WEBINAR RECAP

MEANINGFUL USE: THE PROMISE AND THE REALITY
PRESENTER: MARK SCHNEIDER, MBA

Meaningful Use is a set of standards and criteria developed by the Centers for Medicare & Medicaid Services (CMS) to govern the use of electronic medical records (EMR) by providing incentives to healthcare organizations to implement these systems in a way that improves how care is managed and delivered. There are many benefits to utilizing EMRs; by digitizing workflow and decision-making through the use of electronic medical records and other healthcare-driven technological advancements, the patient experience is streamlined and quality of care is improved...at least that's the promise.

There are three stages of meaningful use incentive payments, and participation by hospitals and providers is completely voluntary. Stage 1, which involves data capture and sharing, recently came to a close. As of 2013, 79,000 physicians and 3,700 (out of 5,000 eligible) hospitals have been paid incentive dollars. This participation suggests considerable interest and support in the program, and the $12 billion paid suggests that in practice, the standards have been reasonably upheld.

The focus of Stage 1 was to get the systems in place and demonstrate that hospitals and providers could report against quality measures at a rudimentary level. As we move through Stages 2 and 3, we'll start to see the focus shift towards advanced clinical processes and improved outcomes. Some questions that will need to be addressed during these phases include:

1. Are errors being eliminated or just moved?
2. Are physicians being pushed to use systems that have not been proven to prevent mistakes?
3. Will rapid adoption compromise safety and efficiency?
4. How long or deep are the impacts on physician productivity?
5. Are we really treating the patients or just the numbers?

To learn more about the Meaningful Use standards, promises, and rollout, click here to view the full presentation.