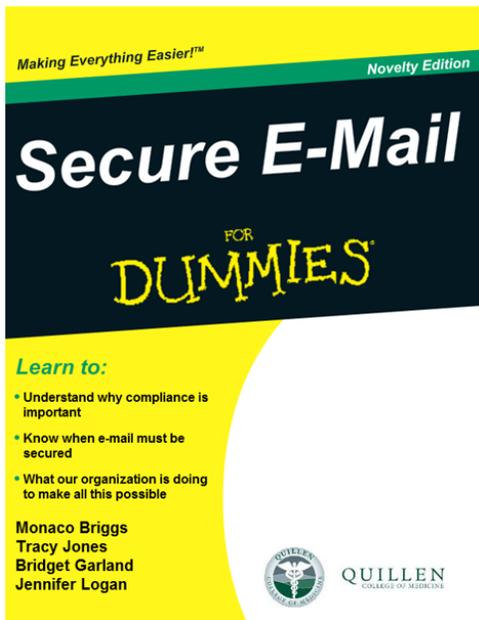


October 2013

▶ Quillen Quick Notes

Quillen Quick Notes

Secure E-Mail and HIPAA Compliance



Your **EHR** and **IT Staff** work diligently to assure **Quillen ETSU** data is secure within our systems, but every user must do their part to be careful when sharing any patient-related data electronically.

Am I allowed to e-mail other professionals under the Security Rule?

The Security Rule does not prohibit communication via e-mail or other electronic means. Information can be sent over the Internet as long as it is **protected**. We should make sure that the e-mail contains the minimum amount of information needed, should verify the e-mail address, and only send it **securely**.

So what is Quillen ETSU doing so that we can be compliant?

QETSU is implementing a secure e-mail system.

Each office will be receiving their secure e-mail account information soon. Login information and training will be forthcoming for users who have a need to share patient information by secure e-mail.

When should I use secure e-mail?

When sharing ANY data with identifiable patient content:

- ◆ Patient identification
- ◆ Patient authorization
- ◆ Patient records/results

If you are sending any electronic data with a patient identified, send it securely!

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The **Health Insurance Portability and Accountability Act (HIPAA)** has established the **Security Rule** or Security Standards for the Protection of Electronic Protected Health Information (ePHI), which became effective September 23, 2013.

What types of information do I have to keep secure?

- ◆ Data in motion—data moving through the network (e.g., e-mail)
- ◆ Data at rest—data that is kept in databases, servers, flash drives, etc.
- ◆ Data in use—data that is in the process of being created, retrieved, updated, or deleted
- ◆ Data disposed—data that has been discarded



EHR Challenge

September Challenge

In September, we asked you to list 3 EHR features you like, and 3 features you wish it had. We only had one response—**Melissa Abram** in Surgery, who submitted the following:

Three features I like:

1. Has a help line (282-6122)
2. Easy to use / not complicated
3. Shows most of the stuff I need to know about a patient

Three features I wish it could do:

1. Did not freeze up
2. Made appointments when the doctor orders them
3. Took fewer steps to create a No-Show Letter

Thank you, Melissa!

