

Quillen Quick Notes



Meaningful Use: The Attestation Process for QETSU

As many Quillen ETSU users are well aware, Meaningful Use education and reporting has been in full swing over the past few months.

In 2012, education was provided to clinics and providers about the requirements for the Meaningful Use CMS Incentive program, and our first reporting period began October 3. CMS requires that eligible providers (EPs) first report for a consecutive 90-day period, followed by a full-year reporting period.

Most of our providers met the attestation requirements during the 90-day period, and their information is in the process of being submitted to either TennCare or CMS. For these providers, their second reporting period began January 1st and will continue throughout 2013.

For providers who did not meet the measure percentages, they will be reporting for a 90-day period in 2013. Newer providers will also be reporting for a 90-

day period in 2013, as they will be entering the program under a different year. (See [page 5](#) of this month's newsletter for more information about the different stages of Meaningful Use.)

Lessons Learned

The Attestation Process has been an educational experience, not only for providers, but the EHR team as well.



CMS often changes requirements of the program, which can be a challenge to keep up with. And because most of our providers qualify to participate in the Medicaid program, rather than the Medicare program, we have also been governed by state

requirements as well.

Some of the biggest challenges have been 1) understanding how our system pulls data from the EHR and fixing the system when it isn't working accurately, 2) re-educating providers when requirements or the system changes, and 3) building a clinical summary that provides accurate information and ensures provider and patient privacy.

Cheers

Several Quillen specialties have made exceptional strides toward achieving meaningful use for their practice, and deserve recognition for their efforts at achieving 100% attestation:

- CEB II
- Infectious Disease in Johnson City
- Kingsport Internal Medicine
- Ophthalmology
- OB/GYN

*Attestation for Family Medicine is currently under way.

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EHR Challenge

December Challenge Winner

Last's month's challenge asked:

Where should you go in the EHR to properly document Patient Education?

The answer is under the Instructions tab in the ACL.

Patricia Jessee, resident coordinator at Kingsport Internal Medicine, submitted the correct answer and is the winner of the December drawing. She will receive a prize pack from the EHR team.

Congratulations, Pat!

January 2013

EHR Challenge

If a patient has an appointment scheduled with a Quillen ETSU Clinic or Provider, where can you go in Allscripts to see when and with whom the appointment has been made?

Task your answer to the Allscripts Help Team to participate in this

month's drawing.

The winning entry will be drawn randomly from all the correctly answered submissions.

Good luck!



Visit the QETSU EHR Website

Quillen Physicians EHR

- Home
- Training Manuals
- EHR How-To Documents
- Videos
- Useful Links
- User Forum
- In the News
- Blog
- Photos

Transitioning a Diagnosis



Transitioning Initial to Final Diagnosis
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To Stop a Deferred Item
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Temporary Deferrals for Follow-Up Orders
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Printing Scheduled Rx's Prior to Preceptor Authorization



Printing Scheduled Rx's
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Ordering a Follow Up
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Handling Rx Renew Request Tasks that lack a patient name

Rx Renew Request without a Name
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Labs



Ordering Labs
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Adding Items to a Pre-existing Flowsheet

Adding Items to a Pre-existing Flowsheet
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The Quillen Physicians EHR website is a tremendous resource at your fingertips. You can easily access Training Manuals, How-To Documents, Training Videos, and more.

<http://quillenphysiciansehr.weebly.com/>

From the Developer Zone: Accessing Allscripts from Mobile Devices

We frequently are asked about using mobile operating systems such as iPads®, iPhones®, and Droids® to access the EHR system. The steps are as follows:

- ◆ Domain: **qetsu**
- ◆ Username and Password: **Use your CITRIX username and password.**

- ◆ Go to the app store and search for “CITRIX RECEIVER”.
- ◆ Download the “CITRIX RECEIVER”.

