



eRECORDS, Inc.'s HITECH Meaningful News is a medium to share the latest news, updates and analysis in the world of ARRA, HITECH Act and "meaningful use". eRECORDS advisors collate, review and assess mountain of data down to the most relevant information so that you can focus your time in delivering the highest quality of healthcare.

eRECORDS Perspectives

eRECORDS Myth Buster - Ongoing look at the HITECH related myths:

Myth #8: As a physician, the government has said that I have to use an ONC certified EHR and achieve Meaningful Use.

This myth was pretty common last year but it is still prevalent enough today to clarify for our readers. The definitive answer is absolutely not. Participation in the EHR Incentive Program and meeting meaningful use is VOLUNTARY.

There are, of course, many reasons to voluntarily participate in the EHR Incentive Program and each physician or organization needs to weigh the positives and negatives before making the decision. The decision for most physicians will be less of "if" but more of "when".

Temporary EHR certification bodies named. The Certification Commission for Health Information Technology (CCHIT) and the Drummond Group Inc. (DGI) have been announced by the Office of the National Coordinator for Health Information Technology (ONC) as the first technology review bodies that have been authorized to test and certify electronic health record (EHR) systems for compliance with the standards and certification criteria that were issued by the U.S. Department of Health and Human Services earlier this year. Announcement of these ONC-Authorized Testing and Certification Bodies (ONC-ATCBs) means that EHR vendors can now begin to have their products certified as meeting criteria to support meaningful use. ONC has stated that there are other organizations in the application process and additional ONC-ATCBs may be announced soon.

With this announcement, EHR certification has begun its migration from a monopolistic market, where CCHIT had a strangle hold, into a competitive one. EHR vendors now have choices for achieving certification. This should make the certification process more efficient and cost effective for EHR vendors and ultimately benefit the providers. To view the official HHS announcement, click on this [link](#).

There is a growing trend to use "scribes" to electronically document patient encounters. As more and more physicians move to using EHRs, some of the inefficiencies of EHR usage are being alleviated by teaming up with "scribes". These scribes are generally tech-savvy pre-med or nursing students who act as the electronic recorder of patient encounters in EHRs. In doing so, physicians can continue to focus on providing care to patients while the electronic documentation is performed by the scribes. For many physicians, this may be a great way to fight the loss of productivity often seen with EHR adoption (at least in the short-term). According to the article, using scribes with EHR can even increase efficiency.

To read the article, click on this [link](#).

Can access to primary care physicians be maintained? Shortage of primary care physicians in the US is well documented. A recently released study by Health Affairs accentuates this issue. This study reports that more than half of the annual 354 million acute medical care visits are not with the primary care physician and 28% of these visits are in emergency room settings. More and more, patients see emergency rooms as acceptable or proper place to go when they get sick. And as 32 million newly insured customers are expected through the new federal healthcare law, can the access levels to primary care physicians be improved or at least maintained at the current levels? Will the increasing usage of EHR systems accelerated by the EHR Incentive Program make a meaningful difference? We are optimistic EHR systems will help in the long run.

To read the article, click on this [link](#).

If big hospitals use EMR/EHR, others will too. A recent research finds adoption of electronic medical records are accelerated if specific attention is given to increasing adoption among well known, larger, older hospitals in densely populated geographic regions. If these hospitals adopt the EHRs, then nearby hospitals vastly increase their rate of adoption. Maybe CMS, RECs and even ONC should study up on how focusing on “key” entities can accelerate the adoption of EHRs.

To read the full article, click on this [link](#).

Interesting Facts and Figures:

\$45,600,000,000. How much is spent on “defensive-medicine” due to malpractice worries. [Modern Healthcare](#) (requires sign up to view).

14%, 20.5%, 28%, or 46%. Pick your choice – what is EHR adoption rate in U.S.? Various sources (please contact us if interested).

