

## **Meaningful use of EMR as per CMS**

When you spend your valuable effort and money on implementing electronic medical record (EMR) systems, you want to make sure you do it right. Patient health information safety, quality of care, and even your ability to be an effective provider all depend on having the right EMR system and using it completely. Thousands of dollars of federal incentive payments are riding on your ability to reach “meaningful use”—the federal and state requirements for EMR functionality, reporting, and connectivity. Hence it is very important to understand the implications of “Meaningful use”

The Centers for Medicare & Medicaid Services (CMS) released the final rules defining the requirements for meaningful use in 2011 and 2012. “Meaningful use” will happen in three stages. This will help clinicians accept the technology over a period of time. Stage 1 will begin in 2011 followed by Stage 2 in 2013. Stage 2 & 3 progressively implement clauses of HITECH Act to collate the healthcare system of US.

### **Meaningful use Stage 1**

The rule clarifies the requirements physicians must satisfy to earn financial incentives for automating and connecting their practices under the HITECH Act. The requirements of final rule are substantially the same as those proposed in January 2010, but only core requirements are now mandatory for eligible providers which are as follows.

Core requirements comprise basic functions that enable EMRs to support improved health care. As a start, these include the tasks essential to creating any medical record.

- a) Basic Data entry of patient’s i.e. vital signs & demographics etc.
- b) Record of Active medications and allergies
- c) Up-to-date problem lists of current & active diagnosis
- d) Smoking status for at least 50% of patients 13 years old or older.
- e) A summary care record for each transition of care
- f) Use of e-prescription
- g) Send patient reminders (per patient preference) for preventive/ follow-up care
- h) Protect & ensure the security of electronic health information by conducting security risk analysis, implement updates as necessary, correct deficiencies

Other core objectives include using several software applications that begin to realize the true potential of EMRs to improve the safety, quality, and efficiency of care. These features help clinicians to make better clinical decisions and avoid preventable errors.

**Additional assistance provided by Federal government**

In addition to funding for adoption of EHRs by physicians and hospitals, the HITECH Act provides Regional extension centers which will help to educate, outreach and technical assistance to help primary care providers in their geographic service areas to select, successfully implement and meaningfully use certified EHR technology to improve the quality and value of healthcare.

Starting in 2011, providers and hospitals can receive incentive payments from Medicare and Medicaid if they achieve “Meaningful Use” of a certified electronic medical record (EMR). Incentives initially will be Medicare and Medicaid claims payment bonuses to eligible professionals and hospitals that qualify, followed by subsequent Medicare claims payment penalties to those that do not. The incentive plans are as follows

Year - EMR use is first demonstrate	Provider will receive incentives each year						
	2011	2012	2013	2014	2015	2016	Total
2011	\$18 K	\$12 K	\$8 K	\$4 K	\$2 K	\$0	\$44 K
2012	\$0	\$18 K	\$12 K	\$8 K	\$4 K	\$2 K	\$44 K
2013	\$0	\$0	\$15 K	\$12 K	\$8 K	\$4 K	\$39 K
2014	\$0	\$0	\$0	\$12 K	\$8 K	\$4 K	\$24 K

To qualify for incentive payments, clinicians must start employing such clinical decision support tools. The first step in achieving “meaningful use” is to have a **CCHIT certified Electronic Medical Record (EMR)** system and to be able to demonstrate that it is being used to meet the requirements. Hence, it is very important for providers to choose a right EMR system which would help them to gain the incentives and to avoid penalties.