

# Meaningful Use of Electronic Health Records



EHR provides the same data but structured for comparison over time.

The HITECH stimulus legislation provided for incentives to be paid that encourage meaningful use of electronic

health records by eligible professionals (physician practices) and eligible hospitals. These incentive payments are largely coordinated with Medicare and Medicaid.

Most of what is expected under the heading of meaningful use meets basic tests of common sense. Meaningful use will ask you to record information in a structured way, but it is information you would be recording anyway. With an EHR you will record weight for example, in a way so that you can easily see trend lines over time.

## Stage 1

Implementation of meaningful use has been divided into 3 stages. Stage 1 is to be fulfilled to receive incentive payments in 2011 and 2012. Stages 2 and 3 have not been fully defined at this time.

One area of stage 1 requirements includes prescriptions, prescription history and drug allergies. Over time, in later stages, as you can easily access what has been prescribed to the patient by other physicians, you will be able to readily identify serious drug interactions and other contraindications. In order to meet stage 1 requirements your system will need to be capable of transmitting prescriptions electronically.

Blood-work, urinalysis, and other testing that is initiated in your office should conclude with results being sent back to you electronically. These would be automatically posted to the patient record, and when an abnormal result is identified it would be placed on list of items requiring follow up by the doctor.



Verbal instructions will be supported with the same content on a patient portal.

During stage 1 it should be possible for the physician to provide an electronic copy of the patient's clinical information to the patient. This will include medication history, lab results, and a problem list.

## Quality Measures

The Meaningful Use rules identify approximately 80 different quality measures. Fortunately any single physician practice will only need to be concerned with a sub-set of these. Some apply to Oncology, others to Cardiology, and others to Endocrinology.

The first measure can be taken as an example. It is described as, "Percentage of



Genuine quality requires knowing where to look for correctable problems.

patients 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9.0%." Physicians who treat patients with diabetes will need to insure that the EHR automatically tags the relevant population so you

can get a clean count of the number of people in the denominator. The system should also flag those in the numerator for follow up. When a patient is above the 9% level, a plan for how the number will be brought down should be present on the system.

At this time a handful of measures apply to patients in specific specialty or measure groups. Over time, the numbers of measures will increase, and the EHR system will need to keep pace. The system should flag a situation when a plan is needed, and exactly what should be covered in that plan. This is not to attempt to practice medicine but to serve as an effective means for reminders.

## Incentives

HITECH will pay up to \$44,000 total per physician for implementation of an EHR with meaningful use. This is from 2011 to 2015. After that the incentive becomes a stick. Medicare and Medicaid payments will be reduced if an EHR is not used. You should anticipate that most insurance companies will impose similar requirements in order for you to be considered part of their network.

Working with a tight budget and a highly focused team you should be able to implement the



If you stacked all of the charts that you look at in a typical day, how tall would the stack be?

EHR and recover most of the expense with these payments. The real payback will be that your focus can shift from administrative burdens to patient care.



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