

# TORCH

## Meaningful Use Assessment Program



# TORCH Meaningful Use Assessment Program

## **Introduction & Background**

This is a significant and challenging time for the healthcare industry. With the unprecedented convergence of economic recovery efforts, national healthcare reform, health information technology and the meaningful use requirements, rural hospitals and healthcare providers face significant challenges. Through the Health Information Technology for Economic and Clinical Health (HITECH) provisions of the 2009 American Recovery and Reinvestment Act (ARRA), a once in a generation opportunity has been created to accelerate healthcare transformation through automation, interoperability and secure electronic exchanges across the continuum of care. Along with the availability of \$35 billion through Medicare and Medicaid incentive programs, comes a robust set of requirements to demonstrate “meaningful use” of certified electronic health record (EHR) systems, with escalating penalties for failure to meet the requirements within the specified timeframe.

In July 2010, the Centers for Medicare and Medicaid Services (CMS), along with the Office of the National Coordinator for Health Information Technology (ONCHIT), released the Final Rule for the EHR Incentive Program and the Meaningful Use (MU) criteria. For each of the health policy priority outcomes, the government has defined a set of goals, objectives and measures to be implemented in three phases from 2011 through 2015.

## **Stage 1 Meaningful Use Criteria**

The Meaningful Use goal is to be consistent with applicable provisions of the Medicare and Medicaid law while continually advancing the use of certified EHR technology to improve healthcare quality, efficiency and patient safety. CMS’ Final Rule would phase in more robust criteria for demonstrating meaningful use in three stages:

*Stage 1 criteria for Meaningful Use*, which begins in 2011, focuses on electronically capturing health information in a coded format to be used in tracking key clinical conditions, coordinating care processes and reporting clinical quality measures and public health information. For Stage 1, there are 25 objectives/measures for Eligible Professionals (EPs) and 24 objectives/measures for eligible hospitals. These are divided into a core set and menu set. EPs and eligible hospitals must meet all objectives/measures in the core set (15 for EPs and 14 for hospitals) and can choose to defer up to five remaining objectives/measures. Where it is impossible to meet a specific measure, the Final Rule has defined an exclusion, which if applicable, then they do not have to meet that objective/measure in order to be determined a meaningful EHR user.

In 2011, EPs, eligible hospitals and Critical Access Hospitals (CAHs) seeking to demonstrate Meaningful Use are required to submit aggregate clinical quality measure numerator, denominator and exclusion data to CMS or the States by attestation. In 2012, EPs, eligible hospitals and CAHs seeking to demonstrate Meaningful Use must electronically submit clinical quality measures selected by CMS directly to CMS (or the States) through certified EHR technology. For more information on Stage 1 Meaningful Use criteria, visit CMS’ website at <http://www.cms.gov/EHRIncentivePrograms/>.

## **Beyond Stage 1 Meaningful Use Requirements**

*Stage 2 criteria for Meaningful Use* would expand on Stage 1 criteria in the areas of disease management, clinical decision support, medication management support for patient access to their health information, transitions in care, quality measurement and research, and bi-directional communication with public health agencies. These changes will be reflected by a larger number of core objective requirements for Stage 2 CMS

may also consider applying the criteria more broadly to the outpatient hospital settings (and not just the emergency department). Health information exchanges (HIE) for care coordination are expected to be a critical part of Stage 2 criteria.

*Stage 3 criteria for Meaningful Use* would focus on achieving improvements in quality, safety and efficiency, focusing on decision support for national high priority conditions, patient access to self management tools, access to comprehensive patient data and improving population health outcomes.

### **Important Dates**

- February 17, 2009 – HITECH Act became law as part of ARRA
- July 3, 2010 – CMS issued Stage 1 Meaningful Use Final Rule
- October 1, 2010 – Reporting year begins for eligible hospitals and CAHs
- January 1, 2011 – Reporting year begins for eligible professionals (EPs)
- January 3, 2011 – Registration for the Medicare EHR Incentive Program begins. For Medicaid providers, states may launch their programs if they so choose
- April 2011 – Attestation for the Medicare EHR Incentive Program begins
- May 2011 – EHR Incentive Payments expected to begin
- July 3, 2011 – Last day for eligible hospitals to begin their 90-day reporting period to demonstrate meaningful use for the Medicare EHR Incentive Program
- September 30, 2011 – Last day of the federal fiscal year (FY). Reporting year ends for eligible hospitals and CAHs
- October 1, 2011 – Last day for EPs to begin their 90-day reporting period for calendar year (CY) 2011 for the Medicare EHR Incentive Program
- November 30, 2011 – Last day for eligible hospitals and CAHs to register and attest to receive an Incentive Payment for Federal FY 2011
- December 31, 2011 – Reporting year ends for EPs
- February 29, 2012 – Last day for EPs to register and attest to receive an Incentive Payment for CY 2011

### **Purpose of the TORCH Meaningful Use Assessment Program**

In order to continue to qualify for the EHR incentive payments, providers must achieve, demonstrate and maintain Meaningful Use status through three stages of requirements that result in complete automation, interoperability and electronic health information exchange (HIE) in real time at the point of care.

