



Definition of Meaningful Users of Certified EHR Technology

Approved by the HIMSS Board of Directors April 24, 2009

Background:

The American Recovery & Reinvestment Act of 2009 (ARRA) calls for up to five years of Medicare incentive payments to physicians who meet the requirements of meaningful users of certified electronic health record (EHR) technology. To be eligible for the payments, physicians must use the technology in a meaningful manner, which includes e-prescribing; exchanging electronic health information to improve the quality of care; having the capacity to provide clinical decision support (CDS) to support practitioner order entry and, submitting clinical quality measures – and other measures – as selected by the Secretary of Health & Human Services (HHS). Further, physicians must meet the definition within a specified time frame, which as described in [ARRA](#), must be made increasingly stringent over time by the Secretary.

HIMSS:

HIMSS (the Healthcare Information & Management Systems Society) is the healthcare industry's membership organization exclusively focused on providing global leadership for the optimal use of healthcare information technology (IT) and management systems for the betterment of healthcare. Founded in 1961, HIMSS represents over 20,000 individuals and 350 corporations. Seventy-three percent of HIMSS' individual membership consists of providers and healthcare IT professionals working in settings ranging from solo practitioner offices to community hospitals to public health settings to nationwide health-related services. HIMSS frames and leads healthcare public policy and industry practices through its government relations, educational and professional development initiatives designed to promote information and management systems' contributions to ensuring quality patient care.

How HIMSS Developed Its Recommendations:

Commencing in late March, HIMSS developed an initial draft of meaningful users of certified EHR technologies. This initial draft was publicly posted with a discussion forum for a three-week period commencing April 1, 2009. The opportunity for public input to the draft was widely disseminated and all were encouraged to comment. Simultaneously, the draft was carefully reviewed by the HIMSS membership community, which consists of more than 3,000 volunteers organized into nearly 80 groups.

41 In the latter part of April, all input was incorporated into an updated draft and provided to
42 the HIMSS Board of Directors for comment and approval. Final approval was granted by
43 the Board on Friday, April 24, 2009.

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46 ***HIMSS' Definition of Meaningful Users of EHR Technologies:***

47 HIMSS recognizes that defining a meaningful user is a complex endeavor. In order for
48 the nation to benefit from the spirit and intent of ARRA, and for physicians to have a
49 reasonable chance of achieving the definition, HIMSS asserts that the requirements must
50 be introduced – and made increasingly stringent – in incremental stages. In the final
51 stage, which must commence in FY15, HIMSS believes the mature definition of
52 “meaningful user of certified EHR technology” includes at least four attributes:

- 53 A. Utilization of an EHR certified by the Certification Commission for Healthcare
54 Information Technology (CCHIT);
55 B. Demonstrated ability to electronically exchange standardized patient summary data
56 with clinical and administrative stakeholders;
57 C. Demonstrated practice of electronic prescribing; and,
58 D. Demonstrated reporting of quality and patient safety data.

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61 ***Recommendation – Adopt CCHIT as the certifying body for EHRs***

62 HIMSS urges the Secretary to name CCHIT as the certifying body for EHR technology.
63 CCHIT has been in existence for several years; it has demonstrated long-term
64 commitment to an open and transparent process; much of its development was made
65 possible through tax-payer dollars; and, it has proven itself to be an effective and
66 reputable certifying body.

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69 ***Recommendation – To achieve the incremental maturation, HIMSS***
70 ***recommends milestones be achieved in phases of not less than two years***
71 ***each, commencing in 2011.***

72 As noted in the opening paragraph, ARRA requires the Secretary to make the definition
73 of meaningful use more stringent over time. Using IEEE’s definition of interoperability
74 as the ability of two or more systems or components to exchange information and to use
75 the information that has been exchanged¹, interoperability of health information in the
76 United States is currently very limited. On a parallel topic, HIMSS believes quality
77 measures are a byproduct of the successful implementation of CCHIT-certified EHR
78 technology, not separate initiatives. Using the above two statements, ***HIMSS***
79 ***recommends HHS adopt metrics that can be reasonably captured and reported by***
80 ***physicians beginning in 2011, then made increasingly stringent using an interval of***
81 ***not less than two years.*** Such an interval allows physician practices to effectively prepare

¹ Institute of Electrical and Electronics Engineers. IEEE Standard Computer Dictionary: A Compilation of IEEE Standard Computer Glossaries, New York, NY 1990.

