



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.

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### **eRECORDS Perspectives**

*In this section, we share what's been the most exciting, scary or intriguing for us in the areas of HITECH Act, Meaningful Use and Health IT.*

### **eRECORDS launches Worry Free™ Dashboard!**

It's finally here. eRECORDS is launching the long anticipated Worry Free™ Dashboard for Meaningful Use that combines access to cloud-based tool and meaningful use experts in receiving the most comprehensive support in achieving meaningful use.

Providers and healthcare organizations can expect to gain assistance in the areas of:

- EHR incentive program qualification and registration
- Meaningful Use gap assessment and personalized planning
- Active Meaningful Use progress monitoring
- EHR incentive program attestation and reporting

It is a proven program that offers a "worry free" way to achieving Meaningful Use. Don't take our word for it. Here's what a current Worry Free™ Program customer says about the program.

*"Having Worry Free™ Dashboard is like having my own personal Meaningful Use advisor. There is absolutely no way I could have achieved Meaningful Use without being part of this program. With Worry Free™ Dashboard, I don't have to guess if I am going to achieve Meaningful Use. I know I will. The name is right on. I was able to achieve Meaningful Use in a worry free way!"*

**V. Reddy, MD**

We are currently conducting a limited, no cost beta program for qualified providers, practices and organizations. To learn more about the Worry Free™ Dashboard and to participate in the beta program, please visit the Worry Free™ Dashboard Beta site at [www.wfdashboard.com](http://www.wfdashboard.com).

### **Interesting Facts and Figures**

*For more interesting facts and figures, follow us on twitter @HITstats - [www.twitter.com/HITstats](http://www.twitter.com/HITstats).*

"... **deadline's not moving.**" On recent webcast, *Impact of ICD-10 on Safety Net Providers...*, what CMS representative said about 5010 and ICD-10 deadlines.

**\$931B.** According a recent Generic Pharmaceutical Association [report](#), the amount of money consumers and the U.S. healthcare system have saved during the past decade due to the use of generic prescriptions.

**114,644 & \$850M.** Number of enrollees in EHR incentive program and how much has been [paid](#) by CMS.

**514 and 322.** Number of Complete and Modular certified Ambulatory EHRs as of October 13, 2011 at [CHPL](#).

**42%.** According to a recent [survey](#), percentage of physicians who said that their own patients receive too much medical care.

**56 million.** According to a recent [research](#), number of U.S. consumers who have accessed their medical information maintained on an EHR system.

## ***Latest Meaningful News***

### ***National***

**Meaningful Use Stage 2 update.** In July, HIT Policy Committee submitted the recommendation to delay the start of Meaningful Use Stage 2 requirements from 2013 to 2014. While waiting for the final decision on the delay recommendation, a slightly different approach is being discussed by stakeholders. This new approach would separate the requirements of Stage 2 into a two step process. A scenario may be that easier aspects of current Stage 2 requirements would be adopted in 2013 while more difficult requirements would be enforced starting 2014. This path may garner support given the compromising nature. For more information about the two step approach, click [here](#).

**Medicare Incentive payout keeping up with Medicaid.** As of September 2011, \$850M was distributed under the meaningful use program for Eligible Professionals (EPs) and Eligible Hospitals (EHs). What is surprising is that Medicare incentive payments made up 42% (\$357.4M). Given that EPs and EHs can receive the first year's Medicaid incentive payment with AIU (Adopt, Implement or Upgrade) of certified EHR system while Medicare requires meeting meaningful use, the gap between the two programs is surprisingly small. In addition, total registration number grew from 90,000 in August to 114,644 by end of September. For more detail break out of the EHR incentive payments, click [here](#).

**Six more states opened registration for the Medicaid EHR Incentive program.** CMS announced that California, Maine, Maryland, Massachusetts, Utah and Vermont have opened for Medicaid EHR Incentive program bringing the total to 33 states. For the full list of states, click [here](#).

