Meaningful Use of Electronic Health Records: What You Need to Know

In an effort to assist GLMS members with incorporating Electronic Health Records into their practices and maximizing their effectiveness, the Quality Improvement and Patient Safety Committee asked an expert to summarize the latest information on the topic. Tammy Geltmaker, RN, BSN, MHA, prevention project coordinator with Health Care Excel, provided the following facts.

What Happened
As part of the American Recovery and Reinvestment Act passed last year, $19.2 billion was allocated to increase the use of EHR systems by physicians and hospitals. The Centers for Medicare and Medicaid Services has made rules for how providers can achieve meaningful use of EHR and receive financial incentives. The goal is to produce measurable improvements in health through a transformed health care delivery system.

Who is Eligible?
Eligible professionals who meet the requirements for both Medicare and Medicaid incentive programs may participate in only one program.

Medicare incentives are available to doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of pediatric medicine, doctors of optometry and chiropractors (spine subluxation). Acute care hospitals and critical access hospitals also are eligible.

Medicaid incentives are available to physicians, dentists, certified nurse midwives, nurse practitioners, physician assistants practicing in a rural health clinic or federally qualified health center. Acute care hospitals and children’s hospitals also are eligible. There is a patient volume requirement for Medicaid incentives.

Tammy Geltmaker, RN, BSN, MHA, explains the incentives available to providers for showing meaningful use of Electronic Health Records during a presentation to several GLMS committees.

(Except children’s hospitals): 30 percent for all providers except for physicians who are pediatrics (20 percent). Acute care hospitals must reach 10 percent.

How Much are the Incentives?
For Medicare, up to $44,000 per provider over five years. For Medicaid, up to $63,750 per provider over six years. (Providers in Health Professional Shortage Areas can receive a 10 percent increase in the maximum incentive payment amount.)

Definition of EHR
An Electronic Medical Record is an electronic record of an individual’s health information that is managed from a single organization. Simply put, it is an electronic chart.

An Electronic Health Record is an interoperable record of an individual’s health information that interacts with other health care entities, created and updated cumulatively from numerous health care providers including information provided by the patient.

Definition of Meaningful Use
Use of a certified EHR in a meaningful manner (e.g. e-prescribing), use of certified EHR technology for electronic exchange of health information and use of certified EHR technology to submit clinical quality and other measures. Stage One, beginning in 2011, involves electronic capture of patient data, Stage Two in 2013 involves improved clinical processes, and Stage Three in 2015 involves quality measurement and improvement.

Penalties for Failing to Adopt an EHR
No incentive money will be available for adoption of EHR after 2015. For those who do not adopt EHRs by 2015 the following Medicare cuts will take place: 1 percent in 2015, 2 percent in 2016 and 3 percent in 2017.

Getting Started
“It behooves everyone to adopt and show meaningful use as soon as possible in this process to maximize the incentive amount you want to receive,” Ms. Geltmaker advised. Ms. Geltmaker’s presentation. Health Care Excel has a contract with Medicare as the Quality Improvement Organization for Kentucky. In this role, Ms. Geltmaker provides assistance to primary care physicians and their staff with utilizing EHR functions to improve care management and patient health outcomes for preventive measures.

For more information, visit http://healthit.hhs.gov and click on Regulations and Guidance, then Meaningful Use.

Medical Society Professional Services Inc. endorses two outstanding companies with meaningful use experts who can provide assistance in exploring EHR implementation for your practice:

MedX12 offers web-based EHR software to simplify the administrative requirements of physician practices and decrease expenses through electronic claims processing and full integration of EHRs. Call Murphy Brock at (502) 819-4177 or toll free at (877) 367-6339.

NetGain Technologies provides a free technology assessment valued at $1,500 for members and offers EHR consultation including technology infrastructure and workflow design. Call Reggie Gresham at (502) 212-4727.
Board of Governors Highlights

June 11, 2010

- Board Chair Lynn T. Simon, MD, welcomed the new officers and board members, encouraging involvement in the coming year of work. “Everyone’s a valuable member of the board, so we should drive as much attendance as we can and encourage participation and vigorous and collaborative discussion,” she said.

