



Colorado ARRA Entity

Governor Ritter has designated CORHIO as the Qualified State-Designated Entity to receive ARRA Health Information Technology Funds to improve care for all Coloradans, part of their role to facilitate health information exchange.

Current information on federal guidelines is posted on the CORHIO website at www.corhio.org. As further information is available, it will be posted to their website.

Current PrimaryData Specials

• **Financing Options for Stimulus Incentives.** Need to implement an EHR solution in your practice but don't know how you can afford it? Spring Medical and PrimaryData team to offer the SpringCharts EHR Stimulus Solution. Install SpringCharts in your practice today and qualify for the 2011 proposed stimulus monies. Details available at www.primarydatacorp.com/springmedical.htm.

| Solution Cost | Monthly Payments for Months 1-2 | 24 Monthly Payments of | Monthly Payments for Months 25-60 |
|---------------|---------------------------------|------------------------|-----------------------------------|
| \$5,000.00 | \$0.00 | \$50.00 | \$162.10 |
| \$10,000.00 | \$0.00 | \$100.00 | \$324.20 |
| \$15,000.00 | \$0.00 | \$150.00 | \$486.30 |
| \$20,000.00 | \$0.00 | \$200.00 | \$648.40 |
| \$25,000.00 | \$0.00 | \$250.00 | \$810.50 |

• Lease Type: \$1 Buyout • Down Payment: \$0 • Term: 90 day deferred, 63-month term 24 months at 1% of equipment cost, next 36 months at adjusted rate.

• **Complimentary 2-provider, 8-seat MEDfx practice management system** including training, implementation, and BI reporting tool. If you are interested or know of a practice that is in need or may have interest, point your web browser to www.primarydatacorp.com/offer.htm for details.

• **e-Prescribing options to fit your practice** – Integrated to EHR, practice management and document imaging solutions or standalone. Details at www.primarydatacorp.com/ePrescribe.htm.

• **Free Claim Denial Tracker and Practice Work Schedule spreadsheets** available at www.primarydatacorp.com/whitepapers.htm.

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PrimaryData

Practical care for your practice.

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Healthcare
Technology
News and
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PrimaryView

Meaningful Use

One of the biggest challenges for "meaningful use" of "certified" EHRs is their adoption by small ambulatory practices, which have the lowest rate of healthcare technology adoption and represent 75% of ambulatory care. Technology should not hinder care or the financial viability of care providers, but should work for the benefit of patients, providers and our healthcare delivery system. Those EHR systems that enable a provider to care for their patients and their practice will gain acceptance and meaningful use.

PrimaryData Healthcare Technology RSS news feed

Current healthcare technology related information carefully gathered and served fresh to your desk is available for you at:

primarydatacorp.com/feed.xml

If there are healthcare technology issues or sites you would like us to monitor and include drop a quick email to:

rss@primarydatacorp.com

Redflag rules begin August 1st

Recent Healthcare Legislation

What's happening with current healthcare technology legislation.

CMS Proposals

CMS has recently made several proposals.

Simplified e-Prescribe and PQRI Reporting

Medicare has proposed simplified reporting requirements for the e-Prescribing Incentive Program and the Physician Quality Reporting Initiative in a proposed rule setting the Medicare Physician Fee Schedule for calendar year 2010.

Remove Drugs from Payment Formula

CMS has proposed removing physician-administered drugs from the calculation of the Medicare doctor payment formula, an action the American Medical Association has been calling for since 2002, stating "drugs do not belong in the physician payment formula". The AMA position paper is at www.ama-assn.org.

Stop Paying Consultation Codes

CMS has also proposed to stop paying for "consultation" codes typically billed at a higher rate than equivalent E&M codes with savings redistributed to increase payments for the existing E&M services.

21.5% Rate Reduction

CMS is projecting an overall Medicare rate reduction for physicians of 21.5% in 2010 based on current data, although Congress and CMS take a number of actions to prevent or minimize reductions each year.

CMS will publish the proposed rules July 13, and will accept public comment though August 31, publishing a final rule by November 1.

Meaningful Use

On June 16, 2009 the Meaningful Use Workgroup of the CCHIT submitted a definition of meaningful use to the Health IT Policy Committee of the Department of HHS.

