



*cutting through complexity*

# Demonstrating Meaningful Use of EHRs: The top 10 compliance challenges for Stage 1 and what's new with 2



# Today's discussion

- A three-stage approach to achieving Meaningful Use
- Top 10 compliance challenges for Stage 1
- What's new with Stage 2
- Q&A



# Understanding the goals, provisions and requirements of meaningful use

## MU Goals

- Improve healthcare quality, safety, efficiency and reduce health disparities
- Engage patients and families in their healthcare
- Improve coordination of care among healthcare providers
- Ensure adequate privacy and security protections for personal health information
- Improve population and public health programs

## Certified EHR Provisions

- To become a meaningful user of EHR technology, it is essential to use the technology itself
- The technology in use has been tested and certified in accordance with the Office of the National Coordinator for Health Information Technology (ONC) certification program, as having met all applicable certification criteria adopted by the Secretary of Health and Human Services

## Basic Requirements

- Eligible hospitals and providers must use certified EHR technology in a meaningful manner, for example: computer provider order entry (CPOE), ePrescribing, access to imaging results, record patient family health history, and others
- Encourage patients' use of health information technology
- Electronically submit clinical quality measures data from at least 3 of the 6 National Quality Strategy domains

# A three-stage approach to achieving meaningful use

## Stage 1 BUILD

Applicable for 2011 and 2012, focuses on capturing and communicating information in a structured format

- Collect electronic health information in a coded format
- Track key clinical conditions
- Communicate care needs (including provider and patient communication)
- Facilitate disease and medication management
- Implement clinical decision support tools
- Report key quality and public health information

## Stage 2 USE

Starts in 2014, expands on Stage 1, and focuses on improving the care of individual patients

- Use of HIT to:
  - ❖ exchange information with patients and providers
  - ❖ promote continuous quality improvement at the point of care
- Apply more broadly to both the inpatient and outpatient hospital settings

## Stage 3\* DEMONSTRATE RESULTS

Expected to start in 2016, expands on Stages 1 and 2, and focuses on driving improved outcomes

- Promote improvements in quality, safety, and efficiency
- Advance decision support for national high-priority conditions
- Provide patient access to self-management tools
- Facilitate access to comprehensive patient data
- Improve population health

Potential  
For  
Additional  
Stages

*\*Note: Requirements for Stage 3 are subject to future rulemaking.*

A composite image featuring a person in a blue shirt writing on a notepad with a pen, and another person's hand holding a blood pressure cuff. The background is blurred, showing other people in a professional setting.

## **Top 10 Compliance Challenges: Stage 1**

# Top 10 primary challenges to implementation – Stage 1

1

## Understanding the Meaningful Use Requirements

- The final (and proposed) rules and regulations issued by a variety of agencies and organizations:
  - The Federal Register
  - ONC - HHS Office of the National Coordinator for Health Information Technology
  - NIST - National Institute of Standards and Technology
  - AHRQ - Agency for Healthcare Research and Quality
  - HITSP - Healthcare Information Technology Standards Panel
- This challenge has been accentuated by the evolving requirements for future Meaningful Use stages

2

## Lack of a Fully Dedicated Meaningful Use Project Team

Balancing Meaningful Use with the needs of other important initiatives such as:

- Technology enhancements (e.g. Meaningful Use certified EHR upgrades, as well as other critical systems enhancements)
- Internally driven improvement initiatives
- Regulatory mandates, including ICD-10 conversion, HIPAA 5010 compliance, and others at both the Federal and State levels

A dedicated Meaningful Use team is important to plan for, and manage the, implementation, communications, and training.

