

The Staffing Factor: Where Meaningful Use Fails

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Most healthcare professionals in the United States are acutely aware of Meaningful Use (MU) and to some point what the requirements are to meet the standards. If facilities meet the standards, they can expect to receive a very large financial reimbursement. However, if facilities that care for Medicare patients do not meet the standards, not only will they not receive the financial reimbursement; they will be fined until they meet the standards. According to "What Is "meaningful Use"?" (n.d.), "After 2015, Medicare will require that all Medicare eligible professionals and hospitals meet meaningful use or they may be subject to a financial penalty" (Meaningful Use's Principles). The standards set forth by MU require facilities have certified EHR's implemented and that they are using them in a meaningful way, but they miss the mark by not setting forth requirements on the staff that implements and then maintains the system. This would be like requiring that state of the art equipment be used in heart surgery, but not requiring that a physician do the surgery. Would you want a medical records clerk to perform heart surgery on you? Of course not, that would be ridiculous. Well, a similar failure is taking place within healthcare facilities by not requiring them to hire properly educated and experienced professionals to implement, and maintain the certified EHR required by meaningful use standards. To ensure that qualified personal are in place, the facility will need to define the positions needed, define the responsibilities of each position and then develop and adhere to job descriptions that ensure that properly educated and experienced professionals are in place.

When defining the positions that will be involved with the EHR, the facility will need to determine when a position should be one that requires a clinical degree or an IT degree, or to a smaller degree, a position that requires degrees in both IT and a clinical field. If the position requires that the person understand the clinical flows within the facility, it would make sense that

the person who occupies this position be a clinician, such as a registered nurse. If the position requires that the person have an understanding of networks, databases or programming, then the person should have the appropriate IT degree, such as a bachelor degree in computer information systems or networking. Although rare, if a facility can find someone that has both a clinical degree and IT degree and experience in both fields, this person will be very valuable because of their ability to understand how best to deploy IT solutions to meet clinical needs. No matter what position that the facility is trying to fill, they should set a minimum standard on education. This writer believes that the baseline education for both IT and clinical professionals should be a bachelor's degree. The requirement of a bachelor degree can be evidenced by the increasing number of hospitals in the country now requiring nurses to have a minimum of a bachelor of nursing (BSN) degree ("More Stringent Requirements Send Nurses Back To School", 2012).

A key aspect of assuring that the professionals are able to perform their duties is the defining of their responsibilities. Once the needed jobs are created, their responsibilities will need to be carefully defined. The Informatics reporting structure varies between facilities, with some facilities having the informatics staff reporting to nursing, others have then report to the information technology (IT) department, and yet others divide the informatics staff between nursing and IT. One organizational structure that this writer has seen effective is the matrix structure where expertise is "shared" between departments. In this structure, staff work in departments with others of their specialty, but also work in various projects where there special skills are needed. This structure allows for experts to be utilized where they are needed and for enhanced communication between departments. Guzman (n.d.), "Since employees have constant contact with members of different functional areas, the matrix structure allows for information and resources to travel more fluidly between those functional areas." (Communication).

Job descriptions vary between facilities, even for the same exact position and responsibilities. This writer has worked at a small community hospital in Central Florida where job descriptions were in place, but largely ignored in the IT department. As an example, the position of clinical analyst in the IT department required that the staff member have clinical experience (preferably RN), but in the department, three of the four clinical analyst had no form of clinical experience and none of the analyst had an IT degree. While this may seem like an anomaly, this tends to happen frequently in healthcare, where facilities focus on hiring qualified, licensed healthcare professionals, but do not uphold the same standards for their IT departments. This writer has also worked at a hospital in Indiana where the required level of education to enter the IT department was a Bachelor degree. The IT team had Bachelor's degrees in IT and the clinical analysts in the department had BSN degrees. This department had the highest level of proficiency that I have experienced in my career and completed their projects far quicker and more efficiently than any other hospital that I have worked with. Another benefit that the hospital obtained with having a qualified IT department was that the clinicians in the hospital rated their satisfaction for IT support at a very high rate, and because of this, they trusted the IT staff and their initiatives.

Meeting meaningful use standards are necessary in order for facilities to collect the desired federal reimbursements and to do business in healthcare today, but in order for facilities for get the most from their EHR systems they need to go beyond the MU requirements and set their own high standards for the staff that will be developing, implementing, and maintaining their EHR solutions.

References

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