

# QIOs promote ‘meaningful use’ with 9th work plan

By [HYPERLINK "mailto:%20jdergurahian@modernhealthcare.com"](mailto:%20jdergurahian@modernhealthcare.com) [Jean DerGurahian / HITS staff writer](#)

Posted: June 9, 2009 - 11:00 am EDT

*Part two of a two-part series ( [HYPERLINK "http://www.modernhealthcare.com/article/20090608/REG/306089974/1134"](http://www.modernhealthcare.com/article/20090608/REG/306089974/1134) [Access part one](#)):*

*Health IT Strategist* readers [HYPERLINK "http://www.modernhealthcare.com/section/pastHITSwebpolls/"](http://www.modernhealthcare.com/section/pastHITSwebpolls/) [support the idea of CMS-contracted quality improvement organizations, or QIOs, leading efforts to roll out health information technology extension centers](#), and they may be on to something. Long before the month of February introduced the term “meaningful use” to the health IT lexicon, QIOs were practicing exactly that, based on industry interpretations of the phrase.

In addition to providing guidance on the hardware and software needs of physician offices, regional extension centers will have to be able to take that IT a step further and ensure the technology is used in meaningful and relevant ways for patients and the CMS. “We need to make sure what we’re doing is purposeful,” said Mary Alice Annecharico, senior vice president and chief information officer of University Hospitals, Cleveland, and a director of the National Alliance for Health Information Technology in Chicago.

And that purpose is to improve outcomes and reduce costs, Annecharico said. Add to that the ability to report those results clearly to regulators, and the industry has its definition of meaningful use, she said.

There is no formal definition of meaningful use yet by the government, but there has been much discussion about the meaning of those two words. The American Recovery and Reinvestment Act of 2009 mandates providers have IT and are using it in a “meaningful way” in the next few years before they begin to be penalized for not implementing technology. A [HYPERLINK "http://www.modernhealthcare.com/article/20090604/REG/306049963"](http://www.modernhealthcare.com/article/20090604/REG/306049963) [definition of the term is expected out soon](#), according to officials.

In the meantime, QIOs in the midst of the [HYPERLINK "http://www.cms.hhs.gov/QualityImprovementOrgs/04\\_9thsow.asp"](http://www.cms.hhs.gov/QualityImprovementOrgs/04_9thsow.asp) [9th Statement of Work](#) are already at work helping physicians use technology meaningfully, following that criteria of improved outcomes, reduced costs and reportable results, said CMS Chief Medical Officer Barry Straube.

What started under the 8th Statement of Work requiring QIOs to help providers implement IT has become—under the latest contract, begun last August—a focus on ensuring that IT

is used with “great effect” for prevention and safety measures. Those types of issues are exactly what the stimulus act “has put down as meaningful use,” said Straube, who is also the director of the Office of Clinical Standards and Quality in the agency.

The 9th Statement of Work represents a transition, Straube said. QIOs have to meet more stringent performance measurements to ensure that the types of work they do comply with contract requirements. The program has made “major, major changes” in response to criticisms outlined in a 2006 Institute of Medicine report that said the work QIOs were doing was ineffective, Straube said. “We’re hoping the 9th Statement of Work will prove the value of the QIO program.”

QIOs already have made great strides with health IT, said David Schulke, executive vice president of the American Health Quality Association, the umbrella QIO organization. Under the last contract, QIOs recruited 3,932 physician practice sites to implement IT, exceeding the contract requirement of 3,695. Now in the 9th Statement of Work, organizations are beginning to address the workflow issues that represent challenges to physician engagement, said Schulke, who advocates that QIOs are the right group to lead the launch of regional extension centers.

One of the issues that QIOs have found is that doctors don’t know how to use the systems that have been implemented, Schulke said. Instead of using the automatic fields provided for clinical data through the applications, doctors are using other text fields in the electronic records to enter their notes. By doing that, the systems can’t process the data the way they were designed to, he said.

At issue is workflow and changes to the way people practice, Schulke said. “The machine is the least of it.” QIOs now have to address training and education needs. Doctors “don’t know what the machine needs to make it useful,” he said.

Providers and IT vendors both have to move away from thinking that technology itself will solve healthcare problems, said Evan Falchuk, president of Best Doctors, a Boston-based company that provides clinical consulting to physicians and patients to ensure proper diagnosis and treatment options. “There’s always magical thinking around IT.”

It comes down to making sure that IT improves outcomes and quality for individual patients, and the industry isn’t able to measure yet how well that happens, Falchuk said. While regional extension centers might help providers with technology, doctors must also be sure they are still working in the best interest of their patients, listening to them and paying attention to their needs. “You can’t replace that with a computer program,” he said.

*What do you think? **[HYPERLINK "mailto:hitsdaily@modernhealthcare.com"](mailto:hitsdaily@modernhealthcare.com)** **[Submit a letter to Your Views](#)**. Please include your name, title, company and hometown. Health IT Strategist reserves the right to edit all submissions.*

Also, please share your thoughts by **HYPERLINK** "<http://www.modernhealthcare.com/apps/pbcs.dll/section?category=yourviews>" \t "\_new" **taking our latest** **HYPERLINK** "<http://www.modernhealthcare.com/apps/pbcs.dll/section?category=yourviews>" \t "\_new" **HITS reader poll.**