

Comment on Meaningful Use of EHR but Understand It First

Wes Rishel

The draft criteria on the "meaningful use" of electronic health records offer healthcare providers and other stakeholders an opportunity to influence the complex process that leads to the final criteria.

NEWS ANALYSIS

Event

On 16 June 2009, the U.S. Office of the National Coordinator for Health Information Technology (ONC) published draft criteria for meaningful use of electronic health records (EHRs; see <http://tinyurl.com/orh341>). Comments are due by 26 June 2009. The draft includes a limited set of criteria that the U.S. Centers for Medicare and Medicaid Services (CMS) can incorporate into its regulation for incentives for using EHRs. It provides base criteria for fiscal years 2011-2012, and more aggressive sets of criteria to be phased in for 2013-2014, 2015 and beyond.

Analysis

The draft proposes many metrics in three broad categories:

- Quality, safety, disparities in care and patient engagement
- How well an EHR is being used
- Privacy and security

The draft does not specify if simply reporting a value is sufficient in 2011 or if it will be necessary to report certain minimum levels of compliance. In subsequent years, the criteria will include rising levels of compliance for physician order entry, documented encounters and other measures. Mandates for specific quality and safety metrics will likely arise through healthcare reform rather than American Recovery and Reinvestment Act (ARRA) incentives.

Early Internet commentary on the draft has confused the goals with the measures and construed the matrix to propose impossible criteria. This could lead to irrelevant comments that are ignored.

The comment period offers stakeholders an opportunity to influence the complex governmental process that leads to the final criteria.

RECOMMENDATIONS

All stakeholders:

- Comments are welcome on the goals, but discuss feasibility in terms of explicit measures. Consider whether reporting on them or achieving specific levels creates burdens for providers that actually work against provider adoption of EHRs.
- In commenting, describe your role in healthcare and provide evidence to support your views.
- Provide statements addressing the legitimate concern over whether small practices can, will or should install EHRs in response to the ARRA. The comments would best be couched as reasoned statements on how adjusting the criteria might improve physician uptake.

Vendors selling EHR systems:

- Review the ONC measures carefully to ensure that the software you have installed at customer sites by 1 October 2010 will meet the requirements.

EHR customers and prospects:

- Probe vendors to determine when necessary software revisions will be available, and get on the upgrade list.
- Determine how a product must be implemented to fulfill the reporting requirements.
- Prospects should choose vendors that they trust to evolve the products in order to meet the growing requirements in 2013 through 2015.

RECOMMENDED READING

- "Early Analysis of the Impact of the ARRA on U.S. Healthcare IT" — If meaningful EHR use is up in 2014 and starting to improve the quality of care, the ARRA will have been a success. **By Wes Rishel**
- "Global Definitions of EHR, PHR, E-Prescribing and Other Terms for Healthcare Providers" — This research provides Gartner's working definitions for key healthcare IT terms and describes regional variations. **By Wes Rishel and Thomas Handler, M.D.**

(You may need to sign in or be a Gartner client to access the documents referenced in this First Take.)

This research is part of a set of related research pieces. See "Roundup of Healthcare Provider Research, 2Q09" for an overview.

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