

NEO HealthConnect Answers

October 2011

Director's Update

Fall is in full swing, which means winter is not far behind. It's hard to believe that 2011 will close in less than 90 days. Here at NEO HealthConnect, we have been very busy. Enrollment for Regional Extension Center services is about to come to a close. If you know of any practices out there that qualify, and have not yet signed up for services, please reach out to them. We expect to have no availability for new practices beyond December 1.

The good news is that all of you are in process. In just over a year, you have done some great things. Just under 30 Physicians have been paid through the attestation process, in our region, to date. Payments amounting to nearly \$700,000 have been distributed to your peers. Almost 50% of the practices that we serve have selected, adopted and are moving forward with their EMR, and many are in their 90-day attestation period. Thank you for your hard work and commitment to better healthcare in northeast Ohio!

Our region is moving toward Health Information Exchange as each office progresses down this path of EMR adoption. The hospitals continue to take the lead in HIE discussions. While details are not yet available, it is clear that HIE is a high priority on their technology horizon, and that first pieces of the foundational requirements are being put in place today. Full functionality for you could be available as early as next summer, depending on your readiness in this technology spectrum.

I believe that's it for now. Stay tuned for more on HIE. I hope you are well and, as always, call if we can be of help.

Regards,

Mark Norris
Executive Director

8 steps to prepare for transition to ICD-10

Publish date: Oct 6, 2011

By: Annette M. Boyle, MBA

Has your practice begun planning for the ICD-10 transition?

If the answer is "no," you aren't alone, but you should be aware of the penalty for failing to meet the deadline of October 1, 2013: Your payments will not be processed.

With just 2 years left to make the transition to the upgraded international classification of diseases claims coding language (ICD-10), less than half of physician practices and other nonhospital providers have begun planning for the mandated change, according to a [recent survey](#) by the American Health Information Management Association (AHIMA).

Of those that have not begun, only 33% expect to start planning within the next 6 months.

With the exception of hospitals, most healthcare organizations are still in the earliest stages of addressing the changes ICD-10 will require. Only 7% have completed an impact assessment, and just 5% have an implementation budget. Survey respondents indicated that the most significant obstacles to ICD-10 planning were lack of resources (26.5%) and lack of commitment by organization leaders (20.6%).

All Health Insurance Portability and Accountability Act (HIPAA)-covered entities are required to use ICD-10 codes by October 1,

2013. The upgraded coding language has a completely different structure from ICD-9, which has been used for the last 30 years. ICD-10 enables more descriptive claims that are consistent with current medical practice and, in many instances, provides a "one-to-many" match for ICD-9 codes.

After the deadline, claims that fail to use the new coding language will not be processed. And it isn't just Medicare or Medicaid payments that will be affected. The new standards regulate and standardize the electronic transmission of specific healthcare transactions such as eligibility, claims, referrals, and remittances for all health plans, clearinghouses and billing services, and providers.

To prepare for this major undertaking, the [Centers for Medicare & Medicaid Services \(CMS\)](#) recommend that practices take the following steps:

1. Identify your current systems and work processes that use ICD-9 codes.
2. Talk with your practice management system vendor about accommodations for ICD-10 codes.
3. Discuss implementation plans with clearinghouses, billing services, and all payers.
4. Ask payers how ICD-10 changes may affect your contracts, payment schedules, and reimbursements.
5. Identify needed changes to your business processes and documentation.
6. Evaluate staff training needs.
7. Budget time and money for software updates, system changes, and training.
8. Test transactions using the new codes with your payers, billing services, and clearinghouses. Note that claims with the new codes will not be processed before October 1, 2013.

CMS has created tools for practices to manage the changeover to ICD-10, including timelines, fact sheets, and points to discuss with vendors, all of which can be found on its [ICD-10 provider resources page](#).

How to Attest for Meaningful Use (MU): 3 Tips from a Meaningful User

by Houston Neal

*Director of Marketing, Software Advice
October 17, 2011*

According to an [August 3 report](#), 2,246 eligible providers and 100 hospitals have successfully attested to meeting Meaningful Use (MU) criteria. Among these early adopters was Premier Family Physicians, a family practice in Austin, Texas. Dr. Kevin Spencer, a board-certified family physician with Premier Family Physicians, recently spoke about the experience of his practice.

In April, seven of Premier's eligible providers (EPs) attested for MU. After the mandatory 90-day tracking period, six providers were reimbursed the full early-adopter amount of \$18,000. In total, the practice has received \$108,000 so far. After their seventh EP attests, the office will be on schedule to receive \$308,000 in Medicare reimbursements over the next five years. Not bad for meeting just 15 criteria.