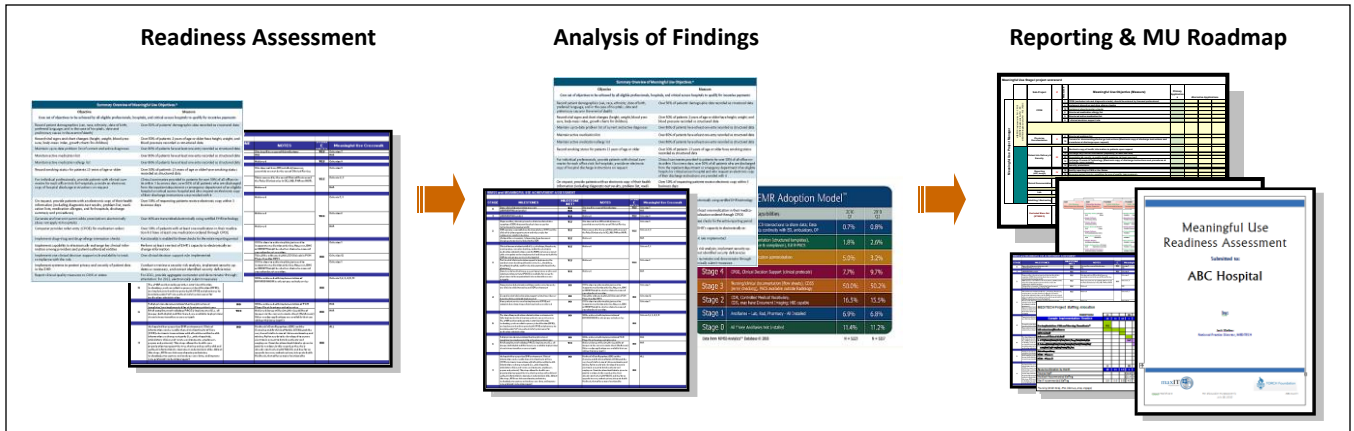
To assist with this effort, the TORCH Foundation has partnered with maxIT Healthcare to develop the TORCH Meaningful Use Assessment Program. **The purpose of this program is to provide onsite Meaningful Use assessments to help hospitals determine their status and readiness in meeting the Meaningful Use requirements and to develop a roadmap with specific, actionable recommendations for achieving and maintaining Meaningful Use.**

## **Program Scope & Focus**

TORCH has collaborated with maxIT Healthcare to develop a customized Meaningful Use assessment program to assist hospitals in determining their readiness and progress towards Meaningful Use. Through the use of a customized assessment tool, questionnaire and interviews, we will create and present a detailed analysis of your current IT adoption/implementation status, identify barriers and gaps (if any exist) and provide you with a roadmap containing actionable strategies and prioritized steps for achieving and maintaining Meaningful Use. Key components of this program include:

- (1) **An Onsite Meaningful Use Assessment (4 days):** The assessment team will proactively audit the status of your organization's IT infrastructure readiness, systems implementation, performance baselines and adoption threshold. Our team of experts will conduct interviews of key staff, review existing processes and workflows, and document the findings to determine compliance with the specific Stage 1 MU criteria. The readiness assessment will:
  - Focus primarily on Stage 1 Meaningful Use objectives/measures for the core set and menu set and employ the HIMSS assessment and adoption model to determine your facility's current stage of HIT/EHR adoption/implementation;
  - Evaluate the administrative, business-oriented, technical and clinical processes for monitoring, managing and attaining both the functional and regulatory requirements, based on the legislation and the Final Rule;
  - Evaluate staffing skills and capacity;
  - Review current system enhancements/modules that may not have been fully implemented and ensure that current applications are fully deployed and operational to maximize your EHR investment;
  - Evaluate care delivery processes, workflow, quality reporting capabilities and IT infrastructure to determine compliance;
  - Perform a gap analysis to identify adoption gaps and major areas for improvement;
  - Identify and prioritize projects and address resource, cost and timing considerations so that you are positioned to receive and maximize your eligible EHR incentive payments; and
  - Examine the current state of readiness for:
    - ✓ Physician/clinician ordering, admitting, abstracting and discharging processes;
    - ✓ Clinical documentation and quality reporting;
    - ✓ Medication reconciliation, delivery and administration;
    - ✓ Computerized physician order entry (CPOE);
    - ✓ Pharmacy, especially drug dictionary/functional service view (FSV) load;
    - ✓ Electronic medication administration record (eMAR) and bar code medication verification (BMV);
    - ✓ Change management and the impact of competing commitments/projects;
    - ✓ Secured patient information delivery;
    - ✓ Emergency department (ED) and inpatient records integration;
    - ✓ System access and interface;
    - ✓ Organization, use and adoption roadblocks; and
    - ✓ Create an assessment report and briefing.
  
- (2) **A Customized, Facility-Specific Meaningful Use Roadmap** containing:
  - Suggested timeline and recommendations for resource needs and requirements for implementing the recommendations; and
  - Meaningful Use lessons learned.

