Strategy for Educating Clinicians on Government Programs Documentation Workflows

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PROVIDENCE Health & Services

MU happens at the intersection of Quality, Finance, Clinical Care & Information Services.

Quality	Finance
	Meaningful Use	
Clinical Care	Information Services

Background

Meaningful Use (MU) is a federal government program created to monetarily incentivize eligible hospitals and providers to invest in electronic health records (EHR). To receive payments, they must demonstrate that they are "meaningfully using a certified EHR" by meeting a set of objective measurements and reporting clinical quality measures established by the Centers for Medicare & Medicaid Services (CMS). Program performance is dependent upon proficient end-user documentation.

The financial incentives for a large Catholic not-for-profit healthcare enterprise serving five western states with 475 clinics, 33 hospitals, 5,000 employed providers, 7,000 affiliated providers and 26,000 nurses, represented *$70 million* for FYs 2014 & 2015. The Government Programs team, responsible to interpret rules, understand financial impacts, develop education, implement projects, and report program metrics was tasked with guiding the organization to successful attestations for MU.
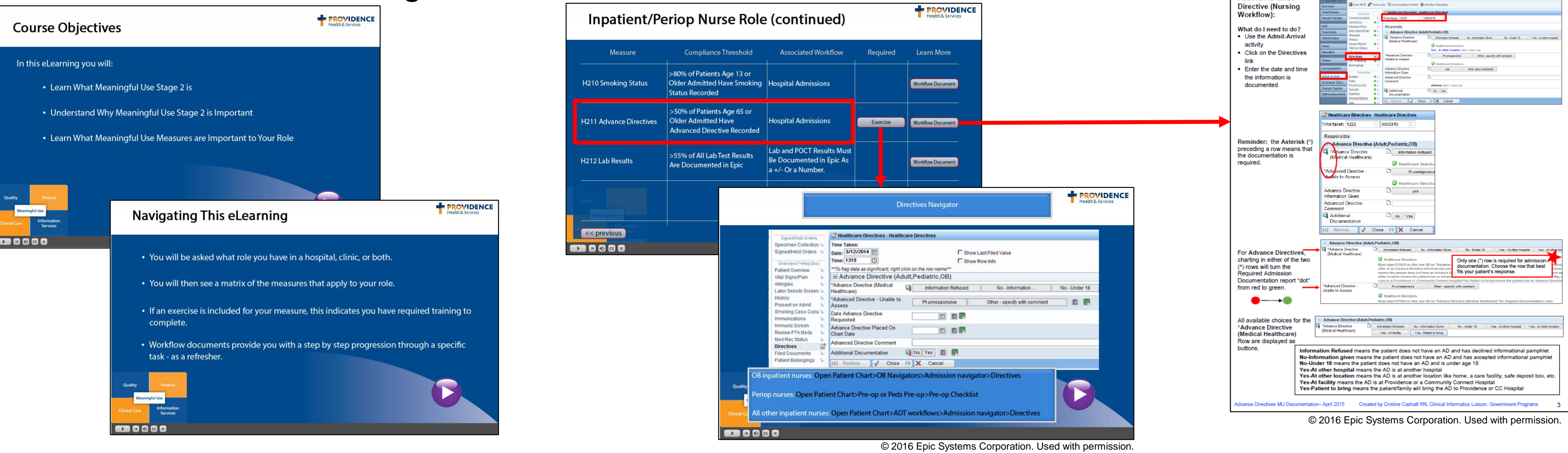
Objective