Sure, meeting those criteria does have its challenges. But it's possible, and there are 2,246 case studies to prove it. Dr. Spencer and the rest of the providers and staff at Premier Family Physicians have worked hard to meet MU criteria. Here are the three key factors that helped them succeed.

1. Choose the Right EHR Software Company

Choosing the right [electronic health record \(EHR\) software vendor](#) is one of the keys to attesting. This is one of the first lessons Dr. Spencer shared inadvertently during the interview. Dr. Spencer and the other providers at Premier use [Greenway PrimeSUITE](#). Not only has Greenway developed a Meaningful Use Dashboard that makes it easy for providers to track compliance, but they also offer a really good training program.

"It was excellent," said Dr. Spencer. "They put on a MU seminar right at the beginning of the year. We were trained on the things that the Centers for Medicare and Medicaid (CMS) wanted to measure, and how to utilize our EHR to capture the right data."

Greenway offers support beyond training seminars. Gina Scalapino, the Director of Operations at Premier, shared a few anecdotes about her training experience. A Greenway rep shadowed her and provided instruction on how to change her information workflow to document into the Meaningful Use Dashboard.

Of course Greenway is not the only EHR vendor that offers this level of support. There are others taking extra measures to ensure

their customers meet MU criteria. But again, the key lesson is to identify one of these vendors right from the start. It will mitigate risks and challenges of the attestation process.

2. Approach with the Right Mindset

Dr. Spencer really gets it, and his attitude is like a breath of fresh air. There are many Luddites still complaining about the shortcomings of EHR technology and the government's carrots-and-sticks plan forcing them to "adopt or else." It was refreshing to speak with a practicing physician that understands the benefits of EHRs and that is willing to work hard to reap the benefits.

Call it a sharpen-the-saw attitude. Dr. Spencer and Premier have used the MU attestation process to improve patient care and track and grade their performance.

"We've used this process to be an organization that [focuses on] process, workflow and measurements so that we can really attack clinical outcomes, look at our data and grade ourselves to be better physicians going forward." - Dr. Kevin Spencer

In addition to the post-bootcamp outcomes, Premier's patients are also benefiting from the practice's EHR and MU attestation process. They are more educated about their disease state; they have more information available to them, and; they can be more involved in their health care. Patients can also sign up for Premier's patient portal and check their medication lists, drug allergies, diagnosis and treatment instructions. Currently, more than 10,600 patients have registered, which is a significant level of engagement.

However, while Premier is seeing great returns from attestation so far, Dr. Spencer anticipates most benefits to come from Stage 2 of MU attestation, which is expected to be implemented in 2013.

"I think the next phase will be where we really see great benefit," said Dr. Spencer. "Where we have information being exchanged with immunization registries between hospitals, specialists and primary care offices. Where we can avoid duplication of services and really take care of people at the right price point."

3. Embrace the Process

Every practice needs a physician champion to take ownership of MU attestation. Someone to "embrace the process," as Dr. Spencer and Scalapino suggested. Attesting for Meaningful Use will require behavioral changes, and practices need a campaigner to engage others and drive organizational changes.

Call it "change management" or whatever moniker you'd like to give it. But, it is important to have an individual or team to ensure providers and administrative staff understand the process and take the necessary steps to track MU criteria. They should be the central correspondent with the EHR vendor; the coordinator organizing training sessions, and; the manager articulating the importance of the process and ensuring individuals follow guidelines. It's critical for a successful EHR implementation and similarly, for MU attestation.

Combined, these three factors helped Premier Family Physicians attest to Meaningful Use.

Beyond Meaningful Use: Additional Uses of EHR Data

Much of the buzz around electronic health records (EHRs) has thus far focused on how to collect, aggregate and report on data to demonstrate Meaningful Use compliance of EHR systems. Providers are federally mandated to demonstrate Meaningful Use of an EHR by 2015, eligible to receive incentive payments for doing so, and face Medicare reimbursement penalties for failing to demonstrate compliance.

That said, EHR data can also be leveraged to improve care delivery and outcomes, reduce healthcare costs, improve drug discovery protocols and better understand the safety and efficacy of pharmaceutical products. These additional uses of EHR data will become more commonplace as EHR and health IT adoption expands. The examples below illustrate how EHR data can be used in healthcare contexts other than Meaningful Use compliance.

