Article: For best QI results, look beyond meaningful use

Compliance with meaningful use measures won’t maximize quality improvement (QI) or efficiency, according to an article in the July issue of The Joint Commission Journal on Quality and Patient Safety.

Brigham and Women’s Hospital, in Boston, is adding a clinical documentation module in its inpatient EHR, and “quality improvement activities tied to this effort have underscored the importance of taking an approach that strives to exceed Stage 1 meaningful use regulations from the start,” wrote authors Sarah K. Abbett, MD, MPH; David W. Bates, MD, MSc; and Allen Kachalia, MD, JD, in an article titled “The Meaningful Use Regulations in Information Technology: What Do They Mean for Quality Improvement in Hospitals?”

To aid in the design of new applications within the EHR, the authors inventoried measures that hospitals must report under current inpatient regulatory and accreditation requirements. They also interviewed clinical leaders to identify measures and QI efforts for which they deemed electronic measurement, decision support or intervention (such as follow-up reminders and critical alerts) to be important.

“It quickly became clear that if we simply meet the current meaningful use regulations, we would not have the comprehensive functionality that we need to improve quality and efficiency,” the authors noted.

A broader set of functionalities than are currently available in most EHRs will be needed to support sustainable and effective improvement efforts in hospitals. The set would have to cover areas including speeding the communication of critical test results, enhancing transitions in care, improving test result tracking and providing robust and real-time complex decision support (CDS) to providers.

EHRs have tremendous potential to improve quality and safety via clinical decision support. However, although meaningful use regulations require use of some real-time CDS, “clinical systems must rapidly add much deeper CDS if care is to be improved for patients with multiple chronic diseases,” they wrote.

Broad integration between systems is necessary so that laboratory, pharmacy, billing and ordering information can be automatically transferred between systems without additional manual entry. “Although these features of EHRs are not specifically mandated in the initial federal criteria, they are necessary for the delivery of better care at lower cost,” according to the article.
“The transition to effective EHRs will be no small task, especially because of their currently limited use. For example, according to a recent study, fewer than 3 percent of hospitals in the United States are using ‘comprehensive’ EHRs,” the authors wrote. The challenge is compounded by the need for systems that can function in ways that enhance workflow and don’t disrupt critical cognitive processes, making usability and workflow integration critically important to adoption.

New approaches are needed to ensure that HIT systems expand beyond basic reporting and functionality, while maintaining ease of use and ensuring effectiveness, the authors stated. “Neither meaningful use regulations nor certification address these issues. Instead, we believe that the most effective way to achieve these characteristics will be through regular and frequent evaluations of systems. … In addition, information systems must undergo periodic testing to assess whether key decision support is in place.”

“Although meeting the Stage 1 meaningful use regulations will help providers begin the journey to better care, meeting these criteria alone will not be enough to meet even our current clinical needs from health IT,” they concluded. “If provider organizations are serious about improving quality and efficiency, they must take ownership of advancing their EHR capabilities far beyond just meeting the federal regulations.”

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