

Proposed Regs Outline Criteria for EHR Incentive

BY JOYCE FRIEDEN

The Health and Human Services Department has released long-awaited, proposed “meaningful use” criteria for providers interested in receiving bonuses of up to \$64,000 for installing or upgrading electronic health information systems.

“We’ve tried to build in flexibility in these standards and certification criteria as well as providing necessary guidance,” Dr. David Blumenthal, HHS’s national coordinator for health IT, said in a Dec. 30 conference call. “We hope we’ve provided a pathway toward more uniform standards over time, while at the same time making it possible in 2011 for well-intended providers and health professionals who want to become meaningful users to become so, and for the industry to create technology that will support that.”

Under the Health Information Tech-

nology for Economic and Clinical Health Act (HITECH), a part of 2009’s federal stimulus law, physicians who treat Medicare patients can get up to \$44,000 over 5 years for the meaningful use of a certified health information system. Physicians whose patient populations are made up of at least 30% Medicaid patients can earn up to \$64,000 in incentive payments for their use of the technology.

HHS issued two rules: one outlining proposals governing the incentive programs and an interim final regulation that sets initial standards, specifications, and certification criteria for electronic health record (EHR) technology. Both are open for 60 days of public comment.

The criteria for achieving meaningful use start with certain minimum requirements in 2011 and build gradually, with more requirements added each year. For stage 1, which begins in 2011, meaningful-use requirements include:

- ▶ Use of computerized entry for 80% of all patient orders.
- ▶ Use of electronic prescribing for 75% of all permissible prescriptions.
- ▶ Maintenance of active medication and medication-allergy lists as part of the EHR for at least 80% of patients.
- ▶ Inclusion of demographic data (language, gender, ethnicity, insurance type, and date of birth) in the EHR of at least 80% of patients.
- ▶ Inclusion in the EHR of at least 50% of the lab results that can be recorded as either positive or negative or can be recorded with numerical data.

In 2012, the rules tighten for submitting quality data. While providers are allowed to report quality data to the Centers for Medicare and Medicaid Services (CMS) through attestation in stage 1, data must be reported directly through certified EHR technology in stage 2.

“CMS recognizes that for clinical qual-

ity reporting to become routine, the administrative burden of reporting must be reduced,” according to an agency statement. “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 greatly reduced.”

Dr. Blumenthal emphasized that the regulations await public comment.

“These standards are intended to be iterative,” he said. “They are subject to comment, and we’ll carefully consider any comments about them and change the rule if we think it’s required, based on those comments.”

The proposed regulations, fact sheets, and instructions on how to comment can be found at www.cms.hhs.gov/Recovery/11_HealthIT.asp.

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