'Meaningful Use' for EHRs Defined

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' national coordinator for health information technology, 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 Technology 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 that outlines proposed provisions governing the incentive programs and an interim final regulation that sets initial standards, implementation 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.

There are also requirements dealing with reporting quality data, filing claims electronically, encouraging patients to be more active in their care, improving care coordination, and ensuring privacy of health records.

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 through attestation in stage 1, data must be reported directly through certified EHR technology in stage 2.

"CMS recognizes that for clinical quality reporting to become routine, the administrative burden of reporting must be reduced," said 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 stressed that the standards 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 American College of Cardiology noted on its Web site that only non–hospital-based physicians, that is, those who furnish less than 10% of their services in a hospital setting, are eligible for the incentives (www.acc.org).

The American Medical Association responded cautiously to the proposed regulations. "We want physicians in all practice sizes and specialties to be able to take advantage of the stimulus incentives," Dr. Steven Stack, a member of the association's board of directors, said in a statement. "We have provided ongoing input this year on standards for the use of EHRs and have stressed the importance of realistic timeframes for adoption, the removal of extraneous requirements that would delay successful adoption, and reasonable reporting requirements."

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DR. BLUMENTHAL

The Medical Group Management Association (MGMA), however, was more direct. The proposed criteria "are overly complex and … medical groups will confront significant challenges trying to meet the program requirements," the group said in a statement. It cites "unreasonable thresholds" for some criteria, including computerized physician order entry and electronic claims submission, and a requirement that physician offices provide patients and others with electronic copies of medical records among its objections.

"We were pleased to see that the CMS and ONC rules include some flexibility," said MGMA president and CEO Dr. William Jessee. "However, we firmly believe that the government should make additional changes to achieve wide-spread adoption by professionals in all types of clinical settings." ■

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

Four EHR Vendors Dominate Cardiology Offices

ORLANDO — The most widely used electronic health record system in cardiology practices today is GE Healthcare's Centricity, according to a survey conducted by the American College of Cardiology.

It is used by 24% of cardiology practices that have adopted electronic health record (EHR) technology. The NextGen system is No. 2 at 20%, followed by Gateway Electronic Medical Management Systems (13%), and AllScripts (10%), Dr. Janet Wright reported at the annual scientific sessions of the American Heart Association.

These four EHR brands are being used by two-thirds of the cardiology practices that have adopted EHR. The remaining practices use 28 other EHR products, a reflection of the proliferation of EHR systems being developed in response to federal financial incentives for medical practices to move to paperless records, according to Dr. Wright, ACC vice president for science and quality in Washington.

The EHR adoption survey was conducted as part of an ACC quality improvement project formerly known as Improving Continuous Cardiac Care, now incorporated into the college's PINNACLE (Practice Innovation and Clinical Excellence) Registry. PINNACLE is a prospective, practice-based, quality improvement initiative focused on ambulatory care. As of October 2009, 184 U.S. cardiology practices with more than 650 office locations had enrolled.

The autumn survey of participating practices showed that 42% use EHRs and 18% rely on paper-based medical records; 40% did not respond. Of the practices that report using EMRs, 39% are located in the South, 36% in the Midwest, and 13% in the Northeast, with the West bringing up the rear.

As EHR implementation in cardiology practices grows, it will be possible through the PINNACLE Registry to track the impact of adopting health care information technology on patient outcomes and quality of care, Dr. Wright said.

More information on the PINNACLE Registry is available at www.ncdr.com.

—Bruce Jancin

FDA Targets Preventable Drug Injuries

BY ELIZABETH MECHCATIE

SILVER SPRING, MD. — Reducing preventable injuries from medication errors, misuse, and abuse is the goal of an initiative being launched by the Food and Drug Administration, agency officials announced at a briefing.

The Safe Use Initiative is intended to "reduce preventable harm by identifying specific, preventable medication risks and developing, implementing, and evaluating cross-sector interventions with partners who are committed to safe medication use," according to the FDA. In addition to health care professionals, partners will include federal agencies, professional societies, pharmacies, hospitals, and manufacturers, as well as patients, caregivers, and consumers.

Drugs, drug classes, and therapeutic situations associated with preventable harm will be identified as part of the initiative.

The initiative will use measures of success to evaluate the impact of those interventions, Dr. Margaret Hamburg, FDA Commissioner, said during the briefing. Each year, adverse events from drug use result in more than 4 million visits to emergency rooms, physicians' offices, and outpatient facilities, and 117,000 hospitalizations, she said.

As many as half of all medication injuries—including dosing errors, mix-ups during drug administration, and unintentional misuse of the medication—could be prevented with currently available information about the medication, Dr. Hamburg added.

At the briefing, Dr. Janet Woodcock, director of the FDA's Center for Drug Evaluation and Research, who will be spearheading the initiative, distinguished between the events targeted by the initiative and inherent medication risks that are not preventable, such as side effects of chemotherapy.

Dr. Woodcock said that the agency has discussed the initiative with physicians' and nurses' professional groups, and will seek input from the health care community and the public to determine what they perceive to be the biggest problems. Proposed interventions will be specific to a particular problem, she said. The agency also announced a new draft guidance document on delivery devices for over-the-counter liquid drug products for companies that manufacture, market, or distribute medications such as elixirs, suspensions, and syrups, which are packaged with calibrated cups, droppers, syringes, or other dosage delivery devices.

The draft guidance addresses "ongoing safety concerns about the serious potential for accidental drug overdoses of OTC liquid drug products that can result from the use of dosage delivery devices with markings that are inconsistent or incompatible with the labeled dosage directions for OTC drug products," according to the document published in the Federal Register on Nov. 4. ■