Meaningful (and N-M)Use: The Big Picture

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"MU" objectives

- e-Rx
- Problems, Meds
- Allergies, VS
- Pt. Education
- Demographics

Meh objectives

- CPOE
- Med Rec
- Advance Directives

The Business case

- Patient Safety
  - CDS, **BCMA (e-MAR)**
- Patient Engagement
  - **VDT/Portal**
- Provider Engagement
  - **TOC/SOC**
- Public Health
  - **Imm-Reg.**, SS, Labs
- Clinical Quality
  - CQM

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Stage 2 Challenges - Major

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- Transitions of Care
  - What **is** it? [Definition = 5x longer]
  - Pre-Implementation – Referral sources
  - Implementation – New workflows
  - Infrastructure – Direct/HISP
  - Code Sets – esp. LOINC, RxNorm, others
- Public health reporting
- CQM
- BCMA
  - How is it measured? (Meeting after meeting)
  - Pre-implementation – Devices, configurations, locations, movement patterns
  - Implementation – New clinical workflows

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What keeps me up: In 2014

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- Will we find enough partners to successfully address TOC? Will our clinicians adopt the new workflows? Will the HISP deliver?
- What will our patients do with myChart? What about our staff? Will there be privacy issues?
- [EH]Will our nursing staff adopt BCMA, will the devices (coders and readers) work, is our roll-out strategy logical, will too many patients move among NBCMAU, will the moon be in the 7th house?
- Competing priorities
  - ICD-10, CDI, Population Health
  - VBP, CM, IPQR, PQRS
  - Other EHR projects (AEMR, OpTime, Anesthesia, eRx-Controlled, Choose Wisely, Dashboards…..just to name a few)
  - Other IT projects (New(H)co, LIS replacement, EDW, Analytics, etc., etc., etc.)
- Will we identify sufficient resources and how will we allocate sufficient dollars?

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What will keep me up: Through 2016

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- Conflicts between business requirements and MU objectives – esp. moving targets and changing definitions, in a world where expectations seemingly know no bounds
- Cost of compliance in a non-incentive world: For example
  - Electronic notification of Care Team
  - Order tracking/management for referrals (TOC 2.0)
- Objectives over which we do not have (much) control
  - Patient generated (electronic) data
- Privacy and Security
- Most of the MU objectives are 'reasonable' and (I believe) will improve care quality and coordination, patient and provider engagement and public health although
  - Some (!) of the measures are hard to define and seem open to continuous (re) interpretation
  - The 'meaningfulness' of some of the objectives and associated measures is hard to detect
- It will be very interesting to see the evolution of MU when incentives are replaced by payment adjustments amidst a world with numerous competing clinical and IT priorities

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