



More Physicians e-Prescribe

One in four physicians – 143,000 – e-Prescribe, double the number from a year ago. Through August, 110 million of the 3.7 billion prescriptions projected for 2009 by U.S. retail pharmacies were sent electronically. Medicare incentives to e-Prescribe are credited for the gain.

Reminder: Red Flag rules begin November 1st.

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PrimaryData

Practical care for your practice.

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Current PrimaryData Specials

• **Free e-Prescribing!** – Integrated e-Prescribing is available within MEDfx practice management or SpringCharts EHR. Purchase MEDfx or SpringCharts for your practice by November 31, 2009 and PrimaryData will include e-Prescribing at no charge. We will also cover your first year DrFirst e-Prescribing subscription fees. Start participating in the 2010 e-Prescribing Medicare bonus incentive program. Details available at: www.primarydatacorp.com/ePrescribe.htm.

• **EHR Stimulus Lease Solution.** Need to implement an EHR solution in your practice but don't know how you can afford it? Spring Medical and PrimaryData team up to offer the SpringCharts EHR Stimulus Lease Program. Details on this special offer available at www.primarydatacorp.com/springmedical.htm.

• **NEW! Dell Latitude XT2 .** The first tablet PC with multi-touch screen technology uses natural gestures like a pinch or tap for scrolling, rotating, zooming and more. Intel® Core™ 2, 3GB memory, 80GB hard drive, wireless 802.11a/g/n, Windows Vista® Business w/media, 3 year limited warranty/next business day on-site Dell service for \$2395 through October 31st, 2009.

Call PrimaryData at **720-226-9270** for your healthcare technology questions and needs.

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Issue

08

September - October
2009

Healthcare
Technology
News and
Products

PrimaryNews



PrimaryView

Over this summer many differing opinions have been voiced on how to best reform our healthcare system. Not many have really focused on the role healthcare information technology can provide.

The ultimate goal of health information technology is the timely sharing of data. If providers can exchange patient data, trends can be identified and results forwarded to offer better care while reducing costs.

In August HHS announced \$564 million in state grants for health information exchanges, although there has been no decision on what the government's role will be in creating that data network.

State exchanges will either need to grow connectivity or connections will need to be developed from the top.

Concerns over privacy and security are more readily addressed by technology than issues argued on political ideologies. There can be health and financial benefits for all in adopting proven health technology.

The Nationwide Health Information Network ([NHIN](#)) is an internet-based network, a key element of our nation's healthcare information technology strategy which provides the foundation for interoperable, secure and standards-based health information exchange.

The purpose of the NHIN is to provide better quality, value and affordability of health and wellness services in the United States. NHIN facilitates the exchange of information between disparate healthcare organizations and Health Information Exchanges (HIEs).

Through the NHIN, organizations can be secure and maintain HIPAA compliance, avoid being locked in to a specific vendor, and receive higher quality tools and lower costs without sacrificing reliability or functionality.

To insure that only valid, trusted entities are allowed to participate, organizations desiring inclusion in the NHIN must meet certain criteria and standards to become certified as a NHIN-compliant HIE.

NHIN-CONNECT is an open-source technology solution first released in April 2009 and enables federal agencies to connect to the NHIN.

NHIN offers advantages for all entities within the US healthcare system, including:

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- Patients can easily consult providers without fear of losing their records, repeating tests, or having to recall complex histories for each provider as well as gaining expanded choice for affordable healthcare;
- Payers gain economic efficiencies, fewer errors, and reduced duplication of effort;
- Providers have easy access to complete problem lists, procedure histories, allergies, and medication histories at the time and point of care with improved coordination of care through a secure infrastructure;
- Interoperability leads to meaningful public health reporting, quality monitoring, advances in clinical trials, and improved response to epidemics and treatment of infectious disease.

Benefit: Lowered healthcare costs resulting from reduced inefficiencies, medical errors, incomplete information and inappropriate treatments.

Note: Nationwide Health Information Technology, Inc. ([NHIT](#)) announced the milestone of 4,000 processed production transactions as of October 2nd. MEDfx integrates with NHIT through the NHIN using CONNECTfx, which is based on the U.S. Government's open-source CONNECT solution.

Update on EHR "Meaningful Use"

In July, based on much feedback, the Meaningful Use Workgroup submitted a revised definition of "meaningful use" for EHRs.

Requirements are staged with certain criteria and measures required to receive Meaningful Use payments in 2011 and 2012, additional criteria for incentive payments in 2013 and 2014, and more for 2015, balancing ability to implement and importance.

Some of the proposed EHR "Meaningful Use" requirements for 2011 and 2012 include:

- e-Prescribing
- Drug-drug, drug allergy, and drug formulary checks
- Generate lists of patients with specific conditions
- Progress notes
- Implementation of one clinical decision rule
- Maintaining up-to-date problem, medication, and medication allergy lists
- Vital signs
- Lab test results
- Follow-up care reminders
- Medication reconciliation at relevant encounters
- Patient electronic access to test results, problems, allergies, and medications
- Provide summary to patient of each encounter
- Exchange of "key clinical information" and data sharing
- Submit electronically to immunization registries and public health agencies
- Compliance with HIPAA and state laws for privacy and security

Finalized requirements for "meaningful use" are expected early 2010. Updates on "Meaningful Use" are available at www.cms.hhs.gov.

"Fall"-ing behind on your data backups? Check your backups and UPS too.



Colorado RHIO/HIE

Colorado became one of the first states in the nation to demonstrate electronic health information can be securely shared between hospitals and healthcare organizations at a statewide level.

The health information exchange, which officially went live on December 1, 2008, is coordinated by the Denver-based non-profit Colorado Regional Health Information Organization (CORHIO). CORHIO is designated the Colorado coordinating entity for federal funds for Health Information Technology.