The objective of the initiative was to efficiently and effectively educate *38,000 clinicians* in a three month timeframe prior to the start of the 2014 attestation period as well as create a structure for continued government programs documentation workflows support.
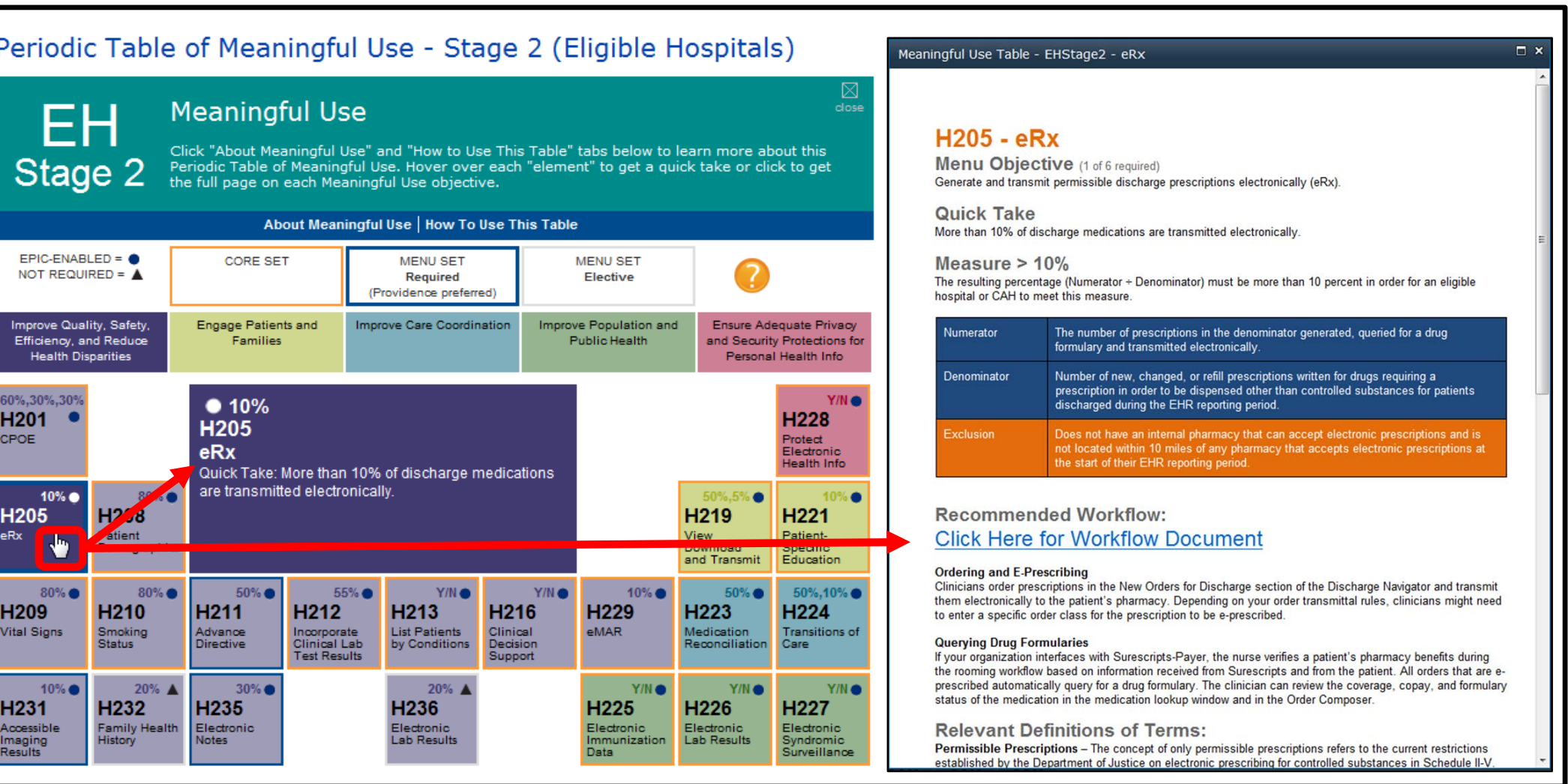
In-person Methods

