



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

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.

What types of providers are attesting to meaningful use in 2011?

As the providers on the Medicaid side of the program are receiving incentive payments through the Adopt, Implement or Upgrade (AIU) path, what type of providers are actually achieving meaningful use on the Medicare side of the program? After all, there are definitely good reasons to wait till 2012 given that the providers can still get the full incentive payment by waiting till 2012. Through our experiences working with the Worry Free™ Dashboard beta program (www.wfdashboard.com) participants, we have identified several characteristics that seem to be consistent with what we call the "early adopters" of meaningful use. Characteristics such as:

- Have strong motivation to achieve meaningful use – Whether the motivation is purely financial or mix of financial and the belief in meaningful use improving care, "early adopters" have strong motivation to achieve meaningful use.
- Have embraced Health IT prior to achieving meaningful use – Many of the "early adopters" have either already been using an EHR system and/or like to try out new things that can affect their practices.
- Have "do what it takes attitude" – Even facing challenges, "early adopter" have a do what it takes attitude and the patience to work through obstacles that are presented.

So why are these "early adopters" achieving meaningful use this year (and sometimes struggling through challenges) rather than waiting till 2012? The simple answer is that seems to be typical of early adopters is "if I am ready to achieve meaningful use this year, why wait?"

Interesting Facts and Figures

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\$973.2M and \$6.5B. 2009 EHR market size in the U.S. and the total EHR market size expected by 2012, according to a [report](#) from market researcher Frost & Sullivan.

96 million. Number of smart phones in use in the U.S currently.

46% and 63%. Percentage of physicians who used Google and Yahoo as frequent source of clinical information and percentage of physicians who changed an initial diagnosis based on new information found via online resources/support tools. For the more information, click [here](#).

32%. Percentage of hospital-based CIOs who believe their organization can meet meaningful use stage 2 requirements with or without start date delay, according to a recent [survey](#) from College of Healthcare Information Management Executives.

November 20. The last date for eligible hospitals and CAHs to register and attest for EHR Incentive Payment in fiscal year (FY) 2011.

\$8.3B and 750+. Projected EHR market size by 2016 and number of new EHR offerings in the past 2 years. For the more information, click [here](#).

Latest Meaningful News

National

Final Rule on Medicare Shared Saving/ACO released. On October 20, [final rule](#) to Medicare ACO was released that make it easier for providers and hospitals to participate. Compared to the draft rule on ACO released last March, the final rule has made it significantly easier for ACOs to qualify. Some key highlights of the final rule are 1) no longer having the requirement for 50 percent of the primary care physicians in an ACO be meaningful user, 2) reduction of quality measures from 65 to 33, 3) removed the requirement of using patient registries, and 4) organizations could receive their share of savings up front instead of waiting until the claims are analyzed after the first year, more of it and no penalty. For more details about the final rule, click [here](#). For different organizations positive response to the final rule, click [here](#).

HIT IT Policy Committee starts on Stage 3. HIT IT Policy Committee began its work on the definition of Meaningful Use Stage 3. The committee will utilize heavily on public comments as well as lessons learned from Stages 1 and 2. Some initial statements from the committee members regarding Stage 3 were to allow specialty providers to be considered, not make the requirements too stringent and also consider pulling back the Stage 3 criteria because of overlaps with ACO requirements. For more information, click [here](#).

CMS releases guidance for meeting meaningful use. CMS released additional [guidance](#) for hospitals on the process of attesting for meaningful use achievement. The key guidance says “attesting to providing all of the information necessary... to render complete and accurate information for all meaningful use core and menu set measures except [clinical quality measures].” For the attestation of clinical quality measures, they must be “identical to the output that was generated from the certified EHR technology”. Similar guidance applies to eligible professionals attesting for meaningful use achievement. For additional information, click [here](#).

Permanent EHR Certification Program postponed. Citing the importance of syncing with the final rule for Stage 2 of meaningful use and wanting more time to assemble the testing and authorization bodies, ONC announced that they will delay the launch of permanent EHR certification program until mid 2012. Originally, ONC planned to sunset the temporary EHR certification program by end of 2011 and launch the permanent program on January 1, 2012. For more information, click [here](#).

