

Baffled to Bold: The Path to Digital Immigration and Meaningful Use

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It's understandable that midwives are feeling overwhelmed in this age of smart phones, social networking, instant messaging, and tablet computers. Somehow an infinite black hole has emerged between the day I adopted my first beeper in 1986 and the day my nephew instructed me on the use of my BlackBerry in 2009. So when the opportunity presented itself to adopt a "state-of-the-art" electronic health record (EHR) system, I was not amused. However, learning about EHR is increasingly becoming a job requirement, and the program does offer greater efficiency in billing, patient flow, tracking, and secure record keeping.

In upcoming issues of *Quickening*, the Health Information Technology (HIT) Taskforce will be addressing the most frequently asked questions from our webinars and listserv communications. Our first topic is meaningful use.

What is Meaningful Use?

Meaningful use is the term used to describe the criteria for receiving up to \$63,750 in federal dollars per midwife for your practice. The Centers for Medicare & Medicaid Services (CMS) plan to fund Medicaid and Medicare eligible professionals (EPs) who adopt, implement, or upgrade EHRs that meet the criteria addressed in the American Recovery and Reinvestment Act of 2009. Eligible midwives are those who have a practice in which Medicaid is billed for at least 30% of patients.


By learning what constitutes meaningful use, you'll be better equipped to consider the motivations for considering an EHR, how to shop for one, and how to apply for funding. For eligible professionals, there are 20 objectives that an EHR must accomplish to achieve meaningful use, with 15 core requirements and additional objectives to choose from.

How to Get Started

- Download the objectives at <http://1.usa.gov/g6KUa9>.
- Find out if you are eligible for the incentives at <http://1.usa.gov/eudsP7>.
- Get an overview of EHR incentives on the CMS Web site at <http://1.usa.gov/aE5g3f>.

Still confused? You can see a list of frequently asked questions at <http://bit.ly/exMxaN>.

Finally, the EHR eMidwife discussion list is a great place for ACNM members to ask questions and discuss EHRs. The ACNM Health Information Technology Task Force is available to answer your questions and share our experiences. Members can access the listserv at www.midwife.org/eMidwife-Discussion-Groups.

Also, don't miss Fear and Loathing: Installing an Electronic Health Record in your Practice on Saturday, May 28, 9:00AM – 12:30PM at the Annual Meeting. Technology comes and goes, but who we are as midwives hasn't changed. If anything, adopting EHRs is right in line with our desire to engage our patients meaningfully, to provide informed choice in their health decision-making, and to provide safe, satisfying care. We're simply using new tools. Stay tuned for the next article in this series. 



Practical Hints for Adopting an Electronic Health Record

- Hire a health information technology broker such as DrFirst.
- Choose two "super-users" in the office to attend training at your EHR vendor. They can more inexpensively translate the knowledge to other office staff.
- Locate your local Regional Extension Center (REC) and decide if you can afford the consultation fees (investigate their business model). It's worth the investment to have a system that is eligible for funding and compliant with official meaningful use definitions. Learn more about RECs at <http://bit.ly/beQ8fv>.
- Decide how you will input patient data: Will medical assistants use laptops at their stations? How will you integrate patient charting with the documentation of other members of the office? Many occupational therapists tell us that laptops were never meant for long-term desktop use and there are some inherent ergonomic challenges to using portable laptops throughout the office.
- How will you position your clinic room to promote eye contact, decrease patient/provider barriers, and maintain good body mechanics for you the provider? How will you make efficient use of the limited time for the visit? Will drop down boxes with default "normal" help?
- Can you reconstruct the visit during lunch hours or breaks so that you can document your notes or develop a narrative note from the sparse notes you entered during the visit? It's important to document something at every visit, even if it must be edited later. 