## Program Benefits & Deliverables



With this assessment, hospitals will be able to identify any existing gaps or adoption barriers and implement a roadmap with recommended steps, resource requirements and a timetable for reaching Meaningful Use. Program participants will receive the following benefits and deliverables:

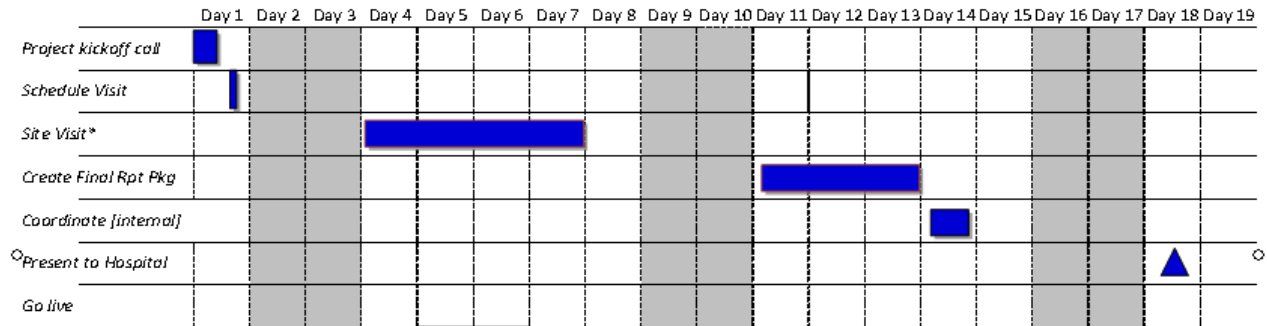
- (1) **Meaningful Use Assessment Report:** The report presents a detailed analysis of the assessment findings and provides specific recommendations for how your organization can achieve MU requirements. The report contains:
  - Overlay and comparison of the hospital’s current state in meeting the ARRA requirements and the HIMSS’ EHR adoption model;
  - Meaningful Use crosswalk with specific emphasis on inpatient functional and interoperability measures;
  - Summary of key/identified barriers and roadblocks, as well as issues and gaps in staff/skills, processes and systems;
  - Use of gap analysis to identify redesign areas or areas that can be more fully deployed, optimized or utilized; and
  - Presentation of a financial and MU compliance dashboard to show the facility’s state of readiness.
- (2) **Facility-Specific Meaningful Use Roadmap:** As part of the assessment report, you will receive your facility-specific MU roadmap, which contains:
  - Specific recommendations and prioritized steps for measurable progression towards achieving the Stage 1 Meaningful Use;
  - Crosswalk with specific milestones for the inpatient functional and interoperability measures;
  - Suggested timeline and resource needs/requirements for implementing the recommendations; and
  - Meaningful Use lessons learned and best practice strategies.

Note: The recommendations contained in the MU roadmap will focus on issues with systems, processes and procedures grouped in four categories to show levels of criticality and prioritization:

- Category 1: critical findings, generally relating to patient safety;
  - Category 2: severe, required for Meaningful Use;
  - Category 3: important, affects the hospital’s operational readiness; and
  - Category 4: need to resolve to maximize efficiency.
- (3) **Presentation of the Report Findings, Analysis and MU Roadmap** to the hospital leadership and staff.

**Timeline & Schedule of Events**

The TORCH Meaningful Use Assessment will take 9-10 days. The diagram below illustrates the general timeline for the main activities in this process.



**Program Cost**

The total cost for the Meaningful Use readiness assessment will be \$9,360, plus travel expenses. Approximately 72 hours are budgeted (and may not exceed without the Client’s written authorization) for each facility’s MU assessment, analysis, report and roadmap preparation and presentation.

**To Participate**

To participate in this program, simply complete the application form and either email it to Dawn Haberkorn at [dawn.haberkorn@torchnet.org](mailto:dawn.haberkorn@torchnet.org) or fax it to (512) 873-0046.

**Act Now**

Achieving and maintaining Meaningful Use of certified EHR technology is among the biggest challenges facing hospitals and healthcare providers today. Meaningful Use is more than simply installing a qualified EHR system; it is a vast, organization-wide transformative process and change management effort requiring the integration and harmonization of standards and processes across disparate data sources, electronic systems, organizations and settings of care in a secure, protected and HIPAA-compliant fashion.

With the Meaningful Use criteria and an aggressive timetable for achieving them now established, it is imperative that hospitals and healthcare providers position and prepare themselves to receive and maximize the Stimulus incentive payments for their EHR investments and to avoid future penalties. Because the investment in HIT/EHR systems is one of the most significant (and expensive) undertakings for rural and community hospitals, it is essential that you know where you are in relation to meeting the Meaningful Use requirements and to have a roadmap that clearly defines each step and outlines what you need to do to be successful in your MU journey.

Undoubtedly, this is one of the most important and impactful activities your organization can undertake. Take advantage of this program. Now is the time to act.



## TORCH Meaningful Use Assessment Program

### APPLICATION FORM



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### Participant Information

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

POC Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature confirms that all information provided herein is accurate, that the signor is legally authorized to represent and act on behalf of the above organization. The Meaningful Use Assessment Program is provided through collaboration between the TORCH Foundation, TORCH and maxIT Healthcare.