

Audio Transcript

Headline: Health Care Providers, Vendors Weigh In on Qualifying for Stage 1 of Meaningful Use

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TEXT:

I'm Kelly Wilkinson with the perspective of health care providers and vendors on qualifying to meet Stage 1 requirements for the meaningful use program. This is a special report for *iHealthBeat*, a daily news service from the California HealthCare Foundation.

Hospitals and eligible professionals must show meaningful use of electronic health records to qualify for Medicare and Medicaid financial bonuses under the 2009 economic stimulus package.

In April, CMS launched the attestation period for the Medicare portion of the meaningful use program, while 14 of the 21 states that have launched their Medicaid incentive programs have started distributing payments.

So how is that process working?

(Sorenson): "I don't know that there is any practice out there that could meet meaningful use without changing their workflow at least slightly."

Eric Sorenson is vice president of marketing at ChartLogic, an EHR vendor that works with a lot of specialty providers.

(Sorenson): "Whether they have to change their intake forms to capture some additional demographic information, or whether they have to change the actual efforts of the doctor or medical staff, the clinical staff that they now simply have to capture vital signs and they previously hadn't. There's a lot to it."

ChartLogic recently surveyed nearly one hundred of its customers about the meaningful use process. More than one-third of respondents said the most difficult requirement was giving patients clinical summaries of their visits. Stage 1 requires that those summaries be given to at least half of a provider's patients in either paper or electronic form, within three days of their visit.

Sorenson says stamping and mailing those summaries is a significant effort for busy health care providers. That's why ChartLogic and other EHR companies are encouraging providers to use Web-based "patient portals" to meet the clinical summary requirement, as well as other meaningful use criteria.

(Sorenson): "**Whether it's sending reminders to patients for follow-up care, whether it's providing patients with timely electronic access, find a patient portal solution that meets those criteria and doesn't add a lot of extra steps to their current workflow.**"

Joseph Bettencourt runs a family practice in Templeton, California. He started using an EHR system nearly one year ago and already has attested to meeting Stage 1 of meaningful use.

(Bettencourt): "**I don't think anybody really wants to do this because it's a lot of work. But I think that you have to sort of look at big picture. And although difficult up front, I think once you've been doing it for about six months, I think you'll realize why the government put this into effect.**"

Bettencourt -- like other eligible professionals who qualify for the Medicare incentives -- will receive \$44,000 over five years. He estimates that funding will cover about half of the expense of moving to an EHR system. He encourages other providers who have not yet attested to be realistic about the transition.

(Bettencourt): "**You can't see patients and do all the work that's involved in a primary care, and expect to pull this off on your own.**"

Bettencourt said he thinks it's crucial to have access to an IT consultant, or someone IT-savvy on staff.

In addition to the incentive payments, there is separate money available through regional extension centers to help safety-net providers or practices with ten or fewer physicians achieve meaningful use.

(Singer): "**It's a fabulous program that many people don't know about.**"

Elise Singer is chief medical officer at the California Health Information Partnership and Services Organization. CalHIPSO is the federally-designated regional extension center for all of California except Los Angeles and Orange counties.

She says once those providers sign up with an REC, they're entitled to free consulting dollars to help people go electronic and achieve meaningful use.

(Singer): "It's free money on the table they should take advantage of. And, it's really kind of greasing rails to get them moving, and it's great to have somebody in the office who knows what they're doing, is technical, understands objectives and can help a little bit with project management."

Singer also works at a medical group that has qualified for incentive payments under Stage 1 of the meaningful use program. She says her practice and others have had some kinks with EHRs pulling data that weren't discreet, throwing off results. In their case, the issue was related to patients' tobacco use. To solve that, they tapped into those RECs dollars to write custom reports for the attestation process that accurately reflected the data.

As for how the shift to EHR changed his practice, Joseph Bettencourt says practice management is easier with an EHR system. In terms of seeing patients, Bettencourt says it's as efficient, or maybe even slightly *less* efficient because he's dependent on how fast he can type. He says many doctors use speech recognition programs like Dragon Speak, but that also has limitations.

(Bettencourt): "Patients have to be quiet. I'm sort of the person who wants to finish my notes while I'm in the room so Dragon Speak doesn't lend itself to that. You often have to finish the note outside the room so people, the patient you're seeing, don't interrupt you."

Bettencourt is using eClinicalWorks, an EHR system used by more than 55,000 health care providers nationwide. CEO Girish Kumar Navani says the company has done more than 40 road shows in 40 cities, with 30 more scheduled this year. The shows offers onsite education, and Navani says they're always full.

(Navani): "So there is definitely the awareness that it is important to go out and learn more about it. There is definitely the urgency to go ahead and get it started with."

eClinicalWorks -- like many EHR vendors -- also offers online webinars. Navani says that in the online community groups, the discussion has shifted.

(Navani): "It is about 'how do we get there?' versus 'why do we need to do this to get there?'."

CalHIPSO's Elise Singer knows the attestation process is daunting, but she encourages providers to go for it.

(Singer): "If you take a few hours up front to plan how it's going to be done, put somebody in charge of it, it's a doable project that will have an end."

This has been a special report for *iHealthBeat*, a daily news service from the California HealthCare Foundation. If you have feedback or other issues you'd like to have addressed, please email us at ihb@chcf.org. I'm Kelly Wilkinson. Thanks for listening.