

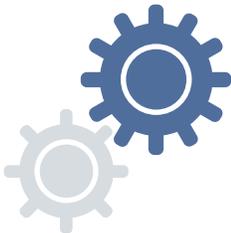
## EHR Incentive Programs | Meaningful Use Planning and Interim Management

### THE CHALLENGE



An integrated network that included 15 hospitals and an employed multispecialty physician group was making positive progress in its preparation to participate in the Medicare and Medicaid EHR Incentive Programs. A project team and manager were assigned to coordinate the efforts for the hospitals, and IT leadership was working closely with its EHR vendor to make sure that the requisite reports were available and correct. Unfortunately, however, planning specific to the physician group had not yet started – and the deadline to initiate a 90-day reporting period in 2012 was less than 9 months away. Physician group leadership was largely unaware of the requirements to demonstrate meaningful use, and no physicians or other representatives from the practices had been identified to make key decisions or otherwise champion the effort. Furthermore, there were no resources outside of IT that had capacity to allocate any dedicated time to ensuring the eligible professionals were prepared to successfully attest for 2012 and therefore earn the full potential incentive amount across the life of the programs.

### THE PROCESS



ECG was engaged by the physician group to lead its meaningful use project on an interim basis. The foundational aspect of the meaningful use project was a newly formed subcommittee of the physician group's quality committee. Although the charter for this subcommittee addressed many different aspects of quality improvement enabled by effective use of the EHR, the primary focus for the first 9 to 12 months was the EHR incentive programs. This subcommittee was chaired by ECG and was composed of physician group leadership, providers, practice managers, IT systems analysts and report writers, trainers, and, ultimately, physician group quality specialists and meaningful use coaches (after they were recruited and hired).

Once the subcommittee was educated on the requirements and timelines of the EHR incentive programs, it was able to select its meaningful use menu-set objectives and clinical quality measures. These selections were made based on alignment with existing quality goals, EHR functionality, and work flows. Concurrent with the activity to define the parameters of the physician group's meaningful use activities, a financial analysis was also started to determine which providers were in fact eligible professionals, which program (Medicare or Medicaid) they were eligible to participate in, and what the estimated incentive amount was on a per provider basis in the current and next fiscal years. Other initial planning activities included determining the registration and attestation processes and responsible parties, developing a communication strategy and tactics, and establishing a methodology for monitoring and compliance.

The physician group's leadership was sincere in its intent to treat the meaningful use project as a key element of its overall quality program instead of an IT project. The singular goal was clear: receive a check from the Centers for Medicare & Medicaid Services. As such, leadership approached the work from an operational perspective and organized the core and menu-set objectives as components of existing physician practice work flows as shown:



Work flows that were not part of the patient office visit were also identified to address objectives such as clinical lab test results and electronic copies of medical records. The subcommittee collaborated to design meaningful use-compliant work flows that optimally leveraged the front desk and clinical support staff activities. All training curricula and materials were based on these key work flows so that it was easy for the practice users to understand which of their day-to-day activities they needed to modify or focus on. The subcommittee also coordinated system configuration and testing to validate functionality and reporting accuracy for each meaningful use objective.

## THE OUTCOMES



As a result of ECG's leadership and coordination of the subcommittee's efforts, the physician group was able to attest for nearly \$2 million in its first year of participation in the EHR incentive programs. This project required a significant amount of work in the months following the final day of the 90-day reporting period because of the Medicare and Medicaid registration and attestation activities; all of the necessary documentation was also compiled so that it would be readily available if the organization were audited. The physician group was also well positioned to continue registering and attesting its eligible professionals during the following year as the providers began using the EHR and demonstrating compliance with the meaningful use objectives; the projected incentive amount for the physician group's subsequent fiscal year was similarly almost \$2 million.

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## CONTACTS

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