How to Qualify for EHR Stimulus Funds under ARRA

REQUIREMENTS GUIDE:
Meaningful Use & Certified EHR Technology

The American Recovery and Reinvestment Act (ARRA) set aside nearly $20 billion in incentive payments for physicians who adopt EHR technology over the next five years. In order to qualify for the up to $44,000 in incentives, physicians must be using “certified EHR technology” in a “meaningful manner.”

On July 13, 2010, The Office of the National Coordinator for Health Information Technology (ONC) and the Centers for Medicaid & Medicare Services (CMS) released final rulings on the definitions of meaningful use and certified EHR technology. These documents tell physicians what software features their EHR will require, what goals they should be using the software to reach, and how the government will measure the meaningful use of EHR technology.

THIS GUIDE WILL EXPLAIN:

- Meaningful use objectives
- Certified EHR technology
- Required software features
- Meaningful use measurements
Meaningful use isn’t a term defined in one sentence. Rather, it is a set of goals that the government wants accomplished by physicians using EHR software. Using an EHR in a meaningful manner means you are working towards these high-level goals:

- Improving quality, safety, efficiency, care coordination, and public health;
- Reducing health disparities;
- Engaging patients and their families; and,  
- Ensuring adequate privacy and security protections for personal health information.

These goals encompass 25 more granular objectives, of which 15 are mandatory and 10 are optional. Only 5 of the optional objectives need to be fulfilled by the medical provider.
What is Certified EHR Technology?

In early January 2010, the ONC released this definition of “certified EHR technology:”

“A Complete EHR or a combination of EHR Modules, each of which (1) meets the requirements included in the definition of a Qualified EHR; and (2) has been tested and certified in accordance with the certification program established by the National Coordinator as having met all applicable certification criteria adopted by the [ONC].”

As long as your EHR software has the 15 required software capabilities and can perform at least 5 optional capabilities, an integrated EHR software suite or combination of best of breed EHR modules is going to fall under the ONC’s definition of “certified EHR technology.”

IMPORTANT POINTS ABOUT CERTIFICATION:

1. EHR software certified by the government will be eligible for incentive payments
2. Integrated software suites or combinations of EHR modules will be eligible for certification
3. A temporary certification process will later be replaced by a permanent one
How Will the Government Determine Meaningful Use?

When the ONC and CMS released their final rulings, they included for a set of metrics to measure meaningful use during the Stage 1 (2011) adoption year. Some of the measurements require a certain percentage of a meaningful use goal to be achieved while others merely require that certain functions are enabled on your EHR software.

The government will begin measuring meaningful use in 2011. A temporary certification process has been created, with plans to institute a permanent process in the future.

On the following pages are the 15 required goals for achieving meaningful use and the 10 optional requirements, of which 5 need to be performed.

**EXAMPLE REQUIREMENTS:**

- Transmit 40% of all prescriptions electronically
- Record demographics for at least 50% of all patients
- Perform one test submission of data to immunization registries
- Provide clinical summaries for 50% of all office visits
- Provide 10% of patients timely access to their health records
# How to Achieve Meaningful Use

<table>
<thead>
<tr>
<th>Required Goals</th>
<th>Software Features and Measurements</th>
</tr>
</thead>
</table>
| **Use Computer Provider Order Entry (CPOE)**       | *Feature*: The software will need to manage the electronic storage and retrieval of these order types: medications; laboratory; radiology/imaging; provider referrals; blood bank; physical, occupational, respiratory, and rehabilitation therapy; dialysis; and provider consults.  
*Measurement*: CPOE is used for at least 30% of all orders. |
| **Implement drug/allergy checks**                 | *Feature*: The software will need to support real-time alerts at the point of care for drug contraindications; electronically check formulary or preferred drug list; support modifiable user rights; and track user actions.  
*Measurement*: The drug/allergy check function must be enabled in the software. |
| **Maintain a problem list of diagnoses**           | *Feature*: The software must allow the provider to record, modify, and retrieve a patient’s problem list over multiple visits.  
*Measurement*: At least 80% of all unique patients have at least one entry on their problem list. |
| **E-prescribing**                                  | *Feature*: The software must allow the provider to electronically transmit prescriptions.  
*Measurement*: At least 40% of all permissible prescriptions written are transmitted electronically. |
| **Maintain active medication list**               | *Feature*: The software will need support the recording, modification, and retrieval a patient’s active medication list.  
*Measurement*: At least 80% of patients have at least one entry or “none” indicated on their medication list. |
## How to Achieve Meaningful Use (Continued)

<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| Maintain active allergy list           | **Feature**: The software must support recording, modifying, and retrieving a patient’s active allergy list.  
**Measurement**: At least 80% of patients have at least one entry or an indication of “none” on their allergy list. |
| Record demographics                    | **Feature**: The software must support electronically recording, modifying, and retrieving patient demographic data.  
**Measurement**: Demographics are recorded for at least 50% of all unique patients. |
| Record and chart vital signs            | **Feature**: The software needs to electronically record, modify, and retrieve a patient’s vital signs; automatically calculate BMI; and plot growth charts for patients 2-years old and older.  
**Measurement**: At least 50% of patients age 2 and over have blood pressure, BMI, and plot growth charts recorded. |
| Record smoking status for patients 13 years old or older | **Feature**: The software must support recording, modifying, and retrieving the smoking status for patients 13 years old or older.  
**Measurement**: Smoking status is recorded for at least 50% of patients age 13 years and older. |
| Report ambulatory quality measures      | **Feature**: The software must support the calculation and display of quality measure results specified by CMS or states and electronically submit calculated quality measures.  
**Measurement**: The eligible provider will attest that this has been done. |
# How to Achieve Meaningful Use (Continued)

