

UPDATES!

MUSE
Special Edition



e-Newsletter by Iatric Systems, Inc.

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Frank Fortner
President



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Message from
Senior Management

What's New at Iatric Systems?

Frank Fortner, President



"Hey Mike, it's good to see you! How has the show been for you so far?" - I ask as a long-time client comes strolling up to our booth in the vendor hall. "Well, my feet are killing me - and it doesn't help that the vendor hall is not even on the same floor as the session rooms - but otherwise, yeah - it's been pretty good! So tell me, what's new this year at Iatric Systems?" And there it is. This is the single most asked question I hear from existing clients when I meet them at trade shows. Many of these folks have been customers since the early or mid-90s and have purchased multiple products and services from us over the years. Therefore, it's a fair question - and one my customer hopes to hear an answer to.

Since we are attending a number of trade shows this month, this is a good time to tackle that question. The short answer - in a word - is 'much.' For starters, last year at this time, we announced our acquisition of Accent On Integration (AOI), but it was still very fresh and we had some work to do in order to bring product lines together. Today, we're eager to talk about the products and services that have resulted from that strategic decision, namely in the form of professional services and patient care device integration.

Call 978.539.0734

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

Professional services has quickly grown into several practices revolving around our strengths as an integration company. We have been helping hospitals and health information organizations with:

- Professional program & project management
- Patient identity (EMPI) strategies and implementations
- Vendor analysis and selection
- HIE & Direct implementations
- Patient experience consulting, which includes patient engagement

Further, we have expanded our Interface and Integration services. Many existing customers know us for deploying our interfaces through our own interface engine, but may not realize our team is also adept at deploying various interfaces through many of the other interface engines in the industry. We work with several technologies, so feel free to ask one of our experts how we can best address your needs.

From the patient care device integration side, our **Accelero Connect**[®] platform is continuing to pick up features (as well as new customers) at a healthy pace! Our customers are reaping the value of a software-based device integration strategy that accepts data feeds from multiple devices and sends that data to the EHR without requiring expensive hardware at each bed. At the HIMSS Interoperability Showcase, we were the only integration company demonstrating bi-directional IV pump integration.

Another very exciting product development that expands our patient privacy solution portfolio is our new **Business Associate Manager**[™]. Hospitals are required to manage hundreds (and in some cases thousands) of business associate agreements and these need to be in compliance with the HIPAA Omnibus Final Rule. How do you know when agreements need to be updated or are about to expire? How do you manage risk across many vendors? How do you know if users associated with an expired agreement have accessed PHI? Business Associate Manager automates and centralizes this process and even integrates with our **Security Audit Manager**[™] for real-time reporting and incident management.

Speaking of trade shows, at the end of the month we will be attending the annual Medical Users Software Exchange (MUSE) international conference. At the risk of sounding old(er), this will be my 17th consecutive year attending this event and as is always the case, I expect to field several "what's new?" questions. Truth be told, we absolutely love this question (hint, hint!) and we pride ourselves on having an answer. This year will be no different, so feel free to stop by at booth #505 and see for yourself!

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MUSE Education Sessions



Education Sessions				
Session Type and Name (<i>click link to add to calendar</i>)	Presenter	#	Day	Time
In MUSE Conference Rooms				
Data Repository Best Practices	Brandon Woodley Iatric Systems	1110	Wed	10:30a

Getting Vitals and More into EMR and PCI: How to Succeed and What the Future Holds	Chris Roark, CIO Stillwater Medical Center Jeff McGeath Iatric Systems	1075	Wed	3:30p
Report Designer and NPR Tips and Tricks	Joe Cocuzzo Iatric Systems	1103	Thurs	10:00a
HIPAA Security - Been Around Forever, But Still New	Jim Sehloff Information Security Analyst Holy Family Memorial	1006	Thurs	2:30p
Addressing Insider Threats	Rob Rhodes Iatric Systems	1112	Thurs	3:30p
Implementing Software Quality Assurance in a Complex Healthcare System	Cheryl Menard, Director Software Quality Assurance Steward Health Care System	1085	Fri	9:30a
The ROI of Barcode Specimen Collection: Save Your Hospital's Dollars and Improve Patient Safety	John Danahey Iatric Systems	1138	Fri	10:30a

