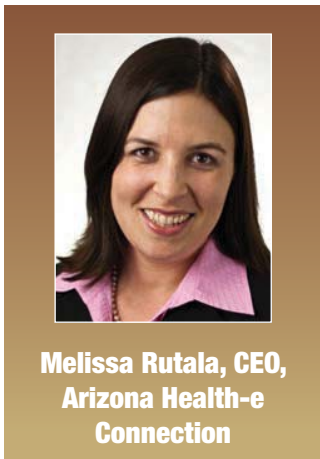




RESTRUCTURING Health Care Delivery

Meaningful Connections: Building the Health IT Highway System

President Eisenhower called the Interstate Highway System the “greatest public works project in US history” and counted it among the top achievements of



**Melissa Rutala, CEO,
Arizona Health-e
Connection**

his administration, though today we don't give it much thought. This system, which has returned \$6 in economic benefit for every \$1 it cost¹, offers some perspective for providers and hospitals engaged in meeting the objectives and measures of Meaningful Use of electronic health records (EHRs), especially as providers and hospitals look to the requirements of Meaningful Use Stage 2.¹

Like the Federal Highway Act of 1956, Meaningful Use provides funding for infrastructure development aimed at faster, safer and more efficient connections. Just as most Americans today travel on some part of the Interstate system on a weekly or daily basis, it is difficult in 2013 not to be touched by Meaningful Use and the Medicare and Medicaid EHR Incentive Programs of the Centers for Medicare & Medicaid Services (CMS). This program has been the primary driver for implementing technology – a computer, laptop or tablet – in most care settings and engaging providers and hospitals in a steady progression using EHRs to improve practice efficiency and quality by meeting specific, prescribed objectives and measures.

The Health Information Technology for Economic and Clinical Health (HITECH) Act, a part of the American Recovery and Reinvestment Act of 2009, provided financial

incentives for eligible professionals and hospitals for the adoption and “meaningful use” of EHRs. Meaningful Use initially was defined as meeting 15 core objectives and measures, and meeting 5 of 10 menu objectives and measures. The HITECH Act also set standards and certification criteria for EHRs so that eligible professionals and hospitals would be assured that EHRs could meet Meaningful Use requirements. Finally, the Act established 62 regional extension centers around the country to provide direct technical assistance to primary care providers in selecting and implementing an EHR, including the Arizona Regional Extension Center (REC) which today is serving more than 2,400 Arizona providers.

One clear result of Meaningful Use and the EHR Incentive Programs has been a major increase in EHR adoption in Arizona and around the country. The Center for Health Information & Research at

Arizona State University, which has been surveying Arizona physicians since 1991, recently reported that 78% of physicians in our state have now adopted and are using some form of EHR in their practice. The EHR Incentive Programs have seen a strong response from Arizona providers and have brought significant EHR incentive payments to the state. To date, just under 6,000 eligible professionals have registered with CMS for either the Medicare or Medicaid EHR Incentive Program, and just over \$100 million has been paid to eligible professionals in the state. Including hospitals, about \$250 million has come to Arizona through the EHR Incentive Programs. By any measure, these are impressive numbers.

When the concept of Meaningful Use began, the goal was to improve health care delivery through three stages. In Meaningful Use Stage 1, the focus was on standard data capture and

sharing. Meaningful Use Stage 2 criteria, which were released in August of 2012 and will go into effect in late 2013 and early 2014, focus on advanced clinical processes. Stage 3, which is anticipated to be implemented in 2016, will be centered around improved outcomes through the use of technology. The initiation of Meaningful Use Stage 2 was delayed by a year and will be effective in October 2013 for hospitals and January 2014 for professionals. This delay was welcome news, since Stage 2 increases the percentage requirements for many Stage 1 objectives and measures and moves many of the menu objectives from Stage 1 to now be core objectives in Stage 2. There are also several objectives and measures aimed at encouraging and increasing the secure online sharing of patient information. In a nutshell, where Meaningful Use Stage 1 emphasizes EHR adoption and data collection, Meaningful Use Stage 2 builds on Stage 1 requirements and adds requirements for “meaningful connections” with other providers, with patients and with public health registries.

At the REC, we have been helping Arizona providers achieve Meaningful Use Stage 1 for nearly three years, and now this assistance extends to

Meaningful Use Stage 2 as well. In addition, the REC recently began to offer health IT assistance to all Arizona providers and hospitals regardless of practice size. This hands-on, direct technical assistance provides support across a range of services, including Meaningful Use achievement. Through the Arizona Health Information Exchange (HIE) Marketplace program, Arizona Health-e Connection (AzHeC) assists Arizona providers in identifying viable options for the secure exchange of patient health information. To date, this program has assisted nearly 800 Arizona providers in setting up a Direct Exchange or secure email account. In addition, late in 2012, AzHeC launched

the Arizona E-Prescribing Initiative to increase the use of e-prescribing in the state. This summer the initiative will conduct pilots on the e-prescribing of controlled substances (EPCS) in key zip codes to prepare for the full launch of a statewide ECPS campaign in the fall. AzHeC has also been working very closely with Health Information Network of Arizona (HINAZ), the Arizona statewide health information organization (HIO), to provide options for robust or bi-directional electronic exchange to Arizona providers.

AzHeC and the REC are committed to assisting Arizona providers make the “meaningful connections” with their EHR systems as required by Meaningful

Use – Stage 1, Stage 2 and beyond. It is helpful to note that Meaningful Use, like the Interstate Highway System, is a huge undertaking that takes time and true transformation. The next time the Interstate allows you to travel swiftly or receive efficiently transported goods or produce, consider the health IT freeway that we are building. Someday, we will all use it and depend on it without giving it much thought.

For information on how the REC can assist your practice with Meaningful Use, please contact the REC at (602) 688-7200 or ehr@azhec.org. **AM**

1 Cox W, Love J, 40 Years of the US Interstate Highway System: An Analysis; www.publicpurpose.com/freeway1

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