



Current PrimaryData Specials

- **SpringCharts EHR Bundle** – Is your practice looking for ways to improve patient care, increase efficiencies and participate in the Medicare/Medicaid incentives? SpringCharts is a CCHIT certified EHR designed to work with your practice. We've combined SpringCharts EHR (includes File Cabinet, Fax Pack, One-touch scan), e-Prescribing, TemplateWare™, implementation, training, support, and annual subscriptions to provide an effective EHR solution at these great example price points:
 - 3-user, 1-provider: Under \$2400 per seat;
 - 5-user, 2-provider: Under \$2100 per seat;
 - 10-user, 3-provider: Under \$1750 per seat;
 - 20-user, 6-provider: Under \$1625 per seat.

Great leasing options are available, including a 0% one-year lease. Call us on today on the **SpringCharts EHR Bundle** which runs now through March 15, 2010. For more information visit: www.primarydatacorp.com/springmedical.htm.

- **Need hardware?** [Dell Latitude XT2](#) . The first tablet PC with multi-touch screen technology includes hand-writing recognition and more - \$2195 through March 15, 2010. [Optiplex 360 mini-tower](#) desktop PC with 21.5" monitor, 2GB memory, 250GB hard drive - \$595 through March 15, 2010.

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

If you wish to stop receiving PrimaryNews, please send an email with the Subject "Stop" to: news@primarydatacorp.com.



CMS Eliminates Consultation Codes

CMS has eliminated consultation codes from the Medicare Physician Fee Schedule for 2010. For consultations provided in the outpatient setting, physicians should now report new or established patient visit codes. For details, review the MGMA article [Goodbye Medicare consultation codes: Your practice's next steps](#).

PrimaryNews Issue 10 January-February 2010

PrimaryData

Practical care for your practice.

8756 Dover Circle
Arvada, CO 80005-1584
720-226-9279 phone
866-852-4731 fax
www.primarydatacorp.com

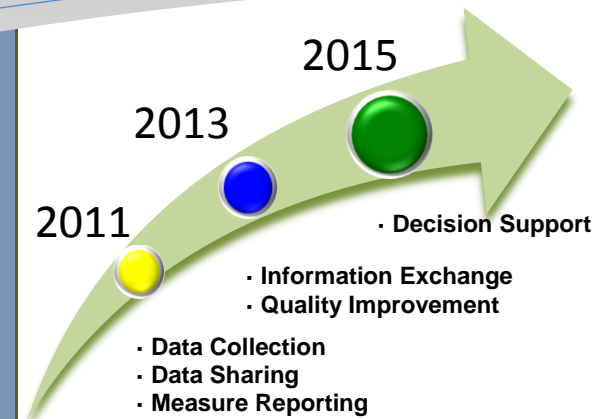
Issue

10

January - February
2010

Healthcare
Technology
News and
Products

PrimaryNews



PrimaryView

The released definition for "meaningful use" reflects the national goal to improve patient care and outcomes with technology. However, an EHR is only one step towards achieving that goal.

Practices implementing an EHR will invest a lot of time, effort and money. The ARRA financial incentives can assist with funding, but unless an EHR can meet the patient care, growth and financial goals of the practice, the investments will be wasted.

There are multiple CCHIT certified and other EHR solutions that can meet this meaningful use definition. But meaningful use should also mean being able to be meaningfully used.

An EHR must provide the applications and features to meet quality and efficiency goals. Just as important, the EHR must be designed to be useable by physicians and the practice.

A happy and healthy New Year to you and those you hold close with best wishes for meeting your personal and practice goals for 2010.

Standards for EHRs and Definition of "Meaningful Use" Released

The Department of Health and Human Services (HHS) published an initial set of standards, implementation specifications, and certification criteria to enhance interoperability, functionality, utility, and security of health information technology on December 30, 2009.

The criteria adopted in this initial set of standards establish the capabilities that certified electronic health records will need to include to support achievement of the proposed defined meaningful use.

The criteria are organized into four categories and implemented through three stages:

- **Vocabulary standards** - Nomenclature describing clinical problems, procedures, medications, and allergies;
- **Content exchange standards** - Standards to share clinical summaries, prescriptions, and structured electronic documents;
- **Transport standards** - Standards to establish communication protocols between systems; and
- **Privacy and security standards** - Authentication, access control, transmission security and encryption tied to all of the other standards.

