

## 'Meaningful use' no mystery HIT experts contend

May 11, 2009 | Jack Beaudoin, VP, Content

NORWOOD, MA – If providers delay their acquisition of an EHR until the federal government issues a definition of "meaningful use," they're wasting valuable time. That's the consensus of healthcare IT experts who regularly take the pulse of the Washington D.C. bureaucracy.

The American Recovery and Reinvestment Act sets aside \$20 billion for direct funding and incentives for providers who implement electronic health records and use them in a "meaningful" way beginning in 2010. However, the bill leaves it to the Health and Human Services Secretary to determine what kinds of actions constitute "meaningful use," and some analysts say that ambiguity built into the law could actually delay the lengthy acquisition and implementation process.

"Just buying a certified EHR is not meaningful use," noted Mark Leavitt, MD, president and CEO of the Certification Commission for Health Information and Technology. But, he added, there's really no mystery about what meaningful use will mean in the near future. "The major parameters are actually written into the bill," said Leavitt, one of dozens of industry insiders who recently testified on meaningful use before the National Committee on Vital and Health Statistics. "It has to be a certified EHR, it has to include e-prescribing, it has to be able to exchange information and it has to be able to report quality data." "I'm not sure if we have to know more than that - if you are a provider - to be able to make a technology investment now," he added.

Speaking at the New England HIMSS Public Policy Forum on Friday, former e-Health Initiative CEO Janet Marchibroda agreed with Leavitt's assessment and said she expected the definition of meaningful use will change over time. "You can't set the bar too high (to start)," she said. "You need to have something that's achievable for small physician practices, and then we can ramp it up over time."

When asked if physicians, in particular, should hold off acquisition of a system, Marchibroda said there's no reason for delay. "Three months ago, it was a more difficult question," she said. "We'll see a draft of meaningful use in a month, and a final definition in two months. We are literally weeks away... I don't think there will be any surprises."

Addressing the same audience, Dave Roberts, HIMSS' vice president of government affairs, was even more emphatic. "This is the time to get started with whatever you're doing," he said. "Don't wait until you know all the details." Like Leavitt, Roberts said the key points of "meaningful use" are already known and noted that at HIMSS09 in Chicago, an analyst from the Congressional Budget Office equated "meaningful use" with Stage 4 of the EMR adoption model. Roberts said he expects a pretty simple definition. "We believe the bar should be set fairly low initially and raised over time," he explained.

For instance, the ability to exchange data between two distinct providers implies the existence of a health information exchange. Since some providers may not be in an area in which a functional exchange is in place by 2010, it would be hard to require that in the definition.

ARRA provides federal incentives of up to \$44,000 per physician over five years. However, the biggest benefits will come in the first years, meaning that the faster providers can show meaningful use, the more lucrative the incentive. The first incentives will be paid in 2011 based on 2010 performance. By 2015, physicians who are not using certified EHRs could be penalized by Medicare and Medicaid.