Meaningful Use: today and tomorrow

Incentives are still available for healthcare organizations to meet MU criteria

By Jennifer Perkins and Megan Schmidt

Studies show that laboratory data constitute more than 70% of patients’ medical records and are critical to the majority of decisions that affect patient care. Laboratories balance efficiency and patient care to provide large quantities of accurate data, and must do so in the context of increasing government regulations. Recent regulations include provisions for Meaningful Use under the HITECH Act. On the surface, the schedules and requirements for Meaningful Use can be intimidating. The reality is this: Meaningful Use is an opportunity for our industry to unite and improve patient care, and if we focus on the goal, we can work together to manage the details. However, it is imperative that we act quickly to take advantage of the initial benefits of MU adoption and prepare to progress beyond Stage 1.

The vision of Meaningful Use

The foundation for Meaningful Use is the utilization of electronic health records to improve patient outcomes. MU criteria require electronic capture of health information in a standard format, usage of this information to track key clinical conditions, communication of the information for care coordination, and initiation of reporting clinical quality measures and public health information. Adoption and proper use of Electronic Health Records (EHRs) ensure complete and accurate patient data, allow for sharing of health information, and improve healthcare for any community.

As members of the healthcare industry, we all share in the goal of Meaningful Use: to provide better care to patients. It is our responsibility not only to meet specific criteria but to realize the vision of this program and make a positive impact on patient and community healthcare.

Embracing the concept behind Meaningful Use is a necessary step, but it is also important to partner with industry leaders who understand MU criteria and are prepared to help providers seamlessly integrate appropriate practices into their organizations. Regardless of your approach, the time to act is now.

A window of opportunity

Implementing use of certified EHRs to meet the standards outlined in MU objectives entitles physicians and hospitals to receive incentive payments from the Centers for Medicare and Medicaid Services (CMS). Incentive payments for hospitals depend on a number of factors, including size and composition of the organization and its patient base. Hospitals have a different set of criteria to meet than individual physicians as well as earlier deadlines to account for the sheer amount of time required for a large organization to adopt, implement, and test a certified EHR system.

Incentive payments for physicians are outlined in a straightforward schedule in the Medicare EHR Incentive Program: physicians who meet and maintain requirements in 2013 are eligible for a graduated scale incentive payment over five years, beginning with $15,000 in the first year. The total five-year amount will decline in subsequent years. Furthermore, the incentive payment program will eventually cease and be replaced by a penalty system for noncompliance. This creates a small window of opportunity, and it is in the best interest of every provider to adopt EHR practices and take advantage of this incentive plan.

“Providers need to get started on this program right now. It is key to meeting the deadlines,” says Representative Gayle Harrell, member of the Florida House of Representatives and U.S. Department of Health and Human Services’ Health Information Technology Policy Committee. To organizations that have not yet adopted practices that demonstrate Meaningful Use, she stresses that this is the time to take action. Each year, the maximum incentive amount will decrease. Beginning the selection process now will ensure that the physician or organization has enough time to meet all requirements and qualify for the maximum payment for 2013. Harrell cautions against procrastination, as it can take several months to reach a decision about a laboratory information system (LIS) vendor, and several more months to implement the system and train employees. It is important to account for this timetable, as payment requirements include a 90-day demonstration period in the first year of attestation.

The standards are easiest to meet and the reward is highest to those who take initiative in 2013 rather than later years. Implementing a system to meet Stage 1 criteria will prepare you to meet subsequent stages of Meaningful Use as they are introduced; therefore, early adoption not only elicits a financial reward; it facilitates compliance for future criteria.

Progression through the stages

Stage 1 outlined initial objectives for Meaningful Use with plans for Stages 2 and 3 to follow. Stage 2 requirements were proposed in February 2012. Subsequent to the end of the comment period the Final Rule for Stage 2 was posted on the Health IT site on August 23 (http://www.healthit.gov/policy-researchers-implementers/meaningful-use-stage-2-0). Official criteria and timetables for Stage 2 compliance will be in effect by the beginning of 2014. Harrell suggests that Stage 2 be perceived as an escalator to Stage 3, building on the same objectives as the first stage to advance us to the ultimate goal.

