



Meaningful Use and Release of Information

Understanding IOD's Role

IOD Incorporated
1030 Ontario Road
Green Bay, WI 54311
800.236.3355
iodincorporated.com



INTRODUCTION

According to HIMSS, Meaningful Use (MU) is the #1 priority for hospital information technology departments. This paper provides you with an overview of MU as it applies to release of information (ROI) as well as a snapshot of how IOD and IOD's certification of PRISM® 6.0 in both the ambulatory and inpatient categories help its clients meet these requirements.

Qualifying for Meaningful Use

The final rule adopted an initial set of standards, implementation specifications, and certification criteria for the first stage of MU objectives. According to the final rule, eligible hospitals (EHs) and eligible professionals (EPs) must:

- Demonstrate meaningful use of their EHR; and
- When required, use combinations of certified EHR modules or complete EHR systems to meet the Meaningful Use requirements.

The rule also specifies certification requirements for EHRs or EHR modules, which include the ability to:

- Capture demographic and clinical health information that provides support for clinical decisions and physician order entry;
- Capture information relevant to healthcare quality; and
- Permit the exchange and integration of health information.

In addition EHRs must also meet national standards for interoperability between other EHRs as well as governmental agencies, such as the CDC and immunization registries. These standards determine requirements for language and grammar for EHRs.

Impact on HIM

As it relates to the day-to-day duties of the HIM department, MU requirements are primarily focused on patient access to electronic health information. Because this is a core objective, EHs and EPs failing to meet this objective will not be able to demonstrate MU.

Specifically, EHs and EPs must provide an electronic copy of medical records to at least 50% of patients who request them electronically, and within three business days. The HIM department must ensure there are appropriate procedures in place to meet this core objective and timeframe. IOD has the right combination of people and technology to work with your team to meet the requirements.

ROI and Stage One

Stage One of MU is currently in effect and includes three core objectives involving release of information by an EH or EP.

For an EH

1. Provide patients with an electronic copy of their own health information, upon request Core Objective 11 (EH: CE 11).
2. Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request Core Objective 12 (EH: CE 12).
3. Protect electronic health information Core Objective 14 (EH: CE 14).

For an EP

1. Provide patients with an electronic copy of their own health information, upon request Core Objective 12 (EP: CE 12).
2. Provide clinical summaries for each office visit Core Objective 13 (EP: CE13).
3. Protect electronic health information Core Objective 14 (EP: CE 14).

Core Objective 11 for EH and Core Objective 12 for EP

For these objectives the requirements state that if a patient requests an electronic copy of their diagnostic tests, problem list, medication lists, allergies, or procedure list and the information is available electronically, the EH or EP must provide it within three business days. Both EHs and EPs must meet the threshold for this requirement 50% of the time.

What factors make up 50% requirement for Core Objective 11?

- Request must be made by a patient or a patient's personal representative (POA, Executor, etc). All other requestors are excluded when calculating for this requirement.
- Patient or patient requestor must request delivery of an electronic copy of his/her medical records.
- The records must be stored in a certified EHR technology (older records stored in other systems are excluded from MU calculations).
- For hospitals, records must be either inpatient or ER service; outpatient records do not qualify.

The calculation is configured by dividing the total number of requests released from a certified EHR and delivered in an electronic format within three business days to the patient or the patient's representative by the total number of records delivered electronically.

Core Objective 12 for EH and 13 for EP

While arguably not a function of the HIM department, the requirements of Core Objective 12 and 13 are both related to the release of medical information, specifically the discharge instructions for hospitals and the clinical summaries in the ambulatory setting. The requirements state that an electronic copy of a patient's discharge instructions or clinical summaries must be provided at the time of discharge or conclusion of clinic visit upon request. In Stage One, both EPs and EHs must meet the threshold for this requirement 50% of the time.

In the ambulatory setting, the EP must provide the clinic summary electronically within three business days; however, there is no clear guidance on the timeframe necessary for providing the discharge instructions electronically for the hospital setting. Based on IOD hospital clients surveyed nationwide, discharge instruction provision ranged from one hour to 24 hours. IOD is awaiting clarification of the timeline from CMS to ensure that we have the most accurate information when providing additional guidance to our clients in the development of their policies and procedures.

What factors make up the 50% requirement for Core Objective 12 and 13?

- The records must be stored in a certified EHR technology (older records stored in other system are excluded from MU calculations).
- For hospitals, records must be either inpatient or ER service; outpatient records do not qualify.
- Request must be made by a patient or a patient's personal representative (POA, Executor, etc). All other requestors are excluded when calculating for this requirement.