**CMS releases ICD-10 transition [guide](#) to help health care providers.** The guide offers helpful information on transitioning from ICD-9 to ICD-10 including how to handle claims for services that span the transition date (October 1, 2013) and requirement for submitting the most specific diagnostic codes possible.

**Shared Savings/ACO final rule to be released soon.** As a final step before being published in the Federal Register, CMS has submitted for review to the Office of Management and Budget for the final rule of the Shared Savings/Accountable Care Organizations program. For more details, click [here](#).

**ONC Seeks To Increase Consumer Engagement in Health IT Initiatives.** During the Health 2.0 Conference in San Francisco, Office of the National Coordinator for Health IT officials shared that they will

put more focus on consumer engagement in health IT. Specifically, the focus will be on providing consumers access to their health data, making it easier for consumers to use their health data and shifting the attitudes about ownership of health data so physicians will be more willing to share data with patients. For more details, please click [here](#).

**Increasing focus seems to be placed on combining both private and public claims data to gather new insights into healthcare costs and effectiveness.** A new healthcare initiative called the Health Care Cost Institute (HCCI) was [announced](#) that will allow policy makers and researchers to access medical claims data from four major private insurers and the federal government to offer new insights into healthcare costs and effectiveness. In a similar announcement, a [proposal](#) in the Federal Register was published to create a multi-payer claims database to analyze the comparative effects of different kinds of medical treatments. In both announcements, combining BOTH private and public medical claims data seems to be the key driver in forming a complete picture when analyzing medical claims data.

**CMS to establish appeals process for Medicare EHR payments.** CMS has awarded the contract to Provider Resources to create an appeals process for the Medicare EHR incentive program. Under a \$2.25 million deal, Provider Resources will help the CMS establish the administrative procedures as well as evaluate and promote the infrastructure for the appeals process. For more information, including a link to the award notice, click [here](#).

**About half the EHR Incentive Program money paid to providers who were already using EHR systems.** According to an [iWatch News analysis](#), half of the incentive payments were made to providers who were already using EHR systems for years. According to the article, critics argue that the purpose of the incentive program is to spur new adoptions and not to reward providers who were already using EHR systems. This seems to be grossly unfair criticism. Even the providers who have been using EHR systems for years, they have to upgrade to an ONC certified EHR – a feat that could be time consuming and costly. In addition, just because providers were using EHR systems for years do not mean they were using them in a meaningful way. Regardless of who is getting the incentive payments, what's important is that all providers are using the EHR systems in a meaningful way so that the goal of improved care and lowering costs are achieved. Mass adoption will happen if you can build a solid foundation of providers who are using the EHR systems in a meaningful way.

**Organizations planning to get involved in ACO still don't understand what they are getting into.** A recent [survey](#) of more than 200 provider organizations in development or planning stages for an ACO, almost half (48%) don't seem to understand how an ACO will affect their organization. In addition, most of the respondents said they have not established a minimum required start-up cost budget or any kind of budget for the ACO.

**The Obama administration calls on the Supreme Court to review and support the 2010 Affordable Care Act.** The administration is calling on the Supreme Court justices to move quickly to review the decision by the Court of Appeals in Atlanta, which is the only appeals court that ruled Congress exceed its power in passing the law, and support the law that was passed in 2010. For the full article, click [here](#).

**CMS to create ACO database.** This database will contain health information of Medicare beneficiaries who receive care from providers participating in an ACO. By leveraging the database, CMS can better support the policy activities and reimbursement for the program. For more detail about the ACO database, click [here](#).

**AMA reminds physicians of ePrescribing deadline.** AMA released a reminder urging physicians who are unable to meet the ePrescribing program requirements to apply for a hardship exemption before the November 1 deadline to avoid penalties. For the full release from AMA, click [here](#).

**ONC announces the Data Segmentation Initiative.** The ONC Data Segmentation Initiative is open for anyone to join and will focus on facilitating discussions and harmonization of data standards for exchanging health data across organizations while maintaining privacy and security. This initiative was launched on October 5. For more information about the launch and how to participate, click [here](#).

