

# Minimal EHR Criteria Will Take Effect in 2011

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, HHS’ national coordinator for health information technology, said in a conference call. “We hope we’ve provided a pathway toward



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**Dr. David Blumenthal calls on the IT industry to develop useful EHR software.**

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.”

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% Medicaid 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 payments.

HHS issued two rules: one that outlines proposed provisions governing the incentive programs and an interim final regulation that sets initial standards, implementation specifications, and certification criteria for electronic health record (EHR) technology. Both regulations are open for public comment until March 15.

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

- ▶ Use of computerized 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.

There are also requirements dealing with reporting quality data, filing claims electronically, encouraging patients to be more active in their care, improving care coordination, and ensuring privacy of health records.

In 2012, the rules tighten for submitting quality data. While 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.

“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 burden on providers that are gathering the data and transmitting them will be greatly reduced,” according to a CMS statement.

Dr. Blumenthal emphasized that the regulations were still awaiting public comment. “These standards are intended to be iterative,” he said. “We’ll carefully consider any comments about them and change the rule if we think it’s required, based on those comments.”

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) objected to the proposed criteria as being overly complex and likely to pose significant challenges to medical practices trying to meet the program requirements. MGMA’s statement also objected to a requirement that physician offices provide patients and others with electronic copies of medical records. ■

*The proposed regulations, fact sheets, and instructions on how to comment can be found at [www.cms.hhs.gov/Recovery/11\\_HealthIT.asp](http://www.cms.hhs.gov/Recovery/11_HealthIT.asp).*



## POLICY & PRACTICE

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### Focus Is on Meds in Pregnancy

The Food and Drug Administration is partnering with several health maintenance organizations to study the effects of prescription medications during pregnancy. The new Medication Exposure in Pregnancy Risk Evaluation Program (MEPREP) will give researchers access to data from 11 health plan–affiliated sites across the country. In total, the sites have information on about 1 million births between 2001 and 2007. Studies will address the effects of medication in both pregnant women and their children, Dr. Gerald Dal Pan, director of surveillance and epidemiology at the FDA’s Center for Drug Evaluation and Research, said in a statement. “Results of these studies will provide valuable information for patients and physicians when making decisions about medication during pregnancy.” The new program is a collaboration among the FDA, the HMO Research Network Center for Education and Research in Therapeutics, Kaiser Permanente’s multiple research centers, and Vanderbilt University in Nashville, Tenn.

### IOM to Study LGBT Health Issues

The Institute of Medicine plans to review the state of science concerning the health of lesbian, gay, bisexual, and transgender (LGBT) people. An IOM committee will be charged with identifying knowledge gaps and outlining a specific research agenda for the National Institutes of Health. The committee is to examine LGBT health risks, health disparities, access to health care, and utilization. Late last year, the Center for American Progress found in its own study that there are significant disparities when it comes to LGBT health status. For instance, researchers for the think tank found that lesbian, gay, and bisexual adults are twice as likely as heterosexual adults to experience psychological distress.

### ACOG Backs Depression Screening

Ob.gyns. should strongly consider screening women for depression both during and after pregnancy, according to a new position statement from the American College of Obstetricians and Gynecologists. There are significant benefits to women and their families if depression is diagnosed and treated, the statement said. ACOG estimates that 14%-23% of pregnant women experience depression symptoms and that 5%-25% of women experience postpartum depression. “With over 4 million births in the [United States] every year, we’re talking about a huge number of women with postpartum depression—between 200,000 to more than 1 million each year,” ACOG President

Gerald F. Joseph said in a statement. The ACOG statement includes information on seven depression screening tools, each taking less than 10 minutes to perform. Practices should have a referral program in place for women who have depression symptoms. The position statement was published in the February issue of *Obstetrics & Gynecology* (2010;115:394-5).

### Mixed Bag for Reproductive Rights

Supporters of abortion rights scored some major victories in 2009, but those were offset by abortion restrictions proposed as part of health care reform, according to the NARAL Pro-Choice America Foundation. The organization made the assessment in its annual report on abortion-related legislation and court decisions affecting reproductive rights. NARAL officials credited the Obama administration with lifting the Mexico City policy, which had barred federal funding of overseas programs that offer abortion services or referrals. The Obama administration also nominated several individuals with “prochoice records” to federal posts, NARAL noted. But Nancy Keenan, the organization’s president, criticized lawmakers who put abortion restrictions in the health care reform bills passed in the House and Senate late last year. “For prochoice Americans, 2009 was a roller coaster ride,” Ms. Keenan said in a statement. “On one hand, we saw positive changes in policies that will make a difference in the lives of women and their families. On the other hand, antichoice politicians used health reform to advance destructive and divisive attacks on women’s access to abortion coverage.”

### Young Adults Skip Contraception

While the vast majority of unmarried adults under age 30 believe that pregnancies should be planned, only about half of them say they consistently use contraception. The findings come from a survey conducted by the National Campaign to Prevent Teen and Unplanned Pregnancy. It also found that 19% of the sexually active, unmarried adults said that they had not used contraception at all in the past 3 months. One factor may be misconceptions about birth control. The poll found that 27% of the young women and 34% of the men think it likely that using hormonal methods of contraception will lead to a serious health problem, such as cancer. Additionally, 59% of women and 49% of men said they believe that they might be infertile. The survey included 1,800 unmarried adults aged 18-29 years.

—Mary Ellen Schneider