# Intensive Education, Compliance Monitoring and Interdisciplinary Collaboration Increase Meaningful Use Compliance

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#### **Introduction and Background**

Boston Children's Hospital (BCH) began participation with the Centers for Medicare and Medicaid Services (CMS) Electronic Health Record (EHR) Incentive program, Meaningful Use (MU), in 2011. Since that time, data has shown low compliance amongst providers in ambulatory setting. Needs assessment completed by the BCH Clinical Education and Informatics team (CEI) demonstrated knowledge deficits around use of the EHR. Based on the success of previous education initiatives, the team used a three-pronged approach: providing intensive education, monitoring compliance, and improving interdisciplinary collaboration.

#### Methods

After thorough assessment of ambulatory clinics in early 2013, it was apparent that additional Clinical Informatics Specialists (CIS) were required to fill education gaps identified. A proposal was presented to the executive committee and 6 positions were created for the CEI team. New team members brought a range of clinical, educational and work experience. The new CIS were oriented over 6 weeks. The CIS' main priority was to be in the clinics daily providing education around electronic documentation. Once the CIS were in place, weekly meetings were held with the project manager, the CEI team and clinical staff to trouble shoot common issues. These issues were dissected until resolution or a recommended workflow was developed. Weekly compliance reports acted as both a measurement tool, and provided guidance for focused training of clinical staff while sparking friendly competition amongst clinicians.

#### Results

CMS defined specific compliance requirements that the clinician must meet or exceed to participate in the MU program. Initial reports as of June 1, 2013 showed poor compliance. The education initiative was implemented on August 1, 2013. As of December 29, 2013, final reports revealed increased compliance in a majority of measures.

Table 1: Meaningful Use Measurement Compliance

Measure	June 1, 2013 Compliance	December 29, 2013 Compliance
Computerized Provider Order Entry	99%	99%
Incorporate Lab Results	99%	99%
Documentation of Demographics	100%	100%
Recorded Vital Signs	94%	96%
Documentation of Smoking Status	94%	100%
Electronic Transmission of Prescriptions	86%	87%
Documentation of Active Allergy Profile	69%	97%
Documentation of Active Medication List	75%	98%
Documentation of Problem List	8%	88%
Clinical Summary Documentation (New	-	90%
functionality for all providers)		

## Discussion

Many important lessons were learned prior to and during the 2013 MU measurement period. Having executive support is crucial to success for project buy in. Providing individualized teaching plans for providers and clinics, trainer flexibility, and 1:1 education were most effective. Bidirectional communication and transparency were critical. Finally, MU Champions within the clinic provided an entry point for trainers to gain access to staff and helped sustain momentum during the measurement period. Remaining transparent with our clinicians as the projects progress in 2014 and 2015 is vital. We have also learned that the earlier the better when it comes to providing education so end users will have ample time for hands-on experience.

### References

1. Menachemi, N., & Collum, T.H., Benefits and drawbacks of electronic health record systems. Risk Manag Healthc Policy. 2011; 4: 47–55. Published online 2011 May 11. doi: 10.2147/RMHP.S12985