

## **Preliminary Review of Key Points:**

- EHR Incentive Program
  - Stage 1 Meaningful Use consists of 25 measures; 17 metrics will require attestation by the provider, while eight will require information being submitted by the provider.
  - Computerized Provider Order Entry (CPOE) required in Stage 1 (10% hospitals; 80% for eligible providers)
  - Robust clinical quality measures for eligible professionals (EPs) and hospitals are delineated.
  - Requires patients be provided with an electronic copy of test results, problem lists, medication lists and discharge summary upon request.
  - Hospitals can participate in both Medicare and Medicaid incentives, if eligible by volume.
  - Hospitals and EPs must implement five clinical decision support rules relevant to clinical quality metrics.
  - Hospitals and EPs able to use an attestation methodology to submit summary information to CMS in 2011. Expect a formalized process from HHS by 2012.
  - Hospitals and EPs have a 90-day minimum reporting period in the first year to qualify as a meaningful user. Subsequent years require full year reporting
- Interim Final Rule (IFR) establishing the Initial Set of Standards, Implementation Specifications and Certification Criteria for EHR Technology:
  - Certification criteria described in the IFR establish the capabilities and standards that certified EHR technology will need to, at a minimum, support the achievement of proposed meaningful use Stage 1 by EPs and hospitals.
- In physician practices, key information system applications needed to meet the definition of a qualified EHR are:
  - Clinical Data Repository – store, retrieve, and manage medications and laboratory and radiology results.
  - Clinical Documentation – provide appropriate referrals, problem list, current medication list.
  - Clinical Decision Support – implement drug-drug, drug-allergy, and drug-formulary checks.
  - CPOE required in the areas of medications, laboratories, radiology/imaging, and provider referrals.
  - Requires electronic generation and transmission of permissible prescriptions.
  - Financial Information Systems – ability to check insurance eligibility and submit claims electronically.
  - Patient Communication – ability to electronically generate reminders, provide test results, problem lists, and immunizations.
- In hospitals, the key applications needed to meet the definition of a qualified EHR are:
  - Clinical Data Repository – store, retrieve, and management laboratory and radiology results.
  - Clinical Documentation – nursing and physician in the areas of discharge, transfer, care coordination, problem list, demographic capture, vital signs and

BMI, smoking status (for patients 13 years and older); calculate and electronically display quality measure results.

- CPOE in the areas of medications, laboratories, radiology/imaging, blood bank, physical therapy, occupational therapy, respiratory therapy, rehabilitation therapy, dialysis, provider consults, and discharge/transfer.
- Medication administration for alerts at the point-of-care to accomplish real time drug-drug, drug-allergy, and drug-formulary checks, and to maintain an active medication list.
- Clinical Decision Support – implement the five automated, clinical rules.
- Financial Information Systems – ability to check insurance eligibility and electronically submit claims.
- Patient Communication – create an electronic copy of a patient’s clinical information upon request. Provide copy of discharge instructions and procedures at time of discharge, upon request.