- Government Programs team roadshows for Regional Leadership
- End-user lunch & learn and Q&A sessions at hospitals and clinics
- Clinical Informatics elbow support and purposeful rounding in hospitals and clinics
- Report monitoring workshops for Regional Leads
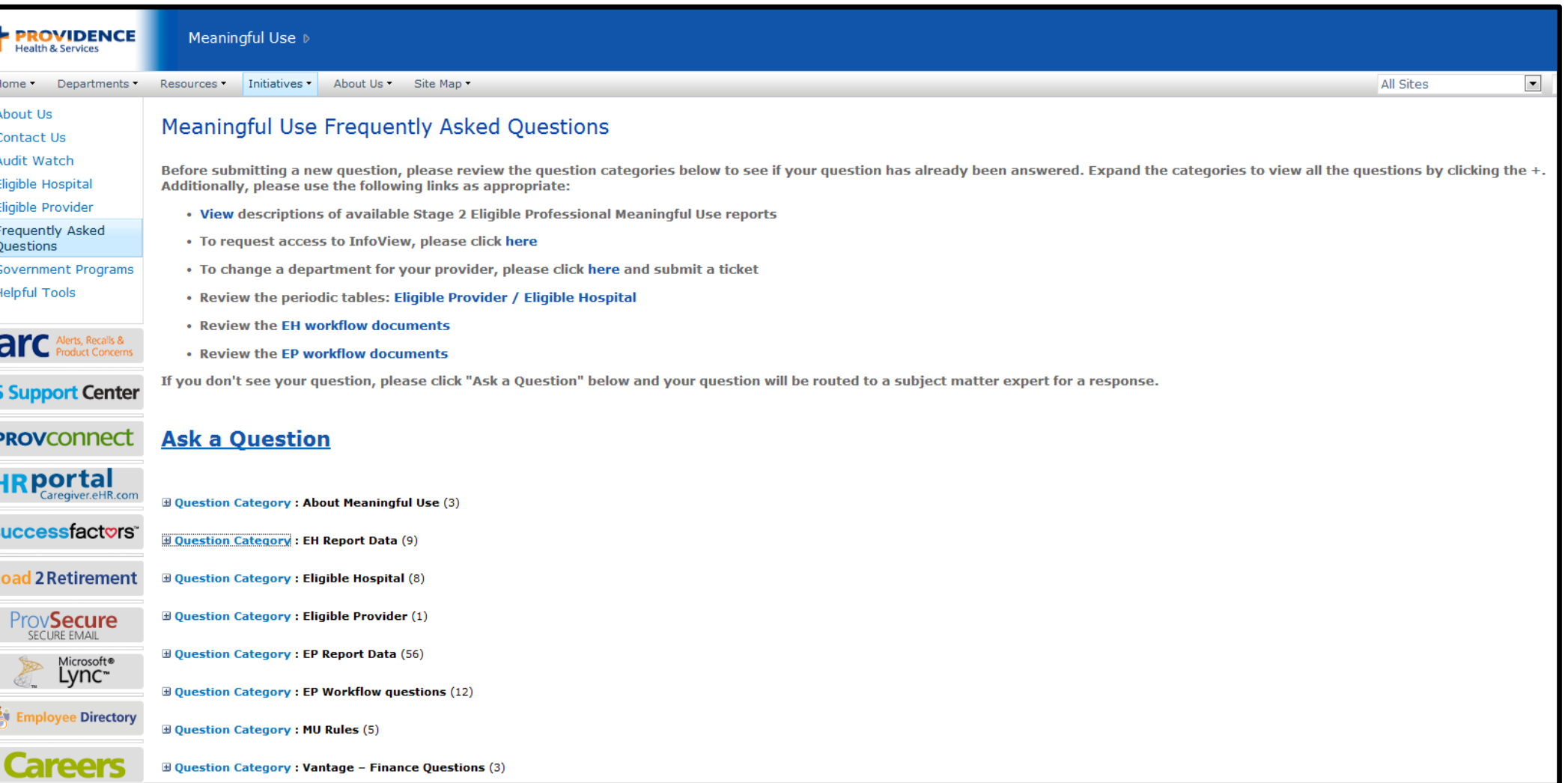
Technological Methods
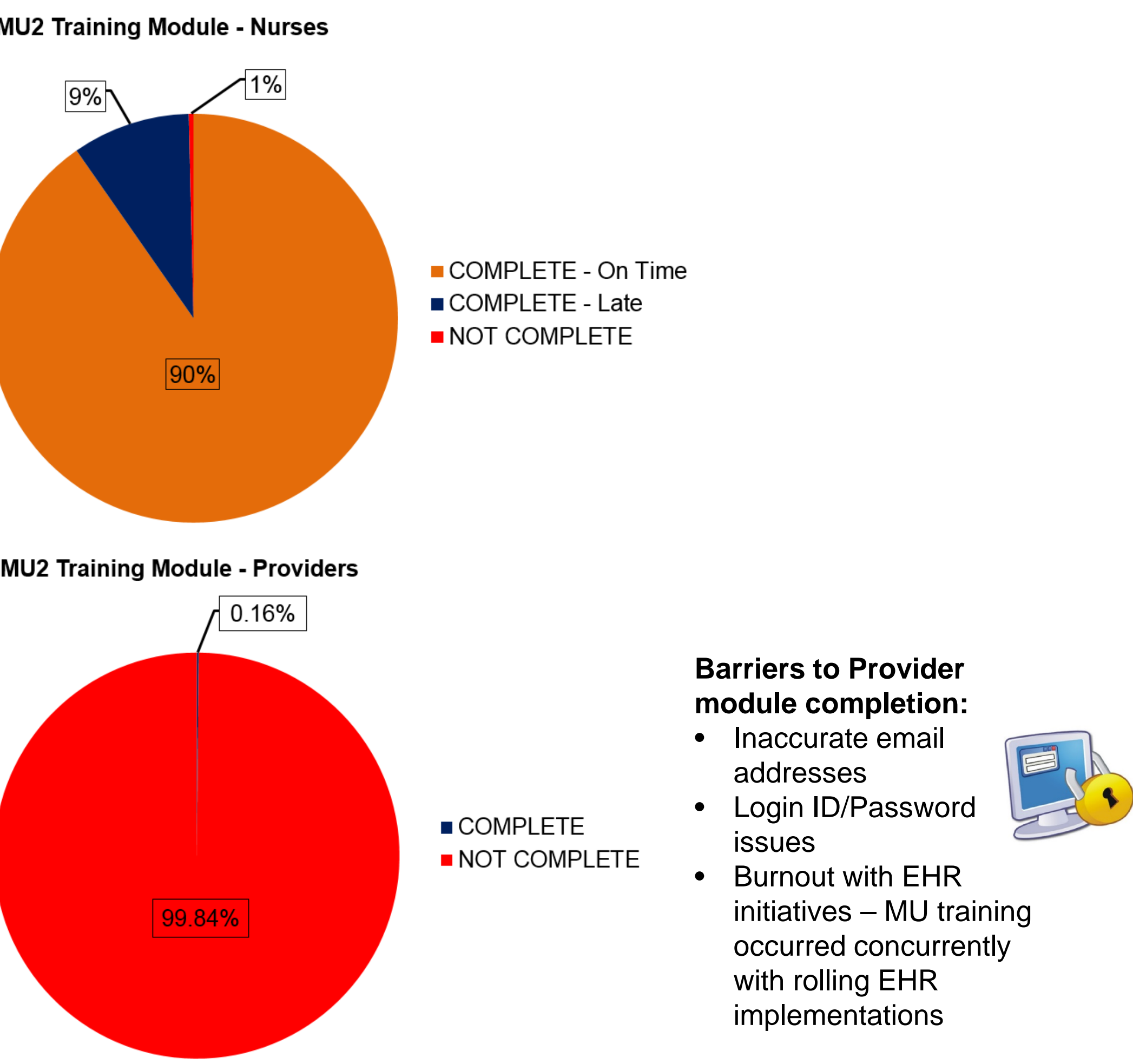
Online educational training module:

