

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Office of Media Affairs

CMS FACT SHEET

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CMS PROPOSES DEFINITION OF MEANINGFUL USE OF CERTIFIED ELECTRONIC HEALTH RECORDS (EHR) TECHNOLOGY

The Centers for Medicare & Medicaid Services (CMS) today announced a proposed rule to implement provisions of the American Recovery and Reinvestment Act of 2009 (Recovery Act) that provide incentive payments for the meaningful use of certified EHR technology. The Medicare EHR incentive program will provide incentive payments to eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) that are meaningful users of certified EHR technology. The Medicaid EHR incentive program will provide incentive payments to eligible professionals and hospitals for efforts to adopt, implement, or upgrade certified EHR technology or for meaningful use in the first year of their participation in the program and for demonstrating meaningful use during each of five subsequent years.

This fact sheet summarizes CMS' proposed definition of meaningful use.

Meaningful Use – Policy Goals and Definition

Through the Medicare and Medicaid EHR incentive programs, CMS hopes to expand the meaningful use of certified EHR technology. Certified EHR technology used in a meaningful way is one piece of a broader Health Information Technology infrastructure needed to reform the health care system and improve health care quality, efficiency, and patient safety. The Office of the National Coordinator for Health Information Technology (ONC) will be issuing a closely related interim final rule with comment period that specifies the Secretary's adoption of an initial set of standards, implementation specifications, and certification criteria for EHRs. ONC will also issue a notice of proposed rulemaking related to the certification of health information technology.

CMS' goal is for the definition of meaningful use to be consistent with applicable provisions of Medicare and Medicaid law while continually advancing the contributions certified EHR technology can make to improving health care quality, efficiency, and patient safety. To accomplish this, CMS' proposed rule would phase in more robust criteria for demonstrating meaningful use in three stages.

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Stage 1 Criteria for Meaningful Use

The proposed Stage 1 criteria for meaningful use focus on electronically capturing health information in a coded format, using that information to track key clinical conditions, communicating that information for care coordination purposes, and initiating the reporting of clinical quality measures and public health information.

The proposed criteria for meaningful use are based on a series of specific objectives, each of which is tied to a proposed measure that all EPs and hospitals must meet in order to demonstrate that they are meaningful users of certified EHR technology.

For Stage 1, which begins in 2011, CMS proposes 25 objectives/measures for EPs and 23 objectives/measures for eligible hospitals that must be met to be deemed a meaningful EHR user.

In 2011, all of the results for all objectives/measures, including clinical quality measures would be reported by EPs and hospitals to CMS, or for Medicaid EPs and hospitals to the states, through attestation.

In 2012, CMS proposes requiring the direct submission of clinical quality measures to CMS (or to the states for Medicaid EPs and hospitals) through certified EHR technology. CMS recognizes that for clinical quality reporting to become routine, the administrative burden of reporting must be reduced. By using certified EHR technology to report information on clinical quality measures electronically to a health information network, a state, CMS, or a registry, the burden on providers that are gathering the data and transmitting them will be greatly reduced. The burden of generating the necessary information for the provider to then use the information to improve health care quality, efficiency, and patient safety will also be reduced.

Development of Stage 1 Criteria for Meaningful Use

The Recovery Act created two new federal advisory committees, the Health Information Technology Policy Committee and the Health Information Technology Standards Committee. In addition to advising the National Coordinator on developing the standards and certification criteria for certified EHR technology, these committees provided recommendations on the criteria for defining and demonstrating meaningful use of certified EHR technology. On August 10, 2009, the HIT Policy Committee submitted to the National Coordinator its recommendations on the criteria for meaningful use, including a matrix of priorities, goals, objectives, and measures. This matrix served as the foundation from which CMS, in partnership with ONC, worked to develop its specific proposal for the Stage 1 criteria for meaningful use found in the proposed rule. The HIT Standards Committee focused its efforts on specific measures tied to meaningful use and on identifying the standards necessary to implement them.

Additional information on the Federal advisory committees and their impact on meaningful use can be found at http://www.cms.hhs.gov/Recovery/11_HealthIT.asp.

Beyond the Stage 1 Criteria for Meaningful Use

The policy goals of meaningful use will be most fully realized by building on findings from Stage 1 and by making full use of the greater proliferation of certified EHR technology and supporting HIT infrastructure that will take place under Stage 1. CMS intends to propose through future rulemaking two additional stages of the criteria for meaningful use.

Stage 2 would expand upon the Stage 1 criteria in the areas of disease management, clinical decision support, medication management, support for patient access to their health information, transitions in care, quality measurement and research, and bi-directional communication with public health agencies. CMS may consider applying the criteria more broadly to both the inpatient and outpatient hospital settings.

Consistent with other provisions of Medicare and Medicaid, Stage 3 would focus on achieving improvements in quality, safety and efficiency, focusing on decision support for national high priority conditions, patient access to self management tools, access to comprehensive patient data, and improving population health outcomes.

Additional information can be found at www.cms.hhs.gov/Recovery.

CMS provides a 60-day comment period on the proposed rule. The proposed rule may be viewed at http://www.cms.hhs.gov/Recovery/11_HealthIT.asp.

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