

“Meaningful Use” & AAPCHO’s HIT Programs

The American Recovery and Reinvestment Act (ARRA) of 2009, among other things promotes the “meaningful use” of electronic health records (EHRs) as a way to improve the quality, efficiency, delivery, and affordability of health care. As the overseer of this program, the Centers for Medicare and Medicaid Services (CMS) is promoting the “meaningful use” of certified-EHRs through incentive payments to providers who “adopt, implement, or upgrade” an EHR system beginning in 2011. Physicians at Federally Qualified Health Centers (FQHCs) are eligible for this benefit as these health clinics serve a high proportion of Medicaid patients.

WHAT IS “MEANINGFUL USE”?

“Meaningful Use” is broadly defined as a provider’s ability to use certified-EHR technology in a way that assesses the level and quality of care that is being delivered. “Meaningful use” practices, such as e-Prescribing and electronic appointment reminders, help assess quality improvement. The electronic collection of this data helps improve clinical processes and decision-making on behalf of a patient, and leads to greater coordination of care and patient/provider communication.

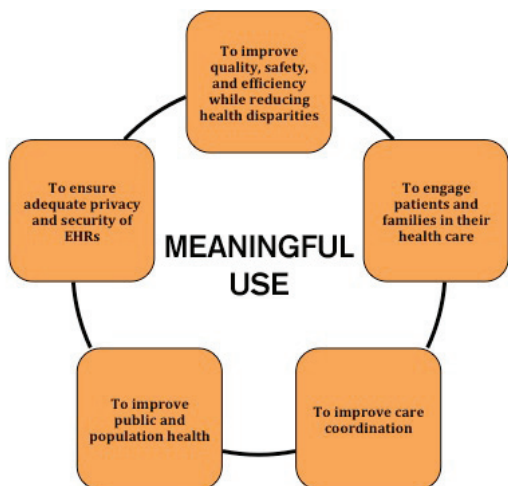


Figure 1. “Meaningful Use” policy is designed with the intent of reducing health disparities, improving population health, and building a better health care infrastructure for all Americans.

Standards are still evolving for both compliance of meaningful use”, and the nationwide adoption and utilization of EHRs. The first stage of “meaningful use” focuses on a provider’s ability to collect patient data electronically and use that information for key clinical decisions and provider performance evaluation purposes.

Providers can use EHR data to improve their efficiency. For example, the number of steps involved in the medication prescription process is reduced if a physician can electronically send a patient’s prescription to a pharmacy directly, rather than have the patient hand-deliver that prescription and wait for it. By and large, providers must fulfill a host of “meaningful use” requirements using an approved and certified-EHR system, such as recording patient demographics, vital signs and immunization data.

THE IMPACT OF “MEANINGFUL USE”

CMS provides up to \$27 billion in incentives through Medicare and Medicaid to providers that adopt, implement, upgrade, or demonstrate “meaningful use” of certified-EHR technology. Federally Qualified Health Centers (FQHCs) are eligible for these funds as they predominantly serve low-income and uninsured patient populations. Eligible FQHC physicians can apply for state incentive payments of up to \$63,750 over six years, and up to \$21,250 in the first year for simply using a certified-EHR system. The hope is that “meaningful use” of electronic data will lead health centers to better clinical decisions and improved health outcomes (see Figure 2).

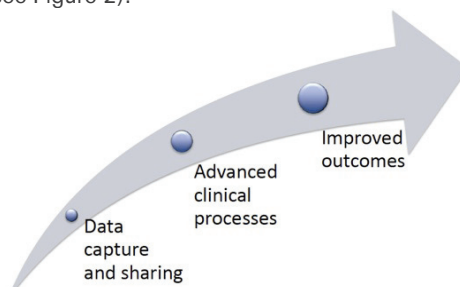


Figure 2. Conceptual Approach to “Meaningful Use”



HIT TERMINOLOGY

ELECTRONIC HEALTH RECORDS (EHRs)

A longitudinal collection of electronic health information that serves as a legal medical record for patients or populations, which can include demographics, vital signs, lab assessments, immunization records, and billing information.

ELECTRONIC PRESCRIBING

E-prescribing describes medications that are electronically entered and transmitted by prescriber directly to a pharmacy.

HEALTH INFORMATION TECHNOLOGY (HIT)

Technology and tools used to maintain health information in an electronic format.