Hospitals, Health Systems and Healthcare Associations will be able to create databases in which demographic, clinical and EHR data pulled from disparate sources can be integrated, aggregated and viewed. This collective data can be leveraged to manage care, increase physician affinity, reduce readmissions, improve outcomes and strengthen healthcare delivery. The creation of such a data resource is something many hospitals are already beginning to implement.

EHR data can also be used to help hospitals, health systems and healthcare associations more closely align their inpatient workflow with evidence-based guidelines. The American Heart Association/American Stroke Association (AHA/ASA) leverages EHR data in collaboration with hospitals across the country to more effectively align their treatment of cardiovascular disease and stroke patients with evidence-based guidelines.

- **Health Plans** can aggregate data from the EHRs used by their affiliated physicians in order to create comprehensive health records for each of their members. This aggregated EHR data in the form of a comprehensive physician record can be used to identify gaps in care. These identified gaps in care can subsequently be used to proactively manage care delivery to patients with chronic conditions such as diabetes or hypertension. Health records compiled with EHR data can also be used to improve HEDIS and other performance measurement scores, improve Star Ratings, and facilitate the transformation to Patient Centered Medical Homes (PCMHs) amongst physicians.
- **Pharmaceutical Manufacturers** are beginning to use EHR data to better understand the safety and efficacy of their products. By leveraging longitudinal EHR data, pharmaceutical manufacturers can expand the scope of Phase IV clinical trial data, thereby bolstering the statistical significance of their analysis of a product's efficacy when prescribed alone or in combination with other drugs. Moreover, EHRs provide a platform for clinical trial recruitment as well. Using inclusion and exclusion criteria, EHRs can deploy clinical trial alerts to prompt physicians to identify patients that may be eligible for participation in clinical trials.
- **MedMining**, a company created by Geisinger Health System, de-identifies its data to promote healthcare research related to the pharmaceutical industry.

The list above illustrates just some of the possibilities for using this new data. These examples can also be leveraged by the nation's Regional Extension Centers (RECs), either on their own or through partnerships other healthcare organizations, to build sustainable business models that ensure their future. As more organizations implement health IT and more data is produced and harvested, additional uses of EHR data are likely to proliferate. Privacy and security considerations will take center stage as organizations exchange and apply EHR data for research and commercial purposes. But the bottom line is that EHR data is ready to radically transform healthcare business intelligence by providing an archive that significantly exceeds the granularity and timeliness of healthcare claims data.

Video Slideshow Presentations, Podcasts, and Written Transcript of the August 3 National Provider Call on "ICD-10 Implementation Strategies for Physicians"

The Centers for Medicare & Medicaid Services (CMS) has released four podcasts and two video slideshow presentations from the August 3, 2011 National Provider Call on "ICD-10 Implementation Strategies for Physicians."

If you missed the August 3, 2011 ICD-10 National Provider Call, the entire narrated presentation is now available on the CMS YouTube Channel as a video slideshow that includes the call audio and captioning. A second video slideshow from this National Provider Call is also available of Dr. Daniel Duvall's presentation on "Implementation Strategies for Physicians and Non-Physician Practitioners."

Limited on time? Podcasts are perfect for the office, in the car, or anywhere you carry a portable media player or smartphone. The following podcasts are now available from the August 3 ICD-10 call:

- Podcast 1 of 4: Welcome and Implementation Strategies for Physicians
- Podcast 2 of 4: Overview and Presentations by CMS Subject Matter Experts
- Podcast 3 of 4: Question and Answer Session
- Podcast 4 of 4: Question and Answer Session Continued

The podcasts, video slideshows, and written transcript are now available on the [CMS Sponsored ICD-10 Teleconferences](#) section of the website.

The four audio podcasts with corresponding written transcripts, as well as the full written transcript of the call can be accessed by scrolling to the "Downloads" section at the bottom of the page. To access the video slideshows, select the links in the "Related Links Outside CMS" section of the webpage.

Keep Up to Date on Version 5010 and ICD-10. Please visit the [ICD-10 website](#) for the latest news and resources to help you prepare, and to download and share the implementation [widget](#) today!

NEO HealthConnect, Inc.
241 West Federal Street
Youngstown, Ohio 44503
(330) 599-4595 (330) 599-4595

About NEO HealthConnect, Inc.

NEO HealthConnect is a sub-recipient of the Ohio Health Information Partnership, which is funded through the Office of the National Coordinator, Department of Health & Human Services, grant number 90RC0012/01.