



# Nurse Practitioners and Meaningful Use: Transforming Health Care

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## ABSTRACT

This article describes how the adoption of electronic health records (EHRs) and the achievement of Meaningful Use requirements by nurse practitioners (NPs) can transform patient care. By implementing EHRs, NPs can improve the quality and consistency of care while simultaneously reducing health-care costs. This article provides insight into considerations for NP participation in the EHR Incentive Program. It includes a case study focusing on one NP's experience with the program, who sought to improve the quality of patient care, safety, and satisfaction through health information technology, along with the challenging yet rewarding journey to practice transformation.

**Keywords:** EHR Incentive Program, health information technology, HITECH, Meaningful Use, nurse practitioners, practice transformation

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## INTRODUCTION

It is an exciting time to be in the health-care field in the United States. All types of providers, along with their patients, are realizing the power of health information technology (HIT) as a tool to assist

each person's journey toward better health and better care at lower cost. The passage of landmark health-care reform legislation, including the Health Information Technology for Economic and Clinical Health (HITECH) component of the American Recovery

This CE learning activity is designed to augment the knowledge, skills, and attitudes of nurse practitioners (NPs) and assist in their understanding of meaningful use in regards to electronic health records (EHRs).

**At the conclusion of this activity, the participant will be able to:**

- Explain the impact of the HITECH Act on EHR adoption/utilization
- Describe the eligibility of NPs to receive/participate in Medicaid EHR
- Evaluate the challenge of attesting to meaningful use of EHRs

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and Reinvestment Act (ARRA) in 2009 and the Affordable Care Act (ACA) in 2010, has forever changed the landscape of the United States health-care system. HITECH created the Electronic Health Record (EHR) Incentive Program, administered by the Centers for Medicare & Medicaid Services and the Office of the National Coordinator for Health Information Technology (ONC). This program provides financial incentives to eligible professionals and hospitals that implement and achieve meaningful use of ONC HIT-certified EHRs.

The program has worked well. In only 5 years, adoption of EHRs has increased dramatically. As of April 2014, 73% of eligible professionals (383,072 of 527,200) and 91% of eligible hospitals (4,561 of 5,011) have participated in the voluntary program and received a total of \$23.7 billion in Medicaid or Medicare EHR incentive payments for either meeting the Meaningful Use criteria, or fulfilling the requirements for adoption, implementation, or upgrade of a certified EHR system.<sup>1</sup>

The EHR Incentive Program was created because EHRs represent the electronic infrastructure driving health-care quality and efficiency improvements, and are foundational to the health-care delivery and payment reform needed for health-care transformation in our country. These efforts—improving care coordination, reducing duplicative tests and procedures, focusing on quality outcomes, and rewarding providers for keeping patients healthier—are enabled by widespread use of EHRs and sharing of data between EHRs through health information exchange. EHRs help manage health information in ways that are patient-centered and have great potential to give all providers the ability to better coordinate care, consistently deliver identified best practices, and reduce errors and readmissions that can cost more money and leave patients less healthy.

During this transformation from disconnected, inefficient, paper-based “silos” of care delivery to an interconnected and interoperable data system driven by EHRs, the contributions of all types of providers has become increasingly evident, particularly that of nurse practitioners (NPs). In their front-line roles, NPs have a profound impact on the quality and cost of health care and can be leaders in the effective use of health IT to improve the safety, quality, and efficiency of health-care services.

## **ROLE OF NPs IN MEETING TODAY'S HEALTH-CARE NEEDS**

The United States spends approximately \$8,233 per person on health care annually, at least 250% more than most other developed nations in the world. As the population ages, health-care spending is predicted to grow at an average rate of 5.8% each year through 2022.<sup>2</sup> With the advent of the ACA and expanded Medicaid coverage already totaling an increase of 3 million newly insured as of April 2014,<sup>3</sup> there is a growing need for primary-care providers to serve a greater number of individuals. At the same time, shortages in primary-care physicians are estimated to increase, leading to an undersupply of 7,550 physicians by 2020. As health-care providers who are able to diagnosis and treat illness and provide patient education and care coordination, NPs are perfectly situated to fill some of this need. Recent simulations hypothesize that operational changes, like better HIT combined with increased utilization of nonphysicians such as NPs and care teams like those found in the new care coordination initiatives, may help to mitigate<sup>4</sup> or even avert this shortage.<sup>5</sup>

## **NPs AND THE EHR INCENTIVE PROGRAM**

The Recovery Act of 2009 created specific financial incentives for providers, including NPs, to adopt and meaningfully use certified electronic health records with the inclusion of the HITECH Act. The program provides incentive payments in either the Medicare or Medicaid program, assuming the provider serves either population. The Medicare EHR Incentive Program does not recognize NPs as an eligible provider type; therefore, NPs do not qualify for participation in the Medicare EHR Incentive Program. However, the Medicaid EHR Incentive Program does recognize NPs as an eligible provider type. An NP who is using certified electronic health technology and whose patient mix over a 90-day reporting period is at least 30% Medicaid, is eligible for an incentive payment of \$21,250 the first year, and \$8,500 for the subsequent 5 years, for a total of \$63,750 over the course of the program.<sup>6</sup> The Medicaid program does not place any requirements around NPs that relate to scope of practice or in any way dissuade nurse-run clinics from receiving an incentive. There are no requirements around

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