UPDATES!

October, 2012

e-Newsletter by Iatric Systems, Inc.

(Select the title to view the article)

Message from
Senior Management

Why We Do This

Frank Fortner
Senior Vice President
Software Solutions

Patient Engagement using a Patient Portal – e-Patient Expert Nancy B. Finn

HearDr. John Halamka's Roadmap to Stage 2

Best Hospital IT Departments 2012

Compliance Corner

Report Writing Tips

Newsletter Sign-up/ Contact Us

Message from
Senior Management

Why We Do This

Frank Fortner, Senior Vice President of Software Solutions

I know of an organization that once dared to ask the question, "if we closed our doors tomorrow, would anyone even notice?" The honest answer was... no, probably not. From that moment on, they made a concerted effort to truly engage and serve their market with intentionality, purpose, relevance, creativity and results. If Iatric Systems asked ourselves the same question, I believe (and sincerely hope) the answer would be a resounding, "yes, people would take notice." The reason is simple, we enable success by delivering comprehensive healthcare IT integration solutions to our customers (hospitals and health systems). Even more, we want to make a difference in healthcare, because every one of us and our loved ones are healthcare consumers.

Keeping this common mission before us is what unites our staff and gets us out of bed each morning—for more than 22 years! Yes, we face new challenges each day such as: competition, changing technology, and increased government regulation to name just a few, but overcoming

changing technology, and increased government regulation to name just a few, but overcoming challenges and helping our customers solve their pain points is what makes it all worthwhile. The satisfaction of a job well done, in a challenging environment, is more than worth it all. Knowing you did the hard, right thing and made a difference motivates you to do it all over again. Have you ever been told something was impossible, but you did it anyway and proved the naysayers wrong? If so, then you understand the excitement that creates and the hunger to do more of it.

Call 978.539.0734 or email **Support@iatric.com** 24/7, 365 days a year.

There is so much change underway today in healthcare IT. The industry is undergoing a transformation that is literally unparalleled, considering the scope of the change and the amount of time allotted for completion. Meaningful Use, Accountable Care Organizations (ACOs), patient engagement, Electronic Health Records (EHRs), health information exchange (HIE), predictive analytics—and the list goes on. The task list to accomplish all this is overwhelming and the stakes couldn't be higher. Some of the glass-half-empty crowd might even say it's an impossible task. However, it's been said that anything is possible when talent and passion collide!

Picture yourself someday taking a loved one to an emergency room where the staff are able to electronically view an accurate and complete history of medications, allergies, procedures, and problems, regardless of the location and source of the data. Through background technology which is transparent to the Emergency Department staff, data will quickly be compiled across city and state lines to be presented in one common view. How will it make you feel, knowing you took part in the technology transformation that enabled all this? THAT is exactly why we do this. That is what gets us out of bed each morning. I hope the same is true for you.

Back to Top

Patient Engagement using a Patient Portal – e-Patient Expert Nancy B. Finn

A patient portal is an important advancement in supporting a patient-centered care model and in meeting Stage 1 and Stage 2 Meaningful Use Objectives.

Webcast: How Patient Portals Enable Patient Engagement and Collaboration

Join us to hear patient engagement expert Nancy B. Finn, M.Ed, provide her insight on the e-Patient revolution, and how it's possible for patients to participate in their care by using an online portal.

Date	Day	Time
October 25, 2012	Thursday	2:00 pm ET

Learn how to:

- Take advantage of the benefits a patient portal has to offer your hospital
- Enable patient engagement using a patient portal
- Meet the Stage 2 patient engagement criteria of 5%

Don't miss this informative presentation.

For more information, please contact Amanda Howell at **Amanda.Howell@iatric.com** or 978-674-8121.

Back to Top

Hear Dr. John Halamka's Roadmap to Stage 2

Watch this on-demand webcast now.

The 200 attendees of this webcast, held Oct. 11, learned about Stage 2, and received a roadmap on how to achieve Meaningful Use. Dr. John Halamka's opening remarks conveyed his passion about this topic and gave a glimpse of what the next 45 minutes would hold.

"Meaningful Use, certification, standards, timelines — where is all this leading and how are you going to survive it? The five years we are living now, is a marathon like we have never experienced ever before. We have Meaningful Use Stage 1 and 2, ICD-10, healthcare reform, value based purchasing, all of this happening simultaneously, that requires a profound foundation of IT. It is doable, it really isn't that bad. As you look at Meaningful Use Stage 2, much of it is a natural evolution from Stage 1, even things that seem a bit of a stretch, are very doable because the thresholds have been set very low."