Latest Meaningful News

Federal

HHS awards \$17M for patient-centered research. The Department of Health and Human Services has awarded nearly \$17 million to establish a network of patient-centered outcomes research (PCOR) centers that will be supported by health IT, including electronic health record (EHR) and data management systems. The money will enable PCOR in pediatric emergency medicine and support capacity building for community-based providers to engage in this type of research.

46 Regional Extension Centers receive additional funding to assist Critical Access and Rural hospitals. Nearly \$20M funding is being awarded to 46 RECs, serving providers in 41 states and the nationwide Indian Country. A total of 1,655 critical access and rural hospitals are in the areas covered by these RECs. The funding is part of the Critical Access Hospitals and Rural Hospitals (CAH/Rural Hospital)

Project, a priority for the REC program. The intent of the project is to provide additional technical support to critical access and rural hospitals with fewer than 50 beds in selecting and implementing EHR systems.

For the press release, click [here](#).

HHS Names Cincinnati and Detroit as final Health IT Beacon Communities. In May, the Office of the National Coordinator for Health IT announced that it would provide roughly \$30 million in funding for two additional Beacon communities (on top of the \$220M for 15 Beacon Communities already awarded). Cincinnati and Detroit regions were chosen as the final two Beacon Communities.

For the press release, click [here](#).

Health IT Policy Committee has approved the recommendations received for patient consent.

According to the recommendations submitted to the ONC by the Health IT Policy Committee, directly exchanging patient information between two health care providers would not necessitate patient consent beyond the requirements of the HIPAA privacy and security rules, fair information practices and state laws. However, the recommendations state that patient consent might be necessary before a health care provider surrenders control of a patient's health information by sending it through a health data exchange network to a different physician practice or clinical laboratory. If the HIE adds the record to its database for future distribution to providers in its network, patient consent would be necessary.

For the full story, click [here](#).

California

California Health and Human Services Agency (CHHS), the lead agency on HIE and HIT issues for California, held their monthly stake holder call on September 9, 2010.

Key highlights from the call are:

- CHHS recommends providers to choose the following objective/measure for the required Public Health Measure for Stage1:
 - Objective: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.
 - Measure: Generate at least one report listing patients of the EP or eligible hospital with a specific condition.
- Medi-Cal representative shared the draft payment cycle for Medi-Cal EHR Incentive program.
 - On January 2011, systems available for registration, application and attestation.
 - No provider payment will be made before April 1, 2011.
 - Minimum days to payment are 17 business days from enrollment to authorization to pay. Maximum days to payment are 33 business days from enrollment to authorization to pay.
- Cal eConnect update:
 - Hired 2 key staff members. Dr. Mark Elson as Chief of Policy and Business Development and David Lenhart as Chief Technology Officer.
 - Cal eConnect is planning to post the criteria for the eConnect funding program and initiate the procurement for the core technical services.
- HITEC-LA gave update:
 - Key staff members have been hired with additional 6 planned.
 - HITEC-LA has 229 PPCPs already signed up. An official launch to providers is planned for October 11, 2010.
 - Working on finalizing service partner selection. Already received 38 service partner applications.
- CalHIPSO update:

- ONC approved CalHIPSO's \$28.2 million direct assistance budget which allows the 10 Local Extension Centers (LECs) to begin operation.
- Identified 8 vendors to conduct contract negotiations.
 - AllScripts Professional
 - eClinicalWorks
 - GE (Practice and Advanced Systems)
 - Greenway
 - NextGen
 - AthenaHealth
 - McKesson Practice Partner
 - E-MDs

Other News of Interest

It's official. Allscripts announces its completion of merger with Eclipsys Corporation. For the full press release, click on this [link](#).

Consumer Report to rate surgical groups, reported in [NY Time](#).

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Sincerely yours,

eRECORDS HITECH Advisors

About eRECORDS, Inc.

eRECORDS was founded with the vision to power innovations in access, efficiency and quality of healthcare delivery through connected technologies and intelligence. Our Mission is to be the trusted expert, guide and partner in achieving meaningful use.

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