

# Meaningful Use: What it is and Why You Need an EHR Now

Steve Margolis, MD  
Chief Medical Information Officer

May 16

**2011**

## I. Overview

In a nation known for the rapid development and adoption of patient care technology, doctors and hospitals in the United States have been slow to implement electronic health records (EHRs). In 2010 only 20 percent of U.S. doctors and 10 percent of hospitals used even basic EHRs, according to Kathleen Sebelius, secretary of the U.S. Department of Health & Human Services.<sup>1</sup>

The American Recovery & Reinvestment Act of 2009 aimed to change that by allocating approximately \$20 billion to stimulate the development, adoption and utilization of healthcare information technology, including EHRs, through a subset of the legislation known as the Health Information Technology for Economic and Clinical Health Act (HITECH).<sup>2</sup>

EHR technology is meant to improve healthcare quality and patient safety by reducing adverse events, as well as making it easier for caregivers to share information.

### **EHRs will improve the health care system by<sup>3</sup>:**



To incentivize EHR adoption, HITECH authorizes Medicare and Medicaid to provide incentive payments to hospitals and eligible professionals (EPs) who demonstrate “meaningful use” of certified EHR technology by specific deadlines. The Medicare incentives phase out after five years. The Medicaid program sunsets in 2021.<sup>4</sup>

**Providers who do not meet the meaningful use standards by 2015 will see a reduction in their Medicare payments.<sup>5</sup> For physicians this means a 1 percent reduction in the Medicare physician fee schedule in 2015, increasing to 2 percent in 2016, 3 percent for 2017 and a maximum of 5 percent.** There are no Medicaid penalties.<sup>6</sup>

Eligible Medicare professionals are:<sup>7</sup>

- Doctors of Medicine or Osteopathy
- Doctors of Dental Surgery or Dental Medicine
- Doctors of Podiatric Medicine
- Doctors of Optometry
- Chiropractors

Eligible Medicare Hospitals are:<sup>8</sup>

- Acute Care Hospitals
- Critical Access Hospitals

## The three main requirements to qualify for incentive payments<sup>3</sup>

Certified EHR technology is defined as systems that have been tested and certified as being technically capable of supporting achievement of meaningful use.<sup>9</sup>

CMS will phase in the criteria to qualify for incentive payments over three stages. Only the Stage 1 components are finalized. Providers must begin implementation in fiscal year 2012 to qualify for the maximum incentive payments. Broadly, the criteria require:

- Electronically capturing health information in a coded format (implementing computerized provider order entry – CPOE)
- Using that information to track key clinical conditions and communicating that information for care coordination purposes
- Implementing clinical decision support tools to facilitate disease and medication management
- Reporting clinical quality measures and public health information.<sup>10</sup>

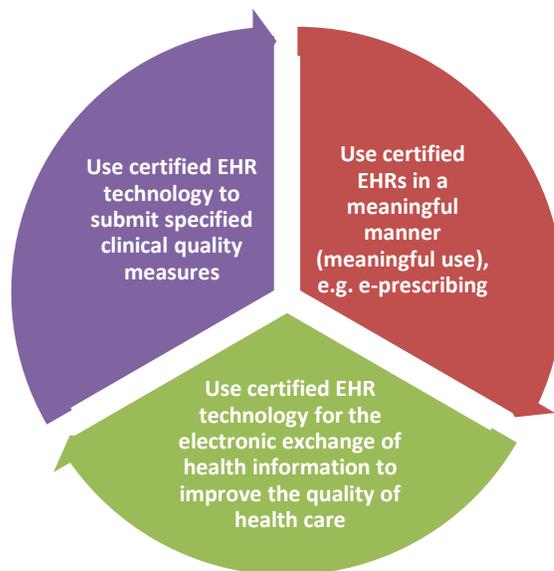
Stage 2 and Stage 3 requirements, which will expand upon Stage 1 criteria, are currently being developed.

## II. Implications for Physicians

Meaningful use will result in significant practice change for physicians. In the hospital setting, physicians must learn CPOE – and if they practice at facilities with different systems, they must learn multiple technologies. Physicians who are used to dictating will now find themselves entering information into a computerized patient record and performing additional tasks they previously delegated to others. Many physicians may be challenged to learn a sophisticated computer system that changes the way they've worked successfully in their careers to date.

In private practice physicians are challenged with affording the significant costs of purchasing certified EHR technology. They also face at least temporary declines in productivity while learning to use it.<sup>11</sup> Additionally, many questions remain as to how to fully integrate private practice EHRs with hospital systems, as there is currently no common technology standard. Physicians may find that the system they deem most efficient and affordable for their private practice cannot communicate with one or more hospitals to which they routinely admit.

