

EHR “Meaningful Use” Federal Incentives

BACKGROUND

The American Recovery and Reinvestment Act (ARRA) of 2009 authorized the Centers of Medicare and Medicaid Services (CMS) to provide Medicare and Medicaid incentive payments to physicians that are “meaningful users” of certified electronic health records (EHR). For providers and other eligible professionals (EPs), these incentive programs began on January 1, 2011.

EPs can earn \$44,000 in Medicare payment incentives over five years. Physicians that cannot demonstrate meaningful use of EHRs face financial penalties beginning in 2015; these penalties increase through 2017. The Medicaid incentive program offers a maximum of \$63,750 over 6 years and includes no penalties. Most oncologists will be automatically enrolled into the Medicare program; hospital-based providers are not eligible for either program.

To successfully participate in either program, healthcare professionals must achieve certain CMS-defined objectives by using their EHR in a specific manner. For example, physicians will initially need to use their EHR to electronically prescribe for 30% of their patients. These requirements change throughout the program in three stages and incrementally become more difficult.

The funding offered through this program is essential to health information technology (IT) adoption. However, as most oncologists are eligible for the Medicare incentives and subsequent financial penalties, ASCO believes the Medicare incentive program needs to be accessible to all medical specialties, including the oncology community.

ASCO’S POSITION ON HEALTH IT

ASCO strongly advocates for the tailored use of health IT as we believe technology can impact and revolutionize the quality of cancer care in the United States. ASCO has been working to facilitate the adoption of EHRs in oncology. We have published enduring and online educational resources, held conferences to disseminate the latest developments in health IT and public policy, and, in conjunction with the National Cancer Institute, released core functionality criteria recommended for oncology-specific EHRs. This set of criteria formed the basis for the Certification Commission for Health Information Technology oncology certification for ambulatory EHRs.

RECOMMENDATIONS

The meaningful use requirements set by CMS should be refined to ensure participation from the oncology community. ASCO has officially commented on the draft versions of [Stage 1](#) and [Stage 2](#) – the first two sets of requirements for the Medicare program. Our recommendations include specific modifications with individual criteria and reflect the following concepts:

- Physician choice is an important principle for the incentive programs. Flexibility with the participation criteria will allow all medical specialties to meaningfully use health IT.

- We respectfully object to measures that are beyond the direct control of EPs. Measures should solely focus on provider actions and workflows.
- We believe the objectives of the program can be achieved without the payment adjustments that will impact physicians who do not participate by 2015.
- ASCO is concerned with the timing of the program. Implementing an EHR or other health IT is complicated and can significantly impact a physician's workflow. Providers should have more time to fulfill the requirements.
- CMS should continue to work to better align its EHR meaningful use, electronic prescribing, and PQRS programs. The Government Accounting Office identified [possible improvements](#), and ASCO encourages further modifications to how the programs approach payment periods and quality measures.