



What is Your Experience?[®]

"Meaningful use is very important to us," says Dr. George Morgan of Midwest Digestive Disease Specialists in Elmhurst, IL. "One of the things that we are really pleased with is that Greenway already is meeting meaningful use functionality. And I feel very confident that all of the meaningful use requirements will be met and that the stimulus money that the government will put out there for us will be able to be captured."

Making Meaningful Use a Reality

Improved patient outcomes.

More efficient practices integrating clinical care plans with patient encounter data exchange available for the continuum of care.

Medication orders and electronic prescribing embedded with formulary checks and alerts.

Meaningful Use has many promises across clinical, financial and administrative workflows, and the Final Rule provides a flexible balance of the clinical reporting requirements asked of healthcare professionals and the functionality to do so available from [certified](#) electronic health records (EHRs).

Through its leadership roles on Capitol Hill, to the attainment of EHR certification and functionality anticipating Meaningful Use, Greenway understands – and guarantees – that our industry-leading PrimeSuite[®] EHR will provide practices with the maximum in EHR adoption incentive funds.

Here you will find links to the [Greenway Meaningful Use Guarantee](#), Greenway's detailed [analysis](#) of the Final Rule, information about our selection by [Regional Extension Centers](#) to bring EHR/ EMR Meaningful Use nationwide, and links to important Meaningful Use registration documents and the Final Rule in total, as well as updates to Greenway [webinars](#) detailing the Medicare and Medicaid incentive pathways.

Now armed with a definitive checklist of the requirements, eligible professionals (EPs) in ambulatory settings and those within eligible hospitals, can evaluate automation needs and address patient demographics and population to determine whether the Medicare incentive pathway offering up to \$44,000 per provider, or the Medicaid pathway offering up to \$63,750 per provider, is the optimal choice.

Even for providers already accomplishing integrated, automated workflows and of course for those considering their implementation choices – and there is time to do so – there are important fundamentals to understand that speak to timeframes, EHR reporting requirements and certification toward making Meaningful Use a reality for your practice or hospital.

What You Need to Know

Foremost to keep in mind is that as of January 1, 2011, organizations seeking the EHR adoption incentives must [register](#) with the Centers for Medicare and Medicaid Services (CMS) for either pathway.

The Final Rule speaks largely to EHR Meaningful Use Stage One requirements, which are the reporting standards for 2011 and 2012, while Meaningful Use Stage Two is also addressed. The core set of 15 [requirements](#) speak to Stage One. The menu set of 10 requirements allow providers to select five for Stage One, and then defer five to Stage Two.

That way EPs and eligible hospitals can begin to establish attainable Stage Two requirements based on patient and clinical needs in conjunction with Greenway implementation specialists.

What's also important to know while establishing your EHR adoption incentives pathway is that both the Medicare and the Medicaid programs require just a 90-day continuous reporting period within the first calendar year of EHR/ EMR Meaningful Use incentive capture to attain that year's maximum incentive.

That means equipped EPs or those seeking implementation in the ambulatory care setting can begin as of January 1, 2011 and receive incentives payments as early as May of 2011. Or those needing more time to implement can begin as late as October, 2011 and still receive the maximum first-year incentive.

In terms of certification – and EHRs must be certified by ONC Authorized Testing & Certification Bodies (ONC-ATCBs) for providers using them to qualify for Meaningful Use – ONC began the process of identifying certification bodies on July 1, knowing that entities must be approved and test scripts finalized and then of course EHRs certified in time.

During the release of the Final Rule, officials from the federal Department of Health and Human Services (HHS) also noted the intent to construct an EHR implementation surveillance structure to also gauge the timing and success of implementation if any adjustments are needed to the Meaningful Use Rule in the future.

Additionally HHS took steps on July 8 to fortify the security and privacy of patient records, another high-profile step to empower and bring patients into the process.

Taken as a whole, and with regards to the balance between the importance of EHR adoption and the presenting of attainable Stage One goals that federal regulators clearly understood following some 2000 public comments that greeted the original proposals, Meaningful Use is poised for the realities of improved patient outcomes, healthcare provider ROI and the establishment of a national health information network.

"Electronic health records are the foundation of a high-performing healthcare system," HHS Secretary Kathleen Sebelius noted during the release of the rulings. "If you want to improve the quality of care, you need to be able to accurately measure it. If you want to promote better coordination between doctors, you need to be able to quickly move health information wherever it's needed. If you want to empower consumers to charge of their healthcare, they need to be able to access their health information without calling up five different doctor's office ... Our goal has never been technology for the sake of technology."

