

**Health Information Technology Policy Committee Meaningful Use (MU) Workgroup
May 13, 2011 Public Testimony
Panel 3: Experience from the Field**

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Good afternoon. My name is Susan Davis and I am honored to participate in today's discussion on Meaningful Use implementation experience in the field. Thank you for inviting me.

By way of introduction, I am President and CEO of St. Vincent's Medical Center, a 473-bed community teaching and referral hospital that is a member of Ascension Health and of St. Vincent Health Services which includes a 76-bed inpatient psychiatric facility, behavioral health services, special needs services and St. Vincent College.

I also serve as Ascension Health's Market Leader, providing strategic and operational leadership, for the New York and Connecticut Region and am Chair of the Ascension Health EHR Governance Council, which oversees planning and capital investment for health IT across the system.

Ascension Health is the nation's largest Catholic and largest not-for-profit health system. It owns and operates 78 hospitals and serves patients at over 500 locations in 20 states and the District of Columbia. We are uniquely positioned to provide a picture of "Meaningful Use in action" at America's community hospitals.

First, I want to stress that Ascension Health believes, as do I personally, in a vision of a healthcare system where widespread use of interoperable electronic health records supports better and more coordinated clinical care.

I've been asked today to provide an update on our experience to-date around implementation efforts to achieve the Stage 1 objectives. Sixty-one (61) of our hospitals are eligible for Meaningful Use incentives and all are aiming to achieve at least Stage 1 compliance by 2014. All but two of them had already started their journey toward EHR adoption when the proposed regulations were released. At St. Vincent Medical Center we are working to achieve Stage 1 before the end of federal fiscal year 2012.

It has been a little over nine months since the final rule on Stage 1 was released. It is still new and sometimes hard, and we are all just learning as we go – at Ascension Health and across the country. We recognize that our early adopters are in many ways guinea pigs and as such we have set up a robust process to closely track both our successes and our challenges for each of the Meaningful Use measures and to share that learning across our system. We welcome the opportunity to share the results of our assessment process with you later this year after our first adopters have completed the attestation process.

Some of our initial observations to date:

Meaningful Use Requires Significant Additional Investment by Providers

While we believe as a system we are aligned with the goals of Meaningful Use as there are many synergies with the goals and priorities we had already established to guide health IT investments at Ascension Health, we have found that compliance with the actual certification parameters and reporting metrics necessary for Meaningful Use requires significant additional investment at every hospital.

Ascension Health has invested close to a billion dollars in its EHR journey to date and we have committed to well in excess of \$170 million in additional capital investment – not including operating expenses - just to support our hospitals in reaching Meaningful Use Stage 1.

Every Meaningful Use measure comes with a price, whether it's a directly financial cost, an investment of time and resources, or related to workflow redesign.

The Timeline is Aggressive

As you know, under the Medicare program in order for a hospital to achieve its highest possible incentive total, the hospital must reach Meaningful Use compliance by 2012.

At most of our facilities, meeting these measures requires upgrades of very complicated existing EHR systems. The final regulations came out in July 2010, the incentive program year officially started October 1 for hospitals and the first vendors did not start getting certified until later in October. This has put tremendous time pressure on both our hospitals and our vendors.

Implementation schedules for new enterprise applications usually take longer than planned and almost always take a lot longer than the timeline given for meaningful use. In many cases our hospitals have had to accelerate their implementation schedules by ramping up resources while ensuring quality of care and patient safety are not compromised. This is difficult to achieve.

From our perspective, from the time that the regulations are released until providers begin to report on compliance with the measures needs to be 18 months to two years, not four months.

Since January 1 of this year, 40 of our 61 eligible hospitals have reported delays in their ability to reach their expected dates for Meaningful Use Stage 1 compliance. That is a significant figure. In a few cases, admittedly, this delay in being able to get to Meaningful Use is due to overly ambitious implementation plans or, in retrospect, unrealistic timelines.

But for the vast majority of our hospitals who are unable to meet their projected Meaningful Use compliance dates the root cause is some combination of:

- Market-wide staffing and resource constraints
- Vendors not being able to meet promised implementation dates
- The significant workflow and process redesign needed on an expedited timeline

Staffing and Resource Constraints

While Meaningful Use promises to be a terrific catalyst for more widespread adoption of EHRs, a majority of providers are within the same relative progression phases of EHR implementation.

There is a shortage of trained IT staff and clinical analysts for whom organizations are competing to recruit, train and retain. The result in the market is a short-term artificial inflation of labor costs due to demand outweighing supply. Some of our hospitals have reported 35-40% increases in rates for contract staff with the necessary technical expertise.

The EHR Vendor is a Central Factor in a Provider's Ability to Achieve Meaningful Use

Across our system, our hospitals work with many different vendors and have exposure to a variety of different approaches to supporting hospitals in reaching Meaningful Use. One common thread is that many – if not most - vendors also do not have enough trained workforce to meet promised implementation timelines, which is resulting in delays against implementation plans and in hospitals not being able to reach planned Meaningful Use compliance dates.

