

September 2013

Quillen Quick Notes

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Showing ETSU Pride at Johnson City Family Medicine

ETSU PRIDE Week is an annual awareness campaign celebrating the long, proud history of East Tennessee State University and marking the beginning of a new academic year. Activities take place throughout the month of August and span the Tri-Cities region.

This is the 16th year of **ETSU PRIDE Week**, but the idea for



it actually started in 1995. That idea became a reality in 1997, and since then, **PRIDE Week** has raised awareness of the university's programs, services, and economic impact on our region.

ETSU PRIDE Week events included a decorating contest on August 20-21. **ETSU Family Medicine Associates of Johnson City**



participated, and did a great job of sharing the pride.

Pictured above, are nursing and office staff along with **Penny Rutledge**, Office Manager and **Dr. Diana Heiman** kneeling in the center.

The staff had a great time that day — dressing the part, and even sharing refreshments. The atmosphere was welcoming and festive. Great job guys.



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EHR Challenge

August Challenge

For August, we offered a prize to the user who could list the three known methods to contact the EHR Team, and to come up with their own suggestions.

We had GREAT responses in August. Thank you so much for participating. The lucky prize winner was drawn randomly, and that winner is:

RHONDA SUMMIE, CEB-II Check Out

See [Page Five](#) of this newsletter for the complete list of creative responses!

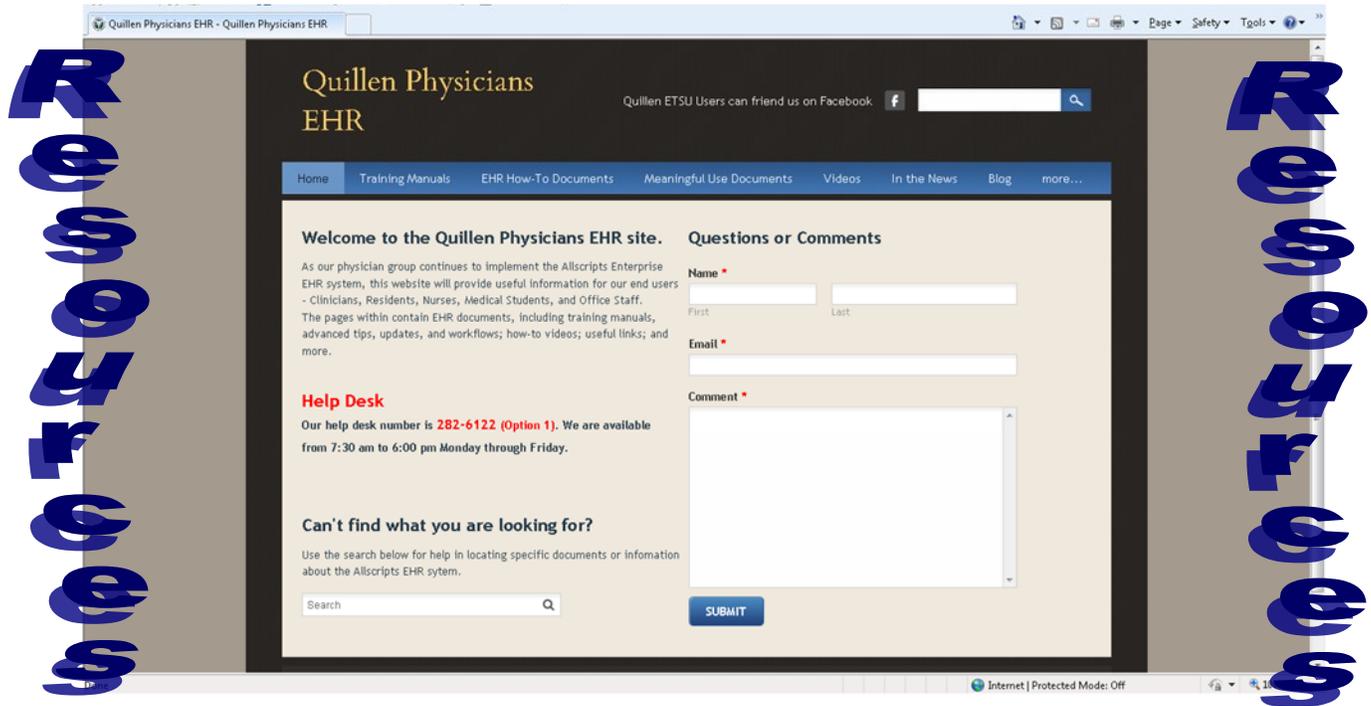
September Challenge

List 3 features of the EHR that you like, and describe 3 features you wish it could do, both real and creative.