Despite the challenges, however, implementing an EHR may be the most important contribution hospitals and physicians can make to improve patient care. Implementation is the means to an end – better patient care. **It's not about the technology – it's about changing clinical practice, with a clear focus on patient-centered care.**



### EHRs go beyond replacing paper orders

- They put complete patient information into providers' hands at the point of care (hospital, physician's office or home), facilitating care decisions.
- Instead of hunting for lab work in a paper chart or trying to find a specialist's consultation, providers access patient information quickly and comprehensively.
- They have a patient's vital signs, allergies, medications, previous diagnoses and other relevant information immediately at their fingertips.
- And when a provider needs to share patient information with caregivers in multiple locations can access the chart simultaneously.

### EHRs reduce medical mistakes

- They perform automated drug-drug and drug-allergy interaction checks, generate alerts, and significantly decrease medication errors, transcription errors and other medical mistakes associated with illegible handwriting.
- EHRs also maintain an up-to-date problem list, avoid unnecessary duplication of tests because of lost results, virtually eliminate time spent locating misplaced records, and provide automated patient education materials and health reminders.
- They reduce callbacks to the physician to clarify orders
- They allow physicians to access patients' electronic charts remotely while on call to review all patient information if an emergency arises
- They also improve the hospital's and the physician's ability to assess, trend and report quality data.

### EHRs provide tangible practice benefits

- They streamline electronic billing
- They force more accurate and complete coding, improving revenue and reducing time spent appealing rejected claims.
- Once the system is well understood, it can increase productivity.<sup>12</sup>

### EHRs empower patients

- To take a more active role in their health and the health of their families.
- Patients can request electronic copies of their medical records and use them to make informed decisions about their care.

Perhaps an even larger incentive in favor of EHR implementation is that payers are expected to eventually follow the government in requiring the same level of electronic capture and communication in order for providers to receive the highest levels of reimbursement. **Physicians who do not implement an EHR will forfeit the current government incentives short-term but also stand to lose much more financially in the long run.**

Some physicians may qualify for the services provided by a regional extension center (REC). RECs are designed to make sure that primary care clinicians get the help they need to use EHRs. They provide training and support to assist doctors and other providers in adopting EHRs, offer information and guidance to help with EHR implementation, and give technical assistance as needed.<sup>13</sup>

RECs provide assistance for:

- Individual and small practices, including primary care providers, physicians, physician assistants, and nurse practitioners
- Medical practices lacking resources to implement and maintain EHRs
- Those who provide primary care services in public and critical access hospitals, community health centers, and other settings that mostly serve those who lack adequate coverage or medical care.<sup>14</sup>

See appendix F for a list of RECs by state.

To evaluate what you need in an EHR system, consider usability. Ensure the EHR meets your specialty-specific needs, but also ensure it can interface with other systems (lab, pharmacy, hospitals). The following tool can help you assess EHR usability.

EHR EFFICIENCY RATING TOOL			
Frequently-Performed Tasks	Performance Metric	Result Number of:	Overall Satisfaction
Creating a Chart Note	<ul style="list-style-type: none"> <li>• Time to complete note</li> <li>• Number of clicks to complete note</li> </ul>	<ul style="list-style-type: none"> <li>• Seconds/minutes</li> <li>• Clicks</li> </ul>	(1 = poor 10= excellent, etc.)
Ease of Creating	<ul style="list-style-type: none"> <li>• Progress note</li> <li>• Consult note</li> <li>• Thank you or referral note</li> <li>• Workers' Comp note (if applicable)</li> <li>• School/work excuse note</li> </ul>	<ul style="list-style-type: none"> <li>• Seconds/minutes to create</li> </ul>	(1 = poor 10= excellent, etc.)
Scheduling a Patient Visit	<ul style="list-style-type: none"> <li>• Time to complete appt.</li> <li>• Can patient record be accessed from schedule?</li> </ul>	<ul style="list-style-type: none"> <li>• Seconds/minutes</li> <li>• Y or N</li> </ul>	(1 = poor 10= excellent, etc.)
ePrescribing a drug	<ul style="list-style-type: none"> <li>• Time to complete prescription for drug x</li> <li>• # screen views to complete prescription</li> <li>• Time to complete a refill request for drug.</li> </ul>	<ul style="list-style-type: none"> <li>• Seconds/minutes</li> <li>• Screen views</li> <li>• Seconds/minutes</li> </ul>	(1 = poor 10= excellent, etc.)
Ordering a Lab Test	<ul style="list-style-type: none"> <li>• Time to complete an order</li> <li>• # times back button used during order</li> </ul>	<ul style="list-style-type: none"> <li>• Seconds/minutes</li> <li>• Times button used</li> </ul>	(1 = poor 10= excellent, etc.)

