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