Meaningful Use is a daunting issue confronting health systems today. Concerns about meeting its requirements have taken the forefront in shaping the decisions that are being made now by hospitals, physicians and other healthcare organizations that will have far-reaching implications. It is clear that the correct decisions must be made now; what is not clear is exactly what all the requirements will be.

Until now, Meaningful Use requirements have been a “moving target”, and they still are to some extent, although the Final Rule document published by CMS [Centers for Medicare and Medicaid Services] on July 28, 2010¹, has provided a wealth of information. In addition, the Certification Criteria Final Rule was released by ONCHIT² [Office of the National Coordinator for Health Information Technology] at the same time, adding yet more information.

Yet all of the information included in these two documents, while crucial, is nevertheless buried in over 1000 pages; the Herculean task of reading the documents through completely and extracting useful information has led most hospital administrators and IT Directors to rely on the many outlines and “guides” that have been published since the Final Rules have come out. While these outlines are undeniably helpful in extracting the major points contained in the Final Rules documents, they still are just that; outlines. These “one size fits all” summaries do not begin to address the individual issues and concerns that each organization will find itself facing.

Every organization is unique and brings its own concerns and challenges to the table. Each has its own culture, infrastructure and operating budget, within which they must interpret and carry out the Meaningful Use requirements. The challenge? How to obtain the information that applies directly to one’s own organization in a format that is succinct and understandable.

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What is Meaningful Use and why should we be concerned about it?

The CMS Final Rule states that an “eligible provider” (EP) and an “eligible hospital” (EH) shall be considered “a meaningful EHR user” for an EHR reporting period if they meet the following three requirements; i.e., they must:

1. Demonstrate use of certified EHR technology in a meaningful manner;

2. Demonstrate to the satisfaction of the Secretary (of CMS) that certified EHR technology is connected in a manner that provides for the electronic exchange of health information to improve the quality of health care, such as promoting care coordination; and

3. Using certified EHR technology, submit to the Secretary, in a form and manner specified by the Secretary, information on clinical quality measures and other measures specified by the Secretary.\(^3\)

The Final Rule states that unless these three objectives are met, organizations and providers will not be considered for funds described in the HITECH Act\(^4\) during the specified reporting period. An important corollary to this is that CMS has broken-down the achievement of these goals into three Stages, each of which has a list of specific goals which must be met. Organizations must be aware that while preparing to meet Stage 1 goals they must also be looking ahead to position themselves for the next stages and to carefully consider the choices available from their vendor with this in mind.

Organizations must also consider during which reporting period and at what Stage they will choose to begin the process: some organizations may already be prepared to meet most Stage 2 requirements (which are due to be released at the end of 2011); to be eligible for payment during Stage 1 the criteria must only be satisfied for any continuous 90-day period during the reporting year. In addition, those hospitals or providers who do not begin the process until 2012 may still be eligible to receive the maximum amount of funding available if they continue to meet all requirements.

Although the requirements initially proposed by CMS might have seemed unattainable for many organizations, after considering the many comments received during the Public Review period, CMS has lowered the bar considerably; whereas the initial requirements appeared inflexible, CMS has now revised them into a set of “core” criteria which are relatively static, and an additional set of objectives that may be chosen from a list, or “menu”, from which providers may choose the 5 that appear most relevant to their specialty or status.

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\(^3\) See (1), pps 44326-44327.

\(^4\) Health Information Technology for Economic and Clinical Health Act
Finally, the rules for quality reporting have also been simplified: now providers must only report data on three core quality measures for 2011 and 2012 (alternate measures are available for those providers to which these three measures do not apply), and three additional measures which may be chosen from a “menu” of 38 measures; in 2011 providers need only attest to the ability to document or transmit data on these measures—in subsequent years they will be required to actually submit the data results through the use of their certified EHR technology.

Thus, many organizations that may have considered these Stimulus funds out of reach are now able to reconsider their options and begin to realign their strategic goals.

**Where do I begin?**

1. Engage a knowledgeable member of your organization, or a Consultant working for your organization, who has read/can read the Final Rule on Meaningful Use from CMS and the Certification Criteria Final Rule from ONCHIT in their entirety, and understands clearly how each rule applies to your organization’s particular situation.

2. Determine where your organization would best fit into the process: Which reporting period will you aim for? Will you begin in Stage 1, or can your organization meet Stage 2 criteria and save the time of achieving the objectives twice?

