Dynamic Chiropractic

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Meaningful Use of Health Information Technology, Part 1

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The next decade brings us enormous changes in the adoption of health information technologies, like electronic health records (EHRs). Remember, $44,000 in EHR stimulus incentive payments (per provider) from the government is on the line, starting next year. Within five years, a decrease in Medicare reimbursements is expected for non-EHR adopters. And by the beginning of the 2020s, access to PPO panels and third-party payers may be closed to those without EHRs. Some states have already passed laws that require you to use an EHR in order to practice.

Surprised? Then it's time for an update. Over the next three articles, I am going to break down what you need to know to navigate the next five critical years of EHR adoption. We'll focus on the recent publication from the CMS and the Office of National Coordinator for Health Information Technology (ONCHIT) on what establishes "meaningful use" of health information technology, and how this definition of meaningful use is going to determine your access to stimulus incentive payments. We'll begin by discussing the eight overall goals behind health information technology standards, and how your practice has actually been moving toward them for some time.

Health Information Technology: The Context

Before I start summarizing the requirements of meaningful use, I want you to understand the context for the crossroads at which we find ourselves. We all know that American health care costs are unsustainable. The widespread adoption of health information technology (HIT), including electronic health records, is one reform that is expected to save the system $77 billion per year. The savings are expected to flow from multiple directions, like fewer medical errors, fewer redundancies in service, and better management of patients with chronic disease. But saving lives and saving money will only come if HIT is implemented properly and used in a meaningful way.

In order for HIT to be implemented properly, the government has to define how your practice uses clinic management technology. Everyone has to be on the same page on this or the system won't work. These definitions place some requirements on you, and they place requirements on the companies that are going to provide the technology you use. Your practice is going to change (I believe for the better), and in order to understand how and why your practice will change, it helps to understand where your practice fits in the greater plan of our digital health care future. We are all in this thing together.

Eight Important Goals and the Standards Underlying Them

In order to say what's proper health information technology and what isn't, the government has set eight goals for HIT to meet. The standards which will help meet these goals have just recently been published, and are captured in the term *meaningful use.* ONCHIT published these standards as directed by law under the American Recovery and Reinvestment Act (ARRA 2009). These goals are the *why* behind meaningful use and the background for what's going to happen in your practice in terms of technology over the next decade.

In order for your practice to meet the government's HIT goals, your office is going to be expected to have technology that does the following:

1. collects patient demographics, like race, ethnicity, primary language, and gender;
2. protects personal health information;
3. connects to nationwide health information exchanges (likely to be one in each state);
4. allows health information to be rendered unusable and unreadable if carried or sent off-site in an unauthorized way;
5. maintains an account of the way personal health information has been disclosed; and
6. stores and updates a certified electronic health record for every member of your practice.

When all is said and done, these technologies should create a system whereby quality is improved and underserved populations are identified. And in fact, these are the final two goals of HIT: better quality health care in general, and understanding the health needs of vulnerable and underserved patients in particular.

If you are a veteran reader of this column, you shouldn't be surprised by any one of these eight goals. I have written repeatedly about the benefits of HIT and the government's increased interest in universal adoption of EHRs. In fact, preparation for your adoption of many of these goals began long before you even considered going paperless.

Your First HIT Interaction: HIPAA

Your first interaction with the goals of health information technology wasn't when you bought your first computer; it was when your practice became HIPAA-compliant. HIPAA was less about guarding patient privacy for the sake of privacy and more about defining and guarding personal health information (PHI) in the age of portable patient data. Through its slow rollout, the government has gotten the public comfortable with the idea that their doctor would safeguard their PHI. And we as providers have had to learn that maintaining patient privacy, even in the paper world, is a task that requires different practice management. HIPAA was the legal backbone that got health care thinking about data protection, preparing us for today.

HIPAA compliance now has a different face. We used to talk about anonymous sign-in-sheets and locks on filing cabinets as meeting HIPAA requirements. Now the concern is who has access to our off-site data back-up, and the security of our e-mail encryption. The idea of compliance is still there, but the bill is now meeting its original intention: to create an environment where people wouldn't fear a digital health information exchange, but would come to embrace it, having faith that their information was secure.

You've been primed to prepare for a future (which is now!) in which health information is protected in storage, and transmission, and every instance in which PHI disclosure is logged and recorded - three of the goals I just mentioned. Perhaps now the only thing lacking in your practice is the technology to make it happen.

Your Second HIT Interaction: Digital SOAP Notes

For many of you, your second HIT interaction came with your adoption of digital SOAP notes. The idea behind the technology was simple: Doctors entering data electronically could do it faster than doing it by hand, especially when it came to redundant information like patient demographics and diagnosis codes. With such a document, you were electronically recording patient data, like race, ethnicity, and gender, meeting the goal of universal health information technology. If you found a compatible program with a billings suite, then data from the daily encounters could be transferred for electronic billing. However, that's where the SOAP note's ability to meet HIT goals ends.

While doctors began entering data via a hand-held device or computer, the technology focus was on speed of entry, not on accessibility or portability. The files were stored in a local hard drive. And in fact, many doctors went to the next logical step of printing their notes and entering them into a paper file. After all, it isn't an interoperable EHR system with the ability to store all aspects of patient care electronically, it makes little sense to leave half of the patient file on paper and the other half digital.

As HIPAA laws began to interact with the earliest digital documentation, it became clear to many of us that the future of our practices wasn't going to be stored in the discount PC underneath our desks. We needed a way to access patient records from an internal server, regardless of our position in the office. And we needed a system that could handle more than just SOAP notes and health history forms. We needed a true electronic health record.

Your Third HIT Interaction: A True EHR

As the adoption of EHRs has increased over the past four years, many of our colleagues are already on the leading edge of the coming HIT changes. They have been meeting the goals of universal HIT adoption for some time now, including maintaining an EHR for every patient. Meeting the final three goals of HIT is just around the corner for these doctors of chiropractic. And some with the right savvy are doing it already. The goals I'm talking about are having technology that identifies the needs of underserved populations, improves the quality of health care, and connects to nationwide health information exchanges.

In our first exposure to EHR systems, we are usually impressed by the least powerful features of the technology. The digital X-ray storage or the portability of electronic notes are impressive at first; but that's not where the power of real HIT is found. The power of HIT, specifically EHRs, is in the ability to analyze data. Outcomes data. Treatment data. Patient demographics. There are already doctors of chiropractic who have used statistics generated in their practice to leverage better reimbursements from third-party payers. Statistics that they generated on their outcomes using their own EHR data. The same kind of statistics that insurance company and CMS are going to use to determine what's working and what isn't in health care.

As the health information exchanges move out of their infancy, and more records come online, the power to analyze data is going to become even more powerful. As I've said before: Doctors of chiropractic now have an incredible opportunity to show the true benefits we offer to our health care system.

Coming Up Next...

The next several years are going to be critical in the adoption of EHRs and other health information technology. Health care reform and approximately $44,000 worth of incentives per doctor provided by the stimulus plan are moving the expansion forward. Today, we've discussed the goals behind the HIT expansion. Depending on your investment in EHRs and clinic technology, you may already be on the road to meeting these goals. These goals are the why behind the standards in HIT known as meaningful use of health information technology. Next month's column will provide a summary of each of the 25 items which make up meaningful use, and an explanation of how they affect your practice.

Part 2 of this article (April 22 issue) summarizes the 25 requirements necessary to show your EHR system is being used properly to qualify for incentive payments, according to CMS and ONCHIT. Part 3 (May 20 issue) is an explanation of how incentives will be paid out over the next five years,

how your practice will need to adapt and how to apply for the incentive monies.

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