

“Meaningful Use: A Definition”

Recommendations from the Meaningful Use Workgroup

to the Health IT Policy Committee

June 16, 2009

The American Recovery and Reinvestment Act authorizes the Centers for Medicare & Medicaid Services (CMS) to provide a reimbursement incentive for physician and hospital providers who are successful in becoming “meaningful users” of an electronic health record (EHR). These incentive payments begin in 2011 and gradually phase down. Starting in 2015, providers are expected to have adopted and be actively utilizing an EHR in compliance with the “meaningful use” definition or they will be subject to financial penalties under Medicare.

FRAMEWORK FOR DEFINITION

In 2008, the National Priorities Partnership, convened by the National Quality Forum (NQF), released a report entitled “National Priorities and Goals” which identified a set of national priorities to help focus performance improvement efforts. Among these priorities were patient engagement, reduction of racial disparities, improved safety, increased efficiency, coordination of care, and improved population health. These priorities were used to create the framework for “meaningful use” of an electronic health record. An additional area related to privacy and security has also been included to emphasize the importance of preserving patient protections and ensuring patient trust in the use of electronic health records. The matrix represents a set of objectives and care processes that the workgroup believes should inform the ultimate definition of meaningful use .

PROGRESSION TOWARDS ULTIMATE GOAL

We recommend that the ultimate goal of meaningful use of an Electronic Health Record is to enable significant and measurable improvements in population health through a transformed health care delivery system. The ultimate vision is one in which 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. This "north star" must guide our key policy objectives, the advanced care processes needed to achieve them, and lastly, the specific use of information technology that will enable the desired outcomes, and our ability to monitor them. For example, demonstrating improved performance and reduced disparities in blood pressure control among patients with diabetes will require a host of new care processes for many

outpatient providers (e.g., monitoring medication adherence, use of evidence-based order sets, clinical decision support tools at the point of care, patient outreach and reminders). In order to effectively use the tools that undergird these processes, and to monitor progress towards the outcomes of interest, key information generated in the delivery of care (vital signs, problem lists, medications, procedures, lab tests) must be digitized and queryable. We recognize that changing products and changing workflows will be an evolving process, but providing a clear roadmap of the future (as we have attempted to do in this proposed definition of meaningful use) will help give purpose and meaning to these activities. We recommend a progression similar to the Electronic Health Record demonstration initiated by the Centers for Medicare and Medicaid (CMS) in 2008, wherein “meaningful use” is ultimately linked to achieving measurable outcomes in patient engagement, care coordination, and population health.

In developing the recommended criteria and prioritizing the progression towards a fully interoperable health information system, we have found it necessary to balance the competing goals of encouraging provider participation while promoting progress towards reform of our current health care system. We seek specific stakeholder feedback on whether the recommended timeline of requirements is overly aggressive based on the current state of technology and the demands on new provider workflows, or not challenging enough to result in significant transformation, in light of the declining level of Medicare incentives in future years.

TRANSFORMED HEALTHCARE

As a result of increased effective use of health information technology, considerable improvements will be realized in the prevention and management of chronic diseases including diabetes and heart disease, preventing hundreds of thousands of unnecessary amputations and premature deaths. Medication errors will be averted. Patients will be able to promptly access their own health information, and their end of life preferences will be heard. The nation will be better prepared for the next pandemic. Health care disparities will be systematically identified and addressed. This transformed healthcare delivery system will also enable and amplify the effectiveness of a host of new reimbursement models that will reward more organized, more coordinated, and more efficient care.

PROVIDER TYPE

The recommended definition of “meaningful use” will depend on the healthcare setting in which it is employed. Thus, some features and capabilities will be recommended as required in an ambulatory setting before similar functions are expected to be widely used in the hospital. This reflects both the availability of the technology in these different settings as well as the potential impact of these features on the health of the population served. Although some recommended measures used to assess meaningful use in 2011 may apply to specific chronic diseases, the

recommended 2011 objectives are meant to establish a foundation for affecting a more comprehensive set of health outcomes in the future. Many of the current proposed EHR-generated quality measures apply to primary care providers and are derived from NQF-endorsed measures. New measures under development, by NQF, and other recognized organizations will also address the work of specialists. The Workgroup anticipates that future recommended meaningful use objectives and measures will reflect emerging national priorities.

MEASURES

In identifying potential criteria for “meaningful use” of an electronic health record, it became apparent that there are considerable gaps in EHR-generated measures available to monitor key desired policy outcomes, (e.g., efficiency, patient safety, care coordination). While these measures will not be required for Medicare and Medicaid incentive payments until 2013, the Workgroup is seeking feedback on how to best frame these measures including measurement of key public health conditions, measuring health care efficiency, and measuring the avoidance of certain adverse events. These comments will be used to help revise the recommended measurement strategy to include more extensive and refined outcome measures for “meaningful use” in 2013 and beyond.