

# Preparing for Meaningful Use

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*This final paper in the series identifies ways in which organizations can begin preparing for the meaningful use program.*

The Health Information Technology for Economic and Clinical Health Act (HITECH) within ARRA established a variety of programs to support and promote the adoption and effective use of electronic health records. The highest-profile of these is the EHR incentive program, also known as the meaningful use program, which pays Medicare and Medicaid bonuses to providers who demonstrate the meaningful use of EHRs.

Although the program is voluntary initially, eligible providers are strongly encouraged to participate in order to improve the nation's healthcare quality, safety and efficiency. In time, eligible professionals (EPs) who do not meet the program requirements will receive reductions in their Medicare payments. Hospitals may face similar reductions, although no regulation currently exists.

Whether organizations choose to participate in 2011 or later, they can prepare by reviewing the timetable, technology requirements, reporting requirements, available assistance, and staffing needs. In most organizations, joining the program will require long-term planning.

## Understanding the Timetable

To encourage EPs and eligible hospitals to join the program early, the Centers for Medicare and Medicaid will pay the highest incentives in the first stages of the program. However, CMS understands that not all providers will be ready to join the program initially, and it has created a phased approach that extends the availability of the highest incentives. For example, an EP who enters the program in 2012 would still use the stage 1 criteria and be eligible for the year 1 incentive payments.

Those organizations seeking to join the program in 2011, however, are on a tight deadline.

Announcement of the first EHR systems and modules approved for use in the program are expected in **October 2011** (see below for more on certification).

EPs and hospitals may register for the program in **January 2011**. Registration for both the Medicare and Medicaid incentive programs will be managed through a single online source, run by CMS. Organizations can check the CMS meaningful use Web site for updates, [https://www.cms.gov/EHRIncentivePrograms/50\\_Registration.asp](https://www.cms.gov/EHRIncentivePrograms/50_Registration.asp).

Eligible participants are only required to meet the program requirements for a 90-day period in the first year. Thus attestations for participants in the Medicare program may be made starting in **April 2011**. CMS expects to make the first Medicare incentive payments in **May 2011**.

States will manage the Medicaid incentive program, and they will introduce their programs on a rolling basis as they receive approval from CMS.

EPs who are not meaningful users in **2014** will see a 1 percent reduction in their Medicare payments beginning calendar year **2015**. The reductions will continue in subsequent years—up to a maximum 5 percent reduction—if the EP fails to become a meaningful user. CMS has yet to issue rule making addressing penalties for hospitals that did not become meaningful users.

### **Standards, Implementation Specifications, and Certification Criteria**

The Office of the National Coordinator (ONC) published the required capabilities, standards, and implementation specifications that certified EHR technology must meet, at minimum, to support the first stage of the meaningful use program.

Complete EHRs and EHR Modules will be tested and certified according to adopted certification criteria to ensure that they have properly implemented the required standards and implementation specifications and otherwise comply with the adopted certification criteria.

Organizations may already be using many of the standards; however, preparation for meaningful use requires an assessment and determination of how the standards and criteria will be used to fulfill the functionality and clinical measures.

Information on the standards may be found on the ONC Web site at <http://healthit.hhs.gov>.

### **EHR Certification**

In order to qualify for incentive payments, organizations must employ technology that has been certified for use in the program. Participants may use either a complete EHR or a collection of EHR modules. Products will be tested against the criteria published in the ONC rule described above.

A clear first step in preparing for the program is discussing with current or potential vendors their certification status. Organizations should keep in mind that products will require recertification over time as the criteria evolve with stages 2 and 3 of the program.

Product testing and certification will be conducted by ONC-Authorized Testing and Certification Bodies. The first of the ONC-ATCBs began accepting applications from vendors in late September and expect to announce the first approved products in October.

Each tested and certified EHR product will receive a unique certification number from the ONC-ATCB. ONC will maintain a list of all certified products at [healthIT.hhs.gov/ATCBs](http://healthIT.hhs.gov/ATCBs).

CMS maintains information on the certification requirements, as well as additional information on the program, at <https://www.cms.gov/EHRIncentivePrograms>, which is the official Web site for the meaningful use program.

Organizations using technology that will not support the meaningful use requirements should begin discussing how and when they will upgrade to certified products. Even those organizations that do not plan to join the program in the short-term must still meet the eventual stage 3 criteria by 2014. Deciding which data be will ported from the legacy system—and how it will be ported—will be a significant undertaking.

## **Reporting Requirements**

Participants must report both clinical quality measures and health IT functionality measures to demonstrate their meaningful use of their certified technology. Separate sets of measures exist for EPs and hospitals. (See papers 5 and 6 in the series for detail).

The clinical quality measures have been endorsed by the National Quality Forum and have technical specifications. Organizations should begin reviewing these early and work with their IT departments and the staff who will be submitting the measures. The CMS human readable electronic specifications for the EPs and hospitals can be found at [http://www.cms.gov/QualityMeasures/03\\_ElectronicSpecifications.asp](http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp).

In addition, AHIMA offers a comprehensive matrix of the certification criteria and meaningful use objectives mapped against the content exchange standards, implementation specifications, and vocabulary standards. This is a member resource, and log in is required. See [http://library.ahima.org/xpedio/groups/secure/documents/ahima/bok1\\_047867.pdf](http://library.ahima.org/xpedio/groups/secure/documents/ahima/bok1_047867.pdf).

## **Regional Extension Program**

The HITECH Act established regional extension centers (RECs) to help providers adopt, implement, and effectively use certified EHRs. The centers provide technical assistance, education and training, assist with vendor selection and group purchasing, project management, workflow redesign, information exchange support, privacy and security best practices, and local workforce support. RECs must provide a core set of services, but they may differ in their entire package of services and their fees.

Sixty RECs are located around the country will help individual and small group practices, public and critical access hospitals, community health centers and rural health clinics, and other setting that predominantly serve uninsured, underinsured, and medically underserved populations. Providers that practice in these settings are given priority to receive support in achieving meaningful use.

To learn more about where RECs are located and the services they offer, go to [http://healthit.hhs.gov/portal/server.pt/community/healthit\\_hhs\\_gov\\_\\_rec\\_program/1495](http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__rec_program/1495).

AHIMA offers information on adopting and optimizing EHR use, as well as how HIM professionals can provide relevant expertise, at <http://ahima.org/advocacy/rec/default.aspx>.

## Workforce

New technology will require new staff skills in most instances. As organizations begin to plan their IT implementations or upgrades, they can also begin identifying who will do the work necessary to adopt, implement, and effectively use EHRs.

This assessment can begin with evaluating internal resources, which will provide an understanding of critical personnel and their skill sets. Organizations may determine that they have a goldmine of staff ready to take on the work; others may discover a shortage of skilled personnel. In either event, an assessment early in the process will help determine next steps in defining how the organization builds its EHR team.

Training internal staff to build their proficiency is one consideration. Organizations also may choose to reallocate staff or hire externally to address their needs.

The current market for trained health IT experts is tight. Acknowledging the shortage of trained professionals, ONC established several programs to build a workforce prepared to support health IT. The first graduates of a six-month training program will hit the market in spring 2011. Other ONC funding supports the development of post-graduate programs.

Organizations staffing for health IT roles also can begin looking for individuals who have passed a health IT competency. The exam is intended for graduates of the six-month training programs as a way to demonstrate their competency to employers. Employers may use the same exam to determine training needs among their current staff and identify any new staffing needs.

More on the Competency Examination Program and other workforce initiatives may be found under “HITECH Programs” at <http://healthit.hhs.gov>.

## References

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