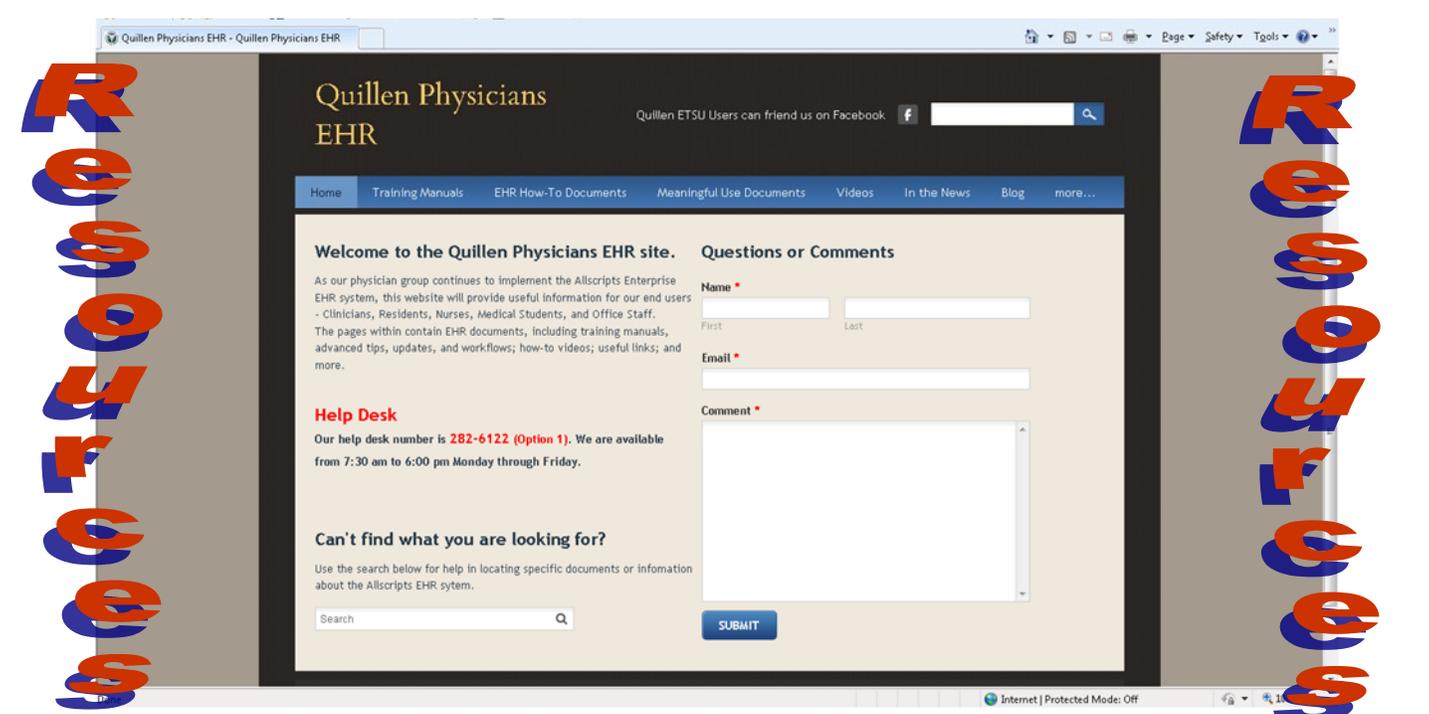
We'll be visiting soon to drop off your prize pack.

October Challenge

One of our TEST patients had a tetanus shot on March 6, 2008. Can you tell us which one?



Task your answer “concerning” the correct test patient to the Allscripts Help Team. Only answers which are submitted correctly will be entered to win. One winner will be chosen randomly from all correct submissions.



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.



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

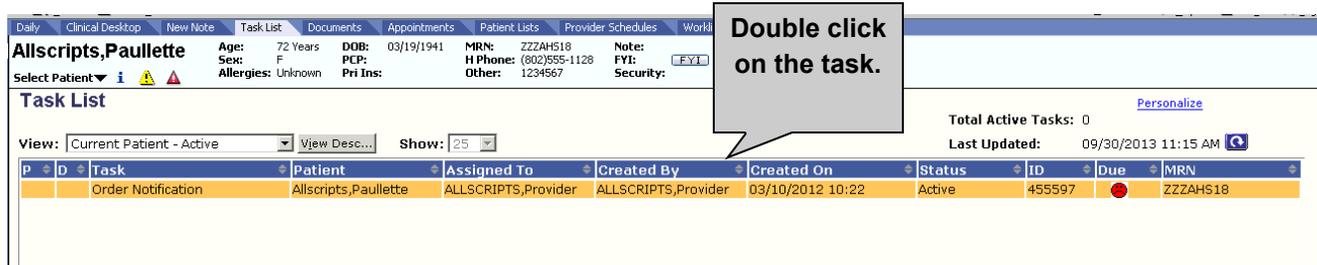
Focus on...

