



Medical Records & Meaningful Use

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Abstract

The drive toward Meaningful Use and meeting the government mandated measures has ushered in a new sense of urgency for practices and health systems to get the most out of their EHR/EMR software. However, there is a constant need for education to ensure fulfillment of the Meaningful Use Core Measures and compliance with HHS/CMS/ONC guidelines. This report summarizes the differences in three closely related measures:

- *Core Measure 12 of 15*
- *Core Measure 13 of 15*
- *Menu Set Measure 5 of 10*

As with any new guidelines, there is much discussion and even confusion among these three measures relating to patient information. Meaningful Use is a substantial topic by itself, but what complicates it even further are the varying interpretations of the measures and exclusions by the EHR solution providers. Through exploration of the differences between these measures and the examples of different interpretations, this report covers how you can fulfill these three Meaningful Measures, and most importantly, improve your practice workflow and profitability while increasing patient satisfaction.

Thought leader Janine Akers of DataFile Technologies helps illuminate the subject of “Medical Records and Meaningful Use,” including how DataFile’s Electronic Release of Information (eROI) services help streamline the record fulfillment process. Although the reporting of the measures comes from the certified EHR software, practices striving to meet Meaningful Use can apply the workflows and efficiencies that DataFile can bring across many other areas of practice operations.



Understanding and implementing Meaningful Use doesn't have to be overwhelming.

The Overarching Purpose of Meaningful Use

“Meaningful Use” is an expansive topic with financial implications for practices implementing EMR/EHR (from here on out referred to as “EHR”) technology. The interpretations of Meaningful Use guidelines are seemingly ever-evolving with plenty of “gray” areas for deciphering the measures, even causing confusion among the measures themselves. The overarching purpose of Meaningful Use is not to mandate a laundry list of busywork items for practices but rather to provide a better point of care for the patient, less errors, and an overall lower cost of service.

Caution: How your EHR product received certification for interpreting the measure is largely going to impact how YOU will interpret the measures. Don't be alarmed when you are sitting at a networking event of one of your favorite associations and a trusted colleague, USING A DIFFERENT EHR, has a completely different understanding and workflow process for these (3) measures. Neither of you or your EHR products are wrong, however, be aware that they may be different.

Measures & Minimum Requirements

All the Meaningful Use and Menu Set Measures have minimum requirements for completion; however practices should not get tunnel vision about merely meeting these minimums. Rather, practices should view Meaningful Use measures as an opportunity to implement best practices to develop better workflows. Not only will this result in exemplary patient care, improved overall patient satisfaction and maximum operational profitability, but most likely your practice will also develop efficiencies that go above and beyond the minimums presented in the measures. For example, the improved workflows a practice will institute to meet a measure – at, say, 10% – could easily serve the practice in every case and meet 100% of the measure's intended purpose.

Practices with the proper focus on incorporating Meaningful Use as part of their “bigger picture” can institute rock solid processes for consistent performance and efficient operations – elements which mean a lot when it comes to patient satisfaction. In addition, such standard procedures and workflows provide tremendous benefit to the practice staff with the guidance to perform their job successfully and processes which can be easily replicated for efficiency, which can lead to less errors and greater savings.

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	Core Measure 12 of 15 Electronic Copy of Health Information	Core Measure 13 of 15 Clinical Summaries	Menu Set Measure 5 of 10 Patient Electronic Access
Objective	Provide Patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies) upon request.	Provide clinical summaries for patients for each office visit.	Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, and allergies) within 4 business days of the information being available to the EP.
Measure	More than 50 percent of all patients who request an electronic copy of their health information are provided it within 3 business days.	Clinical summaries provided to patients for more than 50 percent of all office visits within 3 business days	At least 10% of all unique patients seen by the EP are provided timely (available to the patient within 4 business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.
Exclusion	Any EP that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period.	Any EP who has no office visits during the EHR reporting period.	Any EP that neither orders nor creates lab tests or information that would be contained in the problem list, medication list, medication allergy list (or other information as listed at 45 CFR 170.304(g)) during the EHR reporting period.

Meaningful Use Measures in Layman's Terms

It's often said in healthcare circles regarding Meaningful Use guidelines, "I read the fancy government document, but I need someone to explain the MEANING of what I just read and WHAT I can do with the information in regular human-speak." The following is a plain-speak, no-nonsense review of the key measures surrounding patient access to information.

