

Role of Meaningful Use Director Emerges and Evolves

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by Mary Butler

In this web series, HIM professionals working in emerging roles give advice on tackling difficult HIM problems.

The HIM Problem

Developing roles for HIM professionals specializing in the “meaningful use” EHR Incentive Program

The Problem Solver

Suzanne Goodell, MBA, RHIA, director of meaningful use at Cone Health, Greensboro, North Carolina

Brand New HIM Bag

Five years ago the job title of director of meaningful use (or meaningful use director/coordinator) didn’t exist. That, of course, is [starting to change](#) as job openings for people specializing in the [“meaningful use”](#) EHR Incentive Program are starting to pop up. Suzanne Goodell, MBA, RHIA, became Cone Health’s first director of meaningful use just over a year and a half ago, and it’s a role she describes as “exciting” and “cutting edge.”

Prior to joining Cone Health, Goodell was an HIM director and her area of expertise was physician practice. A long-time advocate of EHR adoption, Goodell says that when she was in school in the 1970s, electronic records were viewed as the “holy grail.”

This helped make her a natural fit for Cone Health’s director of meaningful use position.

“EHRs are a powerful tool, but without meaningful use it’s [the EHR program] just a computer system,” Goodell says. “What it’s doing is, it’s driving major changes in the way we deliver care, in the way we coordinate care, in the way we engage our patients—and in the way we report [the health of the] population in public health.”

Prior to Goodell joining Cone Health, there were numerous people in different departments—nursing, IT, physicians practice—working on meaningful use, but there was nobody dedicated to pulling it into one project.

“The scope of meaningful use is very broad, and basically encompasses all of the clinical care we provide and the demographics we collect. The reason it’s important to have someone oversee the whole thing is because it’s complex. It’s just the scope is across the whole health system,” Goodell explains.

Director of Meaningful Use Duties

Goodell says her job is essentially to be a project manager, managing the system-wide meaningful use implementation for Cone Health’s 300 eligible providers, which includes hospitals and physician practices. She manages 11 project teams—including groups of physicians, nursing staff, and multidisciplinary teams—that ensure responsibility for meaningful use is “distributed as far and wide across the organization as we can,” Goodell says. These 11 teams are comprised of about 80 people total, and do not include the IT department.

Goodell says her duties vary greatly from day to day. When she first started the position, she wrote the charter for the system-wide project, recruited the teams, and wrote the charters for each of the 11 teams.

Now that meaningful use has reached the attestation and reporting validation stage, “I’m the one who reads the Federal Registers and keeps up with all of the online news about what’s changing and the regulations. A lot of the time when we’re building for meaningful use or making an adjustment to the build, I have to go back to the federal rules to determine what the specifics are. A lot of the devil is in the details,” Goodell notes.

Another significant part of her job is maintaining what she calls “The Book of Evidence,” which is comprehensive documentation of how the organization captures data for each step of meaningful use data collection.

“I have people on these project teams that write the draft of each chapter. But I pull it all together,” Goodell says, adding that it’s a big job, and an important one.

The Evolution of Meaningful Use Directors

As a federal program, meaningful use has an expiration date. As [was announced](#) in December, although the [timeline has been extended](#), the third and final stage will start in 2017 depending on when providers started stage 1. What this means for people holding meaningful use director roles is still somewhat up in the air, but Goodell has a pretty good idea how her own role will evolve.

“So perhaps my title will change. Perhaps the job will go away, but what I fully expect and what I am definitely seeing already happen, is that I am moving into quality informatics,” Goodell says, noting that her position is within Cone Health’s quality department. In her view, although meaningful use as a program will come to an end, efforts to ensure the quality of data derived from EHRs will be ongoing.

“I see it absolutely evolving into informatics in that once we are using EHRs nationwide, and demonstrating meaningful use, it only speaks to the functionality of the EHR. The quality of the data and the quality of what we do with our EHR—that’s really where the power will come from,” she says.

While Goodell has encountered numerous meaningful use directors from other facilities, she has seldom met any with HIM credentials. Indeed, in AHIMA’s own member database, only 9 AHIMA-credentialed members had the words “meaningful use” in their job title at the time of this post. For small, rural providers, hospital administrators or IT directors oversee meaningful use.

However, the role is perfect for someone with an HIM background, because people working in HIM understand the bigger picture of how EHRs can improve clinical care, Goodell says.

“And for clinical quality improvement, we also understand the sort of specifics of data entry, data collection, and data aggregation,” says Goodell of HIM professionals. “Meaningful use is all about quality and improving the quality of patient care nationwide.”

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