Tuesday Trainings

Morning Workshops, 9:30 - 12:00		
Crossing Applications Without Using Fragments (MAGIC and C/S)	Phil Sherry Iatric Systems	703
Getting Started with your MEDITECH Data Repository, A guide for the perplexed	Brandon Woodley Iatric Systems	705
Afternoon Workshops, 1:00 - 3:30		
An NPR Report Writers Bag of Tricks (MAGIC and C/S)	Phil Sherry Iatric Systems	803
Extreme Makeover - SQL Edition	Brandon Woodley	805

Extreme Makeover - SQL Edition	Iatric Systems	805
HL7 Training: Understanding Data Transfer Between Disparate Systems	Rich Murphy Iatric Systems	807

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Business Associate Manager™ Helps Protect Patient Privacy, Ensure Trust, & Maintain Regulatory Compliance

To help our customers fully comply with the HIPAA Omnibus Final Rule and further protect patient privacy, Iatric Systems announces its new **Business Associate Manager™**.

This web-based application manages the workflow necessary for organizations to ensure due diligence with their business associate relationships. By monitoring the risk of all agreements and providing alerts when agreements need updating, Business Associate Manager helps organizations protect patient privacy and build trust.

"We leveraged our experience in developing patient privacy solutions to create a system wholly focused on business associate agreements and the risk associated with Protected Health Information. Business Associate Manager helps hospitals, health information exchanges, and other organizations maintain compliance with newly enforced regulations while also improving staff efficiency and productivity," said Frank Fortner, President of Iatric Systems. "Iatric Systems is committed to protecting patient data, and while Business Associate Manager stands on its own, when combined with **Security Audit Manager™** our customers benefit from a first-ever portfolio of products that takes a holistic view of protecting patient privacy; integrating patient privacy monitoring with business associate-related activities."

Join us on June 10th for a demonstration to learn how to help ensure that your business associates are a positive addition to the patient care you provide and not a risk to your patients' privacy. Business Associate Manager helps organizations to:

- Create a workflow and effective process for vendor relationship management
- Manage third-party risk by assessing usage and volume of Protected Health Information (PHI)
- Categorize vendors to assign risk by tagging business associate agreements with keywords and descriptive content
- Increase relationships and productivity by allowing business associates to submit required data, documents, and agreements electronically
- Leverage a dashboard that provides at-a-glance alerts and notifications so they can remain informed of the status of business associate agreements

