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Meaningful Use of Electronic Health Records

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ABSTRACT

The concerns on patient safety and quality improvement in health care are increasing. There is growing use of technology in health care, particularly use of the electronic health record (EHR). As this occurs, the health care system is transforming. The federal government has become involved in EHR implementation, encouraging improved health care. The Centers for Medicare & Medicaid Services are implementing the Meaningful Use (MU) Incentive Program for Medicare- and Medicaid-eligible providers. As EHR implementation and MU Programs grow, it is important for the nurse practitioner (NP) to be aware of the MU Program. As NPs become engaged in using EHRs, MU will have an impact on changing health care systems and implications related to clinical practice and improved outcomes.

Keywords: Centers for Medicare & Medicaid Services, clinical quality measures, electronic health record, nurse practitioner, meaningful use

Redesigning the health care system today involves the use of electronic health records (EHRs). EHRs support evidence-based practice and improve outcomes of care. Data can be retrieved from an EHR system to examine patient populations, manage chronic disease, and ensure preventive care applications in ways that paper documentation was unable to do. This technology is predicted to be the future of clinical practice. The Office of the National Coordinator for Health Information Technology (ONC) reported that, in 2001, 16% of office-based physicians used them. In 2013, approximately 78% of physicians use EHRs for clinical documentation in ambulatory office-based practices.[1] As a clinical tool, the EHR can be potentially lifesaving, efficient, and cost-effective.

The history of clinical documentation of patient care has been based on a paper-based system. Paper-based medical records were cumbersome, misplaced, inefficient, and, at times, ineffective. The collection of patient histories and data were often overwhelming. Inaccuracies in documentation and poor interdisciplinary communication resulted in medical errors. The use of EHRs has led to a more effective, efficient way to provide patient care.

EHR has decreased the number of medical errors through oversight of clinical provider entry orders and electronic prescribing of medication. There is increased support of evidence-based practices through clinical support systems. The sharing of health care information between providers has led to improved outcomes of care. Cost savings are being achieved by reducing redundant orders for unnecessary laboratory and radiology testing as well as reducing medical errors. EHR use also supports medical record privacy.

MEANINGFUL USE

In 2009, President Obama supported these changes by signing the Health Information Technology for Economic and Clinical Health (HITECH) Act, as part of the American Recovery and Reinvestment Act.[1] The HITECH is now directed by the ONC. The HITECH Act contains financial incentives to improve the health care system through the use of EHRs. To receive an EHR incentive payment, providers have to show that they are "meaningfully using" their EHRs by meeting thresholds for a number of objectives. The beginning of the Meaningful Use (MU) incentive plans began in 2011. The Center for Medicare & Medicaid Services (CMS) began by coordinating financial incentives to those who participated in the program, meeting criteria defined as MU.[2] These criteria were created by an expert

panel, the National Quality Forum.[3] The criteria selected were designed to promote and support EHR systems that improved patient care while maintaining privacy and security of EHR systems. The incentive process promotes and supports the adoption of health information technology by the health care industry, health care providers, consumers, and patients. To receive an EHR incentive payment, providers have to show that they are "meaningfully using" their EHRs by meeting thresholds for a number of objectives.

The priorities of the MU Program are to (1) improve quality, safety, and efficiency and reduce health disparities; (2) engage patients and families in their health; (3) improve care coordination; (4) improve population and public health; and (5) ensure adequate privacy and security protection for personal health information.

The MU Incentive process is divided into 2 separate programs, which are similar in many ways. There is the Medicare MU Program and the Medicaid MU Program. There are some important differences between them. Eligible providers (EPs) for each program differ. EPs cannot participate in both programs. They must choose to participate in either the Medicare or the Medicaid MU Program. There are more detailed requirements. For example, a provider whose practice is within a hospital where 90% of their patients are within the hospital setting are not eligible for receiving incentives. EPs for Medicare incentives include doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors.[4] EPs eligible for Medicaid incentives include physicians, nurse practitioners, certified nurse midwives, dentists, and physician assistants in physician assistant–led Federally Qualified Health Centers or rural health clinics Medicaid Incentive Program.

The Medicare MU Incentive Programs for EPs are as follows: (1) they are run by CMS, (2) the maximum incentive amount is $44,000, (3) payments are made over 5 consecutive years, (4) payment adjustments will begin in 2015 for providers who are eligible but decide not to participate, (5) providers must show MU every year to receive incentive payments, and (6) providers to Medicare recipients may face financial penalties for failure to achieve the MU standards by 2015.[4]

Medicaid MU Incentive Programs for EPs are the following: (1) they are run by state Medicaid agencies; (2) the maximum incentive amount is $63,750; (3) payments can be made over 6 years and do not have to be consecutive; (4) there are no Medicaid payment adjustments; and (5) in the first year, providers can receive an incentive payment for adopting, implementing, or upgrading EHR technology. Providers must demonstrate MU use in the remaining years to receive incentive payments.

To obtain an incentive payment, the provider must be using an EHR that is certified by the MU Program. Certified EHR implementation gives assurance to purchasers and other users that an EHR system has technological capability to meet MU criteria. Certification also helps providers and patients have more confidence that the EHR patient information is secure and confidential and can work with other systems to share information. The incentives, mandated by law, can be achieved if providers are using an MU-certified EHR.

Providers must also meet the MU criteria when using EHRs in practice. The criteria are met within the major components of MU. The Recovery Act specifies the following 3 components of MU[4]: (1) the use of certified EHR in a meaningful manner (eg, e-prescribing), (2) the use of certified EHR technology for electronic exchange of health information to improve quality of health care, and (3) the use of certified EHR technology to submit clinical quality measures (CQM) and other such measures selected by the secretary.

There are 15 core objectives listed by ONC for eligible providers that meet MU criteria. They include the following[4]: (1) computerized provider order entry, (2) e-prescribing, (3) report ambulatory clinical quality measures to CMS/states, (4) implement 1 clinical decision support rule, (5) provide patients with an electronic copy of their health information upon request, (6) provide clinical summaries for patients for each office visit, (7) drug-drug and drug-allergy interaction checks, (8) record demographics, (9) maintain an up-to-date problem list of current and active diagnoses, (10) maintain an active medication