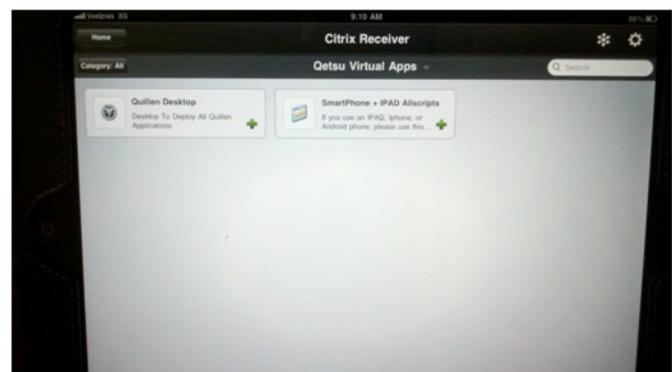
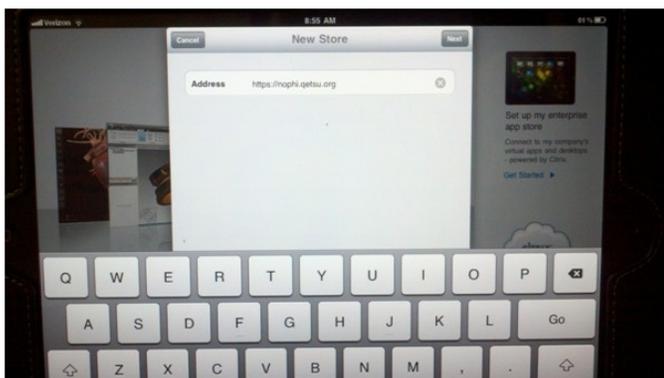


- ◆ Once installed, open the CITRIX RECEIVER. You will need to “Set up my enterprise apps”.
- ◆ The address is: <https://nophi.qetsu.org>

- ◆ You will now be able to use your SmartPhone® or iPad® to connect to Allscripts.



- ◆ Make sure you connect with “SmartPhone + iPad Allscripts” once you have logged into CITRIX.



EHR ROCKZ!

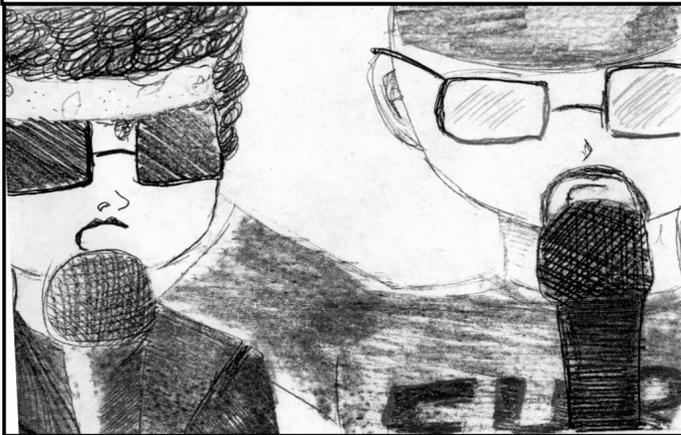
January 2013



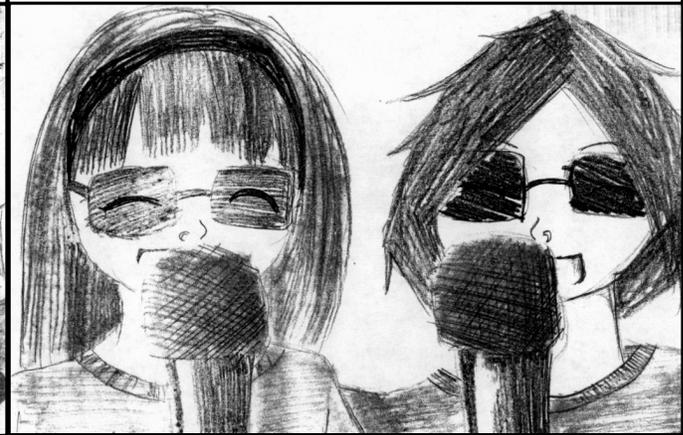
"And now from Johnson City, Tennessee, bringing in the New Year is EHR Rockz!"



"It's NOT the end of the world as we know it/ It's NOT the end of the world as we know, and we feel fine."



"Eight o'clock—check your tasks./ Don't forget, work them fast./ Read and sign, reassign, watch your fingers do the work."