The Task That Wouldn't Go Away

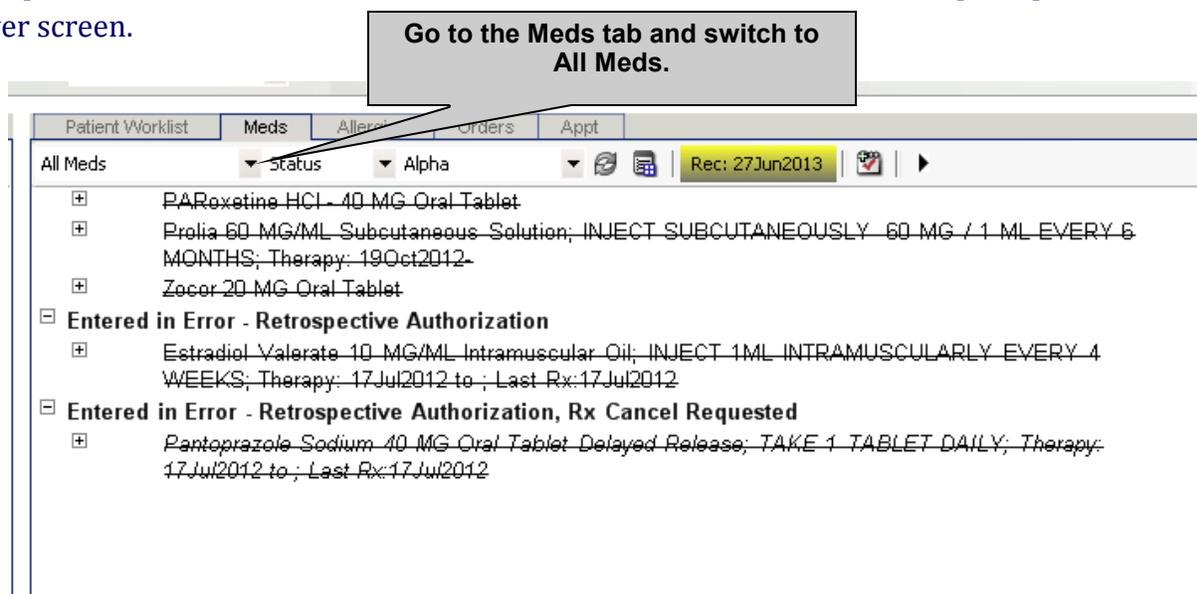
As we have mentioned in previous newsletters and emails, EHR users should *never* remove a task, but sometimes, figuring out how to complete the task can be somewhat “tasking”! One such task is the Order Notification task. Providers receive order notification tasks when someone has ordered a medication under his or her name. This is a security measure our system has in place to prevent fraudulent prescribing, and the provider is required to authorize the medication in order for the task to go away. The recommended workflow is to authorize these medications from the Worklist, which will in turn make the task go away.

Most of the time, this workflow is superfast and works well; but every once in a while, however, users may come across a task that will not go away. Before you are tempted to hit that remove button, though, try the following steps, which should direct you to the appropriate place to complete the task.

1. Double click on the Order Notification Task, which will take you to the patient's Clinical Desktop.



2. Click on the patient's Med tab (in the 2nd component), and switch the drop down to “All Meds.” Scroll through the list and look for medications under the category of “Entered in Error—Retrospective Authorization....” Double click on the medication which will open up the Medication Viewer screen.