Core Measure 12 of 15: Electronic Copy of Health Information

This measure is about providing patients with an electronic copy of their health information upon request. Practices are obligated to get the records to the patient within 3 days of when they RECEIVED the request. To best manage this process, it is important that practices know the date the request was signed (or electronically submitted) and be diligent about stamping the date the practice reports they received it (not necessarily the date the patient signed it if there is a lag). A best practice process is for practices to make sure they've noted these dates.

Once the request has been fulfilled, (the “start” and “stop” as defined by your EHR platform) the measure has been met. It is of most importance that you understand what the start and stop triggers are for this measure, and every measure for that matter, as specifically defined by your EHR.

Note that this measure does not take into account or change the guidelines on third party requesters that still come under the 30 days allowed by HIPAA OR patients requesting a personal copy of their health record, but NOT requesting it electronically. Additionally, keep in mind the workflow of meeting the measure may not be the same as that of fulfilling your HIPAA obligation or providing the customer service needed.

It all depends on what information the patient is seeking. For example, let's say you have a 35 year old patient requesting an electronic copy of his medical records. You have EHR data for six encounters with this patient, a couple of which include lab results that have been scanned. If you can drive the patient to your EHR Patient Portal, per your EHR interpretation, to meet the measure, you may not be fulfilling his request if the scanned lab work cannot be provided to him. If the patient requires additional information (possibly scanned data), you must still provide it to him in order to be HIPAA compliant, but this is separate from the Meaningful Use workflow. A professional outsourced eROI solution that provides release of information services can help a practice streamline this process to both meet the measure and provide the patient with the health record information that meets his needs and fulfills HIPAA regulations.

In addition, the ONC regulations speak about CCR/CCD data for transferring PHI to another covered entity. (Notice: there is no mention of this in the CMS/EHR Incentive Program spec sheets.) For certification purposes for this measure, many EHRs are producing both CCR and a human readable format that is XML linked to some type of web browser interpreter. However, this is still ONLY data that is discreet, meaning it can be imported into another HIE, PHR or EHR. This does not include ANY scanned data making up a patient's medical records. This can be a good solution, however, it does NOT meet the customer service need in most cases. At this time the industry is not ready to receive and utilize this information even if you can produce it in 3 business days.

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Finally, the exception to this measure depends on how the EHR is interpreting the measure – but in most interpretations, the exclusion is relevant if a practice has no patients requesting their records electronically. Whether to file this exclusion is heavily based on the profile of a practice: the number of providers, the specialty, the geography, the demographics of the patient population, etc. Take caution in filing this exclusion (and any others) as it has the potential to invite further reviews and audits. Furthermore, when this measure is so easily met by offering even a limited number of patients their records electronically, there is rarely an optimal case to file this exclusion. The reality for most practices is the number of patients that file for electronic requests are usually an extremely small percentage of a practice's total patient population. Industry averages show practices receive patient personal requests for their health information less than two times per month per provider. There are obviously many variables that could alter these numbers and put your practice into a different statistical category.

Meeting this measure of Stage 1 may be very different than fulfilling your HIPAA obligation and will most likely be different than fulfilling your customer service obligation. Practices are probably best served to look at these as different workflows at this time. However, Stage 2 and 3 will usher in a dawn of opportunity to yet again consider how to tackle this.

Core Measure 13 of 15 – Clinical Summaries

Core Measure 13 of 15 is about providing clinical summaries to patients for each office visit or encounter. Note that this measure only relates to the date of service – not history or past visits. This Meaningful Use measure can also be met electronically with the Patient Portal for accessing the information, if your EHR has the reporting capability to track this measure from the portal. However, the danger of this measure being captured through the portal is you are putting the execution in the hands of the patient. We're seeing most practices and multi facility health systems focusing on meeting the measure and taking the control in their own hands and distributing a printed record of the patient's visit summary at the point of check-out. This measure may be bundled with Core Measure 8: Patient Education as well. However, this is certainly not without concerns for incomplete charting or incomplete visit notes that are not signed off properly by the provider. It will be imperative for you to understand how your software is interpreting the "start" and "stop" of this measure and identify the ways that your practice can comply.

