

# New “One Patient” MU Rule Brings Relief



Last week, CMS published a new proposed rule for Meaningful (MU). This rule strives to “...align Meaningful Use (MU) Stage 1 and Stage 2 objectives and measures with the long-term proposals for Stage 3...”. In other words, make the program simpler and make it easier to achieve.

## The proposed rule would simplify MU by:

- Reducing the overall number of objectives;
- Removing measures that have become redundant, duplicative or have reached wide-spread adoption;
- Allowing a 90 day reporting period in 2015 to accommodate the implementation of these proposed changes in 2015, and possibly of the greatest interest to medical practice,

- Remove the 5 percent threshold for Measure 2 from the EP Stage 2 Patient Electronic Access objective, requiring that at least (only) 1 patient seen by the provider during the EHR reporting period views, downloads, or transmits his or her health information to a third party.

This last one is extremely important as practices have spent much time and money trying to encourage patients to use their portals to fulfill the view/download/transmit requirement. As a patient, I understand this. I only use my PCP's portal a couple of times a year, so I invariably forget my user ID and password (yes, I do know there are programs to store and retrieve these for me, but that's a conversation for a totally different post) and it all ends up just being a big pain. My health is important to me, but I don't have reason to get on the portal on a regular basis, and practices are finding out that many patients just don't care to use the portal or don't have a need.

More light reading on the proposed rule is available [here](#) in the Federal Register.

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## **New HITECH Resource for Eligible Providers and Hospitals at the Virtual Extension Center**

*Note: I get great pleasure in finding resources for my readers, and today I have a showstopper! Carol Flagg is co-owner of HITECH Answers and is visiting Manage My Practice to*

***announce a free resource for eligible providers and hospitals.***

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For the past two years [HITECH Answers](#) has been a vendor neutral resource for education on details of the HITECH Act. In that time, we've amassed a significant library of recorded webinars for viewing, along with a body of exclusive white papers and research.

But the time for analyzing the HITECH Act has ended. Similar to the purpose served by the 62 Regional Extension Centers (RECs) , our goal is to support as much as we can the process of adoption of a certified EHR system that meets meaningful use criteria. Given the sheer number of health care providers needing significant help and guidance through this process, we have transitioned our existing web-based subscription model to function as a **Virtual Extension Center**.

This Virtual Extension Center, or VEC, supports health care providers and hospitals looking for education and analysis throughout the HITECH life cycle in a 100% virtual environment. In a nutshell, our VEC widens the education circle and opportunity for all Eligible Professionals and Eligible Hospitals. We've also made membership to our VEC **completely free for EPs and EHs** for the entire life cycle of the HITECH Act.

## **So what, exactly, is the VEC? And how does it function?**

First and foremost, this newly created VEC houses all of the existing recorded training material and research accumulated over the past two years. This information is readily accessible upon members logging on to HITECH Answers. Here's what has been added to round out VEC membership:

- Meaningful Use for EPs and EHs "" Live webinar events hosted twice a month that focus specifically on the details for achieving Stage 1 meaningful use for EPs and EHs.
- Upcoming live web casts on tax implications for incentives for EPs and EHs, workflow, ICD-10 migration, HIPAA security assessment, the pros and cons of SaaS, EHR contract negotiation and more.
- Live web cast for our VEC members who are vendors and HIT consultants that address pressing topics and needs in conducting business in this industry.
- Attendance to live webcast interviews and presentations from leading national experts.
- Access to exclusive white papers and research found only in our VEC.
- Direct access to independent experts to help answers your specific questions.

An obvious large part of the VEC will be our **live events**. We debut our event offerings with these two important topics "" *Meaningful Use for Specialists* and *EHR Contract Negotiations*.

### **Meaningful Use for Specialists "" Qualifying for CMS EHR Incentives**

**January 18, 2011, 7 pm EST**

**Event summary:** A first glance at the Stage 1 Core and Menu Set objectives makes sense for primary care, but what about specialists? How can Psychiatrists, Oncologists, Radiologists, Urologists, and other specialists meet the requirements and objectives outlined in CMS EHR Incentive Program? EPs that are specialists can still achieve the CMS incentives based on the flexibility that is incorporated into two primary areas: Menu Exclusions and Quality Measures.

**EHR Contract Negotiations: Q & A with William O'Toole, O'Toole**

## Law Group

January 25, 2011, 7 pm EST

**Event summary:** The HITECH Act of the American Recovery and Reinvestment Act of 2009 is driving new technology acquisitions unlike anything seen in the healthcare information technology (HIT) sector since Y2K. Specific terms and warranties in Electronic Health Record (EHR) agreements are absolutely essential for the protection of provider customers. Competent and experienced legal advice is extremely important. Get your questions answered in this special Q & A session.



You can visit our [Events Page](#) to learn more about these sessions.

And you can learn more about qualifying for a free membership at [Become A Member](#) or you can contact me at: [carol@hitechanswers.com](mailto:carol@hitechanswers.com).

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**Disclosure from Mary Pat: HITECH Answers sells my book on their site, and I am a Consulting Expert to HITECH Answers.**

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**And We're Off! Meaningful Use  
Notes from the CMS & ONC**

# Press Briefing July 13, 2010

I was fortunate enough to be listening by phone to the historic (yes, historic) announcement of the final meaningful use rules by **Kathleen Sebelius**, Secretary HHS; **Don Berwick**, MD, new CMS Administrator; **David Blumenthal**, MD, national coordinator for health information technology at HHS; **Regina Benjamin**, MD, Surgeon General and a surprise speaker, **Regina Holliday**, artist and activist for patient rights.



Image via  
Wikipedia

## The memorable quotes I wrote down were:

**Kathleen Sebelius:** *“When electronic health records are well-designed and implemented correctly, they can be a powerful force for reducing errors, lowering costs, raising quality of care, and increasing doctor and patient satisfaction.”* That is the best one-sentence description of “Why EHR?” I’ve ever heard.

**Don Berwick:** *“If it’s (EHR) so good, why doesn’t everyone use it? Because it’s **HARD**.”* There is a little slice of honesty that you won’t get from most EHR vendors.

**David Blumenthal:** *“We are only as good in treating patients as the information we have.”* Wow, an admission that could rock the medical world if we stopped and thought about it.

**Regina Holliday:** *“I will not stop until we all have the right see our own information.”* Regina’s Medical Advocacy Blog is [here](#). Her lauded mural [“73 Cents”](#) refers to how much per page she was told by the hospital medical records department she

would have to pay to get a copy of her husband's records while he was still in that hospital.

## **The Meat: Specifics of Stage 1 Meaningful Use (2011 and 2012)**

Meaningful use includes both a core set and a menu set of objectives that are specific for eligible professionals and hospitals.

For Eligible Professionals ([definition here](#)), there are a total of 25 available meaningful use objectives. 20 of the objectives must be completed to qualify for an incentive payment. 15 are core objectives that are required, and the remaining 5 objectives may be chosen from the list of 10 menu set objectives.

For Hospitals, there are a total of 24 available meaningful use objectives. 14 are core objectives that are required, and the remaining 5 objectives may be chosen from the list of 10 menu set objectives.

**Stage 1** (2011 – 2012) sets the baseline for electronic data capture and information sharing.

**Stage 2** (est. 2013) and **Stage 3** (est. 2015) will continue to expand on this baseline and be developed through future rule making.

## **Summary Overview Of Meaningful Use Objectives**

(full article from New England Journal of Medicine [here](#))

As I am sure you expect, there will be much more information

to come.