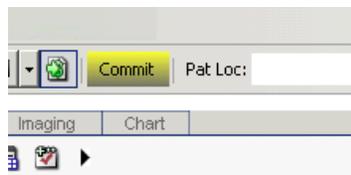


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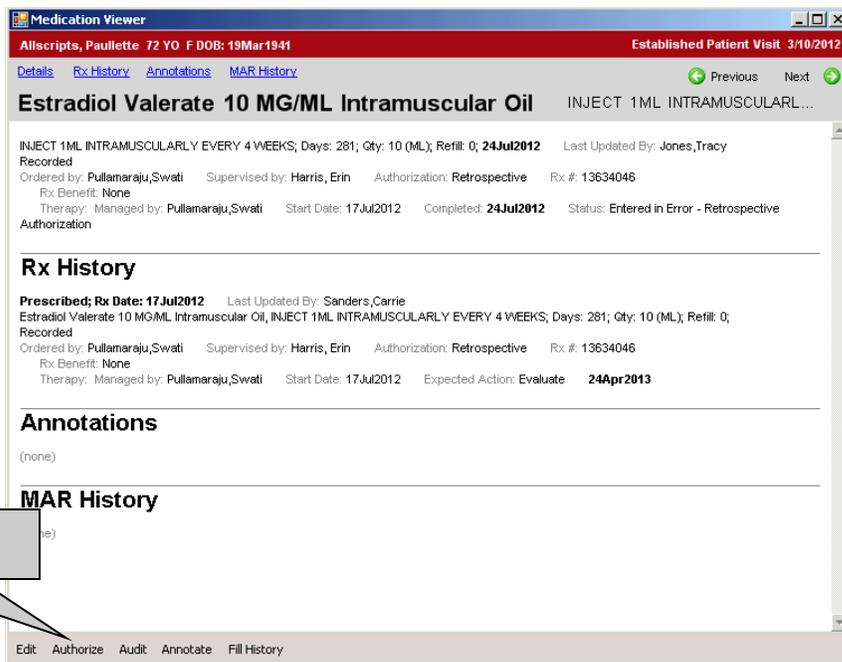
Focus on... The Task That Wouldn't Go Away (continued)

3. Once the Medication Viewer is open, click on the Authorize button at the bottom of the screen.

4. Make sure to click on Commit after authorizing.



Click on Authorize.



Once you go back to your task list, the task should be completed and no longer listed as an active task. If it is still showing, make sure to click on the Refresh button in the top right hand corner of the task screen. Although there are a few extra steps involved in completing the task, “completing” rather than “removing” ensures our EHR continues to be accurate and up-to-date.

HELP DESK



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).

For non-urgent requests, 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.

Who has been implemented on the EHR for a year now?

August 2012—**CEB II** (Cardiology, Gastroenterology, and Endocrinology) survived EHR implementation.

Pictured below are the Quillen EHR Staff, Consultants, and the CEB II Superusers. From left to right, Bridget Garland, Dr. Vijay Ramu, Marilyn Stockfelt, Jennifer Logan, Cherity Bennett, Jenny Sarigan, Monaco Briggs, Michelle Fisher, and Tracy Jones.



September 2012—**Psychiatry** successfully implemented the EHR System.

Pictured (right) Mable Yates, Administrator



October 2012—**ETSU Osteoporosis Center** has been using the EHR for one year. *Pictured (left) Ronald Hamdy, MD, sorts through his electronic charts.*



Halloween Trivia

Halloween candy sales average about 2 billion dollars annually in the United States alone, Halloween is the 2nd most commercially successful holiday, behind Christmas.



Our beloved Jack o' Lanterns originated in Ireland where people placed candles in hollowed-out turnips to dismiss haunted spirits.

The pumpkin originated in Mexico about 9,000 years ago. It is one of America's oldest known vegetables. Pumpkins generally weigh from 15 to 30 pounds, although some weight as much as 200 pounds. The majority of pumpkins are orange, but they can also be white, yellow, or striped. They are rich in Vitamin A, beta-carotene and potassium, and their seeds provide protein and iron.



Trick-or-treating, a largely American custom, was popularized in the 1950s by the Baby Boom generation.



