IT'S TIME!

EHR MEANINGFUL USE: WHAT SHOULD BE ON YOUR AUDIT CHECKLIST

Physicians and healthcare organizations seem to have been making good progress in adopting electronic health records (EHR) and demonstrating meaningful use of the technology. According to The Office of the National Coordinator for Health Information Technology's report to Congress last October, 59 percent of hospitals and 48 percent of physicians had at least a basic EHR system in place in 2013. As of June 2014, 75 percent of the nation's eligible professionals and 92 percent of eligible hospitals and CAHs had received incentive payments, the report says.

That's encouraging news, but there's another side to the picture: Expert analysis of CMS data shows that as of September 2014, about 21 percent of eligible professionals audited before they received federal incentive payments failed to meet meaningful use standards or use a certified EHR. Almost a quarter of eligible professionals failed to meet meaningful use standards for post-payment audits, compared to just about five percent of an admittedly smaller number of eligible hospitals. In both cases, most EPs failed audits for not meeting appropriate objectives and associated measures – not for failing to use a certified EHR. On average, the returned incentive payment was close to $17,000.

Clearly, you don't want to suffer the same fate, and you don't have to. You can take a number of actions to ensure that your practice is ready for any audit that may come your way, and that you will be well-positioned to keep the incentives you've worked hard to get.

Action Item 1: Keep your documentation in order.

If your data isn't organized, then you've practically failed the audit before it even starts. As simple as this one sounds to cover, you'd be surprised at how easily things can slip through the cracks, especially in high-volume practices. For instance, have you been rigorous in capturing all the data you need from patients in the format that you need it, in order to support meeting clinical quality measures? Have you consistently taken screen shots to serve as proof of meeting a clinical decision support rule? Does your billing software appropriately interface with your EHR system so that you can demonstrate without hesitation the percentage of patients you saw in the previous year who were covered by Medicaid?

The less time you have to try to pull everything together for an audit, the more perilous your situation becomes. And, the clock could be ticking before you even realize it: Many doctors accidentally delete the email notifications that inform them that they have been selected for a random audit, and so don't even realize that one is on the way until the office manager gets the phone call that serves as the final notification.

Action Item 2: Make sure that you've put a strong focus on analyzing and addressing security risks.

Accounting for risks to the privacy and security of patient data becomes a more stringent process as you move from Stage 1 to Stage 2 meaningful use requirements. That said, there likely are plenty of data security issues just waiting to be identified even for providers just wading into the Stage 1 meaningful use waters.

Threats and vulnerabilities lie in so many places: the lack of accommodations for sending secure messages; the firewall that hasn't been tested; the failure to have a plan in place to regularly back up data; even processes that allow staff to send patient test results to the printer located in the waiting room. Minimizing these and other security vulnerabilities requires conducting a thorough security audit and following that up with a detailed action plan for people, procedures, and technology that mitigates risks.

Action Item 3: Stay in step with changes and best practices.

As a healthcare professional, you know better than most that the only constant in life is change. That's true for the EHR incentive program, as well. This spring, for example, CMS is proposing rule changes to the Medicare and Medicaid EHR Incentive Programs that include shortening the 2015 reporting period to 90 days to address provider concerns about the ability to fully deploy 2014 Edition software; realigning hospital reporting periods to the calendar year so that there's more time to incorporate 2014 Edition software into workflows and quality programs; and modifying other aspects to better match long-term goals, reduce complexity and lessen providers' reporting burdens. That should ultimately add up to a positive impact on auditing requirements, though CMS intends to limit the scope of the pending proposal rule to Stage 3 and meaningful use in 2017 and beyond.

In the meantime, CMS and the Office of the National Coordinator for Health Information Technology also play hosts to calls, webinars and other forums for communities of practice to share information about supporting meaningful use requirements. Some consultancies ensure that their clients stay apprised of these events, which can provide valuable insight to help prevent an auditing snafu before it happens.

Action Item 4: Make sure that you understand just what your EHR vendor will – and won't – do for you.

Vendors are eager to sell you their software, but disconnects may exist between the sales process and the support cycle. That can lead to mistakes in implementation and usage that can negatively impact your ability to meet meaningful use measures and pass an audit.

It's a good idea to have a relationship with a consultant to serve as the liaison between you and your software provider. That party can be the helping hand that steps in, for example, to help you get the support you need when you discover that the vendor training you signed up for doesn't include an on-site and personalized visit but only a one-hour, general-purpose webinar. Or, it can give you guidance about what additions or customizations are worth making to a product. A consultant familiar with the vendor community also can provide the information you need to understand in what respects your software provider can be of service to you should you be audited, and what you should expect to do for yourself (with the consultant's help) under those circumstances.

No one wants to face an audit, of course, but meeting the challenge is a lot easier when you come to the battle armed and ready. If you're not yet in that position, now's the time to get your gear in order – before you find that your name's been picked out of the random audit hat.