Frequently asked questions about “Meaningful Use”

**Q: What’s the rationale for the federal EHR Incentive Program, also known as the “Meaningful Use” initiative?** In a nutshell: improving health care, lowering costs, reducing errors and saving lives through the use of Electronic Health Record (EHR) technology.

**Q: Why now?** Momentum reached a tipping point and needed funding was available through the American Recovery & Reinvestment Act of 2009. For years, there has been broad agreement within the health care world of the clinical potential of EHRs. Despite this consensus, the health care industry as a whole has been slow to adopt these records beyond a few large institutions. Progress has been stymied by the large upfront costs of the technology, the technical challenge of implementing the technology in a coordinated way system-wide given the localized, distributed nature of the US health care system, and finally, uncertainly about how best to use EHRs.

**Q: Does the federal program address these challenges?** Yes. The federal program provides incentive funds to not only adopt and install EHRs, but also to use them in a coordinated, structured way. The Meaningful Use program certifies (and thus helps standardize) technology and also identifies the specific functions that, when used regularly across the individual health systems and the nation, will deliver the tangible clinical benefit to individual patients and potentially improve community health.

**Q: Does the program specify health care goals?** Yes. Five health care goals are explicitly called out in the regulations. All aspects of the program link back to these five goals:

1. Improve quality, safety, efficiency and reduce health disparities
2. Engage patients and family in their health care
3. Improve care coordination
4. Improve population and public health
5. Ensure privacy and security for personal health information

**Q: How does the Meaningful Use program contribute toward meeting the five goals?** The program is premised on the fact that transferring information from paper form into digital form will not alone capture the benefits of the electronic record. Their information and use must be standardized and “structured” in uniform ways, just as ATMs depend on uniformly structured data. The Meaningful Use initiative identifies those functions and provides incentive payments to providers to use these functions in a structured manner.

**Q: What are the functions (objectives)?** The regulations define 15 core objectives and six broad clinical quality measures, and also ask providers to select five more objectives from a menu of additional objectives. Each objective has a measurement that is the threshold for meeting Meaningful Use. For example, one of the objectives is to record patient demographic data and the threshold measure for that objective is that these data are recorded in more than 50 percent of all patients’ records.

**Q: When does the program begin?** The programs begin in 2011. There are three stages over an intensive five-year initiative. Final rules were issued in July 2010 for the first stage and the program gets more rigorous over time. For example, for the first year, the objectives must be met for any given 90-day period to qualify for incentive money. In subsequent years, all criteria have to be met all year long to qualify for the payments.
Q: How is the program funded? The program is funded in the American Recovery & Reinvestment Act of 2009 through the Health Information Technology for Economic and Clinical Health Act, or the "HITECH Act." As much as $27 billion was allocated for potential incentive payments over ten years.

Q: How is the program being coordinated? The Office of the National Coordinator for Health Information Technology (ONC), the Centers for Medicare & Medicaid Services (CMS) and other Health and Human Services (HHS) agencies are laying the groundwork and coordinating this massive national investment in EHRs, including workforce training and developing regional extension centers. According to federal program directors, the goal is to strike a balance between accelerating EHR adoption and recognizing the challenges that adoption will pose to some health care professionals.

Q: How will OHSU respond to the opportunities offered by the Meaningful Use program? OHSU is a national leader in adoption of EHRs so we are already ahead of the curve. The OHSU hospital and OHSU Faculty Practice Plan initiated a joint program in 2004 to implement an EHR for both the ambulatory and inpatient settings. All hospital and clinic sites were fully implemented by the spring of 2008. Our main EHR system is comprised of multiple, integrated modules acquired from Epic Systems – which has already been certified by the federal new program.

Q: What do I need to do? Over the next few months, you’ll receive more specific information about the core and menu objectives, and access to tools that will allow you to measure your progress in meeting them. In the meantime, take a look at the resources listed below to learn more. Information for clinical faculty will be distributed in FPP Commons, an online blog for clinical faculty/physicians, and e-STAT will also have information for all Healthcare staff.

Q: I have experienced some challenges adapting to Epic. How will these be addressed so that I can be successful at meeting the Meaningful Use health care goals? In addition to ongoing optimization of the Epic system on a clinic-by-clinic basis, additional resources and staff are being allocated to support achieving the Meaningful Use goals. While OHSU is a national leader in health IT, the full implementation of Epic is not only an operational transition, but also a cultural change. Ongoing support and feedback are required. Together, FPP and the hospital are committed to ensuring the right resources are available to be successful.

Q: What’s the take-away point to all this? The meaningful use of EHRs will improve patient care and lower costs. The federal program will accelerate that transition nationwide. OHSU has the potential to receive, in total, up to $27 million in physician and hospital incentive payments for doing what we do best: improving health care for our patients and providing leadership in Oregon.

Additional reading:

- Secretary Sebelius Announces Final Rules To Support ‘Meaningful Use’ of Electronic Health Records
- New England Journal of Medicine: The “Meaningful Use” Regulation for Electronic Health Records
- The Informatics Professor: Meaningful Use, a Highly Useful Construct for Informatics
- The Official CMS Web Site for the Medicare and Medicaid EHR Incentive Programs

Questions? Send them to fpp@ohsu.edu.