Meaningful Use

Background
Up from 18 percent in 2001, nearly 80 percent of physicians now use electronic health records (EHR). The goals for EHR adoption include simplification and improved access of medical records among providers in different settings. Instead of improving patient care, however, “Meaningful Use” requirements largely serve as an interference to high quality patient care.

Problem
Physicians increasingly face regulatory burdens that detract from the patient-physician relationship. Meaningful Use has grown more onerous with the recent Stage 3 requirements announced by the Center for Medicare and Medicaid Services. Many physicians and hospitals are struggling to meet Stage 2, let alone the additional performance thresholds called for by Stage 3. Financial penalties for failure to meet Meaningful Use further discourage physicians from taking positive steps to streamline care delivery.

Consequences
Meaningful Use limits valuable time and resources that would otherwise be directed toward providing patient care. Under this program, physicians must devote time during office visits to data entry regardless of the needs of the patient. This limits valuable face-to-face time. At the extreme, these requirements create access barriers for Medicare beneficiaries.

A further complication is the lack of EHR interoperability. Until this goal is realized, care coordination will be significantly hampered. Providers need to know what other providers are doing with regard to the patients they treat for coordination to occur. Time and resources are wasted when lack of this information leads to repeated tests or by trying medications that have already been ruled out. Transitions between facilities, as is common with patients with neurologic conditions, further exacerbates this communication breakdown.

Solution
Support all legislative options to implement true reform of Meaningful Use. It is time to remember the ultimate goal should be to support clinicians and health care professionals to provide the highest possible level of patient care. Requirements that are overly rigid prevent progress toward that goal.

Meaningful Use reform:
- 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 (not “pass-fail”)
- PQRS or qualified clinical data registry participation should automatically satisfy MU quality reporting, to avoid duplication