

## EMR, EHR, and "Meaningful Use"

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The “meaningful use” clause of the HITECH Act promises stimulus incentives to physicians using EMR / EHR medical practice software that meet some still unspecified criteria. Right now the CCHIT organization is providing “certification” of EMR packages that it claims will offer physicians the possibility of making meaningful use of their EMR.

Since “meaningful use” is not yet clearly defined, and since certification for EMR is still in flux (who will offer legal certification? What parts of an EMR will be covered for that certification, etc.) , a medical practice must decide how important the question of meaningful use should be in selecting an EMR.

Some points to consider:

1. Right now, most CCHIT certified Electronic Health Records packages are very expensive. If you are a small medical practice, the cost of such an EMR package plus the training and support required to get it going in your practice environment may be greater than the amount of stimulus money you can expect to recover through its use. Perhaps there is an alternate way... or perhaps there is a CCHIT certified EMR -- or certified module of an EMR -- which will meet your needs without breaking you at the get-go, even without the stimulus payments.
2. It seems clear that “meaningful use” will include such criteria as e-prescribing, electronic HIE, and electronic reporting criteria. It also seems that “meaningful use” will include use of decision support software within an EMR. It is important to think about integrating these electronic functions into your practice.
3. How closely the measures described in the above step will be monitored and interpreted remains to be seen, since nationwide implementation of EMR use and monitoring is still evolving.
4. Some cynics imply that the government will not have to pay out so much to doctors in stimulus incentive payments, because a case will always be able to be made that doctors are not documenting “meaningful use”. Though this is extremely cynical, nevertheless there may be a germ of bureaucratic truth in this argument.
5. Even a simple medical billing system will likely make your practice easier to run and more profitable, because claim denials are just too difficult and time consuming to manage with a manual system. Thus, a simple medical software system, rather than no medical software, is likely to improve the bottom line for your practice.
6. Some hospitals and medical centers may be willing to loan or grant smaller practices the wherewithal to purchase CCHIT certified software because it will help their own EMR migration and integration efforts. A small practice affiliated with a decent sized medical center or hospital should research this possibility

7. In a year or so, CCHIT certification may not be the only kind of certification available. It is almost inevitable that there will be other certifying organizations that come to the fore.
8. Even CCHIT certification comes in many flavors.
  - EHR-C: means Certified EHR Comprehensive for a package
  - EHR-M: means Certified EHR for a particular Module
  - EHR-S: means Certified EHR for a Site or organization to show that they meet certain certification criteria

What the upshot of these different classes of certification will be, in terms of being qualified for stimulus reimbursement is hard to say just yet.

What this means for the individual medical practice and its software selection criteria is: first, looking for an EMR that will deliver the functions and security the practice needs and can afford. If that package is CCHIT certified, all the better. If it is not, it is possible that the package will still make economic sense, will improve the practice management functions for the practice, and – may get some valid certification in the near future. Going with the medical software pack is not always the right answer. Read the reviews, ask the right questions, and then make a medical software decision.

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