AJNR

Meaningful Use

N. Anumula and P.C. Sanelli

AJNR Am J Neuroradiol 2012, 33 (8) 1455-1457
doi: https://doi.org/10.3174/ajnr.A3247
http://www.ajnr.org/content/33/8/1455

HEALTH CARE REFORM VIGNETTE

Meaningful Use

N. Anumula
P.C. Sanelli

SUMMARY: A brief review of the Meaningful Use incentive program for eligible professionals is presented, highlighting the legislative history, criteria, and incentive payment plan of the program. Clinical measures applicable to radiology practice and the barriers to implementation are discussed. Resources are also provided for further information on the requirements and enrollment of the program.

ABBREVIATIONS: ACR = American College of Radiology; CMS = Centers for Medicare and Medicaid Services; CQM = Clinical Quality Measure; EHR = Electronic Health Record; RIS = Radiology Information System

What is Meaningful Use?

Meaningful Use is an EHR incentive program run by the CMS.[1] The CMS provides a financial incentive for the "Meaningful Use" of certified EHR technology to achieve health and efficiency goals. In addition to a financial incentive, other benefits of complying with Meaningful Use guidelines include a reduction in medical errors, improved availability of patient medical records and data, reminders and alerts, clinical decision support, and e-prescribing/refill automation. The American Recovery and Reinvestment Act of 2009[2] allows $27 billion to be expended over 10 years to support the adoption of EHR technology. The Recovery Act also specifies 3 main components of using EHRs in the Meaningful Use program:

1) The use of certified EHRs in a meaningful manner, such as e-prescribing,

2) The use of certified EHR technology for electronic exchange of health information to improve quality of health care, and

3) The use of certified EHR technology to submit clinical quality and other measures for monitoring.

A complete list of certified EHR technology can be found on the CMS Web site.[3]

To fulfill the requirements for Meaningful Use, eligible professionals must successfully complete the 3 main components of the program: 1) use certified EHR, 2) meet core and menu set objectives, and 3) report clinical quality measures. These are described in detail in the following sections.

What are the Meaningful Use Criteria?

The criteria for Meaningful Use are staged in 3 main steps during 4 years.

- Stage 1 (2011 and 2012) sets the baseline for electronic data capture and information sharing.
- Stages 2 (expected in 2013) and 3 (expected in 2015) will continue to expand on the baseline data and will be further developed through future policy-making.

Received May 31, 2012; accepted after revision June 1.

From the Department of Radiology, Weill Cornell Medical College, New York-Presbyterian Hospital, New York, New York.

Please address correspondence to Pina C. Sanelli, MD, MPH, Department of Radiology, Weill Cornell Medical College, New York-Presbyterian Hospital, 525 East 68th St, Starr 8A, New York, NY 10065; e-mail: pcs9001@med.cornell.edu

http://dx.doi.org/10.3174/ajnr.A3247

Stage 1 Meaningful Use (2011 and 2012)

Meaningful Use includes both a core set and a menu set of objectives that are specific to eligible professionals:[4]

- There are 25 Meaningful Use objectives consisting of 15 required core objectives and 10 menu set objectives.[5]
- A total of 20 of the 25 objectives must be met to qualify for an incentive payment 5, including all 15 required core objectives and only 5 of the 10 menu set objectives.

To assist in understanding the specific requirements of each objective, Meaningful Use Specification Sheets for Eligible Professionals[6] are available on the CMS Web site. Each specification sheet includes detailed information for each objective, such as the following:

- Requirements for successfully meeting the measure
- How to calculate the numerator and denominator
- How to qualify for an exclusion
- In-depth definitions of terms that clarify objective requirements
- Requirements for attesting to each measure.

Stage 2 Meaningful Use (2012 and 2013)

Stage 2 expands on stage 1 criteria with a focus on ensuring that the Meaningful Use of EHR supports the aims and priorities of the National Quality Strategy. Specifically, it encourages the use of health information technology for continuous quality improvement at the point of care and the exchange of information in the most structured format possible.[7] Requirements in stage 2 Meaningful Use include rigorous expectations for health information exchange, including the following: more demanding requirements for e-prescribing, incorporating structured laboratory results, and the expectation that providers will electronically transmit patient care summaries to support transitions in care across unaffiliated providers, settings, and EHR systems. Increasingly robust expectations for health information exchange in stages 2 and 3 will support the goal that information follows the patient.