Bill introduced to provide legal protection to EHR users. The Safeguarding Access For Every Medicare Patient Act, introduced by U.S. Rep. Tom Marino, would provide legal greater legal protection to Medicare and Medicaid providers that use EHR systems. For the full story, click [here](#).

Office of Civil Rights (OCR) begins HIPAA Privacy and Security audits. Beginning in November, OCR will conduct up to 150 audits using protocols developed by KPMG. The audits will start with 20 initial audits to test the new protocols. The results of these initial audits will be used to fine tune rest of the planned audits. OCR is not sharing how the covered entities are being selected for audit. For additional information, click [here](#).

Supreme Court announces it will review lawsuit challenging Health Reform Law. Supreme Court announced that it will review legal challenges against the federal health reform law in March 2012. The key aspect of the legal challenge is that Congress overstepped its powers by requiring all Americans to buy health insurance by 2014 or pay a penalty. For more information, click [here](#).

Six more states launch Medicaid EHR Incentive program. Six more states (Arkansas, Delaware, Montana, New Jersey, New York and North Dakota) launched their Medicaid EHR Incentive program this month bringing the total 39 states. For the listing of participating states and additional information, click [here](#).

CMS to continue with attestation of quality measures in 2012. Because CMS remains unable to electronically accept clinical quality measures, it has confirmed that eligible hospitals and eligible professionals will continue to report clinical quality measures via attestation in 2012. For additional information, click [here](#).

ONC prepares to launch campaign to educate the public about the privacy and security of electronically exchanged health information. As mandated by the HITECH Act, ONC is getting ready to launch a national educational campaign surrounding privacy and security of health information. As a precursor to the launch, ONC is conducting a survey of more than 40,000 consumers and health professionals to better focus the national campaign. For additional information, click [here](#).

[B, 11/2] EHRs better than paper? Based on a survey conducted by GfK Roper for Practice Fusion, 54% of physicians believe the EHRs are safer with only 18% believing paper charts are safer. Patients, on the other hand, were mixed with 39% believing EHRs are safer and 47% stating paper charts are safer. For both physicians and patients, the key reason for favoring EHRs was the accessibility of records when needed. As for favoring paper charts, the privacy and security concerns of EHRs were key items. For additional information, click [here](#).

[B, 11/9] Majority of the providers use e-prescribing. According Surescripts, over 52% of office-based doctors now use e-prescribing compared to less 10% just three years ago. For the press announcement and additional information, click [here](#).

California

Group Registration for Medi-Cal EHR Incentive Program Explained. On a call hosted by CalHIPSO and CPCA, the process or group registration was explained. And although the registration system was not final, the presenters showed the mock up of the registration system being launched on November. Some key

highlights are 1) there needs to be a wet signature proof when attesting (essentially, print out the attestation form, sign, then scan and load to attestation system, 2) a copy of the certified EHR contract must be loaded when attesting, and 3) a screen shot of the CMS EHR Certification number from the CHPL site must also be loaded when attesting.

California signs bill requiring EHRs to track changes in medical records. California Governor Jerry Brown signed the Confidentiality of Medical Information Act to ensure the security of medical records. The act, effective January 1, requires that electronic health record and electronic medical record systems automatically track any changes to stored information and the identity of the person who made the changes. For the link to the act and additional information, click [here](#).

California Human and Health Services (CA HHS) held its monthly webinar on November 10, 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 National Meeting being held November 16-18.
 - All ARRA grantees are attending.
 - Live webcast for the public scheduled for 11/17. To register, click [here](#).
 - Key summary from the 2011 California HIE Summit.
 - 300 attendees including ARRA grantees, HIEs/HIOs, public and private sectors.
 - Overall feedback for the Summit was positive with the request to continue these types of summits.
 - Some great short-term and mid-term priorities were shared.
 - Importance of Summary of care document and improving exchange of laboratory results electronically were shared by the attendees.
 - Providing assistance to community HIEs, standardization and interoperability bubbled up as critical items for the attendees.
 - National EHR Incentive Program review as of 10/6/2011
 - Medicare incentive payments: \$357,399,390
 - Medicaid incentive payments: \$514,769,308
 - CA EHR Incentive Program review as of 10/6/2011
 - Medicare providers: 224
 - Medicaid incentive payments: \$4M +
- **Medi-Cal update.**
 - Eligible Hospital program open its doors on 10/3.
 - Group program will open on 11/15 and Eligible Professional on 12/15.
 - Registration
 - Over 1,000 CA providers have enrolled with CMS for the Medi-Cal incentive program.
 - Group pre-qualification notice for EHR incentive program sent to clinics.
 - Of 804 contacted, 450 replied to be pre-qualified so far.
 - Pre-qualification notification for eligible professionals may be sent as early as 12/5.
 - Group definition completed.
 - Must have a common TIN
 - Must have an NPI
 - Must have a PMF record
- **CalHIPSO (Regional Extension Center for all of California except Orange and Los Angeles counties) update.**
 - 6,670 providers enrolled to date. On the south region, surpassed the enrollment goal.
 - 5,126 are qualified to receive REC subsidy (83% to Milestone 1 goal).
 - 1060 subsidized slots left.
 - 1935 providers have EHRs installed, 1535 at EHR go live goal (25% of Milestone 2 goal).

