

Top Challenges That Keep Hospital CIOs Up at Night

– Meaningful Use

An Iatric Systems eBook



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Introduction

Hospital CIOs and IT leaders have a lot on their plate. Growing workloads, shrinking budgets, and continued rapid change most likely have you concerned about your ability to keep pace. Every day you and your staff are asked to take on more and more tasks. Many involve technology that's new and unfamiliar. All are important and needed urgently.

In a [2014 survey of hospital CIOs](#) by executive search firm SSi-SEARCH, when asked: "Which of the following areas does your health system perceive as most critical?" CIOs responded:

- [EHR optimization](#) - 66 percent
- [Population Health & Analytics Initiatives](#) - 63 percent
- [Meaningful Use Stage 2 \(and now Stage 3\)](#) - 59 percent

This eBook examines the challenge of Meaningful Use and provides key steps to help it go more smoothly. When you go home at night, you'll know that your most critical projects are under control — on schedule, and done correctly and cost-effectively.

CIO Challenge: **Meaningful Use**

Meaningful Use is a top CIO concern because of the incentive payments and potential penalties that are at stake, and also because it's such a time-consuming headache. Stage 2 continues to prove difficult for providers, with a lot of confusion about specific CMS requirements and changes.

In this eBook, we'll examine three Stage 2 Core Objectives that seem to come up time and again, and according to the plans for Stage 3, will continue to haunt IT teams in the future. We'll also review how to prepare for the moment of truth — what you need to know to successfully attest, and how to defend against an audit.



Core Objective 6.2

Provide Patients the Ability to View Online, Download, and Transmit Information about a Hospital Admission

CMS recently announced a potential change for Measure 2, from a requirement of more than 5% of patients utilizing the hospitals patient portal to only one patient in total required to access the portal. This change is still pending.

However, Stage 3 will go in the opposite direction, **and potentially require more than 25% of patients to access the portal.** As a result, now is a critical time for hospitals to continue to focus on patient engagement. Fortunately, there are steps you can take to increase portal usage:

1 Onsite sign-up
Signing up patients while they're still in the hospital is the most effective way to increase your numbers. Make sure your staff is aware of the portal so they can inform patients and encourage them to sign up.

2 Marketing
There are many ways to get the word out — posters, social media, signs, buttons, press releases, etc. Patients have to know that the portal exists, and what's in it for them.

3 Get creative
Have a raffle for people who sign up, or provide a small gift for everyone who signs up. Hold staff contests for whoever signs up the most patients.



Core Objective **12**

Provide a Summary of Care Record for Each Transition of Care or Referral

This is an objective that many people intensely dislike — both IT staff and the physicians that it is supposed to benefit. Many physicians say they don't need or want all the information contained in the summary of care document, but the hospital is still obligated to provide it.

The following are a few tips to make your experience with this objective relatively painless:

Measure 1 — Provide a summary of care record for more than 50% of transitions and referrals

TIP:

Records can be either paper or electronic, and both types can be added together. Be aware this measure may be retired if the proposed NPRM is approved.

Measure 2 — Provide a summary of care record for more than 10% of such transitions and referrals electronically

TIP:

You just have to prove that the receiving party received it, not that they opened it!

Measure 3 — Conduct one or more successful electronic exchanges of a summary of care document counted in Measure 2 with a recipient who has different EHR technology OR conduct one or more successful exchanges with the CMS-designated test EHR during the EHR reporting period

TIP:

Be aware this measure may be retired if the proposed NPRM is approved.

Core Objective 16

Automatically Track Medications with an Electronic Medication Administration Record (eMAR)

With this objective, we've seen a lot of misunderstanding about what CMS is looking for. While the requirements now state that all doses of a medication must be tracked using an eMAR, that wasn't always the case.

Actual measure: If a medication is ordered using an eMAR, just remember that every dose of that medication must be entered in the eMAR, otherwise that order cannot not be included in the numerator.

It's also important to ensure that the tool and process used for capturing eMAR information are user-friendly and don't delay the nurse in giving the medication.

Many hospitals have problems with the placement of the barcode on the medication label, where the label fails to scan because it is not positioned correctly. In an emergency, the nurse then has to omit the scanning and enter the information manually, which disqualifies the order in the eMAR. Remember that the whole point is to encourage eMAR adoption — besides, scanning is faster, easier, and more accurate.

Note that there is an exclusion that can apply to many critical access hospitals. If your average in-patient census for your reporting period is fewer than ten patients, you can qualify for this objective without having to deploy an eMAR.



Attestation Challenges

Hospitals often see Meaningful Use attestation as the end of the process, but it isn't. Today, 20 percent of hospitals are being selected for a Meaningful Use audit after attestation. **Not passing an audit results in having to pay back 100% of any incentive money already received and your hospital may be subject to repeated audits for future attestation periods.**

When preparing to attest, hospitals also should prepare to get audited. Fortunately there are steps you can take during the attestation period so you can keep the money you're entitled to:

step 01

Incorporate all changes that CMS has made along the way. Preserve a record of the CMS requirements at the time you attested since they may have changed subsequently.

step 02

Have a staff member, who is in charge of Meaningful Use, document clearly, and save documentation in a central location.