The same core and menu set objectives in stage 1 have been maintained for stage 2, and eligible professionals must successfully complete 20 objectives. However, eligible professionals must now meet 17 required core objectives (or qualify for an exclusion) and only 3 of 5 menu set objectives.

What Are the Clinical Quality Measures?

To demonstrate Meaningful Use successfully, eligible professionals are also required to report Clinical Quality Measures. CQMs are a mechanism for assessing observations, treatment, processes, experience, and/or outcomes of patient care. Measuring the quality of patient care helps to drive improvement in health care. CQMs help identify areas that require improvement in care delivery, identify differences in care among various populations, and may improve care coordination among health care providers. Eligible professionals must report a total of 6 clinical quality measures: 3 required core measures (substituting alternate core measures if these are not applicable) and 3 additional measures (selected from a set of 38 Clinical Quality Measures).[8] Please refer to the Clinical Quality Measures link on the CMS Web site to learn more about clinical quality measures.[8]

What are the CMS Programs Participating in Meaningful Use?

To qualify for incentive payments, Meaningful Use requirements must be met in 1 of the following programs:

Medicare EHR Incentive Program. Eligible professionals can receive up to $44,000 for 5 years under the Medicare EHR Incentive Program. There is an additional incentive for eligible professionals who provide services in a Health Professional Shortage Area. Eligible professionals must successfully demonstrate Meaningful Use of certified EHR technology every year that they participate in the program.

Medicaid EHR Incentive Program. Eligible professionals can receive up to $63,750 during the 6 years that they choose to participate in the program if they adopt, implement, upgrade, or demonstrate Meaningful Use in their first year of participation. They must successfully demonstrate Meaningful Use for subsequent participation as defined below.

Adopted. Acquired and installed certified EHR technology. For example, professionals can show evidence of installation.

Implemented. Began using certified EHR technology. For example, professionals can provide staff training or data entry of patient demographic information into the EHR.

Upgraded. Expanded existing technology to meet certification requirements. For example, professionals can upgrade to certified EHR technology or add new functionality to meet the definition of certified EHR technology.

To receive federal incentive money, CMS requires participants in the Medicare EHR Incentive Program to attest that during a 90-day reporting period, they used a certified EHR and met stage 1 criteria for Meaningful Use objectives and Clinical Quality Measures. For the Medicaid EHR Incentive Program, providers follow a similar process by using the attestation system in their state.

What is the Incentive Payment Schedule?

Table 1 demonstrates the incentive payment plan. Eligible professionals who participated in the program in 2011 or 2012 are able to receive the maximum payment for 5 years. The incentive payment cannot exceed 75% of the total Medicare compensation for the year. There is an additional 10% for eligible professionals practicing in Health Professional Shortage Areas.

Table 1: First payment year in which eligible professionals receive an incentive payment

Calendar Year	2011	2012	2013	2014	2015+
2011	$18,000	–	–	–	0
2012	$12,000	$18,000	–	–	0
2013	$ 8000	$12,000	$18,000	–	0
2014	$ 4000	$ 8000	$12,000	$12,000	0
2015	$ 2000	$ 4000	$ 8000	$ 8000	0
2016	–	$ 2000	$ 4000	$ 4000	0
Total	$44,000	$44,000	$39,000	$24,000	0

Note:—– indicates that incentive payment is not applicable during that year.

Table 2: Proposed payment-reduction schedule

Calendar Year	Payment Reductions Proposed
2015	−1% total Medicare fee schedule compensation
2016	−2% total Medicare fee schedule compensation
2017	−3% total Medicare fee schedule compensation
2018	−3% or 4% if >75% of eligible professionals are not demonstrating meaningful use
2019 and beyond	−3% or 5% if >75% of eligible professionals are not demonstrating meaningful use

What Happens after 2015?

After 2015, the incentive payments become payment reductions for those who do not demonstrate Meaningful Use. Table 2 demonstrates the proposed payment reduction schedule starting in 2015.

Does Meaningful Use Apply to Radiologists?

Most diagnostic radiologists qualify for the program under the category of eligible professionals. Only radiologists who completely practice in hospital-based settings are not eligible. However, outpatient hospital settings are not considered hospital-based. Many radiologists in academic or hospital-based practices are now eligible for the program.

