Copy That? Meeting the Meaningful Use Objectives for Electronic Copies, Part 1

Save to myBoK

By Kelly McLendon, RHIA

Hospitals and providers seeking to receive payments under ARRA's "meaningful use" incentive program must prove their eligibility by meeting objectives and associated measures for the use of their EHR systems. Some of the requirements of most interest to HIM professionals are related to a provider's ability to produce, log, and disclose protected health information (PHI) to individuals upon request.

For many healthcare organizations big or small, providing patients with access to, or copies of, their information as described in the program is a challenge. This column is the first of two that explores the issues. This column describes the three related program requirements and how they will be measured; the second column (in May) will discuss considerations for providing and securing the information.

It should be remembered that these requirements apply only to the meaningful use program. They are voluntary and apply only to providers that choose to participate in the program. By 2014, however, all hospitals and providers must meet the meaningful use criteria or face reductions in Medicare and Medicaid payments the following year.

The Objectives: Timely, Electronic Access

The meaningful use criteria appear in a notice of proposed rulemaking published by the Centers for Medicare and Medicaid Services (CMS) in January 2010. A companion interim final rule, published by the Office of the National Coordinator for Health Information Technology, describes the technical specifications and certification criteria that enable EHR systems to meet the meaningful use objectives.

Public comment on both rules ended in March. CMS is in the process of reviewing comments on the meaningful use program, which could lead to changes in objectives and measures in the next round of rulemaking, expected by the summer.

Electronic copies are the focus of three objectives within the single care goal of "Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health."

The objectives require that EHR systems, either singly or in a combination of multiple systems, must be able to produce electronic copies of data and documents in both human and machine readable formats.

These requirements must be fulfilled in order for a provider of care to receive Medicare or Medicaid incentive dollars. The ability to produce and post electronic information may be provided in a more global EHR or in third-party system(s) working as an EHR module (part of a complete EHR).

There are two basic types of copies and access to information required: electronic copies that are produced onto electronic media (or e-mailed) for disclosure and copies that are posted for online access.

Both providers and hospitals must provide a prescribed minimum of information within 48 hours. Hospitals must be able to produce electronic copies of discharge instructions, and providers must provide 10 percent of their patients with online access to a set of their health information within 96 hours (see table).

The Measures: Daily Use

Each objective includes a measure, which is reported as the share of patients who receive the service during the reporting period.

CMS considers that "meaningful use" in these instances involve incorporation into the provider's daily workflow. However, the stage 1 measures do not require the objectives be met with every patient. Within the rule, CMS acknowledges that providers currently face "technical hindrances and other barriers," such as current technical limitations and a lack of universal Internet access for patients.

For this reason, CMS requires providers meet the first two objectives 80 percent of the time. The threshold creates a "high standard," CMS believes, while still allowing room for the challenges involved.

The third objective-that providers offer online access-must be met for 10 percent of patients. Within the rule CMS notes that health systems that have actively promoted online access have achieved active use by more than 30 percent of their patients.

It is important to note that providers will report on "unique patients" seen for the third objective, not patient encounters. That is, providers will count a patient only once during the reporting period, even if the patient is seen multiple times.

Three Objectives for Electronic Copies and Access

All three requirements to provide electronic copies or access appear within one care goal. Only one objective applies to both professionals and hospitals. Associated certification criteria and technical specifications that enable EHR systems to meet the objectives appear in the separate rule from the Office of the National Coordinator.

Objectives			
Care Goal	**Eligible Professionals (EPs)**	**Eligible Hospitals**	**Measures**
Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health.	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies), upon request.	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies, discharge summary, procedures), upon request.	At least 80% of all patients who request an electronic copy of their health information are provided it within 48 hours.
	n/a	Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request.	At least 80% of all patients who are discharged from an eligible hospital and who request an electronic copy of their discharge instructions and procedures are provided it.
	Provide patients with timely electronic access to their health information (including lab results, problem list,	n/a	At least 10% of all unique patients seen by the EP are provided timely

Objectives			
Care Goal	**Eligible Professionals (EPs)**	**Eligible Hospitals**	**Measures**
	medication lists, allergies) within 96 hours of the information being available to the EP.		electronic access to their health information.

Meeting the Turnaround Times

The requirements that copies or access be provided within 48 to 96 hours will challenge many organizations' normal chart completion processes. Other challenges will come if data from lab tests are delayed, which will cause workflow issues.

Meeting the requirements may disrupt an organization's philosophy that copies are not routinely made of incomplete charts. However, this type of request could fall under existing exceptions made for patient care reasons.

Measuring the number of patient requests, the total number of patient visits, and the time the requests were fulfilled will also challenge providers. They will probably require more software development in this area, both from within EHR vendor platforms and third-party EHR modules.

References

Centers for Medicare and Medicaid Services. "Medicare and Medicaid Programs Electronic Health Record Incentive Program." *Federal Register* 75, no. 8 (Jan. 13, 2010): 1844–2011. Available online at http://edocket.access.gpo.gov/2010/pdf/E9-31217.pdf.

Department of Health and Human Services. "Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology; Interim Final Rule." *Federal Register* 75, no. 8 (Jan. 13, 2010): 2014–47. Available online at http://edocket.access.gpo.gov/2010/pdf/E9-31216.pdf.

Kelly McLendon (kmclendon@go-iem.com) is president of Health Information Xperts.

Article citation:
McLendon, Kelly. "Copy That? Meeting the Meaningful Use Objectives for Electronic Copies, Part 1" *Journal of AHIMA* 81, no.4 (April 2010): 42-43.

Driving the Power of Knowledge