Meaningful, Meaningful Use: Going the Extra Mile with EHRs

- MU Stage 1 - 300 miles
- MU Stage 2 - 1500 miles
- MU Stage 3 - 8000 miles
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For healthcare organizations and providers, the HITECH Act (Health Information Technology for Economic and Clinical Health), published in 2009 as part of the Obama-backed stimulus package, has been top of mind in recent months. Included in the Act is an incentive program to promote the adoption, and more importantly, the Meaningful Use of electronic health records (EHRs) and IT software by United States healthcare providers. There are three stages of Meaningful Use objectives and measures in place to help providers achieve HITECH compliance in the coming few years. Overall, the HITECH program along with Meaningful Use, enable the US healthcare system to finally move toward a collaborative and accountable care model that will ultimately result in improved care and better patient engagement. To show how serious the government is about providers adopting certified EHR systems, those who fail to comply will be financially penalized beginning in 2015.

There are many different objectives and measures within the three stages of Meaningful Use, but a majority of them center on patient engagement. Essentially, HITECH is not just about hospitals and physicians moving their paper charts to EHRs, but also about making it easier for patients to access and view this information. In fact, one of the specific objectives within Stage 2 of Meaningful Use requires 10 percent of patients to be actively accessing their information by proactively visiting a patient portal before receiving any prompts from their healthcare provider.

It’s a lofty goal that forces hospitals and physicians seeking federal incentive money to look beyond standard EHR systems—many of which don’t have their own patient portals or the document viewing tools needed to encourage true patient engagement. Because of this, it is important for healthcare providers to do extensive research when picking out an EHR system and make sure it includes, or is capable of integrating, critical patient portal applications and document viewing solutions.

In this eBook, we will dive into what the HITECH Act and Meaningful Use mean for healthcare providers and how document viewing technology can help hospitals and physicians truly engage their patients while qualifying for federal incentive money.
Off to the Races: HITECH Act

On February 17, 2009, President Obama signed the American Recovery and Reinvestment Act (ARRA) to jumpstart economic growth and save millions of jobs. Although the ARRA largely consisted of massive tax cuts and extended unemployment benefits, it also included new legislation in the form of the HITECH Act. Of the $787 billion allocated in the economic stimulus package, Congress set aside $34 billion for HITECH to be distributed by Medicare and Medicaid as incentive payments for the adoption of certified EHR systems by physicians and hospitals.

Even though it would appear that much of the world has gone electronic in 2013, there are still thousands of physicians and doctors in the United States who rely on outdated paper chart systems and writing out prescriptions by hand. The goal of the HITECH legislation and incentive payments is to have these healthcare providers trade in their paper-based systems for electronic health records, ultimately creating a national health information network. The hope is that this streamlined network will result in a handful of improvements, including:

- improved quality, safety, and efficiency of care
- improved patient and family engagement
- improved care coordination
- improved population and public health
- Ensured privacy and security protections

To qualify for this incentive money, healthcare providers must do two seemingly simple things:

1. **Purchase government certified EHR systems**

2. **Demonstrate “Meaningful Use” (MU) of said EHR systems**

Of course, within those two simply stated steps are a myriad of additional hurdles. The main challenge in finding and adopting a new EHR system is money. There are extensive costs associated with EHR purchasing, implementation, training, and workflow rearrangement. And this only takes us to the second step: demonstrating Meaningful Use.
For physicians and hospitals, receiving the incentive money is unfortunately not as easy as just purchasing a government certified EHR system and cashing a check. As established by the Center for Medicare and Medicaid Services (CMS), Meaningful Use requires hospitals and physicians to prove to the government that the EHR system is being properly implemented according to their criteria.

The recovery act specifies the following three components of Meaningful Use:

1. Use of certified EHR in a meaningful manner
2. Use of certified EHR technology for electronic exchange of health information to improve quality of health care
3. Use of certified EHR technology to submit clinical quality measures (CQM) and other such measures selected by the secretary

If a practice fails to meet even one objective, they become ineligible for incentive payments. Similarly, if a practice suffers any delays or ultimately decides not to implement an EHR, they will not only lose out on incentives but will also be penalized beginning January 1, 2015.

Because demonstrating Meaningful Use and achieving HITECH compliance is a massive undertaking, it is being broken down into three stages by CMS and the Office of the National Coordinator (ONC).

In December 2012, CMS issued more than $1.2 billion in EHR incentive payments to eligible professionals and hospitals. And since the start of the program, CMS has already paid out more than $11 billion.

How much incentive money is available?
$34 billion
It is separated into two different programs available to an estimated 300,000 eligible professionals:

1. Medicare
Doctors of medicine or osteopathy, dental surgery or medicine, podiatric medicine, optometry, chiropractic medicine
Earn up to 75% of submitted allowable charges up to a maximum of $44,000 for each eligible physician.