Review "[Meaningful Use of EHRs](#)" on page 3 for more information on the discussions on the definition of "meaningful use" and care goals being defined for electronic health records.

H.R. 2844 and 3014

The Medicare Payment Improvement Act of 2009, [H.R. 2844](#), attempts to shift Medicare reimbursement policy to reward patient health outcomes, rather than the volume of services provided. Regions that provide high quality care at low cost will see their Medicare reimbursements increase. Regions that provide low quality care at high cost will see their reimbursements decrease.

The Small Business Health Information Technology Financing Act, [H.R. 3014](#), would authorize \$10 billion in loans under the SBA to help solo and small group practices purchase information technology supporting meaningful use requirements under the federal economic stimulus package. It offers a maximum loan of \$350,000 for a single eligible professional and a maximum of \$2 million for a single group of eligible professionals.

You can track H.R. 2844 and 3014 at www.primarydatacorp.com/legislation.htm.

Physician Top Technology Issues

Physicians Practice 5th annual technology survey results on what physicians think their most pressing technology issues are:

| | |
|-----------------------------|--------------|
| Technology costs | 55.1% |
| EHR | 51.4% |
| Technical support | 36.7% |
| Training staff | 34.4% |
| Billing | 33.5% |
| Keeping up w/tech | 30.4% |
| Communication with patients | 28.3% |
| Communication with others | 26.1% |
| Record keeping | 22.7% |
| Non-EMR software | 13.1% |
| Other | 5.7% |

Percentages total more than 100% because respondents could select all applicable answers

The majority of those who bought an EMR reported it was a good investment. 69% found the EMR increased work flow efficiency, and 70% expected to see an investment return.

About 1/3rd of respondents paid between \$500 and \$3,000 per physician for their EHR, 1/3rd paid between \$3,001 and \$6,000, and 33% paid more than \$6,000 per physician for their EHR.

35% of respondents have a fully implemented EHR, 21% said they expected to get one within 12 months, and 21% said they'll never get an EHR. 18% of practices surveyed had an EHR that wasn't implemented.

18% surveyed currently use voice recognition, with 58% of those stopping use of their transcription service.

Backing up data can never take a vacation. Always keep your data and backups safe.



When an Employee Leaves

What to do with system and data access when an employee leaves.

Do you know what systems, data and vendors your employees have access to?

Bank and credit card accounts with web access, hospital systems, carrier enrollment and claim systems, internal or external based practice management and EMR systems, vendor systems and other business systems all have access points for your practice that need to be kept secure. Many of your systems contain data you would never share with anyone outside the practice.

It is the responsibility to your practice, your patients and your business partners that requires you remove an employee's access to any and all systems and data when they leave. It does not matter whether they left on good or bad terms, proper security requires that you protect access at all times.

To begin, make sure you have documented the following areas for your practice before you run into any problems.

List all systems

List all internal systems including your practice management system, EMR, e-mail system, accounting packages, and network(s).

List all external systems accessed through the internet, or other secure methods. Make sure you

have a minimum of two authorized employees for each external system for access to them in the case of one authorized employee leaving.

Access checklist

Create a checklist of all of the internal and external systems with data fields for system, first access date and termination of access rights date. Employees should have a checklist in their employee file and as they are granted or revoked access privileges their access checklist must be updated.

Maintain access records

Make sure the access records are properly maintained by a designated department or employee within your practice.

Employee leaves practice

Review their access checklist, immediately deactivate all internal accounts and contact all external parties to disable any and all access points.

Timely access removal is crucial. When an employee is fired for cause or has access to critical data or systems you need to act quicker than you would for normal separations.

Consistent procedures and proper access records not only protect your practice, but they also document the efforts and diligence of your practice to maintain and secure the privacy, access and integrity of your systems and data for your patients and business partners.

"Boomeritis"



Reuters News reported that orthopedic surgeons are seeing a "tidal wave" of 45- to 64-year-olds suffering from exercise-related injuries they have dubbed "boomeritis,"

According to the US Consumer Products Safety Commission more than 166,000 boomers were seen in the emergency room, clinic or doctors office for exercise and exercise equipment related injuries in 2008, due mostly from people not giving themselves enough time to rest up after workouts.