Equally concerning are recent experiences at some of our hospitals where the EHR vendor was able to successfully complete the testing process and achieve Meaningful Use certification but upon actually implementing the certified code version at a hospital, the product functionality does not fully work – there are glitches – and the experience in the testing lab is not being replicated in practice. This broken functionality is threatening to cause hospitals to delay Meaningful Use attestation.

Due to the complete EHR certification requirements and the complexity of legacy hospital EHR systems, vendors have powerful pricing leverage. Additionally the complete EHR certification requirement means that providers must invest in technology they may not use or that duplicates other systems in the hospital. While we understand that the goals of certification are ultimately to protect consumers, the initial growing pains have proven challenging for providers.

New EHR Functionalities Require New Work Processes and Change Management

To ensure compliance with some measures, we have found we need to make certain data fields in the EHR mandatory, which may be a change in current practice but does not require significant process redesign, for example making mandatory all the specific required fields for the “record demographics” measure or smoking status or vital signs.

However, to ensure compliance with some other measures, more significant workflow and process redesign is likely necessary.

The complexity of some process and change management was expected, such as for implementing CPOE or clinical decision support. The complexity around other measures has been perhaps a bit unexpected, such as maintaining up-to-date problem lists and starting the inpatient record in the ED.

Ambiguities and Questions Remain Around Measure Calculation and Reporting

Additionally, as our earliest adopters move toward attestation, many questions have surfaced around the minute details of calculating numerators and denominators. For example:

- How do you account for non-admitted patients, such as normal newborns?
- When is it appropriate to count a prescription as CPOE and when as e-prescribing (particularly for our ambulatory eligible professionals)?

- What sort of documentation is required to prove you are in compliance with requirements around electronic exchange of syndromic surveillance information?
- Is the provider responsible if the EHR makes a faulty calculation?

We are hopeful that CMS will continue to provide additional guidance and clarifications as the attestation process gets underway.

The Registration and Attestation Process is Cumbersome

One of the most unexpected challenges to date has been the process to create the required online record in the PECOS system. In most of our hospitals, it has proven challenging and time consuming to navigate the PECOS system.

That whole PECOS process can take over 45 days. Then the provider needs to go through the registration process for Meaningful Use and if your state has not launched its own Meaningful Use registration process – and most of our states are not live yet – there are parts of the process you cannot complete until the state program is up and running.

We have created a training tool and hosted a number of special education sessions around this and there is still a lot of confusion and frustration about just getting registered.

Early Lessons Learned

In summary, EHR implementations fail when they become IT projects instead of clinical projects involving technology and we have found that meeting Meaningful Use requirements is no exception. The final Meaningful Use requirements are complex – perhaps more complicated than we thought on first review. The devil is in the details...and there are a lot of details in this initiative.

There are hidden costs – both in terms of capital and resources. Clinical care is an exceedingly complicated process and meeting Meaningful Use requires a highly coordinated effort across the organization - not only for implementation of the technology but for the administrative and compliance requirements to support registration and attestation. There are competing demands and competing priorities and limited resources.

Of our 61 eligible hospitals, eight are currently tracking toward Stage 1 attestation in fiscal year 2011. But none of them have yet been able to demonstrate Meaningful Use for the necessary 90 continuous days despite significant investments and existing EHR platforms. They will need to be able to do so starting July 1, 2011 at the latest in order to qualify in 2011. The next six weeks will be a critical test. One of our hospitals in New York state, who was planning to be the first hospital from Ascension Health to go through the attestation process, may now be on-hold due to a new software functionality problem.

Our Response

In response to the complexity of the Meaningful Use requirements, Ascension Health has created a system-wide Meaningful Use support team that conducts regular education sessions and facilitates the sharing of early lessons learned. We also have a centralized Meaningful Use resource center accessible through the Ascension Health intranet, and we are currently establishing a system-wide attestation support program. Additionally, each of our hospitals has

appointed an executive sponsor and the EHR Governance Council, comprised of Ministry Market Leaders as well as clinical, IT and financial leadership from the system-level is briefed on progress each quarter.

Our Request

As you, members of Meaningful Use Workgroup, move forward in your recommendations for future stages of Meaningful Use, we ask that you carefully and considerately take into account the real world experience with Stage 1. It is our belief that any additional requirements need to be few in number, build on existing capabilities and be very carefully thought out to achieve their goals.

In addition to the charge of advancing IT connectivity, we urge the Meaningful Use Workgroup to consider patient safety first and foremost. The road to getting to a truly connected health system must focus on providing caregivers tools they need to more effectively provide high quality, safe care while not inadvertently becoming a distraction because of timelines that are too aggressive or a focus on “nice to haves” instead of the minimum necessary.

Ascension Health is a proud participant in the recently announced CMS Partnership for Patients and we have a system-wide outcomes-focused commitment to quality and patient safety that was profiled in the April 2011 edition of the journal Health Affairs.

We believe that health IT can be a powerful tool in improving both quality and efficiency. The goals of Meaningful Use are inspiring and policy-makers and providers must partner closely to achieve them. We welcome the opportunity to serve as a continuing resource to you in this important work. Thank you for letting me share our experience so far.