5 Steps to Success with Stage 2 Meaningful Use

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Executive Summary

What does Stage 2 Meaningful Use mean for providers? The simple answer is that it raises the bar: there are more core measures, new menu measures, and higher reporting thresholds. In addition, the focus of Stage 2 Meaningful Use shifts away from recording and reporting towards care coordination and patient engagement.

In 2014, medical practices will face a “perfect storm” of regulatory and compliance issues with both Meaningful Use and the ICD-10 conversion happening at virtually the same time. Achieving both in the same year can seem daunting and complex. However, with the right planning and the right health information technology in place, it is possible to achieve Stage 2 Meaningful Use while successfully navigating the transition to ICD-10.

Reap the rewards—and avoid significant penalties—by following these five steps to successfully bring your practice through the Meaningful Use program and beyond:

1) Assess Your Starting Point
   - See how Stage 1 compares to Stage 2, and where you need to focus to attain Meaningful Use objectives.

2) Plot Your Timeline
   - Understand your incentive payment schedule, your Meaningful Use reporting period, and how to ramp up to Stage 2 while also undergoing the 2014 ICD-10 conversion.

3) Upgrade Your EHR
   - Assess your EHR's ability to handle the Stage 2 requirements, including the required transition to the 2014 certified version, and determine the right criteria for evaluating EHRs if you need to switch.

4) Integrate Meaningful Use Measures into Your Workflow
   - Evaluate your current workflow to maximize performance and increase your Stage 1 performance to meet the Stage 2 thresholds.

5) Create A Patient Engagement Strategy
   - Create a patient engagement strategy that leverages technology and marketing to launch and promote a patient portal and actively engage patients in their care.
Are You On Board with Meaningful Use?

The Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, or “Meaningful Use” programs, create infrastructure to support higher quality care, better health outcomes, and lower costs. To receive an EHR incentive payment—and avoid upcoming penalties—providers must show that they are “meaningfully using” their EHRs by meeting thresholds for a number of objectives.

However, only a small percentage of eligible providers are participating in the Meaningful Use programs. According to the U.S. Department of Health & Human Services, as of April 2013 more than 291,000 eligible professionals and over 3,800 eligible hospitals have received incentive payments from the Medicare and Medicaid EHR Incentive Programs. That includes approximately 80 percent of all eligible hospitals and critical access hospitals in the U.S. But only about half of physicians and other eligible professionals in the U.S. have received an incentive payment for adopting, implementing, upgrading, or meaningfully using an EHR. In addition, a survey of 1,820 primary care physicians and specialists in office-based practices showed that 43.5% reported having a basic EHR but only 9.8% met Meaningful Use criteria.

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Regardless of where you are in EHR adoption and the Meaningful Use program, the actions you take (or fail to take) in the next year will determine how you benefit from available incentives or get penalized for noncompliance.

These five steps will help you prepare for success with Meaningful Use Stage 2:

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2) Plot Your Timeline
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- Create a patient engagement strategy that leverages technology and marketing to launch and promote a patient portal and actively engage patients in their care.

What is Meaningful Use and How Does It Impact My Practice?

The Medicare and Medicaid EHR Incentive Programs are unfolding in three steps:

- **Stage 1** (launched in 2011): Encourages adoption of electronic health records (EHRs), focusing on data capture and sharing. All providers begin Meaningful Use participation by meeting the Stage 1 requirements.

- **Stage 2** (2014): Addresses advanced clinical processes and the ability to exchange information privately and securely. CMS recently finalized the rule that specifies the Stage 2 criteria.

- **Stage 3** (date to be announced): Expected to address the ability to use that information to improve quality of care, achieve better quality outcomes, simplify administrative systems, control costs and manage public health and population.

The incentives for participating in Meaningful Use are considerable: under the Medicare EHR Incentive Program, eligible professionals (EPs) can receive up to $44,000 over five years. In the Medicaid EHR Incentive Program, EPs can receive up to $63,750 over six years.³

**Penalties are looming**

However, if Medicare eligible professionals do not adopt and successfully demonstrate Meaningful Use of a certified EHR technology (CEHRT) by **October 1st, 2014**, the EP’s Medicare physician fee schedule amount for covered professional services will be adjusted down by 1% each year.

