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Centers for Medicare and Medicaid Services

ASCO Highlights of Final Rule on “Meaningful Use” for EHR Incentive Program: July 13th, 2010

On July 13th, 2010, CMS released the Final Rule (FR) on “Medicare and Medicaid Programs; Electronic Health Record Incentive Program.” The FR specifies the initial criteria that eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) must meet in order to qualify for an incentive payment as well as other program participation requirements.

Meaningful Use: Final Measures and Reporting Periods

In a departure from the proposed rule, which suggested 25 measures of meaningful use that must be met in order to qualify for an incentive payment, the FR specifies a “core set” of 15 measures that must be met, along with a “menu set” of additional measures from which an EP or hospital may choose. There are 10 measures in the menu set, of which 5 must be chosen in order to qualify.

Providers will also have to report data on three core quality measures in 2011 and 2012: blood-pressure level, tobacco status, and adult weight screening and follow-up (or alternates if these do not apply). Alternates include: influenza immunizations for patients over 50 years; weight assessment and counseling for children and adolescents; and childhood immunizations. Providers must also choose three other measures from a subset of clinical measures most appropriate given the EP’s specialty.

In addition, the FR outlines a phased approach to implement the requirements for demonstrating meaningful use. According to CMS, this approach initially establishes criteria for MU based on currently available technological capabilities and providers’ practice experience; CMS will establish graduated criteria for demonstrating MU through future rulemaking, consistent with anticipated developments in technology and providers’ capabilities.

Finally, CMS defines the “reporting period” for the EHR incentive program for the first payment year as 90 continuous days. The second payment year the reporting period is defined as one full year. Given the general timeline for availability of certified EHRs anticipated by CMS and the Office of the National Coordinator (ONC), this reporting period may allow oncologists—with their special needs regarding the capabilities of an EHR--some additional time to identify and implement an EHR.

Table 1 at the end of this document shows the measures described in the FR, divided into “core” and “menu” sets; please note that these measures are specific to EPs. Eligible hospitals and CAHs have for the most part similar measures, but there are some differences due to site of care (for a table listing all measures, including hospitals and CAHs, please see page 221 of the FR, available at http://www.ofr.gov/OFRUpload/OFRData/2010-17207_PI.pdf).

Demonstrating Achievement of Meaningful Use – 2011 and 2012

For 2011, CMS will accept provider attestations for demonstration of all the meaningful use measures, including clinical quality measures. Starting in 2012, CMS will continue attestation for most of the meaningful use objectives but plans to initiate the electronic submission of the clinical quality measures. States will also support attestation initially and then subsequent electronic submission of clinical quality measures for Medicaid providers’ demonstration of meaningful use.

Timeline

In a previous rule, ONC proposed criteria for approving organizations that will certify EHR systems as qualifying for meaningful use. ONC anticipates that the first entities will be authorized to certify EHR systems before the end of the summer, and that certified EHR systems will be available later in the fall of 2010.

CMS anticipates initiation of Medicare incentive payments 9 months after publication of the FR. States are determining their own deadlines for launching their Medicaid EHR incentive programs, but are required to make “timely” payments, per the FR. CMS anticipates that the majority of States will have launched their programs by the summer of 2011.

Incentive Program Registration Process

According to CMS, the registration process will be as follows for Medicare and Medicaid:

- *Medicare:* Hospitals and eligible professionals can register for the program starting in January 2011. Once the programs begin, a link on the Registration web page on <http://cms.gov/EHRIncentivePrograms/> will be available. Providers can use this central website to get information about the program and link to the programs’ online registration system.
- *Medicaid:* The registration process will be the same for the Medicaid Incentive Program as for Medicare. A link on the Registration web page on <http://cms.gov/EHRIncentivePrograms/> will be available when the program begins. Eligible Providers under the Medicaid Incentive Program can register at this site whether or not their state has initiated their program yet and CMS will pass their information on the state once the state initiates their program.

Table 1. Stage I Meaningful Use Objectives and Associated Measures, by Core and Menu Set: Eligible Professionals

CORE Measure Set	
Objective	Measures
CPOE for medication orders	More than 30% of unique patients with at least 1 medication in their medication list have at least 1 order entered using CPOE
Drug-drug and drug-allergy interaction checks	Functionality is enabled for these checks for the entire EHR reporting period
Generate and transmit permissible prescriptions electronically (eRx)	More than 40% of all permissible prescriptions are transmitted electronically using certified EHR technology
Record patient demographics, including: preferred language, gender, race, ethnicity, date of birth	More than 50% of all unique patients have demographics recorded as structured data
Maintain up-to-date problem list of current and active diagnoses	More than 80% of all unique patients have at least one entry or an indication that no problems are known for the patient recorded as structured data
Maintain active medication list	More than 80% of all unique patients have at least one entry (or an indication that the patient is not currently prescribe any medication) recorded as structured data
Maintain active medication allergy list	More than 80% of all unique patients have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data
Vital signs – record and chart changes	For more than 50% of all unique patients age 2 and over, height, weight, and BP are recorded as structured data
Smoking status – recorded for patients 13 years of age or older	More than 50% of all unique patients age 13 or over have smoking status recorded as structured data
Implement 1 clinical decision support rule relevant to specialty or high clinical priority, along with ability to track compliance with that rule	Implement 1 clinical decision support rule
Report ambulatory clinical quality measures to CMS or the States	For 2011, provide aggregate numerator, denominator, and exclusions through attestation; for 2012, submit clinical quality measures electronically
Provide patients with an electronic copy of their health information (including test results, problem list, medication lists, medication allergies) upon request	More that 50% of all patients who request an electronic copy of their health information are provided it within 3 business days
Provide clinical summaries for patients for each office visit	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days

Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Perform at least one test of certified EHR technology's capacity to electronically exchange key clinical information
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis and implement security updates as necessary and correct identified security deficiencies as part of its risk management process
MENU Set (choose 5)	
Objective	Measures
Implement drug-formulary checks	This functionality is enabled and the EP has access to at least 1 internal or external drug formulary for the entire EHR reporting period
Incorporate clinical lab-test results into certified EHR structured data	More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach	Generate at least 1 report listing patients with a specific condition
Send reminders to patients per patient preference for preventive/follow up care	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within 4 business days of the information being available to the EP	More than 10% of all unique patients are provided timely (available to the patient within 4 business days of being updated in the EHR) electronic access to their health information, subject to the EP's discretion to withhold certain information
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	More than 10% of all unique patients are provided patient-specific education resources

<p>The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation</p>	<p>The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP</p>
<p>Transition/referral of patient to another setting or provider of care – EP should provide summary of care record for each transition of care or referral</p>	<p>Summary of care record provided for more than 50% of transitions of care and referrals</p>
<p>Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice</p>	<p>Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically)</p>
<p>Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice</p>	<p>Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically)</p>