



Healthcare Information and Management Systems Society

Implementing the EHR Incentive Programs

Recommendation to Congress

June 2010

Ask #1: HIMSS recommends that any future policy pertaining to the EHR incentive programs under ARRA appropriately balance meaningful use criteria/measures with industry readiness without delaying the timeline for implementation.

Background: Congress made great strides in advancing the use of information technology (IT) in healthcare through passage of the American Recovery and Reinvestment Act of 2009 (ARRA). A core component of the legislation, the Health Information Technology for Economic and Clinical Health (HITECH) Act, aims to build a robust IT infrastructure for healthcare to assist providers and other entities in adopting and using health IT. While many of the requirements under ARRA present cultural and technical challenges for healthcare providers, HIMSS believes these requirements are necessary next steps in transforming healthcare.

According to research conducted by HIMSS Analytics, the use of electronic health records (EHRs) among healthcare providers has steadily increased over the past four years. According to the HIMSS Analytics EMR Adoption ModelSM (EMRAM) (Figure 1), hospitals in “Stage 4” are best positioned to meet the 2011 requirements. As of May, 2010, 15.2 percent of US hospitals (794 of 5,223) have achieved “Stage 4” or higher. This is up from 3.7 percent at the end of calendar year 2006. Another 50 percent of US hospitals (2,612 of 5,223) have achieved “Stage 3” and are poised to make the advances needed to meet the meaningful use requirements.

ARRA not only established federal leadership for health IT, but also new programs to assist providers in the training, implementation, and use of health IT. Among many things, the legislation established programs to educate and train health IT professionals, provided incentives under Medicare and Medicaid to reward providers for the meaningful use of certified EHR technology, created two new federal advisory committees to help guide and carry-out a national strategy for health IT, and codified the Office of the National Coordinator for Health Information Technology (ONC).

Two of the largest transformative initiatives for healthcare included in ARRA are the new EHR incentive programs under Medicare and Medicaid. Specifically, the legislation directs the Secretary of Health and Human Services (HHS) to establish two new incentive programs that would leverage Medicare and Medicaid to provide an increase in reimbursement to “eligible professionals” and “eligible hospitals” that demonstrate “meaningful use of certified EHR technology”. To carry-out these programs, the Secretary is required to adopt a final rule that identifies the criteria for becoming a “meaningful user” of certified EHR technology, the guidelines for entities to become accredited certification bodies for EHRs, and the certification criteria for EHRs. The health IT community expects to receive final rules for meaningful use, standards and certification, and the certification process by late June 2010.

According to ARRA, incentive programs for eligible hospitals can begin as early as October 1, 2010 and incentives programs for eligible professionals can begin as early as January 1, 2011. Meaningful use is defined as a three-stage progressive process, in which providers can receive a reimbursement payment for successfully demonstrating meaningful use in three select “stages”. Under Medicare, eligible professionals that have not demonstrated meaningful use by 2015 will receive a reduction in the Medicare reimbursement.

EMR Adoption ModelSM

CY09 CY10
Q4 Q1

Figure 1

Stage	Description	CY09 Q4	CY10 Q1
Stage 7	Complete EMR; CCD transactions to share data; Data warehousing; Data continuity with ED, ambulatory, OP	0.7%	0.7%
Stage 6	Physician documentation (structured templates), full CDSS (variance & compliance), full R-PACS	1.6%	1.8%
Stage 5	Closed loop medication administration	3.8%	5.0%
Stage 4	CPOE, Clinical Decision Support (clinical protocols)	7.4%	7.7%
Stage 3	Nursing/clinical documentation (flow sheets), CDSS (error checking), PACS available outside Radiology	50.9%	50.0%
Stage 2	CDR, Controlled Medical Vocabulary, CDS, may have Document Imaging; HIE capable	16.9%	16.5%
Stage 1	Ancillaries – Lab, Rad, Pharmacy – All Installed	7.2%	6.9%
Stage 0	All Three Ancillaries Not Installed	11.5%	11.4%

Next Steps: HIMSS commends Congress' commitment to transforming healthcare through the use of IT and is actively working with policy makers to carry out the requirements for the EHR incentive programs under ARRA. Enactment of ARRA made great strides in advancing the use of health IT and identifying necessary next steps in transforming healthcare. **HIMSS recommends that any future regulatory or legislative action pertaining to the EHR incentive programs under ARRA appropriately balance meaningful use criteria/measures with industry readiness without delaying the timeline for implementation.** While many of the requirements under ARRA present cultural and technical challenges to healthcare providers, HIMSS believes that the requirements are necessary next steps in transforming healthcare through the use of health IT to improve quality and patient safety.

For three months, HIMSS worked with its membership to develop constructive comments to HHS on the Notice of Proposed Rule Making (NPRM) on Meaningful Use, the Interim Final Rule (IFR) on Standards and Certification Criteria, and the NPRM on the Certification Process. Included in the discussion were members representing all facets of the healthcare community (i.e. physicians, nurses, hospital and clinical practice leaders, consumers, IT specialists, consultants, lawyers, vendors, and representatives from health information exchanges (HIEs)).

While HIMSS appreciates the challenge that providers will face in meeting the requirements for meaningful use, HIMSS also recognizes that driving the appropriate use of health IT in an expedient manner is the right thing to do to foster improvements in patient safety and quality healthcare. In addition, HIMSS notes that, according to census data of US hospitals gathered by HIMSS Analytics, providers are, with modifications to some of the regulations, positioned to meet the challenge (see Figure 1).

As a result, the following highlight HIMSS's public comments on meaningful use and certification:

- Correct the unintended impact of using CMS Certification Numbers (CCN) to identify hospitals for incentive payments.
- Clarify the definition of hospital-based eligible professional to reflect Congressional intent.
- Streamline meaningful use criteria, recognizing the impact on workflow; placing an emphasis on more realistic metrics; eliminating some metrics; and allowing some objectives and measures to be deferred to Stage 2.
- Expand the definition of eligible professionals and care settings for the EHR incentive programs under ARRA to maximize the benefits of health IT across the continuum of care.
- Significantly reduce the number of Clinical Quality Measures ensuring that measures can be health IT-enabled as part of the care process.
- Shift the balance from highly detailed meaningful use criteria/measures and the aggressive timeline to a smaller number of required criteria/measures with lower thresholds for achievement.
- Establish a temporary certification process without delay.

In carrying-out the requirements of the HITECH Act, Congress and the Administration should rely on the health IT community and IT/management systems-oriented organizations, such as HIMSS, to provide best practices in the use of health IT and guidance for fulfilling the requirements of the HITECH Act.