

# ADVICE TO CLIENTS



## Elements Most Relevant to Healthcare

- The legislation includes roughly \$36 billion in Medicare and Medicaid incentives for “Meaningful Use” of certified EHRs
  - This estimate relies on two aggressive assumptions:
    1. 90 percent of physicians and 70 percent of hospitals will be “Meaningful Users” by 2019
    2. Increased adoption of HIT will save the government more than \$12 billion
- ONCHIT has received elevated status and budget (\$2 billion)
  - The timelines for developing and approving standards are aggressive
  - New programs provide both financial assistance and implementation guidance/expertise
- \$1.1 billion to study comparative effectiveness
  - Research funds go to AHRQ, NIH and HHS
- Health insurance assistance for the unemployed
  - COBRA premium assistance for unemployed workers
  - Expanded matching funds for state Medicaid programs
- 6.2 percentage point increase in Medicaid FMAP amounts
- Intended to help states handle expected beneficiary increases due to rising unemployment rate

## Introduction

The American Recovery and Reinvestment Act of 2009 provides significant incentives for “Meaningful Use” of certified systems, but to receive the largest payments hospitals need to have achieved “Meaningful Use” of a certified electronic health record (EHR) by 2013. We estimate that a typical 275-bed hospital that demonstrated “Meaningful Use” by 2013 would receive a total of \$6,052,892 in stimulus incentive money, and that same hospital would get half that amount if they met the requirements in 2015. Implementations of advanced clinical applications in hospitals or large physician practices can easily take 18-24 months; and before implementation begins, significant work needs to be done to establish new governance structures, redesign processes and engage clinicians.

## Recommendations

Our overall advice to clients is “Start now”. By starting now, organizations will have access to experienced vendor and third party resources that will be in short supply and also will be in a position to meet new requirements as they are defined. While the complete requirements have not been defined in all areas, many requirements are known based on existing industry-accepted practices and standards. These can be used to identify and fill existing gaps. Some specific recommendations are:

1. Educate your leadership. The health care provisions in the stimulus package are hundreds of pages long, and there will be a continual flow of new information. It is important to develop a process and identify a person with responsibility for understanding the provisions and keeping everyone up to date. Right now we recommend a focus on what is at stake, i.e., how many incentive dollars will be available if you qualify early vs. late, as well as the impact on staff morale and community image if you do not achieve “Meaningful Use” of an EHR.
2. Adopt a market definition of “Meaningful Use” and a plan for filling current gaps. To get the expected benefits from hospital EHRs will require computerized physician order entry (CPOE) (safety and elimination of duplicate services) — patient nursing documentation (pathways and quality reporting), closed-loop medication management (safety), robust clinical decision support (for all of the above), and the ability to share information. “Meaningful Use” will only be achieved if most providers use the EHR for most patients. This requires a smart implementation, one that supports new workflows, physician engagement and ongoing clinical leadership. Interoperability is also a requirement for obtaining incentive money. To get the expected value from ambulatory EHRs requires: CPOE with decision support; e-prescribing, visit documentation (to report on quality metrics); and support for disease management and the ability to share information such as the patient’s problem list and medication list. “Meaningful Use” requires a fit with workflow, ease of use and support (including financial support) during implementation.

Most organizations already recognize the need for all these capabilities and most have plans to eventually acquire and implement them. We recommend accelerating those plans to take full advantage of the incentive dollars that will be available.



### CSC's Meaningful Use Community

If you'd like to comment or start a discussion on this topic, please join CSC's Meaningful Use Community — ask CSC and other community members for their advice and opinions, view premium documents, connect with other members, share your experiences and best practices, and find links to additional resources. No matter where you are in the EHR implementation process, whether you're just beginning or fully implemented and working on new capabilities, you and your colleagues will appreciate the wealth of information you'll find only in the CSC Meaningful Use Community. Become a member today.  
[https://community.csc.com/community/meaningful\\_use](https://community.csc.com/community/meaningful_use)

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3. Begin to report quality from existing EHRs. Quality reporting as a by-product of care delivery is one of the requirements to receive incentive payments. It also is the most cost effective way to obtain, act on and report quality metrics. Quality reporting requires a defined/standardized medical vocabulary/nomenclature, standardized implementation (consistent use of the functions and vocabulary throughout the organization), and tools to make all required documentation efficient and meaningful to each user.

We recommend that all hospitals begin to report core measures based on their current clinical system. The requirements for core measures are already defined, and the pilot using these measures will identify issues with the capture, storage, reporting and use of quality reports. For physician practices we recommend starting by reporting on current Centers for Medicare & Medicaid Services (CMS) or required local metrics. If implementing a new EHR system, we recommend building reporting on quality metrics as part of the implementation. By starting now, organizations will gain immediate cost savings and be in a position to add future metrics as they are defined.

4. Make sure you are compliant with accepted national standards. Standards have been defined for many areas and these are unlikely to be changed. We also recommend that organizations negotiate with vendors to contractually agree to meet national standards that are to be defined in the next five years.
5. Work toward certified systems. A comprehensive set of certification requirements have been developed by the Certification Commission for Health Information Technology (CCHIT) for ambulatory systems and many critical aspects of inpatient systems are also covered. In addition, there are roadmaps for extending certification requirements in the future. We expect that the starting point for defining certification will be the CCHIT requirements. We recommend that certification be a requirement for any purchase of a new EHR system. If organizations are currently using systems that are not CCHIT-certified based on the current requirements, they should work with vendors to understand the vendor's plans to achieve and maintain certification.
6. Prepare for connectivity to the health information exchange (HIE). More than likely, the HIE provisions will require compliance with standards that are in place today; thus, by adopting interoperability standards and retaining interface resources, providers will be prepared to support efforts for connectivity to a HIE. If you have an established regional HIE, consider participation. If not, experiment with locally sharing data between physicians and hospitals or between primary care physicians and specialists; this will provide both immediate benefits in coordination of care and valuable experience for the future.
7. Enhance internal controls for privacy/security compliance with current Health Information Privacy Act (HIPAA) requirements.  
We recommend starting by conducting an audit of compliance with HIPAA and with the new requirements for notification that became effective in February of 2009 when the stimulus bill was passed.
8. Get/keep/grow people as they will be the scarcest resource and will be in short supply over the next several years. The demand for people with experience in implementing EHR systems will be high, and training programs will not provide an immediate new supply. We advise clients to pay special attention to retaining experienced IT staff and to enforce "no-hire" clauses in vendor contracts.

### About the Author

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