Pharmacy Automation and Technology

Should Health System Pharmacists Keep Up with the Meaningful Use Staging Process?

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Are the efforts of the nation's hospitals to implement electronic health records (EHRs) relevant to pharmacists? We believe they are. As we write another installment on the topic, we suggest that pharmacists have an important role in their institutions' efforts toward meaningful use of EHRs.

The Health Information Technology for Economic and Clinical Health Act (HITECH Act) was signed into law in 2009 and has appropriated between \$25 and \$36 billion to create an electronic health record (EHR) infrastructure in the United States. To receive the so-called "stimulus dollars," eligible hospitals and providers have to go through an attestation that demonstrates not only the existence of an EHR that has been installed but that meaningful use of this resource is taking place, according to a specific set of rules and certifications. The information used to reduce uncertainty in clinical decision making is going to come directly from this technology. This information will be increasingly employed on a minute-by-minute basis by every clinician and administrator.

The adoption of these technologies has been taking place and the "carrot" in the form of billions of stimulus dollars has already been delivered to qualifying health systems. The "stick" form of reinforcement is slated to begin in 2015 when Medicare will introduce financial penalties to hospitals and doctors who have not adopted EHRs. The uptake of these technologies seems to be growing but pushback continues to exist, as some end-users are reporting that they are not realizing the efficiency and effectiveness that were promised when they adopted these systems. Each subsystem, including electronic prescribing, health information exchange, and the measurement of clinical quality, is suffering implementation challenges that involve data, systems, and the people who use them.

The promise of this technology that is sought by the hopeful end-users begins with better care coordi-

nation in the "handoffs" of patients during a continuum of care that begins in the womb and ends in the tomb. With the use of these technologies, population health and the creation of entities such as accountable care organizations (ACOs) can be supported. Interoperability and the exchange of data from external sources continue to be major hurdles that must be overcome to ensure success and sustainability. We are excited that current and future stages of meaningful use are focusing on patient engagement strategies that create opportunities for the technology to allow patients and their nonprofessional caregivers to participate in self-management behaviors and communicate with their multidisciplinary care teams.

The core requirements for each of the meaningful use stages involve information that every health system pharmacist uses in the patient care process. The core objectives in Stage I require computerized provider order entry (CPOE) utilization, clinical decision support system use, up to date diagnosis, and allergy and medication lists. Key demographics and vital signs of the patient must be maintained, and specified clinical quality measures must be taken and reported. Initial patient engagement requires that patients receive clinical summaries of their pertinent health information and episodes of care. We can't think of a single element in this stage that is outside the pharmacists' care provision process.

Having said that the core requirements for meaningful use are essential, we would now like to encourage pharmacists to advocate for the menu items that are going to be selected for their health system to qualify for stimulus dollars. Menu objectives address drug formulary checks, lab results,

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patient sorting criteria, patient reminder activities, electronic access for patients to their health information, patient-specific education resources, medication reconciliation processes, patient referral care summaries, reports of immunization status to registries, and surveillance of syndromic data. Chances are that the decision on menu objectives for Stage I have already been made. We would like to challenge pharmacists and pharmacy departments to become proactive on future stages and the selection of menu objectives that would advance care within the institution through the pharmacists' access to and documentation of medication-related data. For example, looking at the menu objectives for Stage II and Stage III, how important would it be for your health system to select the option for pharmacists to record progress notes that serve the purpose of coordinating care in your health system versus structuring the family health history of patients? We would contend that multidisciplinary care teams could benefit much

more by having this feature in the EHR. In Stage III meaningful use menu objectives, consider being able to achieve medication reconciliation across the continuum of care as an objective and the impact that could have throughout the entire medication use process. Considerable progress on medication reconciliation has been made, but there are opportunities for improvement. Pharmacists can support their institutions' efforts to meet the objectives that are selected.

Think about the care that you deliver. What are the bottlenecks and data holes that would be most important for you to fill? What is the information that you require to elevate the impact of your care provision? We believe the answer to the title of this column should be yes. If you agree with us, why not bring it up in your next department meeting for consideration? If we can help you in any way in your deliberation, you can contact us by e-mailing Bill at felkebg@auburn.edu or Brent at foxbren@auburn.edu. Let's continue the conversation. ■