Integration Etiquette Lesson #1: Playing Nicely With Others

Frank Fortner, President

Last Saturday, my wife and daughters conspired that I (which meant they) needed another puppy. The day started innocently enough with the four of us and Rosie, our Sheltie-Pekingese mix. After a suspiciously spontaneous drive to "just take a look" at a handsome black lab mix, we added George to the family. On top of the usual care and feeding, bringing a puppy into an environment where another four-footed, furry family member has already staked a claim (I'll skip the 'squatting rights' analogy) adds a unique set of challenges. Understanding and patience is needed as it may take time for them to learn to play nicely together, but the rewards in the end are well worth it. Likewise, I believe some software vendors require a little help in this area as well. Allow me...
It is rare these days for a provider to have a single software vendor, even with the most integrated, comprehensive EHR offerings. Portals, interface engines, business analytics, patient privacy, and many other solutions add value by augmenting a core EHR system. Since EHR systems do not come with every solution imaginable, multiple vendors will inevitably end up in the same sandbox. Further, as the healthcare industry changes, interoperability is moving from a nice-to-have to a mandate. Collaboration and data sharing between vendors is no longer optional and fortunately, providers are now the ones driving this bus, because not only are they paying vendors' salaries, they are also accountable to an increasing number of stakeholders if the technology doesn't work.

I can say from experience that there have been times over the years when Iatric Systems lost the sale of an application to a competitor only to win the interface business for the very same implementation. This means we have purposefully helped our competitors by providing the interface between the chosen vendor and the provider's EHR. Why would we do this? The reason is simple and easily forgotten - because it's not about us. It's all about doing the right thing for our customer, who made a decision based on their criteria (not ours). Our posture has always been, "how can we help" and we are far more interested in a long-term relationship as a trusted integration partner than any one sale. I can't imagine doing business any other way.

I believe it's time for software vendors to dispense with the old-school protectionist behavior, often fueled by a scarcity mentality, and take a higher road when asked by saying, "yes, we will work with your other vendor" and "yes, we can absolutely make that happen." The 1980s have been over for some time (although I still like the music) and today, the industry requires much more from healthcare providers. They, in turn, require much more from their software vendors, which includes playing nicely with others, and those vendors who understand this will thrive in the days ahead. Maybe we could take a lesson from man's best friend, since George and Rosie are getting along extremely well.

Ephraim McDowell Health Saves Money, Speeds Workflows, and Improves Patient Care

Ephraim McDowell Health is an integrated health care delivery system servicing six counties in central Kentucky. They needed to exchange clinical data electronically with outside physicians to eliminate the delays and inefficiencies of faxing that are an obstacle to quality care. However, area physicians use a wide variety of Electronic Medical Record (EMR) systems, and building connections would require knowledge of each of them — a tall order for a community health system with limited IT resources.

By using Iatric Systems Physician Office Integration, they are able to exchange patient data and clinical reports to 14 physician practice EMRs from 11 different vendors. Information flows from the MEDITECH EHR to the physicians' desktop, cutting turnaround time from hours to minutes for most lab and radiology reports.

"With all the EMR vendors out there, it's almost impossible for a community-based hospital to have the resources to understand each system. Iatric Systems provides that knowledge base," says Becky Blevins, Information Services Project Manager at Ephraim McDowell Health.

Physician Office Integration eliminates faxing costs including the number of FTEs required for sorting/distribution, and about $12,000 annually in equipment and supplies. A 7% reduction in information requests has resulted in several thousand dollars of additional savings. Becky says, "It doesn't matter what kind of architecture the EMR has, we will find a way to do it."
Stillwater integrates Vital Signs from different equipment with its EHR

Stillwater is a 117-bed acute care hospital dedicated to providing high-quality care to residents in north central Oklahoma.

