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EMR Training for Successful Adoption

PART 2 of 3

The final definition of "meaningful use" for electronic medical record (EMR) adoption gives physicians and hospitals more flexibility in meeting certain objectives to qualify for federal incentives. Before the final definition was made public, on July, 13, 2010, it was thought that the plan asked adopters to do too much too quickly, and would undermine the government's goal of establishing a nationwide EMR system.

There are now two categories for acceptable qualification, including a core group of 15 objectives that physicians and hospitals must meet, and a "menu set" of 10 procedures from which they can choose any five to defer into 2011-2012. The meaningful use regulations specify only the objectives physician and hospital EMRs must achieve in years 2011 and 2012. Additional objectives will be added in future years. Each objective has an accompanying measure to determine if a physician met the goal.

Last month's article discussed the importance of physicians using computerized physician order entry (CPOE). Meaningful use now dictates that one core objective is that a doctor must use EMR to conduct CPOE for medication orders. There is also a requirement that more than 30 percent of a doctor's patients, who are prescribed at least one medication, must have at least one drug ordered through CPOE. Other updates to the meaningful use doctrine include providing for electronic patient education resources, a new definition of a hospital-based professional as one who performs a substantial amount of services in an inpatient hospital setting or emergency department only, and a stipulation that critical access hospitals are considered acute care hospitals when it comes to the Medicaid bonus program.

Physicians who meet all required objectives may receive as much as \$44,000 over five years from Medicare, or \$63,750 over six years from Medicaid. Hospitals may receive millions of dollars for meaningful use under both Medicare and Medicaid

With all of this money available to group practices and hospitals who meet meaningful use criteria set forth in July, it will be critical to follow the doctrine line by line, as per implementation and training.

Additional information on when to train, how much training may be required for successful outcomes, and "who" should be involved in the EMR training will be discussed in future articles by Dr. Deitch.

Each month Dr. Steven Deitch, Director of Medical Informatics at Inteck, Inc. will provide you with a new article in a series that describes how hospitals can be ready for new healthcare information technology initiatives.

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