- IT and project management professionals have had to address the diverse needs of, and work with, a wide range of stakeholders within the provider's system and network

## 3

### **Workflow Redesign Efforts Related to Electronic Capture of Clinical Quality Measure (CQM) Data Elements in the Certified System**

Reporting on clinical quality measures has been one of the most challenging MU objectives for providers to meet for a number of reasons:

- The detail underlying each of the measures
- Transitioning to EHR enabled functionality has been difficult and complicated
- Providers have faced challenges capturing the relevant data electronically as part of their clinical workflows.
- In some instances, providers also have had to develop required reports for Core, Menu, and Clinical Quality Measure (CQM) objectives to match the functionality of the selected EHR with minimal vendor support



# Top 10 primary challenges to implementation – Stage 1 (continued)

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## Capturing and Incorporating Patient Information in CCD/CCR Formats

The objectives around providing patients with electronic copies of their health information call for specific technical requirements to be accommodated, including

- Generating patient health information using HL7 coding
- Generating patient health information in either a Continuity of Care Document (CCD) format or Continuity of Care Record (CCR) format, while remaining human readable

Need to redesign HIM processes and implement new technologies

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## Ancillary Healthcare Information Systems May Require Interface or Workflow Redesign

For those providers adopting a modular “best in breed” strategy for their MU certified EHR system , several technical architecture issues have arisen, including:

- Each of the data elements required for MU reporting must be interfaced
- To the extent that different modules have been used on the OB and Emergency Department floors, as an example, interfaces have been designed, built, tested and implemented
- Additionally, certain types of interfaces have required certification for MU



# Top 10 primary challenges to implementation – Stage 1 (continued)

6

## Training and Change Management Efforts

As with any significant transformation initiative, health systems have needed to consider the effects of the change on the entire organization by:

- Providing the relevant training and education across all areas and levels impacted
- Facilitating the implementation of new workflow processes and conforming to the ONC data standards
- Requiring that affected staff remain informed on the changes
- Collaborating with physicians to help ensure that buy-in is achieved
- Developing a process that promotes feedback and sustains stakeholder involvement

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## Developing a Documentation Retention Process and Protocols

Providers attesting to receive an EHR incentive payment will be required to retain, for six years, supporting documentation developed during the completion of the attestation module responses:

- It is critical that sufficient documentation be maintained as evidence of operational and technical compliance with the MU requirements
- Providers have been advised to retain relevant supporting documentation (in either paper or electronic format used in the completion of the Attestation Module responses)
- Providers should also save the documentation to support CQM and payment calculations

# Top 10 primary challenges to implementation – Stage 1 (continued)

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## Relying Heavily on Vendors to Achieve Meaningful Use Compliance

Increased client demand placed on EHR software vendors have in some instances resulted in following:

- Lower service levels from key vendors at critical points within the project
- Increased risk that implementation targets slip
- Complicated compliance requirements are missed
- Approaching Meaningful Use as a clinical, financial, and operational transformation initiative, and not as only a vendor-driven technology project

Over time, providers have achieved a much greater level of awareness and understanding of the Meaningful Use rules and regulations, and particularly the nontechnical impacts.

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## Not Considering Proposed Stage 2 and 3 objectives and Other Regulatory Requirements

- Successful Meaningful Use system reconfiguration and workflow redesign efforts have also considered the requirements of initiatives including HIPAA 5010, ICD-10 and other clinical and operational transformation efforts
- There have been problems when certain technical configurations or new workflow processes have been developed without consideration for elements of compliance of MU, ICD-10, and other initiatives
- Because these efforts are related, their requirements must be considered during the early phases of a Stage 1 implementation design and as well as subsequent MU stages

# Top 10 Primary Challenges to Implementation – Stage 1 (continued)

10

## Data Governance and Controls May Not Be Adequate To Ensure Integrity of MU Reporting Information

Failure to develop a strong Meaningful Use control environment across the organization could result in:

- Inability to maintain the completeness and accuracy of the data that the Meaningful Use attestation is based on
- Inaccuracies in the data reported to CMS subjecting providers to the possibility of forfeiture of incentive payments and negative public perception



## **What's New with Stage 2**

# Stage 2 objectives & measures highlights

## To demonstrate MU under Stage 2 criteria:

- EPs must meet 17 core objectives and 3 menu objectives that they select from a total list of 6, or a total of 20 objectives.
- EHs and CAHs must meet 16 core objectives and 3 menu objectives that they select from a total list of 6, or a total of 19 objectives.