Stillwater wanted to automate how vital signs were captured and recorded in multiple areas — the Intensive Care Unit, the Emergency Department, and Day Surgery — so nurses could focus on patients, not paperwork. They needed a solution that would work with a variety of patient monitoring equipment — networked continuous monitors and stand-alone, low-acuity monitors.

After weighing all of their options, Stillwater chose Iatric Systems Accelero Connect®. “Accelero Connect enabled us to implement a scalable solution that met our needs and was cost effective,” said Chris Roark, Stillwater’s CIO.

“With Accelero Connect, real-time, patient-centered information automatically integrates into the EHR, so nurses can spend more time with patients,” explains Cindy Carreno, RN, Clinical Nurse Manager at Stillwater Medical Center. Additionally, Stillwater physicians can now access accurate vitals immediately to assess patients and prescribe appropriate treatments without delay.

Read Stillwater Medical Center’s Story.

Expand the power of your IT team

If you’re like most of our customers, you’re looking for solutions to overcome many healthcare IT challenges. If one of those challenges is a lack of time and resources, you’ll be pleased to know that our highly experienced Iatric Systems Professional Services team can help you:

- Manage and oversee any IT initiative — large or small — regardless of the vendor technology involved
- Achieve Meaningful Use goals
- Integrate your different systems
- Navigate the complex world of Health Information Exchanges, and much more

Please contact us any time to find out how our Professional Services team can help your IT team tackle competing IT initiatives, better and faster. You can learn more now by downloading our Professional Services Brochure.

Compliance Corner
January 2014 has already been a busy month for our Meaningful Use team. We are very proud of the number of Meaningful Use Manager customers who were audited for their 2012 attestations and passed with flying colors. Here is an email from one of our successful customers:

Finally! We got our letter back and we have met approval from CMS! They didn't even come back and ask us for any more info after our first submission.

Thank you so much for all of your help! I couldn't have done it without you.

Thanks,
Sandi Wiltshire, MT(ASCP), MBA
IS Applications Manager
Heywood Hospital

I also wanted to share the clarification we received from the Department of Health and Human Services (HHS) regarding Core 6, which is the patient portal requirement. We are sharing a recap below, but if you would like a copy of the official email to place in your records in the event of an audit, please let me know and I will forward it to you:

- **The measure requirement for Stage 1 and Stage 2 sites in 2014:**
  More than 50 percent of all unique patients discharged from the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) during the EHR reporting period have their information available online within 36 hours of discharge.
  
  We heard many sites with several interpretations of this measure and we wanted our customers to track this measure correctly, hence our clarification from HHS. We have advised our customers that they need to track providing access to the portal for ED patients and inpatients so that this measure can be correctly calculated. They must meet the hospital requirement of 36 hours as well. HSS agreed with us:

  The CMS definition of "access" for this measure explicitly states that a patient has access when they possess "all of the necessary information needed to view, download, or transmit their information." If the patient does not have "access," the information cannot be considered "available" to the patient. Having a data feed to a portal without telling patients how to access the portal doesn’t count.

- **We heard several interpretations about the second part of the portal requirement for hospitals tracking Stage 2 in 2014:**
  More than 5 percent of all unique patients (or their authorized representatives) who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH view, download, or transmit to a third party their information during the EHR reporting period. There was discussion about the patient accessing their portal during a current admission and if that counts. Here is the response from HHS:

  If a patient in an organization’s denominator for this measure views, downloads, or transmits during the reporting period health information made available in the portal, and the organization contributed data for that patient, they can count the patient in the numerator. It is not specific to a particular episode of care. The same principle applies to shared portals where multiple organizations are contributing information (see CMS FAQ 7735). Please also remember that the unit of measure is the patient, so even if the person is discharged multiple times from the hospital and accesses their portal multiple times, they only go into the denominator and numerator once.

