Message from Senior Management

"Mary Jane, Next Time..."

Frank Fortner
President

Have you ever been "Mary Jane'd?" It goes something like this: "Mary Jane, the next time you make this dish, you should put extra meat in it." "Mary Jane, next time, add more salt." "Mary Jane, next time, you should add black beans." Growing up in New England, I spent many long weekends and summer days in the Green Mountains of Vermont on the family farm of my Uncle Glenn and Aunt Mary Jane. They had nine children and there were always additional house guests, so my aunt was well-accustomed to routinely serving up enough food to feed 12-20 people. It’s a fun family memory now, the never-ending "Mary Jane" back-seat cooking banter, which amusingly went both ways. While she took it all in stride, there were also plenty of 'half-joking' counter-threats, usually involving the malicious use of utensils, pots, pans, and of course the ultimate threat of wearing one's food. I say half-joking because I have no doubt she made good on all of these at some point!
When I was at their table, I can honestly say I was not one of those "Mary Jane" people. Apart from being a guest, I always liked food too much and besides, I enjoyed having my dinner on my plate — as opposed to being dumped on my head! However, when it comes to healthcare, I find it increasingly easier to join my uncle's side. There are times I just want to shout, "Mary Jane, we've made some progress, but next time, let's have true interoperability and robust, standard health information exchange along with a national patient identifier." As a patient I want to say, "Mary Jane, next time, let's add some active patient engagement and empowerment to this patient experience" and "Mary Jane, next time, let's have patient-centered care actually center around the patient" — a novel idea! This one frustrates me the most, because we give lip service to the idea of a patient being an active, empowered member of their care team, but in practice their "active" participation is often reduced to being a squeaky wheel in order to get timely appointments, call backs, or prescriptions. Anyone who has been a patient in the system knows this, and I believe we can do much better.

The truth is, I desperately wish I could fix all of this instantaneously with the push of a magic button. I know many others wish for the same thing and I believe in my heart that we will get what we desire in time. I believe in what we who work in healthcare IT are doing today in order to create a better system of tomorrow. I believe my children and their children will not experience the same kinds of inefficiencies we are currently working to solve, and I take great comfort in that. Change may come slowly, but it will absolutely come. Some of the smartest people I know are passionately dedicated to this vision, so I believe failure is not an option. Until then however, as one part of the overall solution, Iatric Systems will continue making every effort to see that the right data makes it to the right people at the right time. One day, may we all proudly shout, "Mary Jane... great job!"

New Approach to Battle the Insider Threat to Patient Privacy

Auditor's Desktop analyzes and prioritizes potential privacy violations for quick, corrective action.

HIPAA, Meaningful Use, HITECH, the Omnibus Rule, and a growing number of insider threats and patient identity theft cases have put patient privacy in the spotlight.

Most healthcare organizations focus on protecting their network perimeter to prevent hackers from coming in and gaining access to Protected Health Information (PHI) or other sensitive information. Many organizations believe that is enough. Because of this false sense of security, organizations have suffered insider breaches that have not only harmed their organizations, but also the patients whom they serve. The problem is getting worse as more information becomes available electronically and accessible to anyone in the organization with the proper credentials.

What Works: Automated Auditing and Applying Analytics

Due to the large volume of potential privacy breaches, it's impossible for healthcare privacy auditors to investigate every instance of access to patient data. You need a new intuitive and efficient approach that gives privacy officers the data they need to quickly decide whether a breach occurred and take action where needed.

Iatric Systems has expanded its suite of patient privacy solutions with the launch of Auditor's Desktop™. Together with Security Audit Manager™, Auditor's Desktop performs a daily risk analysis across multiple audits, identifies possible inappropriate actions, and presents the information in one audit. Auditor's Desktop continually learns about previous audits, allowing privacy officers to have the intelligence they need regarding user/patient history to...
officers to have the intelligence they need regarding user/patient history to make quick audit determinations.

Join us on **January 27th** for an important discussion and demonstration of Auditor’s Desktop. You will learn how you can significantly reduce the false positives, spot inappropriate access quickly, and take action that protects your patients and your hospital.

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**Upcoming Events**

Iatric Systems is planning on attending many events in the upcoming months, and we hope to see you at any or all of them! Save a spot on your dance card, and come by our booths to talk about how you’re getting the right data at the right time to the right people.

**Texas Hospital Association Annual Conference 2015 - Booth #128**  
January 22 - 23, 2015  
*Austin, Texas*

**Hospital and Healthcare IT Reverse Expo - Spring 2015**  
March 2 - 4, 2015  
*Orlando, Florida*

**HIMSS 2015 - Booth #7815**  
April 13 - 16, 2015  
*Chicago, Illinois*

**HCCA 2015 - Booth #209**  
April 19 - 22, 2015  
*Lake Buena Vista, Florida*

**ANIA 2015**  
April 23 - 26, 2015  
*Philadelphia, Pennsylvania*

**iHT2 Health IT Summit 2015**  
May 19 - 20, 2015  
*Boston, Massachusetts*

**International MUSE 2015**  
May 26 - 29, 2015  
*Nashville, Tennessee*

**AAMI 2015 Annual Conference**  
June 5 - 8, 2015  
*Denver, Colorado*

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**Iatric Systems and Memorial Healthcare Team Up...**

The result could change how patients approach their health information

HIStalk recently published a great article featuring Frank Fear, VP/CIO of Memorial Healthcare, and some exciting new initiatives focused on improving the patient experience and how patients interact with their health information.

