# The Challenge in Stage 2: Involve the Patient

## Becoming a Stage 2 EHR meaningful user will mean getting patients to actively participate in health information exchange. Providers share early thoughts and game plans.

*By Joseph Goedert*

It seems that every deadline and compliance date for health I.T. leaders is just around the corner. And unfortunately, they are, including the start of the Stage 2 EHR meaningful use program. The beginning of the 2014 federal fiscal year (in October 2013) is when hospitals need to have their ducks in a row to apply for Stage 2 payments. The application period for physicians and other eligible professionals opens January 2014 (for more on attestation and reporting periods, see sidebar, page 32).

Mind you, those are the earliest dates when hospitals and EPs can apply. But many feel an urgent need to get meaningful use Stage 2 done so they can tackle the other pressing items on their plate, such as ICD-10 compliance work, as well as multiple components of the health reform law such as new care and reimbursement processes. As Bill Spooner, senior vice president and chief information officer at eight-hospital Sharp HealthCare in San Diego explains it, ICD-10 is in October 2014, state insurance exchanges are in January 2014, Stage 2 is in fiscal 2014, "and we also have to take care of our patients."

Providers that struggled with Stage 1 won't have an easier time with the second stage, as the bar for compliance is raised. In particular, two meaningful use measures in Stage 2 could be very troublesome for providers to comply with, HIT leaders say.

The final Stage 2 rules require that patients have the ability to view, download or transmit their health information within four business days of the information being available to an eligible professional, and within 36 hours of a hospital discharge, AND then getting at least 5 percent of patients to actually use the service.

Eligible professionals have another hurdle, as they must use secure messaging technology to communicate with at least 5 percent of patients on relevant heath information.

Having the technology for view/download/transmit won't be difficult for providers under Stage 2, since patient portal products are readily available, says David Borden, chief technology officer at MRO Inc., a vendor of release of information technology and services.

There will be process changes and workflow challenges associated with adopting the portals, but the real heavy lifting will be in getting the required threshold of patients to participate. "For the first time, meaningful use attestation will depend not just on what the provider does, but in changing patient behavior," Borden adds.

Consequently, some providers are in a hurry-up mode to get a handle on how they will obtain proof of a certain level of patient engagement. At Greater Baltimore Medical Center, initial meetings on implementation of a patient Web portal started in October 2012 with Jeanne Day, director of health information management, and David Hynson, CIO, leading the project and working with the hospital's meaningful

use governance committee.

The initial plan calls for completion this month of a charter document outlining the purpose of the project, key stakeholders and participating personnel within the hospital, selection of a patient portal vendor by the end of February 2013, and portal implementation starting in July when the hospital's new fiscal year—which includes portal funding—begins. The hospital is not yet considering process and workflow changes that the portal will require, believing it will better understand what changes are needed as they learn of various portal functions during the vendor selection process, Day says.

A patient portal is a must-have to comply with view/download/transmit, and it also could help with secure messaging as well, Spooner says. He envisions discharge coordinators, admissions staff and nurses will handle patient education in the hospitals with front desk personnel and nurses doing the same in ambulatory settings, although that might vary based on the practices.

But his message on the timetable to get ready is clear: "You need to be thinking of it now and you don't have a lot of time. There are a lot of moving parts and it does overlay with ICD-10 and everything else, so don't delay."

There's another timetable factor associated with meaningful use as time periods for Stage 2 were changed in the final rules and trying to figure out the best time to attest may be confusing .

## Challenges await

In some ways, Sharp HealthCare is in decent shape at this early stage with portal readiness. The seven-hospital delivery system two years ago built an ambulatory portal, which gets significant traffic, and an inpatient portal, which has had little use so far. And the ambulatory portal already supports secure messaging.

CIO Spooner got a good roadmap on Stage 2 preparations from Sharp's core inpatient EHR vendor (Cerner) and ambulatory vendor (Allscripts) this fall. "Both vendors were pretty good with Stage 1, so I'm comfortable they'll be moving along well with Stage 2," he says.

But challenges remain to meet the view/download/transmit and secure messaging measures in Stage 2, not the least of which is reaching the 5 percent patient threshold. The move toward accountable care organizations, with their heavy reliance on health information exchange and data analytics to make treatments more personalized will help with patient engagement, Spooner believes. He hopes that becoming more customer-focused will get organizations past the 5 percent threshold.

Another challenge will be using the SNOMED-CT terminology for problem lists under Stage 2, and that means a large learning curve ahead for physicians as most do not use the terminology, he adds.

Even with portals in place, work remains at Sharp Healthcare to enhance them for Stage 2 requirements. The organization built its own portals to ease interfacing and that worked well. But the portals are first-generation, offering online scheduling, payments, refill requests, lab results, recent visits, problem lists, e-mail with providers and downloading of patient summaries.

One portal enhancement certain to come will be how patient identities are authenticated. "I wish we had done the configuration differently," Spooner muses. Right now, it can be difficult for a patient to get authenticated. Sharp Healthcare is using a commercial product that quizzes a patient about things they should know about, such the name of their elementary school. But it is cumbersome and they've gotten complaints, so the search is on for a more patient-friendly process.

How information flows and is re-used between the portal and EHRs will be a

### Vendors Also Face Stage 2 HIE Challenges

Health care providers have plenty of challenges ahead of them to be able to quickly give patients the ability on online view, download and transmit their health information under Stage 2 of the electronic health records meaningful use program, and so do their services and software vendors.

Vendors that offer outsourced release of information services have to expand out of the traditional boundaries of what they do—copy images of records and give them to patients, says David Borden, chief technology officer at MRO Corp., King of Prussia, Pa. Now, they'll have to generate and hold discrete data.

MRO created a patient portal to make electronic copies of records or discharge summaries available to providers who wanted to comply with a menu (optional) measure under Stage 1, Borden notes. In Stage 2, he believes every EHR will have to include a portal, but MRO will continue to offer its portal if clients want them to handle view/download/transmit functions.

The vendor also is building a personal health record to offer another tool for facilitating patient access to their information. The PHR will support a Continuity of Care Document at a minimum, but also will be able to access data from multiple sources. Further, MRO is becoming a health information services provider, which builds secure gateways for health organizations, to support the core measure for physicians to use secure messaging technology to communicate with at least 5 percent of patients, and to provide clients with Web domains and e-mail addresses.

Release of information outsource vendor IOD Inc., Green Bay, Wis., also is building an infrastructure to support view/download/transmit and secure messaging. The company has adopted the Direct Protocol messaging specifications embedded in an Inbox for physicians to communicate with patients, and is creating a digital rights system to manage the process of authenticating the identity of physicians and patients, says Bill Sweeney, chief technology officer. Among other features, a database from identity management firm IDology Inc. in Atlanta, will store specific consumer information pulled form a multitude of market intelligence and public records databases across the nation to ask patients specific questions, such as, "What was the name of your landlord in Washington, D.C.?"

IOD also is working with personal health record vendors HealthVault and Dossia to enable patients to access their records via the PHR platforms.