**Meaning Use Legislation and Health Organizations**

**Analysis of the Medicare EHR Incentive Program**

Many healthcare reforms stakeholders have endorsed the implementation of the state-of-the-art electronic health record system. EHRs have proved their efficiency in facilitating the administration of patient data and the creation of broad avenues for patients’ health examination. The technology is necessary for health organizations that desire to be successful in the current healthcare reforms. Despite the significant progress over the past few decades, widespread use of EHR has become associated with numerous fresh challenges. Some of these challenges have an effect on all clinicians while some are explicit to clinicians specializing in particular areas. These challenges have to be addressed if this technology will enable health facilities to succeed. This paper will examine these challenges, which are either legal, ethical, and financial groups; how these dilemmas have posed as barriers to effective implementation of EHR technology in health organizations, and what these facilities should do to make the most out of their investment in the technology.

**Summary of the legal, financial, and ethical issues that may arise as a result of meaningful use legislation**

The first most significant challenge is the inefficiency of the legal system in promoting the adoption of EHRs in hospitals. The legal system lags behind in the adoption of new technologies including EHR systems. Therefore, it offers little guidance on how health organizations can navigate this transition from paperwork to electronic records. Although the health organizations should take the initiative to improve the quality of service they offer to the patients, the legislature has not enacted a precedent or statute addressing the degree to which a practitioner can examine data in a community-wide database that carries information from numerous sources. Also, the system increases the physicians’ legal responsibility and accountability (Vishwanath & Scamurra, 2007). Today, there are sophisticated computer-based systems that through audits can identify clinicians who do not review relevant information in EHR.

Another problem posed by the meaningful use issue is the increased accessibility and portability of data. This poses an ethical dilemma in regards to the ownership of a patient’s information. The clinician has a responsibility to inform his or her patients about the possibility of a breach. Also, about the legal and ethical provisions of electronic records access, the law provides methods to deal with a violation. For instance, health organizations are required to fire personnel who access electronic records deliberately without authorization. The techniques used to address breach raise questions on how appropriate they are and what recourse is in place for specific violations of the EHR use guidelines. Numerous dilemmas surround the control and privacy of electronic information (Slight et al., 2015). For instance, clinicians must respect the rights of adolescents with respect to their parents’ access to the information.

The implementation of EHR also poses financial dilemmas to implementers and health organization. One of the dilemmas associated with it regards the allotment of monetary benefits. Research reveals that about 89% of the financial benefits resulting from the meaning use of EHR are for those paying for health services instead of those who finance the implementation. Another financial dilemma is one faced by pediatricians who have to maintain patient data through to when they reach 21 years. In an age where people access everything through technology, it has become necessary to make such files digital, which makes their conversion and maintenance challenging and expensive. Still, cost reduction in healthcare is outstanding, but most are concerned with reducing the cost of services through EHR (O'Brien, 2016). Test results from one study showed that the adoption of electronic health records resulted in an estimated loss of $10 million annually.

**How these issues might present barriers to successful implementation within an organization**

Some of the significant obstacles resulting from the dilemmas discussed above include legal complications, increase chances of making medical errors, and implementation cost. The legal precedent enacted for EHR suggests that the provider is responsible for the risks likely to arise during the implementation phase. The hospital must ensure that clinicians have timely access to the information and that it maintains efficient workaround solutions to help reduce disruptions to decision making and care. However, if the implementation process takes longer than expected or meets with unanticipated delays, the process of care is slowed, decision making disrupted, and care probably jeopardized. The precedents and risks associated with electronic records is the tendency of clinicians to carry out their tasks independently without seeking help increase the chance of medical errors. The last challenge concerns the payment for implementation (Sittig & Singh, 2011). EHR is associated with numerous costs including implementation, maintenance, and system upgrades, but the payer gains about 89% of the monetary benefits.

**Ways through which healthcare organizations can make the most of their electronic health record investments in light of meaningful use**

Hospitals can use Time-Driven Activity-Based Costing (TDABC) to maximize use of electronic records. This practice documents the use of resources by actions and processes to establish how the hospital allocates resources throughout the system. The application of TDABC does not only leverage the investment in EHR but also provides an understanding of where the facility is making or losing money (Jawhari et al., 2016). It conveys precise knowledge of the economics of the EHR system operation and permits the system to allocate a cost to the whole patient experience in spite of the location of provision.

**An example of how EHR-related meaningful use legislation is being implemented in an organization**

After the President signed the HITECH Act in 2009, hospitals had to use EHR in a meaningful manner as a condition to obtaining incentive payments. Some examples of parties that have benefited from the incentives are hospitals in the American Hospitals Association. Clinicians under these hospitals have followed all the provisions for them to secure funds for its implementation. It involves the use of electronic records to improve safety, efficiency, and quality of service. It also requires the clinicians to reduce health disparity, improve population and public health, and care coordination, as well as engage the patients and their families in the management and treatment process (Jawhari et al., 2016). The Meaningful Use legislation has also required the physicians to maintain security and privacy for the patient’s health information.

**Conclusion**

The health sector has to find ways to address some of the central legal, ethical, and financial dilemmas that face clinicians in the face of Meaningful Use. These issues bring with them barriers to effective implementation of EHR for fear of legal complications and lawsuits, medical errors, and system failure due to lack of resources for implementation and system maintenance. However, as the health organizations wait for the solutions to these dilemmas, they can find ways to make the most out of their system. One of the critical practices in ensuring this is Time-Driven Activity-Based Costing (TDABC), which leverages the system’s implementation while providing insight into where a facility is making or losing money. Finally, Meaningful Use has made it necessary for organizations to improve safety, efficiency, and quality in their service provision as a condition for securing incentive to facilitate EHR implementation.

**References**

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