Because you can be audited for up to six years after you attest, sometimes the person who signed the attestation will no longer be at the hospital.

step 03

Plan to monitor your progress. During the attestation period, it's very important to have a dedicated resource who can spend a few hours a week to monitor your progress. In addition to ensuring that you're meeting the thresholds, you also need to make sure that the numbers are correct and understand why certain patient records fail a particular measure.

Getting Help

If you aren't able to assign a staff member to conduct all of the steps outlined here (including documentation, tracking, and monitoring) you might want to consider using the services of an experienced outside consultant.

An outside consultant can be a very cost-effective way to monitor your progress toward Meaningful Use, especially when you consider the potential consequences.

A competent resource can:

- Monitor your percentages
- Recommend process improvements
- Ensure none of your thresholds are at risk
- Take a lot of stress off a hospital and its IT staff

Learn how we can help with your Meaningful Use challenges.

[Request a meeting with our MU Experts](#)

step 04

Remediate all security gaps, and keep documentation to prove it. You can do so by conducting a Security risk analysis, which meets Stage 2, Objective 7 criteria. Many hospitals failed their audits in 2014 because they didn't conduct a Security risk analysis. As a result, these hospitals were required to pay back their incentive dollars.

step 05

Be vigilant in watching for your audit notice.

If your hospital is selected for an audit, an email is sent to the individual that signed the attestation, giving three weeks to respond. It's important to keep this in mind, in case the employee who submitted the attestation leaves the hospital or changes roles. You'll need to continue to monitor that employee's email.

Importance of a Mock Audit

There are so many aspects of Meaningful Use and you can't be expected to know everything. Even with huge teams working on Meaningful Use, crucial details often slip through the cracks. Thus going through a mock audit in order to prepare for the rigors of an actual audit is very important, especially because CMS has stated that many more hospitals will be audited starting in 2015 than in the past.



Hospitals that have gone through mock audits are often surprised at the holes they uncover. A mock audit can identify and assess potential deficiencies in your Meaningful Use attestation records before it's too late. It's a valuable insurance policy and stress reliever, so when you get that audit notification, you'll be able to respond with confidence rather than panic.

When choosing an organization that can assist you with a mock audit, look for a team that can run every part of your system and data through the auditing process to confirm that your hospital is ready to be audited. Check their track record — how have hospitals that used their services fared during an audit?



A mock audit should include the following:

Assessment

An on-site in-depth assessment

Recommendations on how to correctly store and document Meaningful Use data for successful tracking

Data Tracking

Interviews

Interviews with your Meaningful Use stakeholders to capture a complete Meaningful Use picture

A scorecard report against Meaningful Use requirements with documented compliance

Scorecard



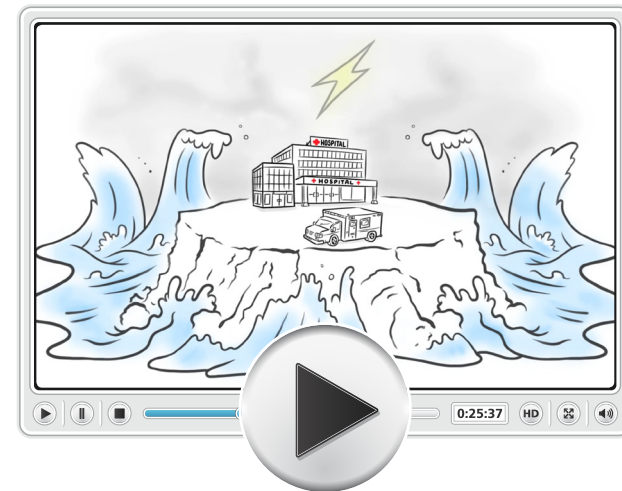
To learn more about Meaningful Use Audits, read the eBook:

[Preparation for a Meaningful Use Audit](#)

About the Iatric Systems Professional Services Team

Large scale IT initiatives like Meaningful Use help bring dramatic improvements to healthcare. Choosing and implementing the right technology at your healthcare organization may be putting a huge burden on your IT and project management teams. To effectively manage manpower and ensure success, you can turn to the highly-experienced Iatric Systems Professional Services team.

This team can help you plan, research, evaluate, and implement the right healthcare IT technologies as they are needed. Professional service recommendations are based on what is best for your organization and its systems, processes, best practices, and operations. We work with all EHRs and vendor systems to meet your specific needs.



Watch this 2-minute video to learn more.

[Request a meeting](#) with the Professional Services team today, or call **978-805-4100** for more information.