This issue

- [Standards/Definition Released](#) p1
- [Is It Time to Replace Your PC?](#) p2
- [What's in the EHR Standards?](#) p2
- [CBO Estimates of EHR Costs](#) p2
- [Meaningful Use](#) p3
- [Q&A, Trends, Picks](#) p3
- [Consultation Codes Eliminated](#) p4

Stage 1, beginning in 2011, focuses on collecting data electronically, sharing data with healthcare providers and patients, and measure reporting.

Stage 2 focuses on structured information exchange and continuous quality improvement, criteria to be proposed by the end of 2011 and begin in 2013.

Stage 3 focuses on decision support for "national high priority conditions" and population health, criteria to be proposed by the end of 2013 and begin in 2015.

The CMS issued a proposed rulemaking notice December 30, 2009 that outlines the provisions governing the Medicare and Medicaid EHR incentive programs, including a proposed definition for "meaningful use" of EHR technology. Providers can be eligible for up to \$44,000 in Medicare or \$63,750 in Medicaid incentives if they meet the criteria.

The HHS document is available at www.federalregister.gov or click [here](#) for a direct link to the 556-page pdf. The CMS notice is also at www.federalregister.gov or click [here](#) for the link to the 136-page pdf.

The rules go into effect 30 days after their publication and a public comment period.

Look inside this issue of PrimaryNews for articles that highlight major components and points of these EHR standards, specifications and definitions.

Is It Time to Replace Your PC?

Desktop PC replacement decisions are often based on the operating system and on functional compatibility, usually replaced every four years. Laptops are more reliable than before, although their failure rate is such that they should be replaced at the end of the warranty period, usually three years.

With the current concerns about the economy, more practices are cautious about their expenses. One area that many think they are saving is by continuing to use older PCs instead of replacing them.

Reviewing the expenses of maintaining older PCs versus replacing can provide information as to which decision is cost effective for the practice.

Old PCs can significantly add to expenses through:

- Excessive user downtime
- Lower productivity from slower computers
- Excessive support costs
- Consume more energy
- Parts can be costly and difficult to obtain in a timely manner
- Boot, reboot and shutdown times are longer
- Older operating systems no longer supported
- No hibernate and/or standby power options
- Mixed PC environment more difficult to support

PrimaryData offers a complimentary review of your current PC inventory.

Call us at 720-226-9270 to schedule your PC review.

It's a new year – If you use tapes for backup, check all tapes for replacement.

What's in the 2011 EHR Standards? Criteria for Stage 1 Meaningful Use Listed by Health Outcomes Policy

Improving Quality, Safety, Efficiency, and Reducing Health Disparities

- Orders for medications, laboratory, radiology, and provider referrals entered at least 80% of the time;
- Implement drug-drug, drug-allergy, drug-formulary checks
- Maintain problem list in ICD-9-CM or SNOMED-CT for at least 80% of patients;
- Transmit prescriptions electronically – send 75% of permissible prescriptions electronically;
- Active medication list for at least 80% of patients;
- Maintain active medication allergy list for at least 80% of patients;
- Record demographic data for at least 80% of patients including preferred language, insurance type, gender, ethnicity, race, date of birth;
- Record vital signs for at least 80% of patients including height, weight, blood pressure, calculated body mass index, and growth charts for patients 2-20 yrs old including BMI;
- Record smoking status for at least 80% of patients 13 and over;
- At least 50% of test results are stored in the EHR as structured data.
- Generate lists of patients by specific conditions for quality improvement;
- Report ambulatory quality measures to CMS, states;

- Send reminders to at least 50% of patients aged 50 or older by specific criteria;
- Implement five clinical decision rules for specialty;
- Check insurance eligibility for at least 80% of patients;
- Electronic submit claims for at least 80% of claims.

Engage Patients, Families in Their Health Care

- Provide an electronic copy of information requested by patients within 48 hours;
- Provide electronic access to health information within 96 hours of availability for at least 10% of patients;
- Provide clinical summary for at least 80% of office visits;

Improve Care Coordination

- Exchange clinical information electronically with other providers;
- Medication reconciliation for at least 80% of relevant encounters and transitions of care;
- Provide summary of care record for at least 80% of transitions of care and referrals;

Improve Population and Public Health

- Submit data to immunization registries
- Provide electronic syndromic surveillance data to public health agencies;

Privacy and Security Protection

- Protect health information.

