A Publication of the Quillen EHR Team

November 2013

Quillen Quick Notes

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Paving the Way for ICD-10: The Latest News

The Centers for Medicare & Medicaid Services have developed resources to help the healthcare industry transition to ICD-10 by the October 1, **2014**, deadline.

These resources include:

♦ An Online ICD-10 Guide, which is a web-based tool that provides step-by-step guidance on how to transition to ICD-10 for small practices, large practices, small hospitals, and payers.

♦ ICD-10 implementation guides, which provide detailed information for planning and executing the ICD-10 transition. The downloadable PDF versions are available below:

Small and Medium Practices

Large Provider Practices

♦ Checklists and timelines with ICD-10 tasks and estimated timeframes for:

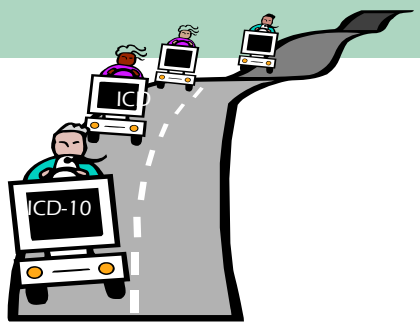
Small and Medium Practices - Checklist and Timeline

Large Practices - Checklist and Timeline

ICD-10: Implementation for Physicians, Partial Code Freeze, and MS-DRG Conversion Project MLN Connects™ Video

In this MLN Connects™ video on the CMS YouTube Channel, Pat Brooks and Dr. Daniel Duvall from the Hospital and Ambulatory Policy Group of the Center for Medicare discuss the transition to ICD-10 for medical diagnosis and inpatient procedure coding:

- Hints for a smooth transition to ICD-10 in physician offices
- ICD-10 implementation and preparation strategies
- Partial freeze prior to ICD-10 implementation
- Medicare Severity Diagnosis Related Grouper (MS-DRG) Conversion Project at CMS



Talk Ten Tuesday Podcasts

CMS participates in the ICD-10 Monitor's Talk Ten Tuesday podcasts. Visit the Talk Ten Tuesday website to listen to past presentations from CMS including:

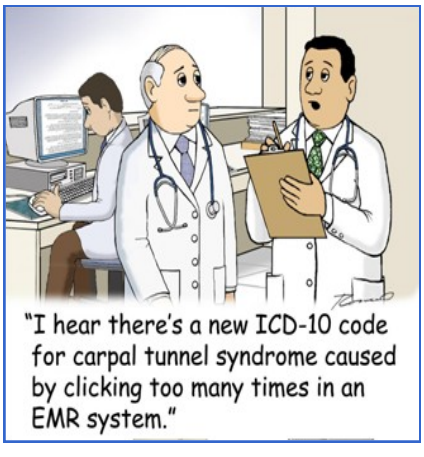
- March 26, 2013: CMS: Helping the Industry Prepare for ICD-10
- March 7, 2013: HIMSS Week Day 3: Live from New Orleans
- February 12, 2013: CMS Pilot for End-to-End Testing: It Takes a Village

Stay up-to-date on ICD-10!

Sign up for CMS ICD-10 Email Updates and follow on Twitter.

CMS.gov
Centers for Medicare & Medicaid Services

Inside this issue:



EHR Challenge

October Challenge

In October, the challenge was: "Tell us which TEST patient had a tetanus shot on March 6, 2008."

There were several responses, with the correct response being Test, Opthalmology.

The winner is Lisa Bynum who works in the Infectious Disease clinic!

Congratulations, Lisa!

We'll be visiting soon to drop off your prize pack.