"Logging in patient-charting, paper burning, PCs computing./ Every order annotate. Not another dictate."

Help Desk Support



The Help Desk is available
Monday through Friday,
7:30 am until 6:00 pm.

When contacting the **Help Desk**, consider the nature of support needed. For **urgent needs** (such as inability to log in or perform your job duties), **Call 282-6122 (option 1)**.

If your question is non urgent, select from the following:

- Task the Allscripts Help Team
- E-mail: EHRhelp@qetsu.org
- Open a Help Desk Ticket by clicking on the QITS Help Desk icon on your desktop.



After-hours support is very limited. If you should have an urgent need, send an e-mail with a return phone number to EHRhelp@qetsu.org. Should a member of the EHR Support Team be available, someone will get back in touch with you as soon as possible. Please note that messages left on voicemail after hours will not reach us until the next work day.

Are you a Meaningful User?

Six Years of Meaningfulness: Cycling Through a Useful EHR

Six Years of Meaningfulness: Cycling Through a Useful EHR

Perhaps an analogy to cycling and Lance Armstrong may not seem the most appropriate of comparisons, considering the recent news of his steroid abuse, but for some providers, making sense of the different rules, requirements, and stages—and having to manage these in clinics—may seem just as deflating as Armstrong's stripping of his accolades, and just as tough as having to compete in the Tour de France.

As a multi-specialty, multi-provider practice, Quillen ETSU Physicians will be pursuing stages of meaningful use in various years, and the criteria that must be met is determined by the stage of the eligible provider's (EP's) participation (either Stage 1, Stage 2, or Stage 3). EP's progress through six years of the program—two payment years in each stage.

Each month, in our newsletter and on our blog (@ QuillenPhysician-sEHR.weebly.com), we provide information and updates on the EHR Incentive Program, as a "roadmap" so to speak, as we make this journey together.

The Centers for Medicare and Medicaid Services (CMS) recently updated the criteria for Stage 1 Meaningful Use (MU) for 2013 and beyond. For most of our EPs, these changes will not affect their 2012 attestations. If an EP is pursuing his or her first or second payment year of Stage 1 in 2013, respectively, the following updates do apply.

Minor Updates

Core Measure 1: *More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.*

The Update: This particular update (in the form of an alternative measure) took effect in September 2012. EPs have the option to use the alternate measure with a denominator of all medication orders created by the EP during the EHR reporting period. EPs should choose whichever measure (the original or alternative) works best for them.

How this effects you: As a multi-specialty organization, we often share patients among our providers. Being able to choose the alternate will help the percentages of many of our specialists.

Core Measure 4: *More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.*

The Update: A new exclusion has been added for EPs who qualify. Along with the previous exclusion of "any EP who writes fewer than 100 prescriptions during the EHR reporting period," now "any EP who does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his/her reporting period" can also be excluded.

How this effects you: This update will not affect us. We have several pharmacies near our offices.

Core Measure 8: *For more than 50 percent of all unique patients age 2 and over seen by the EP, height, weight, and blood pressure are recorded as structured data/ More than 50 percent of all unique patients seen by the EP during the EHR reporting period have blood pressure (for patients age 3 and over) and height and weight (for all ages) recorded as structured data.*

The Update: Even TennCare describes this change as complicated, but basically, in 2013, EPs will have a choice to separate the measure and exclusions. Blood pressure can be separated from height and weight, and EPs can specify an age range of 3 and up for blood pressure.

How this effects you: This change will be particularly welcomed by our pediatricians, as well as specialty providers, for whom these vitals are not applicable to their scope of practice.

Core Measure 10: *Successfully report to CMS ambulatory clinical quality measures selected by CMS in the manner specified by CMS.*

How this effects you: Core Measure 10 will no longer be listed as a measure. In 2013, providers will simply report the clinical quality measures rather than attest to a separate measure.

Menu Measure 9: *Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submissions if the test is successful (unless none of the immunization registries to which the EP submits such information has the capacity to receive the information electronically).*

The Update: The verbiage "except where prohibited" was added by CMS for understanding that if EPs are "authorized to submit the data, they should do so even if it is not required by either law or practice." Technically, this update is not a change but a clarification

How this effects you: It doesn't. We are NOT prohibited to submit data and are working with the state of Tennessee to have our immunizations sent directly to their registry.