What Are the Barriers for Radiologists to Participate in Meaningful Use?

The following are several challenges for radiologists to overcome to participate in Meaningful Use:

1) There are dual requirements to meet both the technologic criteria and clinical measures. Expensive technology purchase may have to occur to meet the technologic requirements. Radiologists are required to use a certified EHR that is capable of complying with all 25 Meaningful Use objectives, even though some of these clinical objectives are not applicable to their practice, such as e-prescribe.

2) Currently, there are no RIS/PACS products available that are considered certified EHR to meet the requirements of the program. Certain radiology health information technology vendors are exploring certification. Many radiology technologies (RIS/PACS) are eligible for modular certification. However, modular certification is not synonymous with "certified EHR technology." In the future, it is possible that vendors of RIS/PACS technology will obtain certification of their new products to improve their marketability.

3) Radiologists may not be able to influence their institutions to purchase expensive EHR technology. Hospitals implement inpatient EHRs to obtain incentive payment under the

hospital version of the program. There is no driving force for institutions to purchase ambulatory EHRs for eligible professionals to obtain individual incentive payments.

4) Stages of Meaningful Use are increasingly complex. Stages 2 and 3, set to begin in 2013 and 2015 respectively, will add more requirements to the progressively challenging program.

The ACR continues to advocate for radiologists by providing comments and suggestions to the CMS for better integration of radiologists in the Meaningful Use program.

Why Should Radiologists Participate?

There are many important reasons for radiologists to participate in Meaningful Use:

- To obtain incentive payments and avoid later reductions in payments, starting in 2015,
- To possibly assist radiologists in improving the quality of care by the integration of accurate clinical information at the point of care,
- To possibly provide benefits by reducing errors, providing more efficient and timely care, and eliminating waste (unnecessary examinations), and
- To maintain radiologists at the forefront of using health information technology. Ideally, radiologists should be working with vendors to get current systems certified.

How Do I Get Started?

To get started, the participants must follow the procedures listed below:

- You must register on-line to participate in the program.
- You cannot qualify for the incentive until after you have used a certified EHR for at least 90 days.
- The reporting period may be any contiguous 90-day period within the first year and the entire calendar year for all subsequent years.
- In 2012 and beyond, eligible professionals will continue to report all stage 1 measures via attestation. Clinical quality measures will be submitted via electronic reporting by using certified EHR.
- Eligible professionals must keep documentation for 6 years.
- October 1, 2012, is the very latest that a physician can begin using certified EHR to qualify for the maximum incentives.
- October 1, 2015, is the last date to begin compliance before the penalties are set to begin in 2015.

Where Can I Find Additional Information about This Program?

CMS has regulatory authority over the Meaningful Use program (http://cms.gov/ehrincentiveprograms).

- The Office of the National Coordinator for Health Information Technology has regulatory authority over certified EHR technology (http://healthit.hhs.gov).
- Regional Extension Centers provide consultation and support to eligible professionals in their area for EHR implementation (http://healthit.hhs.gov).
- The ACR is an advocate for radiologists and plays an active role in providing suggestions and comments to federal agencies (www.acr.org).

Disclosures: Pina Sanelli—*UNRELATED*: *Grants/Grants Pending*: National Institutes of Health.*Money paid to the institution.

References

1. CMS EHR Meaningful Use Overview. CMS.gov. https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful_Use.html. Accessed May 1, 2012
2. American Recovery and Reinvestment Act of 2009. Public Law. No. 111–5, Title XIII, Subtitle A-B
3. Certified EHR Technology. CMS.gov. https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Certification.html. Accessed May 1, 2012
4. Eligible Professional Meaningful Use Table of Contents Core and Menu Set Objectives. CMS.gov. https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf. Accessed May 1, 2012
5. CMS EHR Meaningful Use Overview. CMS.gov. https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful_Use.html#BOOKMARK3. Accessed May 1, 2012
6. Stage 1 EHR Meaningful Use Specification Sheets for Eligible Professionals. CMS.gov. https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf. Accessed May 1, 2012
7. Proposed Rule for Stage 2 Meaningful Use Requirements. CMS.gov. https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2NPRM.pdf. Accessed May 1, 2012
8. Clinical Quality Measure (CQMS). CMS.gov. https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html. Accessed May 1, 2012