

4 key changes needed for EHR meaningful use program

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Challenges with electronic health record (EHR) systems are widespread, and the meaningful use program has only compounded those problems. Physicians this week called on the government to make four essential changes to meaningful use so EHR technology can become a tool for practice efficiency and enhanced patient care.

In a 31-page comment letter (log in) submitted Tuesday to the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health IT, the AMA provided a blueprint for the future of the meaningful use program ahead of the announcement of Stage 3 requirements expected later this year.

The four chief changes the letter outlines are:

Adopting a more flexible approach for meeting meaningful use

Among the components the letter identifies for achieving this flexibility are eliminating the concept of menu versus core requirements, revising the measures list to meet the needs of specialists and requiring physicians to meet no more than 10 measures under Stage 3. The letter also reiterates the AMA's recommendation that CMS abandon the program's all-or-nothing approach by adopting a 50 percent threshold for incurring a penalty and a 75 percent threshold for earning an incentive in Stages 1 and 2. Making the program more flexible "will also help mitigate challenges physicians are facing from factors outside of their control, such as EHR interoperability, usability issues and meeting measures that are contingent upon patient action," the letter states.

Expanding hardship exemptions for all stages

Eligibility for an exemption for quality measures should include successful participation in the Physician Quality Reporting System (PQRS) and a broader list of "unforeseen circumstances" that prevent physicians from meeting meaningful use requirements. The letter also calls for exemptions for physicians close to retirement and hospitalists, who have little control over the technology available to

them. *Note: If your practice needs a hardship exemption for 2014, CMS recently announced that physicians have until Nov. 30 to apply.*

Improving quality reporting

In particular, the letter urges CMS to build a sufficient quality infrastructure and continue to allow physicians to report on a menu of quality measures. The letter also stresses that EHRs must be made interoperable so physicians can focus more on outcomes and longitudinal tracking of patient care. That includes developing standards for sharing data between EHRs and clinical data registries.

Addressing physician EHR usability challenges

Citing the increasing dissatisfaction with this technology as evidenced in the AMA-RAND study released last year, the letter points to how today's EHRs are characterized by poor usability, time-consuming data entry, interference with face-to-face patient care, insufficient health information exchange and degradation of clinical documentation. "There is growing awareness across stakeholders that the meaningful use vendor certification process should be streamlined to enable higher performing products that focus on interoperability, quality measurement reporting and privacy/security," the letter states. In addition, "EHRs should facilitate interoperability among various facilities that comprise our health care system, including hospital inpatient, ambulatory settings, lab and pharmacies."

"The whole point of the EHR incentive program was to build an interoperable health information technology infrastructure that would allow for the routine exchange of important medical information across settings and providers and put medical decision-making tools in the hands of physicians and patients, yet that vision is not being realized," AMA President Robert M Wah, MD, said in a statement. "Physicians should not be required to meet measures that are not improving patient care or use systems that are decreasing practice efficiencies."

The AMA's advocacy on this topic is supported by a new framework (log in) for EHR usability released last month. Developed by the AMA and an external advisory committee of practicing physicians and health IT experts, researchers and executives, the framework offers eight top challenges and solutions that can leverage the potential of EHRs to enhance patient care, improve productivity and reduce administrative costs.