During the 15-minute Q&A section, the audience was engaged by asking Dr. John Halamka numerous questions. Topics included exemptions for radiologists who do face-to-face encounters with patients; imaging results accessible through EHR technology; eMAR; an understanding of the congressional leaders' letter to Secretary Sebelius, and many more.

Watch this recorded webcast to hear the answers to these questions, and understand how your hospital can meet Meaningful Use Stage 2 Objectives by the 2014 deadline.

Back to Top

Best Hospital IT Departments 2012

This year, 272 hospitals were nominated for the **Best Hospital IT Departments**. Of those nominated, 125 qualified – with 10,863 IT employees completing the survey. Of the qualifying hospitals, 60 were large (351 or more licensed beds); 45 were medium (101 to 350 licensed beds); and 20 were small (100 or fewer licensed beds). Heathcare IT News worked with partner Critical Insights, an independent market-research company based in Portland, Maine, to rank the importance of workplace satisfaction categories addressed in the study, including satisfaction with day-to-day work, immediate work unit, team or IT department group, workplace culture, senior management and organizational leadership, training, professional development and advancement, direct supervisor or manager and compensation, benefits, and employee recognition. Iatric Systems would like to congratulate all the hospital IT departments that made this list – we know how hard you work! Iatric Systems customers are highlighted in blue.

Top 10 Large

1. Intermountain Medical Center, Murray, Utah
2. Tenet Healthcare Corporation, Dallas, Texas
3. Sharp HealthCare, San Diego, California
4. Genesis HealthCare System, Zanesville, Ohio
5. Meridian Health, Neptune, New Jersey
6. Heartland Health, St. Joseph, Missouri
7. **TriStar Centennial Medical Center, Nashville, Tennessee**
8. Cancer Treatment Centers of America, Schaumburg, Illinois
9. UC Irvine Health, Orange, California
10. **Roper St. Francis Healthcare, Charleston, South Carolina**

Top 10 Medium

1. **Thibodaux Regional Medical Center, Thibodaux, Louisiana**
2. **Frankfort Regional Medical Center, Frankfort, Kentucky**
3. Springhill Medical Center, Mobile, Alabama
4. Highlands Regional Medical Center, Prestonsburg, Kentucky
5. Saint Francis Medical Center, Cape Girardeau, Missouri
6. **Sarah Bush Lincoln Health System, Matton, Illinois**
7. St. Anthony Shawnee Hospital, Shawnee, Oklahoma

8. Union Hospital, Elkton, Maryland
9. Ephraim McDowell Health, Danville, Kentucky
10. Children's Hospital & Medical Center, Omaha, Nebraska

Top 5 Small

1. Hugh Chatham Memorial Hospital, Elkin, North Carolina
2. Mount Desert Island Hospital, Bar Harbor, Maine
3. Nanticoke Memorial Hospital, Seaford, Delaware
4. Lakewood Health System, Staples, Minnesota
5. Fauquier Hospital, Warrenton, Virginia

Learn more about these winning Hospital IT Departments.

Back to Top

Compliance Corner

Kay Jackson, Manager, Software Certification, and Compliance

Audits, so many to prepare for and so little time

I cannot remember a time in my healthcare career when so many audits were being conducted at the same time. Customers are telling me about the overload of audits. They worry about what is coming next, having the staff to prepare for it, and defending the audit results. I am highlighting some of the audits in this newsletter to help you prepare your plan of protection.

RAC is still going strong—customers are now dealing with the addition of Audit Prepayments Review, which is a three year demonstration period starting 8/27/12 through 8/26/15. Many of our **IatriTRAC** customers are sharing with me that their audit volume has doubled their work load and audit tracking. This new audit will not replace MAC prepayment reviews. The seven states being targeted include: Florida, California, Michigan, Texas, New York, Louisiana and Illinois.

Medical necessity is also still a big RAC focus by the contractors. They are now looking at a bigger picture approach of not only whether patients required a specific treatment but also whether they required it in a specific location. Short Stays and Cardiac services are also at the top of the RAC contractors list—remember they are going where the money is. And oh, by the way, hospitals saw 24% more denials by RACs in the second quarter of 2012. Monitor the **AHA RACTrac survey** to know the real status of RAC. It appears that small rural hospitals are being impacted by RAC the most with staff time and recoupments.

