AMA AMERICAN MEDICAL ASSOCIATION

# Meaningful Use

Congress enacted the HITECH Act with the best of intentions and, in large part, physicians have achieved the law's goals of electronic health record (EHR) adoption. In 2001, only 18 percent of physicians used electronic health records. Today, more than 80 percent do.

However, as the regulatory framework for "Meaningful Use" has evolved, layer after layer of new requirements have been added – above and beyond the original intent of the law. What has emerged is a complex web of requirements that has had a significant impact on the patient-physician relationship as physicians must now spend much of the patient visit entering data into a computer. This data entry is required by the Meaningful Use program but is typically unrelated to the immediate needs of the patient.

These program mandates have proven so onerous that, even with the vast majority of physicians now using electronic health records, only a small minority has successfully complied.

Complicating matters is the fact that regulators and software vendors have largely ignored the areas of greatest need—building the infrastructure to ensure systems work together to seamlessly exchange information and providing flexibility so that systems can be designed to support health care decision making by patients and physicians.

Many members of Congress and health information technology stakeholders have urged the Administration to take a different path to achieve the vision originally laid out by Congress in the HITECH Act. We believe that the success of the program hinges on permitting flexibility for physicians in meeting the program's goals, promoting technological interoperability, and allowing innovation to flourish as vendors respond to the demands of physicians and patients rather than the current system, in which vendors must meet the ill-informed, check-the-box requirements of the program.

The Administration has begun to hear these calls for reform. In January, the Centers for Medicare & Medicaid Services (CMS) Acting Administrator Andy Slavitt stated: "The Meaningful Use program as it has existed, will now be effectively over and replaced with something better." Slavitt outlined pending improvements to the Meaningful Use program aimed at responding to Congressional and stakeholder concerns, as well as supporting the transition to new payment policies under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA, aka "SGR repeal").

Among the steps outlined by CMS are: moving the focus away from the use of specific technology and towards a focus on improved patient outcomes; ensuring that health technology is developed for individual practice needs, not the needs of the government; and concentrating on interoperability.

## Specific Recommendations for Improving Meaningful Use

**Achieving Seamless Interoperability and Information Exchange**

- Electronic health records must focus on essential building blocks of interoperability:
  - Correctly match patients to their medical information
  - Establish a provider directory so physicians can find and direct patient information to each other online
  - Use clinician input to standardize data vocabularies so information has the same meaning and same format
  - Ensure privacy and security
- Interoperability and measures reliant on connecting to other data sources should reflect how data is transported to improve patient care, not simply the quantity of data exchanged
- Technology limitations, e.g., the lack of concise summaries of care, must be resolved before physicians are held accountable for these actions

**Improving Care Quality and Promoting Innovation**

- Prior to adoption, all measures should be assessed based on their:
  - Relevance to all specialties
  - Ability to meet the needs of patients
  - Cost-benefit analysis, including the cost of lost productivity
- Restructure measures away from simple data entry and reduce the burden of documentation
  - Measures should reflect purposeful uses and functions of technology and not merely data entry
  - Measures should prioritize the reuse of data collected and reduce the burden on documentation
- Reporting period should be less than one year to allow for technology changes and system upgrades
- Penalties should incentivize participation and be proportional to achievement, and not "pass-fail"

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These are all important goals that will help to transform the Meaningful Use program from one that frustrates and distracts physicians to one that empowers physicians to provide the highest quality of care possible.

**Ask your Senators and Member of Congress to encourage CMS to act this year to implement necessary Meaningful Use reforms.**

- PQRS or qualified clinical data registry participation should automatically satisfy MU quality reporting, to avoid duplication.
- Patient engagement measures should be broadened to encourage innovative uses of new technology

**Moving to MIPS and Advanced Payment and Delivery Models**

- Measures must be aligned with MACRA implementation
- Allow pilot programs to test new measures and technology to satisfy MU requirements, providing a glide path towards APMs
  - Pilot programs could target specific specialties (radiology, anesthesiology, etc.) that have been unable to participate in the MU program due to lack of relevant measures

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