Proposed EHR ‘Meaningful Use’ Criteria Chart Path to Incentives

Physicians can earn bonuses worth up to $64,000 over 5 years for using a certified EHR system.

BY JOYCE FRIEDEN

Medical organizations are closely examining the long-awaited, proposed “meaningful use” criteria developed by the Department of Health and Human Services. The final criteria, to be phased in starting in 2011, will be crucial for providers interested in receiving bonuses of up to $64,000 for installing or upgrading electronic health record (EHR) systems.

“We’ve tried to build in flexibility in these standards and certification criteria, as well as providing necessary guidance,” Dr. David Blumenthal said. He emphasized that the proposed regulations are open for public comment until March 15. “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 Physicians is “very supportive of the goals articulated by the proposed rules,” said Dr. Michael S. Barr, the ACP’s vice president for practice advocacy and improvement. In a written statement, Dr. Barr told INTERNAL MEDICINE NEWS that the college plans to submit comments to the HHS based on input from its members and its medical informatics subcommittee.

The ACP will address three questions:

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Federal health officials have “tried to build in flexibility in these standards and certification criteria, as well as providing necessary guidance,” Dr. David Blumenthal said.

‘Vaccine’ Mimicking Childbearing Might Help Avert Breast Cancer

BY BRUCE JANCIN

San Antonio — Truly large-scale prevention of breast cancer will require the development of a “hormonal vaccine” for young women that mimics the effects of repeated childbearing and breastfeeding, according to a prominent expert in cancer epidemiology.

“It’s not research that many people are doing. It’s not cutting edge. It won’t get into [the journals] Nature or Science. But it will get a Nobel Prize in Medicine,” Dr. Valerie Beral predicted at the San Antonio Breast Cancer Symposium.

More than 1 million new cases of breast cancer occur annually worldwide. It is known that relatively short-term exposure in early adulthood to the hormones of late pregnancy and lactation confers lifelong protection against the malignancy. No other preventive factor can approach the size of this protective effect. But it’s utterly unrealistic to expect women in developed countries to revert to such childbearing patterns. That’s why a “hormonal vaccine”—something that could be given to young women for 9 months at a time, perhaps repeatedly, in order to mimic the effects of childbearing on breast tissue—is a must in order to achieve great success in breast cancer prevention. It’s badly needed not only in the developed world, but also in the major urban areas of the developing world, where the incidence of breast cancer is climbing rapidly, according to Dr. Beral, director of the cancer epidemiology unit and professor of epidemiology at the University of Oxford (England).

The notion that a major cause of breast cancer is small family size and a lack of prolonged breastfeeding is not

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What ‘Meaningful Use’ Means

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► Will the process for certifying EHR technology help ACP members identify the appropriate solution for their practice needs as well as help practices maximize the benefit of the EHR incentive program for patient care?
► Are the measures selected for reporting clinically relevant, evidence-based, and truly associated with meaningful use of health information technology?
► Do the processes required for collecting data to document and report on meaningful use minimize administrative and financial burdens for practices?

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% Medicare patients can earn up to $64,000 in incentive payments for their use of the technology. The regulations include a definition of meaningful use and outline other criteria for obtaining the full incentive payments.

The HHS issued a rule that outlines proposed provisions governing the incentive programs, as well as an interim final regulation that sets initial standards, implementation specifications, and certification criteria for EHR technology. “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,” Dr. Blumenthal said.

The meaningful use criteria start with minimum requirements in 2011 and build gradually, with more requirements added each year. For stage 1, which begins in 2011, the requirements include:

► Use of certified technology 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.

Other requirements deal with reporting quality data, filing claims electronically, encouraging patients to be active in their care, improving care coordination, and protecting the privacy of health records.

In 2012, the rules tighten for submitting quality data. Although providers are allowed to report quality data to the Centers for Medicare and Medicaid Services (CMS) through attestation in stage 1, data must be reported directly through certified EHR technology in stage 2.

“For clinical quality reporting to become routine, the administrative burden of reporting must be reduced,” CMS said. That goal can be achieved “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 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 and adopt new technologies that can improve patient care and physician workflow,” 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.”

The Medical Group Management Association (MGMA), however, maintained that the proposed criteria “are overly complex and . . . medical groups will confront significant challenges trying to meet the program requirements.” In a statement, the group cited among its objections “unreasonable thresholds” for some criteria, including CPOE and electronic claims submission, “potentially difficult meaningful use attestation after the first year,” and a requirement that physician offices provide patients and others with electronic copies of medical records.

“We were pleased to see that the CMS and ONC rules include some flexibility, especially in the areas of escalating stages of meaningful use requirements, straightforward first-year attestation, and reasonable 90-day reporting windows,” said MGMA president and CEO Dr. William Jessie. “However, we firmly believe that the government should make additional changes to achieve widespread adoption by professionals in all types of clinical settings.”

For more information on the proposed regulations, go to www.cms.hhs.gov/Recovery/11_HIT.asp.

Negative Pressure Wound Therapy Tied to Complications

BY ROBERT FINN

The Food and Drug Administration has warned clinicians and patients to be vigilant for potentially life-threatening complications with the use of negative-pressure wound-therapy devices.

The agency issued the notification after receiving reports of 6 deaths and 77 pieces; most of those patients required exposure of organs, vessels, nerves, tendon, and ligaments. Sharp edges in the wound (e.g., bone fragments)

Dressing changes may not be changed for 3 or 4 days, so complications can go unnoticed, even if the area becomes painful. Other complications concern symptoms including fevers, chills, and changes in blood pressure.

The passage of the HITECH legislation created a monumental task for Dr. Blumenthal and the Office of the National Coordinator, who have done an excellent job in responding to the challenge of defining “meaningful use” of electronic health information systems.

The rules spell out a phased set of requirements that build upon the work of the preceding advisory process. And the financial incentives that Congress put in place are especially notable for all internists who care for patients in a fee-for-service setting.

The agency issued the notification “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,” Dr. Blumenthal said.

The meaningful use criteria start with minimum requirements in 2011 and build gradually, with more requirements added each year. For stage 1, which begins in 2011, the requirements include:

Risk Factors Relevant to NPWT Use

► Patients at high risk for bleeding and hemorrhage
► Patients on anticoagulants or platelet-aggregation inhibitors
► Patients with friable vessels and infected blood vessels
► Vascular anastomosis
► Infected wounds
► Osteomyelitis
► Exposed organs, vessels, nerves, tendon, and ligaments
► Sharp edges in the wound (e.g., bone fragments)

Surgical wound
Malignancy in the wound
Exposed anastomotic site
Exposed vessels
Exposed nerves
Exposed skin
Exposed organs

Spinal cord injury (stimulation of sympathetic nervous system)
Enteric fistulas
Patients requiring MRI
Hyperbaric chamber
Defibrillation
Patient size and weight
Use near vagus nerve (bradycardia)
Application of circumferential dressings
Mode of therapy—intermittent versus continuous negative pressure

Source: Food and Drug Administration

Contraindications For NPWT

Necrotic tissue with eschar present
Untreated osteomyelitis
Nonenteric and unexplored fistulas
Malignancy in the wound
Exposed vasculature
Exposed nerves
Exposed anastomotic site
Exposed organs

Source: Food and Drug Administration

Staff and patients should be alert for certain problem signs. Dr. Takahashi said the edges of the wound should remain pink. It’s time to become concerned when the edges start turning red or the area becomes painful. Other concerning symptoms include fevers, chills, and changes in blood pressure.

A patient handout and a link to the notification is at www.fda.gov/ForConsumers/ConsumerUpdates/ucm193277.htm.