For Example: "My wish list for the EHR is that it made my morning coffee, started up without a delay, and didn't require two passwords."

Have fun, and we look forward to your answers.

We will publish the top creative answers next month, and some lucky person will win the Prize! E-mail your answers to ehrmail@getsu.org



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... **What Detailed Information is Needed to Open a Ticket?**

When you need to request a **New Pharmacy...**

- The **full name** of the pharmacy
- The **complete address** of the pharmacy
- **Telephone Number**
- **Fax Number**
- The **NCPDP Number** (obtained from pharmacy)
- **Retail or Mail Order** status



****Task the info to the Allscripts Help Team or open a Help Desk Ticket****

When you have a new **Referring Provider...**

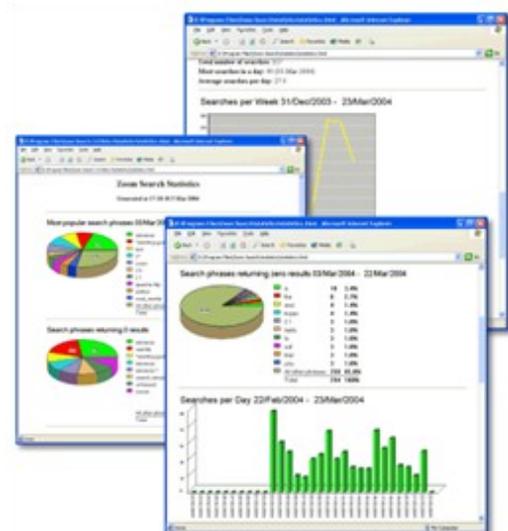
- The correct **full name** of the provider
- **Credentials** — such as MD, DO, NP
- The **complete address**
- **Telephone Number**
- **Fax Number**
- **NPI Number** (when available)



****Open a Help Desk Ticket to be routed to Rhonda or Regina to update Experior, and they will forward it to us.****

When you have an **EHR Report Request...**

- List **details** about data that you are requesting
 - Patients
 - Appointments
 - Diagnoses
 - Medications
 - Orders
 - Providers
 - Results
- What **time period** is the data for?
- **When** do you need the report?
- What **format** do you need? (Excel, PDF, etc.)



****Send report requests to EHRMail@qetsu.org.**

SUPPORT



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.

EHR ROCKZ

September 2013



"Ok, Guys. Let's try Robin Thicke's 'Blurred Lines,' but no Miley Cyrus antics! And a 1, and a 2..." "If you can't type—what you're trying to say; If you can't click—on that page; Maybe you need some glasses, Maybe you're going blind, Maybe I'm out of my miiiiind."



"Ok, now, the computer's close, tried to automate you; But you're an old school doc, it's in your nature. Just let me liberate you (Hey, hey, hey); You don't need no papers (Hey, hey, hey); It's a built-in calculator!"



"And that's why I'm goin' take a-- LAPTOP! I know you want it. I know you want it. I know you want."



"It's a good— CHART! Can't let us waste trees; It's a way to go green! Talk about getting— EHR! I know you want it..."

Creative Ways To Contact the EHR Team

We can task, email, phone call, or Facebook ...or carrier pigeon dyed green with a note attached to his little foot ☺
Rhonda Summie (CEB-II)



A light on top of the building with EHR Rocks as the shadow, and then we can send it as a beacon like Batman. ☺

Rhonda Summie (CEB-II)

Marilyn Stockfelt (CEB-II) submitted the following :



Janet Whisenant (Surgery)

suggests:

- Call 282-6122 (option 1).
- E-mail at EHRhelp@getsu.org
- Task a message.
- Open a Help Desk ticket from the Desk Top
- Drop by the EHR Office at the DTC.
- Call Rusty and ask him to have someone from EHR call me.
- Put an ad in the Classified section of the newspaper under Help Wanted.



Call for the "EHR Superhero" to the rescue

Rhonda Summie (CEB-II)



Joann Leipfert (JCIM) has some fun ideas:

- Mental Telepathy
- Close your eyes and think.
- Hold your mouth just right, and the answers will come.
- Panic
- Whine to your co-worker.
- Be silly like I am right now!