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iWeb Customer Portal

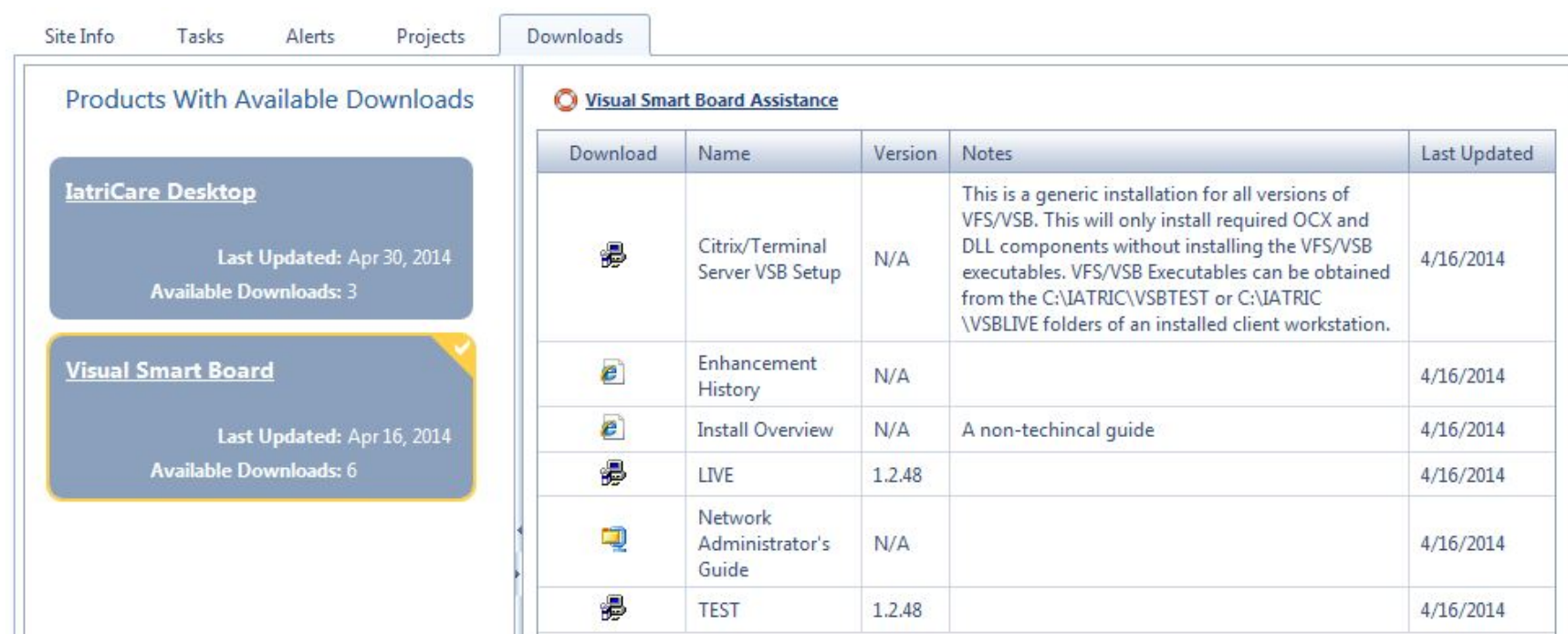
Beginning May 1, there are a few changes to the Customer Portal in iWeb

designed to make the process a smoother one for you. One major change is the Downloads tab, which provides access to your Iatric Systems product downloads. This replaces the download.iatric.com webpage.

If you do not already have an iWeb account, please contact its@iatric.com. Anyone who needs access to these downloads and does not currently have an iWeb account will need an account. Please provide the name, title, email address, and phone number to ITS so we can enable them to access this information.

We will also have user manuals, administrators' guides, code change lists, and more information available in the Customer Portal.

Please visit the [Customer Portal](#). Here's a glimpse of what to expect when you visit:



The screenshot shows the 'Downloads' tab in the iWeb portal. On the left, there are two product categories: 'IatriCare Desktop' (last updated Apr 30, 2014, 3 available downloads) and 'Visual Smart Board' (last updated Apr 16, 2014, 6 available downloads). On the right, there is a table titled 'Visual Smart Board Assistance' with the following data:

Download	Name	Version	Notes	Last Updated
	Citrix/Terminal Server VSB Setup	N/A	This is a generic installation for all versions of VFS/VSB. This will only install required OCX and DLL components without installing the VFS/VSB executables. VFS/VSB Executables can be obtained from the C:\IATRIC\VSBTEST or C:\IATRIC\VSBLIVE folders of an installed client workstation.	4/16/2014
	Enhancement History	N/A		4/16/2014
	Install Overview	N/A	A non-technical guide	4/16/2014
	LIVE	1.2.48		4/16/2014
	Network Administrator's Guide	N/A		4/16/2014
	TEST	1.2.48		4/16/2014

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Compliance Corner



Kay Jackson, Manager, Software Certification, and Compliance

What's New with Meaningful Use?

