Intensive Education, Compliance Monitoring and Interdisciplinary Collaboration
Increase Meaningful Use Compliance
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Introduction and Background
Boston Children’s Hospital (BCH) began participation with the Centers for Medicare and Medicaid Services (CMS) Electronic Health Record (EHR) Incentive program, Meaningful Use (MU), in 2011. Between 2011 and early 2013, data showed low compliance amongst providers in ambulatory setting. Needs assessment completed by the BCH Clinical Education and Informatics team (CEI) demonstrated knowledge deficits around use of the EHR. Based on the success of previous education initiatives, the team used a three-pronged approach: providing intensive education, monitoring compliance, and improving interdisciplinary collaboration.

Methods
After thorough assessment of ambulatory clinics in early 2013, it was apparent that additional Clinical Informatics Specialists (CIS) were required to fill education gaps identified. New team members brought a range of clinical, educational and work experience and were oriented over 6 weeks. The CIS’ main priority was to be in the clinics daily providing education around electronic documentation. Once the CIS were in place, weekly meetings were held with the project manager, the CEI team and clinical staff to troubleshoot common issues. These issues were dissected until resolution or a recommended workflow was developed. Weekly compliance reports acted as both a measurement tool, and provided guidance for focused training of clinical staff while sparking friendly competition amongst clinicians. Satellite locations including Weymouth, Peabody, Lexington, and Waltham were necessary for success since some providers only practice in these locations. One successful approach to incentivize participation was a weekly lipdawg giveaway contest. Staff in the clinic with the most patients signed up for the MyChart/Mobile portal were entered to win an iPad.

Results
CMS defined specific compliance requirements that the clinician must meet or exceed to participate in the MU program. Initial reports as of June 1, 2013 showed poor compliance. The education initiative was implemented on August 1, 2013. As of December 29, 2013, final reports revealed increased compliance in a majority of measures.

Discussion/Lessons Learned
Important lessons were learned prior to and during the 2013 MU measurement period.
- Having executive support is crucial to success for project buy in.
- Providing individualized teaching plans for providers and clinicians, trainer flexibility, and 1:1 education was most effective.
- Communication with all parties involved is imperative for success.
- Help, UK, help you understand from all levels is critical.
- Administrative staff are very influential in the clinics and bring creative ideas to the table.
- Collaboration with the Physician Educators group brought physician perspective MUs.

Champions within the clinic provided an entry point for trainers to gain access to staff and helped sustain momentum during the measurement period.

Next Steps for 2014 and 2015
Based on our experience in the 2013 MU measurement period, we plan to revise our approach as follows:
- Remain transparent with our providers as new projects progress.
- Begin formal education once all of the projects are completed, tested and are in the production EHR domain.

We have also learned that the earlier, the better when it comes to providing education so end users will have ample time for hands on experience.