

SPRING 2011 NEWSLETTER

The availability of incentive payments for the “meaningful use” of electronic health records (EHRs) continues to be a hot topic in the healthcare community.

- Beginning in January 2011, eligible providers (EPs) such as physicians or hospitals can register at the CMS website for the Stage 1 Meaningful Use financial incentive.
- On April 18, 2011, CMS initiated the attestation process, allowing EPs to document their compliance with both core and menu set objectives.
- For helpful pointers on Stage 1 of Meaningful Use, refer to our Summer 2010 and Fall 2010 newsletters.



Margie Satinsky

The information in this newsletter provides insight into recent developments and preliminary plans for Stages 2 and 3.

STILL MORE ABOUT MEANINGFUL USE

1. **When the State 1 Meaningful Use registration process began in January 2011, only EPs could apply. Has that requirement changed?**

Yes, and thankfully so. Beginning in April, EPs can designate an administrative person such as a Practice Manager to execute the registration process on their behalf.

2. **We know that Meaningful Use has three stages, but we are hesitant to begin on Stage 1 until we are better informed about Stages 2 and 3. What can we anticipate in the next two stages?**

In February, 2011, the Health Information Technology Policy Committee set forth the proposed requirements for Stages 2 and 3. Here are the highlights of those two stages, comments and concerns expressed by professional societies and organizations, suggestions made by the American Medical Association and 28 other medical societies, and the response from the HIT Policy Committee’s Meaningful Use Workgroup. The bottom line for your practice - Stages 2 and 3 are likely to change in response to thoughtful input by the professional healthcare community.

- a. Stage 2 (2013 and 2014): Emphasis on and encouragement of the use of health IT for continuous quality improvement at the point of care and the exchange of information in the most structured format possible.
- b. Stage 3 (2015): Emphasis on the promotion of improvements in quality, safety, and efficiency leading to improved health outcomes, decision support for national high priority health conditions, improvement of population health, patient access to self management tools, and access to comprehensive patient data through patient-centered health information exchanges.
- c. Concerns about Stages 2 and 3: increasing the relevance to specialists; requirement to use IT infrastructure and tools that have not been developed; more opt-outs for EPs in situations when

requirements don't apply; increased consistency among numerous federal IT incentive programs; scaling back more aggressive requirements; aggressive business practices of software vendors.

- d. Suggestions by AMA and other professional societies: conduct survey of Stage 1 participants to determine barriers; allow more opt-out for requirements that don't apply to routine practice; work more on Stage 1 menu set objectives before they become Stage 2 core objectives; avoid high thresholds for objectives that can't be met because of lack of well-tested tools or bi-directional health information exchanges; remove measures requiring adherence from parties other than physicians (e.g. patients); remove mandatory use of physician secure messaging with patients and concentrate on EHR adoption; adjust timing for adding public health requirements, additional criteria, and requirement for electronic progress notes.
- e. HIT Policy committee Meaningful Use Workgroup Options:
 - i. Decelerate program pace by increasing thresholds related to Stage 1 but not adding new measures or functionalities to Stage 2.
 - ii. Delay Stage 2.
 - iii. Establish 90-day reporting period.

3. What's the best way to get answers to questions about Meaningful Use?

The CMS website contains helpful fact sheets and the responses to Frequently Asked Questions. If you can't find what you are looking for on line, call the CMS toll-free number (888) 734-6433 and speak directly to a CMS staff member who will answer your question, direct you to a specific link on the website, or refer you to an expert at a higher level.

4. What are the major obstacles to meeting the Meaningful Use criteria?

We think medical practices will encounter two major obstacles, both of which can be addressed and overcome. If current workflow is not consistent with MU requirements, compliance will be difficult. Even with changes in workflow, MU will be hard to achieve unless a specific individual within the practice is clearly responsible for understanding the requirements and for making sure that individual physicians and the practice comply.

5. Will all eligible providers apply for the Meaningful Use financial incentives?

No. Stage 1 of Meaningful Use feels more natural for primary care providers. Nonetheless, specialists may want to apply as well. Stages 2 and 3 may become more suitable for specialists – provided CMS makes changes in its preliminary requirements.

