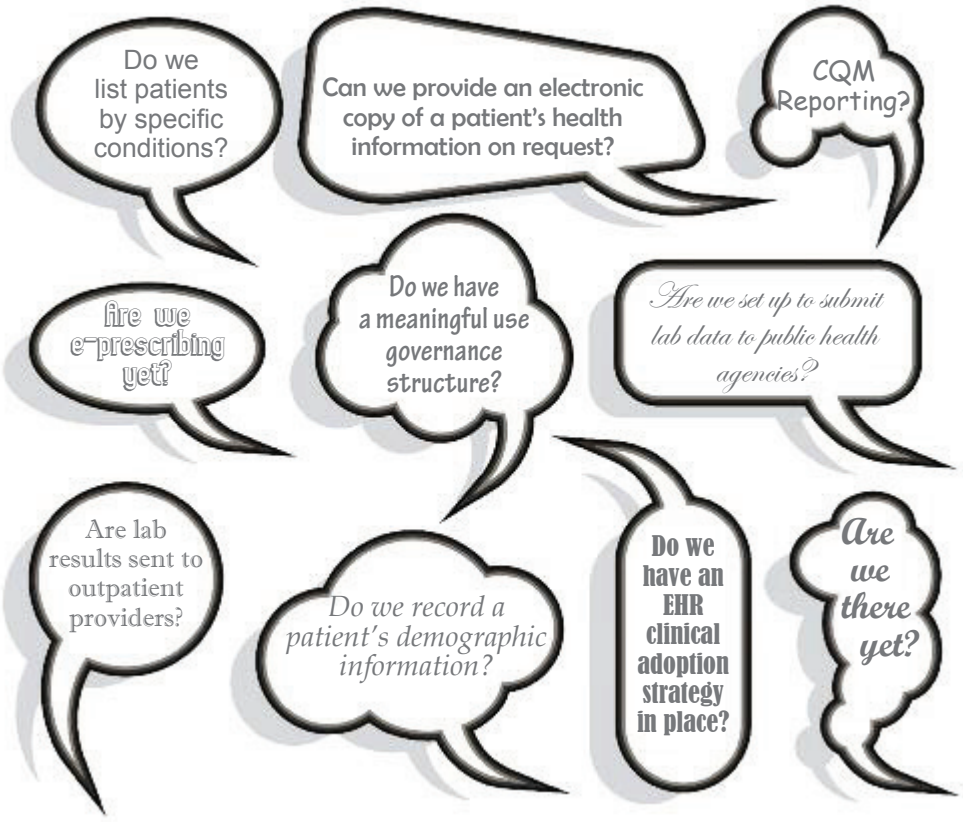
Meaningful News
Eisner Pediatric & Family Medical Center • March 2012

Meaningful use gets more meaningful as deadlines near



The proverbial clock is ticking, leaving less than a year for health care organizations to "attest" to Stage 1 meaningful use and receive the full set of incentive payments.

The push is on. Yet well under half of health care organizations reported being in good enough shape to meet Stage 1 requirements, according to a Healthcare Information and Management Systems Society survey.

So far, the program has not appeared to meet expectations when viewed in terms of the number of providers applying for incentive dollars and payments being made. The Obama administration orignally estimated it would pay out up to $2.8 billion during fiscal 2011, which ended Sept. 30. Between May and December, 604 hospitals — including critical access hospitals — had received a Medicare incentive payment, totalling $1.109 billion. In 2011, Medicaid paid 1,043 hospitals $853 million. The first Medicare incentive payments were made in May; Medicaid started making payments in January 2011.

There are important lessons to be learned from organizations that have attested for meaningful use. Some of the challenges organizations face in meeting Stage 1 requirements are endemic to adopting any new major technology. The implementation and upgrading of EHRs is complex and time-consuming; many organizations are struggling with the compressed time frame set by the regulations. The workflow changes alone require significant education and training for clinicians.

Access to capital and workforce issues also are preventing some organizations from progressing. Clinical informaticists, for example, are in high demand, and many are being wooed away by consultants, vendors and other hospitals.