Menu Set Measure 5 of 10

Menu Set Measure 5 of 10 focuses on quality measures, and depending on which specialty you're in, may not be applicable to you. However, to meet Meaningful Use, you must meet a minimum of 5 of the 10 Menu Set Measures. Given that, it is worth understanding all items and knowing exactly what you need to be reporting and whether your EHR platform is recording and reporting it for you on your behalf.

Since practices only have to meet any five of the 10 menu set items, Menu Set Measure 5 of 10 is an a la carte choice – meaning practices do not have to meet this measure if they choose. This item is about providing patients with timely electronic access to their health information for at least 10% of patients seen during the reporting period. The good news is the leading EHR platforms enable practices to hit this measure in the overwhelming majority of cases, so the 10% mark is nearly irrelevant in this measure. Furthermore, there are very few specialties or situations to which the exclusion for this measure would apply, since this measure is optional during Stage 1 reporting, it seems unwarranted to offer an exclusion.

Where this measure differs is that it doesn't have anything to do with information you actually deliver to the patient, reporting that the patient did something, or proving that the patient accessed the record. It is all about your practice and your EHR software pushing information and making it available should someone want it.

To make meeting this measure easier, many leading EHR technology providers are offering a solid Patient Portal along with a number of related resources integrated into the EHR platform. However, there are still some EHR software providers that do not offer an integrated Patient Portal option. Many practices are also starting patient education campaigns that encourage patients to get web-activated. Some have started putting kiosks in their offices to drive patient sign-ups and deploy email campaigns to get patients signed up with Patient Portals.

Special Considerations for the Patient Portal

The Patient Portal is a great advancement for the communications and information flow between practices and patients. However, it may not be the “end all” solution for patient communication.

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Computer Usage Among Patients is Not Universal

For Patient Portals to be effective, they require patient access to a computer with an Internet connection. This can vary greatly depending on demographic and socio-economic factors of the practice's patient population. While the college student may have no problem logging in and using the Patient Portal, his grandmother may not even own a computer or know how to browse the Internet. Similarly, low income areas may not have as much access to computers and/or the Internet on a regular basis as families located in more affluent areas.

Portal is Subject to Technical Difficulties

As with any technology, the Patient Portal has the vulnerability to being down when a patient may go to access their information. More importantly, use of the Patient Portal requires that patients have reliable access to the Internet, which is not always available. This is particularly true in areas outside of more populace metropolitan areas.

Extenuating Cases Where the Portal is Not Appropriate

The Patient Portal is not necessarily always an appropriate way to offer patient information to meet the measures. One situation that illustrates the point is a patient in collection. While practices can't withhold information for financial reasons, if the patient owes the practice money, the practice could withhold access to the portal and still be in compliance with the regulations regarding the sharing of a patient's information. Another situation where this might apply is with dismissed patients. Again, while a practice cannot refuse to provide medical records, it can refuse access to the patient portal and provide records via other means.

Other Considerations Anytime Technology is Involved in Healthcare

User error or lack of proficiency with the Patient Portal

It cannot be understated that some percentage of a practice's patient population will not be able to navigate and successfully use the Patient Portal as a means to source or receive information. Furthermore, reliance upon the Patient Portal as the sole means of accessing information now puts a practice staff at risk for being "technical support" for the Patient Portal. Is the average practice staff really able to serve as the "help desk" for the Patient

Portal? Most would agree that their staff is ill-equipped in terms of time and technical savvy to serve such a role.

Non-current patients

Let's say there is a patient who has moved out of state and needs medical record information. He hasn't been seen by your providers anytime in the last six months. Everyone is in motion to get a portal login for this patient set up, but the problem is, he is not going to be a patient of yours this year or beyond most likely. The patient still wants access to and is entitled to receive his information, but he's not an active patient at your practice anymore. In this case, it is not advised to give this patient access to the portal simply to get his records.

Patient efficiency and Patient Portal usage flow

When implementing a Patient Portal, it is important to determine how to direct patients to use it to ensure the most efficient and satisfactory use for them and for your office staff as well. Let's use the example of tech savvy patients. They navigate to the practice website, find the Patient Portal, see a HIPAA compliant ROI form to download, fill it out, and send that to your office. At that point are you going to direct those patients BACK to the Patient Portal? If so, how? Does that require a phone call exchange with the patient? Will that patient have ALREADY called the office to get this information? It's easy to see how this is not only inefficient from a practice workflow standpoint, but also potentially frustrating for a patient.