Stage 2 will move several menu items from Stage 1 to core items, and increase thresholds for existing criteria. For example, in Stage 1, 30% of unique patients must have a medication order entered through a computerized physician order entry (CPOE); in Stage 2, the minimum has been increased to 60% and extended to include medication, laboratory, and radiology. Another example is reportable results; a menu item in Stage 1, it is now one of the core items in Stage 2.

Privacy and Security requirements have also been strengthened. The development of Stage 2 is rooted in what Harrell considers meaningful consent. Meaningful Use, by definition, implies that EHRs must be appropriately used to benefit patient care and improve outcomes, and this includes protecting patient privacy and securely transmitting information.

Stage 2 is a logical progression of Stage 1, and the absence of drastic changes is by design. It allows the industry to evaluate the continued on page 36
standards and results from the first stage, assess functionality, and make improvements before the final stage is addressed.

**Case study: Florida Hospital Orlando**

Due to their size and complexities, hospitals face an advanced set of challenges in attaining Meaningful Use, though incentives are proportionately larger. Florida Hospital Orlando has successfully demonstrated MU Stage 1. Patrick O’Sullivan, Laboratory Director at Florida Hospital Orlando, shares his organization’s success story in meeting the laboratory-based MU requirements. A key to meeting the reportable laboratory results requirement, he says, was to maintain current lab workflow and have logical observation identifiers names and codes (LOINC) embedded at the source. “The ability to put this maintenance into the existing system was the key to success; coding elsewhere in the process would have increased overhead and put the organization at risk for errors,” O’Sullivan notes. When coding is in place close to the source, it preserves the integrity of the data and reduces the possibility of inaccurate information. Reportable results with LOINC was a menu item from Stage 1 that is proposed as a core item in Stage 2, so Florida Hospital is prepared for future requirements.

Bonnie Kierstead, Director of Clinical IT Strategy at Florida Hospital Orlando, reports that the hospital was able to meet MU requirements on schedule and began receiving the maximum incentive payment in 2011. Florida Hospital Orlando is in the second full year of Stage 1 compliance and is poised to meet Stage 2 criteria. The organization’s LIS released an upgrade to the current solution and a modular solution for certified reporting. The upgrade process was quick and efficient for Florida Hospital Orlando; the hospital went live with the certified version in May and was prepared for the June 1 reporting period. The benefit of selecting the right LIS system extends beyond the framework of meeting current and future lab objectives. “Being well-positioned for laboratory requirements through our LIS gives us the bandwidth to focus on non-laboratory criteria,” Kierstead observes. The ability to meet lab-related MU criteria through its LIS indirectly prepared Florida Hospital Orlando for other objectives as well.

Meeting Meaningful Use laboratory criteria was critical to the current and future success of the hospital, but it also reinforces the vision behind the MU initiative. Preserving the accuracy of data facilitates quality healthcare. Richard Atkin, President and CEO of Sunquest Information Systems, reflects on the role of the lab in patient care. “Given the central role of laboratory results in clinical decisions, it is critically important that results delivery is fast, accurate, and error-free. You cannot have Meaningful Use without meaningful laboratory data.”

**Partners in healthcare**

It has always been important to find a solution that can address the unique workflows and challenges of your lab. However, now it is critical to find an LIS vendor that can be your partner through the MU process. Successfully meeting requirements and qualifying for incentive payments is as simple or complicated as your technology; the right system can help you navigate the criteria and demystify the process. The key is to act now. Compliance is inevitable, and incentive payments will gradually be phased out. But there is still time to position your practice as a leader in Meaningful Use, to make a positive impact in your community and improve the quality of care for all patients.

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