

Top Ten Consumer Benefits in Stage 1 of Meaningful Use

FACT SHEET

On July 13, 2010 the Centers for Medicare & Medicaid Services (CMS) released a final rule detailing incentive payments for the meaningful use of certified Electronic Health Record (EHR) technology. With this rule, CMS has ensured that tax-payer-funded incentive payments do not simply go to digitizing paper records but to actually improving the quality of care.

The final rule builds a foundation for meaningful changes in our health care system by promoting tangible advancements in quality, safety and value, including many direct benefits to patients and their caregivers.

1. Patient Access to Their Personal Health Information.

One of the most immediate needs patients and their caregivers have is direct access to health information that supports them in better managing and coordinating their care and making informed health care decisions. The final rule moves us in the right direction by ensuring that patients can receive electronic copies of their medical record within three business days – a huge improvement over the 30 days allowed for paper records. It also requires practice-based physicians to provide comprehensive summaries of a patient's care within three days of an office visit, and requires hospitals to deliver discharge instructions electronically upon request. It also calls on both physicians and hospitals to provide patients with ongoing, timely electronic access to their health information (such as through a patient portal or Personal Health Record).¹

In Stage One, the rule only requires that providers give patients electronic copies of their health information *upon request (this applies to copies of medical records and hospital discharge summaries)*. Many patients will not know that this is an option and not make such a request. Stakeholders should educate the public about the availability of this information in electronic formats.

2. Protection from Dangerous Drug Interactions and other Medical Errors.

Chronic illness is a growing problem as Americans live longer, but sicker, lives. To help maintain their health and quality of life, many Americans take multiple prescription drugs – in worst-case scenarios, up to 50 or more prescriptions a year.² The final rule calls on providers and hospitals to maintain active medication and medication allergy lists for their patients and perform medication reconciliation* (a process for identifying the most accurate list of all medications the patient is currently taking) at each transition of care to protect patients from dangerous drug interactions. Plus, by requiring physicians to enter electronic orders for medications for appropriate patients, the final rule will help reduce the number of errors caused by illegible handwriting.

3. Improved Coordination and Communication.

Transitioning from one care setting to another can be one of the most perilous scenarios for vulnerable patients. Often key information is lost in the shuffle between different physicians, hospitals and/or home. To receive meaningful use incentives in Stage One, physicians and hospitals have the option of ensuring that a summary care record* is communicated to the patient's other providers during a care transition.* In addition, to lay the groundwork for robust information exchange among care team members in the future, all meaningful users in 2011 will establish and test their ability to exchange important clinical information with another provider.

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- 4. *Fostering Patient Engagement in Their Care.*** Patient engagement, through partnership and shared decision-making with providers, is a crucial component of high-quality patient-centered care. Research has shown that engaged patients not only have better health outcomes, but also better experiences of care.³ The final rule opens the door for increased patient engagement by calling on physicians to provide their patients with condition-specific educational resources.* EHR systems can be designed to act as mini-search engines by using information stored in the patient's health record to find resource materials that match their unique health needs. These resources will play an important role in helping patients and family caregivers understand their health conditions and facilitate self-management and efficacy.

In addition, the final rule calls on hospitals to record the presence of advance directives for patients 65 and older.* This will not only provide information vital to following a patient's wishes for his or her care, but also will create opportunities to have important discussions with patients and families. In future stages, it will be important for all providers, both practice-based and hospital-based, to record this information.