82 for and execute the mandates, and engage in effective change management processes.
83 The interval also allows health IT companies to make necessary modifications to their
84 products. Any shorter increment would require physician practices to be in a state of
85 constant updates and upgrades, with the possible unintended consequence of
86 compromising the quality of patient care.
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89 ***Recommendation – Coordinate with HITSP and IHE to Create New***
90 ***Harmonized Standards and Implementation Guides***

91 As physicians move through the incremental phases, they require interoperability tools
92 that, as of this writing, do not yet exist. Specifically, HIMSS recommends that HHS
93 coordinate with the Healthcare Information Technology Standards Panel (HITSP) and
94 Integrating the Healthcare Enterprise (IHE) to publish data standards for output of EHR
95 data, along with implementation guides. For Phase 2 interoperability requirements to be
96 achieved, such data standards and implementation guides must be in place for a minimum
97 of 12 months before Phase 2 requirements go into effect.
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100 ***Recommendation – Reconcile the gap between “Certified EHR***
101 ***Technologies”, “Open Source”, and “Best of Breed”***

102 CCHIT certifies home-grown and vendor-produced EHRs using an identified set of
103 functionalities. Some physicians, rather than purchasing one integrated system from a
104 vendor, chose a different path – that of the “best of breed” and/or open source
105 technologies. Users of the best-of-breed approach believe it led to richer functionality
106 and greater user satisfaction. And, use of open source options can be cost-effective for
107 some physician practices. HIMSS urges HHS to collaborate with CCHIT to reconcile
108 this gap so that physicians who use best-of-breed and/or open source technologies are
109 fairly evaluated in their demonstration of being meaningful users of certified EHR
110 technologies.
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113 ***Phase #1: For a minimum of at least two years commencing 2011,***
114 ***HIMSS recommends HHS adopt the following functionality,***
115 ***interoperability, and reporting measures:***

- 116 1. A physician’s EHR infrastructure includes clinical data display and CPOE
117 (computerized practitioner order entry), with independent licensed practitioners
118 entering the order. The vast majority of orders emanating from an ambulatory
119 practice are for medications, laboratory testing, or consultative requests. For
120 electronic prescribing, CPOE must be operational within the EHR.
- 121 2. The physician uses electronic prescribing technology to electronically transmit
122 prescriptions to pharmacies.
- 123 3. Adopt a sub-set of existing National Quality Forum-endorsed measures that align
124 with national quality and performance goals. To report these measures, HIMSS
125 recommends HHS require HITSP-harmonized standards, as they become available.

- 126 • Baseline reporting of percentage of medical orders entered electronically into the
127 EHR by physicians;
- 128 • Baseline reporting of the Agency for Health Research & Quality (AHRQ) quality
129 outcomes;
- 130 • Baseline reporting of National Priorities Partnership goals, convened by National
131 Quality Forum;
- 132 • Baseline reporting of all adverse (drug) events; and,
- 133 • Baseline reporting of percentage of prescriptions sent to the pharmacy
134 electronically upon a patient's visit.

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137 ***Phase #2: For a minimum of at least two years commencing 2013,***
138 ***HIMSS recommends HHS adopt the following criteria:***

- 139 4. The physician's CPOE system is supported by clinical decision support (CDS).
- 140 5. Using the to-be-developed EHR output data standards and implementation guides
141 developed by HITSP and IHE, physician demonstration of electronically-exchanged
142 patient information with external entities such as, but not limited to, other hospitals,
143 payers, transitional or long-term care, clinical practices, community pharmacies, the
144 patient's personal health record, and health information exchanges. Such information
145 should include discrete data for demographics, emergency contact information,
146 allergies, medication summaries, an accurate and current problem list, results
147 reporting of diagnostic tests, height/weight, the patient's primary spoken language,
148 race, and ethnicity.
- 149 6. Quality Reporting Metrics – Continuation of the 2011 requirements, with percentages
150 of change (increase/reduction) identified².

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153 ***Phase #3: For a minimum of at least two years commencing 2015, HIMSS***
154 ***recommends HHS adopt the following criteria:***

- 155 7. Physicians electronically exchange patient summary information as specified in the
156 Continuity of Care Document (CCD) standard - electronic exchange as discrete data
157 elements. This means that not only must the information be transmitted via the CCD;
158 it also means that receiving entities must be able to use the CCD as a source of
159 information to input and/or update information in their version of the record.³
- 160 8. Quality Reporting Metrics – Continuation of the 2013 requirements, with percentages
161 of change (increase/reduction) identified.⁴

² Based upon the HIMSS Nicholas E. Davies Award program, HIMSS notes that a handful of physician practices in the US can currently report optimally-desired levels of data capture (ex: 100% or 0%). For these physicians, the percentages year-over-year cannot increase/decrease because they have achieved optimal reporting levels. HIMSS urges HHS to take this reality into account as increasingly stringent reporting levels are identified.

³ Ibid.

⁴ Ibid.

164 ***Conclusion***
165 HIMSS recognizes, and respects, the complex nature of healthcare and efforts to define
166 meaningful users of certified EHR technologies. To that end, HIMSS offers our content
167 expertise and our significant reach into physician practices across our great nation to
168 achieve the spirit, intent, and benefit of ARRA. The law has tremendous potential to
169 improve the quality, safety, and cost-effectiveness of patient care. To achieve ARRA's
170 goals, HIMSS looks forward to working collaboratively with public and private sector
171 stakeholders to advance patient care through the best use of IT and management systems.
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