The National Confectioners Association reports that 80 percent of adults in America give out candy to trick-or-treaters, and that 93 percent of children go trick-or-treating. That's a lot of candy being passed around!

The celebration of Halloween started in the United States as an autumn harvest festival. In pioneer days, some Americans celebrated Halloween with corn-popping parties, taffy pulls, and hayrides.

Trick-or-treating is an imitation of All Souls' Day, where the less fortunate would beg for food. Richer families would give these individuals pastries in return for prayers.

Orange and black are traditional Halloween colors for a reason. Orange was chosen because of its association with the fall harvest and black was chosen due to its association with darkness.



According to Reader's Digest, "It's the Great Pumpkin, Charlie Brown" is the best and safest movie for younger viewers, and they will enjoy the tame imagery.



Are You a Meaningful User?

As we mention on [page one](#) of this month's *Quillen Quick Notes*, secure exchange of protected health information is required for HIPAA compliance. Not surprisingly, some of the required measures for achieving Stage 1 and Stage 2 Meaningful Use involve the secure electronic exchange of patient health information. Stage 2 Core Measure 17 "Use Secure Electronic Messaging" is a prime example:

The **Objective** is to use secure electronic messaging to communicate with patients on relevant health information. A secure message must be sent using the electronic messaging function of the provider's [CEHRT](#) by more than 5 percent of unique patients seen by the eligible provider (EP) during the reporting period.

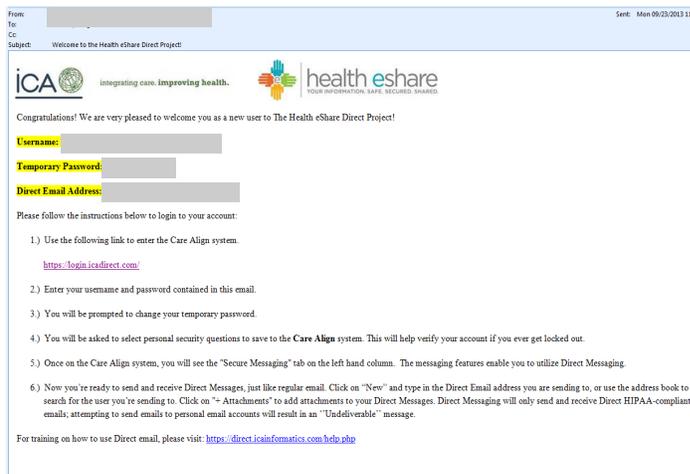
A **Secure Message** is defined as "Any electronic communication between a provider and patient that ensures only those parties can access the communication. This electronic message could be 1) email, 2) the electronic messaging function of a PHR, 3) an online patient portal, or 4) any other electronic means. An EP or staff member can follow-up with a telephone call or office visit if deemed more appropriate to address the concerns raised in the patient's e-message. And don't get too panicking just yet if you're thinking what a lot of other providers are thinking "Yikes! Email from patients?!"....There isn't a requirement that the EP must personally respond to electronic messages to the patient. Designated office staff can manage the email under the supervision of the physician.

As Quillen ETSU Physicians prepares to meet the requirements of this measure and to comply with the HIPPA Security Rule, we have started the process of registering our users in the [Direct Project](#). If you've been asked to send us your driver's license and ETSU ID, then you're on your way to being registered. The Direct Project offers providers a secure way to send protected health information, including clinical summaries, continuity of care documents (CCDs), and laboratory results, to other providers who also have a Direct address. Presently, we are participating in the most basic implementation of the Direct Project, a secure email system via an email client, which works just like regular email, but with an added level of security required to transport sensitive health information.

Over the next few weeks, some of our users will be receiving an email much like the one you see below. Once you receive it, you'll be asked in another email by the EHR administrator to forward it to her. She'll be providing you with additional information for using it later.