- 5. *Reducing Health Disparities.*** The first step to improving care for vulnerable populations is acquiring better information to identify health disparities and develop strategies to reduce and eliminate them. In Stage One, providers are required to record patient demographic data, including race, ethnicity, preferred language and gender. With this information, providers can and should pinpoint gaps in care for underserved and vulnerable populations and make improvements. For Medicaid providers, states have the option to strengthen this criterion for Stage One by also requiring that providers actually use this information, such as by stratifying lists of patients with specific conditions by demographic variables in order to identify and reduce disparities in those areas of care.
- 6. *Patient Reminders for Preventive and Follow-Up Care.*** The health care system needs to begin engaging patients and their families, so they can take the necessary steps to stay healthy or, if chronically ill, to manage their conditions to maximize their quality of life. A critical first step is letting patients know when they need preventive and follow-up care. For Stage One, the final rule calls on providers to send patients age 65 and older and parents of children 5 and under reminders for such care.* This is a good starting place and may encourage providers to send clinically-appropriate reminders to all patients who need and want them, regardless of age.
- 7. *Enhancing Patient Privacy and Security.*** As the health care system moves from paper to electronic records, patients need to know that their personal health information will be secure and private. The final rule requires providers to conduct security risk assessments of their EHR systems and correct any deficiencies identified. In addition, all EHR systems will have to meet a set of privacy and security technical standards to be certified. Moving forward, CMS and the Office of the National Coordinator for Health Information Technology (ONC) should help providers understand and adopt best practices in privacy and security, as well as ensure that any providers that violate federal or state privacy laws are ineligible for meaningful use incentives.
- 8. *Meaningful Quality Reporting.*** Quality reporting helps providers evaluate the overall quality of care they provide and identify where improvements are needed. It also helps patients make informed decisions about where to get the best treatment and allows them to have confidence that new delivery and payment models will not skimp on care to cut costs. Quality measurement is essential to knowing whether the meaningful use of health IT is delivering on its promise to improve the quality of our health care system.

CMS has chosen a streamlined set of measures for Stage One that will ensure that every practice-based physician, regardless of specialty, reports on a core group of three measures related to obesity, hypertension and smoking, as well as on three additional measures of the provider's choosing that best reflect the nature of the provider's practice. Hospitals will be required to report on a core set of 15 measures. While the specific clinical measures chosen are relatively basic, their inclusion will give providers experience with reporting on these measures electronically and set the stage to include those more meaningful to patients and families – such as outcomes, functional status and patient experience – in the future.

9. **Reducing Costs.** The final rule includes many provisions that will greatly improve the efficiency of our health care system and help reign in out-of-control costs. By fostering better coordination and communication and making all of a patient's relevant health information available to providers in real time, the rule lays the groundwork for reducing the number of repeat tests and medical errors patients have to endure. In addition, with electronic access to their health information and educational resources, patients will be better able to manage their own health and have fewer costly encounters with the health care system.
10. **Rejecting the Status Quo and Transforming the Health Care System.** Instead of reinforcing the status quo by just digitizing paper records, the final rule requires providers who receive incentive payments to put in place innovative and transformational processes and strategies that move us closer to a patient-centered health care system, ensuring that the expenditure of these taxpayer dollars will ultimately benefit the American public. The final rule strikes a good balance between being transformative yet achievable, building the foundation for reform essential to successful implementation of the Affordable Care Act.

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* The final rule divides Stage One objectives into a core and menu set. All core objectives are mandatory. Of the menu objectives, providers can defer up to five. All Stage One core and menu objectives will be mandatory in Stage Two. In this fact sheet, all menu objectives are indicated with stars.

¹ Berenson, R. & Horvath, J. (2002). The Clinical Characteristics of Medicare Beneficiaries and Implications for Medicare Reform. Prepared for: The Center for Medicare Advocacy Conference on Medicare Coordinated Care, Washington, DC. Retrieved September 24, 2009, from www.partnershipforsolutions.org.

¹¹ For example, see Hibbard, J. Engaging Health Care Consumers to Improve the Quality of Care. *Medical Care* 2003; 41(1) Supplement: I-61-I-70; Lorig K, Sobel DS, et al. Evidence suggesting that a chronic disease self-management program can improve health status while reducing hospitalization: a randomized trial. *Med Care* 1999;37:5-14; Greenfield S, Kaplan S, Ware JE. Expanding patient involvement in care: effects on patient outcomes. *Ann Intern Med* 1985;102:520-528; or, Greenfield S, Kaplan S, Ware JE, et al. Patients' participation in medical care: effects on blood sugar control and quality of life in diabetes. *J Gen Intern Med* 1988;3:448-457.

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