



Time Is Not On Your Side In 2014

A Year of Significant EHR Change

By John Netti

Time is working against your Meaningful Use efforts this year. If you haven't already begun to address the multitude of issues, you may already be behind the eight ball. To make matters worse, some of the larger hurdles you face may be out of your control and in the hands of your electronic health record (EHR) vendor. The stakes are very high. Medicare eligible professionals (EPs) that do not attain Meaningful Use in 2014 will incur reimbursement penalties that begin in 2015.

This year ALL participants in the EHR incentive program must be using a 2014 certified version of an EHR to achieve Meaningful Use. This version contains the requirements for Stage 2, and because there is so much additional functionality, the Centers of Medicare & Medicaid Services (CMS) has allowed all incentive program participants a ninety day reporting period instead of a full year. CMS has rightly anticipated the significant effort involved by vendors and practices in moving to the 2014 product.

EHR companies have invested a great deal of effort over that last many months to have their products certified by January 1, 2014. Now that they are available, the challenge for vendors will be getting their clients upgraded. The challenge for practices will be to have the 2014 version in place in time enough to do all that will be needed to meet the Meaningful Use requirements by year end.

In spite of the shortened reporting period this year and regardless of whether a practice is in Stage 1 or 2 of Meaningful Use, there will be significant challenges in achieving this goal. The kingpins will likely be getting your vendor to schedule your product upgrade, addressing the new Stage 2 rules and implementing a patient portal (now a core measure for Stage 1 and 2).

Implementing the upgrade will require a thorough understanding of changes in your EHR product well in advance of going live. There may be a learning curve involved in getting users familiar with new product functionality as well as the new Stage 2 Measures. For example, a new requirement involves having five clinical decision support rules operational at the point of care. This will likely create some workflow/productivity issues for your providers and will take time to get used to.

If you have not already done so, communicating with your vendor about a date to be upgraded is essential. You should also be asking them to provide you with product information, implementation and training plans and any additional costs that may be involved.

All practices in Stage 1 and Stage 2 will need to provide patients with electronic access to their health information in 2014. EHR companies will offer patient portal solutions tied to the systems that will accommodate this requirement. Unless you are already using a one, you will most likely want to be upgraded to the 2014 EHR version before implementing the patient portal. There are third party patient portal systems available on the market which will interface with your EHR, but unless you have experienced I.T. staff, you should stay away from these options. Also, the New York eHealth Collaborative, NYeC, is piloting a statewide patient portal, but it will not likely be available for all practices in the New York State in time to meet Meaningful Used in 2014.

Implementing patient portals to meet the patient access measure will likely be the biggest challenge practices face in getting to Meaningful Used in 2014. Most of the effort will be in staff education, patient engagement and making sure the proper workflows are in place prior to going live. At least 50% of patients for each provider must have the information needed to access the portal by the beginning of the reporting period and 5% will actually need to view it. With patients having access to substantial amounts of clinical information, you can anticipate significant numbers of inquiries. Managing clinical and system use types of questions from patients, as well as calls to correct medical information, will require a good deal of planning prior to opening the portal door to your patients.

There are other factors that can influence your time line in getting providers to Meaningful Use in 2014. For example, those eligible providers that have been practicing medicine for more than two years and are just entering the Meaningful Use program for the first time in 2014 will need to be at Meaningful Use by September 30th and not December 31st to avoid the Medicare reimbursement penalty. This means that they will need to start their ninety day reporting period in July.

Time will not be working for you this year. Considering the Meaningful Use work that needs to be done as well as the implementation of ICD10, EHR success in 2014 will need be a result of a good plan, thorough understanding of the rules and being realistic about the effort involved.

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