I hope to see many of you at the International MUSE Conference later this month in Dallas. Be sure to come by our booth and we can talk Meaningful Use!

If you have questions about the Stage 1 portal requirements for 2014, just remember that the [Stage 1 Tipsheet](#) explains what changed in 2014. You must provide patients with a portal, and more than 50% of your patients (unique patient measure) that fall into the method you selected must be provided access to the portal. How is access defined?

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.

Remember, CMS has advised that to qualify, your portal must provide View, Download, and Transmit to be considered complete and ready. The 36 hour time requirement also applies.

For Stage 2 hospitals in 2014, you must track the access provided to the portal indicated above as well as track that more than 5% of the patients actually view, download, or transmit (V/D/T) from the portal. Again, the patient population is based on your method and is also a unique patient measure. The patient has to only do one of the requirements of V/D/T.

CMS has [updated their webpage regarding Blue Button](#) (the download portion of the portal requirement) and provided information for print ads and other helpful information you may use in your goal to educate patients about the value of the patient portal. If your hospital is struggling with this measure and needs some portal consulting, our team has experience with successful portal installs and can assist regardless of the portal vendor.

Since we are not sure what the auditors will look for regarding supporting proof for the portal measure, I recommend that you grab a screen shot on the first day of your reporting period to prove that you offer V/D/T in your portal, as well as a parameter screen shot to support the 36 hour regulation. Also retain your audit logs showing that patients were given access and the patients who accessed the portal. I have several HSS/CMS clarifications about the portal; if you would like a copy, just email me.

The ONC Certified Health IT Product List (CHPL) has undergone some significant changes in the last year. Be sure to secure your 2014 EHR certification ID from the CHPL before you attest. The deadline for Stage 1 Year 1 hospitals to attest for 2014 is July 1, 2014 by midnight. The 2014 deadline for all other hospitals to attest is November 30, 2014, but I caution you that this date falls on a weekend right after Thanksgiving, therefore I suggest you attest before November 25th.

For 2014 CQM electronic submission, be sure to sign up for the new QualityNet portal. They recommend you do this before July 1, 2014. [Check out their information and playback from webcasts.](#)

You may have read that only 30 hospitals have attested so far in 2014 and only four were attesting for Stage 2. In a March 2014 letter to CMS, HIMSS stated:

1. Extend Year 1 of the MU Stage 2 attestation period through April 2015 and June 2015 for EEs and EPs, respectively.
2. Establish CMS as the unequivocal "Single Source of Truth" on program requirements.
3. Simplify Clinical Quality Measure requirements until standards and processes can support robust electronic reporting.
4. Launch association collaboration to "translate" program requirements.

With the known errors in the Stage 2 Specification sheets and many providers not even 2014 certified yet, we can only hope that CMS listens to this plea, and looks at their own stats to make the best decision.

One last MU gem to share, Meaningful Use audits will continue and it is rumored that they will increase. Don't forget to save your documentation for six years! The majority of failed audits seem to occur for lack of adequate documentation of the MU measures, proof of exclusion validity, or the Security Risk Analysis. I recommend that you perform a surprise Mock Audit to make sure that you have all that you need to support a successful audit.

In the past few months, 22 of our [Meaningful Use Manager](#) (MUM) customers passed their MU audit in the first review. [Talk to me](#) about how your Meaningful Use Team can track your scores and retain the documentation needed to win an audit.

WATCH out — Meaningful Use Audit letters are being emailed again this week. I have heard of five hospitals that received the dreaded email already. The email address of the person that did your attestation for 2012 will receive the email, and it comes from:

Peter J. Figliozzi, CPA, CFF, FCPA
meaningfuluse@figliozzi.com

Editors Note: The breaking news of the CMS proposed rule to allow providers to use the 2011 Edition CEHRT or a combination of 2011 and 2014 Edition CEHRT for the EHR reporting period in 2014 for the Medicare and Medicaid EHR Incentive Programs does not impact the portal, attestation, and auditing requirements Kay has outlined in her article.