- **The last clarification relates to the reporting period for hospitals**
starting Stage 2 in 2015:
Those sites must start tracking Stage 2 on 10/1/14 and track a full 365 days in their first year of Stage 2. Here is the response from HSS on that question:

The EH will have a single quarter in 2014 to attest to meaningful use. This applies only to 2014 to give providers an opportunity to acclimate to the 2014 Certified Electronic Health Record Technology (CEHRT) standards set forth by ONC. When this EH attests to meaningful use in 2015, regardless of stage (except first time Meaningful Users), their reporting period will be for the full year (10/1/2014 to 9/30/2015).

I hope these items will be helpful to you. Please remember that if your team is experiencing issues tracking your numerator and denominator scores, ask to see a presentation of our certified Meaningful Use Manager tracking solution. We are also pleased to report that our 2014 CQM solution received certification for all 29 CQMs, so our customers have choices on the CQMs that they can track and report.

Report Writing Tips
Joe Cocuzzo, Senior Vice President – Report Writing Services

NPR Hot Key Report to See Activity (MAGIC only)

How often do you need to go change something about "the census report" only to go into Process Reports and see the following in your lookup:

Most of you know that you can get out of Process Reports, and then go over to #57 "List Report Usage" on the customization menu:
It isn't terribly convenient to go over to this other option, and then deal with the never wanted BEGINNING/END defaults that MEDITECH application programmers like to include in standard reports:

We can delete out the BEGINNING and type in the first of our list of suspects, then delete out the END and put in the last of our list (assuming no squirrels have run past our office window, causing distraction and loss of report internal name from short term memory).

For the MAGIC platform, we can create a report in NPR.REP that can go on an NPR "hot key" menu and automatically use the last DPM and last procedure from the temporary file to provide an much more convenient activity list.
We write our NPR report in the usage log segment:

We can take advantage of the "spacebar – return" feature of Process Reports on the MAGIC platform, where the last DPM and the last procedure edited are kept in /.SV.DPM and /.SV.PROC respectively.

We set up selections on Page 2 for a report range:

Then we can use the "Edit Elements" routine to add custom defaults.
For the start of the default range, we use this:

Note that unlike for CDS default attributes, you use DFT2 (not DFT).

For the end of the range we add a "zzz" to the procedure, and loop backward 1x on the procedure global to be likely to get all the copies of the report without having to type our own range.
If we go to our hot key menu while editing "ADM.PAT.zcus.is.census.report," we get the following default range of reports:

We build a simple report to list the title and procedure urn in a header and the saved activity in the detail line. We need to use two computed fields to deal with the fact that the run.time field is an "S(0)" time stamp, holding the number of seconds since March 1, 1980. To change this into a date, we use the Z program %Z.date.in.magic(run.time) in a "DATE" type computed field:
You might wonder why there is no @ sign on the field @run.time. You can actually write it either way, since it is a subscript of the report activity segment, @run.time and run.time (with no @ sign) translate to exactly the same local variable.

For an HHMM (time) field from the S(0) run.time value, we use %Z.time.out(run.time):

The @run.user and @run.dir are just fields and we can use the possessive @run.user's.name also.

When we run the report for the default range, we can see that the ADM.PAT.zcus.is.census.report2 is the current version:

The NPR.REP.zcus.is.hot.key.report has been uploaded to our MAGIC report library. Unfortunately, Client/Server does not have "hot key" menus and does not have the "spacebar return" recall feature. You can launch a new MEDITECH session from the session management button, but managing to peek back at the original session and figure out which report was being processed is just too hard, sorry!


Read Joe's blog posts at MEDI-Talk.

To subscribe for email notifications for new Report Writing classes, please follow this link:

For more information, please contact Karen Roemer at 978.805.3142 or email karen.roemer@iatric.com.
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, CEO, Joel.Berman@iatric.com, 978.805.4101
John Danahey, Senior VP, Sales & Marketing, John.Danahey@iatric.com, 978.805.4153

Follow us on our MEDI-Talk blog.

27 Great Pond Drive, Boxford, MA 01921, USA - 978.805.4100

Copyright 1996-2014 Iatric Systems, Inc. -All Rights Reserved-