

## Meeting Meaningful Use Criteria: An HIM Vision or Nightmare?

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LESLIE: We all can agree that money talks, so once again we need to look at the importance of HIM leadership in helping providers meet the Centers for Medicare and Medicaid Services (CMS) meaningful use (MU) criteria if they are to qualify for the electronic health record (EHR) financial incentives in 2011. In our Hands-On Help column published March 23, 2011, "A Leadership Role for HIM Professionals in Meaningful Use," we pointed out that the HIM role is similar to that of meeting JCAHO standards; HIM professionals must understand the functional requirements, help providers identify the gaps in compliance and help overcome those gaps. However, when it comes to MU it has been even more difficult for the voice of HIM to be heard.

PATTY: It does seem to be a common problem. As I spoke with our HIM colleagues at state meetings this spring I heard more than once that EHRs are still being designed and implemented without sufficient input on the functions of the medical record beyond direct patient care. Now the stakes are even greater as the EHR systems must be able to support all functional requirements for meeting MU criteria. If HIM professionals cannot make their voices heard now, their organizations stand to lose substantial amounts of money.

LESLIE: I hear your urgency. Let's talk to an HIM colleague who is experiencing these problems first hand. I invited Brenda S. Olson, M.Ed., CHP, RHIA, to join us this month. Brenda is the vice president for Health information Management at Great Plains Health Alliance, a leased and management firm that works with small and rural hospitals -- all critical access hospitals under 25 beds and providing all levels of service from outpatient clinics to acute care, distinct-unit long term care units, rural health clinics and home health care.

PATTY: Brenda, please tell us about your role in helping your hospitals to meet MU criteria.

BRENDA: We have 29 hospitals that are part of a data center, which provides the information technology (IT) support to these facilities. I have been working with the data center staff to identify where our systems are meeting the criteria and where they are not.

LESLIE: Do all of your small rural hospitals have EHR systems in place?

BRENDA: Most do have EHRs. A few years ago we pursued getting USDA Grant Loan, funding that enabled our hospitals to buy into an EHR system. Twenty two of them are now on that system, which I think is one of our great success stories, to have so many small rural hospitals using a robust EHR.

PATTY: What do you mean by a robust EHR?

BRENDA: Our hospitals are able to implement electronic order entry, computerized physician order entry

(CPOE), a clinical documentation package (which includes nursing, physician and ancillary department progress notes), medication administration checking, pharmacy, radiology, laboratory information system, a patient care management component (care plans) and an electronic document imaging system.

PATTY: That is impressive, Brenda. Has the May 2011 start date for incentive payments sped up the EHR implementations?

BRENDA: Not really because the incentives for critical access hospitals are not as good as those for larger PPS healthcare systems. Our hospitals are more concerned about achieving all stages of MU by 2016, when penalties will be levied for providers that don't use EHRs. They do not want to lose money for not having an EHR that meets MU criteria.

LESLIE: That's unfortunate. So much for carrots vs. sticks, I guess.

PATTY: Brenda, I hear how you are working with your data centers on MU, how are you working with your hospitals and the HIM professionals in those hospitals.

BRENDA: Educating everyone about MU is my starting point. I recently helped present a series of meetings with the hospitals in which I addressed such topics as the core objectives of MU, and what is available in our systems that already supports MU. For examples, we discuss the menu sets and the processes they will need to follow to meet the criteria. At the same time, I continue to talk with them about advancing the development and implementation of the EHR, turning on more components of the system and about the different ways they can "go-live" with each one. This is another opportunity to influence the development and implementation of the EHRs.

LESLIE: What is the role of the HIM professionals that work in your hospitals?

BRENDA: They are the conduit between me and their hospital. They make sure the information I provide to them about the systems and the MU requirements gets to the people they are working with on a day-to-day basis. It is a team effort, and the role of the local HIM professionals is to communicate and reinforce information, to help their colleagues become more comfortable with the changes.

PATTY: Beyond education, how are your HIM Professionals involved?

BRENDA: They are central to us having the quality of clinical data we need for activities that are completed following the inpatient stay or outpatient visit. For example, on records of patients who receive infusions or injections, the start and stop times need to be recorded. An infusion might take an hour to complete, but when a clinician does not record the stop time, the hospital can only charge for 15 minutes rather than the 60 minutes they are entitled to charge. Having the ability to make certain entries 'mandatory,' which in this instance, would be to provide us infusion dates and start and stop times was a serious issue for us with our vendor, but the HIM team pushed for making this a necessary change to the system.

LESLIE: It sounds like the role of HIM professionals as it relates to MU and EHRs should be valued by healthcare organizations. That is the silver lining in MU. Like paper medical records, EHRs must serve many masters. Though the incentive payments are very important, even more important is assuring that EHRs truly meet the data quality needs for all users.

PATTY: That is an HIM vision that HIM professionals will gladly support.

BRENDA: That is for sure. I can give you many examples of how important HIM participation is to making that vision a reality.

PATTY: I want to hear your examples, but we are out of time for today. Let's continue this discussion next month.

BRENDA: Great! I will bring lots of examples.

LESLIE: Thank you, Brenda for sharing your experiences with our readers.

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