Electronic Health Records and Meaningful Use

Course Description

The purpose of this continuing education program is alert the audience on the Health Information Technology for Economic and Clinical Health Act (HITECH) that was signed into law in February 2009, and the law was finalized in November 2009. The HITECH Act promotes adoption and meaningful use of health information to improve quality of care in a safe manner. In addition the audience will also be educated on Safety Assurance Factors for EHR Resilience, and Electronic health records (SAFER), and Meaning Use (EHR-MU).

Target Audience
Advanced Practice Registered Nurses, Registered Nurses and Licensed Practical Nurses

Course Objectives

1. Understand what is the HITECH Act
2. Define Meaningful Use
3. List the type of technology that a EHR should have for meaningful use
4. Understand Safety Assurance Factors for EHR Resilience
5. Identify meaningful use technology that is in compliance with the HITECH Act
6. Understand the Goal and the importance of implementing EHR
7. List the provision and the financial incentive for health care organization to implement EHR

Introduction

Physicians and health care organizations are eligible for both Medicare and Medicaid incentives for implementation and electronic health records (EHR) (GE Health Care, 2009). Health care organizations implementing an EHR technology system has been proven to increase the quality of patient care. The Health Information Technology for Economic and Clinical Health Act (HITECH) will supplement and incentive for health care organizations who implement an EHR system. These incentives are only eligible for those health care organization, and others clinicians who implement a meaningful and qualified EHR.

Meaningful Use

According to GE Health Care (2009); HealthIT, (2014) a meaningful and qualified EHR is defined as an electronic record that is a certified electronic health record (EHR) with the technology to:

a. Inclusion of patient demographic and clinical health information, such as medical history and problem lists
b. The capacity to provide clinical decision support

c. Support for physician order entry

d. The ability to capture and query information relevant to health care quality

e. Electronic health information exchange capabilities, including the ability to integrate such information from other sources into the EHR (GE Health Care, 2009).

f. Improve quality, safety, efficiency, and reduce health disparities

g. Engage patients and family

h. Improve care coordination, and population and public health

i. Maintain privacy and security of patient health information

In addition meaningful use also includes that the technology compliance will result in HealthIT, (2014):

a. Better clinical outcomes

b. Improved population health outcomes

c. Increased transparency and efficiency

d. Empowered individuals

e. More robust research data on health system

Additionally health care organization should include certain quality measures that will demonstrate improvement in quality of care as a result of implementing EHR. These quality measures should be key indicator that are reported or mined by administration monthly or quarterly for quality improvement.
EHR Implementation Statement

Possessing the capability to share electronic health information within and among health care organizations has been generally accepted as a way to improve the quality and delivery of care and help control rising healthcare costs (Board on Healthcare Services and Institute of Medicine, n.d.) The government is trying to initiate a national push that will allow doctors and hospitals across the country to adopt electronic health records by 2014 (Health Policy Brief, 2010)

By 2014 health care organizations, physician offices, and other clinicians who treat patients who are Medicare and Medicaid recipients will face governmental penalties if they fail to implement an electronic health records (EHR) (Health Policy Brief, 2010). Blumenthal, and Tavenner (2010) addressed in 2009, Congress and the Obama administration provided the health care community with a transformational opportunity to break through the barriers to progress. The Health Information Technology for Economic and Clinical Health Act (HITECH) approved incentive payments through Medicare and Medicaid to clinicians and hospitals when they use EHRs privately and securely to achieve positive improvements in care delivery.

HITECH is federally funded governmental act. The HITECH act requires the government to take a leadership role to develop standards by 2010. The standards will allow for nationwide electronic exchange and use of health information to improve quality and coordination of patient care (Majority Staff of the Committees on Energy and Commerce, 2009). HITECH act funds are for those health care organization, and others clinicians who implement an electronic medical records system. Health care organizations who fail to implement an EHR system by 2014 may
be faced governmental penalties. According to Pear (2010) starting in 2015, hospitals, and doctors will be subject to financial penalties under Medicare if they are not using electronic health records.

**Safety Assurance Factors for EHR Resilience (SAFER)**

According to HealthIT (2014) SAFER is used as self-assessment to identify the organization’s level of implementation according to evidence-based recommended practices for safe EHR implementation. SAFER consist of nine guides organized into three broad groups. These guides enable healthcare organizations to address EHR safety in a variety of areas. The nine organized groups into the three broad groups are as follows:

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<tr>
<th>Topic</th>
<th>Explanation of the Topic</th>
<th>Example</th>
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<td>Health Information Privacy (HIPAA)</td>
<td>The U.S. Department of Health and Human Services (n.d.) indicates that the Health Information Privacy Act (HIPAA) provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. The Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes.</td>
<td>Without official consent given by the patient. Health care organizations will no longer be able to disclose any medical information regarding the care of the patient.</td>
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| Technology for Economic and Clinical Health provisions of the American Recovery and Reinvestment Act of 2009 (HITECH) | “According to the Health Information Technology for Economic and Clinical Health Act of 2009, health information technology helps save lives and lower costs. This bill accomplishes four major goals that has advanced the use of health information technology (Health IT), such as electronic health records by:  
   a. Requiring the government to take a leadership role to develop standards by 2010 that allow for the nationwide electronic exchange and use of health information to improve quality and coordination of care.  
   b. Investing $20 billion in health information technology infrastructure and Medicare and Medicaid incentives to encourage doctors and hospitals to use HIT to electronically exchange patients’ health information.  
   c. Saving the government $10 billion, and generating additional savings throughout the health sector, through improvements in quality of care and care coordination, and reductions in medical errors and duplicative care.  
   d. Strengthening Federal privacy and security laws for electronic health information systems. | GE Health (2009) indicates that meaningful use of EHR consist of technology that contain the capabilities of  
   j. Inclusion of patient demographic and clinical health information, such as medical history and problem lists  
   k. The capacity to provide clinical decision support  
   l. Support for physician order entry  
   m. The ability to capture and query information relevant to healthcare quality  
   n. Electronic health information exchange capabilities, including the ability to integrate such information from other sources into the EHR |
security law to protect identifiable health information from misuse as the health care sector increases use of Health IT (Health Information Technology for Economic and Clinical Health Act 2009).”