6. What is the anticipated timetable for payment of the incentives?

If you apply for the Medicare incentive, the anticipated payout time is 4-8 weeks following attestation once you meet the minimum dollar amount of Medicare claims submitted (\$24,000). For Medicaid incentive payments, the timing of the payout depends on individual states.

7. When the federal and state financial incentives are paid, to whom does the money go?

The incentive money for Meaningful Use is paid directly to individual physicians. If a physician wants the incentive to be paid to an organization for which he/she works, that must be indicated on the registration form.

8. When the Final Rule was published, it required EPs applying for the Medicaid incentive to demonstrate a financial investment in their EHR systems. Financial contributions toward the purchase of EHR from other than state and local sources were to be documented and deducted from the incentive. Have those requirements changed?

Yes. The Extenders Act of 2010 removed the requirement that providers show vested money. Providers are not required to document contributions toward their EHR systems. Furthermore, EPs are not required to invest money from their EHR incentive program back into their EHRs. Incentive payments made to providers are viewed as additional income.

9. What are the next steps for my practice?

- a. If you have not yet made a decision about applying for the federal Meaningful Use incentive, re-read our earlier newsletters and check both the Meaningful Use and Eligibility pages on the CMS website. Also look at the Certified EHR Technology page to see a listing of vendors and products that meet the requirements. Decide whether or not you want to apply, and if you do, assign the responsibility to a specific individual within your practice.
- b. If you have already made the decision to apply for the federal incentive, make sure you have entered accurate information on the CMS Registration page. Use the CMS Meaningful Use Attestation Calculator to determine whether or not you are ready to attest. The eligible Professional User Guide provides step-by-step guidance. When the on-line guide tells you that you meet the criteria, go ahead and attest.

10. Are there any new helpful resources available?

CMS is continuously updating its [EHR Incentive Programs website](#). Check it regularly. Their [timeline](#) provides a good high-level perspective on past and future important milestones.

11. We fear that we are way behind other practices that have already registered to attest for Stage 1 of Meaningful Use. Will incentive money be available for us, or are we too late to qualify?

Don't disqualify yourself before you get started. Proceed methodically by understanding the Meaningful Use requirements and following the appropriate steps. Don't leave incentive money sitting on the table.

Articles on Selecting and Implementing Information Technology

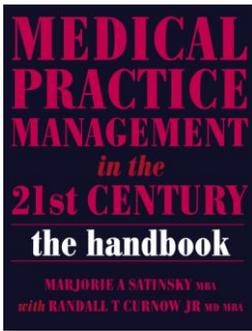
Use the links below, or visit www.satinskyconsulting.com/publications.htm to read these and other articles by Margie Satinsky.

- [“Electronic Health Records. Is Now the Time for Your Practice?”](#)
North Carolina Medical Board Forum • 2010
- [“Selecting Electronic Health Records and Other Technology Solutions to Support Your Practice”](#)
Medical Association of Georgia Journal • 2009
- [“Medical Practice Excellence in the 21st Century: How to assess your practice before choosing the best information technology - Part 3 of a three-part series”](#)
Skin & Aging • 2008

Recent Presentations on Selecting IT to Support Your Practice

- February 16, 2011 “HIPAA Compliance, Meaningful Use, and Other Hot Topics for 2011”
Winston-Salem Medical Group Managers
- February 26, 2011 “Meaningful Use of EHR”
North Carolina Society of Otolaryngology and Head & Neck Surgery
Greensboro, NC

Ideas for Managing Your Practice



If you are looking for new ideas to improve your bottom line and practice operations, order **The Handbook for Medical Practice Management in the 21st Century**. The book and the companion website offer concrete suggestions and practical tools. Authored by Marjorie A. Satinsky, M.B.A., with Randall T. Curnow, Jr., M.D., M.B.A., the handbook is available from Radcliffe Press.

To order the book, call 800.247.6553 or visit www.radcliffe-oxford.com.