Achieving meaningful use with Philips Healthcare
Delivering perinatal excellence through OB TraceVue

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Introduction
As the provisions of healthcare reform are implemented, provider care organizations face a financial and clinical imperative to implement electronic health record (EHR) technology that supports “meaningful use” as defined by federal legislation. For providers seeking to qualify for federal incentive payments, certification of complete EHRs and EHR Modules is critical. These certifications attest that an EHR system and associated technologies have the functionality and security that will help providers meet meaningful use criteria. Philips’ decision to pursue certification of OB TraceVue as an EHR Module reflects our commitment to helping hospitals achieve meaningful use – today and tomorrow.
A Certified EHR Solution for Perinatal Care
OB TraceVue Version G.00.20 has been certified as an ONC-ATCB EHR Module by the Certification Commission for Health Information Technology (CCHIT®). This certification confirms that an EHR Module has been tested and meets one or more of the criteria supporting Stage 1 meaningful use requirements to qualify eligible providers and hospitals for CMS funding under the HITECH Act (refer to Federal Legislation on Meaningful Use section).

OB TraceVue is a perinatal information system that supports standards-based documentation, reporting, and workflow for prenatal, labor and delivery, and newborn nursery care. OB TraceVue also allows access to collected data through the export of data or documents, via preconfigured Perinatal Excellence reports, or through the development of custom reports or database queries.

OB TraceVue helps healthcare providers to deliver quality care in accordance with clinical standards and guidelines, while at the same time helping to satisfy requirements for meaningful use.

For complete OB TraceVue certification details, please visit www.cchit.org/products/2011-2012/arrafinalrulehospital/3154.

Selection Process for Meeting Stage 1 Requirements
Meeting Criteria that Complement the EHR
To demonstrate meaningful use and qualify for incentive payments, eligible hospitals and Critical Access Hospitals (CAHs) must meaningfully use certified EHR technology to meet and report on a total of 24 meaningful use objectives and 15 quality measures:

- Core objectives: 14 core objectives
- Menu objectives: 10 menu, or optional, choices, from which they choose five
- Clinical quality measures: Eligible hospitals and CAHs must report on all 15 of their clinical quality measures

Stage 1 criteria focus on functionality that will typically be performed by a provider’s core EHR – for example, drug formulary, drug interactions, and provider order entry. As an EHR Module, OB TraceVue seeks to complement, rather than duplicate, this core EHR functionality. Our strategy in selecting criteria for initial certification of OB TraceVue is therefore to target specific areas that clinicians would expect a specialty clinical system like OB TraceVue to address, in particular those required for 50% or more of the patient population. Selected core items required for less than 50% of the patient population and optional menu items will be targets for certification in subsequent product revisions. Table 1 to the right lists the general and inpatient criteria that were selected as certification priorities for OB TraceVue to help hospitals meet the requirements for meaningful use.

### Figure 1: Goals of Meaningful Use

**Philips commitment**
Leveraging information technology to transform care
At Philips Healthcare, we are devoted to helping our customers meaningfully use health information technology to improve the quality, safety, and efficiency of patient care. Long before federal legislation prompted the provider care community to focus on meaningful use, we have been tailoring our solutions to meet these goals. Philips is a leading force in the mission to deliver clear, actionable information for clinical decision-making across the continuum of care – and to promote interoperability among health systems industry-wide. Our technology capabilities support Stage 1 meaningful use criteria, and we will be prepared to help hospitals meet Stage 2 and 3 criteria – and beyond – as these requirements are finalized.