- 37 providers attested to Stage 1 Meaningful Use.
 - 24 hospitals enrolled in Critical Access/Rural Hospital Supplemental Funding Program (56% to goal).
 - Reiterated the soft launch of Specialty focused service package.
 - CalHIPSO will also become a LEC to cover 236 providers not covered by other LECs.
- **COREC (CalOptima Regional Extension Center, REC for Orange County) update.**
 - 874 providers enrolled with 713 REC subsidized providers.
 - 250 subsidized slots left.
 - 392 providers are at EHR go live.
 - 150 providers expected to attest for 2011.
 - NextGen has become the 6th preferred EHR vendor.
- **HITEC-LA (Regional Extension Center for Los Angeles County) update.**
 - 3,000 providers enrolled. 550 REC subsidized slots left.
 - Starting to sign up ACO providers.
 - 950 providers at EHR go live (Milestone 2)
 - 20 providers attested for Stage 1 Meaningful Use.
 - \$2M L.A. Care EHR Incentive Program paid out \$1.2M to 332 providers so far.
- **National Indian REC-CA update (sub-recipient of National Indian REC to serve CA).**
 - Launched new REC website (www.crib.org/rec)
 - Continuing to make progress in all fronts.
- **Public Health update.**
 - Reiterated that CDPH is unable to accept direct test messages for immunizations, reportable lab results and Syndromic surveillance.
 - To view the list of Local Health Departments that are able to accept test messages, go to this [web site](#).
 - Clarified that referring patients to electronic cigarette do not count as “tobacco cessation intervention”.
- **California Telehealth Network.**
 - CTN is the Western Regional HRSA designated Telehealth Resource Center.
 - CTEC have physically moved into CTN’s offices to support CTN’s vision and mission.

Other News

New report recommends government should regulate Health IT safety if private sector cannot regulate itself. A report issued by Institute of Medicine (IOM) for the ONC recommends the Food and Drug Administration should regulate Health IT safety if the private sector does not or cannot regulate itself. The report lists several [recommendations](#) including monitoring the Health IT safety starting 2012. More importantly, government should regulate Health IT safety if the monitoring shows less than satisfactory safety levels. HIT safety advocates ([Dr. Dean Sitting](#), [HIMSS](#)) have voiced their support for the IOM’s recommendations. For more information, click [here](#).

VA plans to acquire 100,000 tablets for its medical clinician staff. The Department of Veterans Affairs announced that it is planning to acquire as many as 100,000 tablets to be used by its medical clinician staff. The tablets would include Apple iPad as well as tablets running Andorid and Windows operation systems. For additional information, click [here](#).

Casino bill that could speedup EHR adoption. Massachusetts law makers are working on a bill that would

take a percentage of licensing fees to be used towards EHR adoption in the state. It is estimated that this bill could collect at least \$50 million that can be used to assist providers, hospitals and other healthcare providers in adopting an EHR system. For more information, click [here](#).

EHR vendors support medical error reporting system. In a somewhat surprising move, HIMSS EHR Association that represents 44 EHR vendors announced that it is supporting [EHRevent](#), a year-old medical error reporting system. This is in recognition that EHR systems can and do cause medical errors. To mitigate the providers' fear of malpractice lawsuits and increase in liability costs, the reporting will be done anonymously. For more information, click [here](#).