Report Writing Tips

Joe Cocuzzo, Senior Vice President – Report Writing Services

Once again, we have a tip for NPR fans (MAGIC only) and a DR tip written by Thomas Harlan.

NPR Tip (MAGIC) – Default Segment and Directory in "MOVE REPORTS"

Last month we had a Client/Server only tip about a handy Page 1 of N utility. At MUSE our Tips and Tricks session will include an updated version of an approach that will do this for MAGIC NPR reports as well. For this May tip, I will show you how to solve the minor annoyance of having to guess about the NPR master segment and directory for the MOVE REPORTS routine.

Anyone who works at multiple hospitals, or who forgets the exact combinations of dots and numbers cooked up in the naming of the latest test directory, has experienced the fun of guessing for the NPR Master Segment and NPR Directory in the MOVE routine. If you are in an HCA site, you have the added fun of dealing with segments with long cryptic names, instead of the typical A..B..C - you might have 50 choices from TNNANVA to TNNANVZX.

This month, we will show you a report you can place on a Hot Key menu for NPR that you can use to quickly find out the name of the NPR master segment and directory you need to use for the MOVE routine.

The first problem is how to know about segments and directories you aren't in. What if we take a look at MIS.signon and see how that program does it? After all, when you manage a device to that program, the user sees a list of both LIVE and TEST directories.

Just hit F4 while editing any macro of any report and look at the MEDITECH source code of MIS.signon, like so:

```

NPR (A/LIVE.MIS/623) - BERMAN,JOEL
Enter/Edit Macro Logic: NPR.REP.zcus.is.move.M.detail (A:)
DO{@Next(NPR.MIS.DB.npr.mis.remote.index) 1,
                                     @NPR.MIS.DB.n
                                     @NPR.MIS.DB.n
                                     IF{@NPR.MIS.D
"***Current                               "D",CNT,3]}}
Get
\MIS.signon
  
```

We see in this program that MIS.signon loops through NPR.MIS.DB.npr.mis.remote.index to show the user a list of "npr.mis.remote.title" fields to pick from.

```

IF{GUI;
DO{@Next(@NPR.MIS.DB.npr.mis.remote.index)
P<2+@NPR.MIS.DB.npr.mis.remote.index,1,@NPR.MIS.DB.npr.mis.remote.index_"_
@NPR.MIS.DB.npr.mis.remote.title>#}},
  
```

Even though we cannot use the DPM NPR.MIS.DB on page 1 of a report, we can see its segments and fields in a macro with F9, and we can write code to loop through the entries and build an MV array for our report.