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For full details, see reference CMS and ONC final rules. (References 1, 2)

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<tr>
<th>Meaningful Use Stage 1 Objective</th>
<th>Certification Criteria*</th>
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<tbody>
<tr>
<td>Maintain active medication list.</td>
<td>170.302(d): Enable a user to electronically record, modify, and retrieve a patient’s active medication list as well as medication history for longitudinal care.</td>
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<tr>
<td>Maintain active medication allergy list.</td>
<td>170.302(e): Enable a user to electronically record, modify, and retrieve a patient’s active medication allergy list as well as medication allergy history for longitudinal care.</td>
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<tr>
<td>Record smoking status for patients 13 years old or older.</td>
<td>170.302(g): Enable a user to electronically record, modify, and retrieve the smoking status of a patient.</td>
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<td>The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.</td>
<td>170.302(j): Enable a user to electronically compare two or more medication lists.</td>
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<td>Record all of the following demographics: preferred language; gender; race; ethnicity; date of birth; date and preliminary cause of death in the event of mortality in the eligible hospital or CAH.</td>
<td>170.306(b): Enable a user to electronically record, modify, and retrieve patient demographic data including preferred language; gender; race; ethnicity; date of birth; date and preliminary cause of death in the event of mortality. Enable race and ethnicity recording in accordance with 170.207(f).</td>
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<td>Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request.</td>
<td>170.306(e): Enable a user to create an electronic copy of the discharge instructions for a patient, in human readable format, at the time of discharge on electronic media or through some other electronic means.</td>
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<tr>
<td>Record advance directives for patient 65 years old or older.</td>
<td>170.306(h): Enable a user to electronically record whether a patient has an advance directive.</td>
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<th>Considered Priorities for Future Product Revisions</th>
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<tr>
<td>Maintain an up-to-date problem list of current and active diagnoses.</td>
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<td>Record and chart changes in the following vital signs: height, weight, blood pressure, calculate and display body mass index (BMI), plot and display growth charts for children 2-20 years, including BMI.</td>
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<tr>
<td>Implement one clinical decision support (CDS) rule related to a high priority hospital condition along with the ability to track compliance.</td>
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Federal legislation on meaningful use
Health information technology (HIT) offers the promise of addressing many of the challenges facing our nation’s health care system. The American Recovery and Reinvestment Act of 2009 (ARRA), including the Health Information Technology for Economic and Clinical Health Act (HITECH), laid the groundwork for widespread adoption of electronic health records (EHRs) by 2014, allocating about $19 billion in incentives for providers who adopt and “meaningfully use” EHRs.

ARRA describes meaningful use as using a certified EHR 1) in a meaningful way, for example, mitigating risk through well-targeted clinical decision-making, 2) for electronic exchange of health information to improve quality of care, and 3) for submission of clinical quality and other measures. Those who fail to demonstrate meaningful use will not only be ineligible for incentive payments but will be penalized through cuts to their Medicare payments beginning in 2015 – 1% each year, and up to 5% total. The federal government’s focus on meaningful use reflects the understanding that better health care does not come solely from adopting technology but from exchanging and using health information to inform clinical decisions at the point of care.

Under the for Center for Medicare & Medicaid Services (CMS) EHR Incentive Program, meaningful use will occur in three stages over the next five years. Stage 1, beginning in 2011, focuses on data capture in coded format. Stage 2, beginning in 2013, adds more requirements and new quality reporting. Stage 3, beginning in 2015, will focus on improvements in quality, safety, and efficiency.

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**What’s next?**

**Supporting future stages of meaningful use**

EHR Modular certification allows eligible hospitals and eligible providers to choose the technology that best supports their clinical workflow. And, as a certified EHR Module, OBTraceVue can provide rich, actionable clinical information at the point of care that complements a provider’s core EHR in achieving meaningful use. Ultimately, certification reaffirms our commitment to delivering leading-edge clinical informatics solutions that simplify clinician workflow, improve financial outcomes, and help improve and save lives.

As future stages of meaningful use evolve, Philips solutions will continue to support “meaningful use” and adoption of certified EHR technology. And, as we gain a better understanding of the needs of our current and future customers, we will continue to update our certification criteria to meet the meaningful use objectives and future quality measures.

**About the authors**

Sara Coulter is Director, Government and Industry Relations, for Philips Healthcare Patient Care and Clinical Informatics business group where she leads the development of the Health IT Policy Initiatives and advocacy efforts. She is the Philips Healthcare business leader and representative to the College of Health Information Management Executives (CHIME), the Association of Medical Directors of Information Systems (AMDIS) and the American Medical Informatics Association (AMIA) Industry Advisory Council. Contact: sara.coulter@philips.com

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**References**


