Medicare Now Accepting 'Meaningful Use' Data

First checks go out in May, but many still face logistical hurdles.

BY MARY ELLEN SCHNEIDER

Physicians can now send data to the federal government to qualify for thousands of dollars in bonus payments under the new Medicare electronic health record incentive program.

The program officially began on Jan. 3, but April 18 was the first day that physicians and other eligible providers could submit data on their "meaningful use" of electronic health records (EHRs).

In order to qualify for Medicare incentive payments for 2011, physicians must report on at least 90 days of meaningful use occurring during this calendar year.

Oct. 1, 2011, is the last day that physicians can begin their 90-day reporting period to receive a 2011 incentive payment. The first checks for the Medicare incentive program are expected to go out in May, according to the Centers for Medicare and Medicaid Services.

The incentive program, which was authorized under the 2009 Health Information Technology for Economic and Clinical Health (HITECH) Act, offers payments to physicians who use health information technology to improve patient care.

Federal regulations governing the program spell out how physicians and hospitals can meet standards for the meaningful use of certified EHR technology.

Physicians who meet the criteria are eligible to receive up to $44,000 over a period of 5 years under the Medicare program. Physicians can still receive bonuses if they begin their meaningful use of the technology later, but they must qualify for the program before the end of 2012 to get all the available incentives.

A similar program is in place under the Medicaid program, with physicians eligible to receive up to $64,000 over 6 years for the adoption and use of certified EHR technology.

As part of the attestation process, physicians and other eligible providers must go online to report data on a number of meaningful use and quality measures established by the CMS. Through the online portal, physicians can report the numerator, denominator, and any potential exclusions for the objectives.

They can also attest that they have successfully met the program requirements.

For example, the meaningful use regulations require that providers maintain an up-to-date accounting of current and active diagnoses. To be eligible for incentives, providers must report that more than 80% of all unique patients seen by the provider have at least one entry, or an indicator that no problems are known for the patients. The data must be recorded in a structured format.

"There is a great deal of interest in the meaningful use program," said William Underwood, a senior associate in the division of medical practice, professionalism, and quality at the American College of Physicians.

But while interest is high, that does not mean physicians will be clamoring to report on meaningful use immediately.

Currently, physicians in both small and large practices are struggling with logistical hurdles, Mr. Underwood said.

For example, there is not a process in place to allow practice administrators to submit meaningful use data to the CMS on behalf of large physician practices. The current set-up requires a physician to report the information. While CMS officials plan to address this, it has not happened yet, Mr. Underwood said.

Some small practices are having difficulty meeting meaningful use thresholds because other entities are not exchanging information with them regarding labs and referrals. And practices of all sizes are waiting for vendors to finish rolling out updates that show they're in compliance with meaningful use certification, he said.

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Oct. 1 is the last day physicians can begin their 90-day reporting for 2011. Some are not yet ready.

Dr. Steven Waldren, director of the Center for Health IT at the American Academy of Family Physicians, agreed that while some physicians will submit data immediately, a large portion are still trying to figure out what they need to do to meet meaningful use requirements and ensure that their EHR system is certified. It may take until at least October to get a real sense of how many physicians plan to participate, he said. ■

Feds' $1-Billion Partnership Project Targets Readmissions, Preventable Conditions

BY MARY ELLEN SCHNEIDER

Federal officials are pouring a $1 billion into a new initiative aimed at reducing hospital readmissions and preventable injuries.

The "Partnership for Patients" brings together physicians, nurses, hospitals, patient advocates, insurers, and employers for a 3-year project that will help spread the lessons of successful quality improvement initiatives across the country and provide tools for health care providers.

Many hospitals have already had success in reducing readmissions or nearly eliminating hospital-acquired infections, but those initiatives haven't been adopted widely enough, Health and Human Services Secretary Kathleen Sebelius said at a press conference to launch the Partnership for Patients.

"The challenge is how to figure out how to make these models spread and accelerate this care improvement," she said.

The goal of the program is to reduce preventable hospital-acquired conditions by 40% compared to 2010 rates by the end of 2013. And officials are also seeking to reduce hospital readmissions within 30 days of discharge by 20% compared to 2010. HHS officials estimate that the quality initiative will save 60,000 lives and up to $35 billion in health care costs, including up to $10 billion for Medicare alone.

The $1 billion investment of federal funds comes from the Affordable Care Act. HHS officials said they were making $500 million available right away through the Community-Based Care Transitions Program to support efforts to improve care transitions between hospitals and physicians in the community. Starting April 12, hospitals and community-based organizations that team up to provide transition services can submit applications to HHS for funding. An additional $500 million will come from the CMS Innovation Center to fund demonstration projects aimed at reducing hospital-acquired conditions.

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Under the Partnership for Patients, HHS officials are asking hospitals to focus on nine types of adverse events including drug reactions, pressure ulcers, childbirth complications, and surgical site infections. HHS officials also plan to recruit a group of "pioneer" hospitals that would seek to improve care for all forms of harm and complications, said Dr. Donald Berwick, administrator of the Centers for Medicare and Medicaid Services. Dr. Berwick said these hospitals would go beyond the list of nine conditions and seek to transform themselves into "safer, high reliability organizations."

"By assembling this partnership and committing to these ambitious goals, we're sending a clear message that we can no longer accept a health care system in which only some Americans get the best possible care," Ms. Sebelius said. ■

CMS Web Site Adds Hospital-Acquired Condition Data

Patients can now go to Medicare's Hospital Compare Web site to see how hospitals are doing in preventing certain adverse events and infections.

The Centers for Medicare and Medicaid Services is providing data on eight hospital-acquired conditions: vascular catheter–associated bloodstream infections; catheter-associated urinary tract infections; blood incompatibility; pressure ulcers stages III and IV; air embolism; objects left in the patient after surgery; injuries during a hospital stay such as falls and trauma; and manifestations of poor glycemic control.

The CMS began collecting data on these conditions in 2007, and since 2008, Medicare has refused to provide additional payment if one of these conditions occurs during the patient's hospital stay. Each condition is costly and happens frequently during inpatient stays for Medicare patients, according to the agency. The conditions were chosen because Medicare officials consider them to be reasonably preventable through the use of evidence-based guidelines.

Data from October 2008 through June 2010 are available through a downloadable file on the Hospital Compare Web site. Later this year, CMS plans to integrate the data directly into the site framework.

–Mary Ellen Schneider