IT'S TIME!

ACCOUNTABLE CARE STRUCTURES DEPEND ON MEANINGFUL USE OF EHRS

Primaris
Healthcare Business Solutions

The Centers for Medicare and Medicaid Services (CMS) is trying to make the move to accountable care models a more compelling option for healthcare providers. To incentivize providers and institutions to participate in a Medicare Accountable Care Organization (ACO), CMS lets them opt to be part of a shared-savings model program: They can earn up to 50 percent of savings achieved through healthcare cost reductions while simultaneously meeting quality performance standards. To entice them to enroll in its two-sided ACO model, it sweetens the pot by offering up to 60 percent of shared savings – the catch being that then they also are responsible to

repay Medicare a portion of any losses, based in part on their quality scores.

Participation in either of these programs is voluntary right now. But there is no denying that the value-based and accountable care model they exemplify is the future, in both the public and private payer realm. Indeed, commercial insurers such as Cigna and Aetna already have launched their own versions of ACOs.

The adoption and meaningful use of certified electronic health records (EHR) – also known as electronic medical records (EMR) – underpins the whole concept of accountable care. These systems, for example, should serve as the source of the data for dozens of clinical quality measures that ACOs must report to CMS annually. Such data runs the gamut from recording preventative health measures, such as immunizations and mammography screenings, to tracking populations at risk for diabetes, hypertension and other chronic conditions.

But even if you or your institution isn't participating in any public or private ACOs, it's important to consider ramping up or accelerating your meaningful use of certified EHR technology. Any healthcare provider who wants to receive Medicare and Medicaid EHR incentives, after all, also needs to meet value-based care measurement thresholds.

Bringing Meaning to Meaningful Use

All that said, it appears there is still a ways to go to make the meaningful use of EHRs truly meaningful. Consider, for example, that according to a 2014 report by KLAS Research, based on a survey of 46 physician-led ACOs, EMR vendors earned on average only a 6.3 rating on a 9.0 scale for meeting ACO needs.

Fortunately, it is possible to improve EHR systems so that healthcare providers in ACOs are able to more efficiently gather the data they need to support CMS reporting requirements – and so that any healthcare provider can be better positioned to receive Medicare and Medicaid EHR incentive payments, while avoiding possible penalties.

EHR systems can be optimized to help providers get ahead of healthcare quality issues, whether these practices are involved in ACOs or simply prepping for a future in which value-based and collaborative care models rule. That's because EHR technology can be leveraged to give providers a better

understanding of critical care points and associated risks, and provide them with an improved way of communicating required data to other partners in the medical chain.

Realize the Value

To get real value out of your EHR systems, support meaningful use requirements, and position your organization for a future where accountable care is everywhere, it's important to take the following steps:

1. Don't just capture data. Capture it appropriately and accurately. EHR systems are only as smart as you set them up to be. And they won't be very smart if you don't correctly document what medical options you propose to patients, the education you share with them, and the information you learn from them, in a format in which that data can be automatically extracted so that it is communicable and reportable. That could, for example, translate into loading new templates or input forms into the program to ensure that critical information is captured in a structured format, rather than simply in the Notes field. That way, it can be easily and automatically reflected in accountings of a practice's quality improvement efforts, such as screenings for flu vaccinations or smoking cessation.

2. Bring in the data reports, and take action on them. One of the great things about EHRs is that they potentially give healthcare organizations a much improved capacity to plug the gaps in treatment that can lead to accountability care gaffes, like overlooking signals in patient data that wind up hurting your quality score related to hospital readmissions.

That capacity is easier to leverage if your practice has regular access to comprehensive and comprehensible data reports, so that it becomes more obvious to spot problems being experienced by some fraction of the patients in your extensive population. Otherwise, this is no easy task, especially now that practice data volumes are exploding as samples and test results from external sources – labs or even patients' own mobile healthcare devices – can directly import into EHR systems. But when the information is culled together such that you can quickly spot a week-to-week roller-coaster ride in a diabetic patient's blood sugar levels, for instance, you can move quickly to correct the problem before the patient lapses into an acute condition.

3. Customize only where necessary. There are some situations where customizing your EHR solution is unavoidable, and those are the only ones where you should indulge in the practice. In other words, deploy customizations only for reasons of functionality, not aesthetics. For instance, many EHR systems don't automatically include an interface to transmit immunization data to a state immunization registry, but adding one to your system is worth the investment given that providers must show they have performed at least one test of their certified EHR technology's capacity to electronically submit such data.

When it comes to changing things like the location of a menu bar, though, skip it. That won't be accounted for in the next general release of your vendor's product, nor will the vendor already have prepared it as an optional add-on that can be purchased for a reasonable fee. That means that when upgrade time comes around, you'll be undertaking the whole process again, and that can cost you thousands of dollars more – not to mention increase the time it takes to move your practice onto the next version.

4. Consider where your expertise really lies.
While the healthcare profession is changing, with many physicians' practices being acquired by larger health systems, the industry still has more than its fair share of small practices. And most of them – perhaps your own – are without staff well-versed in technology or adept in the process improvement expertise that makes it possible to optimize an EHR system for meaningful use. In those cases, it's not a good idea to take the do-it-yourself approach to deploying EHR systems, and certainly not wise to follow that route when it comes to using them meaningfully per Stage 1 or 2 criteria.

While giving it the old-college try on your own may seem reasonable, there's a lot at risk if you hit significant stumbling blocks, including your cash flow. Clearly, you may take a hit on the ACO shared savings or the Medicare and Medicaid EHR incentive payments for proving adherence to quality measures. But many EMR systems also are responsible for triggering bills to patients or insurance companies. So, if issues arise with the system as you attempt on your own to increase its meaningful use functionality – and those issues affect your ability to use the technology for other purposes – core revenue may be put in jeopardy, too. Under these circumstances, the old saying about asking for help when you need it could not be truer.

Are you ready to reap the value that comes from the meaningful use of your EHR system in a world moving to the accountable care model? Things are changing fast in the healthcare industry, so the more prepared you are to meet those changes, the better off you will be.