Fresenius Medical Care

## Comments on the definition of "meaningful use" of electronic health records

"Meaningful use" of an EHR is a requirement for participation in the incentives for all qualifying providers identified in the American Recovery and Reinvestment Act (ARRA). It should be noted that qualifying providers include both facilities and physicians. Specifically, renal dialysis facilities are included as a qualified provider under the category of providers that includes hospitals. Thus, the perspectives of the renal dialysis community and the over 350,000 dialysis patients it treats should be incorporated into the development of a definition of meaningful use.

The intent of meaningful use is not to simply select and implement an EHR, but to demonstrate how use of the EHR system will lead to the benefits that health information technology is designed to provide. The desirable attributes of EHRs that are actually being used by Fresenius and other renal dialysis providers in the care of patients with end stage renal disease should be reflected in the set of facility and physician attestations that may be used to justify the payment of incentives under ARRA.

Meaningful use should provide compelling reasons for all EHR users to actually use the system. Attributes of meaningful use of EHRs should be defined separately for those systems that are in use in facilities which qualify for the incentives and for physician providers aiming to qualify their practice-based EHRs for incentive qualification.

## The meaningful use provisions for facilities that qualify for the incentives should include the following attributes:

1. The facility-based system should be certified by the Certification Commission for Healthcare Information Technology (CCHIT).
2. The facility-based system should provide evidence of routine and regular use of a computerized physician order entry system for the provision of care within the facility.
3. The facility-based system should accommodate the exchange of clinical information by facility-based renal dialysis staff and credentialed outside physicians who provide care to renal dialysis patients in facilities.
4. The facility-based system should accommodate features of decision support that enhance the reliability of care and safety for patients.
5. The facility-based system should demonstrate that the facility provider can collect and report quality measures drawn from clinical data.
6. The facility-based system should be able to demonstrate that the majority of the providers caring for patients within the facility have access to and are using the systems routinely.

## The meaningful use provisions for physician providers that qualify for the incentives should include the following attributes:

1. The physician EHR should be certified by the Certification Commission for Healthcare Information Technology (CCHIT) as a certified ambulatory system.
2. The physician EHR should provide evidence of routine and regular use of electronic prescribing of medications.
3. The physician EHR should demonstrate the capacity to exchange clinical information with other clinical systems, including renal dialysis facilities.
4. The physician EHR should include decision support that enhances the reliability of care and safety for patients.
5. The physician EHR should be able to report quality measures that reflect the National Quality Forum's clinical measure guidelines for the care of renal patients.
6. The physician EHR system should demonstrate that the physician provider has access and is using the systems routinely.