## **California**

**California launches Medi-Cal EHR Incentive Program registration.** California has finally opened its doors for the Medi-Cal EHR Incentive Program, at least for the eligible hospitals, October 3rd. Eligible groups and eligible providers will follow with groups starting in November 15 and providers starting in December 15<sup>th</sup>. For additional information, click [here](#).

**Integrated Health Association (IHA) names top performing CA physician organizations.** Based on statewide pay for performance program measures, IHA announced the top performing physician organizations in California. For more details, including the list of the top performing organizations, please click [here](#).

**California Human and Health Services (CA HHS) held its monthly webinar on October 13, 2011.** This is a monthly webinar held by CA HHS to provide updates related to Health IT activities in California. Key highlights of the webinar are listed below. eRECORDS is also supplementing CA REC updates in this section with updates provided directly by the RECs:

- **California update.**
  - ONC asked California to submit a “breakthrough goal” that is beyond the goals set by the HITECH Act. California submitted the following goal to ONC:
    - Improve quality and continuity of care for California’s foster children and long-term care patients using personal health record (PHR) technology to enable connectivity and information sharing across multiple care systems, provider types, and state and local health agencies.
  - 2011 CA HIE Stake Holder Summit scheduled for 11/8/2011.
    - No cost to attend
    - CHHS Secretary Dooley scheduled to speak.
  - Deadline for hardship exemption for e-Rx Incentive Program is November 1. Request for exemption must be submitted by then.
  - eHealth Broadband Adoption Training Program is now available. To access the training program, go to <http://ehealthtraining.extensiondlc.net>.
- **Medi-Cal update.**
  - Medi-Cal EHR Incentive Program has launched for Hospitals on October 3<sup>rd</sup>.
    - 113 hospitals registered with CMS.
    - 44 hospitals have registered with Medi-Cal. Estimated incentive payment is \$125 million.
    - 20 CA hospitals have submitted the application.
    - Based on 44 registered hospitals, estimated incentive payment is \$125 million.
  - Registration for Groups will open on 11/15 and Eligible Professionals on 12/15.
  - DHCS will send out prequalification notices to clinics by November 1.
  - Continuing to finalize the definition of “Group”. Will be finalized before the 11/15 Group

registration opening date.

- **Cal eConnect update.**
  - HIE Stakeholder Summit update.
    - 175 registered already for the CA HIE Stakeholder Summit.
    - Final speakers/sessions list to be completed week of October 10.
    - Sponsors identified.
    - 10+ organizations to exhibit including RECs, local HIEs, CHHS, Medicaid, etc.
  - Provider Directory and Exchange Services RFP update.
    - RFP was withdrawn on 9/26.
    - Will re-evaluate to define what should be the next step.
  - Current CA HIE landscape
    - 19 regional community HIE initiatives, 8 of which have begun since 2009. Many still in planning stages.
    - Many more private HIEs operating in CA.
    - Only one county is at the latest HIEstage (stage 7), which is self-sustaining and innovating.
  
- **CalHIPSO (Regional Extension Center for all of California except Orange and Los Angeles counties) update.**
  - 6,346 providers enrolled with 4,816 qualifying for REC subsidy (76% to Milestone 1 goal).
  - Over 1,700 providers have EHRs installed with 1,379 at EHR go live (22% to Milestone 2 goal).
  - 25 providers attested to Stage 1 Meaningful Use.
  - 24 hospitals enrolled in CAH/Rural Hospital Supplemental Program.
  - 1,371 subsidized slots left for PPCPs. Focusing on solo and small practices to fill these slots.
  - The goal is to have all the subsidized slots filled by December 31, 2011.
  - CalHIPSO will create an internal LEC to cover 236 small/solo providers in Marin, Sonoma, Solano, Napa and Santa Clara counties not currently covered with existing LECs.
  - Soft launch of specialist provider service packages to be offered to 70 specialists. Broad scale specialty program planned to begin in early 2012.
  - In the process of expanding training resources for members with partnership with HIMSS and PrivaPlan.
  
