Meaningful use adoption progress: Where are we now?

December 09, 2013 | Madelyn Kearns - Associate Editor

Even with a timeline extension now confirmed for Stages 2 and 3, the meaningful use (MU) program still radiates a looming presence for many providers. But, based on experience to date, that shouldn't be the case, according to industry experts such as Micky Tripathi (pictured) — president and CEO of the Massachusetts eHealth Collaborative and board chairman of the eHealth Initiative.

Tripathi shared the following insights, from adoption to the focusing powers of meaningful use, during a phone interview with Medical Practice Insider.

**Q:** What are some of the trends that you've seen regarding EHR implementation in the practice environment and how do they differ from other care settings?

**A:** In general, as we've seen over the last few years, there's this huge uptick in EHR adoption in all settings. Certainly, ambulatory settings, in particular small practices, lag behind hospitals and larger clinics, but I think we've seen in all categories just tremendous growth—more than I could have ever anticipated. In terms of implementations, one thing that's really different for small practices than for larger clinics and for hospitals is that the vendor plays a much bigger role because [smaller practices] obviously are very unlikely to have their own staff who can help manage the project.

**Q:** Do you see any influx in the use of hosted systems?

**A:** Definitely. I think that's kind of the default approach now. Some vendors like athenahealth don't have another option, so you have to do cloud-based, but others, like eClinicalWorks for example, offer a client-server or the hosted solution. A few years ago, the default was the client-server and if you wanted the hosted, you might be able to get it, now the assumption is that you're hosted and you have to [specify for otherwise].
Q: How has the EHR implementation process and market evolved over time?
A: It’s really quite a sea change in the way implementations happen. One across-the-board kind of thing is that implementations are much more mature, in part because so many more people have these systems and people have just gotten better at it. Vendors have gotten better at it as well. The providers have become smarter buyers so they have greater expectations and there are a lot more organizations out there that can help people. Some are for-profit firms that you can hire to do implementation services. Some are non-profit, the in-between sort of firms who provide some general things that aren’t charged for in addition to being hired for tasks on top of that. And there are things that are subsidized by the federal government, like regional extension centers. A whole spectrum of services are available to people, whereas even four or five years ago, there really weren’t that many places that a provider could go outside of their EHR vendor.

Q: What has shaped providers into becoming better buyers?
A: Medicare and Medicaid didn’t come out and say ‘Here is the system — everyone has to adopt’ like they do in United Kingdom, for example. They basically said to providers ‘Here are the things you need to do with a system and here are some incentive dollars for you to go out and purchase such a system but it’s completely up to you which systems you want to use as long as it’s certified.’ The providers would really be the ones who, at the end of the day, would decide which systems they wanted and they were the ones that would have to sort through what’s good and what’s bad about a system — what do I like and not like — but with the comfort of certification. Meaningful use really gave [providers] that incentive. We were able to say ‘if you really want to get that incentive, you need to do this, this and this.’ And whether you agreed with it or not as a provider, it was very clear that you needed to do it [to get the incentive]. And for the most part, I think those are all good things that contribute to better quality care, so it’s a win-win all around.

Q: What would you say to providers who have yet to adopt an EHR system?
A: We’re at the point of inevitability. There are enough providers now who are either on electronic medical records or who have plans to be on electronic medical records. In a way, you’re going to be the bank that doesn’t have an ATM very shortly if you don’t sign up for an EHR.

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