VISTA Community Meeting
Day One: January 14, 2011
Morning Session

Topic: Meaningful Use

Presenter: George Lilly, Vice President, WorldVistA

Mr. Lilly began by praising CMS and other government agencies for doing an excellent job of keeping their websites updated. He recommends checking them often to keep up with changing information.

The Hitech Act (the Health Information Technology for Economic and Clinical Health Act) mandates that some money be spent on technology initiatives, specifically including Health IT. The ARRA (American Recovery and Reinvestment Act) further structures and specifies incentives, and establishes the Office of the National Coordinator. The Office of the National Coordinator has issued a Final Rule.

Requirements for Meaningful Use are divided into a Core Set (15) and a Menu Set (pick five of ten). Stage One requirements have been issued, and methodology for Stage Two has been developed.

Meaningful Use really consists of two steps: certified EHR (Electronic Health Record) technology, and using it in a meaningful way. Generally, developers and vendors mean EHR certification when they say Meaningful Use, but doctors and hospitals mean the whole process.

Mr. Lilly went through the list of Meaningful Use requirements. Some requirements are different for hospitals and eligible providers (EPs).

Core Set:
1. Patient demographics
2. Vital signs, including pediatric growth charts
3. Maintain up-to-date problem list
4. Maintain active medication list
5. Maintain an active medication allergy list
6. Record smoking status for patients 13 and older
7. Provide patients with clinical summaries (EPs)/or discharge instructions (hospitals)
8. Provide patients with an electronic copy of health information upon request
9. Generate and transmit prescriptions electronically
10. Use CPOE (Computerized Provider Order Entry) for medication orders entered by a healthcare provider
11. Drug-to-drug and drug-to-allergy interaction checks
12. Electronically exchange key clinical information
13. Implement one clinical decision support rule and track compliance
14. Implement systems to protect privacy and security of patient data
15. Report clinical quality measures

Menu Set:
1. Drug formulary checks
2. Incorporate clinical lab test results into EHRs as structured data
3. Generate lists of patients by specific conditions

4. Identify patient-specific education resources
5. Medication reconciliations between care settings
6. Provide summary of care record for patients being transferred
7. Submission of immunization data to immunization registries
8. Submission of electronic syndromic surveillance data to public health agencies.
9. (Hospitals) Record advance directives
9. (EPs) Send patient reminders
10. (EPs) Provide patients with timely electronic access to their health information

Q: Don't we already do that? [referring to providing patients with timely electronic access to their health information]
A: The requirement for patient records originated in HIPAA [the Health Insurance Portability and Accountability Act], but now the requirement is for electronic records.

Timeline: Hospitals have until 2016; EPs need to be done by the end of 2012.

More information is available at www.vistapedia.net