



## Rule Summary: Meaningful Use of Electronic Health Record Information and Public Health

Payment incentives are available for Medicare and Medicaid eligible providers and hospitals that purchase, implement, and meaningfully use certified EHR systems. EHRs certified by a recognized body must meet a set of Stage 1 objectives (see Table 1), or functionalities, and be able to report to CMS or states<sup>1</sup> on a set of clinical quality measures that will be set forth by CMS in 2011. Additional objectives will be required for Stage 2 to receive incentives in 2013 and for Stage 3 in 2015.

The Stage 1 objectives for meaningful use certified EHRs are intended to:

- Improve quality, safety, efficiency, and reduce health disparities
- Engage patients and families in their own health care
- Improve care coordination
- Improve population and public health
- Ensure adequate privacy and security protections for personal health information

### Eligibility and Incentives

Eligible providers include physicians, nurse practitioners, certified nurse-midwives, dentists, physician assistants (PA) working in a federally qualified health centers or rural health clinics also led by a PA. Eligible hospitals include acute care hospitals, including critical access hospitals (CAH), and children's hospitals.

Providers seeking incentives can receive up to \$21,250 in Medicaid incentives in the first year (2011) and up to a total of \$63,750 over the life of the program (calendar year 2021). Eligible providers seeking Medicare incentives can receive up to \$18,000 in the first year and up to a total of \$44,000 over the life of the program (calendar year 2015). Hospitals can receive a \$2 million base incentive plus a per discharge amount calculation based on the Medicaid/Medicare share with no maximum incentive amount.

### Criteria for Receiving Incentives

A set of "Core" objectives established by CMS must be satisfied for eligible providers to receive meaningful use incentives. These objectives include items such as collecting demographic information, supporting information exchange among providers, computerization of physician order entry, and e-prescribing. EHR systems must also satisfy five out of 10 "menu" objectives that will be included in Stage 2 core objectives in 2013.

Public health objectives, previously required of all providers in the interim final rule<sup>2</sup> have been included in the "menu" objectives. The final rule requires eligible professionals and hospitals to choose at least one public health objective from the set of menu objectives, which include submitting:

- Immunization information
- Reportable electronic laboratory results
- Syndromic surveillance data.

<sup>1</sup> Public health objectives will be reported to public health agencies and clinical quality measures (CQM) will be reported to state Medicaid agencies for providers seeking Medicaid incentives. Providers seeking Medicare incentives submit clinical quality measures to CMS and public health objectives to public health agencies.

<sup>2</sup> Released in January 2010



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### Optional Core Objectives

State Medicaid programs can require, with prior CMS approval, their Medicaid providers to meet the four additional meaningful use core objectives noted below:

- Lists of patients, by specific conditions, for quality improvement, reduction of disparities, research, or outreach (can specify particular conditions)
- Reports of immunization information to immunization registries
- Capability to report lab results
- Capability to submit syndromic surveillance data

### Clinical Quality Measures

Eligible providers are required to report on three core clinical quality measures (CQM):

- Hypertension: blood pressure measurement
- Preventive care and screening
  - Tobacco use assessment
  - Tobacco cessation intervention
- Adult weight screening and follow-up

They must also choose another three from a list of 38 CQM. Healthcare providers seeking to demonstrate meaningful use are required to attest that their EHRs can support these measures in 2011 and then submit electronically in 2012.

State Medicaid programs can also require additional quality measures in the set of core measures.

These "alternate core" CQM are:

- Weight assessment and counseling for children and adolescents
- Preventive care and screening: influenza immunization for patients 50 years old or older
- Childhood immunization status

### More Resources:

Medicare and Medicaid Programs; Electronic Health Record Incentive Programs

<http://www.cms.gov/ehrincentiveprograms/>

Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology Final Rule

<http://edocket.access.gpo.gov/2010/pdf/2010-17210.pdf>

CMS Summary Slides on the Implementation of the Meaningful Use Incentive Programs:

[http://www.astho.org/uploadedFiles/10\\_Programs/12\\_e-Health/EHR\\_Incentive\\_Program\\_Agency\\_Training\\_v8-20.pdf](http://www.astho.org/uploadedFiles/10_Programs/12_e-Health/EHR_Incentive_Program_Agency_Training_v8-20.pdf)



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**Table 1. Stage 1 Objectives for Meaningful Use Certified Electronic Health Records**  
*EP = eligible provider; H = Hospital*  
*Public Health Objectives in **BOLD***

Core Objectives for Eligible Providers	EP	H	Menu Objectives	EP	H
Computerize physician order entry (CPOE)	X	X	Check drug-formularies	X	X
Protect electronic health information	X	X	Incorporate clinical lab test results as structured data	X	X
Report ambulatory clinical quality measures to CMS/States	X	X	Generate lists of patients by specific conditions	X	X
Implement one clinical decision support rule	X	X	Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate	X	X
Provide electronic copy of patient's health information, upon request	X	X	Reconcile medication	X	X
Record demographics	X	X	Summarize care record for each transition of care/referral	X	X
Maintain an up-to-date problem list of current and active diagnoses	X	X	Record advanced directives for patients 65 years or older		X
Maintain active medication list	X	X	Send reminders to patients per patient preference for preventive/follow up care	X	
Maintain active medication allergy list	X	X	Provide timely electronic access of their health information to patients	X	
Record and chart changes in vital signs	X	X	<b>Submit electronic data to immunization registries/systems</b>	X	X
Record smoking status for patients 13 years or older	X	X	<b>Provide electronic syndromic surveillance data to public health agencies</b>	X	X
Exchange key clinical information among providers of care and patient-authorized entities electronically	X	X	<b>Provide electronic submission of reportable lab results to public health agencies</b>		X
Check drug-drug and drug-allergy interaction	X	X			
E-Prescribing (eRx)	X				
Provide clinical summaries for patients for each office visit	X				
Provide electronic copy of discharge instructions to patients at time of discharge, upon request		X			

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