## Stage 2 objectives expand on Stage 1 requirements and introduce new core and menu objectives:

### New Core

- Track medications using electronic Medication Administration Records (eMAR)
- Provide patients with ability to view online, download and transmit health information
- Use secure electronic messaging to communicate with patients (EP only)

### New Menu

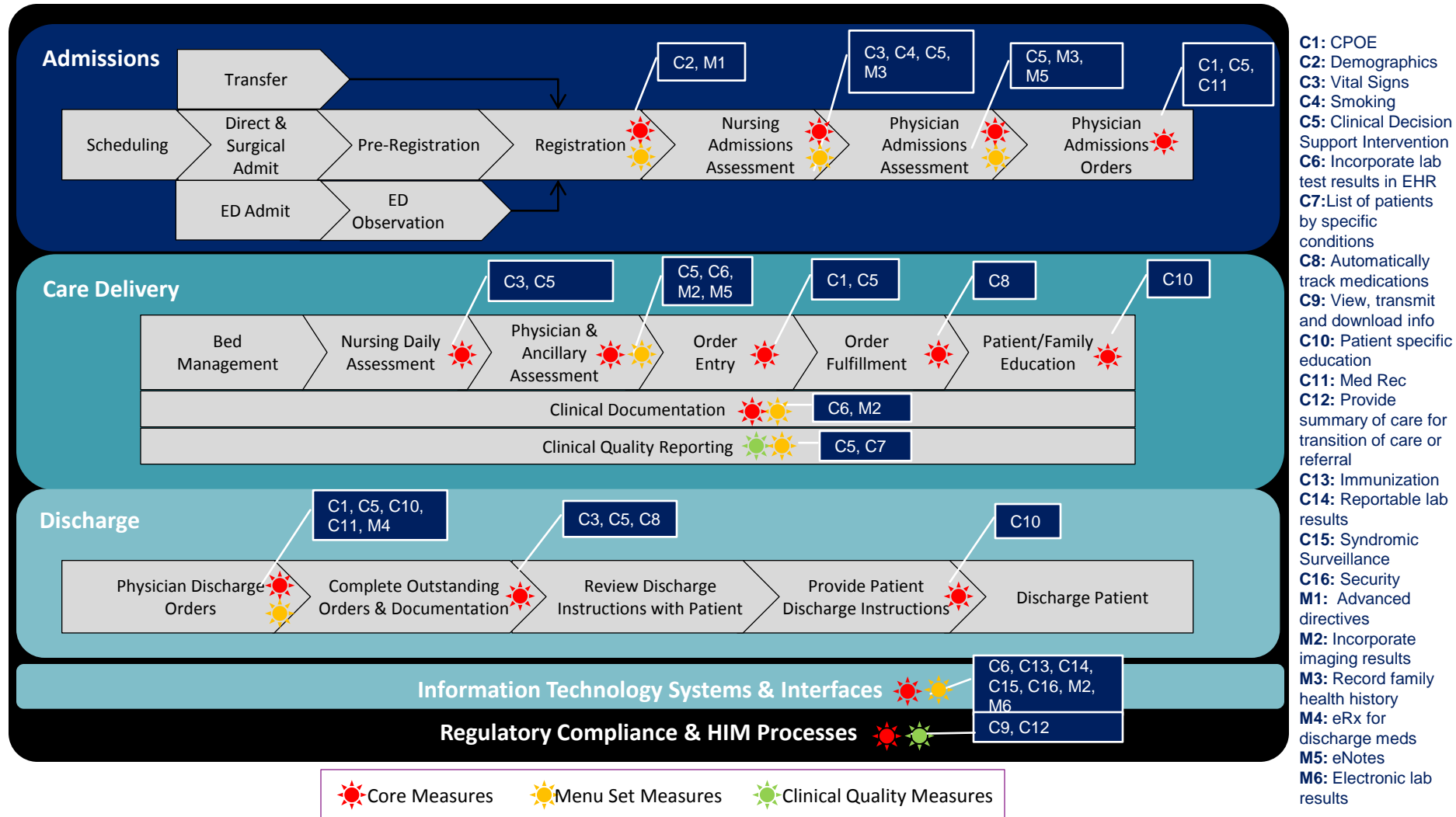
- Record electronic notes in patient records
- Access imaging results through certified EHR technology
- Record patient family health history
- Identify and report cancer cases to a State cancer registry and specific cases to specialized registry (for EPs only)
- Generate and transmit permissible discharge prescriptions electronically (EH and CAHs only)
- Provide structured electronic lab results to ambulatory providers (EH and CAHs only)