The calculation for Core Objective 12 is expressed as a percentage of the total number of discharge instructions requested divided by the total number of records delivered electronically to patients discharged from the ER or inpatient setting who requested that the records be provided electronically. PRISM meets this measure by capturing the patient's electronic discharge instructions from the facility's EHR system, encrypting the documents and making them available in an electronic format for delivery to the patient. Patients can receive their discharge instructions on CD or via IOD's upcoming patient portal.

Core Objective 13 is similar but is designed for an EP in the ambulatory care setting. In the case of EP Core Objective 13, the calculation is expressed as a percentage of the total number of electronic record clinic summary requests divided by the total number of delivered electronic clinic summaries within three business days to patients or the patient's representative following their clinic visit.

CMS states that the delivery of the clinical summary to the patient can be done by either a patient portal on a website, secure e-mail, CD, USB fob or printed copy. CMS has also stated that if the EP chooses an electronic media, the EP would be required to provide the patient a paper copy upon request. Keep in mind, if the patient's visit lasts several days and the patient is seen by multiple EPs, a single clinical summary at the end of the visit can be used to meet the MU objective.

Calculating the Measures

CMS addresses whether the calculation of the percentage of requests released from a certified EHR and delivered in electronic format within three business days must be done using a certified EHR technology on their CMS website (www.cms.gov):

If data is captured using certified electronic health record (EHR) technology, can an eligible professional or eligible hospital use a different system to generate reports used to demonstrate meaningful use for the Medicare and Medicaid EHR Incentive Programs?

By definition, certified EHR technology must include the capability to electronically record the numerator and denominator and generate a report including the numerator, denominator, and resulting percentage for all percentage-based meaningful use measures (specified in the certification criterion adopted at 45 CFR 170.302(n)). However, the meaningful use measures do not specify that this capability must be used to calculate the numerators and denominators. Eligible professionals and eligible hospitals may use a separate, non-certified system to calculate numerators and denominators and to generate reports on the measures of the core and menu set meaningful use objectives. (emphasis added)

As you can see from the CMS answer highlighted above, a separate, non-certified system may be used to calculate the numerator and denominator and generate reports on the core and menu set meaningful use objectives (which includes CE 11, 12 and 13 above). **IOD's PRISM software calculates and generates such reports and helps our clients track and report on these meaningful use objectives.**

PRISM EHR Module Certification

CMS states records may be delivered to the patient utilizing separate, non-certified technology as long as the medical records produced for a patient to meet the objectives of Core Measure 11, 12 and 13 use a certified EHR system. IOD's PRISM platform meets this standard by delivering records electronically to the patient via our secure portal or utilizing a USB jump drive or CD media.

CMS also states non-certified software can be utilized to deliver copies of medical records to patients as well as to track and report on the MU core measure objectives. As additional reassurance for our clients, IOD has certified PRISM 6.0 to meet the ambulatory certification and inpatient certification through the Drummond Group. To date, IOD has received certification to more Core Measures than any other vendor.

Under the guidelines of ONC-ATCB 2011/2012 Certification - EHR Technology for Hospitals and EPs, IOD has certified PRISM to the following criteria:

- In support of Core Objective 11 (CE 11), as well as a global accounting of disclosure function:
 - o 170.302 (n) Automate Measure Calculation
 - o 170.302 (w) Optional: Accounting of disclosures
- In support of Core Objective 12 for EHs and CAH (CE 12):
 - o 170.302 (n) Automate Measure Calculation
 - o 170.306 (e) Electronic copy of discharge instructions,
- In support of Core Objective 13 for EPs (CE 13):
 - o 170.302 (n) Automate Measure Calculation
 - o 170.304 (h) Clinical Summaries
- In support of Core Objective 14 (CE 14):
 - o 170.302 (o) Access control
 - o 170.302 (q) Automatic log-off
 - o 170.302 (r) Audit log
 - o 170.302 (s) Integrity
 - o 170.302 (t) Authentication
 - o 170.302 (u) General encryption
 - o 170.302 (v) Encryption when exchanging electronic health information

Conclusion

As an HIM professional, you're faced with multiple challenges when planning your overall MU strategy. Finding an ROI provider who is prepared to help you meet the core objectives is an important piece of the MU puzzle.

For more information about IOD's ROI services or MU initiatives, contact the company at: 800.236.3355 or visit us online: www.iodincorporated.com