Meaningful Suggestions

Providers who have successfully achieved stage 1 meaningful use can attest that the effort is challenging, and they offer some lessons learned. BY GREG FREEMAN

The first wave of providers has attested to stage 1 meaningful use and many already have deposited big incentive checks from Uncle Sam, but the next wave may find the process more challenging.

Unlike healthcare providers who have gotten serious about electronic health records only recently, the first to attest were early adopters who have been transitioning to EHRs for years; so for some, proving meaningful use was easy.

But many have war stories to tell, and the next batch can take lessons from them. Bon Secours Virginia Medical Group in Richmond has successfully attested for 102 physicians in a number of specialties and Vice President and Chief Clinical Officer Robert Fortini, PNP, says Bon Secours' success came partly from providing one-on-one assistance to individual physicians.

Bon Secours distributed a weekly report on metrics associated with meaningful use to physician leaders and practice managers, and any physician "in the red"—not meeting the goals for meaningful use—received special attention.

"I had five people, boots on the ground, who I could send to a specific practice to work with the physician," Fortini says. "So if someone was not printing out after-visit summaries and distributing them to the patient, we would send someone to make sure they understood that this was a requirement of meaningful use. But at the same time we explained that the physicians themselves didn't have to do all the work, that they could distribute it to other staff members."

Most of the problematic metrics could be addressed by training staff members differently, Fortini says. That was a relief to some physicians who had anticipated that meaningful use would increase their workloads.

One of the metrics that many Bon Secours physicians failed to meet was capturing the race and ethnicity of patients.

"Many of the staff were just uncomfortable asking that question of patients at registration," Fortini says. "So we made them mandatory in the registration; you couldn't go to the next page without answering that question. And rather than the staff having to ask, we handed each patient an explanation of why the question was being asked and..."
The physician-patient after-visit summary “was probably the most difficult part for us because it was another step the doctor had to take, and of course we all know how much free time a doctor has.”

Bon Secours also found that it was including too many meaningful use metrics in the weekly reports to practices. Fortini recommends focusing on a select number of the metrics to keep the report lean and useful.

Another hurdle involved defining the metrics. It seemed not everyone had the same idea of what certain words meant.

“We’re a large organization, and we have lots of levels that all had a finger in the pot when determining what the metrics meant. I had an idea what they meant, but someone in another department had a different interpretation,” Fortini says. “We went the first 90 days of 2011 without reporting capability because we couldn’t agree, and I was really getting worried about our ability to identify our problem areas and intervene with appropriate training and support staff.”

The final issue that prevented some Bon Secours physicians from being deemed meaningful users was the minimum $24,000 in Medicare services that must be billed before attesting. Medicare is only 10% of the payer mix for Bon Secours in some communities, so there were 35 physicians who had not billed that amount by August 31 when the health system attested at the close of its fiscal year. The remaining 35 physicians should be able to qualify for meaningful use by the end of 2011, Fortini says.

The Wellmont CVA Heart Institute in Kingsport, TN, discovered that it didn’t have to wait as long as expected to attest, says Director of IT Jack Sundeman. Wellmont was using the NextGen EHR and switched to the certified version of its software in January 2011. Thinking it had to be on the certified version for 90 days before attesting, Wellmont was going to delay attestation until a few weeks after the April opening.

“But we found out from CMS that you just have to be on the certified version when you attest,” Sundeman says. “You don’t have to have been on the certified version for the whole 90-day period you’re attesting to. If you have the data and you’re on the certified version now, you can attest.”

After-visit summaries proved to be an obstacle for Wellmont, particularly the requirement of a summarization of the discussion between the doctor and the patient.

“That was probably the most difficult part for us because it was another
Providers may have faced challenges in their preparation for attesting to stage 1 meaningful use, but CMS is upbeat about results from the Medicare and Medicaid EHR Incentive Programs in 2011, says Robert Tagalcool, director of CMS Office of E-Health Standards and Services.

As of the end of August, 2,243 providers have received payment for meaningful use for the Medicare EHR Incentive Program, Tagalcool says. Of all the providers who have submitted their attestation, only a very small number—fewer than 30 providers overall—have failed, he says.

"I think that's a very good indicator of how well we're understanding in regard to the EHR Incentive Programs, and a good indicator of how dedicated providers are to meeting the meaningful use requirements," he says.

CMS intends to do a more in-depth analysis of what may have led those providers to fail, but Tagalcool says it's just too early to draw conclusions from the small number who failed so far.

"What is encouraging to us at this point is the number of providers who are already successfully attesting and the number we've heard anecdotally are planning to attest in the coming months," he says. "We're excited about these early successes in the EHR Incentive Programs."

"If a provider is unsure about whether it is prepared to attest, Tagalcool recommends the educational tools and resources available on the EHR Incentive Programs website at www.cms.gov/ELIncentivePrograms.

"Our Meaningful Use Attestation Calculator, for example, allows providers to enter their attestation information exactly as they would enter it into the online attestation system and see whether or not they would pass," he says. "We also have a number of publications and user guides that walk you through the details of the meaningful use objectives, as well as the step-by-step process for registration and attestation."

—GREG FREEMAN

### MEANINGFUL USE: IMPACT ON THE QUALITY OF CARE

What is a realistic time frame to see industry-wide quality of care improve as a result of the meaningful use regulations?

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fewer than 2 years</td>
<td>4%</td>
</tr>
<tr>
<td>2-5 years</td>
<td>39%</td>
</tr>
<tr>
<td>6-10 years</td>
<td>38%</td>
</tr>
<tr>
<td>More than 10 years</td>
<td>9%</td>
</tr>
</tbody>
</table>

**Source:** HealthLeaders Media Intelligence Report, January 2011, E-Health Systems: Opportunities and Obstacles


But because there is flexibility and room for interpretation in the rules, you may find that you can interpret something in a better way for you," Sunderman says.

For University Radiology Group in Hillsborough, NJ, whose 60 physicians perform about 300,000 procedures per year, the biggest challenge was the additional work foisted on front desk personnel and technologists, says CIO Alberto Goldsva, MD.

"For instance, we had to ask additional questions for part of the clinical quality measures. Have you had your pneumococcal vaccination? When was your last vaccination for pneumonia? Do you smoke?" he says. "These were questions that radiologists never had to ask before, and this fell on the front desk or the technologists. We worried that this would change our workflow and increase the time spent for imaging each patient."

The radiology practices were able to incorporate the additional information gathering without significantly slowing the work process, Goldsva says, but the experience showed that some providers will have to take on unfamiliar tasks to prove meaningful use.

"The data gathering is a central part of attesting to stage 1 meaningful use, and not all of it can be mined from existing information," he says. "Some of it must be actively obtained from the patient, and for some practices this will be an addition to their normal operations.”

Greg Freeman is a contributing writer for HealthLeaders Media. Reprint MLR1211-5