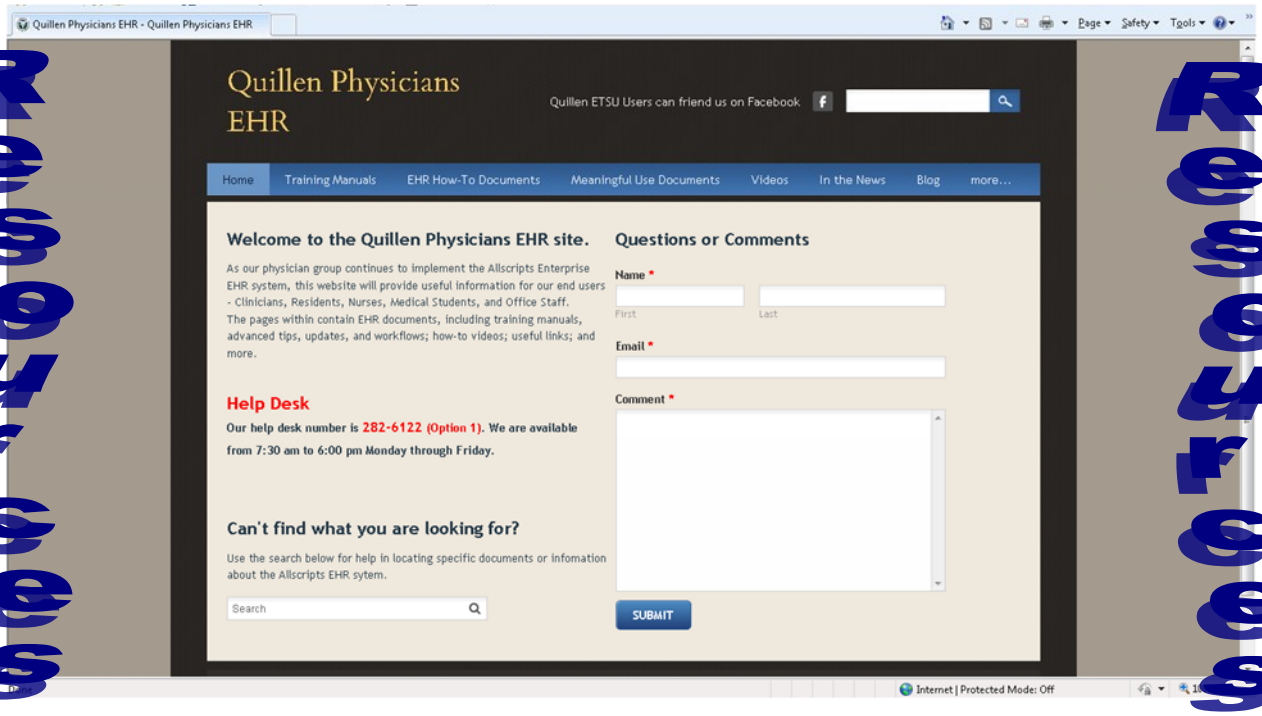
November Challenge

Enjoy our song parodies about the EHR? Try one yourself and you might be next month's challenge winner. Take a look at page 7 in this month's newsletter for an example or visit our website for examples in past issues of *Quillen Quick Notes* (in our *EHR Rockz* cartoon). Group entries are also accepted.

Email your song parody about the EHR to EHRMail@qetsu.org. One winner will be chosen from all submissions and the best entries will be printed in next month's newsletter.

Get those creative song lyrics flowing!

Resources



Resources

The Quillen Physicians EHR website is a tremendous resource at your fingertips.

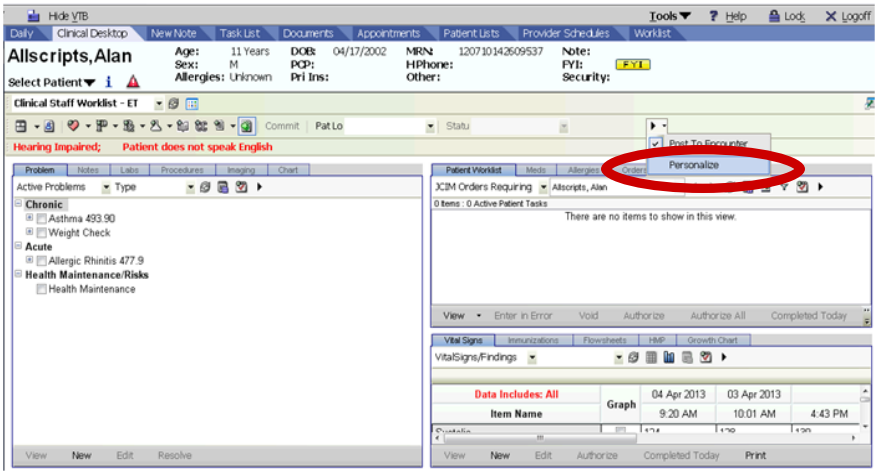
You can easily access our Training Modules, How-To Documents, Manuals, Videos, and more.

Our Website

http://quillenphysiciansehr.weebly.com/

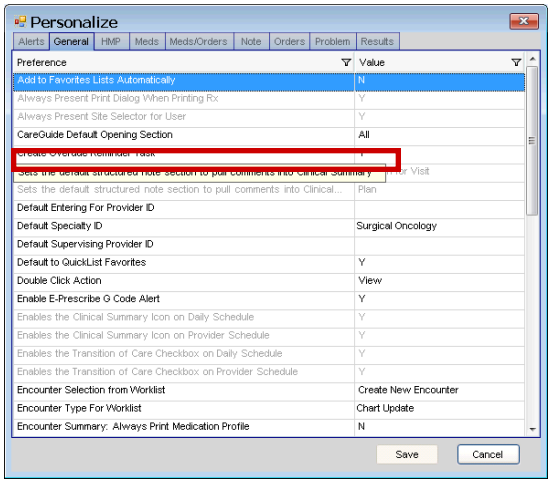
Focus on... Personalizing Allscripts

The Clinical Desktop can be personalized by clicking the following:



Click the black arrow on the clinical toolbar and choose "Personalize"

The personalization screen has several tabs that will allow you to personalize various sections of Allscripts.