Kim Wright (Fertility) says to try this:

- Text personal cell phone numbers
- E-mail each individual Allscripts personnel
- SCREAM at the top of your voice
- Have the doctor do all the above >>> LOL



And according to **Pam Musselwhite (BFM)**
 ...if all else fails, send in the Calvary!

Tips & Tricks

During a recent training session, **Lora Jones**, one of our new nurses at **Johnson City Internal Medicine**, pointed out a tip that many of our users could take advantage of. With the pharmaceutical market flooded with medications, it can be difficult for clinical staff to keep up with drug information. Fortunately, the Allscripts EHR provides users with information about most of the medications in our system. Although this information was initially built into the system to be used for patient education, Lora suggested that she plans to use it for herself:

“ Sometimes our patients can ’ t remember why they are taking the medication, or why the medication was prescribed in the first place, ” she shared. “ If I ’ m not familiar with the medication, I can use the Drug Education to educate myself while the patient and I are reconciling the medication list. ”

To access this information in Allscripts, first right click on the medication and scroll down the menu options to **Drug Ed** (*Figure 1*).

Once you click on **Drug Ed**, a pop-up box will appear with information about the medication, including the generic name, common uses, how to use the medication, and precautions (*Figure 2*).

Keep in mind, this information can be printed out for the patient as well and counts toward the Patient Education measure for the Meaningful Use incentive program.

Reminder

Reconciling the medication list has become second nature for our clinical staff, but keep in mind a few important considerations before discontinuing a medication on the list:

1. **Check to see who ordered the medication.** If someone from another clinic ordered the medication, think twice before discontinuing it. The patient was prescribed the medication for a reason.

Double Duty for Drug Education

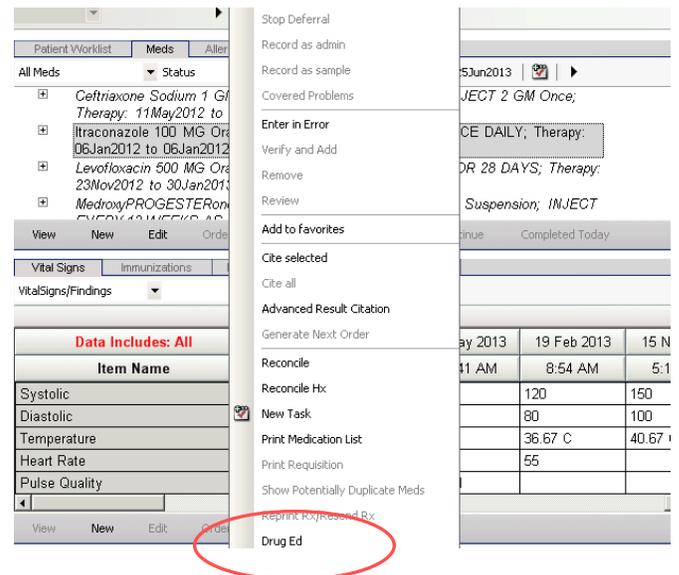


Figure 1

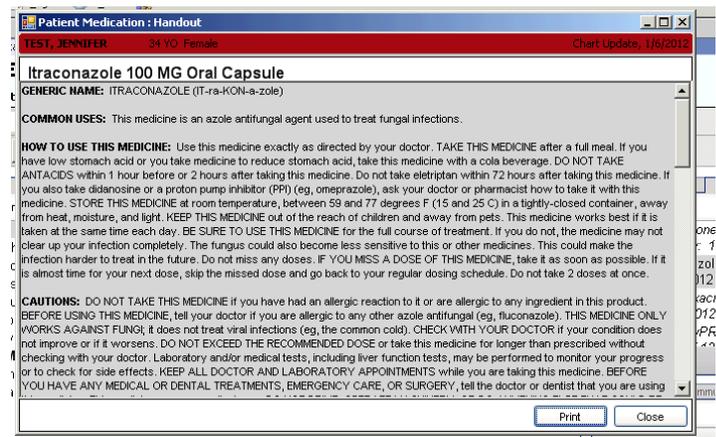


Figure 2

Discontinuing Medications

Call or task the ordering provider if you believe the medication needs to be discontinued.