2. Medicaid
Physicians, nurse practitioners, certified nurse-midwives, etc. who practice in a federally qualified health center or rural health clinic that is led by a physician assistant
Earn up to $64,000 for each eligible physician who sees more than 30% of Medicaid patients.

No Cutting Corners: Meaningful Use

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### MU Stage 1 (January 1, 2011)
Announced: July 2010
- **Goals:** Adopt & Use Certified EHR Technology / Capture data in coded format.
- **Focus:** The entry of basic data (vital signs, demographics, allergies, etc.), using records to enter clinical orders, providing patients with electronic versions of their health information
- **Requirements:**
  1) Core set (15 non-negotiable objectives all physicians must adhere to)
  2) Menu set (Providers can choose 5 of 10 objectives to implement)

### MU Stage 2 (January 1, 2014)
Announced: February 23, 2012
- **Goals:** Patient engagement and expanded exchange of information in the structured format.
- **Focus:** More “forward” leaning HIE, required patient portal and medical imaging support, lab results entered as structured data
- **Requirements:**
  1) Core set (17 non-negotiable objectives for physicians; 16 for hospitals and CAHs).
  2) Menu set (Clinicians can choose 3 of 6 objectives to implement; hospitals and CAHs need to meet 2 of 4).

### MU Stage 3 (January 1, 2016)
Announced: TBD
- **Goals:** Patient self-management and access to comprehensive data across networks.
- **Focus:** Improved outcomes and more reporting and sharing of clinical data between CMS and other registries.
- **Requirements:** Will be established by the CMS and ONC in the coming months. Only a handful of criteria have been initially proposed, but it is assumed to follow the same format as the first two stages, splitting core requirements from the menu set.

### Meaningful Use Timeline
*Early adopters are rewarded as they are able to delay the beginning of Stage 2 until 2014.*

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It's a Marathon, Not a Sprint: Patient Engagement

One of the main tenants of demonstrating Meaningful Use is successfully engaging patients. Specifically, Stage 2 of Meaningful Use requires a full-scale implementation of a portal that provides patients with secure messaging, ability to access and download their electronic information, reminders sent for preventive and follow-up care, and general education materials. To successfully demonstrate Meaningful Use of this objective, at least 50 percent of a provider’s patients need to receive a monthly notification about any changes made to their electronic records. On top of that, at least 10 percent of patients have to be actively accessing their information by visiting the patient portal without any notifications from the provider. This aspect of Meaningful Use presents a particularly tough challenge for providers, as they must create a portal that is so simple and functional that it encourages voluntary patient engagement.

Although most hospitals and physicians are aware that they need to purchase a certified EHR system if they hope to receive federal incentive money, many are not aware that an EHR system is not guaranteed to have a patient portal and the document viewing technology necessary to encourage true patient engagement. According to a report published by CSC in March 2013, more than 50 percent of providers taking part in the incentive program opted to defer or claim exemption from the Meaningful Use requirements because of the work related to enabling patient access to health data. The survey findings pointed to software vendors not being up-to-speed with their technology as one of the main reasons providers were reluctant to move ahead with patient engagement measures.

State of the Program

- As of right now, the healthcare industry is three years into the Meaningful Use incentive program and there are still over 9,000 ambulatory hospitals and clinics that remain paper chart-based.

- In a recent Accenture Doctors Survey, 93 percent of U.S. doctors reported actively using electronic medical records, although only 45 percent of the same doctors surveyed said they regularly access clinical data outside their own organization.

- So far, the federal government has handed out $14.6 billion in incentives to Meaningful Use adopters.

- Doctors who do not adopt an EHR system by 2015 will be penalized 1% of Medicare payments, increasing to 3% over three years.
Key to Victory: Document Viewing Solutions to the Rescue

To make sure the mandated 10 percent of patients are actively accessing their information via a patient portal, healthcare providers should look to find systems with reliable document viewing software that can augment the capabilities of the EHR system and patient portal. Making sure patients can access the various document types in their records, prescriptions, and other information is not as easy as just posting them on a portal. Every patient is unique. Some may rely on mobile devices as their primary means of connecting to the Internet. Others might have a desktop, but then not have Microsoft Word and Adobe Acrobat downloaded. The larger point being, posting a PDF of a patient’s prescriptions is meaningless if the patient can’t access it from their device.