Frank’s team is partnering with Iatric Systems on a new integration with Apple Health. While the application is still in the early development phases, this exciting project is something to watch for in the near future. Read the article
Healthcare in 2015

After spending hours reading news articles about what to expect for 2015, for this month’s newsletter, I thought it would be helpful to summarize some of the issues that might be of interest to you as well.

It’s clear that 2015 will be a year of many challenges.

The article: Report predicts more cybercrime for healthcare, states that healthcare will continue to be vulnerable and attractive to cybercriminals in 2015. Healthcare organizations accounted for about 42 percent of all major data breaches reported in 2014 and, "we expect this number will continue to grow until the industry comes up with a stronger solution to improve its cyber-security strategies," said Michael Bruemmer, vice president at Experian Data Breach Resolution. Healthcare organizations will "need to step up their security posture and data breach preparedness or face the potential for scrutiny from federal regulators."

The article also stated that patients' Medicare cards are particularly vulnerable because they contain information such as the social security number, which can be used for fraud. Make sure your scanned images of this card are protected, and monitor who looks at this kind of information. With so much fraud being linked back to an employee of the hospital, be sure to add this card protection to your 2015 plan.

I also recommend that you review the Centers for Medicare and Medicaid Services (CMS) EHR Security and Analysis Tipsheet. You’ll note that for Stage 2, in addition to the same security risk analysis requirement as in Stage 1, you need to address the encryption and security of data stored in the Certified Electronic Health Record Technology (CEHRT). CMS also clarified that the steps may be completed outside the EHR reporting period timeframe, but must take place no earlier than the start of the reporting year and no later than the end of the reporting year. Be sure to review the updated FAQ 10754.

Another report you might review is the 2015 Second Data Breach Industry Forecast published by Experian. Remember that our Meaningful Use certified Security Audit Manager™ would make a great addition to your proactive security plan. Health Insurance Portability and Accountability Act (HIPAA) audits will be starting in early 2015, once the Office for Civil Rights (OCR) gets the web portal up and determines which entities can submit information regarding audits.

The warning from OCR is that organizations need to re-examine all bring-your-own-device policies and make sure they address any issues. Stage 2, Core 7 is the measure that requires protection of electronic health information, so make sure your security risk plan for 2015 includes all the suggested areas of concern. The experts also suggest that you keep all documentation for this requirement in one place, including all records of HIPAA education programs conducted with staff, and evidence that your team has reviewed all Business Agreements (BAs), because the industry foresees BAs as being a bigger target for OCR audits in 2015.

Where Does Meaningful Use Stand?

In the SSI-Search 2014 CIO survey, Chief Information Officers' (CIOs) spent the majority of their time on the following:
Meaningful Use efforts=55%
EHR optimization=55%
Analytics initiatives=43%

Meaningful Use Stage 2 requires workflow changes, and since many of the regulations are so open ended, Stage 2 has been very work-intensive to set up. I still have some questions around Stage 2 measures, even after more than two years after the final regulations were published.

Almost every day, I hear from customers that achievement of Stage 2, Core 6.2 (patients accessing portal) is a struggle. The most successful sites I see for this measure are sending staff to the patients' rooms and teaching them how to access the portal. They are even doing this process with them before the patients leave the hospital. CMS has stated that this access, while hospitalized, does count (FAQ 9824).

ONC expects the proposals for Stage 3 to be approved by the Office of Management & Budget (OMB) sometime this winter. Therefore, Stage 3 should be released soon. Once Stage 3 is released, we will create a Stage 3 review like we did for Stage 2, and will provide the document on our website.

For everyone watching with great interest about the change in the reporting period for 2015, on January 12, 2015 H.R. 270 was introduced to Congress. Please show your support for this change by going to the HIMSS site and telling Congress how you feel about this important change. By clicking on the link above, you’ll be helping push to give time for Stage 2, Core 12.

Our team at Iatric Systems is also looking into creating additional analytics solutions. Please share any analytical needs your team may have with me at Kay.Jackson@iatric.com.

Financial Changes

CMS extended the contract for the four Recovery Audit Contractor (RAC) companies until December 31, 2015, so there is one more audit to watch out for. In 2013, the RAC companies recouped almost $4 billion in improper payments. The majority ($3.65 billion) were overpayments, with 94% of the recoupment from inpatient claims.

