



Three ways to reboot your Meaningful Use strategy

Is your organization so wrapped up in meeting Meaningful Use (MU) requirements that you've lost touch with the EHR incentive program's real purpose? Meaningful Use is about **interoperability**—the ability of disparate systems and applications to share and use data to improve care, reduce costs and save lives. Reports show that **87% of hospitals** have earned at least one Meaningful Use incentive payment so far. That's great. But **only 6% of hospitals report that** they've achieved interoperability beyond common interfaces.

Here are three ways to get back to the true intent of Meaningful Use and achieve the Triple Aim of better health and better healthcare at reduced cost.

1

Focus on ROI

Meeting the long list of federal Meaningful Use mandates can be daunting. Not surprisingly, the incentive program's original meaning can get lost in the effort to comply.

Yes, you want certification. Of course, you want to earn those incentive payments. But don't forget the big "why" behind it all—better use of data to support the Triple Aim and the delivery of value-based care. Remember that meaningful use is more than a check-the-box activity. You have the data.

The question is, how do you best use it to realize returns on the time and resources invested, while raising the quality, safety and appropriateness of care?

In a recent [health policy issue brief](#), The Brookings Institution called for greater “data liquidity” in health IT to support the shift from pay-for-volume to pay-for value, including a more adaptable infrastructure and access to timely, accurate and actionable clinical, cost, and coverage data.

A solution that integrates the systems in your heterogeneous, fragmented environment and that lets you share data with other providers can give you a start. Interoperability allows you to harness the information at your disposal to improve care, report compliance, engage patients, and lower costs. How about a cost comparison of hip implants and outcomes by physician to standardize materials, reduce complications, and potentially shave millions off surgical supply expenses? There are countless possibilities for maximizing ROI.



2

Tap secondary uses of data

Like every provider that has made the leap from paper to electronics and begun the journey toward Meaningful Use, you’ve no doubt amassed huge amounts of information on everything from physician visits and lab results, to prescriptions and claims.

And like most providers, you have a way to go before you can tap that information as part of an accountable care organization or other value-based entity. It’s time to start. Population health management is a primary tenet of healthcare reform.

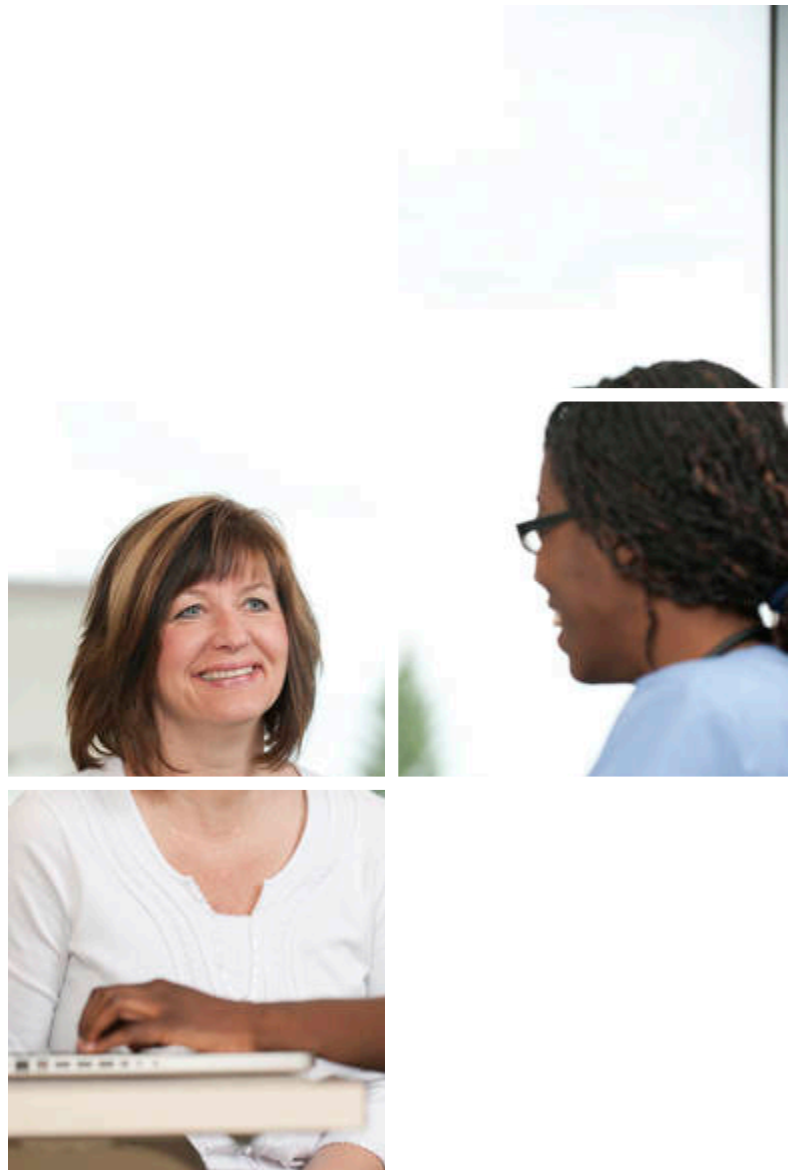
According to the Health Information Management Systems Society (HIMSS) 26th annual leadership [survey](#), only about one third (38%) of hospitals report having the IT systems they need to manage population health. And only 11% of respondents to a *Modern Healthcare* [survey](#) of executives said their organizations could routinely exchange information with other providers across the country.

Don't let that checklist of Meaningful Use criteria stop you from maximizing the value of your data. You've met the criteria. Now what? Build connectivity to organize and use your information for the benefit of targeted groups. A certified integration tool with analytics can help you get more Meaningful Use leverage out of your EHR.

Adding these capabilities can help you to identify vulnerable patients with specific health concerns, like diabetes, heart disease, or high blood pressure. It will also let you proactively reach out to these patients with tailored, prevention-oriented messages and services to help them stay out of the hospital and become informed stewards of their own health.

You'll know who is not making or keeping a visit with their primary care physician after discharge from the hospital, and why. And you'll have information about which patients are not getting to their postsurgical physical therapy appointments or picking up their post-discharge medications, and how you can help them. Even better, you'll be able to tell which of your tactics works best, and how you can fine-tune the ones that aren't delivering results.

When you integrate your clinical, operational, and administrative systems into a cohesive source of intelligence, you can also gain access to a wide range of other secondary applications and analytics, including everything from Meaningful Use compliance reporting, personalized medicine, and mobile health, to bio-surveillance and comparative effectiveness research.



Get ready for teamwork

As the industry shifts from volume to value, and providers move toward Meaningful Use, health information exchange, patient empowerment, and new payment structures, the sector is undergoing a flurry of changes in how providers work together and configure services. Think collaboration, cooperation, and shared responsibility through patient-centered medical homes, accountable care organizations, healthcare collectives, community wellness programs, and team-based care.

With healthcare reform, you'll be joining teams and offering packaged services for bundled payments. None of that can happen without interoperability. And none of that can happen if you don't have a thorough understanding of your costs, which is made possible by an interoperable system equipped with operational analytics. Think of Meaningful Use as merely a checkbox for compliance, and you'll shortchange your organization on the data flexibility the ONC says is needed to get to a truly interoperable health system. Knowing your costs is an essential part of that.

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