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SOFTWARE INTELLIGENCE



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Proposed 'Meaningful Use' Requirements for the Electronic Health Record (EHR) Incentive Program

The Centers for Medicare & Medicaid Services (CMS) has proposed criteria to qualify for 'meaningful use'. A final ruling is expected to be unveiled in late March or early April, 2010. CMS currently has more than 20 'meaningful use' requirements practices must meet in order to qualify for funding for the EHR Incentive Program. These requirements are currently in a draft rule and are open to public comment. MEDTRON urges everyone to review the following requirements and submit comments on the Notice of Proposed Rule Making (NPRM).

These requirements could greatly impact the way you practice medicine. The list below is a brief explanation of each requirement that is being proposed. Each provider that intends to exhibit meaningful use and attempt to qualify for the incentive program must adhere to EACH of these requirements, if adopted. <Note minimum participation percent (%) required>

Health Policy Goal: Improve quality, safety, efficiency and reduce health disparities

1. Use CPOE (Computerized Provider Order Entry). <80%>
2. Implement drug-drug, drug-allergy, drug-formulary checks.
3. Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT® (Systematized Nomenclature of Medicine – Clinical Terms). <80%>
4. Generate and transmit permissible prescriptions electronically (eRx). <75%>
5. Maintain active medication list. <80%>
6. Maintain active medication allergy list. <80%>
7. Record demographics: Preferred language, Insurance type, Gender, Race, Ethnicity, Date of birth. <80%>
8. Record and chart changes in vital signs: Height, Weight, Blood pressure, Calculate and display BMI, Plot and display growth charts for children 2-20 years, including BMI. <80%>
9. Record smoking status for patients 13 years old or older. <80%>
10. Incorporate clinical lab-test results into EHR as structured data. <50%>
11. Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach. <at least 1 report>
12. Report ambulatory quality measures to CMS or States.
13. Send reminders to patients per patient preference for preventive/follow up care. <50% of patient population 50 years old or older>
14. Implement 5 clinical decision support rules relevant to specialty or high clinical priority, including diagnostic test ordering, along with the ability to track compliance with those rules.
15. Check insurance eligibility electronically from public and private payers. <80%>
16. Submit claims electronically to public and private payers. <80% of claims>

Health Policy Goal: Engage patients and families in their health care

17. Provide patients with an electronic copy of their health information upon request. <80%, within 48 hours of request>
18. Provide patients with electronic access to their health information. <10%, within 96 hours of information availability>
19. Provide clinical summaries for patients for each office visit. <80%>

Health Policy Goal: Improve care coordination

20. Capability to exchange key clinical information among providers of care and patient authorized entities electronically. <perform at least 1 test>
21. Check medications at relevant encounters and each transition of care. <80%>
22. Provide summary care record for each transition of care and referral. <80%>

Health Policy Goal: Improve population and public health

23. Capability to submit electronic data to immunization registries and actual submission where required and accepted. <perform at least 1 test>
24. Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice. <perform at least 1 test>

Health Policy Goal: Ensure adequate privacy and security of health information

25. Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.

The Bottom Line:

While the proposed requirements 'sound reasonable on the surface, they actually present some very onerous burdens' on practices, says the MGMA's Tennant. The MGMA intends to put its pen where its mouth is, and will unleash a barrage of comments to CMS between now and March 15, when the comment period ends, Tennant says. 'We want to see some of these rules significantly modified'. – Grant Huang

To view the entire proposed rule:

Visit <http://www.regulations.gov/search/Regs/home.html#documentDetail?R=0900006480a7c4a8>

(A chart outlining Criteria for Meaningful Use starts on page 1867)

How to comment to the CMS:

Visit <http://www.regulations.gov>

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Comments are due by March 15, 2010 at 5pm.

If you need additional information on the EHR Incentive Program please contact:

Stephanie Woods

MEDTRON Sales Representative

Phone: 985-893-2550

Email: sales@medtronsoftware.com