



Amidst a Sea of Change: 6 Considerations for Successfully Managing a Meaningful Use Program

While Best Practices are Straightforward, Some are Often Forgotten

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Managing your Meaningful Use (MU) program can be a significant challenge, especially if multiple hospitals or providers are involved or if there's merger and acquisition activity that folds new hospitals or providers into the mix. You've got internal communications and awareness programs to manage, performance reports to monitor, system configurations to optimize, attestations to submit, and audits to prepare for – not to mention actually meeting the Meaningful Use criteria itself. When one considers all the work and coordination that successful program management demands, the task is daunting. Add to it that your team may be facing other challenges in the project portfolio like ICD-10, upgrades, and other program and quality initiatives competing for their time. At times it can feel less like you're managing your MU program and more like it's managing you.

While mandates like ICD-10 and Meaningful Use aren't going away, finding more effective and efficient ways to approach them is valuable – especially amidst the sea of change with increasing merger and acquisition activity and efforts to develop clinically integrated care networks.

In our experience helping organizations plan for, execute, and review their MU programs, we've found that while the effort to meet the menu objectives and quality measures is challenging, organizations are also daunted by the effort to manage the overall program. There are several key considerations emerging as best practices for managing MU programs, but some are surprisingly overlooked in organizations' Meaningful Use efforts.

Laying the Foundation for Successful MU Program Management

It's important to develop an effective MU program management strategy because your organization is most likely managing multiple providers and facilities, any of which could be in a different phase of Meaningful Use and each with unique MU performance monitoring and collateral needs. This is especially a challenge with an organization that is in a process of acquiring new providers or facilities. For example, depending on the type of provider or patient seen, different menu objectives or quality measures may be necessary. Each provider or facility may also qualify for specific MU exceptions, adding additional complexity to your MU program. Other providers or hospitals being integrated into the system may have already attested, be on old platforms that need to be replaced, or somewhere in between. Finally there's

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always the potential for an audit, so it's especially important to establish a plan to collect any collateral that might be requested along with a response strategy, so that you can quickly and accurately deliver any requested information.

What follows are six considerations for successfully managing a Meaningful Use program, which are important to consider as you plan for and execute your MU program. Some – especially around the collateral needed to support attestation – are often overlooked.

1. Establish a Governance Team with Regulatory Experience.

No surprise - just like other key initiatives, identifying appropriate leadership to provide oversight is a key success factor to ensure the Meaningful Use strategy meets the organization's needs. Determining the right MU strategy starts with setting the right governance structure. Ideally, the MU program governance team should be multi-disciplinary with input from those in legal, compliance, and quality roles to help design an attestation collection, attestation, and defense approach. Prior experience with collecting and retrieving information in response to government and regulatory programs can prove to be a valuable contribution to a program's design.

