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ELECTRONIC HEALTH RECORDS AT A GLANCE

"Our recovery plan will invest in electronic health records and new technology that will reduce errors, bring down costs, ensure privacy and save lives."

- *President Obama, Address to Joint Session of Congress, February 2009*

Background

As promised by the President, the American Recovery and Reinvestment Act of 2009 included under which, according to current estimates, as much as $27 billion over ten years will be expended to support adoption of electronic health records (EHRs). While there has been bipartisan support for EHR adoption for at least half a decade, this is the first substantial commitment of federal resources to support adoption and help providers identify the key functions that will support improved care delivery.

Under the Health Information Technology for Economic and Clinical Health Act (HITECH), federal incentive payments will be available to doctors and hospitals when they adopt EHRs and demonstrate use in ways that can improve quality, safety and effectiveness of care. Eligible professionals can receive as much as $44,000 over a five-year period through Medicare. For Medicaid, eligible professionals can receive as much as $63,750 over six years. Medicaid providers can receive their first year's incentive payment for adopting, implementing and upgrading certified EHR technology but must demonstrate meaningful use in subsequent years in order to qualify for additional payments.

Since enactment of HITECH in February 2009, the Office of the National Coordinator for Health Information Technology (ONC), the Centers for Medicare & Medicaid Services (CMS) and other HHS agencies have been laying the groundwork for the massive national investment in EHRs:

- Creation of Regional Extension Centers (RECs) to support providers in adopting EHRs
- Developing workforce training programs
- Identifying "Beacon Communities" that lead the way in adoption and use of EHRs
- Developing capabilities for information exchange, including building toward a Nationwide Health Information Network

- Improving privacy and security provisions of federal law, to bolster protection for electronic records
- Creating a process to certify EHR technology, so providers can be assured that the EHR technology they acquire will perform as needed
- Identifying standards for certification of products, tied to "meaningful use" of EHRs
- Identifying the "meaningful use" objectives that providers must demonstrate to qualify for incentive payments.
- Supporting State Medicaid Agencies in the planning and development of their Medicaid EHR Incentive programs with 90/10 matching funds.

Why EHRs?

Electronic health records improve care by enabling functions that paper records cannot deliver:

- EHRs can make a patient's health information available when and where it is needed – it is not locked away in one office or another.
- EHRs can bring a patient's total health information together in one place, and always be current – clinicians need not worry about not knowing the drugs or treatments prescribed by another provider, so care is better coordinated.
- EHRs can support better follow-up information for patients – for example, after a clinical visit or hospital stay, instructions and information for the patient can be effortlessly provided; and reminders for other follow-up care can be sent easily or even automatically to the patient.
- EHRs can improve patient and provider convenience – patients can have their prescriptions ordered and ready even before they leave the provider's office, and insurance claims can be filed immediately from the provider's office.
- EHRs can link information with patient computers to point to additional resources – patients can be more informed and involved as EHRs are used to help identify additional web resources.
- EHRs don't just "contain" or transmit information, they also compute with it – for example, a qualified EHR will not merely contain a record of a patient's medications or allergies, it will also automatically check for problems whenever a new medication is prescribed and alert the clinician to potential conflicts.
- EHRs can improve safety through their capacity to bring all of a patient's information together and automatically identify potential safety issues -- providing "decision support" capability to assist clinicians.
- EHRs can deliver more information in more directions, while reducing "paperwork" time for providers –for example, EHRs can be

programmed for easy or automatic delivery of information that needs to be shared with public health agencies or quality measurement, saving clinician time.

- EHRs can improve privacy and security – with proper training and effective policies, electronic records can be more secure than paper.
- EHRs can reduce costs through reduced paperwork, improved safety, reduced duplication of testing, and most of all improved health through the delivery of more effective health care.

Why "meaningful use" requirements?

EHRs do not achieve these benefits merely by transferring information from paper form into digital form. EHRs can only deliver their benefits when the information and the EHR are standardized and "structured" in uniform ways, just as ATMs depend on uniformly structured data. Therefore, the "meaningful use" approach requires identification of standards for EHR systems. These are contained in the ONC Standards and Certification regulation announced on July 13, 2010.

Similarly, EHRs cannot achieve their full potential if providers don't use the functions that deliver the most benefit – for example, exchanging information, and entering orders through the computer so that the "decision support" functions and other automated processes are activated. Therefore, the "meaningful use" approach requires that providers meet specified objectives in the use of EHRs, in order to qualify for the incentive payments. For example: basic information needs to be entered into the qualified EHR so that it exists in the "structured" format; information exchange needs to begin; security checks need to be routinely made; and medical orders need to be made using Computerized Provider Order Entry (CPOE). These requirements begin at lower levels in the first stage of meaningful use, and are expected to be phased in over five years. Some requirements are "core" needs, but providers are also given some choice in meeting additional criteria from a "menu set."

Identification of the "meaningful use" goals and standards is the keystone to successful national adoption of EHRs. The announcement of final "meaningful use" regulations on July 13, 2010, marks the launch of the Nation's push for EHR adoption and use.

Looking ahead

What is the timetable for approving the organizations that will certify EHR systems as qualifying for "meaningful use?"

- ONC anticipates that the first entities will be authorized as ONC-ATCBs before the end of summer.

How soon can we expect certified EHR systems to be available?

- We anticipate that certified EHR systems will be available later in the fall.

How will be the CMS EHR incentive program registration process work?

- *Medicare:* Hospitals and eligible professionals can register for the program starting in January 2011. Once the programs begin, a link on the Registration web page on http://cms.gov/EHRIncentivePrograms/ will be available. Providers can use this central website to get information about the program and link to the programs' online registration system.

- *Medicaid:* The registration process will be the same for the Medicaid Incentive Program as for Medicare. A link on the Registration web page on http://cms.gov/EHrIncentivePrograms/ will be available when the program begins. Eligible Providers under the Medicaid Incentive Program can register at this site whether or not their state has initiated their program yet and CMS will pass their information on the state once the state initiates their program.

How will providers demonstrate that they have achieved the "meaningful use" objectives required by the regulation?

- For 2011, CMS will accept provider attestations for demonstration of all the meaningful use measures, including clinical quality measures. Starting in 2012, CMS will continue attestation for most of the meaningful use objectives but plans to initiate the electronic submission of the clinical quality measures. States will also support attestation initially and then subsequent electronic submission of clinical quality measures for Medicaid providers' demonstration of meaningful use.

How and when will incentive payments be made?

- CMS expects to initiate Medicare incentive payments nine months after the publication of the final rule. For Medicaid, States are determining their own deadlines for launching their Medicaid EHR Incentive programs but are required to make timely payments, per the CMS final rule. CMS expects that the majority of States will have launched their programs by the summer of 2011