Menu Measure 10: *Performed at least one test of the certifies EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information has the capacity to receive the information electronically).*

How this effects you: It doesn't. The change is the same as in Menu Measure 9; however, the Tennessee Office of E-Health Initiatives (TDOH) is not currently participating in testing Syndromic Surveillance messages for Meaningful Use.

Major Update

Core Measure 14: *Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.*

The Update: Beginning in 2013 and beyond, this objective and measure will not be required for 2013 and beyond. This objective and measure will still be a part of the core set for anyone attesting to Stage 1 MU for 2012, but CMS felt that preparing for Stage 2's emphasis on exchanging data was incentive enough for EPs to start testing this capability.

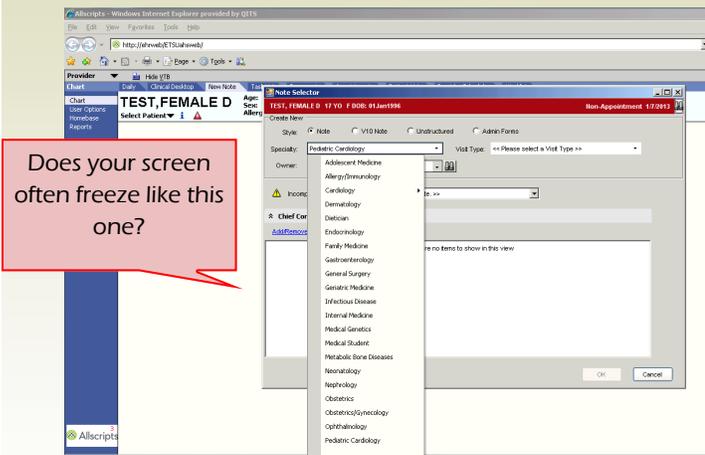
How this effects you: Look for updates and improvements on Quillen's ability to exchange data, as the beginning of Stage 2 begins in 2014.



Quick Tip

If you've ever tried to open a note, you've probably experienced a frozen screen at some point. A known issue in our latest version of Allscripts, the Note Selector screen will randomly freeze when a user tires to scroll through the drop down menu (Figure 1).

Figure 1



If this glitch does happen to you, try the following fix before calling the Helpdesk.

1. Navigate to the "Iron" start button in the bottom

Health Information Exchange (HIE)

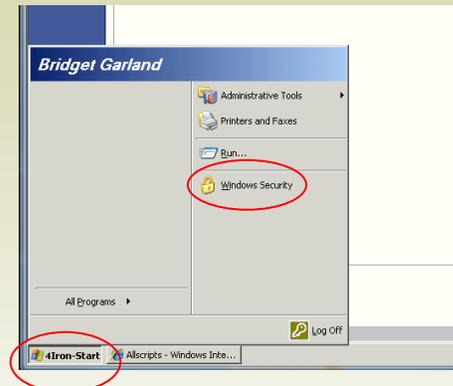
One of the biggest benefits of maintaining electronic medical records (EHRs) is the capability to exchange records electronically. As more and more practices go live with EHRs, the capability to exchange information will be improved, not only internally (within an organization), but externally (between hospitals and individual practices).

At Quillen, we are working diligently on getting interfaces set up to exchange records with the area hospitals, but many of our users do not take advantage of the internal HIE that exists within our organization. Remember, if a patient sees multiple Quillen ETSU providers, communication be-

Unfreezing a Frozen Screen

left-hand corner of your screen and click on Windows Security (Figure 2).

Figure 2



2. The Windows Security screen will pop up (Figure 3). Click Cancel. Your screen should then be unfrozen.

Figure 3



tween providers/sites can be made within the EHR. We recommend:

- Do not send FAXES to other ETSU providers. Send TASKS to other sites for document review or to make referrals. Save the paper and free up the fax machine.



- You no longer have to CALL an ETSU site to schedule a patient appointment. Task the site's scheduling team so that the appointment can be made for the patient. Tasking keeps the phone line open for patients.