Reaping the Benefits of Meaningful Use — Incentives Are Just the Beginning: St. Mark’s Medical Center, La Grange, Texas

THE SITUATION
Like hospitals everywhere, St. Mark’s Medical Center in La Grange, Texas, made a substantial investment to switch over to electronic health records (EHRs). Offsetting this expense, the Centers for Medicare & Medicaid Services (CMS) provides incentive payments for the “meaningful use” of certified EHR technology to improve patient care. But demonstrating “meaningful use” as defined by CMS is a rigorous three-stage process. CHC provided the strategy and support St. Mark’s needed to reap the full benefits of meaningful use, starting with incentive payments and progressing to improved patient care and lower costs.

BACKGROUND
EHR incentives were designed not only to encourage widespread adoption of EHRs but also to help achieve macro and micro healthcare reform objectives including improved quality and efficiency of care, with reduced disparities, across the United States as well as improved care coordination for individual patients. Because EHRs can do so much more than store information, the incentive program asks providers to use the capabilities to achieve established benchmarks and bring about these reforms, or else face penalties down the line in the form of Medicare and Medicaid fee schedule reductions. Recognizing the critical role that health information technology plays in optimizing hospital operations and patient care, St. Mark’s embraced meaningful use as part of its mission to provide “advanced hometown healthcare” rivaling that of major metropolitan hospitals.

The EHR incentive program includes three stages, with loftier thresholds at each stage. As is required of all qualifying providers, St. Mark’s began by meeting Stage 1 requirements for a 90-day period in 2011, followed by a full year of Stage 1 compliance in 2012. Going forward, higher standards and quality measures will be met through two additional stages over four years.

THE PLAN
CHC guided the process from the beginning by helping to choose and implement a certified EHR system, and providing training to ensure a smooth transition with organizational buy-in. A custom dashboard makes it easier to monitor and measure progress toward meeting meaningful use requirements. In addition, CHC establishes timelines and provides diligent oversight to St. Mark’s as well as to other hospitals that are at different stages or just starting out.

With the system in place, CHC in collaboration with hospital executives, clinicians and IT staff developed a governance structure, higher-level training and workflow processes to ensure that use of EHRs continues to rise to the level of meaningful use standards through each stage of the program. For Stage 1, St. Mark’s met 13 core objectives plus an additional five objectives out of 10 on a menu set.
CHC then came in to conduct a mock audit, reviewing the meaningful use documentation and processes to ensure readiness for an actual audit. CMS and the states are subjecting providers to intensive audits to make sure the millions paid in incentives are justified. “We cannot afford to have that money taken away,” says Patti Sulak, IT director at St. Mark’s. “CHC provided us with an audit summary including guidance as to any gaps and vulnerabilities we needed to address.”

Stage 1, which emphasizes proper data capture and sharing, is not a “stopping point” for St. Mark’s or any hospital, but preparation for tougher Stage 2 and Stage 3 requirements, says Melvin Ostlie, CHC’s director of information technology. Once a hospital attests, it must continue to demonstrate meaningful use every year. So, having attested in 2011, St. Mark’s must stay on track to meet Stage 2 in 2014 and Stage 3 in 2016.

Next steps:
- Shift emphasis from recording and reporting to Stage 2 emphasis including care coordination and patient engagement.
- Undergo the required transition to the 2014 version of the certified EHR software.
- Create a patient engagement strategy and online patient portal and promote the portal so patients understand and use it.

THE RESULTS
Through certified meaningful use, St. Mark’s is on track to receive the following estimated incentive payments:
- $1.54 million (first payment)
- $1.04 million (second payment)
- $980,116 total (third and fourth payments)

Moreover, the value and benefits of meaningful use to providers and patients extend far beyond both incentive payments and the pros of using EHRs in their simplest capacity, which cuts down on adverse drug reactions and interactions, duplicate lab tests, and other mistakes and inefficiencies, and allows for the instant, secure transmission of patient records among providers for better care coordination.

At St. Mark’s, “Ground-level improvements already have been made just by standardizing and centralizing data points,” says Miriam Moerbe, a clinical analyst at the medical center. Without EHRs, “you’re not seeing the full picture of a patient and run the risk of missing something.”

Ultimately, standardized data sets and a robust health information exchange with interoperable EHRs will allow for clinical analysis across patient populations, targeted demographics, and communities. This translates to better, research-based standards of care; earlier detection of outbreaks through lab specific testing in some states; and improved public health across the board.

About Community Hospital Corporation
Community Hospital Corporation owns, manages and consults with hospitals through three distinct organizations – CHC Hospitals, CHC Consulting and CHC ContinueCARE, which share a common purpose to guide, support and enhance the mission of community hospitals and healthcare providers. Based in Plano, Texas, CHC provides the resources and experience community hospitals need to improve quality outcomes, patient satisfaction and financial performance. For more information about CHC, please visit www.communityhospitalcorp.com.