The adjustment schedule is as follows:

- 2015: 99% of Medicare physician fee schedule covered amount
- 2016: 98% of Medicare physician fee schedule covered amount
- 2017 and each subsequent year: 97% of Medicare physician fee schedule covered amount

These penalties will add up to significant, ongoing costs—and could put some practices at risk.

Currently, the only potential relief from these adjustments is if less than 75% of EPs have become meaningful users of EHRs by 2018, the adjustment will change by 1% point each year to a maximum of 5% (95% of the Medicare covered amount).

In addition, the Recovery Act allows for hardship exception from the payment adjustment in certain instances. The exemption must be renewed each year and will not be given for more than 5 years. CMS is developing more information on payment adjustments and the requirements to qualify for a hardship exemption.

Using the right EHR can help providers make better care decisions by using comprehensive patient information, reduce and prevent medical errors, and improve patient outcomes.⁴ If you haven’t yet adopted an EHR, or are dissatisfied with your current product, it is not too late to implement the right system and plan for success with Meaningful Use and beyond.
No matter where you are in EHR and Meaningful Use adoption, here’s where to begin.

**Step 1. Assess Your Starting Point**

There are two things to keep in mind as you consider Meaningful Use:

1) There are strong similarities between Stage 1 and Stage 2. If you have already mastered Stage 1, you are well positioned for success in Stage 2; and

2) It’s not too late to start the Meaningful Use program, but if you have already started, you must keep going to avoid penalties.

Like Stage 1, Stage 2 uses “core” and “menu” objectives that providers must achieve in order to demonstrate Meaningful Use. All providers must meet core objectives. In addition, there is a predetermined number of menu objectives that providers must select from in order to demonstrate Meaningful Use.

To demonstrate Meaningful Use under Stage 2 criteria:

- EPs must meet 17 core objectives and 3 menu objectives that they select from a total list of 6, for a total of 20 core objectives.

- Eligible hospitals and CAHs must meet 16 core objectives and 3 menu objectives that they select from a total list of 6, or a total of 19 core objectives.

**Figure 1. Stage 2 has more core measures, fewer menu measures, and higher thresholds for meeting objectives.**

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**What if we haven’t yet attested for Stage 1?**

If you are just getting started with Meaningful Use in 2013 or 2014, you will not be eligible for full incentive amounts, but will avoid the looming penalties. The last year to begin participation in the Medicare EHR Incentive Program is 2014. For Medicare EPs who demonstrate meaningful use in 2014 for the first time, you must attest no later than October 1, 2014. That means you must begin your 90-day EHR reporting period no later than **July 1, 2014**. If you do not meet Medicare Meaningful Use in 2014, you could face a 2% fee schedule reduction in 2016. The last year to begin participation in the Medicaid EHR Incentive Program is 2016.
Here's an overview of how measures compare between Stage 1 and Stage 2. If you have already attested in Stage 1, you're in good shape. Almost all of the Stage 1 measures appear in Stage 2.

**Figure 2. Measures that have been retained and consolidated in Stage 2**

<table>
<thead>
<tr>
<th>Measures that have been retained in Stage 2 from Stage 1, but with higher thresholds</th>
<th>eRx, Drug Formulary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computerized physician order entry (CPOE)</td>
<td><strong>Interventions</strong></td>
</tr>
<tr>
<td>Demographics</td>
<td>• Clinical Decision Support, Drug/Drug, Drug/Allergy</td>
</tr>
<tr>
<td>Vitals</td>
<td><strong>Patient Access</strong></td>
</tr>
<tr>
<td>Smoking Status</td>
<td>• Timely Access, e-Copy of Health Information</td>
</tr>
<tr>
<td>Structured Labs*</td>
<td><strong>Summary of Care</strong></td>
</tr>
<tr>
<td>Patient Lists*</td>
<td>• Summary of Care, Problems, Medications, Medication Allergies, Exchange Clinical Information</td>
</tr>
<tr>
<td>Preventive Reminders*</td>
<td></td>
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<tr>
<td>Clinical Summary</td>
<td></td>
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<tr>
<td>Patient Education*</td>
<td></td>
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<tr>
<td>Medication Reconciliation*</td>
<td></td>
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<tr>
<td>Immunizations*</td>
<td></td>
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<tr>
<td>Syndromic Surveillance</td>
<td></td>
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<tr>
<td>Security Analysis</td>
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</tbody>
</table>

*Measure was optional (menu) in Stage 1, required (core) in Stage 2
Although some Stage 1 objectives were either combined or eliminated, most of the Stage 1 objectives are now core objectives under the Stage 2 criteria. For many of these Stage 2 objectives, the threshold that providers must meet for the objective has been raised.

