SCOTTSDALE INSTITUTE

INSIDE IE EDGE

How IT Vendors are Responding to Meaningful Use

EXECUTIVE SUMMARY

In our last issue of Inside Edge we explored how hospitals and health systems are structuring themselves to make decisions and respond to meaningful use criteria given the ambiguity of what the final rule will look like. In this issue we turn to HIT vendors to determine how meaningful use is shaping their roles and relationships with provider organizations.

The ambiguity continues, but not for long. It bears repeating: the CMS Notice of Proposed Rulemaking will be out December 31, followed by a 60-day comment period. Publication of the Final Rule is expected late spring 2010.

Still, it's nearly unanimous from experts on all sides that even a few months delay in moving toward meeting meaningful use criteria is unwise.

Provider organizations should be under no misconception: vendors and their technology comprise just a piece of the meaningful use puzzle. Ultimately meeting meaningful use is up to the end-user organization—no vendor can do it for you.

Some clarity

While meaningful-use requirements have yet to be finalized, it's still possible to project their arc enough to be decisive in certain areas, says Eric Leader, VP of technology architecture and product management, at Scottsdale, Ariz.-based Carefx.

Interoperability, for example, can be defined broadly as data access. "We view interoperability as extending the health record out to all the care providers, patients and their families," he says. "And that healthcare record is cross-organizational, meaning it comes from all sources. Rather than just moving data between systems, we focus on how it's used. Availability of the entire healthcare record is the real intent of meaningful use."

Going forward, says Leader, meaningful use is focused on performance and key quality metrics. As a result, hospitals should focus on developing the ability to provide more comprehensive key quality measurements across the continuum of care, across all venues they treat the patient. In other words, extend quality metrics into cross-organizational information exchange.

"We see a lot of healthcare providers really struggling in this area," he says, adding that most organizations are at a basic level using spreadsheets to frame such criteria. Partly that's because hospitals hesitate to do more until there's more specificity to meaningful use criteria. Accepting the ambiguity and yet sensing a direction within it, Carefx has shaped its product accordingly.

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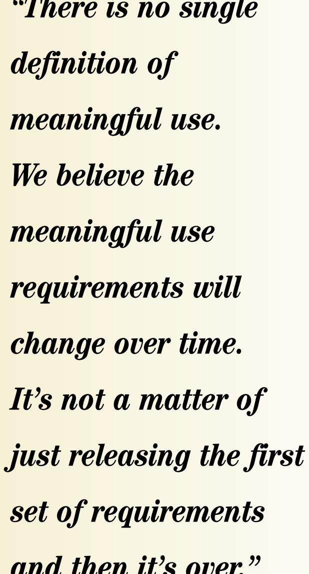
Eric Leader, VP, Carefx, Scottsdale, Ariz.

"We're trying to provide a flexible platform for clients. There is no single definition of meaningful use. We believe the meaningful use requirements will change over time. It's not a matter of just releasing the first set of requirements and then it's over. That's why Carefx has built a solution that can adapt to changing needs," Leader says.


"There is no single definition of meaningful use. We believe the meaningful use requirements will change over time. It's not a matter of just releasing the first set of requirements and then it's over."

Feedback loop

For example, the Office of the National Health IT Coordinator has promulgated a requirement—and funded it—for researching the effectiveness in enhancing the quality of care, the results of which will be fed back into the meaningful use requirements. "So, we fully believe those requirements will be modified around more efficient and effective care as the result of a built-in feedback cycle," he says.

Carefx is offering clients a base of services for accessing and displaying data and business logic to execute the tasks of care giving—using Service Oriented Architecture (SOA). "We think that's the key to having the agility to respond to all meaningful use requirements. It's going to be really difficult if you have an inflexible architecture, an opinion that is shared by a number of our customers and prospects. It's going to take hospitals and vendors longer to change their systems than the proposed schedule will allow," says Leader.

Carefx views a platform utilizing SOA as the most rapid way to modify its products and implement new applications. It's Fusionfx solution suite delivers interoperable workflow solutions that include identity and access management, clinical portals, composite applications (referral management, medication reconciliation, etc.), and health information exchanges.

"What we've done is reprioritize new development efforts to get that flexible platform ready for reporting quality metrics," says Leader. "We're also investing more into HIE, which has gotten a boost because one of the basic meaningful use requirements for interoperability is for outside users to be able to connect into a regional or national HIE. We see a trend there—HIEs have a broader agenda now. Even two years ago they were primarily interested in simply moving data around. Now they're interested in establishing metrics, supporting telemedicine and providing a personal health record. All previous attempts at PHRs were tethered to health insurers or providers but it makes more sense to have it associated with an HIE," he says.

Leader expects that as studies are done, meaningful use criteria will increasingly combine clinical and financial factors, including the effectiveness of treatment of chronic diseases like diabetes. "One of the best aspects of HIEs would be to facilitate public disease surveillance beyond today's approach, which is typically just point to point through such tools as state-run registries."

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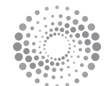

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