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## **Enabling Meaningful Use of EHR**

### **The Meaningful Use Criteria**

Meaningful Use is defined as the use of certified EHR technology within healthcare settings in order to improve the quality of healthcare services, improve patients' safety measures and reduce discrepancies in medical records. The CMS (Centers for Medicare and Medicaid) provide incentives to those providers in the US who successfully meet these 'Meaningful Use' requirements. The CMS has also set different stages and objectives for care setting for achieving meaningful use. For participation in the program, eligible professionals (EPs) can enter according to the calendar years, while eligible hospitals and CAHs participate according to the federal fiscal year.

It is mandatory for eligible professionals (EPs) and hospitals to attest successfully for meaningful use of certified electronic records (EHRs) in order to qualify for an EHR Incentive Program administered by the Centers for Medicare & Medicaid Services (CMS).

### **The Three Stages**

**Stage 1:** This stage mainly focuses on electronically capturing health data and sharing that information for care coordination and to track key clinical conditions. This stage approves the initiating of the reporting of clinical quality measures and public health information. Moreover, using this information in engaging patients and their families in their care is also included in this stage.

This stage has both core and menu objectives which are crucial to meet in order to achieve Stage1 Meaningful use requirement.

**Stage 2:** This stage mainly focuses on advanced clinical processes and a proper health information exchange (HIE). This stage encourages providers to focus more on e-prescribing and to incorporate lab results electronically. Moreover, electronic transmission of patient care summaries across multiple settings is the main prerequisite of this stage.

**Stage 3:** This stage focuses on getting improved outcomes from implying stages 1 and 2 objectives. It suggests that improving quality and safety of patients and efficiency of providers and healthcare settings lead to improved health outcomes. This stage involves decision support for high-priority medical conditions at national level, enabling patients to access self-management tools and a better access to comprehensive patient data through patient-centered HIE. All these objectives aim to improve population health.

### **Meaningful Use criteria for eligible professionals and eligible hospitals/CAHs**

Meaningful use includes both a core set and a menu set of objectives that are crucial to eligible professionals or eligible hospitals and CAHs. To qualify for an incentive payment, there is a minimum requirement of objectives that must be met by these providers:

#### **Core and menu objectives for providers demonstrating Stage 1 criteria are:**

##### **Eligible professionals must meet:**

- 13 required core objectives
- 5 menu objectives from a list of 9
- Total of 18 objectives

##### **Eligible hospitals and CAHs must meet:**

- 11 required core objectives
- 5 menu objectives from a list of 10
- Total of 16 objectives

#### **Core and menu objectives for providers demonstrating Stage 2 criteria are:**

### **Eligible professionals must meet:**

- 17 core objectives
- 3 menu objectives that they select from a total list of 6
- Total of 20 objectives

### **Eligible hospitals and CAHs must meet:**

- 16 core objectives
- 3 menu objectives that they select from a total list of 6
- Total of 19 objectives

### **EHR Incentives Programs and Payment Timeline**

As per CMS norms, the Medicare and Medicaid EHR Incentive Programs will provide EHR incentive payments only to those eligible professionals (EPs) and eligible hospitals that adopt, implement, upgrade, or attest to meaningful use of certified electronic health record (EHR) technology.

- EPs and hospitals can receive financial support from the CMS Medicare and Medicaid EHR Incentive Programs. **EPs** can claim for EHR incentive payments as much as **\$44,000** through the *Medicare EHR Incentive Program*, or as much as **\$63,750** through the *Medicaid EHR Incentive Program*.
- **Eligible hospitals/critical access hospitals (CAHs)**, can qualify for EHR incentive payments around **\$2 million** or more.

The program started in 2011, and payments will continue through 2016.

### **Benefits of EHR Adoption**

By implementing an EHR technology and achieving meaningful use, providers are now optimizing this technology to achieve numerous goals such as, improving patient care through E-prescribing, automating recall processes for preventative services, chronic diseases follow-up and patient registries for example making registries for diabetes and coronary artery conditions. Some of the major benefits of implementing EHRs are:

- The researchers at the Center for IT Leadership Website Disclaimers in the US state that the Department of Veterans Affairs, US, claims the savings from preventing adverse drug events amounts to around \$ 4.64 billion because of their early adoption of health IT and electronic exchange.
- Majority of emergency medical service providers or EMS in the US are benefitted from electronic exchange of health information, according to Finnell and

Overhage 2010. HIE has not only improved the access to pre-existing patient information but has also improved the quality, safety and efficiency of care that they deliver. A substantial majority of medics felt that it is an important tool for delivering quality patient care, especially useful for patients with frequent emergencies and those who were unconscious, uncooperative, or otherwise unable to provide medics with needed information.

- Another survey report by Shapiro et. al. 2011 states that it surveyed health information exchange projects in 48 states, and found that they have been successful in improving public health reporting and investigation, improving emergency responses, and enhancing communication between public health officials and care givers.
- Persell et.al. 2011 states that EHRs can be leveraged to identify patients with risk factors for chronic diseases and patients who are not getting the right treatment. They help in improving quality care significantly by getting the information on patients' medical histories and reminding providers of the best methods of care especially patients with chronic diseases.

### **Enabling Health Information Exchange**

Many big industry giants including telecommunications, securities trading, and retail merchandising, have invested billions of money in healthcare IT to electronically capture, store and transfer data efficiently. However, the healthcare industry has been slow in adopting new technologies which in turn has led to several challenges, inefficiencies and errors in medical documentation.