### Stage 1 Modifications

- Increased percentage thresholds and requirements as well as transition of several menu objectives to core
- Removal of exchange of key clinical information and providing patients timely access to health information (EP)
- Inclusion of drug-drug/drug-allergy checks with clinical decisions support interventions measure
- Inclusion of drug-formulary checks with ePrescribing measure
- Inclusion of up-to-date problems list, medications list, and medications allergy list with summary of care document measure
- Inclusion of CQMs as part of definition “meaningful EHR user”; starting 2014, electronic submission of CQMs on 3 of 6 national quality strategy domains

# Potential business process impacts of MU Stage 2

Complying with Meaningful Use has impacts throughout the care delivery process.



# Top 4 challenges to implementation – Stage 2

## 1 - Vendor Management

- ❖ Understanding vendor readiness as hospitals move from Stage 1 to Stage 2
- ❖ Establishing a true partnership with all vendors that will have an impact on MU efforts
- ❖ Vendor ability to deliver implementation resources (ability to support parallel MU stages across many clients)

## 2 - Change Management/Adoption

- ❖ Enhanced organizational training and change management processes to help ensure ability to meet attestation requirements
- ❖ Having a strategy and governance structure to transform the organization – MU, ICD-10, ACOs should provide opportunities for organizations to reduce costs, increase revenue, and improve patient safety/outcomes...  
WORKING SMARTER

## 3 - Technical Integration

- ❖ Transmission/exchange of patient information across entities not associated with parent
- ❖ Sharing information across a secure platform and having controls in place to mitigate risks
- ❖ Requirement to electronically submit CQMs to CMS. Understanding the importance of knowing how information is being processed within the EHR platform and the identification of all source systems data feeds

## 4 - Process Transformation

- ❖ Establishment of process controls to ensure stability and quality of data across the enterprise
- ❖ Development of an ongoing internal auditing process to consistently monitor performance
- ❖ Developing a documentation retention process and protocols to meet the six-year year CMS audit requirement
- ❖ Developing a strategy to engage the patient and proactively share information

# Considerations for implementing a Meaningful Use program

- Is there an awareness that implementing a Meaningful Use Certified EHR system does not automatically qualify the organization for Medicare related incentives for Meaningful Use?
- Have the change management and training requirements been identified that will help lead to adoption of redesigned clinical work flows and care delivery processes needed to achieve MU?
- Have the challenges of using the existing EHR for achieving Meaningful Use been considered and evaluated? Has there been a shared and balanced effort between internal project resources and vendor provided resources?
- Is it clear who owns the Meaningful Use program? Have all roles and responsibilities for project activities requiring completion been clearly communicated and monitored throughout the organization?
- Is there a well developed project plan to meet the Meaningful Use requirements? If so, how is the organization performing against the plan? Is there adequate transparency into the status, issues, and progress being made?
- Were MU Stage 2 objectives considered while implementing the requirements for Stage 1?
- What is the level of confidence that the organization will be able to achieve and sustain compliance with the HIPAA security program, which is also integral to MU?
- Is your organization prepared to pass a government initiated Meaningful Use audit? Have the appropriate documentation retention processes and protocols been developed and executed?