2. Determine a Tracking Mechanism.

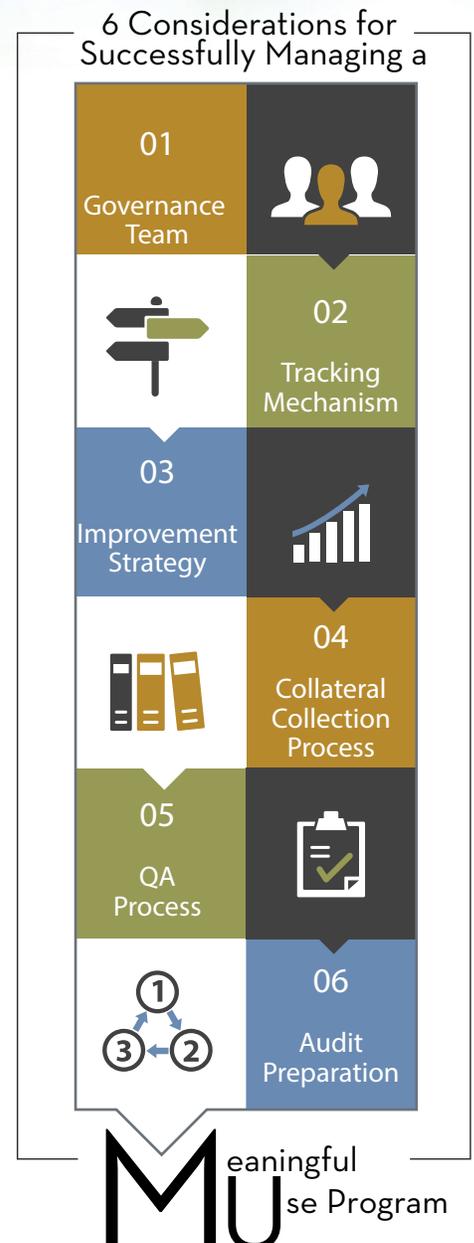
Accurate knowledge for the state of each attester is essential. During any given reporting period, different providers and hospitals can be in different stages of MU, each with its own unique collateral collection requirements. While overlap certainly exists, each stage of MU has variances for the collection of supporting collateral material due to performance threshold changes for objectives or adjustments to measures introduced by the Center for Medicare and Medicaid Services (CMS). Organizations have multiple options for tracking the current status for each attester. Some use a simple but effective approach of spreadsheets, some have electronic health records (EHRs) with integrated tracking tools, and others use software [like Meaningful Use Monitor (C3 Systems) and Meaningful Use Manager (Iatric Systems)]. Those and other options are available to help track and manage attestations. Regardless of the tools used, it is important to choose a tracking strategy that is accurate and easy to maintain to ensure that the correct collateral is collected for the right attesters at the right time.

3. Develop a Performance Monitoring and Improvement Strategy.

Monitoring performance is a pre-requisite step to identifying candidates for attestation. Once the hospital or provider has successfully achieved MU performance thresholds for the appropriate reporting period, they are candidates for attestation. Identifying the need for performance improvement and implementing corrections earlier in the attestation period have a much greater impact than those implemented toward the end. Ensure you have a strategy to quickly identify and implement changes to achieve success.

4. Identify the Collateral Collection Approach.

One of the most critical steps of successfully managing an MU program is often overlooked – ensuring the proper collection and organization of collateral to support your organization's attestations in case of audit. Though only a small sample of organizations or providers may be audited when compared to the greater set of attestations, results can be punitive. Failing to successfully defend an attestation audit can potentially result in forfeiting incentive payments and future penalties.



The MU governance committee should collectively review requirements for each individual objective and quality measure to identify what collateral to collect, when to collect it, who should collect it, and how to store it for future retrieval if needed. Here are elements to include in the collateral collection strategy:

- **What, When, and Who?** Depending on what MU stage the attester is in and the objective or measure, collateral could include reports, screen captures, supporting electronic or paper documentation, contracts to prove supporting software was in place during the entire reporting period, organizational policies, and more. Each objective has specific nuances that should be individually considered during this review process. For example, screen captures showing a feature like drug-drug or drug-allergy interaction alerts collected during an attestation period show that feature was in place during that period. Confirmations of transmission reports or interface activity reports showing tests of successful information exchange activity are another type of collateral to collect and store. It is also particularly important that documentation and supporting collateral is stored for any exclusions that may be claimed during attestation.
- **How to Store It?** It is critical that your MU program management includes a process not only for the identification and collection of the right collateral and format to support attestations but also includes a focus on the ease of retrieval in case of an audit. One approach to consider is that some types of collateral, like screen captures showing a feature in place or contracts showing a third party software license is in place, can be shared across multiple attestations and can be collected and stored at a global level. Other information, like performance reports for a distinct provider should be stored in a more specific location for retrieval. Access should be limited to those who are responsible for collecting information and responding to audits. The system should also be on a backup schedule and any hard-copy information should be duplicated and stored off-site.
- **For How Long?** An MU collateral collection strategy should also consider and accommodate any retention practice requirements. According to CMS, supporting collateral for each attestation should be maintained for at least six years (EHR Incentive Programs Supporting Documentation for Audits, 2013). For organizations participating in the Medicaid portion of the program, each state may have variances for retention requirements. Your governance group or a subgroup it identifies should review all objectives and measures and identify what information may be requested in an audit.

