



2014 – A Year of Major EHR Changes

Now is the time to begin preparing!

Just as medical practices are getting their sea legs beneath them with electronic health record systems (EHRs) and Meaningful Use, another wave of massive change is headed their way in 2014. Included in the changes are new Stage 1 requirements, the implementation of Stage 2, a requirement to upgrade software (to the 2014 version), the need to use an electronic patient portal, and several changes to existing measures. To add to the pressure, in October 2014, the ICD-10 coding system starts and also, beginning in 2015, there will be Medicare reimbursement penalties for not being at Meaningful Use. The scope of all of these changes is sure to have a staggering impact on practices caught flatfooted. Now is the time to begin preparing.

Although all medical practices participating in the EHR incentive program have two years at Stage 1 prior to going to Stage 2, some changes brought about by Stage 2 will apply to everyone. The most significant is the requirement to upgrade EHR systems to the 2014 version. All EHR vendors must upgrade their software to the 2014 specifications to retain their certification status, and all participants in the program must migrate to the new version in order to meet Meaningful Use in 2014.

Vendors with certified EHRs are obligated to have their 2014 software versions ready by January 1st, 2014. That does not mean however, that individual customers will be able to implement the new software at that point. It is important to begin a dialogue with the practice's EHR vendor well in advance of January to understand how it plans on moving clients over to the 2014 version. Fortunately, because CMS anticipated that there will be some challenges for practices and vendors during this transition, it is allowing ALL participants in the program only a ninety day reporting period for 2014 only.

Also in 2014, all participants, regardless of the stage of Meaningful Use they are in, must have an electronic patient portal. The implementation of this technology will have a significant impact on practice operations, since it directly engages patient populations. If a practice is at Stage 2, it will also need to begin using secure messaging in 2014 as well.

Practices will be well advised, if they have not already done so, to view the portal software they intend to use. Although to be certified, portal systems must meet basic functional and technical specifications, issues such as "user friendliness" will be of

particular importance for this application since patients will be the primary users of the system. Practices will also have to develop workflows for managing patient calls, questions and requests for corrections to their clinical information.

Additionally, beginning in 2014, the reporting of clinical quality measures (CQMs) will change for all providers. The 2014 version of EHRs will contain new CQM criteria, and eligible professionals will report using the new criteria regardless of whether they are in Stage 1 or Stage 2. Instead of three core/alternate and three additional measures out of 44, in 2014 EPs must report on 9 out of a possible 64 measures, which must fall within three clinical domains. In 2014, all Medicare-eligible providers beyond their first year of demonstrating Meaningful Use must electronically report their CQM data to CMS and there will also be an option to combine CQM reporting with PQRS.

The key to successfully weathering the many changes in 2014 is managing the timing of events to the greatest extent possible. For example, practices have no control over when ICD-10 begins (October 1st). However, the 90 day reporting period for Meaningful Use can start any time during the year up to October 3rd. Practices may want to avoid undertaking the two initiatives concurrently. Also, since using a patient portal will likely have a significant operational impact, carefully planning when to roll it out relative to upgrading to the 2014 software might help ease the pain of too much change too quickly.

Although medical practices have managed their way through major changes in the past, 2014 is a year when there will be a great deal to absorb in a short period of time. It would be wise for practices to hunker down in 2013 and begin a planning process to minimize the impact of the 2014 sea change. Leveraging the available time to prepare will likely pay big dividends.

The EHR Advisory Group, LLC provides an array of EHR & Meaningful Use, as well as HIPAA privacy, security, breach and risk management services.

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