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Intranet interactive resource:

Intranet FAQ submission/answer page:

Educational Materials

Hard-copy workflow documents:

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Training Module Results

MU2 Training Module - Nurses

- COMPLETE - On Time (90%)
- COMPLETE - Late (9%)
- NOT COMPLETE (1%)

MU2 Training Module - Providers

- COMPLETE (99.84%)
- NOT COMPLETE (0.16%)

Barriers to Provider module completion:
- Inaccurate email addresses
- Login ID/Password issues
- Burnout with EHR initiatives – MU training occurred concurrently with rolling EHR implementations

Attestation Results

CY/FY	Eligible Hospitals		Eligible Providers	
	#	Passing rate	#	Passing Rate*
2014	32	99%	1284	97%
2015	33	100%	1438	97%

* After additional in-person education and support

Discussion

Impression
- Collaboration with key partners including Clinical Informatics Specialists, EHR Analysts, Training and Curriculum Developers, and Clinical and Operational Leaders was essential
- Reaching clinicians throughout the enterprise required a multi-faceted approach utilizing technological, in-person, and hard-copy resources
- Educational approaches are translatable to other CMS EHR-related financial incentive/penalty programs

Lessons Learned
- Frequent monitoring of educational approach completion rates determined when additional approaches were required to be developed and implemented
- When an educational approach fails, consider the initiative implications and act quickly to remediate
- Clinic and hospital staff educational approaches differed; know the intended recipient and tailor to fit their needs
- Providers and nurses appreciate different approaches to education; tailor to fit these specific groups

Next Steps
- Update Periodic Tables and workflow documents for MU Modification Rule and MU Stage 3
- Utilize workflow document template for other Government Programs (e.g. PQRS & eCQMs)