

**Washington State EHR Incentive Payment Program (Promoting Interoperability)**

**WHITE PAPER #12: Barriers to the EHR Program**

Updated September 10, 2018

Since 2011, the EHR Incentive Payment Program has made 310 hospital payments equaling \$147,060,239 and 14,772 provider payments equaling \$213,120,561. The program is a six-year program, which hospitals and providers have until 2021 to complete. While most hospitals and providers are working through the program at a regular and consistent rate there are some that have only come in for one year (and only attested to AIU) or have come in for five years but have not returned for the last year. There are also some specialty providers, dental providers, and Indian health care providers who have not claimed all of their money. HCA would like to help these specialty providers understand their barriers so we can assist them in receiving their incentive money.

In May of 2018, HCA conducted a survey asking providers if they were experiencing any barriers in updating their EHR certification to meet Stage 3. Some of the main barriers included:

- Incompatible software
- Cost
- Resources

According to the [“Barriers to Meaningful Use in Medicaid” Report by RTI International](#) providers are also encountering barriers when trying to meet Meaningful Use. Some of those barriers are:

- providers aren't receiving information or guidance
- providers are having issues choosing EHR platforms or having issues with their EHR vendor
- EHR maintenance costs
- adopting an EHR puts a burden on the clinic
- lack of interoperability across EHR platforms
- can't meet the core measures or objectives

HCA understands that these barriers are discouraging participation in the EHR Incentive Program and with so much money left to claim we want to encourage participation. Please review resources and solutions below.

- **Incompatible software and vendor issues**
  - o If you are having a hard time working with your vendor, HCA will reach out to your vendor to resolve conflict or implement solutions
  - o Contact [healthit@hca.wa.gov](mailto:healthit@hca.wa.gov) with your organization name, the issues you are experiencing, and the name of your vendor
  
- **Not receiving information or guidance on the program**
  - o HCA sends out a [monthly newsletter](#) with EHR alerts and updates

- HCA also updates the [EHR Resource website](#) with important dates and announcements
  
- **EHR adoption and maintenance cost**
  - HCA does not have any control over cost or penalties, these issues need to be discussed with [CMS](#)
  - Eligible Hospitals, and CAHs may be exempt from Medicare penalties if they can show that demonstrating meaningful use would result in a significant hardship
  - [CAH Hardship Exemption Application](#) is due **November 30, 2018**
  - EPs can only apply for hardship exemptions in the following categories:
    - Lack of infrastructure (must demonstrate that they are in an area without sufficient internet access or face insurmountable barriers to obtaining infrastructure)
    - Extreme and uncomfortable circumstances (natural disasters or unforeseeable barriers)
    - EHR vendor issues (the vendor was unable to obtain certification or the EP switched vendors)
    - Patient interaction (lack of face-to-face, telemedicine, and follow-up)
  - All correspondence regarding appeals should be sent to [EHRHardship@cms.hhs.gov](mailto:EHRHardship@cms.hhs.gov)
  
- **Can't meet core objectives or measures**
  - Some objectives and measures can be excluded if a provider meets a certain requirement(s)
  - Objective and measure requirements and exclusions can be found on the CMS website
    - [EP 2017 Modified Stage 2](#)
    - [EP 2017 Stage 3](#)
    - [EH 2017 Modified Stage 2](#)
    - [EH 2017 Stage 3](#)
    - [EP 2018 Modified Stage 2](#)
    - [EP 2018 Stage 3](#)
    - [EH 2018 Modified Stage 2](#)
    - [EH 2018 Stage 3](#)
    - [Dental MU](#)
  - Contact [healthit@hca.wa.gov](mailto:healthit@hca.wa.gov) with any questions