

Education & Outreach Case Study: Preparing Providers for Stage 2 Meaningful Use

Overview of Case Study: *In this case study, three Regional Extension Centers – Virginia Health Information Technology Regional Extension Center, Regional Extension Center of New Hampshire, and Quality Insights of Delaware Regional Extension Center – share their experiences preparing providers for Stage 2 meaningful use.*

Key Takeaway: *Stage 2 meaningful use requires providers to use their electronic health records more robustly to improve patient care and health care quality. As trusted Health IT and meaningful use advisors, Regional Extension Centers are employing various strategies and tools to help providers overcome challenges and prepare for Stage 2.*

I. Stage 2 Meaningful Use

Electronic health records (EHRs) have many benefits, and one of the best ways providers can take full advantage of the benefits of EHRs is to achieve [meaningful use](#). Meaningful use is using certified EHR technology to:

- Engage patients and family
- Improve quality, safety, and efficiency and reduce health disparities
- Improve care coordination and population and public health
- Maintain privacy and security of patient health information

By achieving meaningful use, providers can maximize the benefits of their EHR systems and improve health care quality. While the Stage 1 meaningful use objectives focused on data capture and sharing, Stage 2 focuses on advanced clinical processes. Specifically, Stage 2 focuses on increased patient and family engagement, additional requirements for e-prescribing and incorporating lab results, electronic transmission of patient care summaries across multiple settings, and more rigorous health information exchange (HIE).¹

More than 50% of eligible professionals (EPs) and more than 80% of eligible hospitals (EHs) have achieved Stage 1 meaningful use and received an EHR incentive payment.² Ultimately – for the over 291,000 EPs and 3,800 EHs who have demonstrated Stage 1 meaningful use – Stage 2 provides the tools to improve patient care and health care quality.³

II. Provider Challenges

Having served as trusted advisors to providers as they implemented EHR systems and achieved Stage 1 meaningful use, Regional Extension Centers (RECs) know firsthand the Stage 2 challenges providers are facing.

Patient Engagement

One of the main challenges of Stage 2 is increased patient engagement. Providers are especially concerned about communicating with 5% of patients via [secure electronic messaging](#) and having 5% of their patients [view, download, or transmit](#) to a third party their health information. Since many patients will access their health information electronically and message their providers through [patient portals](#), getting patients to sign up for and use the portals will be a critical task for providers, and providers “will need to be hands on in communicating the value of their patient portals to patients and staff members alike,” said Jennifer Chenault-Walker, EHR Specialist at Virginia HIT REC. Enrolling patients in patient portals, however, is no easy task. Despite the benefits of patient portals, many patients do not sign up for or use portals when they are available, including populations that would benefit most from the technology.⁴

2014 EHR Certification

Aside from the arrival of Stage 2, 2014 brings additional changes to the EHR incentive programs. Starting in January, ONC’s [2014 Edition EHR Certification Criteria](#) will take effect. Eligible health care professionals and hospitals are required to adopt or upgrade to 2014 certified EHR technology in order to achieve Stage 2 meaningful use and participate in the EHR Incentive Programs in 2014.⁵ Many EHR vendors, however, are still working to achieve 2014 EHR certification, and providers are concerned that vendor delays could stretch into 2014 and affect their Stage 2 plans. Additionally, the delays mean many providers cannot yet access 2014 certified versions of their EHRs to explore new functionalities and prepare for Stage 2.

Understanding Stage 2 in the Context of Quality Improvement

Many providers are also struggling to understand how to approach Stage 2 in the context of other quality improvement (QI) initiatives. The [Medicare Shared Savings Program](#), the [Comprehensive Primary Care initiative](#), and [Bundled Payments for Care Innovation](#) program, for example, are just a few of the many national initiatives to improve health care quality. In today’s shifting healthcare landscape, with so many new initiatives to improve health care quality, the path forward for providers is not always clear, and Stage 2 often complicates the picture. “For providers and practice managers to learn a new computer program, take care of patients, and do all of the other things they have to do, Stage 2 meaningful use will not be easy,” explained Nancy Fennell, Director of REC of New Hampshire. With Stage 2 on the horizon, providers need help understanding how it will integrate with other quality improvement initiatives.