Here is a more detailed comparison of Stage 1 and Stage 2 measures.

Though most of the new objectives introduced for Stage 2 are menu objectives, EPs and eligible hospitals each have a new core objective.

**New Stage 2 core objective for EPs:**
- Use secure electronic messaging to communicate with patients on relevant health information

**New Stage 2 core objective for eligible hospitals/CAHs:**
- Automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eMAR)

Stage 2 also has new menu objectives for EPs, eligible hospitals, and CAHs:
- Record electronic notes in patient records
- Imaging results accessible through certified EHR technology (CEHRT)
- Record patient family health history
- Identify and report cancer cases to a state cancer registry (for EPs only)
- Identify and report specific cases to a specialized registry (other than a cancer registry) (for EPs only)
- Generate and transmit permissible discharge prescriptions electronically (eRx) (new for eligible hospitals and CAHs only)
- Provide structured electronic lab results to ambulatory providers (for eligible hospitals and CAHs only)

*Don’t stop now*

To avoid upcoming payment adjustments, you cannot ignore Meaningful Use or decide to stop participating. If you haven’t started with Meaningful Use, it’s not too late to begin. EPs who have already attested must continue to demonstrate Meaningful Use every year. For example, if you attested to Meaningful Use in 2011 or 2012, you must meet Stage 2 in 2014.
Stage 2 Core and Menu Objectives At A Glance

Eligible Professionals Report on all 17 Core Objectives:
1. Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders
2. Generate and transmit permissible prescriptions electronically (eRx)
3. Record demographic information
4. Record and chart changes in vital signs
5. Record smoking status for patients 13 years old or older
6. Use clinical decision support to improve performance on high-priority health conditions
7. Provide patients the ability to view online, download and transmit their health information
8. Provide clinical summaries for patients for each office visit
9. Protect electronic health information created or maintained by the Certified EHR Technology
10. Incorporate clinical lab-test results into Certified EHR Technology
11. Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach
12. Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care
13. Use certified EHR technology to identify patient-specific education resources
14. Perform medication reconciliation
15. Provide summary of care record for each transition of care or referral
16. Submit electronic data to immunization registries
17. Use secure electronic messaging to communicate with patients on relevant health information

Eligible Professionals Report on 3 of 6 Menu Objectives:
1. Submit electronic syndromic surveillance data to public health agencies
2. Record electronic notes in patient records
3. Imaging results accessible through CEHRT
4. Record patient family health history
5. Identify and report cancer cases to a State cancer registry
6. Identify and report specific cases to a specialized registry (other than a cancer registry)

Step 2. Plot Your Timeline

Meaningful Use is designed to accommodate practices on different timelines. For example, practices that attested to Meaningful Use Stage 1 in 2011 or 2012 are eligible for full incentive payments. Those starting with Meaningful Use in 2013 or 2014 will not be eligible for the full incentive amounts, but will reap some rewards and avoid those looming penalties.

Figure 3. Incentive Amounts Depend on When You Start Meaningful Use

<table>
<thead>
<tr>
<th>Medicare EHR Incentive Payments</th>
<th>• Maximum EHR incentives are $44,000 over five consecutive years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• EHR incentive payments decrease if you start after 2012</td>
</tr>
<tr>
<td></td>
<td>• You must begin by 2014 to receive EHR incentive payments</td>
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<tr>
<td></td>
<td>• Last incentive payment year is 2016</td>
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<tr>
<td>Medicaid EHR Incentive Payments</td>
<td>• Maximum EHR incentive payments are $63,750 over six years (do not need to be consecutive)</td>
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<tr>
<td></td>
<td>• The first year EHR incentive payment is $21,250; $8,500 for next five years</td>
</tr>
<tr>
<td></td>
<td>• Must begin by 2016 to receive EHR incentive payments; last incentive payment year is 2021</td>
</tr>
</tbody>
</table>

About your reporting period

How do you determine your start year? For both the Medicare and Medicaid EHR Incentive Programs, the EHR reporting period for an EP’s first year is any continuous 90-day period within the calendar year. In subsequent years, the EHR reporting period for EPs is the entire calendar year.

