

## FREQUENTLY ASKED QUESTIONS FOR MINNESOTA STAKEHOLDERS IN PREPARING FOR HITECH INCENTIVES

### What are the top actions Minnesota health care providers should be doing to prepare for HITECH incentives?

- If you are looking at buying an EHR be sure to plan thoroughly before you buy
- If you have an EHR, implement techniques that support effective use
- Make sure you are adopting and using e-prescribing
- Reach out to community partners and HIE's to begin exchange of information
- Learn about incentives & understand requirements to receive maximum incentives
- Create/update your EHR requirements including your clinical, business and technical needs
- Complete / update your EHR plan for adoption, effective use of the EHRs using a trusted approach
- Ensure your plan meets criteria for "meaningful use"
- Review your vendor plans for getting & staying certified/qualified

### What are the best resources available to learn about HITECH incentives and understand the requirements to receive maximum incentives?

- The Minnesota e-Health Initiative has created a resource page on our website to provide the latest information available on the HITECH Act and other Recovery Act opportunities for providers. This resource page includes both links to national resources as well as information on Minnesota activities to support implementation. Please visit the Minnesota e-Health web page on HITECH at <http://www.health.state.mn.us/ehealth/>

### How do I stay connected to receive the latest information on HITECH in a timely fashion?

There are several ways you can stay connected to the latest information as the details on HITECH are released, including:

- Subscribe to the Minnesota e-Health gov delivery e-mail list: <http://www.health.state.mn.us/ehealth/>
- Subscribe to the Federal HIT email list at: <http://healthit.hhs.gov/>
- Watch your trade and professional organization newsletters for updates on ARRA and HITECH.

### The Minnesota e-Health Initiative has stressed the importance of a thorough planning process prior to purchasing an EHR system, what resources are available to me to begin this planning process?

- There are a number of excellent resources available. These are outlined in the resource guide: *Addressing Common Barriers to Adoption of EHR's – A practical guide for Healthcare Providers*. It can be found on line at: <http://www.health.state.mn.us/e-health/chrplan.html>
- Another popular set of tools and resources are developed by Startius Health and can be found at: <http://www.stratishealth.org/expertise/healthit/index.html> These setting-specific tools and resources assist provider organizations in planning for and optimizing use of HIT, including toolkits for adult primary care clinics, Critical Access Hospitals, and nursing homes, and include:
  - Doctor's Office Quality - Information Technology (DOQIT) Quality Resources Kit
  - Health Information Technology Toolkit for Critical Access Hospitals, a CD-ROM toolkit distributed nationwide through the Rural Hospital Flexibility (Flex) Program
  - Health Information Technology Toolkit for Nursing Homes
  - Health Information Technology Toolkit for Home Health Agencies (to be completed June 2009)



**The Minnesota e-Health Initiative has recommended that our plans meet the criteria for “meaningful use” - what is “meaningful use” and who determines it?**

There are three base requirements for “meaningful use” identified in the new law, including:

- Use of certified or qualified EHR technology.
- Electronic exchange of health information
- Use of EHR in reporting on clinical and other quality measures

Note that further definition and guidance on what this specifically requires is expected to be released by HHS.

The Federal law also gives states some leeway for determining the definition of “meaningful use” for the purpose of determining eligibility for Medicaid incentives. In Minnesota, the Minnesota Department of Health will lead the process to define “meaningful use” and meet Minnesota and federal priorities

*How “Meaningful use” is defined is important because it will be a key measure that determines providers’ eligibility to receive incentive funds you receive.*

**If “meaningful use” has not yet been fully defined, how can we be confident that the EHR we have, or are in the process of acquiring, will be considered qualified/certified?**

A common belief is that EHR’s software applications that pass the current CCHIT certifications process will be accepted as qualified. It is less clear of what the requirements will be for settings that do not have software certification process in place at this time. It is anticipated that they will have to meet some type of core functions to be considered qualified.

**Should we wait until the “meaningful use” definition is available before we take action?**

Despite the fact that “Meaningful Use” is not yet fully defined, health care providers can and should begin preparation. At this point we know that the law says “meaningful use” will include:

- Having a qualified / certified EHR
- Demonstrating information exchange.
  - *Examples may include:* Medications history, lab results, immunizations histories, and care summaries and disease reporting.
- Reporting of quality measures that will be named in the future.

We recommend that providers begin now with thorough planning, using a trusted process, such as those identified above.

**For the last year, the Minnesota e-Health Initiative had a workgroup focused on “effective use” of EHRs – is this the same as “meaningful use”?**

The Minnesota e-Health Initiative views the definition of “meaningful use” as a part of a broader framework of *effective use* of electronic health records.

Recognizing that the real value in EHR systems comes from using them effectively to support efficient workflows and effective clinical decisions, for the last eight months the Minnesota e-Health Initiative has engaged a workgroup to define *effective use* of electronic health records for Minnesota. This group identified several dimensions to achieving and benefiting from effective use of an EHR system, including:



- The system is adequately planned for, selected and implemented
- The system is efficiently and properly populated and used
- It is both supported by and supports continuous commitment of individuals and organizations to improving patient safety, and providing optimal and comprehensive care to clients
- Use of the system achieves demonstrable value for individuals, families, organizations and
- populations across the continuum of care

These characteristics of *effective use* acknowledge that effectively using complex EHR systems is of necessity a complex concept itself, having to faithfully represent the needs of diverse clinical and administrative users, working in diverse settings, and seeking to meet the diverse needs of patients, payers and others.

On June 25, 2009, the Minnesota e-Health Initiative will be releasing *A Practical Guide to Effective Use of EHR Systems*. This guide will be made available on the Minnesota e-Health Website at <http://www.health.state.mn.us/e-health/index.html>.

**Understanding that exchange has been identified as a key component of qualifying as a “meaningful user”, which transactions should we be focusing on as we begin implementing our EHR system?**

Much of the benefit of improving the continuity, quality and safety of care depends on the ability to securely and meaningfully exchange health information records from point to point in a timely manner. In order to facilitate a collaborative approach to implementation, the Minnesota e-Health Initiative identified initial priority transactions for exchange in Minnesota. These key exchange transactions include:

- (1) e-Prescribing and Medication Management
- (2) Laboratory Results Reporting
- (3) Immunization Data Exchange
- (4) Clinical Summaries
- (5) Disease Surveillance and Reporting

In 2008, Minnesota passed a mandate requiring all prescriptions in Minnesota to be transmitted electronically by 2011. This mandate has provided a common focal point for stakeholders to work together as a community to move forward and implement (incrementally) one element of exchange.

One key element in enabling exchange is becoming familiar with, and implementing recommended standards. Please refer to **Guide 2: *Standards Recommended to Achieve Interoperability in MN*** on the Minnesota e-Health Website at <http://www.health.state.mn.us/e-health/index.html> and watch for the release of an updated version of the guide June 25, 2009.