| **American Recovery and Reinvestment Act (ARRA)** | Graham (2010), indicates that aim of the goal of ARRA was to make patient health records electronic so that medical errors could be prevented and more lives be saved by digitizing records and creating opportunities for new jobs (p. 402). | According to the Institute of Medicine, (1999) handwritten paper medical records can be associated with poor legibility, which can contributes to the high number of medication errors. |

**Government Regulatory Rules and Provisions of the HITECH Act**

Having the capability to share electronic health information within and among healthcare organizations has been generally accepted as a way to improve the quality and delivery of care. Additionally helping control rising healthcare costs (Board on Healthcare Services and Institute of Medicine, n.d.). The government is trying to initiate a national push to get doctors and hospitals across the country to adopt electronic health records by 2014 (Health Policy Brief, 2010).

Health care organizations are eligible for funding from HITECH. Health care organization that show that they are meaningfully using health information technology, such as through the reporting of quality measures are eligible for HITECH funding (Majority Staff of the Committees on Energy and Commerce, 2009). The Act will also provide direct funding for health information technology training, infrastructure, dissemination of best practices, telemedicine, inclusion of health information technology in clinical education, and state grants to
promote health information technology. The incentive payment for eligible professionals or hospitals who can demonstrate they attempted to adopt and implement EHR technology payments range from $44,000 over 5 years for Medicare providers and $63,750 over 6 years for Medicaid providers. Failure for a health care organization to implement an EHR by 2015 will result in a negative adjustment to their fees starting at 1% and increasing to 3% reduction by 2017 and beyond. The HITECH imposes rigorous regulatory requirements under the security and privacy rules of the Health Insurance Portability and Accountability Act (HIPPA) of 1996. Furthermore, increases civil penalties for a violation of HIPAA, provides funding for hospitals and physicians for the implementation of health information technology, and requires the organization to notify patients of a security breaches (Peabody, 2011).

**The Need to Implement EHR**

Several factors that contributed to the implementation of EHR system for health care organizations goals is to improve the quality of healthcare, decreased healthcare costs, and minimize health care fraud. As the health care system have within the strategic plan to grow with that growth the organization should have a central goal on improving the control, the monitoring, the storing, and the coordinating the patients’ health information records. The central goal should be geared at a challenge to improve the health care outcomes and securing the patient’s medical records for the continuum of care.

An additional need to implement an EHR is frequent lost, inability to locate the paper medical record in a timely manner, and the unavailability of the patient’s medical record. Improper handling, storage, and transportation, of medical records were also a contributing factor. According to the Joint commission, (2008), one must first identify the patient medical
information to determine the extent of patient care that will need to be provided by the health care provider. Planning for the management of information does not require a formal written information plan but does require evidence of a planned approach that identifies the hospital’s previous information to supports the care of the patient (Joint commission, 2008). When performing an assessment the health care organization must gather data on occurrences, these occurrences must include the number of times the provider had to see a patient with the absence of his or her paper medical records the above task cannot be performed. These are one of many factors for the need of the health care organizations to implement an electronic health medical records system.

**The Financial Need**

Health information technology of medical records has the potential to reduce health care costs, improve efficiency, and enhance quality of care and patient safety (Blumenthal, DesRoches, Donelan, and et al, 2008). One of the promising applications electronic medical records is that it automates the paper-based patient chart and can improve clinical decisions. EHR can facilitate improvements to workflow, for the nurse/physician-related hospital experiences (Bolton, Gassert, and Cipriano 2008). An empirical study revealed a positive relationship between EHR health information technology investment and hospital financial performance (Menachemi et al. 2006; Thouin, Hoffman, and Ford 2008) and productivity (Menon, Lee, and Eldenberg 2000). According to Majority Staff of the Committees on Energy and Commerce (2009) the implementation of the HITECH act will save the government $10 billion, and generating additional savings throughout the health sector. Additional saving for the
implementation of the HITECH act will be solved through improvements in quality of care and care coordination, and reductions in medical errors and duplicative care.

**Conclusion**

Over the past decade technology has improved the way health care conducts business. One of the greatest changes in health care is the use of the electronic medical records with information technology progressively touching every part of healthcare (Fried, & Fottler, 2008, p. 484). Health and Human Services Department (HHS) released a strategic plan outlining a broad array of steps it plans to take to implement a national health information network and electronic records for every American within the next decade (Winterkamp, n.d.). According to the Institute of Medicine, (1999) handwritten paper medical records can be associated with poor legibility, which can contribute to the high number of medication errors, and patient death. Health care organizations that comply with the HITECH act definition of implementing a meaningful EHR will be a beneficiary of the stimulus act. Electronic health record (EHR) systems have the potential to improve patient quality of care. Health care organizations that implement a multifaceted quality improvement tool to measure the timeliness, and accuracy of patient care, will comply with HITECH definition meaningful use.
References