- The board approved a recommendation from the Leadership and Program Development Committee to launch an emerging physician leader training series. Invited participants would be second-year residents, GLMS in-training delegates, first-year and second-year practicing members, and members of all GLMS committees. The first training event is scheduled for October, provided by the American College of Physician Executives and titled “Management Skills, Effective Meetings, Leadership Skills and Communication Styles.” The training has the support of John L. Roberts, MD, a member of the committee and the University of Louisville’s associate dean of graduate medical education.

This training will supplement other committee initiatives such as providing white coats and professional photographs to first-year medical students at the White Coat Ceremony and holding a specialty networking event for second-year students that will result in mentoring relationships. The first such networking event held earlier this year was highly successful.

“What we’re looking at is membership development and identifying these people early and saying these are people who are movers and shakers and hopefully establishing some ties so they stay in the community,” said President Kimberly A. Alumbaugh, MD. She encouraged connecting participants in emerging physician leader training to GLMS committees.

- Dr. Alumbaugh announced the formation of an Ad Hoc Implementation Committee for the Pulse of Surgery program. The committee will help craft the GLMS messages that will be included in the program curriculum. (For more on Pulse of Surgery, see page 5.)

- GLMS received a thank-you letter from the Kentuckiana Health Alliance for being a silver sponsor of the 2010 Quality Improvement Consortium project KHAQI-C. “continues to do good work creating standardized metrics for diseases such as diabetes and breast cancer,” Dr. Simon said. The goal of the project is to promote best practice guidelines, not only to improve lives but to lead to lower health care costs.

Congress Passes Temporary Medicare Payment Patch

Nearly four weeks after a 21 percent cut in Medicare reimbursements to physicians went into effect, Congress finalized legislation on June 24 that brings another temporary fix to the Sustainable Growth Rate formula through Nov. 30. The bill provides a 2.2 percent increase in Medicare payments to physicians for six months.

A previous bill staving off the scheduled 21 percent cuts expired on May 31. Anticipating congressional action to prevent the cuts, the Centers for Medicare and Medicaid Services offered a claims hold through June 17 to avoid disruption in the delivery of health care services to Medicare beneficiaries and payment of claims.

However, CMS eventually had to begin processing June claims at the reduced reimbursement rate. As a result of the new legislation, any claims processed under the cuts will be reprocessed at the increased rate.

GLMS advocates for repeal of the SGR formula as part of overall health system reform.

Looking for Insight into the Health System Reform Law?

The AMA has produced two webinars about health system reform legislation and how it will affect physicians and their patients. They are available by going to www.hsreform.org and clicking on Resources, then Health System Reform Webinar Series.
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PULSE OF SURGERY PROGRAM UNVEILED TO MEDIA

Sending a strong message about improving the health of young people and motivating them to pursue medical careers, the Greater Louisville Medical Society hosted the formal announcement of the Pulse of Surgery program during a news conference June 16. GLMS President Kimberly A. Alumbaugh, MD, was joined by the partners on the project, the Louisville Science Center and Jewish Hospital & St. Mary’s HealthCare, in touting Pulse of Surgery.

“By visiting the Louisville Science Center and viewing live heart surgeries, middle and high school students will learn about the causes of cardiovascular disease,” Dr. Alumbaugh said. “And by interacting with the physicians and surgical team in the operating room, we are hoping to motivate them to pursue careers in medicine. We need to recruit the next generation of physicians.”

Mark S. Slaughter, MD, worked on a similar educational program in Chicago and hoped to introduce it in Louisville. Chief of the Division of Thoracic and Cardiovascular Surgery at Jewish Hospital and the University of Louisville, Dr. Slaughter will be the first surgeon involved in the project slated to launch this winter.

“Still in the United States, cardiovascular disease is the No. 1 killer in adults, and unfortunately it starts when they’re young,” Dr. Slaughter said. “To read about it in books is one thing, but to see something live, to actually see a beating heart, to ask questions, has a much greater impact.”

The patients approached about participating in one of the surgeries will generally be those with coronary artery disease needing triple or quadruple bypass surgery. Dr. Slaughter said the students will be impacted by seeing the clogged arteries and lungs affected by smoking.