Figure 4. Meaningful Use Start Year Determines Your Stage

<table>
<thead>
<tr>
<th>MEANINGFUL USE START YEAR</th>
<th>REPORTING PERIOD BY STAGE OF MEANINGFUL USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1</td>
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<td>2012</td>
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<tr>
<td>2013</td>
<td>1</td>
</tr>
<tr>
<td>2014</td>
<td></td>
</tr>
</tbody>
</table>

*Only for providers who are beyond their first year of Meaningful Use*
Time is running out, but it’s not too late

The last year to begin participation in the Medicare EHR Incentive Program is 2014, and the last year to begin participation in the Medicaid EHR Incentive Program is 2016.

If you haven’t yet started with Meaningful Use, you can still avoid penalties. For EPs who demonstrate Meaningful Use in 2014 for the first time, you must attest no later than October 1, 2014. That means you must begin your 90-day EHR reporting period no later than July 1, 2014. Keep in mind if you do not meet Medicare Meaningful Use in 2014, you could face a 2% fee schedule reduction in 2016.

2014: The perfect storm

In the coming months, health care organizations face a perfect storm of regulatory and compliance issues, with both Meaningful Use and the ICD-10 conversion happening at virtually the same time. To successfully achieve both, focus on Meaningful Use first. Once you have a handle on your Meaningful Use, turn your attention to a successful ICD-10 transition.

Here is an ideal timeline for success with both Meaningful Use and ICD-10 compliance through 2014:

<table>
<thead>
<tr>
<th>2013</th>
<th>2014</th>
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<tbody>
<tr>
<td>2Q</td>
<td>2Q</td>
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<tr>
<td>3Q</td>
<td>3Q</td>
</tr>
<tr>
<td>4Q</td>
<td>4Q</td>
</tr>
<tr>
<td>1Q</td>
<td>ICD-10 Compliance</td>
</tr>
<tr>
<td>Adopt/Upgrade EHR</td>
<td>Practice Stage 2 MU</td>
</tr>
<tr>
<td></td>
<td>Perform Stage 2 MU</td>
</tr>
<tr>
<td></td>
<td>Prepare for ICD-10</td>
</tr>
</tbody>
</table>

Your EHR vendor should be working with you to ensure that you can perform along a timeline like this one. If you haven’t yet planned for the perfect storm of 2014, now is the time to talk with your EHR vendor about how to proceed in order to avoid confusion and additional cost.

Step 3. Upgrade Your EHR

The 2011 Edition Certified EHR Technology (CEHRT) will expire this year. Going forward, all providers pursuing Meaningful Use (either Stage 1 or Stage 2) must use a 2014 certified EHR. Check to make sure that your vendor is certified for 2014 Meaningful Use, and then upgrade to the 2014 certified version of your EHR. In most cases, this should be a smooth transition that doesn’t require a lot of effort, training, or disruption to patient care.

However, there are some cases where the transition could be more complex. There are likely to be vendors that were previously Complete EHR certified, but only capable of obtaining modular certification in 2014. This would require your organization to purchase additional certified modules, and invest staff time to piece together the elements necessary to attest to Meaningful Use Stage 2. There are also vendors that rely on...
software upgrades that need to be installed on every workstation, a potentially time intensive and disruptive process. Cloud-based EHR vendors are able to release upgrades to all clients at once, without the delays of installing or uploading software on each system. As updates or new guidelines become available, your vendor should be able to quickly and seamlessly integrate those for all clients.

Understand your vendor’s 2014 certification approach so you are not surprised when it comes time to upgrade. Make sure you understand how your vendor is intending to certify and what will be required of your practice.

If you’re not happy with your EHR...