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<thead>
<tr>
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</thead>
</table>
| **Provide patients with an electronic copy of their health information** | Feature: The software must enable a user to create an electronic copy of a patient’s clinical information and provide it to the patient through electronic means.  
  Measurement: At least 50% of all patients who request an electronic copy of their health information are provided it within three business days. |
| **Provide clinical summaries to patients**           | Feature: The software will have the ability to provide patients with clinical summaries of each office visit in paper or electronic form.  
  Measurement: Clinical summaries provided to patients for at least 50% of all office visits within three business days. |
| **Exchange clinical information**                    | Feature: The software will enable a provider to electronically exchange key clinical information with other providers and organizations.  
  Measurement: The eligible provider must perform at least one test of the certified EHR technology's capacity to electronically exchange key clinical information. |
| **Implement clinical decision support rules**        | Feature: The software will need to support the implementation of clinical decision support rules; generate real-time alerts based on those rules; and electronically generate a list of alerts responded to by each user.  
  Measurement: One clinical decision support rules must be implemented. |
| **Protect electronic health information**            | Feature: The software will allow verified users access to health information in an emergency; terminate a session after a period of inactivity; encrypt and decrypt information; and track a user's actions.  
  Measurement: A security risk analysis is conducted or reviewed and security updates are implemented as necessary. |
## How to Achieve Meaningful Use (Continued)

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Perform medication reconciliation (Optional)</td>
<td><strong>Feature:</strong> The software must be able to generate a complete medication reconciliation of two or more medication lists into a single medication list that can be displayed in real-time.&lt;br&gt;&lt;br&gt;<strong>Measurement:</strong> Medication reconciliation is performed for at least 50% of relevant encounters and transitions of care.</td>
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<td>Submit electronic data to immunization registries (Optional)</td>
<td><strong>Feature:</strong> The software must support the record, retrieval, and transmission of immunization information to immunization registries.&lt;br&gt;&lt;br&gt;<strong>Measurement:</strong> The eligible provider will perform at least one test submission is performed to immunization registries and public health agencies.</td>
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<tr>
<td>Provide electronic syndromic surveillance data to public health agencies (Optional)</td>
<td><strong>Feature:</strong> The software will support the recording, retrieval, and transmission of syndrome-based (e.g., influenza like illness) public health surveillance information.&lt;br&gt;&lt;br&gt;<strong>Measurement:</strong> The eligible provider will perform at least one test is performed of the the certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies.</td>
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<tr>
<td>Provide patients with timely electronic access to their health information (Optional)</td>
<td><strong>Feature:</strong> The software must provide patients with online access to their clinical information within four business days.&lt;br&gt;&lt;br&gt;<strong>Measurement:</strong> At least 10% of all unique patients are provided electronic access to their health information within four business days.</td>
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<td>Identify patient-specific education resources (Optional)</td>
<td><strong>Feature:</strong> The software must be able to identify patient-specific education resources and provide those resources to the patient if appropriate.&lt;br&gt;&lt;br&gt;<strong>Measurement:</strong> More than 10% of all unique patients are provided patient-specific education resources.</td>
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<td><strong>Incorporate clinical lab-test results into EHR as structured data (Optional)</strong></td>
<td><strong>Feature:</strong> The software allows the provider to receive clinical lab test results; display test reports and tests that have been received with LOINC® codes; and electronically update a patient's record based upon lab results.</td>
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<td><strong>Measurement:</strong> At least 40% of all clinical lab tests results are incorporated as structured data.</td>
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<td><strong>Generate lists of patients by specific conditions (Optional)</strong></td>
<td><strong>Feature:</strong> The software must electronically select, sort, retrieve, and output a list of patients and patients’ clinical information.</td>
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<td><strong>Measurement:</strong> Generate at least one report listing patients with a specific condition.</td>
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<td><strong>Send reminders to patients (Optional)</strong></td>
<td><strong>Feature:</strong> The software will need to have the ability to electronically generate a patient reminder list for preventive or follow-up care.</td>
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<td><strong>Measurement:</strong> Reminders are sent to at least 20% of all unique patients that are 50 and over.</td>
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<td><strong>Provide summary of care record (Optional)</strong></td>
<td><strong>Feature:</strong> The software will need to generate a summary of care record for patients that are transitioned or referred to another care setting or provider of care.</td>
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<td><strong>Measurement:</strong> A summary of care record is provided for more than 50% of patients that are referred or transitioned.</td>
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<td><strong>Implement drug-formulary checks (Optional)</strong></td>
<td><strong>Feature:</strong> The software must be able to query at least one formulary.</td>
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<td><strong>Measurement:</strong> The eligible provider has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.</td>
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What’s Next?

Now that you understand what meaningful use is, what software features are required to achieve it, and how the government will measure it, you have the context you need to move to the next step in your EHR software search.

You'll need to make some decisions, such as:

- What deployment model do you prefer?
- What features and capabilities beyond the ARRA requirements do you need?
- What is your software budget?

With your requirements defined and these three questions answered, you'll be ready to start building a "short list" of EHR vendors and evaluate each system in-depth.

MORE HELPFUL RESOURCES:

**Best Practices:**
Download our “Ten Steps to Selecting the Right Medical Software”

**Requirements Guide:**
Download our “ARRA Meaningful Use Requirements Checklist”

**FastStart Consultation:**
Talk to one of our experts to build a “short list” of EHRs
Want Expert Help Building Your Short List?

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