III. Providers Enlist Stage 2 Support from RECs

To help providers overcome these challenges, RECs are working closely with providers to ease the transition to Stage 2. As experienced advisors in EHR implementation and meaningful use, RECs are well-positioned to meet provider needs. Virginia HIT REC (VHIT), Quality Insights of Delaware REC

(QIDE REC), and REC of New Hampshire (RECNH) have developed a number of strategies and tools to prepare providers for Stage 2 meaningful use.

QIDE REC engages key stakeholders to prepare Delaware providers for Stage 2

After recognizing Delaware providers were concerned about the Stage 2 patient engagement objectives and the 2014 EHR certification criteria, QIDE REC knew it needed to get providers excited and ready for 2014. QIDE REC organized a Stage 2 meaningful use conference which featured a provider presentation about increasing patient engagement and a meaningful use town hall with representatives from ONC and the Delaware Department of Health. The town hall presenters discussed patient engagement and how providers can use mobile apps to share information with patients. To alleviate apprehension about 2014 EHR certification, QIDE REC also convened a vendor exposition during the conference and encouraged providers to meet with vendors, learn more about available EHR products, and voice questions and concerns regarding 2014 EHR certification. Approximately 120 providers and stakeholders attended the event. “The conference got everyone focused and energized for Stage 2,” said Laurie Fink, Communications Specialist at QIDE REC.

To complement the conference and further help providers as they try to engage patients, QIDE REC also developed several patient engagement tools, including posters and waiting room brochures, providers can use to educate patients about patient portals and Health IT. As part of the tool development and refinement process, QIDE REC facilitated a patient focus group to obtain patient feedback and refine its messaging materials. With the feedback, QIDE REC is able to offer better Stage 2 patient engagement tools to providers. “Giving patients an active role in helping us create tools will ultimately help providers increase patient engagement,” explained Beth Schindele, Director of QIDE REC.

Stage 2 Meaningful Use Resources

QIDE REC, RECNH, and VHIT recommend using the below resources to prepare providers for Stage 2 meaningful use.

- [Stage 1 vs. Stage 2 Comparison Table for Eligible Providers](#)
- [Stage 2 Overview Tipsheet](#)
- [HealthIT.gov Patient Portals Fact Sheet](#)
- [Health IT Success Stories](#)
- [HealthIT.gov Videos](#)
- [Office for Civil Rights Videos](#)
- [Interoperability & Transitions of Care Training](#)
- [National Quality Forum: Quality Positioning System](#)

RECNH helps providers align meaningful use with quality improvement programs

New Hampshire providers participate in several quality improvement programs, so RECNH knew it needed to help providers align quality initiatives across multiple programs and incorporate the concepts and health-related goals of the Stage 2 measures into their overall quality improvement strategies. To help providers do this, RECNH re-frames the meaningful use conversation from “objectives” and “measures” to “workflows.” Rather than present, for example, the Stage 2 patient engagement measures as items to tackle on a checklist, RECNH demonstrates how providers can integrate each measure into their workflows and use the measures to improve health care quality. As a result of this approach, providers are able to see how Stage 2 contributes to their overall quality improvement goals. “Our approach to education helps providers understand the meaning behind meaningful use,” explained Jaime Dupuis, Practice Consultant with RECNH.

In addition to helping providers understand how meaningful use can improve health care quality, RECNH shows providers specifically how Stage 2 aligns with other quality improvement programs. “If a provider is part of an accountable care organization, for example, we talk about how they can choose meaningful use measures that will align with the initiative,” said Ms. Fennell. RECNH, for example, developed a detailed webinar on Stage 2 [clinical quality measures](#) (CQMs) that discusses the value of CQMs, explains how providers can align CQMs with other quality improvement initiatives, and offers strategies for successful CQM implementation. RECNH also helps providers use the National Quality Forum’s [Quality Positioning System](#), a tool that helps providers align measures across a variety of quality improvement initiatives, such as the [Medicare Shared Savings Program](#) and [Physician Quality Reporting System](#).

