



Surefire

SIGNS you need  
a new

EHR

for MU2 & beyond

As of November 1, 2014, only 2% of eligible professionals had attested to Meaningful Use 2<sup>1</sup>. This is not good news for the thousands of independent physician practices that rely on Medicare payments: the Center for Medicare Services is slated to hand out 1% penalties this year for MU2 slackers—which is estimated to total \$1.15B<sup>2</sup>.

With the 2014 Hardship Exception Deadline on the books, it's time for many private practices to get serious about MU2.

Although industry experts disagree about who is to blame for the sloth-like start of MU2, many believe that vendor readiness remains a major concern for many practices. But how do you know if it is time to add a change of EHR vendors to your MU2 to-do list?

There are a few telltale signs that expose an EHR vendor's inability to keep up with the rapid-fire demands of changing regulations like MU2. This exclusive guide identifies four signs that it's time for a move.

## > Introduction

As of November 1, 2014 only 2% of eligible professionals had attested to Meaningful Use 2. This is not good news for the thousands of independent physician practices that rely on Medicare payments: the Center for Medicare Services is slated to hand out 1% penalties this year for MU2 slackers—which is estimated to total \$1.15B<sup>4</sup>. With the 2014 Hardship Exception Deadline on the books, it's time for many private practices to get serious about MU2.

Independent physicians aren't the only ones struggling to meet Meaningful Use Stage 2 requirements. Many EHR vendors have had their own struggles to implement the technology needed to meet the arduous MU2 rules.

The required interoperability need for MU2 rules has proven to be a major challenge for a lot of small to mid-size EHR vendors. A November 2014 study of 107 health information technology organizations revealed 615 errors and

data expression variation within the studies technologies<sup>5</sup>. The researchers found that many technologies are currently unable to consistently send complete patient data without the need for manual entry.

You may be wondering if your EHR system is to be blame for your own progress on MU2 attestation. Read on for four surefire signs that it's time to make a switch.

**“Providers stand to lose \$1.15 billion in CMS reimbursements under MU”**

<sup>1</sup> Marbury, Donna. "MU2 Attestation Still Sluggish as Deadlines near." *Medical Economics*. November 1, 2014.

<sup>2</sup> CMS Data, 2014.

<sup>3</sup> Marbury, Donna. "MU2 Attestation Still Sluggish as Deadlines near." *Medical Economics*. November 1, 2014.

<sup>4</sup> CMS Data, 2014.

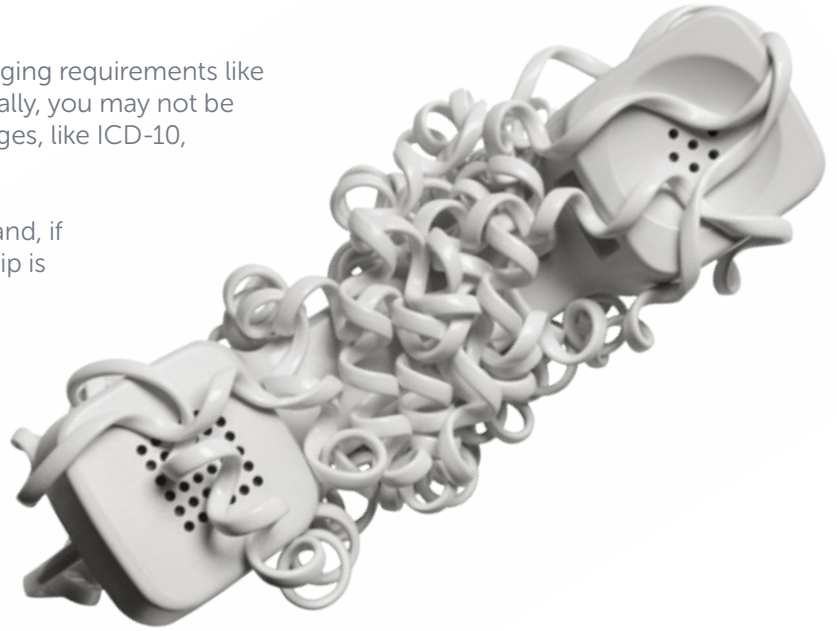
<sup>5</sup> Amore, JD, and Et Al. "Are Meaningful Use Stage 2 Certified EHRs Ready for Interoperability? Findings from the SMART C-CDA Collaborative." US National Library of Medicine National Institutes of Health. November 1, 2014

## > Sign #1: Your vendor isn't communicating

They say that communication is the foundation of every good relationship; this is also true when evaluating your partnership with your EHR vendor.

If your EHR provider is struggling to stay ahead of changing requirements like MU2, they probably aren't telling you about it. Additionally, you may not be receiving word on their plans to take other major changes, like ICD-10, head-on.