Admittedly, there are many changes going on in healthcare right now, which may have you feeling overwhelmed. But, what I keep reminding myself—as I try to muddle through and stay current in serving our users—is that these changes are being implemented for improved quality of patient care and, *eventu-*

You've Got Mail ...And it's Secure!

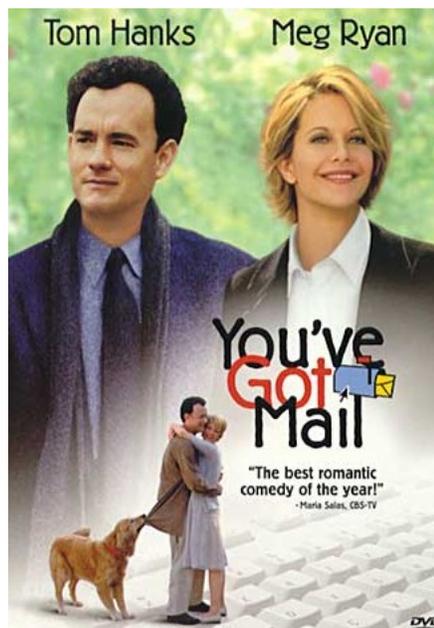


ally, to make providing that care to our patients more convenient for everyone.

It wasn't too long ago that we all heard the chime, "You've got mail!" as we logged into our AOL accounts through our dial-up modems (can you remember how slow that connection was?). Now we are blazing across the internet on our smart phones and tablets, with instant access to almost any information we need, including patient health records.

Healthcare technology's day will *soon* arrive and all of the changes that are being implemented now will seem routine and outdated as we continue to move forward. Rather than having to leave voicemails, send faxes, call the pharmacy again and again, or wait on a patient's return call, wait on a fax, or wait on the pharmacy to call you back, the exchange of secure information will be at your fingertips and as fast as you can say, "You've Got Secure Mail."

It was 1998 when Tom Hanks and Meg Ryan were chatting over broadband internet.



Special Edition of the TennCare Medicaid EHR Newsletter

The following excerpt was taken directly from their September 2013 special edition newsletter.

A recent study on the barriers to the use of certified electronic health record (EHR) technology (CEHRT) indicated that providers want more information about CEHRT, and that they prefer to get it from a government agency rather than EHR vendors. [In order to achieve Meaningful Use, providers must use a CEHRT.]

What is CEHRT?

CEHRT are systems and/or modules¹ which have been submitted to the Office of National Coordinator for Health Information Technology (ONC) for determination that these systems meet the requirements of 45 CFR § 170 (Health Information Technology Standards). The actual review and certification of CEHRT is done by approved independent certification bodies under contract to the ONC. **What certification is not** – Certification by one of the independent contractors is **not** an endorsement that any particular system is the right one for you. It is **not** a guarantee of the quality or usability of the CEHRT listed.

Where can you find out more about CEHRT?

The ONC maintains a web site that provides both information about the program and a list of certified EHR technology. A link to the list of CEHRT (referred to as “CHPL” [pronounced Chapel]) can be found on the ONC web site, or you can go directly to it -

<http://oncchpl.force.com/ehrcert>.

The ONC web site is <http://www.healthit.gov/policy-researchers-implementers/certification-programs-policy>.

The TennCare Medicaid EHR Provider Incentive Payment Program

On our web page, we have all kinds of information about the TennCare EHR incentive program. We have FAQs, a list of acronyms used, a glossary, overviews of the program, and how to get started. You can also find out more about Meaningful Use.

Our web site is

http://www.tn.gov/tenncare/ehr_intro.shtml.

We also have a table updated weekly showing the number of providers who have been paid and how much has been paid to date.

For questions relating to **Meaningful Use (MU)**, send an email to EHRMeaningfuluse.TennCare@tn.gov

For **all other questions**, send an email to TennCare.EHRIncentive@tn.gov

The **CMS Help Desk** can be reached at 1-888-734-6433.