3. Consider the requirements for the next Stage(s) while preparing for the initial Stage; although rules have not yet been released, CMS has clearly indicated its intentions for the next Stage(s) in many of its responses to comments.

4. Choose the Objectives that your organization will seek to meet based on the core set and those from the menu set based on the organization’s specific “current state” characteristics, strengths, and areas of specialty.

5. Understand what your vendor’s plans are for certification, and whether an upgrade will be needed or desired prior to beginning the process. Understand that the three Certifying Organizations have just recently been announced; therefore vendors have not been able to plan ahead with certainty as to what functionality would be necessary. So, you may encounter some hesitancy in vendor responses, and this is understandable, given the circumstances.

6. Work closely with your vendor through the testing and attestation process, and as biennial updates are released by CMS.

**How do we do it?**

Attesting to Meaningful Use will take a significant investment by the health system; it is not an IT or Quality Project but a housewide, enterprise wide initiative. The more one digs into the processes and objectives, the more details will rise to the surface and require careful examination. Failure to pay attention to them can be a lot like pulling a loose thread on a sweater…“be careful or it will unravel”.

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Given the critical, detailed nature of the objectives, we recommend a clinically driven, detailed process. Below we have provided an example of one objective; first, we define and completely understand the specific objective; second, we recommend following a proven clinical process to lead to adoption and attestation of the chosen objective.

**Example of a Meaningful Use Objective:**

1. Choose an Objective to focus on: e.g., “drug-drug, drug-allergy interaction checking,” which is in the core set\(^5\).

2. Read the associated pages, including all commentary and responses, in the Final Rule document to understand clearly what this measure entails; i.e., does it include radiographic contrast media? Are food allergies included? Can we disable alerts due to “alert-fatigue”? Are any exclusions available for this objective?

3. Be certain that the EHR product provides this functionality, that it is enabled throughout the entire system, and that the EHR has access to at least one formulary for the entire reporting period.

4. Consider how this objective may be modified in future Stages and plan accordingly.

5. Attest to CMS, by the means specified by the Secretary, of the above.

**Clinical Adoption Process Steps Applied to Above Example**

**(Drug-drug, drug-allergy interaction checking)**

We have chosen this approach because it is proven in the clinical treatment process and is well understood. This provides a repeatable framework that eliminates the trap of assumptions (rather than facts) and provides measurements and documentation of each objective.

1. **Initial Interview/”History”:**
   - Find out how interaction checking is being done now
   - Find out from your vendor which software version will be certified
   - How well does the present method(s) work: What problems have there been in the past, system failures, sentinel events, and where did the process break down

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\(^5\) See (1), pps 44334-44336.
2. Assessment/ “Physical Exam”:  
   - Read the Final Rule and become an expert on what it says about this Objective, then apply that info to your own system to determine what changes must be made  
   - Interview Pharmacy, RNs, Physician end-users, IT dept, etc., re: proposed changes in functionality  
   - Perform observational analyses of present user workflows  
   - Determine which reporting period and which Stage to begin working toward  
   - Compare State and Local requirements to CMS Meaningful Use requirements  
   - Perform stop-start-continue workflow analyses with users  

3. Technical Assessment/”Diagnostic Testing”:  
   - What can the present system do; do we need to upgrade, and when  
   - Must other functionality be enabled/modified in order to enable this functionality  
   - Is a Formulary available to the System, can the functionality be enabled throughout system  
   - Consider how changes in this functionality will affect other areas/functioning of system  
   - Begin Testing and Attestation process  

4. Discuss Data/”Diagnosis”:  
   - Evaluate results of testing and determine what is needed to modify the system to put full interaction-checking into use, if anything  
   - Continue testing and modification until functionality is achieved  

5. Action Plan/”Treatment Plan”:  
   - Consider how this requirement will be modified/expanded in future Stages  
   - Upgrade system, if needed  
   - Train all users and end-users  
   - Successful attestation to CMS  

6. Follow Up/”Return Visit”:  
   - Begin developing future functionality to move forward into next Stages of Meaningful Use.  
   - Evaluate effects on users and their reactions/response to new functionality
Wrapping Up

Meaningful Use objectives are daunting, as will be the government-driven process; but it is a financial and competitive necessity for every health system in the US. The goal of improved patient care through quality driven processes should ultimately lead to better outcomes at lower costs but there will be many barriers to success. The most successful organizations will confront those challenges head-on by embracing the detailed analyses and other hard work needed to meet the requirements and ultimately emerge as stronger healthcare providers.