ORIGINAL ARTICLE

Expanding Role of Certified Electronic Health Records Technology in Radiology: The MACRA Mandate

SA-CME

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Abstract

Radiology has historically been at the forefront of innovation and the advancement of technology for the benefit of patient care. However, challenges to early implementation prevented most radiologists from adopting and integrating certified electronic health record technology (CEHRT) into their daily workflow despite the early and potential advantages it offered. This circumstance places radiology at a disadvantage in the two payment pathways of the Medicare Access and CHIP Reauthorization Act of 2015: the Merit-Based Incentive Payment System (MIPS) and advanced alternative payment models (APMs). Specifically, not integrating CEHRT hampers radiology's ability to receive bonus points in the quality performance category of the MIPS and in parallel threatens certain threshold requirements for advanced APMs under the new Quality Payment Program. Radiology must expand the availability and use of CEHRT to satisfy existing performance measures while creating new performance measures that create value for the health care system. In addition, radiology IT vendors will need to ensure their products (eg, radiology information systems, PACS, and radiology reporting systems) are CEHRT compliant and approved. Such collective efforts will increase radiologists' quality of patient care, contribution to value driven activities, and overall health care relevance.

Key Words: Electronic health records, CEHRT, MACRA, informatics, PACS

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Radiology as a specialty has a long history of contributing to and benefiting from advances in technology that not only promote the value of the field but also help maintain or increase the efficiency at which radiologists interpret medical imaging studies. For instance, PACS have been important in enabling radiologists to interpret studies containing a larger number of images per examination while maintaining overall productivity. However, challenges to early implementation prevented most radiologists from adopting and integrating certified electronic health record technology (CEHRT) into their daily workflow despite the early and potential advantages it offered [1]. The value mandate legislated in the Medicare Access and CHIP Reauthorization Act (MACRA), and to a lesser extent the Patient Protection and Affordable Care Act [2,3], provides further incentive for radiologists to increase their use of CEHRT.

CEHRT FACILITATES VALUE

CEHRT has core capabilities that allow the exchange of clinically relevant information among providers across various settings and thus can provide access to more comprehensive clinical information for use by radiologists at the time of interpretation or before an image-guided procedure. CEHRT differs from basic electronic health

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records (EHRs) in that it is "certified" by the Office of the National Coordinator for Health Information Technology (ONC) within the purview of the US Department of Health and Human Services. The American Recovery and Reinvestment Act of 2009 contained the Health Information Technology for Economic and Clinical Health (HITECH) Act [4], which is noteworthy for introducing the EHR incentive program, also known as meaningful use [5]. In the ensuing years, the adoption of EHR technology in the office-based setting nearly doubled, with 77.9% of offices using CEHRT as of 2015 [6], while nearly all nonfederal acute care hospitals have subsequently adopted CEHRT [7]. Surgical reports, pathology and laboratory data, daily progress notes, and problem lists are now readily accessible for those radiologists practicing in environments that have adopted CEHRT.

CEHRT also serves as a technology platform for expanding opportunities for value-based activities. CEHRT has core capabilities mandated for certification under the EHR incentive program stage 3 requirements [8]. This includes the ability to engage patients using an encrypted internal messaging platform that allows them to message their physicians with questions and concerns. These internal messaging conversations can be digitally captured as part of the patient's medical record, storing vital communications that are likely to play an increasing role in the radiologist-patient relationship. Patients can also access patient-specific education through online portals, connecting them with their physicians' CEHRT. These educational resources are tailored for the patient's specific needs and conditions, for example, providing information about pending or already preformed procedures. Patients are granted online access via CEHRT portals to vital pieces of their medical records, keeping them informed of diagnoses and treatment plans; these portals further serve as a mechanism to distribute the results of tests and procedures, including radiology reports. This expanding avenue of patient communication was recently embodied in two new care delivery models announced by CMS on December 8, 2016, called the Shared Decision Making Model and the Direct Decision Support Model [9]. CMS intends for these new practice and payment models to improve patient engagement and shared decision making by increasing patient access to their health information; such activities will require CEHRT.

CEHRT has further value-based advantages beyond deepening and enriching the avenues of communication. CEHRT has an already established and expanding role for capturing quality data ranging from simple measures of physician processes to creating opportunities to evaluate outcomes of image-guided therapies or imaging procedures. CEHRT is ideal for these activities as it has access to large portions of patients' clinical data, including laboratory results, pathology, and clinician's assessments, among a plethora of other information. The science of waste reduction and cost containment in health care has been previously reviewed, and CEHRT has been considered a potentially vital piece of the equation [10,11]. Radiology has already begun the process of managing waste within our specialty by discouraging inappropriate imaging through the adoption of clinical decision support software for advanced imaging, as legislatively mandated by the Protecting Access to Medicare Act of 2014 [12]. Radiology's role as advocates for appropriate imaging will be strengthened by further studying complex care paradigms, diving deeper into both efficient and inefficient uses of imaging; this undertaking would be strengthened with the extensive data sets being captured in CEHRT. The future broader interconnectivity of CEHRT will also allow sharing data with national medical data registries, enhancing the ability to study best practice and root out waste.

The intricate team-based approach to care in the modern health care system requires a central data repository like CEHRT. Radiologists will of course continue to use PACS for image interpretation–specific functions, but they must also embrace the depth of CEHRT to add greater value to the broader health care team and succeed in MACRA.

MACRA

Promoting the Transition From Volume to Value

Under MACRA, clinicians will receive an increasing component of reimbursement tied to value, either through the modified fee-for-service payment system termed the Merit-Based Incentive Payment System (MIPS) or from a variety of advanced alternative payment models (APMs) that inherently reimburse for value over volume. The pressures created by these two new payment systems on providing high-value cost-effective care will result in a health care system that demands reliable and clinically relevant information from radiologists. Compared with traditional fee-for-service methodology, radiologists may seek additional ways to provide value, including serving as imaging utilization managers, amplifying care coordination activities, providing more effective communications to referring clinicians and/or patients, and redefining quality.

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