...now is the time to consider a new system, not once you are in the midst of struggling with Meaningful Use and ICD-10. A recent survey indicated that satisfaction and usability ratings for certified EHRs have decreased since 2010 among clinicians across a range of indicators. Overall, user satisfaction fell 12 percent from 2010 to 2012. Users who were “very dissatisfied” increased 10 percent during the same time period.5

It can seem overwhelming to consider transferring to another EHR vendor, but it is do-able and worth it in the long term. If you switch, your new EHR vendor should have a clear transition plan to the new system, including proven strategies for migrating your data. The right EHR can improve provider satisfaction and usage, help you more easily attest for Stage 2 and navigate complex and concurrent transitions like we are seeing with Meaningful Use and ICD-10, and ultimately improve your patients’ care and experience.

Step 4. Integrate Meaningful Use Measures into Workflow

Once you have determined your vendor’s EHR certification approach, bring provider performance to Stage 2 levels for core and menu objectives. In most cases, this should relatively straightforward: simply increase providers’ Stage 1 performance to meet the Stage 2 thresholds.

To do this, look at your workflow data, particularly individual physician performance on Meaningful Use measures. Many EHRs provide this kind of data in dashboards that are easily accessible and readable. Don’t have ready access to this kind of data? Talk to your EHR vendor about how to get it. Your vendor should be able to describe how to pull this kind of data from your EHR, or how to order the right reports, and should not involve much effort or cost. Once you have the information, make sure every provider is adhering to best practices when it comes to Meaningful Use.

What to Look for When Upgrading Your EHR

- 2014 Certified Complete Edition of the EHR
- Updated software that includes new measures and workflow changes
- Meaningful Use measures built into a workflow where they can be captured easily
- Training and support on how to fulfill Meaningful Use measures and monitor results
- Support and guidance when it comes time to attest
The second step is to integrate Meaningful Use Stage 2 measures into the workflow. Again, your EHR vendor should perform this on your behalf without additional cost. The transition to Stage 2 thresholds should be relatively seamless, and your EHR vendor should provide support, training and coaching through this transition as needed. Ideally, your EHR vendor can instantly embed changes right into the EHR workflow to make sure the right person is doing right work, and to bring the right information to the right provider at the point of care.

Finally, work with your vendor or make sure you understand how to run regular reports on Meaningful Use performance. Monitor and correct provider performance where necessary to make sure your practice is maintaining the right thresholds.

**Step 5. Create a Patient Engagement Strategy**

For many practices, patient engagement could be the most complex and intensive component of attesting for Stage 2. Stage 1 focused on (mostly optional) measures to provide timely access to patient information. However, Stage 2 focuses on patient engagement and empowerment, which means that patients not only need to access their health information, but also view it, download it, or transmit it – that is, they need to actively engage with their health records.

![Figure 3. Five Phases of the Patient Engagement Framework](http://www.nationalehealth.org/stages-patient-engagement-framework)

© National eHealth Collaborative

*Source: http://www.nationalehealth.org/stages-patient-engagement-framework*
There are two new Stage 2 measures that could take some time to get up and running:

- Under the Stage 2 core objective to provide patients the ability to view online, download and transmit their health information, more than 5 percent of patients seen by the EP or admitted to an inpatient or emergency department of an eligible hospital or CAH view, download, or transmit to a third party their health information.

- Under the Stage 2 core objective to use secure electronic messaging to communicate with patients on relevant health information, a secure message must be sent using the electronic messaging function of Certified EHR Technology by more than 5 percent of unique patients seen by an EP during the EHR reporting period.

This means you will need to implement a patient engagement strategy that 1) leverages technology, such as an online patient portal, and 2) promotes the portal so patients know about it, understand why it is beneficial, and use it.

Your patient portal should allow patients to fully engage with their demographic, financial, and health information. It should provide secure, compliant patient messaging via e-mail, phone, text and the web. It should give patients the opportunity to make appointments and get appointment reminders, view and update personal information, request prescriptions, receive test results, and read patient education material.