PHR vendor to pay doctors to validate PHR data. Merit Canada and MiHealth have partnered to promote a PHR offering to Canadian doctors. What is interesting about this offering is that the doctors will get paid to validate their patients' PHR data. Doctor validated PHR data is more accurate and credible and makes it more useful by all healthcare professionals. For the full story, click [here](#).

GE Centricity has problems with measurement data for Meaningful Use reporting. It was announced by GE Centricity that at least 3 meaningful use measures are being inaccurately reported. GE is recommending holding off on attestation for 2011 until the problem is resolved by end of November. For those providers who have attested already to CMS is advised to check the attested measurement data after the fixed version is released. GE is working with CMS to determine what to do if the attested measurements differ from the measurements being produced. For the full article and official GE announcement, click [here](#).

U.S. healthcare score declines... According the latest report from the Commonwealth Fund Commission on High Performance Health System, the U.S. scored 64 out of 100 on key measures. "This scorecard illustrates that focused efforts to change the healthcare system for the better are working and are worth our investment," said Maureen Bisognano, president and CEO of the Institute for Healthcare Improvement, and a Commonwealth Fund Board and Commission member. "Yet, the U.S. still spends up to twice as much on healthcare as other high-income countries, but too often fails to deliver what people need - timely access to high quality, efficient healthcare. The places in the U.S. and around the world that set the benchmarks prove that it is possible to do better." For the full article, click [here](#).

CIO concerns about meaningful use declining. Recent [survey](#) conducted by CHIME showed that 66% of CIOs have concerns about meeting meaningful use requirements, down from 90% from a [survey](#) conducted in March. Capturing and submitting data for quality measures was the top concern for the CIOs in the latest survey. For the full story, click [here](#).

Data breach continues. UCLA Health Systems [reported](#) that a hard drive containing 16,288 patient information was stolen from a physician's home. This follows another data breach in recent years that resulted in an \$865,000 fine in July 2011. High Point Regional Health System also [notified](#) 551 patients that an employee of a medical imaging subsidiary took home patient records but did not know what the employee did with the information. In another data breach story, Children's Health System [announced](#) that three unencrypted computer backup tapes containing patient information has been reported missing. The breach covers about 1.6 million patients, their guarantors, vendors and employees between 1994 and 2004 at its five facilities.

Walgreens to use iPads. Walgreen announced that 16 Chicago-based stores will have employees equipped with iPads to provide health related assistance to customers. With the iPads, these employees, also called health guides, will help customers obtain real-time health care information including "Blue Button"

electronic health record for military personnel and retirees, government health care databases and online physician ratings. For more information, click [here](#).

Walmart to offer primary care services? According to a confidential document mentioned in this article, Walmart is planning to expand its current in-store medical services to primary care services including basic prevention to management of chronic conditions. Critics caution that offering primary care services at Walmart stores may further fragment healthcare delivery if patients go to Walmart for care rather than their primary care physicians. Of course, there is also the issue of quality of care at Walmart stores. For more information, click [here](#).

iPhone 4S could become the mobile personal assistant to healthcare providers. The latest iPhone 4S, released by Apple, has one new feature that could become important for healthcare providers. The feature, called Siri, is a voice-enabled virtual assistant that allows users to use their voice to perform variety of actions including sending messages, scheduling meeting, placing calls and much more. In the near future, when Apple shares the Siri API to developers, voice-enabled command for health apps could take a big leap. Maybe it can even evolve into a virtual healthcare assistant. For additional information, click [here](#).

iPads don't work in all Hospital environments. For the most part, iPad users in healthcare are positive about the impact the device has on their day to day lives. However, Seattle Children's Hospital cites unhappiness with the use of iPads by its clinicians. It is important to point out that the dissatisfactions cited in the article are primarily due to the application not designed to be used on a device like an iPad. For the full article, click [here](#).

Venture capital investments growing for Health IT. Even as investments in medical device, biotech and pharmaceutical companies decline, investments in Health IT are increasing. Especially Health IT companies focused on reducing healthcare costs. For the full article, click [here](#).

"Consumer Health" the next revolution in healthcare? An [opinion article](#) by Frank Moss describes the next revolution in healthcare. Because of available technology and innovations, consumers can take on a greater role in managing their health care, also known as "consumer health".

Vista Equity Partners completes the acquisition of Sage EHR. Vista Equity Partners [announced](#) the closing of EHR division of Sage for \$320 million.

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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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