High performance document viewing solutions seamlessly integrate numerous different file types into one easy-to-read, digestible document. This means that with only one system, users can access records generated in any file type from any device. Overall, this feature helps patients reduce stress and frustration in accessing their important information. If this process is made easy, healthcare providers will have no problem getting 10 percent of patients to actively engage with their online portal and personal health information.
Second Wind: Other Advantages to Document Viewers in the Healthcare Sphere

At the core of Meaningful Use and the transition from paper records to EHRs is document management. With millions of paper charts being digitized, along with lab and radiology results and a host of other medical documents, there is a massive need for document viewing tools and solutions. All of this info needs to be stored in a data repository and made available to both clinicians and patients.

While document viewing and EHRs are not one in the same, document viewing technology can significantly augment the capabilities of an EHR system as paper documents and data are digitized and stored in a data repository within the system. Document viewers, for instance, can enable physicians and clinicians to locate both a patient’s history and physical data in one location. Similarly, they can provide physicians remote access to patient data via a secure web portal on a tablet or phone when they are away from their desk.

Along with the patient engagement benefits listed above, there are other important advantages that effective document viewing tools deliver for healthcare providers as they seek to achieve HITECH compliance and demonstrate Meaningful Use:

**Security and Safety**
First and foremost, advanced document processing tools help ensure the safety of patients in hospitals and healthcare facilities, which is a top priority of Meaningful Use throughout all of its stages. With patient records shared across departments, systems and sometimes facilities, ensuring that all critical patient records and information are integrated and easily accessible in one place is essential to help healthcare providers prevent dangerous treatment errors. This also helps hospitals avoid doubling up on costly tests, which can easily run up bills for both the hospitals themselves and the individual patients. In addition to basic safety, effective document management tools also help protect patients’ personal information by ensuring that only authorized parties can access certain files and the information they contain. This type of security guarantees that critical personal information stays safe, protecting patients’ identities and hospitals’ reputations.

**Mobility and Interoperability**
Mobility is particularly relevant in the health sphere right now. With the advent and rapid adoption of mobile technologies in different areas of the healthcare world, effective document management solutions can provide access for all the latest devices—tablets, smartphones and laptops, in addition to the more traditional desktops. In 2013, there is a younger generation of doctors and other healthcare professionals who are rapidly becoming reliant on tablets—and to a lesser extent smartphones—for all their medical record reviews and note-taking. Their compact size, ease of use and flexibility are providing immense utility to the healthcare industry. A web-based document viewer allows these on-the-go physicians to access critical documents from their preferred device, whether that is a tablet or a smartphone.

Document viewing technologies are key for achieving HITECH compliance and encouraging patient engagement, as well as streamlining internal processes. Just as the ability to quickly access a patient’s entire medical history will revolutionize healthcare delivery, so too will document management revolutionize the way in which healthcare records are processed and accessed. Healthcare practitioners use and will continue to use a wide variety of methods to record patient data, and they are often slow to change. That said, companies who look to adopt cutting edge technology now, like high performing document viewing solutions, will reap the benefits and demonstrate Meaningful Use via a quicker, smoother process.
Getting Started:

1. Register online at the CMS EHR Incentive Program website:
   **TIP:** You don't need to have an EHR to register.

2. Purchase and implement certified EHR technology:
   http://www.cchit.org/find
   **TIP:** Find a vendor that meets your most important needs. Check references, verify certifications, demo the software, and assess capabilities before making a commitment.
   **TIP:** When adopting and implementing an EHR, maintain realistic expectations, train employees sufficiently, and communicate with vendor support to make sure things run smoothly. A vendor with a good support team that communicates well is essential.

3. Demonstrate Meaningful Use: meeting core objectives and menu set items
   **TIP:** Create a Meaningful Use team from all over the practice (admin, clinicians, IT staff, etc.)
   **TIP:** Know Meaningful Use inside and out: research, watch webinars, work with vendors, attend training
   **TIP:** Create a plan that includes mandatory training and practice time before the EHR is fully implemented
Becoming HITECH compliant, meeting Meaningful Use, and truly engaging patients is not easy by any stretch of the imagination. There are many obstacles for healthcare providers to hurdle before they can even think about receiving incentives. The most obvious adoption barrier for physicians is money. In a study by The New England Journal of Medicine, 68 percent of physicians without EHRs cited capital costs as the toughest struggle. Even after purchasing a certified EHR, there are still extensive maintenance costs for the systems, significant time and money needed to train employees, and costs associated with integrating legacy systems into the new systems.

It’s obvious then how important it is to do extensive research when looking to purchase an EHR system. And just because an EHR system is certified does not mean it will have necessary components like a patient portal and document viewing technology to assure patients are engaged and that the provider is successfully demonstrating Meaningful Use. Considering the extensive costs associated with adopting a new EHR system, it is certainly worth putting in the extra research at the outset so that systems can be successful and stay in place for many years to come.

Even though it’s 2013, it’s not too late to start. The longer a provider waits to enroll, the less money is available. So get to work. The patient engagement will follow.