- **COREC (CalOptima Regional Extension Center, REC for Orange County) update.**
  - 650 members enrolled with 192 qualifying for REC subsidy.
  - First COREC provider is scheduled to attest for meaningful use in November.
  - New website is launched – [www.CORECOC.org](http://www.CORECOC.org). Will also have physician/staff educational portal.
  - Six preferred EHR vendors were announced.
  - Service partners were also announced.
  
- **HITEC-LA (Regional Extension Center for Los Angeles County) update.**
  - 2,800 members enrolled with most being solo and small practices.
  - 600 slots available for REC subsidized services.
  - 782 providers at EHR go live.
  - 10 have attested for meaningful use.
  - \$2M L.A. Care EHR Incentive program has been extended to 2012. \$1M of the total has been paid to date.
  - Added NextGen as a preferred EHR vendor, bringing total to 6.
  
- **National Indian REC-CA update (sub-recipient of National Indian REC to serve CA).**
  - 113 members enrolled so far.
  - Goal is to sign up 185 providers by end of 2011.
  
- **Public Health update.**

- Reiterated that CDPH is unable to accept test messages for immunization, reportable lab results, and Syndromic surveillance.
- Go to [www.cdph.ca.gov](http://www.cdph.ca.gov) to view listing of regional entities that can accept test messages.
- Shared that CDPH does not consider electronic cigarettes to satisfy the tobacco cessation intervention meaningful use requirement.

## **Other News**

### **Requiring coordinated care for Medicare and Medicaid eligible people could save billions of dollars.**

A recent [report](#) by Emory University showed that requiring dual eligible (Medicare and Medicaid) people to enroll in a team-based coordinated care could save the federal government \$125 billion over 10 years with states saving \$34 billion. For more information, click [here](#).

### **Personalized medicine could be the next wave of innovations to improve care while lowering costs.**

According to an [article](#), using genetics information to personalize medicine could reduce healthcare costs while improving healthcare outcome. In a related story, FDA [launches](#) a new FDA-wide Innovations Initiative to redouble its efforts in encouraging innovations that will promote public health, including innovations surrounding personalized medicine. The benefits of personalized medicine could mean the right medicine can be prescribed to the right patient at the right time.

**United Kingdom to dismantle Nationwide Health IT Program.** United Kingdom (UK) announced that it is scrapping the \$17B national health IT project that was established in 2002. After spending \$9.9B, UK said that it “wasted taxpayers’ money”. Part of the problem seems to be the “national” aspect of it. According to UK, any future IT decisions will be made at the regional level. For more information, click [here](#). Reactions by former ONC coordinators can be found [here](#).

### **Major health insurers invest in Bloom Health to launch national private insurance exchange.**

Wellpoint, Health Care Service Corp. and Blue Cross Blue Shield of Michigan announced a joint effort to offer a nationwide private insurance exchange with a majority stake purchase of Bloom Health. Through Bloom Health’s online insurance brokerage offering, the three major health insurers are planning to roll out a nationwide private insurance exchange that can offer employers the ability to provide their employees choices of health plans based on defined contribution. One of the advantages of the nationwide exchange like this compared to a state exchange is that an employer with multi-state employee base can offer consistent health plan choices across states. For more information, click [here](#).

### **QR codes could be the next wave of marketing tool for healthcare providers.**

QR (Quick Response) codes are basically upgraded version of barcodes that can store up to 14 types of data (hyperlinks, text messages, phone numbers, etc.). By including the QR codes in an online or printed medium, healthcare providers can offer patients and customers a simple way to click or scan the QR codes and send or direct them to whatever information is included in the QR codes. For more information and examples of how QR codes are being used, click [here](#).

**Clinical Informatics is recognized as a certified medical subspecialty.** After a six-year push by advocates, the American Board of Medical Specialties has formerly recognized “clinical informatics” as a medical subspecialty. Physicians who are board-certified in any of the 24 primary medical specialties will be able to gain additional certification as medical informatics. This certification will be available next fall with first certificates scheduled to be awarded in early 2013. This decision by the American Board of Medical Specialties is another example of the increasing importance of information related to healthcare. For the full story, click [here](#).