In Summary

To review, Core Measure 12 of 15 is mandatory for meeting Meaningful Use. This measure does not specify access, but rather, actually PROVIDING the medical record information to the patient. This applies when the patient or patient's representative is directly requesting the health information. Although there is an exception to this measure, it is usually not warranted.

Core Measure 13 of 15 is also mandatory, but it does NOT have to be electronic. The important workflow process here is determining the best way to get patient visit reports into a patient's hands in a timely fashion. If practices have a population that is unable or unwilling to use the Patient Portal, then those practices will need to make accommodations to help their patients get a paper or hard copy of the record to meet this measure.

Menu Set Measure 5 of 10 is optional among the 10 menu set measures. This item is all about ensuring patients have access to their information. While practices aren't required to show that anyone actually accessed the information electronically to meet this measure at this stage, they do have to demonstrate that patients HAD access and were reasonably able to access their own health information.

Practices have multiple options for addressing the measures – and practice workflow, staff and patient profile all come into play. However, when practices incorporate Meaningful Use measures into their workflow and operations as best practices, patient satisfaction and practice efficiency tend to increase significantly.

About DataFile

DataFile Technologies is your healthcare technology partner that offers strategic release of information and scanning solutions. We offer a superior electronic medical record fulfillment process as well as a proven EHR implementation scanning service. We serve practices that still operate paper-based file systems (non-EHR practices) as well as clients across the nation that are converting to EHR or have EHR platforms already in place. DataFile has trained users in over 15 different major EHRs, which enables us to seamlessly integrate our services with your platform of choice.

How DataFile Works Within Your System to Fulfill Core Measures

DataFile services clients using many different EHR platforms. We're proud to work closely with the development teams of various EHR solutions. In most cases, our team is the customer service representative to the patients that are requested a personal copy of their medical record. We take on the entire HIPAA obligation of release of information already, so managing this Meaningful Use Measure is also our obligation to your clients. Depending on how your particular EHR software was certified to meet this measure, DataFile can most likely be the "stop/start" button that calculates the Numerator/Denominator.

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There are also many benefits of working with DataFile beyond Core Measure 12 of 15. In fact, if practices institute a process for handling patient requests per Core Measure 12, then it makes sense to leverage that same process and associated efficiencies for ALL requests. By working with DFT on all your ROI requests, practices can...

- *Improve Customer Service*
Our eROI (electronic release of information) service helps your redistribute your practice workload to streamline processes and allow you to focus on other patient-related activities.
- *Mitigate Risk*
With the HITECH changes to HIPAA, practices can transfer their liability risk to DataFile as a Business Associate.
- *Offer Rapid Response*
We process your records requests DAILY. Because of our advanced technology, we are able to work remotely and avoid using any of your resources (such as a work station, paper, printer, etc.).
- *Eliminate Training Expenses*
Using DataFile as an outsourced service provider means you avoid having to train and re-train staff on records workflows, which have become more complex with the processes, regulations and technology involved.
- *Take Fewer Calls*
Call volume is greatly reduced because DataFile processes requests daily. This means you can dedicate staff to focusing on other patient-related activities that can increase patient satisfaction. Plus, less phone HOLD TIME for patients means happier, more loyal patients and patients who refer others to the practice!

Another key difference is the way DataFile operates without placing burden on your practice staff. Our trained and HIPAA compliant records specialists securely access your EHR to process your records requests. We handle every request, every day with first-in, first-out management. DFT's processes and workflows are well-defined, and we offer comprehensive on-boarding, training and as-needed support to each practice.

At our core, DataFile Technologies provides a unique and highly valuable suite of solutions to free up your staff, free up your time and free up your space. We're looking forward to sharing our knowledge and expertise on Meaningful Use and HIPAA compliance to help your practice or health system reach the next level—please learn more at <http://datafiletechnologies.com>.

Hire an **entire team for less** than a part time employee.

DataFile is your healthcare technology partner that offers strategic solutions to Free up your staff, Free up your time and Free up your space. We offer a superior medical record fulfillment process, a proven EMR implementation scanning service and a host of document management solutions.

