

MUVer Program Insight: Why use a REC?



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The Setting



- Rural northwest Kansas (Rooks County)
- Population: approximately 5000
- Critical Access Hospital
- Three independent/solo family medicine physicians
 - One RHC with MD and ARNP
 - One solo with MD and PA
 - One solo MD
- One “practice without walls” with shared space, staff
- EHR since early 2008
- HIT REC participant since fall 2010
- Planned MU submission for Medicare EP on 4/18/11

Using Meaningfully/Meaningful Use



- **Defn #1: implementation and use of an electronic health record in a manner that improves health outcomes for patients while increasing efficiency for providers/staff**
- **Defn #2: 42 CFR Parts 412, 413, 422, and 495; CMS-0033-F; RIN 0938-AP78 (864 page document from the Department of Health and Human Services)**

What have you (REC) done for me lately?



- Established a framework for the MUVer timeline
- Tracked practice progress towards meaningful use
- Completed background research re: MU criteria
- Connected practice/physician to national resources
- Leveraged REC purchaser power for existing vendor
- Coordinated with vendor on MU needs for practice
- Assisted with MU criteria completion
 - Clarified MU criteria and definitions
 - Participated in selection of menu set MU items
 - Designed and performed security gap analysis
 - Provided templates for security/privacy policies as needed

What I did for my REC...



- **Volunteered on steering committee for vendor selection**
- **Connected the REC to other key stake holders in the state (specialty organizations, vendors, HIE participants)**
- **Advocated to other physicians about the value of the REC to their practices**
- **Pushed for a path to MUVer status/early attestation**
- **Assisted with process development and work flow analysis for future REC participants**
- **Asked a lot of questions that other providers needed the answers to!**

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