



briljent

# Electronic Health Records

*Going Beyond Data Collection  
to Making the Data Usable*

# Overview

Compliance to the Meaningful Use guidelines in the Health Information Technology Economic and Clinical Health (HITECH) Act is an important part of the Electronic Health Record (EHR) Incentive Program. These guidelines require providers to show they are using certified electronic health record technology (CEHRT) in a “meaningful way” to improve patient safety through systems that communicate health information timely and accurately. This Health Information Technology (HIT) assists providers to prevent duplicate tests and errors (e.g., medication errors) and foster situational awareness (e.g., allergies and potential drug interactions) while also promoting prevention programs such as smoking cessation. HIT also provides for the availability and accessibility of health information to other healthcare providers seen by the patient and ensures privacy of patient information.<sup>1</sup>

One critical component of the Meaningful Use requirements is the reporting of Clinical Quality Measures (CQM), which is specific data of medical treatment provided by a doctor or facility for a selected diagnosis established by evidence-based medicine guidelines. This data is reported to the Centers for Medicare & Medicaid Services (CMS) by Medicare providers and State Medicaid agencies.

The intent is for medical researchers to take CQM data and turn it into usable knowledge. A clear example is the establishment of treatment methodologies for the improvement of future outcomes of treatments for specific medical diagnoses.

<sup>1</sup> *The American Recovery and Reconciliation Act of 2009 (ARRA) created the EHR Incentive Program through the Health Information Technology, Economic, and Clinical Health (HITECH) Act to promote the use of certified EHR technology.*

## Assisting Providers

The information created will only be as good as the data that is gathered. Both Medicare and Medicaid providers are our frontline in healthcare and represent the key gatherers of valuable data. While providers with smaller patient volumes face unique challenges, larger providers such as major healthcare systems comprised of multiple hospitals and medical practices face even more challenges. To engage these providers as part of your EHR team they need assistance with various steps to implement EHR systems and compliance requirements. The first step is planning and change management analysis; including evaluating a provider's current workflow operations to see where the redesign of operations will be needed. Having a third party assist with requirements and gather information will ease the transition and ensure the selected system meets the demands of a busy provider.

Selecting an EHR technology that is certified<sup>2</sup> and works effectively and efficiently is only half the battle. Gathering and reporting data requires that both provider staff and patients understand the importance of gathering information. They need to understand that information will be gathered while still protecting their individual rights to privacy. Brilljent's experts understand a successful implementation requires educating and training office staff on a new EHR system as well as communicating changes to the patients. Working with Regional Extension Centers (RECs) for assistance with Meaningful Use requirements and compliance is one great step to help achieve a positive outcome. The addition of external change management and communication support is also key to ensuring the transition from legacy, paper-based data collection to electronic health records.

As a system is implemented and data analysis begins, there must be a focus on identifying the effects on the business and resolving variances from data that were not compliant with requirements.

## Helping State Medicaid Agencies

State Medicaid agencies will collect data as part of the implementation of the Medicaid EHR Incentive Program. However, the pressure of looming deadlines for Healthcare Insurance Exchanges (HIX), Healthcare Information Technology (HIT), ICD-10, and the replacement of MMIS and eligibility systems makes self-contained implementations challenging. Many states are seeking assistance to make certain all projects are delivered on time, meet regulatory requirements, and are under budget.

Assessing resources and competencies to implement ongoing EHR Incentive Program requirements after a system is active and payment systems are functioning will ensure continuous improvement and encourage:

- Evaluation of Meaningful Use reported compliance data and developing auditing protocols.
- Analysis of current technology systems.
- Information integration between systems: public health, immunization registries, HIEs, and CMS.
- Conversion of data into information and knowledge to improve public health, reduce health disparities, and reduce costs.
- Reporting and strengthening of community health and health prevention measures.

Brilljent's experience with this initiative suggests the engagement of an external resource or vendor to assist with these operations can help push the process forward. In doing so, State Medicaid agencies must seek an expert vendor with an understanding of the EHR technology, EHR Incentive Program, and healthcare. A vendor must also have good analytical skills and be capable of coordinating large change management efforts. A vendor's knowledge of large databases and data collection projects and wisdom in data analytics will be imperative to successful implementations.

<sup>2</sup>Office of the National Coordinator for Health Information Technology (ONC) has authorized a number of bodies to certify EHR systems for Meaningful Use

# Summary

The data collected from Meaningful Use compliance reporting will be analyzed and used to promote additional clinical practice management advancements. The Meaningful Use requirements will be implemented in 3 stages during the next 5 years.

## Stage 1:

Data Capture and Information Sharing  
*(Begins Federal Fiscal Year [FFY] 2011 – 2013).*

## Stage 2:

Advanced Clinical Practices  
*(Clinical Decision Support) (Begins FFY 2014)*

## Stage 3:

Improved Outcomes  
*(date and requirements not yet determined)*

The proposal for Stages 2 and 3 includes more extensive clinical analysis to improve patient safety, quality, and outcomes. Data will also be used to identify issues in public health, preventive care, and immunization compliance. This means all participating parties will need to plan and prepare for resulting improvements and changes.

The CQM Database will allow for in-depth analysis of specific disease processes to improve the science of medicine and to create new or improved evidence-based medicine treatment protocols. Researchers will have access to detailed data to make potential medical discoveries.

The future is not just in the collection and analysis of Data; it is in the development of useable Information and transfer of Knowledge.

# Questions?

We have answers.



**Cathy Huff**

Vice President - State Government Sales

**Briljent**

Fort Wayne | Indianapolis | Baltimore | Chicago

6435 Castleway West Drive Suite 115  
Indianapolis, IN 46250

317 735 3500 office main  
317 735 3474 direct line  
317 518 5105 cell

[chuff@briljent.com](mailto:chuff@briljent.com)  
[www.briljent.com](http://www.briljent.com)