Some of the things that can be changed on the Personalization screen include:

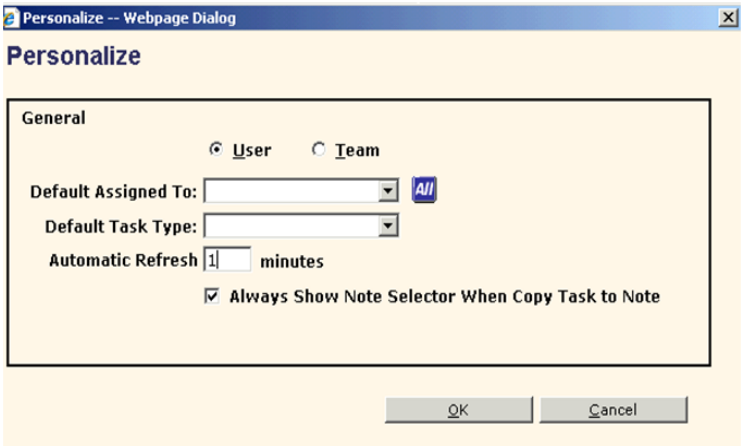
- Units for the vitals (US or metric) - HMP tab
- Default signature display for notes - Note tab
- Default for including a problem in the PMH - Problem tab
- Defaults for Overify/Verify... options - Results tab

Tasking

Personalize tasking as follows:

Click: Personalize

- To select default of **User** or **Team**
- To choose a default recipient (optional)
- To choose a default Task Type (optional)
- To automatically refresh every minute
- To show **Note Selector** for copy to note



Health Care History Time Line

http://www.pbs.org/healthcarecrisis/history.htm

1900s

American Medical Association (AMA) becomes a powerful national force.

Doctors are no longer expected to provide free services to all hospital patients.

America lags behind European countries in finding value in insuring against the costs of sickness. Railroads are the leading industry to develop extensive employee medical programs.

1910s

American Association for Labor Legislation (AALL) organizes first national conference on "social insurance."

Progressive reformers argue for health insurance, which gains support.

1920s

Consistent with the general mood of political complacency, there is no strong effort to change health insurance.

Reformers now emphasize the cost of medical care instead of wages lost to sickness - the relatively higher cost of medical care is a new and dramatic development, especially for the middle class.

General Motors signs a contract with Metropolitan Life to insure 180,000 workers.

1930s

The Depression changes priorities, with greater emphasis on unemployment insurance and "old age" benefits.

Social Security Act is passed, omitting health insurance.

Against the advice of insurance professionals, Blue Cross begins offering private coverage for hospital care in dozens of states.

1940s

During the 2nd World War, wage and price controls are placed on American employers. To compete for workers, companies begin to offer health benefits, giving rise to the employer-based system in place today.

President Truman offers national health program plan, proposing a single system that would include all of American society. Truman's plan is denounced by the American Medical Association (AMA) , and is called a Communist plot by a House subcommittee.

1950s

At the start of the decade, national healthcare expenditures are 4.5 percent of the Gross National Product.

Attention turns to Korea and away from health reform; America will have a system of private insurance for those who can afford it and welfare services for the poor.

Many legislative proposals are made for different approaches to hospital insurance, but none succeed.

1960s

Over 700 insurance companies are now selling health insurance.

Major medical insurance endorses high-cost medicine.

President Lyndon Johnson signs Medicare and Medicaid into law.

"Compulsory Health Insurance" advocates are no longer optimistic.

1970s

Healthcare costs are escalating rapidly, partially due to unexpectedly high Medicare expenditures, rapid inflation in the economy, expansion of hospital expenses and profits, and changes in medical care including greater use of technology, medications, and conservative approaches to treatment. American medicine is now seen as in crisis.

President Nixon's plan for national health insurance rejected by liberals & labor unions, but his "War on Cancer" centralizes research at the NIH.

1980s

Overall, there is a shift toward privatization and corporatization of healthcare.

Under President Reagan, Medicare shifts to payment by diagnosis (DRG) instead of by treatment. Private plans quickly follow suit.

Growing complaints by insurance companies that the traditional fee-for-service method of payment to doctors is being exploited.

Health Care History Time Line *(continued)*

1990s

Healthcare costs rise at double the rate of inflation.

Expansion of managed care helps to moderate increases in healthcare costs.

Federal healthcare reform legislation fails again to pass in the U.S. Congress.

By the end of the decade there are 44 million Americans, 16% of the nation, with no health insurance at all.

2000s

Medicare is viewed by some as unsustainable under the present structure and must be "rescued."