However, no matter how many features your patient portal has, you cannot simply “build it and they will come.” To meet Stage 2 requirements, you will need to encourage patients to use your patient portal. Your patient portal vendor may be able to help lay out a patient portal marketing plan with a clear strategy and objectives, a target audience, and a process to measure success. Focus on highlighting the patient portal benefits and encouraging patients to use the portal. Some vendors have patient communication solutions that offer patient outreach services and support, such as conducting patient reminder calls and emails on behalf of the practice. Make sure providers are educated about when and how to discuss the patient portal. Promote it on signage, billing communication, appointment reminders, and your website.

### The Interoperability Issue

Interoperability is a major focus of Meaningful Use Stage 2, but could pose challenges for health care organizations that are not prepared.

Interoperability refers to:

- The ability of two or more systems to exchange information

- The ability of those systems to use the information that has been exchanged

The goal of interoperability is to ensure a smooth flow of clinical data across secure IT systems for better patient care. When patient information is easily and regularly exchanged among different settings, providers have better workflows, reduced ambiguity, and can give better care by having the right data available at the right time.

Your health care organization needs an EHR that enables interoperability in order to effectively collaborate with clinical
7 Key Questions to Ask Your EHR Vendor

1. Will you certify as a Complete EHR or a Modular EHR?
   When upgrading to a 2014 CEHRT, your vendor should become a certified complete EHR. That is a single, seamless system that meets all certification criteria. Another option, less desirable because it usually requires additional investments on your part, is to piece together an array of certified EHR modules that combine to meet the new certification capabilities. In either case, be clear with your EHR vendor about what kind of certification they will pursue.

2. Are you able to deploy the 2014 Certified Edition to all clients at once?
   Cloud-based EHR vendors are able to release upgrades to all clients at once, without the delays of installing or uploading software on each system. As updates or new guidelines become available, your vendor should be able to quickly and seamlessly integrate those for all clients.

3. Will you provide Meaningful Use support and training as part of the regular pricing?
   Many EHR vendors charge for online or onsite training, especially when clients need coaching to make the best use of new features and requirements. A good EHR vendor should provide coaching, training, and behind-the-scenes support for attesting to Meaningful Use Stage 2 without additional charge.

4. Will you provide the required interfaces for free and without interruption?
   Make sure the transition to the 2014 Certified Edition will be seamless and free of charge. You should not need to handle lengthy software installment or disruption to patient care as part of this upgrade.

5. How will you support workflow changes to meet Stage 2 thresholds?
   Your EHR vendor should provide easy access to workflow data, such as physician performance on Stage 1 and 2 measures, and integrate workflow changes without additional charges. You should be able to clearly see where you are performing against best practices, and where to focus improvement efforts in order to meet Stage 2 criteria.

6. Do you provide an integrated patient communication service?
   Some vendors provide a patient communication solution that integrates with their EHR. At minimum, this should include a web-based portal that provides patients with secure access to their health information and access to providers. But a portal alone will not be enough for Meaningful Use Stage 2. EPs will be required to send reminders to more than 10 percent of all unique patients who have had 2 or more office visits within the 24 months before the beginning of the EHR reporting period. So look for patient communication solutions that offer patient outreach services and support, such as conducting patient reminder calls and emails on behalf of the practice.

7. Are you able to support Stage 2 interoperability measures?
   Your vendor should have a plan for ensuring a smooth flow of clinical data across IT systems in order to meet new Stage 2 interoperability measures. That means your vendor should be using programs such as Web Services or DIRECT to exchange secure clinical information, without extra training or effort for EHR users.
partners. Cloud-based, service-model solutions are strong enablers of interoperability among a wide range of systems because: (1) all information is stored in a secure site and accessed via the Internet, (2) the cloud vendor can provide a care management system to harmonize data from multiple sources (e.g., EHRs, practice management, stand-alone HIE platforms), and (3) creating interfaces for participating providers is more cost-effective, since an electronic connection only needs to be built once from the cloud architecture to each trading partner. Cloud-based solutions enable a single source of truth for appropriate users on the network. Providers can choose the EHR that works best for them while benefitting from true integration with vendors, partners and others in the network.