Verify that your current vendor is in fact MU2 certified and, if they are not, the date of anticipated certification. One tip is to ask for a letter of agreement regarding Meaningful Use Stage 2 certification to cover your loss of reimbursement dollars. If the vendor fails to deliver by the agreed date, you could recover some or all of the revenue lost from lower Medicare reimbursements. A hesitancy to provide such a letter may be a sign of trouble behind the scenes.



## > Sign #2: Your EHR changed names at least once

The EHR industry is glutted with thousands of companies trying to make a buck from the technology required under the Health Information and Technology for Economic Clinical Health (HITECH) program. As the stringency of these requirements increase, many of the vendors have been swallowed up by larger companies or have closed their doors entirely.

Industry experts have speculated that many EHR providers won't survive the MU2 era, as many as half are expected to go out of business by 2017 according to some reports.<sup>6</sup> This could leave many private practices high and dry. If your EHR provider has been consolidated, sometimes more than once, be sure the new company has the resources, revenue, and experience for staying afloat in today's difficult market.

**“Many EHR vendors won't survive the MU2 era”**

<sup>6</sup> 2013 Black Book Market Research Report.

## › Sign #3: Your staff isn't using your EHR effectively

Consider the items you don't use—the ones that gather dust in the closet are usually the ones that aren't meeting a need. If they are uncomfortable, inefficient or out of date they won't be used—the same goes for your EHR system.<sup>7</sup>

A 2014 *Medical Economics* survey found a growing satisfaction with EHR systems in small and medium-sized practices, with 55% of respondents reporting they were fairly or very satisfied with their system. If you find that your staff isn't using your electronic records to its full capabilities, chances are that the system isn't all it was hyped up to be.

**“If your staff isn't using your EHR, you won't meet MU2 requirements.”**

Carefully consider why the staff is resistant to the new EHR system. Could it be a lack of training? A lack of customizable functions? Or an altogether clunky system? If your staff isn't using the system regularly, and encouraging patients to do so, you won't meet MU2 requirements.

A robust EHR system has the functionality and customizable features to streamline workflow, not complicate it. And the vendor should provide you with the support you need to continually upgrade your EHR to fit the needs of your specific practice.

## › Sign #4: Innovation isn't a priority

If your EHR vendor was late on meeting MU1 requirements or has reservations about the ICD-10 coding switch, chances are they are behind the innovation curve. As EHR and practice management software makes giant leaps in sophistication and interoperability, you want an EHR that will lead the charge—not just survive the waves.

Strong EHR companies continually improve their systems to make them more intuitive and robust, with features like

financial reporting, patient communication and billing mechanisms.

Many vendors continually poll their users, asking for feedback to make the system sing. If your EHR vendor isn't providing new innovative solutions, your bet should be that they won't be able to keep up with future demands.

### › Does MU2 attestation have you worried?

If you are worried about meeting the high demands of MU2, it may be time to examine the effectiveness of your EHR system and vendor. Although you may be reluctant to junk such a large investment, a lackluster EHR can cost you even more down the road, as CMS requirements become more demanding.

If the signs above seem familiar, or you are having other MU2 doubts, there may be reason to worry. Examine if your relationship with your EHR vendor is worth saving, or if it's time for a change.

<sup>7</sup> Terry, Ken. "Satisfaction with EHR Systems Grows among Physicians." *Medical Economics*. October 19, 2014.

# Providers applying for Stage 2 must meet 17 Core Objectives & a minimum of 3 Menu Objectives

## Meaningful Use Core Objectives (all required)

- Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders
- Generate and transmit permissible prescriptions electronically.
- Record demographic information.
- Record and chart changes in vital signs.
- Record smoking status for patients 13 years old or older.
- Use clinical decision support to improve performance on high priority health conditions.
- Provide patients the ability to view online, download and transmit their health information.
- Provide clinical summaries for patients for each office visit.
- Protect electronic health information created or maintained by the certified EHR technology.
- Incorporate clinical lab-test results into certified EHR technology.
- Generate lists of patients by specific condition for quality improvement, reduction of disparities, research, or outreach.
- Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care.
- Use certified EHR technology to identify patient-specific education resources.
- Perform medication reconciliation.
- Provide summary of care record for each transition of care or referral.
- Submit electronic data to immunization registries.
- Use secure electronic messaging to communicate with patients on relevant health information.

## Menu Objectives (minimum of 3)

- Submit electronic syndromic surveillance data to public health agencies.
- Record electronic notes in patient records.
- Imaging results accessible through CEHRT.
- Record patient family health history.
- Report cancer cases to a state cancer registry.
- Identify and report specific cases to a specialized registry (other than a cancer registry).

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