The top problems I keep hearing from our customers about the RAC process are: (1) lack of communication such as auto demand letters: requires research for the reason and going to RAC webpage to look up account denial information, (2) reminding the RAC to update the MAC for which the denial was rescinded in the Discussion Period by the RAC, but the MAC still recoups the money and (3) the RAs do not make sense and PFS is laboring on how to correctly post or is still waiting on underpayments won months ago.

HIPAA audits continue for the remainder of the year, with a total of 115 healthcare organizations as the target. All organizations that will be audited for 2012 have been notified. The OCR will release the results of the 2012 audits next year and plans for 2013 HIPAA audits have not been announced yet. My recommendation for you is this: now is the time to prepare, not just in light of the audits but to also help achieve your Stage 1 (Core 14) and Stage 2 (Core 16) Meaningful Use goals for security. Don't wait until you are in receipt of a HIPAA audit notice letter. Remember our **Security Audit Manager** (SAM) solution, which covers all your access points to patient's records regardless of the HIS System.

ZPIC—After setting up the MAC regions, CMS created new entities called Zone Program Integrity Contractors (ZPIC) to perform program integrity functions. The ZPICs are currently targeting Long Term Care. Carefully monitor notices from the ZPIC so you know what their next target might be, and prepare.

OIG will be closely examining hospital billing practice according to their 2013 work plan. The

targets for Medicare Part A and B include: inpatient billing, DRG window perhaps moving from three days to 14 days (a huge jump), discharges vs. transfers, canceled surgery and interrupted stays at long-term care hospitals. An audit by the **OIG** I recently read about was titled "**Mom, why is there a Crown Victoria in the driveway?**" by David Glaser ESQ. The OIG is making house calls on one or more current and ex-employees. So make sure your hospital staff is made aware of this home visit possibility by the OIG and how to handle the unexpected contact by the OIG. The article recommends several topics on how to educate your staff.

As Fall approaches, be prepared for these audit types and what is lurking just around the corner. Why does CMS need so many different contractors? For information regarding these audits and more, sign up for one of the **Iatric Systems iForums** or **contact me**.

The OIG released the 2013 Targets in Work Plan recently; for more information about the breakdown and topics for providers, **visit their webpage**.

Health Management Technology October 2012 edition on page 22 has an article titled "**What executives need to know about the audit world.**"

Back to Top

Report Writing Tips

Joe Cocuzzo, Vice President – Report Writing Services

Report Writing Tip: Smarter OE/POM rules Part 2 (Client/Server or MAGIC)

Last month we showed how to create a rule for OE/POM that calls a report macro written as a program, in a way that allows you to easily restore that program call if the rule is refilled or rebuilt.

As promised, this month we will show how to write a macro that checks the patient's primary insurance and lab history across visits to alert you if the patient has a particular insurance and 3 or more drug screens in the past 365 days.

We are looking for all ordered tests for DAU7 (which were completed) for the past 365 days, provided the patient has a primary insurance of CIGNA.

Across visits for the patient, we want to count the number of these tests and alert the user if the patient has had three or more already.

Because the MAGIC version of the code opens prefixes with programming, you might want to test your version in your test directory before running in LIVE.

Here is a test patient we have set up, notice that the tests span two different accounts.

```
Acct          Name                          Prim Ins
Z000000826     IATRIC,JOE                    CIGNA
Print #    Ordered Test     Coll Dt    Time      Status
190.00000  DAU7             05/29/12   1130      COMP
190.00000  DAU7             09/15/12   1306      COMP
190.00000  DAU7             09/16/12   1106      COMP
Z000002382     IATRIC,JOE                    CIGNA
Print #    Ordered Test     Coll Dt    Time      Status
190.00000  DAU7             09/16/12   1126      COMP
190.00000  DAU7             10/15/12   1117      COMP
```

Our order rule macro will run from OE, so we will do the following in our macro:

Check to see if the current visit has a CIGNA primary insurance, if so:

Open Lab
Check all prior lab work for accounts where CIGNA was the primary insurance and count the number of DAU7 ordered tests for the past 365 days.
Display warning message if 3 or more are found
Close Lab

The “open lab” and “close lab” code is different in Client/Server and MAGIC, but otherwise our two macros can be identical.