Providers in Virginia participate in VHIT’s meaningful use pilot program

VHIT is working with a small number of providers in a Stage 2 pilot program. The goal of the pilot program is for VHIT to obtain feedback on its Stage 2 project plan so it can improve the tools it is developing to help providers overcome Stage 2 challenges. “We want providers to have everything they need at their fingertips,” explained Virginia Brooks, Director of VHIT. VHIT used the customer relationship management (CRM) software to identify high-achieving providers to participate in the Stage 2 pilot and provide constructive feedback on its Stage 2 tools and resources, examples of which are detailed below.

- **Readiness Assessment:** To ease the transition to Stage 2, VHIT is developing a Stage 2 readiness assessment. The readiness assessment helps providers identify which Stage 2 measures they are not meeting so they can target their preparation activities.
- **Sample Communications:** VHIT is developing sample communications providers can use to promote their patient portals to patients. The templates will enable providers to easily communicate the value of patient portals and encourage patients to use portals to securely message their providers and to view, download, or transmit their health information.

- **Vendor Questions Checklist:** VHIT is also offering providers a vendor questions checklist to use when talking to their EHR vendors about 2014 EHR certification. With the checklist, providers are able to ask their vendors better questions about the certification criteria and spark conversations that will help them prepare for Stage 2.
- **Factsheets:** VHIT is developing several Stage 2 factsheets. For example, VHIT recently developed a factsheet explaining how providers can transmit immunization data to immunization registries and syndromic surveillance data to public health agencies. The factsheet includes contact information for local registries and the Virginia Department of Health.

VHIT is in the process of meeting with each pilot practice to learn how it can improve its Stage 2 tools and better serve providers. As VHIT continues to develop tools and resources for providers, it plans to use the CRM software to identify more providers in need of meaningful use support.

IV. RECs - Helping Providers For the Long Term

Stage 2 meaningful use presents providers with the opportunity to improve health care quality, patient safety, and efficiency of health care delivery.⁶ Achieving meaningful use, however, is no easy task—it requires commitment from providers to engage patients, work with EHR vendors, and adjust workflows to reap the benefits of EHRs and ensure meaningful use is meaningful. Providers do not have to face this challenge alone.

RECs are prepared to assist providers through all stages of meaningful use and health care quality improvement. “There is so much going on in today’s transformative health care environment,” said Beth Schindele, Director of QIDE REC. “RECs can maximize the technical assistance, training, and coaching many providers need to successfully meet these quality improvement measures and achieve meaningful use.”

Contact Information

To learn more about these efforts, please contact:

- [Laurie Fink](#), Communications Specialist, QIDE REC
- [Jaime Dupuis](#), Practice Consultant, REC/NH
- [Virginia F. Brooks](#), Director, VHIT

¹ Centers for Medicare & Medicaid Services. “[Eligible Professional’s Guide to Stage 2 of the EHR Incentive Programs.](#)” 2013.

² U.S. Department of Health and Human Services, HHS Press Office. “[Doctors and Hospitals’ use of health IT more than doubles since 2012.](#)” 2013.

³ U.S. Department of Health and Human Services, HHS Press Office. “[Doctors and Hospitals’ use of health IT more than doubles since 2012.](#)” 2013.

⁴ Weingart SN, Rind D, Tofias Z, Sands DZ. “[Who Uses the Patient Internet Portal? The PatientSite Experience.](#)” *J Am Med Inform Assoc.* 2006.

⁵ Centers for Medicare & Medicaid Services. “[Eligible Professional’s Guide to Stage 2 of the EHR Incentive Programs.](#)” 2013.

⁶ Centers for Medicare & Medicaid Services. “[Medicare & Medicaid EHR Incentive Program: Meaningful Use Stage 1 Requirements Overview.](#)” 2010.