“Part of our mission at the Greater Louisville Medical Society is to advocate for the health and well-being of the community,” Dr. Alumbaugh said. “It’s what we do. Pulse of Surgery is a dynamic way for us physicians to reach out directly and teach young people.”

Both Dr. Alumbaugh and Dr. Slaughter said they expect the young people to realize that a medical career is an achievable goal.

The Pulse of Surgery curriculum will include a toolkit for each student group with real surgical instruments, journals to record observations, interviews with physicians and other medical professionals and classroom activities to be used before and after the visit to the science center.

“We’re committed to our mission of being a statewide and regional force behind higher levels of science literacy,” Executive Director Joanna Haas said. “Pulse of Surgery will allow middle and high school students from all around the region and the state to engage in unparalleled anatomy and physiology lessons through a real-time connection to the people and activity in a hospital OR.”

At the June meeting of the GLMS Board of Governors, Dr. Alumbaugh said she wants to involve many members in Pulse of Surgery to broaden the message beyond cardiothoracic surgery. An Ad Hoc Implementation Committee will ensure the Pulse of Surgery curriculum is scientifically accurate and develop strong messages from GLMS physicians.

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## Norton Healthcare welcomes Kristine Lain, M.D.

Kristine Lain, M.D., has joined the team of physicians at Norton Maternal-Fetal Medicine Specialists. Dr. Lain is board certified in obstetrics and gynecology, as well as maternal-fetal medicine. She is a graduate of the Pritzker School of Medicine at the University of Chicago and completed her residency and fellowship at Magee-Womens Hospital at the University of Pittsburgh.

The physicians at Norton Maternal-Fetal Medicine Specialists see patients by physician referral at two convenient locations.

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## Providers Offer Feedback at Roundtable Meeting with Anthem

Providers gave representatives from Anthem suggestions on how to improve the insurance carrier’s customer service at a roundtable meeting June 10 in The Old Medical School Building. The event was the second in a series of five such meetings this year that seek to boost communication between GLMS members and the Insurance Issues Resolution Committees that meet quarterly with the region’s major carriers.

GLMS Compliance Specialist Jessica Williams shared with the audience Anthem’s results in the third annual payer survey, conducted in the fall. Among eight carriers, Anthem scored the lowest overall rating. The survey scores for Anthem also declined from 2007 to 2009 in claims handling rating, pre-certification and prior authorization rating, carrier call center rating and overall customer service rating.

“We’re hoping that meetings like this will be able to raise the scores as we get questions out in the open and you can understand policies and procedures a little easier,” Ms. Williams said.

Dottie Hargett, GLMS professional relations director,

(Left to right) Anthem IIRC Chair Cathy Hammond, MD; GLMS Professional Relations Director Dottie Hargett; and Connie Leffler, the LKMGMA representative to the Anthem IIRC.

(Left to right) Anthem representatives Mary Alvey, Rosie Jones and Kathy Lower.

reviewed the accomplishments of the Anthem IIRC since January 2009. The “year in review” document can be downloaded at [www.glms.org](http://www.glms.org) by clicking on Advocacy and Practice Advocacy Initiatives. “A lot is dealt with during each one of these meetings because these issues are brought to us by you, our members,” Ms. Hargett. The online hassle report form is an important way to communicate problems to the IIRCs anytime during the year.

**Kathy Lower**, Anthem’s director of provider relations and network management, asked for specific details on customer service problems that providers are experiencing. After a lengthy discussion, she promised to continue working on improvements with GLMS staff.

MedX12, endorsed by Medical Society Professional Services, sponsored the meeting.
Jefferson County Public Schools Health Services has a new set of Primary Care Provider Authorization forms that must be completed for students who need medical care during the school day. The six forms are available to download in the members-only section of the GLMS website.

The forms must be renewed annually and be signed by both the child’s health care provider and parent or guardian. They provide information on the condition, treatment and any emergency plans. The forms address the following: asthma/allergy, diabetes, g-tube/swallowing/feeding disorders, seizure monitoring, tracheostomy/ventilator/oxygen/pulse oximeter and other health conditions.

**Revised PCP Authorization Forms Posted on GLMS Website**

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