Vendor readiness is another issue. They are struggling to build meaningful use features into their products while meeting all of the demands from hospitals, health systems and clinics.

The clinical quality measures have proved daunting for some organizations, requiring sophisticated clinical judgment that's not always available. The data requirements far exceed what most hospitals and clinics now collect and many of the data elements are still being collected in handwritten or dictated notes.

And it's not as if meaningful use is the only priority for hospitals, clinics and health systems. ICD-10 and health reform initiatives require significant investment and changes to information systems and processes. *(Continued next page)*

What is our meaningful use status?

Eisner Pediatric & Family Medical Center selected its required meaningful use goals and is on pace to achieve them on schedule. You can see our progress on this dashboard.

LEGEND	
Not started	N
In development	D
Built awaiting implementation	B
Implemented but not at goal	I
At goal	G

Taking a meaningful look at our progress

Eligible Professional Core Measures (Need All)	Adu	Ped	WHC
1) Use computerized provider order entry (CPOE) for 30% of medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	G	G	G
2) Implement drug-drug and drug-allergy interaction checks.	G	G	G
3) Maintain an up-to-date problem list of current and active diagnoses.	G	G	G
4) Generate and transmit 40% of permissible prescriptions electronically (eRx).	G	G	I
5) Maintain active medication list. 80%	G	G	I
6) Maintain active medication allergy list. 80%	G	G	I
7) Record all of the following demographics: (A) Preferred language (B) Gender (C) Race (D) Ethnicity (E) Date of birth	G	G	G
8) Record and chart changes in the following vital signs: (A) Height (B) Weight (C) Blood pressure (D) Calculate and display body mass index (E) Plot and display growth charts for children 2-20 years, including BMI	G	G	G
9) Record smoking status for patients 13 years old or older.	G	I	I
10) Report ambulatory clinical quality measures to CMS,or, in the case of Medicaid EPs, the States. (See below)	D	D	D
11) Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule may have to do different ones based on specialty).	B	B	B
12) Provide 50% patients who request it with an electronic copy of their health information (including diagnostics test results, problem list, medication lists, medication allergies) within three business days (could be one large pdf).	I	I	I
13) Provide clinical summaries for 50% patients for each office visit. *We will need to implement Assessment and Plan in NextGen*.	G	G	I
14) Capability to exchange key clinical information (for example, problem list, medication list, allergies, and diagnostic test results), among providers of care and patient-authorized entities electronically.	N	N	N
15) Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	N	N	N

Eligible Professional Menu Set Measures (5)	Adu	Ped	WHC
Implement drug formulary checks.	G	G	G
Incorporate 40% of clinical lab test results into EHR as structured data.	G	G	G
Generate patient lists by specific conditions to use for quality improvement, reduction of disparities, research or outreach.	D	D	D
Send patient reminders per patient preference for preventive/follow-up care. 20% of patients <5 or >65	-	-	-
Use certified EHR technology to identify patient-specific education resources and provide those resources to the at least 10% of unique patients (not patient visits) if appropriate.	G	G	I
Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice. Must perform only one test; it doesn't need to be successful.	D	D	D
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission according to applicable law and practice. (We could take an exemption on this because our agencies don't allow for electronic submission yet.)	-	-	-

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David Blumenthal, national coordinator for Health Information Technology, envisions "an electronic circulatory system for health information that nourishes the practice of medicine, research and public health, making healthcare professionals better at what they do and the American people healthier."

Blumenthal sums up well the opportunity before us: "It is impossible to imagine a high-performing U.S. healthcare system that does not take full advantage of the computing technology that has transformed virtually every other aspect of human endeavor."

Resource: Hospitals & Health Networks, February 2012

Objectives of the Health Information Technology for Economic and Clinical Health (HITECH) Act

- **Improve quality and safety, and reduce health disparities**
- **Engage patients and families**
- **Improve care coordination**
- **Ensure adequate privacy and security protections for personal health information**
- **Improve population and public health.**