meaningful tips for achieving meaningful use

By now, most healthcare delivery organizations have decided how they will approach the federal "meaningful use" incentive program. For many, this effort involves a scramble to obtain software upgrades, install new applications as quickly as possible, and train users on electronic health record (EHR) systems.

Whether your organization is still in the planning stages for demonstrating meaningful use of EHRs, well on its way to demonstrating meaningful use, or even earning the federal incentives already, there are still some steps that can be taken to ensure a smooth implementation of and transition to EHR applications.

**Sign up now for the government’s meaningful use incentives program, whether your organization intends to earn the incentives or not.** Surprises that could occur during the process of demonstrating meaningful use could cause delays in achieving an organization’s goals. For instance, some organizations that have changed their names have encountered problems in documenting meaningful use. Others have found that physician practice patterns are not at the level originally anticipated, requiring an adjustment in approach.

**Get on your vendor’s schedule now for EHR implementation and application, even if your organization does not believe it will meet the deadline for the government’s meaningful use incentive program.** Evaluate all systems that will impact EHR implementation and application. Are there ancillary systems that need to be upgraded? Should the patient portal be expanded? What is your state or local health information exchange organization doing that may assist in this process?

Remember also that a version 5010 upgrade is required for Health Insurance Portability and Accountability Act (HIPAA) transactions by Jan. 1, 2012, and that an upgrade to ICD-10 is required by Oct. 1, 2013. Furthermore, accountable care organizations will begin forming early in 2012, and a modification to the HIPAA privacy and security rules is anticipated that will require that greater attention be paid to technological capabilities. Competing resource needs should be staged to ensure that the organization is on track to meet federal requirements.

Also, determine strategically where your organization can earn the incentives the earliest and devote your organization’s energy to those areas. Work quickly, but be smart in your efforts. Remember that merely having a certified product does not mean it will be meaningfully used. Do not sacrifice a good implementation for a bad deployment; it will cost your organization more in rework in the long run. Do attend to workflows and processes, even if it feels like such work is a distraction from the technology. It is not—it is an integral part of "use."

**Shore up technologies in patient financial services, admissions, registration, and health information management that play a major contributing role to demonstrating meaningful use, and train employees accordingly.** Although clinicians are an organization’s best offense in demonstrating meaningful use, these departments are an organization’s greatest defense. Providers cannot win at achieving meaningful use while focusing on just one aspect of the game.

**Understand the meaningful use measures fully.** Review the process for attestation via the Centers for Medicare & Medicaid Services’ attestation website to be sure your organization is collecting the right data and counting the data correctly, and is prepared to report the data correctly. Then
begin the EHR implementation, if it has not already taken place, with a close eye on how the measures are being generated. Remember also that the bottom-line purpose of the incentive program is to improve health and the value of health care. Demonstrating not just use, but meaningful use, of the EHR should enable organizations achieve their goals more efficiently and effectively.

To the extent possible, avoid creating workarounds (although some workarounds may be necessary for those organizations that are not ready to use the EHR directly). Computerized provider order entry systems can be used by any licensed healthcare professional for an organization to earn meaningful use incentives. But such use is an interim option, if necessary; it doesn’t mean an organization should encourage physicians to abdicate their responsibility to document and take advantage of point-of-care decision support. Most organizations are finding they are much better off mandating physician use up front rather than attempting to ease physicians in. Not taking advantage of these functions does a disservice to patients and to the physicians who will ultimately need to use the EHR in their own offices.

If obtaining medical staff buy-in is a challenge, find ways to coordinate efforts to select a vendor, determine the right timing for the initiative, train employees, and coordinate quality improvement initiatives between the hospital and the physician offices.

Test all facets of EHR applications—especially provision of access, the organization’s ability to generate a continuity-of-care record or document, and other new, public-facing requirements for earning the incentives. As patients begin to receive more information related to their care from other providers, they will feel more empowered. They will expect the same amount of information from your organization. Be prepared for patient requests for electronic copies and electronic accounting of disclosures.

Plan to derive more value from an EHR than incentive dollars will provide. Healthcare reform initiatives may actually have a greater impact on your organization’s bottom line than the meaningful use incentives will. For instance, the reform initiatives can result in the organization’s gaining the critically important capability to exchange data, which also will require greater semantic interoperability. Your organization will need to be able to compare not only apples with apples, but also medium-sized red delicious apples with other medium-sized red delicious apples.

Be sure to generate agreement throughout the organization regarding standard terminologies and other data standardization techniques (e.g., patient demographic data, length-of-stay data). A side benefit of attention to data quality and the way in which quality measure data are captured is the positive impact such efforts will have on data in other compliance areas.

Concentrate on meeting the goals for stage 1 of demonstrating meaningful use. Stage 2 may never come, but if the organization is demonstrating the value it initially set out to achieve from an EHR, it will be in a better position to deal with stage 2.

Share Feedback with Users to Gain Buy-In
Documentation of an organization’s efforts to demonstrate meaningful use is critical to substantiate what you are doing, no matter what stage of implementation the organization has achieved. It also can be critical to achieving buy-in from staff and physicians.

Plan on audits—and use documentation of the organization’s efforts to demonstrate meaningful use in responding to audits. Additionally, such documentation could be used to provide feedback to users and to say “thank you” to all in the organization who contributed to the EHR effort. Feedback such as this will help employees see the value of these efforts. Provide feedback in a positive way to make your organization a more pleasant place where people want to use the EHR in a meaningful way.

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