How mobile technology helps meet MU

By Robert Oscar

The Health Information Technology for Economic and Clinical Health (HITECH) Act enables eligible healthcare professionals and hospitals to qualify for Medicare and Medicaid incentive payments when they adopt certified electronic health record (EHR) technology and use it to achieve meaningful use (MU). This objective entails measurable benchmarks that providers must meet to qualify for the incentive payments. Currently, many physicians are searching for ways to meet MU objectives as quickly and cost effectively as possible.

During Stage 1 (2011 and 2012), providers must meet certain mandates, and 80 percent of patients must have records in the certified EHR technology. Scheduled to begin in 2013, Stage 2 involves quality assurance of advanced clinical processes at the point of care and the electronic exchange of information. Scheduled to begin in 2015, Stage 3 requires improved outcomes in quality, safety and efficiency of clinical decision support and patient self-management tools.

As of yet, EHRs do not require a Web interface or smartphone applications for mobile devices, including cell phones or tablet PCs. However, the possibility is growing, especially in today’s patient-centric environment, as more physicians embrace smartphone technology to help streamline administration and improve patient care. A number of mobile medical apps now enable physicians to quickly and easily gather information, access reference material, connect with other physicians and join online collaborative discussions.

Likewise, a growing number of patients have begun to embrace new mobile technologies for self-management of care. According to a survey by Accenture, 90 percent of American patients surveyed prefer using the Internet, email and/or mobile devices to better manage their health and/or complete certain health-management-related tasks, such as scheduling doctor appointments and ordering prescription refills. Researchers also found that 83 percent of patients want to access personal medical information from the Web, and 72 percent want to be able to book, change or cancel doctor appointments and request prescription refills online.

The meaningful-use challenge

The American Hospital Association (AHA) and the College of Healthcare Information Management Executives (CHIME) have formally expressed significant doubts about both the timing and the content of the proposed rule, implementing Stage 2 of the EHR incentive program. They warned that the requirements for Stage 2 were not feasible, especially because more than 80 percent of hospitals haven’t even attained Stage 1 MU due to the high bar set and market factors, such as vendor capability. The AHA warned that elements of the proposed rule would “stand in the way of a successful program to support widespread adoption by all hospitals.”

The AHA expressed particular concern with the proposed objective of providing patients with the ability to access, download and transmit their protected health information via patient portals, citing various security issues. Not only did the AHA claim that the objective goes “well beyond” current technical capabilities, but the AHA also found several security issues and cited other various potential flaws or problems.

The patient portal measure poses a serious challenge for most eligible providers because patients who currently receive healthcare through Medicaid or Medicare plans are less likely to have Internet access at home. The Affordable Care Act of 2010 (ACA) is expected to expand Medicaid benefits to an additional 22.4 million Americans by 2014. Recent data shows that a number of Medicaid recipients – in particular, people of color and of low-income populations – are adopting mobile technology at a rapid pace and are increasingly using mobile tools to access the Internet. This data suggests that mobile-friendly versions of patient portals could help close the online access gap for Medicaid patients.

What’s more is that physicians can play a proactive role in addressing these issues by adopting mobile apps that are designed specifically for their workflow, as opposed to traditional hospital information systems, which were designed originally for hospital operations staff and function in rigid steps. Real-world interactions with patients are rarely linear, often jumping from one workflow to another. In order for this type of rigid functionality to become more efficient, it would require the kind of flexibility and mobility that new technology provides.

For now, most mobile phones on the market meet only about 40 percent of the security requirements required
by HIPAA and MU’s Stage 2 standards, according to the Office of the National Coordinator for Health Information Technology (ONC). To rectify this problem, the ONC is currently conducting extensive research for the development of a set of “best practices” to help small- and medium-size provider organizations secure the growing number of mobile devices that process health data with the overall goal of protecting patients’ health records.

The rise of mHealth

While the HITECH Act attributes MU specifically to EHRs and computerized physician order entry (CPOE), physicians should begin looking beyond the simpler functions of their smartphones and envision the potential for a revolution in medical care. Mobile devices are highly portable and show great promise for providing a powerful foundation for telemedicine. Currently, individuals can have certain skin conditions diagnosed by taking photos and uploading them via a smartphone to send to their physician. Diagnostic cardiology can be performed at the bedside using an EKG or ultrasound connected to a smartphone or iPad. In addition, smartphone technology can be used as a diagnostic tool in the assessment of a patient’s gait, strength, agility, movement and so on.

A recent study found that nearly 17 million consumers were accessing health information on mobile devices in 2011, representing a 125 percent increase from 2010. What’s more, 56 percent of physicians used smartphones and 25 percent used tablets for clinical work last year. These statistics leave experts predicting that healthcare and medical-app downloads will reach 44 million this year, and 142 million by 2016.

In terms of investment growth, $500 million flowed into mobile health companies last year, compared to $233 million in 2010. In the next few years, efficacy studies will no doubt lead to greater awareness and increased investment in mHealth strategies – and for good reason. Health-related smartphone apps streamline the flow of information between health plans, physicians and patients, facilitating one-on-one exchanges that close gaps in care, create quicker care response and improve the overall healthcare environment. In fact, a number of mobile health website capabilities provide access to:

- Physician directories and directions to physicians’ offices;
- Claims histories;
- Eligibility and cost-sharing requirements for a doctor visit;
- Drug prices of nearby pharmacies, including generic and therapeutic alternatives;
- Self-diagnosis tools, including symptom and disease lookup;
- Daily wellness self-management tools, including trackers for achieving health-related goals;
- Information regarding a specific health-related condition;
- Reminders and alerts regarding prescription drug compliance; and
- Options for in-home monitoring and in-home care.

Nearly 90 percent of surveyed physicians would like their patients to use mobile devices to monitor or track certain health indicators at home, according to a report from Float Mobile Learning, a mobile technology consulting firm. Other key findings of surveyed physicians include: 56 percent use mobile devices to help them make faster clinical decisions; and 40 percent said mobile devices help them reduce the amount of time they spend on administrative work.

As baby boomers reach retirement age, and as healthcare costs continue to rise, mHealth represents a high-tech revolution that has the potential to relieve the cost burden of healthcare and the growing demand for higher quality, patient-centric medical treatment.

Smart medicine

Service providers with expertise in mobile technology strategies provide Web-based platforms – not just apps – that automate the labor-intensive processes of gathering, integrating and accessing drug-claim histories and formulary data. In turn, these platforms drive personal notifications regarding drugs that require prior authorization, tailored messaging to increase the effectiveness of consumer engagement communications, and Web-based reporting apps that measure changes in pharmacy utilization and prescription-drug adherence. Automated personal mobile-app services can increase patient satisfaction and save time and money across the healthcare delivery system.

For physicians to fully optimize the phenomenon of smart technology – and achieve true MU – they should implement a mobile technology solution that integrates devices in a manner consistent with security protocols, allowing devices to become more pervasive in a medical setting as tools for accessing medical information in a way that can be integrated with other clinical systems. For example, during a patient examination, mobile connectivity should enable healthcare professionals to do the following: review a patient’s medical history; update a patient’s medical record or chart; check for drug interactions; schedule a follow-up and/or lab test; determine and assign billing codes; and, finally, recommend and/or prescribe proper medications and therapies, all within minutes, from the bedside table, exam room or front office – wherever and whenever it is needed.

Government incentives for the adoption of smartphone technology to enhance mHealth and EHR meaningful use do not yet exist, but a growing number of physicians see the overwhelming potential. If the goal is to provide high-quality healthcare in a cost-effective manner, then the integration of EHRs with smartphone technology should not be undermined.