Stage 2 emphasizes secure, query-based exchange (using something called Web Services) in which one system asks (or queries) another system for information. In addition, the DIRECT project is a secure, email-based exchange system in which one system sends information to another system. And both web-services and email-based exchange are part of the 2014 edition of the certification rule.7

However, due to the wide range of EHR vendors and products, true EHR interoperability is far from fruition. The industry still operates in “silos” that are not designed to easily and securely exchange patient health information. The good news is that Stage 2 of Meaningful Use is paving the way for real interoperability and facilitating the emergence of powerful, transformative incentive models, such as Accountable Care Organizations (ACOs) and Patient-Centered Medical Homes.

The bottom line is that true interoperability faces some important industry hurdles, but can lead to significant improvements in patient care. Your EHR should support Stage 2 interoperability measures without extra effort or investment on your part.

**Successfully Navigate Meaningful Use and Beyond**

To successfully navigate through Meaningful Use and the other challenges of health care reform, your organization needs an EHR and HIT solutions that:

- Insert Meaningful Use and other quality measures into the clinical workflow—where physicians and staff can act on them at the point of care;
- Align and engage providers across the spectrum of clinical, technical, cultural and financial coordination;
- Are nimble enough to change as quickly as the health care industry, adapting to Stage 2 Meaningful Use measures and other changes as they happen;
- Have long-term economic sustainability; and
- Appropriately engage patients in their own care.

Cloud-based services and software offer the most cost-effective, flexible and robust solutions for health care organizations moving into Meaningful Use Stage 2. A cloud-based services vendor offers a combination of software, networked knowledge and back office support with low up-front costs. What’s more, this kind of solution can quickly adapt to future Meaningful Use stages and many other changes to come.
Meaningful Use – Guaranteed

athenahealth is a company focused on making health care work as it should. athenahealth's flexible, cloud-based services deliver real-time clinical and financial visibility, a 2014 Edition Complete EHR, and fully integrated Patient Communication solution to ensure success with Meaningful Use.

We are the only EMR vendor in the industry to guarantee physicians’ Medicare Meaningful Use payments. And our industry-leading 96% Meaningful Use attestation rate in 2012 illustrates our track record for getting providers paid. In anticipation of Stage 2 measures, our cloud-based EHR is already a Complete ONC 2014 Certified service—meaning 100% of our eligible providers are using it now. And our integrated athenaCommunicator patient portal was recently ranked #1 by KLAS, which described athenahealth as “the leader in patient engagement.”

We offer a three-pronged approach:

Software

• athenaClinicals was certified as a 2014 Edition Complete EHR on June 21, 2013
• Any software changes to support Meaningful Use will be pushed to all clients immediately
• athenaClinicals physicians will begin practicing Stage 2 Meaningful Use on October 1, 2013
• Every athenaClinicals provider is already on an EMR that’s certified for Stage 2 interoperability measures

Knowledge

• We centrally monitor the performance of every provider within your practice to identify anyone struggling to meet Meaningful Use criteria
• We identify insights based on high and low performers nationwide and roll out to network
• We offer resource libraries to support your understanding of Meaningful Use and other industry issues

Services

• Our account managers coach practices on Meaningful Use program performance, with interventions for poor performance
• We take on the technical work required to satisfy health information exchange measures
• We manage the cumbersome tasks of registration and attestation with CMS
• Incentive payment tracking and processing
About athenahealth

athenahealth is a leading provider of cloud-based, Best in KLAS* electronic health record (EHR), practice management, and care coordination services to medical groups and health systems. Our mission is to be the most trusted service to medical caregivers, helping them do well by doing the right thing. To learn how our services can help your organization, contact us at 866.817.5738 or athenahealth.com/xxxx.

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Increase your network's productivity with our integrated suite cloud-based services, helping improve performance while keeping providers focused on patient care. athenaOne includes our Best in KLAS practice management and EHR services*, plus a comprehensive patient communications solution. With our cloud-based software, networked knowledge and back-office service teams that take on practices' most burdensome work, athenaOne improves every step of the workflow. Providers stay up-to-date and prepared for every industry change, from ICD-10 to Stage 2 Meaningful Use.

*Ambulatory EHR (1-10 physicians) and Practice Management (1-10 physicians & 11-75 physicians), as reported in the 2012 Best in KLAS Awards report.
Endnotes


7. Ibid.

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