The Medicaid fee bump for emergency departments (EDs) ended on December 31, 2014. The Urban Institute predicts that the fee drop could be as high as 40 to 50 percent nationwide. More than 7.5 million Americans have enrolled in Medicaid since the third quarter of 2013, and according to the Healthcare Financial Management Association (HFMA), any reductions in access to primary care for Medicaid patients could potentially increase inappropriate and costly use of the ED.

The changeover from traditional fee-for-service reimbursement to a value-based system has shaken the healthcare industry as well, changing almost every facet of how the system works. The upheaval is particularly tricky for revenue cycle management, since many of the tools were designed for the fee-for-service model. With the ICD-10 deadline less than nine months away, the change in reimbursement or delays in claim payments could also impact the revenue cycle.

For 2015, healthcare spending in the U.S. will reach a milestone of $10,000 per person. With higher and higher deductibles, the revenue collection methods for hospitals must change now.

A survey conducted by Mercer concluded that by 2017, 88% of companies with 20,000 or more employees might offer consumer-directed health plans (CDHPs). The landscape for coverage in the U.S. is changing, and so must a hospital’s ability to collect reimbursement — not only from payers, but also from patients. With patients paying a larger share of the expense for their healthcare, their expectations for services will increase. Therefore, you must make sure your portal expands with your customer's needs. Even CMS recommends expanding portal to mobile access for underserved groups in this article: Meeting the Needs of a Diverse Patient Population through Patient Portals.
That is just some of the news I have read in early 2015. Many C-level management are concerned about their ability to acquire the right resources in order to get their job done. Don’t forget that the Iatric Systems Professional Services team can provide those additional resources and expertise. Our Professional Services team offers a wide range of services including Meaningful Use Consulting, project management, and strategy development. Marc Andiel, Senior Vice President, oversees this talented group; contact him at Marc.Andiel@iatric.com.

I hope each of you has a productive 2015, and thank you for reading.

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Report Writing Tips

Joe Cocuzzo, Senior Vice President – Report Writing Services

NPR Tip: Keep Users Entertained During Download or Printing (MAGIC or Client/Server)

If you have a report that users are going to run and wait for, it can be nice to print some kind of progress message to the screen to keep them entertained.

The easiest way to do this is to use the @W.display macro, which will show a message in a window while the report runs.

Some caveats:

Don’t use @W.display when the user (in MAGIC) sends report output to "S." (Your call will pop a small window and the report output will end up in that little box.)

Your attempt to display a progress message (in MAGIC) will not do anything when the user prints to VIEW. This is because output to VIEW occurs in the background and the screen is not available to your report for messages.

You can decide to send a message per each detail record, or at some less frequent point. If there are relatively few detail records, you might want to show a progress message per each detail record. If there could be a lot of detail records, you should show the progress message at some sort of break.

Our demonstration report is set up as a DOWNLOAD format, so we have Chars/Line at 200 and Lines/Page = Page Size. The progress message technique could be used in a report designed for printed output as well. Because even a few days of output will have many records, we are going to show a progress message per each day of the range, and those records are output.
Because we selected the bar.acct.discharge.date.index (in C/S it is called: "discharge.x") the sorts are automatically set up as follows:

Given that this is a download, we do not want a header line to print, so we suppress that region with an LC attribute:

Here are the footnotes on the example report. The highlighted one calls the macro to display the progress note. The other footnotes change the output into a tab delimited download file.
The hk1 macro uses the @W.display translator macro to show a message per each date as the sort changes:

Notice that we do not use an @ sign in front of the field bar.dis.ser. That is because we want to use the temporary sort value from the local variable and not have the report try to find the field for particular record. In the HK1 region, the subscript of the detail segment will be nil and @bar.dis.ser will fail to return anything, but bar.dis.ser will.

Using the @ sign on @bar.dis.ser will translate to:

```
IN:  ZZ.date.out(@bar.dis.ser)@DATE,
OUT: ZZ.date.out(IF(:BZIb2IDC"D4"112;:BZIb2IDC"D4"1111))@DATE,
```

Omitting the @ sign gives us:

```
IN:  ZZ.date.out(bar.dis.ser)@DATE,
OUT: ZZ.date.out(bzds)@DATE,
```

If we look at the object code of the ".R" part of the report, we can see that the report loops on the local variable bzds (which is what bar.dis.ser translates to), so we will have a date in this local variable in the HK1 macro

```
IF({/b.bar.dis.ser='DC127';DC1)}@bzds,
   ~?BZDDX(bzds)bzds,
   DO{+?BZDDX(bzds)bzds'}(e.bar.dis.ser_DC127))&'/R.LIMIT 1>R.PRINT.HK1,
   """@b,
   DO{+?BZDDX(bzds,bz)}@b8'@R.LIMIT 0>@R.MULT.PAGE,
1'/>R.FOUND,
IF(/R.NO.HALT:0{# TITLE(85)}=27'=146;)
```

So, when we run the report to a printer or a download, we will see a progress message as follows:

The message update per each day of the selected run date range, then you see the usual message about Downloading... or Printing...


Read Joe’s blog posts at MEDI-Talk.

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.

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