5. Implement a QA Process.

A good practice is to perform a pre-attestation audit before submitting any attestation. A pre-attestation audit allows the MU team to identify any missing information previous to an audit request. Developing a checklist for each provider or organization attesting will help to reduce potential audit issues by ensuring all required collateral is in place before the attestation is submitted. For example, checklists for providers should include provider signoff and attestation information, a review and confirmation of selected menu objectives and quality measures, and a confirmation of the correct MU stage and information being submitted for attestation.

6. Prepare for an Audit Before Attestation.

Eventually the day may come when your organization receives that dreaded audit notification letter requesting supporting documentation for submitted attestations. Audit requests will include a due date for response time, so ensure ahead of time that your organization has an established and coordinated audit response workflow and that all executive leadership and providers know where to send a letter should they receive it. Your MU team should designate staff with responsibility to collect only the specific information requested for an audit. Information should be internally reviewed and approved by legal or compliance representatives before it is sent to the auditing agency for review. One way to ensure this happens is to put a practice in place that only representatives from the legal or compliance team will send information outside of your organization. Providers may also transition to new organizations during their participation in the MU program. Anticipate that other organizations may request supporting documentation should a provider formerly at your organization receive a future audit request.

About the Author

Carl Dolezal is a healthcare information technology leader with over 14 years of experience in planning, implementing, and managing healthcare information systems and extensive program and project management expertise. He has led multiple technology initiatives including the implementation of patient portals; workflow redesign and system configuration to support Meaningful Use and patient quality of care initiatives; and multiple telemedicine services including dermatology, radiology, urgent consult, stroke, and post-surgical follow-up care. Carl has significant IT leadership and operations experience managing multiple clinical applications and application support teams, as well as experience working with executive leadership to develop long-term strategic plans for clinical system rollouts.

Before joining Aspen Advisors, Carl held multiple IT leadership positions within academic medical centers including the University of Texas Medical Branch and the University of Pittsburgh Medical Center. His experience includes budgeting, financial management, electronic medical records, Meaningful Use, online patient portals, personnel management, project management, strategic planning, application management, development and support, and working with customers to determine needs and develop solutions.

While receiving an audit request is not something any of us look forward to, anticipating an audit does not have to be grounds for worry and anxiety. Establishing procedures to ensure you are well prepared is the foundation of a successful MU program and audit response strategy. Even if adequate processes are not currently in place, taking proactive steps now to prepare for audits later will ultimately improve your overall MU program.

Proper planning is an essential requirement for successful Meaningful Use program management. When providers and hospitals are added to the scope of an attestation program because of merger and acquisition activity, it becomes even more so. By including these often overlooked best practices in the MU program design to ensure that the right program components and practices are in place, you can help ensure that you're effectively managing your MU program instead of your MU program managing you.

About Aspen Advisors

Aspen Advisors is a professional services firm with a rich mix of respected industry veterans and rising stars who are united by a commitment to excellence and ongoing dedication to healthcare. We work with healthcare organizations to optimize the value of their information technology investments. Our experienced team is highly skilled in all aspects of healthcare technology. We understand the complexities of healthcare operational processes, the vendor landscape, the political realities, and the importance of delivering projects successfully – the first time. Every client is important to us, and every project is critical to our reputation. Established in 2006, the firm has earned accolades for our culture, service delivery, and growth. We were named one of *Modern Healthcare's* "Best Places to Work in Healthcare" in 2011, 2012, and 2013 and one of *Consulting Magazine's* "Seven Small Jewels" in 2014. Our hallmarks are top quality service and satisfied clients; we're proud of our KLAS rankings and that 100% of our clients are referenceable.

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