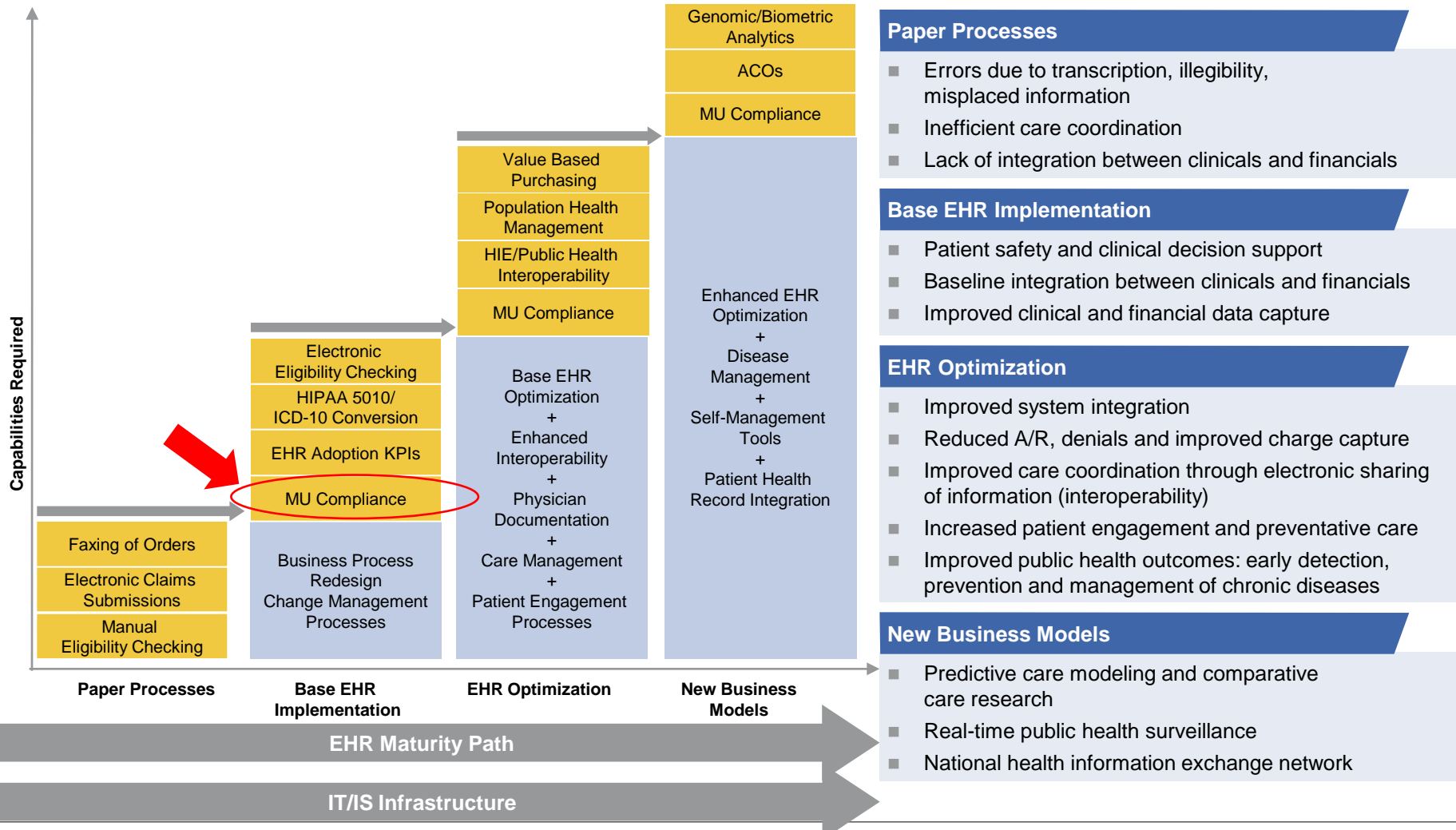




**Closing thoughts**

# EHR lifecycle and industry trends

EHR technology provides the foundation for organizations to not only comply with healthcare regulations trends but also to improve care delivery and population outcomes while reducing cost.





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**Q&A**

# Available publications and external webcasts



## ***Healthcare Transformation Meeting the challenges of Meaningful Use Stage 2***



## ***The KPMG Healthcare Meaningful Use Readiness Assessment – Stage 1***



## ***Overview of the Final Rule and Clarifications to Meaningful Use***



## ***A Key to Successful EHR Implementation – Quality Assurance and Independent Verification and Validation***

## **On-Demand Sessions**

- Supporting Healthcare Transformation through Clinical and Business Intelligence: Practical case studies and lessons learned
- Electronic Health Records Implementation: Leading Practices for Achieving Success
- Demonstrating Meaningful Use of EHRs: The top 10 compliance challenges for Stage 1 and what's new with 2

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