**Greenway buys community health center services division of CySolutions.** Greenway [announced](#) that it will acquire the community health center services division of CySolutions. With this acquisition, Greenway picks up 20 community health center clients along with the products/services currently offered by CySolutions. Greenway can leverage this acquisition to expand its foot print into community health centers and be better position for having ACO customers.

**SuccessEHS acquires MediaDent electronic dental record product.** SuccessEHS (practice management and EHR vendor) acquired MediaDent electronic dental product line with the plans to integrate the acquired product into its own product. Given that no complete certified EHR for dentists exists today, SuccessEHS' acquisition may be the beginning of offering an ONC certified EHR for dentists. For the story, click [here](#).

**Over 16,000 patients affected by breach in Minneapolis area.** 14,000 patients at Fairview Health Services and 2,800 patients at North Memorial Health System were notified of health information breach. The breach was caused by the theft of a laptop. For additional information, click [here](#).

**Lawsuit filed against Stanford following patient data breach.** \$20M class action lawsuit was filed by a woman on behalf of 20,000 Stanford hospital patients for the data breach. Breach involved a spreadsheet with patient information being posted on a public website between September 2010 and August 2011. For more information about the breach and the lawsuit, click [here](#).

**Hospital employees fired for violating patient privacy.** Florida Hospital in Orland fired three employees after learning that they were giving patient information to an attorney referral service. For the full story, click [here](#).

**Millions of patients affected by data breach.** TRICARE, the U.S. military health program, reported that data breach occurred affecting 4.9 million patients in 10 states between 1992 and September 7, 2011. The breach was caused by the contractor **Science Applications International Corp. (SAIC)** who reported that it lost back-up tapes containing patient data for TRICARE. For more information about the breach, click [here](#).

**In another news regarding SAIC - SAIC wins the award for HRSA Data Warehouse contract.** With the maximum contract value of \$15 million, SAIC will be responsible for operations, maintenance and enhancement services for the HRSA data warehouse. The data warehouse is HRSA's official data repository and will be used as a single point of access for HRSA information related to health resources, demographics and statistical data for analyzing and reporting on HRSA activities. For the award article, click [here](#).

**Doctors are just a click away.** Michiganians who need access to doctors after hours or just need to talk or chat to a doctor, can now do that. Companies such as MDLiveCare and Consult a Doctor offer a convenient way for consumers to access physicians online, 24X7. Critics say subpar care is provided because the diagnosis and help is provided via phone or chat service. It's not clear yet if this type of service provides BOTH convenience and high level of care. For the full article, click [here](#).

**Doctors and Patients are not using social networking to connect to each other.** Several recent surveys show over 80% physicians use social compared to 65% by the general population. However, the high usages of social media by physicians are with fellow physicians and not with their patients. In fact, 75% of

connection invites sent from patients are not accepted by physicians. Physicians are obviously still weary to have social media connection with patients. For more details about the survey and story, click [here](#).

**Recent report shows increase in both number of iPhone healthcare apps and price for these apps.**

According to a recent [report](#) released by MobiHealthNews, there will likely be more than 13,000 health related apps by summer of 2012 compared to 9,000 today. In addition, average price paid by consumers for health apps are increasing. Last February, average cost paid by consumers was \$2.77. As of July 2011, average price jumped to \$3.21. For more information, click [here](#).

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For questions or comments, please [email us](#).

Sincerely yours,

eRECORDS HITECH Advisors

**About eRECORDS, Inc.**

eRECORDS was founded with the vision to power innovations in healthcare delivery through connected technologies and intelligence. We support this vision through Health IT consulting services and our web-based product called Worry Free™ Dashboard. Worry Free™ Dashboard provides Meaningful Use administration, planning and performance management solutions to organizations including Regional Extension Centers, IPAs and medical groups.

Our Mission is to be the trusted expert, guide and partner in achieving meaningful use to make healthcare better, cheaper and measurable.

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