2. If the medication is discontinued, **the pharmacy does not receive notification that it was stopped.** Call the pharmacy and alert them that the medication was stopped.

Discontinued?

Are You a Meaningful User?

Ever feel like the government is one big bully, forcing you to click a box or else? If so, you aren't alone. At a recent conference presentation I attended on EHR use, the presenter* revealed that a good portion of the providers at his practice feel bullied into using an EHR. Their comments included

- "I don't really care what the government wants me to do."
- "I want to tell my story in my own way, in my own words."
- "An EMR can never tell me how to practice medicine!"
- "I don't really care what's in the note so long as you leave my narrative alone."
- "I'm not going to use it."

Many of our Quillen ETSU providers have made similar comments, and who can blame them? Change is never easy, and when that change is implemented with the consequence of "or else," it's no wonder that many providers feel bullied into using an EHR.

But what strategies do we encourage our children to use when faced with a bully? The most common strategy, but one that's effectiveness has recently been questioned, is to "walk away." And questioned rightfully so. A child who walks away from a bully doesn't make the bully go away. And doctors who walk away—well, they'd just need to find another job, right?—because the EHR *isn't* going away.

So what bully strategies *do* work? Most experts encourage children to get involved with a another group. With positive peers around, the bully finds it harder to isolate the victim, and, often, the group's positive influence becomes contagious, even to the point of affecting the bully.

Positive Peer Pressure

To apply this same strategy to our EHR scenario works as well. Rather than providers giving up, walking away, and joining the unemployment line, working with the EHR can have some positive outcomes on our patient population. With the entire staff on board, and negative attitudes put aside, consider the benefits of using the EHR:

- Patient lists can be generated for better tracking of patient populations, for instance, identifying cardiology patients with low ejection fractions but no ICD.
- Candidates for clinical research trials can be quickly identified.
- The accuracy of medication lists is improved.
- Order tracking is improved and the cost savings from duplicate orders are passed along to the patient.

Although this is a short list, there are many more benefits that can be added to it. So for those users who have taken the attitude "If you can't beat it, join it" or better yet, "I love it," pass along your sentiments.

And for those "victims" out there, adopt a new strategy and let some positive peer pressure affect you.

**Presentation by Scott Tuning, Clinical Information Systems Man-*



Paving the Way for ICD -10



Many physicians, office administrators, billers and coding experts are gearing up for another whirlwind. The deadline for **ICD-10 in October 2014** has practices scrambling to prepare for the new coding standards, or risk lower reimbursements. It's been debated. It's been postponed ... twice. But, finally, the new deadline is here to stay.

Now more than ever, physicians and other medical professionals are undergoing tremendous changes as they adapt to a continually evolving healthcare landscape.

During a recent webinar conducted by Gateway EDI, participants were polled to determine how providers were preparing for the transition to **ICD-10**. Surprisingly, a third of respondents reported that

they had not started any **ICD-10** planning.

Considering the enormity of **ICD-10**, practices should be analyzing the areas within their organization that will be affected and adjust accordingly.

The chart below itemizes opportunities for compliance, and it also lists risks of non-compliance. The **Centers for Medicare & Medicaid Services** and the **World Health Organization** offer several training and planning resources. Providers should take advantage of every opportunity to assure success.

ICD-10 Compliance

Opportunities for Compliance



- Improve accuracy of payment policies and implementation of payment policies
- Improve Coding Practices & Claims Payment Accuracy and Efficiency
- Enhanced Fraud, Waste, Abuse Prevention and Detection
- Foundational for Health Care Reform
- Better quality measurement through improved identification of patient populations
- More Accurate Understanding of Population Health
- Enhanced research and analytics

Risks of Non-Compliance



- Incorrect or slow claims payment
- Increased risk of improper payments
- Increased error rates
- Penalties for non-compliance
- Increased appeals and customer service volume
- Incorrect or slow Medicare as a Secondary Payer and Coordination of Payments processes
- Disruptions in research, analytics, and longitudinal reporting
- Disruptions to surveillance and public health reporting



Be Informed.....

Beginning on September 16th, **Encounter Forms** will no longer have an **Appointment Section**. The biggest reason is for ICD-10 compliance—there will be far too many codes to list them all manually on the sheet.

This is the first step toward eliminating the Encounter Form as we move forward with full implementation of Allscripts, including charge. Make sure to stay up-to-date with these changes by reading the newsletter each month.



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