Here is the macro code we need:

NPR (A/TEST.5.64.MIS/199) - BERMAN,JOEL

Enter/Edit Macro Logic: OE.ORD.zcus.is.ord.rule.M.check (A:)

```
A>patient,
@ADM.PAT.mri.urn>LAB.C.MRI.urn,
@OPEN.LAB,
IF{@LAB.C.PAT.ins.mnemonic.1="CIGNA" 1,
@PROCESS,
IF{CNT>2 1,
@W.err("Patient has already had "_CNT_" Screens for Current Insurer in last year")}},
@CLOSE.LAB,
EXIT;
```

Will be different for Magic or C/S

Will be different for Magic or C/S (actually can be omitted in C/S)

Last line ends with ";" and that makes this a program

The “OPEN.LAB” code for MAGIC:

```
OPEN.LAB
"LAB."_(@.db#"1.")>MIS.APPL.database,
$["SEGS"](@MIS.APPL.database.segment,@MIS.APPL.database.directory),
ZZ%0(:S,%.LAB.data[@.mis,MIS.APPL.database]),
ZZ%0(?S,:),
ZZ%0(&S,%.LAB.dic[@.mis,MIS.APPL.database]),
C($U,%U)
```

Make LAB db from OE db

We open and "stack" the prefixes to the lab database and dictionary file

The “OPEN.LAB” code for Client/Server is much easier

```
OPEN.LAB
"LAB."_(@.db#"1.")>DB,
%Z.link.db({DB},{"O","B","1"})
```

The @PROCESS macro is identical across platforms, to count COMP drug tests:

```
PROCESS
%Z.date.add(@.today,0-365)>LAB.L.SPEC.collection.date,
DO{@Next(LAB.L.SPEC.collection.date,@LAB.L.SPEC.mpi.x) 1,
DO{@Next(LAB.L.SPEC.collection.time,@LAB.L.SPEC.mpi.x) 1,
DO{@Next(LAB.L.SPEC.prefix,@LAB.L.SPEC.mpi.x) 1,
DO{@Next.get(LAB.L.SPEC.number.part,@LAB.L.SPEC.mpi.x,LAB.L.SPEC.urn) 1,
IF{@LAB.L.SPEC.patient's.ins.mnemonic.1'="CIGNA";
@LAB.L.SPEC.status'="COMP";
DO{@Next(LAB.L.SPEC.ordered.test) 1,
IF{@LAB.L.SPEC.ordered.test's.mnemonic="DAU7" CNT+1>CNT}}}}}}}
```

The “CLOSE.LAB” for MAGIC will unstack all the prefixes so things are back the way we started. Even though we use the “C” (Close) command, because we “unstack” the prefixes are actually opened “back” to the way they were when we stacked them. This is crucial in MAGIC, as the report is expecting to be “open” to the OE database and dictionary, not to LAB.