<b>EMR EFFECTIVENESS, SAFETY AND QUALITY RATING TOOL</b>			
<b>Tasks Impacting Quality and Safety</b>	<b>Performance Metric</b>	<b>Result</b>	<b>Overall Satisfaction</b>
<b>Handling a Drug-Drug Interaction Alert</b>	<ul style="list-style-type: none"> <li>• Was the alert easy to understand?</li> <li>• Were alternatives presented?</li> <li>• All necessary info presented on screen?</li> </ul>	<ul style="list-style-type: none"> <li>• Y or N</li> </ul>	(1 = poor 10= excellent, etc.)
<b>Screening/Prevention</b>	<ul style="list-style-type: none"> <li>• Was the reminder easy to understand?</li> <li>• Was it presented at an appropriate time?</li> </ul>	<ul style="list-style-type: none"> <li>• Y or N</li> </ul>	(1 = poor 10= excellent, etc.)
<b>Finding a Patient in the Database</b>	<ul style="list-style-type: none"> <li>• Breadth of search capability (name, ID#, etc.)</li> <li>• Handling of multiple patients with same names</li> </ul>	<ul style="list-style-type: none"> <li>• Adequate or not</li> </ul>	(1 = poor 10= excellent, etc.)
<b>Sending a Secure Message to a Patient</b>	<ul style="list-style-type: none"> <li>• Log-in &amp; passwords secure and easy to understand?</li> <li>• Are you notified when pt. doesn't read message?</li> </ul>	<ul style="list-style-type: none"> <li>• Y or N</li> </ul>	(1 = poor 10= excellent, etc.)

*For additional tools and information on evaluating EHR systems, see “Choosing an EHR Vendor” in Appendix F.*

### **III. How Adventist Health is Responding**

EHR technology is not new for Adventist Health. As part of its mission to continuously provide the best quality patient care, the enterprise identified EHRs as a proven advance long ago. It recognized the technology as a means of providing safe and consistent patient care and began pursuing implementation eight years ago – well before health care reform and the HITECH act – with Project IntelliCare. In 2011 the majority of Adventist Health hospitals will continue moving ahead by implementing an almost completely electronic medical record, with CPOE.

Adventist Health's Cerner technology is among the best.<sup>15</sup> It will enable the enterprise to remain at the leading edge of healthcare by meeting the government-mandated timelines for implementing meaningful use, beginning with Stage 1 in 2012. An enterprise-wide information technology "roadmap" is in place and several items are being expedited to meet regulatory deadlines. This includes optimizing inbound and outbound interfaces with physician offices to facilitate sharing of patient information and continuity of care documents.

Adventist Health is committed to configuring existing technologies – as well as bringing new ones to the table – to provide the most accurate and up-to-date patient information when and where it's needed, in the most useful format for end users. It is also committed to facilitating as smooth a transition for physicians as possible.

To this end, the Adventist Health Electronic Health Record Committee has recommended the EPIC software for community physicians if they wish Adventist Health to house the application in the Adventist Health Data Center. The committee also recommended Cerner's ambulatory EHR, housed at Cerner, as an alternative option. Additionally, see appendix E for a list of recognized top-tier EHR vendors.

### **IV. Conclusion**

Meaningful use is practice change facilitated by technology. EHRs will better coordinate and improve the quality of patient care, help providers make better care decisions, improve efficiency and reduce the cost of care.

This is not the technology of the future; it is here now, and it is here to stay. Many hospital systems and physician groups are already successfully using EHRs. Those who don't will quickly find themselves at a financial and competitive disadvantage. With healthcare reform, EHRs are becoming the national standard. It's not a question of implementing the technology, it's a question of when.

Clearly, the when should be now. Few providers can afford to forego federal incentives while incurring Medicare penalties for not meeting government mandates. With the bottom line being better patient safety and care quality, the benefits are plain.

Adventist Health fully supports the transformation of healthcare delivery and enhanced patient care through the implementation and meaningful use of EHR technology. The organization will do everything possible, while complying with legal and regulatory constraints, to support its providers in transitioning to this new era of care.