Some of the challenges that must be addressed are:

1. Data security breaches reported among 31% of surveyed hospitals.
2. Data cannot be de-identified for research and public health purposes.
3. Care teams cannot collaborate with patients and families because they cannot all view the same EHR.
4. An estimated 100,000 deaths per year in the U.S. alone are due to preventable medical errors.
5. Data remains missing, inaccurate, and in non-standardized format.
6. The unnecessary duplication of tests, medications, and treatments add to rising healthcare costs.
7. Systems cannot integrate data from various sources—even those from within the same organization.
8. Health information analysis and related research are hindered by lack of clinical data warehouses.

In the US, providers and the government are together focusing on initiatives for a seamless and secure Health Information Exchange (HIE) because the right information, in the right hands at the right time, can have a tremendous influence on methods of care levels and providers as well. These initiatives state that timely sharing of health

information can improve health care quality, efficiency of providers, and safety. It also help conducting more effective public health programs and clinical research, and give providers more comprehensive clinical information for using it in treating patients.

### **Role of HISP in meaningful use adoption**

A Health Information Services Provider or HISP is an organization that manages the transport of health data securely among providers and other healthcare entities using the Directed Exchange method for transport. HISP functions can be performed by existing organizations such as EHR vendors or hospitals or HIE organizations or by standalone organizations specializing in HISP services.

HISPs perform two key functions that support scalability of exchange using the direct standard.

1. **Issue security certificates:** HISPs establish trust networks by defining policies for network participation and issuing security certificates tied to a HISP anchor certificate to enforce such policies.
2. **Issue direct addresses:** HISPs issue direct addresses tied to the HISP anchor certificate in accordance with conventions defined by the Direct standard.

### **Role of HISP in Meaningful Use Stage 2**

A HISP provides specialized network services that connect your EHR system to other EHR system using the same Direct standard for transfer and communications. Providers need to be connected to a HISP in order to send and receive Direct messages with other parties. To be connected, providers only need to have an access to Microsoft Outlook or a valid email address. Similarly, certified EHR technology or CEHRT can send and receive Direct-compliant messages, and these messages are transferred safely because it requires a valid Direct addresses at both the endpoints of communication. This is the main function HISPs perform in transferring important data.

There are two Meaningful Use Stage 2 attestation requirements that require Direct transport:

- Summary care record for transitions of care (TOC)
- Patient ability to view, download, transmit their medical record (VDT)

## **Saviance Approach**

Saviance has a set of Meaningful Use consulting services that enables the EPs and eligible hospitals to get their Incentive Payment and stay in compliance. These services are as follows:

1. **Gap Assessment-** Our consultants will analyze your practice and determine what has to change if there is anything that should be changed to meet the MU criteria. Here we create a gap analysis to allow you to determine the specific factors that must be addressed to comply with Meaningful Use.
2. **Implementation/up gradation-** Saviance will give you the facts about Meaningful Use, help you understand where your organization currently stands with respect to achieving the objectives, and discover the major risks to successful attestation. We will provide your organization with an introduction to Meaningful Use requirement, implementation of EHR technology, up gradation of the current system and determine the financial impact from EHR incentive programs.
3. **MU Testing-** Providers must demonstrate that they are using the EHR technology in the right manner. Saviance helps providers by delivering highly effective and cost-effective software testing services. As a healthcare IT vendor, Saviance enables its clients in healthcare to successfully meet the meaningful use standards that are required to obtain incentive payments and get the rich functionality required to enhance clinical care.
4. **Reporting and creating dashboard services-** Physicians must demonstrate “meaningful use” of EHR technology as defined by the Centers for Medicare and Medicaid Services (CMS) in order to receive the federal health IT incentives. We help them capture and report on the data needed to demonstrate Meaningful Use and creating Meaningful Use Dashboard, which helps physicians to track progress toward meeting MU certification.

## **Conclusion**

Saviance as a healthcare service provider helps healthcare settings and care givers to attend to their patients and spend time on processes necessary to successfully register, attest and comply with MU. Here, our team of experts will guide you through the process and reduce the time cycle to get your incentive payment. We also suggest what is necessary to modify within your practice to comply with the guidelines and ease the process of meeting with MU requirements.

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## **ABOUT Saviance Technologies**

Saviance is a US based Healthcare IT Services provider focusing on the newest technology SMAC stack – Social, Mobility, Analytics & Cloud. We provide innovative solutions & enable meaningful use of IT by designing patient engagement portals, collaboration applications & actionable analytics for wellness & population health. Incorporated in 1999 in the US, with over 15 years of excellent industry track record, Saviance offers services & solutions that enable enterprises to achieve critical objectives.

Saviance is a Gold Category Corporate Member with Healthcare Information Management Systems Society (HIMSS), member of mHealth Alliance and Corporate member of NJ-HITEC. We are awarded by INC. 5000 as one of the fastest growing privately held companies in North America. Saviance is also ranked among the Fast 50 Asian American Businesses in the United States by USPAACC (US Pan Asian American Chamber of Commerce) and selected as a 2014 "Top Business" recipient by DiversityBusiness.com. A certified Minority Business Enterprise recognized by NMSDC, Saviance is also partner with leading global brands such as Microsoft, Amazon Web Services, Apple, Samsung and Red Hat.

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