CORHIO is a statewide coalition of interested individuals, healthcare providers, agencies, organizations and community leaders collaborating to build a statewide electronic health information network, part of a nationwide network of organizations linked through common standards and purposes to oversee operations for a virtual National Health Information Network.

The effort aims to prevent medical errors, streamline care, improve quality, eliminate costly duplication of tests, and promote healthcare affordability through interoperability of

health information.

The Colorado Health Information Exchange (COHIE) provides data exchange services; their goal is to build a data exchange environment that promotes patient-centric quality of care.

500 emergency clinicians are being trained to use the system, which shares the following information across emergency departments at The Children's Hospital, Denver Health and Hospital Authority, and University of Colorado Hospital, as well as Kaiser Permanente Colorado:

- Laboratory results
- Medication history
- EKG images
- Radiology text reports
- Simple "problem lists" based on common diagnosis language

The system can provide immediate access to critical, accurate health information. Care providers will know what medications patients may be using, if x-rays have been performed, or be informed of chronic conditions like diabetes. Providers can then make better informed treatment decisions, patients can avoid additional test costs, and adverse events can be avoided.

HIEs and Initiatives Increasing

The number of community-based health information exchanges (HIEs) that transfer data electronically among physicians, hospitals, health plans, and patients increased by nearly 40% over last year in the US.

More HIEs are exchanging data, with increases in the types of data exchanged. eHealth Initiative released the results of survey on 2009 HIE initiatives:

- Laboratory data - 49 initiatives in 2009, 28 in 2008
- Outpatient laboratory - 45 initiatives in 2009, 25 in 2008
- Radiology results - 39 in initiatives in 2009, 23 in 2008

In 2009 and 2010, with the American Recovery and Reinvestment Act and the federal government planned spending of at least \$300 million, HIEs will have great opportunities for growth.

The primary drivers for HIEs in 2009 include:

- Improving the quality of healthcare (112 initiatives)
- Improving patient safety (109)
- Inefficiencies experienced by providers who need information to support patient care (104)
- Increased emphasis on HIE and health information technology at the national level (99)
- Rising healthcare costs (98); Public health surveillance needs (84)

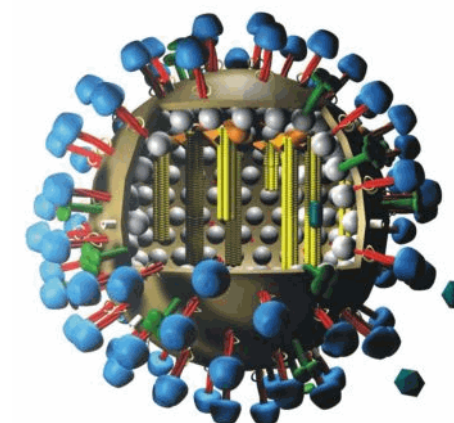
Influenza Season and Sick Leave

With the start of the influenza season and especially with H1N1, practices are being advised to review sick leave policies with their employees.

The [Centers for Disease Control](#) recommends that people who get H1N1 should stay home, on average, at least 24 hours after the fever ends. Those in health care should not work for seven days or until symptoms have resolved, whichever is longer. The CDC may issue further guidelines further into this influenza season.

It is important for practices to have a written policy in place for paid and unpaid sick leave. The [American Medical News](#) suggests these questions be answered in the policy:

- Can employees stay home when they are sick and/or to take care of someone else who is sick?
- Do employees need to see a doctor to confirm their illness after "X" days to avoid abuse and how is that visit paid for?



- Can employees use vacation time or will they have to take unpaid medical leave if they have no sick time left?
- Are there options for employees who run out of both sick and vacation days? Can they borrow next years?
- At what point does short-term disability coverage begin, if available?
- If over 50 employees, does the Family and Medical Leave Act apply?
- When should the practice be notified by an employee that they are sick?

Although practices may address sick leave differently, most agree that if you are sick, stay home to prevent other employees and patients from getting sick. The U.S. [DHHS website](#) has further information and actions to take regarding influenza.

EYE ON IT Current Trends [ReachMD](#)

ReachMD is a healthcare programming source by medical professionals for medical professionals, including a radio station on XM Satellite Radio at XM 160.

Programming consists of the latest healthcare and medical information during the week; on the weekends programming shifts to continuing medical education.

ReachMD streams online 24/7 from its website at www.reachmd.com and also provides podcasts through free registration.

SOFTWARE Monthly Pick [PQRWizard](#)

PQRWizard is a CMS-approved PQRI registry that offers physicians an online solution to report qualified measures data under the 2009 incentive program.

The registry has a four-step process requiring users to:

- Launch [PQRWizard](#);
- Create personal registry;
- Complete one short form per patient to input data;
- Submit the report.

PQRWizard, developed by CECity, is available to AAFP members for \$199.

There are other PQRI registries that enable "late start" physicians to join the 2009 PQRI program.

Q&A Technology Tips



Q: What are dashboards?

A: Dashboards provide a way to visually present reports that tie into key performance indicators (KPI) for your practice and typically display data in the form of graphs, charts and dials.

Dashboard reports allow you to take a step back from the details and see key trends and relationships in your data. Dashboards are usually part of business intelligence (BI) tools that provide you the ability to better report on your practice's data.

Dashboards allow you to monitor and analyze information from the front and back office, billing and collection and other activities on a daily, weekly, monthly or yearly basis.

Dashboards can report on the entire organization or drill down to individual locations and/or physicians.

The latest release of MEDfx includes BIRT (Business Intelligence Reporting Tool), the foundation for MEDfx reports providing great data perspectives.

For more information on dashboard and BI reporting, contact us at 720-226-9270.

Don't "leaf" all of your backups onsite. Offsite storage is part of a good