Radiology: Finding New Meaning in “Meaningful Use”

Radiologists in the United States are currently facing a dilemma as far as “meaningful use” (MU) of Electronic Health Records (EHRs) is concerned. The American College of Radiology (ACR) IT and Informatics Committee leaders and staff have met the National Coordinator for HIT (ONC) as well as Center for Medicare and Medicaid Services (CMS) staff to discuss the HR incentive program from the point of view of radiologists, on October 13, 2011.

The American College of Radiology committee reiterated its previous requests for certain criteria regarding meaningful use such as – the sharing or accessing imaging data as part of Meaningful Use, robust radiology order entry requirements for referring physicians with appropriate clinical decision support, and addressing Meaningful Use challenges within the radiology community and other specialties.

The American College of Radiology Meaningful Use Report

A report released by the ACR regarding Meaningful Use for radiologists specifies the steps taken by the CMS regarding some of the “Core” and “Menu” objectives and their relevance to radiology. The reports summary states that according to the Continuing Extension Act, outpatient hospital settings (POS Code 22) are not considered hospitals in the EHR incentive program. A vast majority of radiologists will be eligible for the Medicare version of the EHR incentive program.

Defining Hospital-based Physicians

The report by ACR also states who would be considered as hospital-based by the CMS and would be ineligible for the incentive program. The CMS defines hospital-based physicians as those providing 90 percent or more of their covered professional services in inpatient (POS Code 21) and emergency room (POS Code 23) settings. Therefore hospital-based radiologists who do not meet the above mentioned criteria are eligible for the Medicare incentive program. However, Medicaid eligibility has stricter rules that require the EP’s 30 percent volume must be attributable to Medicaid which is a tall order for any radiologist if not impossible.

Who is Qualified?

The Medicare version of the incentive program only applies to physicians and radiologic technologists, medical physicists, or other technical staff is not eligible. However, the Medicaid version of the incentive program is limited to physicians, Certified Nurse Midwives, Nurse Practitioners, and Physician Assistants who furnish services in a Federally Qualified Health Center or Rural Health Clinic that is led by a Physician Assistant.
Radiologists vs. Primary Care

The meaningful use objectives appear to be focused on primary care and present some confusion as to how radiologists would comply with such objectives. However, CMS provides exclusions to many meaningful use measures as well as “menu set” measures to counteract this problem to adjust specialties such as radiology.

RIS and PACS

According to the report by ACR many HIT products that are not considered traditional, complete EHR/EMR could still achieve certification via the EHR module pathway. However, these modules need to be tested and certified before they are considered certified EHR technology. Moreover, there are advanced RIS solutions that have already received complete EHR certification or are in the process of receiving it. This implies that RIS/PACS can be adopted so as to be certified EHR technology in the near future.

The Exclusions for Radiology in Core and Menu Objectives

Out of the 15 core objectives there are nine that are not excluded and are – Drug-Drug and Drug-Allergy interaction checks, update problem list, medication list, medication allergy list, record demographics, report clinical quality measures to CMS, implement CDS rule, HIE test, and security risk analysis. For all other core objectives, exclusion is available for radiologists. As far as the “menu” objectives or discretionary objectives are concerned, only two out of the ten objectives are given exclusion for radiologists. These two menu objectives exclusions are – generate list of patients by specific conditions and patient-specific education resources. All the other eight objectives are not excluded for radiologists.

The anxieties over radiologists’ eligibility for the incentive program are now slowly being dissolved due to the correction and amendments made by ONC. The vast majority of radiologists are eligible for incentives; even those that are hospital based, if they meet certain criteria laid out by the ONC.

For more information about “meaningful use”, EHR certification and implementation, PMS implementation, consultancy, and medical billing and coding services, please visit medicalbillersandcoders.com, the largest consortium of medical billers and coders in the United States.