Approximately 48 million Americans are without health insurance; over 15% of the population.

Massachusetts institutes universal health insurance law, which becomes the template for the Affordable Care Act of 2010.

Need EHR Help?

EHR Help Desk

- Call 282-6122, *option 1*
- Task: *Allscripts Help Team*
- E-Mail: *EHRhelp@qetsu.org*
- Open: Help Desk Ticket *by clicking the Help Desk icon on desktop*

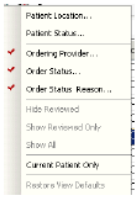
Help Desk Support

7:30AM to 6:00PM

Monday *through* Friday

Filtering Worklilsts

Click on the "Filter" icon



Click on "Ordering Provider"

Choose the Provider(s) you want to view by clicking in the box.

Click "OK"

The filter will be applied.

Are You a Meaningful User?

In a recent study conducted by RAND Health, "Factors Affecting Physician Professional Satisfaction and Their Implications for Patient Care, Health Systems, and Health Policy," I think it's no surprise to most EHR users that EHRs were listed among those factors, and, dare I say it, meaningful use was listed as well.

But that's not to say that EHRs and meaningful use were only listed as adherences to professional satisfaction; in fact, the study shed some light on how physicians would like to see both EHRs and government programs improved.

The study, commissioned by the American Medical Association, is being used as part of the group's objective to "advance health care delivery and payment models that enable high-quality, affordable care and restore and preserve physician satisfaction." The hope in seeking such change is to produce a better health care system with highly motivated physicians. RAND sought to "identify high-priority determinants of professional satisfaction," especially as more physicians are becoming affiliated with hospitals and larger delivery systems. The data was gathered from 30 physician practices in six states using both surveys and interviews. Notably, researchers discovered that physicians who considered themselves or practices as providing high-quality care reported better professional satisfaction. Primary care physicians in particular were most frustrated when "demands for greater quantity of care" cut down on the time spent with patients, and in some cases, distracted them from delivering the quality of care being measured.

Listed as both "promising" and "frustrating," the major concerns about electronic health records were interoperability between systems and the amount of provider time involved in data entry. Physicians surveyed liked the "idea" of an EHR but the "cons" of current systems far outweighed the "pros":

I Can't Get No.....Professional Satisfaction!

Pros

- Accessibility to patient records
- Improvements in quality of care

Cons

- poor usability,
- time-consuming data entry,
- interference with face-to-face patient care,
- inefficient and less fulfilling work content (creativity),
- inability to exchange health information,
- degradation (damaging) of clinical documentation.

In addition to EHRs, another source of frustration for physicians was the cumulative burden of regulations, and, at the time of the study, had "meaningful use" rules for EHRs topping the list.

Although the AMA's intent for the RAND study is commendable, the study probably didn't reveal anything too new for current users of EHRs or participants in the meaningful use incentive program. Perhaps, however, if the study is placed in the hands of those persons designing

(Continued on page 7)

Are You a Meaningful User? continued

or implementing EHRs or writing or passing laws concerning the use of EHRs, the study may prove useful, namely concerning the recommendations made about *improving* professional satisfaction. Recommendations of the study specifically concerning EHRs and regulations included the following:

1. Better EHR usability should be an ***industry-wide priority*** and a ***precondition*** for EHR certification.
2. **Reducing the cumulative burden of rules and regulations** may improve professional satisfaction and enhance physicians' ability to focus on patient care.

So, until these recommendations are implemented, what should physicians and healthcare providers do to improve their current situation? I would first recommend a change of tune.

If you've been humming along to the Rolling Stones,

And he's tellin' me more and more
About some useless information,
Supposed to fire my imagination.
I can't get no, oh no, no, no,
Hey, hey, hey, that's what I say.
I can't get no satisfaction.
I can't get no satisfaction.
Cause I try and I try and I try…..

How about a different song?

At first, I was afraid, I was petrified
Kept thinking, I could never live without paper charts by my side.
But then I spent so many nights thinking, how you did me wrong,
And I grew strong, and I learned how to get along with the EHR.
It took all the strength I had not to fall apart.
Kept trying hard to mend the pieces of my broken chart,
And I spent, oh, so many nights just feeling sorry for myself.

I used to cry, but now I hold my head up high,
And you see me, somebody new!
I'm not that chained up little person still in love with paper charts.
Oh, no, not I, I will survive!
Oh, as long as I know how to click, I know I'll stay alive.
I've got all my life to click, I've got all my knowledge to give.
And I'll survive, I will survive, I will survive!

(Adapted from Gloria Gaynor's *I Will Survive.)*

EHR Rockz On Tour

The EHR Rockz Band went on the road this Halloween to deliver 'Tips and Treats' at each of the Quillen ETSU sites. Thanks to all the neato folks who took time to visit and pose with the band. We