TennCare Medicaid EHR Incentive Program web site:

http://www.tn.gov/tenncare/ehr_intro.shtml

Just the Fax!

One of the big advantages of using the EHR is the ability to fax letters and notes straight from the system; however, if you aren't double checking fax numbers and checking the Print Queue regularly, your fax may not have been sent.

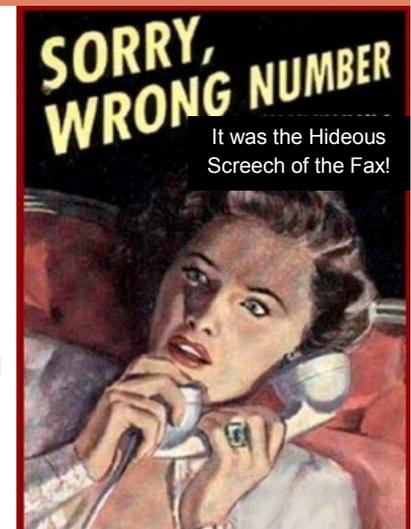
The EHR team regularly monitors the Print Queue to ensure that the system is working properly, and what we have found is that users are often using PHONE numbers rather than fax numbers when they send a fax.

If you have ever been on the receiving end of a fax trying to send to a phone line, you can understand how annoying it can be to hear the screeching fax line in your ear over and over again.

Doubling Checking Fax Numbers and the Print Queue

And if you have ever been waiting on a fax to arrive, you can understand how important it is that the sender ensures the fax was sent properly from his or her end.

Be a courteous and conscientious faxer—check your number and check the queue!



Firewalls and Freeze Ups

Over the past month, you may have noticed an unusual amount of freeze ups and “glitches” (for lack of a better term). We understand how frustrating these problems can be, especially during a busy clinic or when a long, detailed note gets lost.

As much as we would like to prevent freeze ups and down time, the causes are, more often than not, out of our control. Most of the issues over the past month were caused by the firewalls, which are set up to protect our system. As an EHR Team, we can only report these problems to our servers’ host and open a ticket for the issue to be resolved.

Last month, a fix was applied to the firewalls to resolve the freeze ups, and since the fix, we haven’t experienced the same problems with the firewalls.

In the event the system does freeze again, we recommend that our users keep the following tips in mind:

1. If your computer appears to be frozen (i.e. your mouse doesn’t move, or your mouse moves but doesn’t allow you to click on anything on the screen), **ask the other users around you if they are also frozen.**
2. If the other users are **NOT** frozen, don’t keep clicking, you’ll only make things worse. Try to go to your **Iron Start** button in the bottom left-hand corner of the screen and “Kill” your frozen Allscripts session (see Figure below).

Figure 1



3. If the “Kill Frozen Allscripts” doesn’t work, try **logging off** the server from the **Iron Start** button and then logging back in. If you are unable to do either, call the **Help Desk at (423) 282-6122** and we will assist you.
4. If the other users around you **ARE** frozen, then you can assume that we are having network problems. In the event that we are having network issues, **RESIST** the urge to call the Help Desk. We have systems in place that alert us to the problem. Once we identify the network is frozen, we send out a message on the server alerting users to the problem. Usually, the freeze ups are short lived, the system unfreezes,

and it resumes functionality.

5. **After** a freeze up, we recommend for users to **log off** the server properly (through your Iron Start button) and log back in.
6. If the other users in the office have resumed working but your computer is **still frozen**, **call the Help Desk** so we can assist you.
7. Remember to “Save” and “Commit” your work often. Keep in mind, while in a note, the **Save** button at the bottom of the Note Authoring Workspace (Figure 2) saves texts and forms within the note. As you are composing your note, click on this button often to save what you have typed. The yellow **Commit** button commits items to the patient’s chart (i.e. orders, labs, active problems, etc.) Try not to get too far along in your ordering without committing your work. If the system freezes before you commit your orders, they will probably be lost and will have to be reentered.

Figure 2



Figure 3