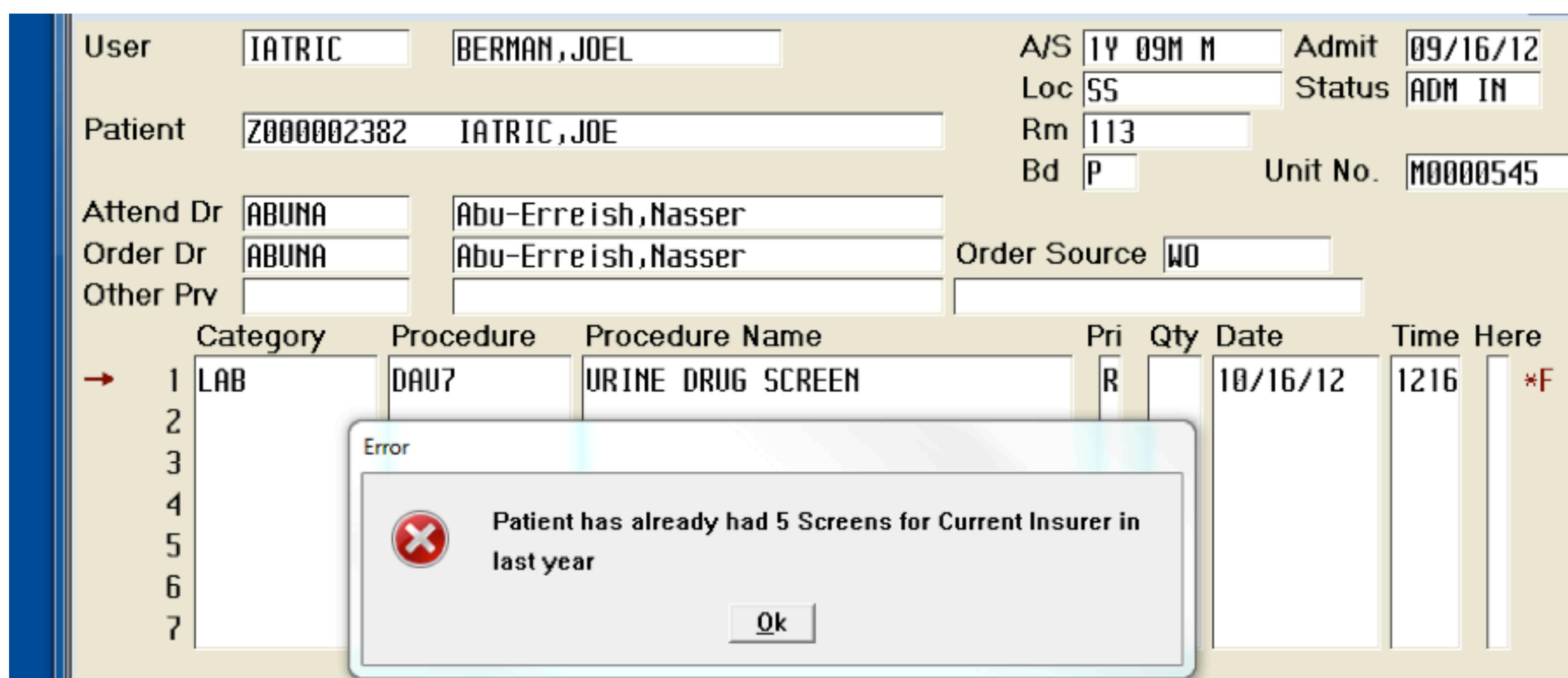
```
CLOSE.LAB
C(&U,:U,?U)
```

The “CLOSE.LAB” for C/S calls the Z.link.db to close the LAB database, but since each database in C/S has unique prefixes, it would not hurt to leave the prefixes open and let the Z.rw.close.up code take care of closing things up at the end instead.

```
Editing: OE.ORD.zcus.is.rule.M.check

CLOSE.LAB
%Z.link.db({DB},{"C"})
```

When we order in OE on a patient with three or more drug screens in the past 365 days (where CIGNA is the primary insurance):



Example reports with this code for both C/S and MAGIC have been uploaded to our report library as OE.ORD.zcus.is.ord.rule.example.

Search our report library for more Report Writing tips:
http://www.iatric.com/Information/NPRReportLibrarySearch.aspx.

You can find additional Report Writing Tips on our website at **http://www.iatric.com/Information/NPRTips.aspx**, as well as information about our **on-site Report Writer Training** and **Report Writing Services**.

Read Joe's blog posts at **MEDI-Talk**.

Upcoming Report Writer Training Opportunities:

To subscribe for email notifications for new Report Writing classes, please follow this link:
http://www.iatric.com/Information/Classes.aspx

For more information, please contact Karen Roemer at 978-805-3142 or email **karen.roemer@iatric.com**.

Back to Top

Follow us on:

Achievements:

2012 Best Places to Work in Healthcare IT

2012 Inc. 5000

2012 Healthcare Informatics Top 100

Newsletter Sign-up/Contact Us

Sign up for our Updates! newsletter, or do so by visiting the lower section of our website's **homepage**.

You can unsubscribe from this newsletter using the SafeUnsubscribe link at the bottom of this email or by sending us a request at **info@iatric.com**.

If you received this newsletter via email, you may give us feedback by simply replying to the email. However, if you would like to reach someone directly, please feel free to contact one of the individuals listed below.

Joel Berman, President, **Joel.Berman@iatric.com**, 978-805-4101
John Danahey, VP, Sales & Marketing, **John.Danahey@iatric.com**, 978-805-4153

Follow us on our blog:
MEDI-Talk

Upcoming Events:

Medical Group Management Association (MGMA) 2012 Annual Conference
October 21-23, 2012
Henry B. Gonzalez Convention Center
(San Antonio, Texas)

MD HIMSS November 2012 Educational Event
November 1, 2012
Sheppard Pratt Conference Center
(Towson, Maryland)

2012 Midwest HIMSS Fall Technology Conference
November 11-13, 2012
Des Moines Marriott Downtown
(Des Moines, Iowa)

2012 ASHP Midyear Meeting and Exhibition
December 2-6, 2012
Mandalay Bay Hotel
(Las Vegas, Nevada)

The Privacy and Security Forum
December 12-13, 2012
The Fairmont Copley Plaza
(Boston, Massachusetts)

Back to Top

27 Great Pond Drive, Boxford, MA 01921, USA

Copyright 1996-2012 Iatric Systems, Inc. -All Rights Reserved-