Suggestions from American Academy of Orthopedic Surgeons include:

- Check with your physician before starting any type of exercise program;
- Don't do the same workout day after day;
- Work on flexibility, stretch and warm up before a workout, and cool down and stretch after a workout;
- Eat well and take calcium and vitamin D supplements daily;
- Make sure exercise includes a mix of cardiorespiratory workouts, strength training, and flexibility exercises;
- Take lessons in your sport to help improve form and reduce injury risk;
- After tough workouts allow a couple of days to recover, and schedule days off into your exercise regimen.

Meaningful Use of Electronic Health Records

Defining "meaningful use"

The definition of "meaningful use" could determine whether physicians are penalized or rewarded by use of electronic health records.

The Health IT Policy Committee's meaningful use working groups anticipated first pass at defining "meaningful use" occurred June 16. David Blumenthal, MD, national coordinator for health information technology, asked the group to amend their recommendations, but the first draft gives physicians an idea of what requirements and deadlines to expect.

Their stated key goals were:

- Improve quality, safety and efficiency.
- Engage patients and their families.
- Improve care coordination.
- Improve population and public health; reduce disparities.
- Ensure privacy and security regulations.

By 2011:

- Use computerized physician order entry for all order types, including medications.
- Tie laboratory tests into EHRs, share results electronically with public health agencies.
- Generate lists of patients by specific condition to use for quality improvement.
- Provide clinical summaries for patients after each encounter.
- Exchange key clinical information among health professionals (problems, medications, allergies, test results, etc.).



By 2013:

- Generate and transmit prescriptions electronically.
- Manage chronic conditions using patient lists and decision support tools.
- Bar coding for medication administration.
- Offer secure patient-physician messaging.
- Record patient preferences in EHR.

By 2015:

- Achieve minimal levels of performance on quality, safety and efficiency measures.
- Give patients access to self-management tools.
- Access comprehensive patient data from all available sources.
- Conduct automated real-time surveillance on occurrences such as adverse events, disease outbreaks and bioterrorism.
- Incorporate clinical dashboards into EHR.

A detailed [matrix of specific care goals](#) is available at healthit.hhs.gov.

Comments were accepted through June 26 with final definition of meaningful use proposed by CMS before the end of 2009 and made final early in 2010.

Q&A Technology Tips

Q: What are practice portals?

A: Practice portals are healthcare-related on-line applications that allow patients to interact and communicate with their healthcare providers. Access to the portal is usually through a web browser using a secure login. Practice portals benefit both patients and providers by efficiency and productivity increases. They allow patient access to the following features:

Practice

- Locations, directions and hours
- Providers, biographies and contacts
- Services and office policies



Medical Information

- Personal information and contacts
- Insurance and health conditions
- Medications and allergies

Patient services

- New patient registration and updated info
- Appointment and prescription refill requests
- Pre-visit forms and surveys

Practices can send secure messages to patients to communicate receipt of lab test results, action plans and other information.

Give us a call at 720-226-9270 if your practice would like more information on the benefits a practice portal offers.

EYE ON IT Current Trends Airstrip

Airstrip provides physicians with real time, remote access to critical patient data, any time, anywhere, on their mobile device, with just a cell phone connection

AirStrip OB is already FDA cleared and other applications are in advanced stages of development.

Check out the CNBC news clip for a demo of AirStrip and a quick overview of medical iPhone applications at: www.primarydatacorp.com.

SOFTWARE Monthly Pick Free iPhone Apps

Epocrates Rx

Drug database for providers to look-up medical information such as potentially harmful interactions

ReachMD CME

Physicians who want to earn CME credits can listen to the programs and take the corresponding CME test.

ICD-9 LITE

Access to medical diagnosis coding by disease classification. utilizes the "drilldown" format to eliminate typing.

MedCalc

Medical calculator for easy access to complicated medical formulas

Skyscape Med Resources

Four-part app that does everything from staying updated on the latest medical information to remembering medical algorithms and calculations.

Backup my hard drive? I didn't know you could put a hard drive in reverse.