Estimates of EHR Costs

The Congressional Budget Office (CBO) paper, "[Evidence on the Costs and Benefits of Health Information Technology](#)", reports that total costs for office-based EHRs are about \$25,000 - \$45,000 per provider.

The CBO estimate for annual costs for operating and maintaining an EHR system, which includes software licensing fees, technical support, and updating and replacing used equipment are about \$3,000 to \$9,000 per provider per year.

You can currently purchase SpringCharts EHR for about \$5,000 per provider which includes e-Prescribing, implementation, training, support and subscription fees.

If hardware is required, costs are about \$650 per seat for a desktop PC and setup, about \$2,350 for a tablet PC.

Annual fees for support, updates and an e-Prescribing subscription are typically about \$1,500 per provider per year.

As seen from the above cost comparisons, Spring Medical provides your practice a cost-efficient way to meet the meaningful use standards and to participate in the Medicare or Medicaid EHR financial incentives.

SpringCharts EHR easily integrates into small and mid-size practices and can help promote efficiencies and better patient care.

"Meaningful Use"

CMS issued their long awaited rule December 30, 2009 defining "meaningful use" of electronic health records which ties to federal incentives for eligible professionals investing in healthcare information technology.

The rule defines "meaningful EHR user" as an eligible professional who can demonstrate meaningful use of certified EHR technology in a form and manner consistent with defined objectives and measures, as summarized to the left in "What's in the 2011 EHR Standards".

The definitions serve as the minimum standard for eligible professionals participating in Medicare or Medicaid EHR incentive programs and tie to the national goals of:

- Improving quality, safety, efficiency
- Engaging patients in their care
- Increasing coordination of care
- Improving the health status of the population
- Ensuring privacy and security

States can request CMS approval to implement additional meaningful use



measures but can't request approval of fewer or less rigorous meaningful use measures than the CMS rule.

Practices satisfying meaningful use requirements must implement qualified EHRs in such a way that the physicians and staff can make full use of the EHR's capabilities.

Achieving meaningful use of an EHR system must be clinician led as it is tied to the patient care process and the EHR's purpose is to assist in delivering quality care and service. The right EHR implementation involves setting goals for benefits and adjusting processes to achieve those goals.

Meaningful use has the best chance of being met if the implementation of the EHR is positioned to improve care instead of being focused on getting incentive payments.

Q&A Technology Tips

Q: What is a solid-state drive?

A: A solid-state drive (SSD) is a data storage device that uses solid-state memory to store persistent data. An SSD emulates a hard disk drive interface, and are now used to replace hard drives.

With no moving parts, solid-state drives are less fragile than hard disks and are also silent. As there are no mechanical delays, SSDs feature low access time and latency.

They are packaged in standard disk drive form factors of 1.8-, 2.5-, and 3.5-inch.



Advantages of SSD

- Faster start-up; no spin-up is required;
- Fast random access as there is no read/write head;
- Silent operation due to the lack of moving parts;
- Low power consumption and less heat;
- Endure extreme shock, high altitude, vibration and extremes of temperature;
- Failures occur less frequently;
- Lower weight and size.

SSDs are currently more expensive per gigabyte than hard drives. Laptops and PCs are being introduced that feature SSD drives and are viable options.

EYE ON IT Current Trends [Twitter](#)

Twitter is an online tool available for staying in touch. Why would a physician be interested in Twitter?

To share information about your practice, send a link to a clinical trial relevant to your practice, remind your patients, point to online health information to promote healthy habits, or use Twitter to promote your practice. Twitter can be a useful tool but remember to follow [Twitter guidelines](#).

SOFTWARE Monthly Pick [Nuance Dragon Dictation](#)

The Nuance Dragon Dictation App is now available. Dragon Dictation allows iPhone users to speak emails and text messages instead of typing them, extending the way users can stay connected to friends and family. Dragon Dictation also works with the iPhone clipboard, allowing users to speak naturally and easily paste it into other applications. Dragon Dictation allows users to speak anything from a one-line text message to a multiple paragraph e-mail.

Dragon Dictation is currently free for a limited time from the App Store on iPhone. Click [here](#) to visit www.itunes.apple.com.

Are your year-end data backups stored securely off-site? They should be!