

Meaningful Use Summary – Bill Hersh, June 20, 2009

The Health IT Policy Committee, a Federal Advisory Committee (FACA) to the U.S. Department of Health and Human Services (HHS) received recommendations from its Meaningful Use Workgroup on June 16, 2009, opening a period of public comment through June 26, 2009. The purpose of defining “meaningful use” will be to determine who is eligible for electronic health record (EHR) adoption incentives in the American Recovery and Reinvestment Act (ARRA) of 2009. These incentives will begin in FY 2011 and start phasing out after 2015 into penalties for non-use.

Several documents were released to public. They included a preamble describing general principles; a matrix of policy priorities with objectives and measure for achieving them, and several Powerpoint presentations providing more detail. I am attaching a PDF containing them all. The original are available on the HHS web site:

http://healthit.hhs.gov/portal/server.pt?open=512&objID=1269&parentname=CommunityPage&parentid=5&mode=2&in_hi_userid=10741&cached=true

The ultimate goal of meaningful use of an EHR will be “to enable significant and measurable improvements in population health through a transformed health care delivery system.” It will be guided by the goals that “all patients are fully engaged in their healthcare, providers have real-time access to all medical information and tools to help ensure the quality and safety of the care provided while also affording improved access and elimination of health care disparities.”

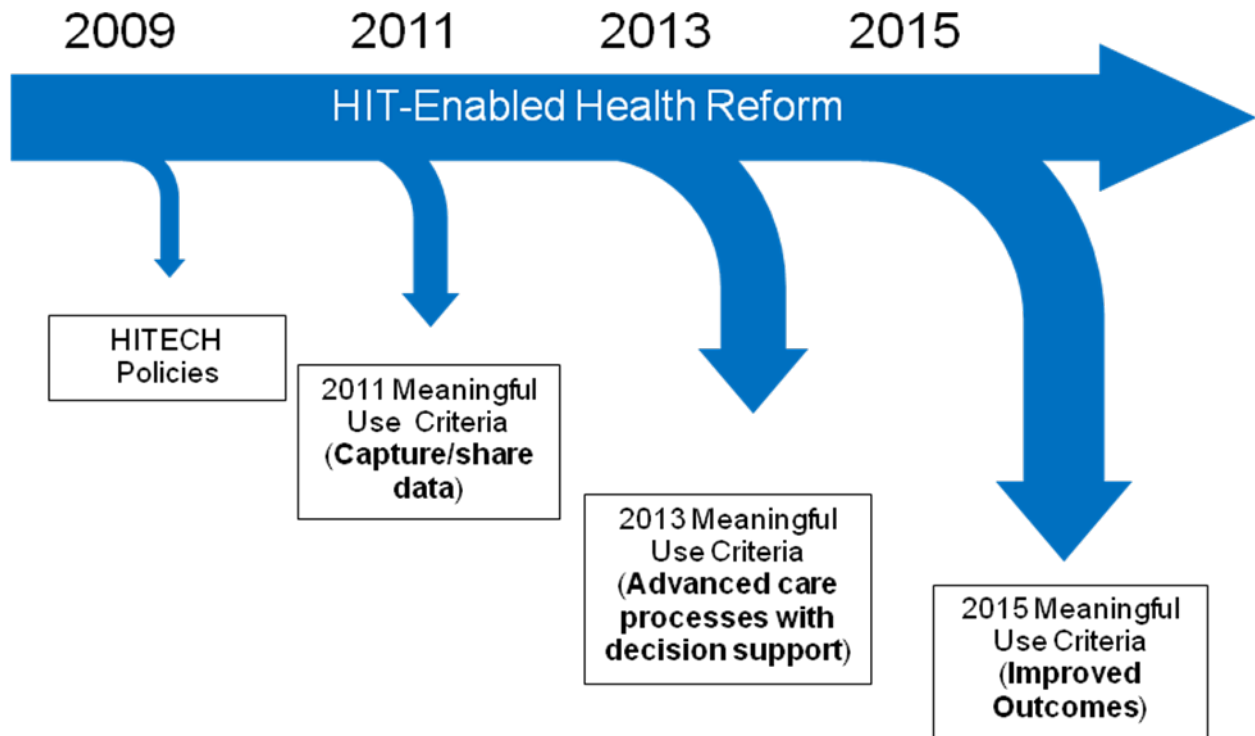
The ultimate vision is to enable significant and measurable improvements in population health through a transformed health care delivery system. Key goals are organized around:

- Improve quality, safety, & efficiency
- Engage patients & their families
- Improve care coordination
- Improve population and public health; reduce disparities
- Ensure privacy and security protections

Within each of the above goals are care goals, objectives, and measures for three time periods, each with advancing levels of functionality:

- 2011 – Electronically capture in coded format and to report health information and to use that information to track key clinical conditions
- 2013 – Guide and support care processes and care coordination
- 2015 – Achieve and improve performance and support care processes and on key health system outcomes

The following figure depicts this graphically. The Meaningful Use Matrix and Powerpoint presentations provide specific examples of what would be required.



The workgroup acknowledges that there are a number of considerations for phasing in the criteria, including:

- Enable health reform (payment reform prerequisite)
 - Create a transformed health care system
 - Support advanced care processes
- Focus on health outcomes, not software
 - Measure health outcomes and key process changes
 - “Pull with quality; push with certification” (per Jon Perlin)
- Feasibility
 - Currently available capabilities in EHRs
 - Balance urgency of health reform with calendar time needed to implement
 - Be sensitive to issues of small practices
- Recovery Act provisions
 - Timelines fixed
 - Funding rules defined

The Office of the National Coordinator for Health Information Technology (ONC) is seeking comments on this preliminary definition, which are due by 5 pm EST on June 26, 2009 and should be no more than 2,000 words in length. They should be addressed to MeaningfulUse@hhs.gov, with the subject line “Meaningful Use.”