MEANINGFUL USE

The use of Electronic Health Records (EHRs) by providers to achieve significant improvements in care.

MORE INFORMATION

For more information about the PIC Project, please contact Research Associate Heather Law, MA at hlaw@aapcho.org

“MEANINGFUL USE” & AAPCHO’S HEALTH INFORMATION TECHNOLOGY (HIT) PROGRAMS

“Meaningful use” can prove valuable to medically underserved Asian American, Native Hawaiian, and other Pacific Islanders (AA&NHOPI) and the providers that serve them. Many of these individuals, who are of low socioeconomic and poor health status, are served at FQHCs in AAPCHO’s Pacific Innovation Health Information Technology Network project, and many FQHC physicians are eligible for incentive payments. The HIT programs aim to utilize FQHCs’ technological capacity to improve the quality and cost-effectiveness of health care to low income, high-risk and underserved patients. By utilizing technology effectively and efficiently, AAPCHO’s network of providers is poised to meet the “meaningful use” objectives and apply for Medicaid EHR incentive payments.

AAPCHO’s HIT programs currently incorporate requirements under “meaningful use” (see Table 1). In general, the PIC project programs ensure that FQHCs can integrate EHR and comply with “meaningful use” standards:

HHS “Meaningful Use” Objectives	PIC HIT	P4P	PIC ES
Record patient demographics (sex, race, ethnicity, date of birth, preferred language, etc.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Maintain up-to-date problem list of current and active diagnoses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Implement capability to electronically exchange key clinical information among providers and patient-authorized entities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Implement one clinical decision support rule and ability to track compliance with the rule	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Implement systems to protect privacy and security of patient data in the EHR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Incorporate clinical laboratory test results into EHRs as structured data	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Generate lists of patients specific conditions to use for quality improvement, reduction of disparities, research, and outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Submit electronic immunization data to immunization information systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Table 1. “Meaningful Use” Objectives and AAPCHO’s HIT Programs

1. The “Pacific Innovation Collaborative Health Information Technology” (PIC) project utilizes interoperable EHR software to reduce health disparities by improving the safety, quality, efficiency and effectiveness of health care delivery.
2. The “Incentivizing the Outcome: Paying for Population Health at FQHCs in Hawaii” (P4P) project focuses on the reduction in health disparities for AA&NHOPI high-risk populations through team-based and culturally competent care.
3. The “Enabling Services Health Information Exchange at Hawaii Health Centers” (PIC ES) project aims to integrate culturally appropriate enabling services to evaluate their quality and performance impact on clinical health measures (i.e. diabetes).

FUTURE IMPLICATIONS

“Meaningful Use” incentivizes providers to be more knowledgeable and equipped to access a patient’s medical history via EHRs. Such emphasis on health information technology can lead to improved population health. In moving forward with “meaningful use” policy, health care providers, patients, and other stakeholders should take note of the following:

- Adopting and demonstrating the use of certified-EHRs is time consuming and requires adequate funding, staffing, and support.
- Implementing certified-EHR technology across a network of health care providers can lead to the national goal of achieving a Health Information Exchange (HIE).
- Sharing patient health information and exchanging best practices can promote partnerships between providers/hospitals and the public health sector.
- The HITECH Act’s Medicare and Medicaid EHR incentive payments are available to eligible providers and hospitals starting in 2011. Resources and technical assistance are provided, but the incentive program ends in 2015.
- Maintaining awareness of current government policies & program changes can ensure compliance under “meaningful use.”



REFERENCES

For background reading on “meaningful use” policy, reference:

1. Blumenthal, D. and M. Tavenner (2010). “The Meaningful Use Regulation for Electronic Health Records.” *New England Journal of Medicine*. 363(6): 501-504.

2. Finnegan, B., L. Ku, P. Shin, and S. Rosenbaum. “Boosting Health Information Technology in

Medicaid: The Potential Effect of the American Recovery and Reinvestment Act.” Geiger Gibson/RCHN Community Health Foundation Research Collaborative Policy Research Brief No. 9. Washington, DC: July 7, 2009. Available at <http://www.gwumc.edu/spphs>

For more information on HIT and “meaningful use,” visit the following websites:

1. Centers for Medicare and Medicaid Services (CMS). “Meaningful Use” website at https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp

2. U.S. Department of Health and Human Services (HHS). Health Information Technology website at <http://healthit.hhs.gov>