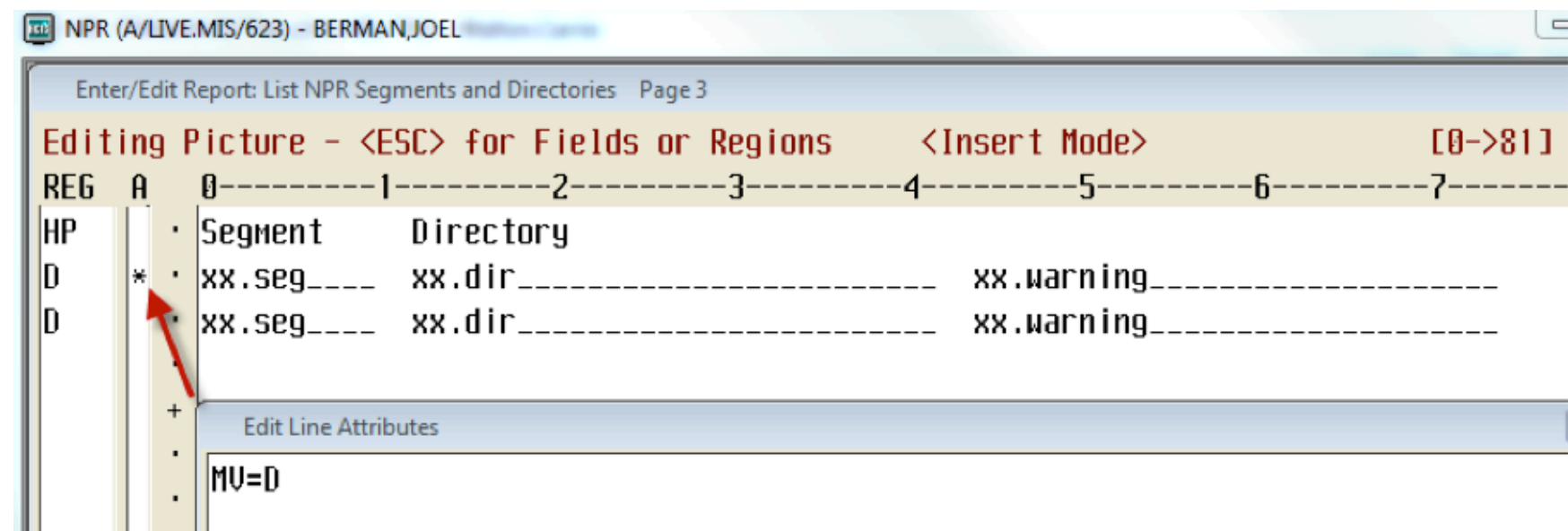
(Note to C/S report writers, the C/S field lookup program will not show you DPMs unless they are flagged Customer Report Writer access = Y. You can still use them in macros, but you have to figure out the names from listing MEDITECH reports or getting to the data definitions by other means.)

So, if we write a report in NPR.REP in the npr.rep.main segment and set up the selects to just print one record like this:

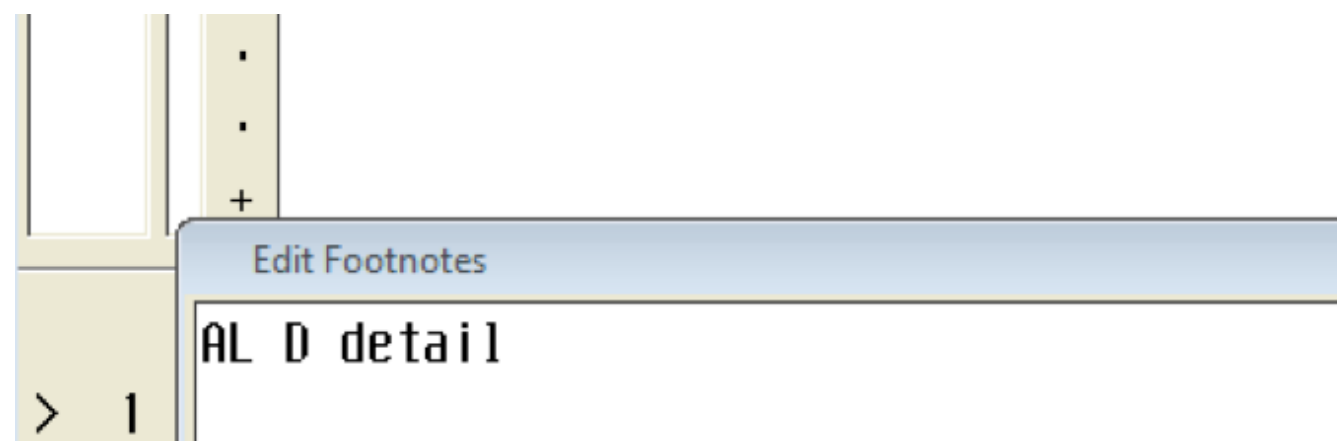
	Select Field/Prompt or Value	Oper/Default or Keyword
1	urn	EQ
	@Last(urn)	
2		

This is just a "trick" to force the report to select exactly one record by selecting the last report urn, regardless of what that is.

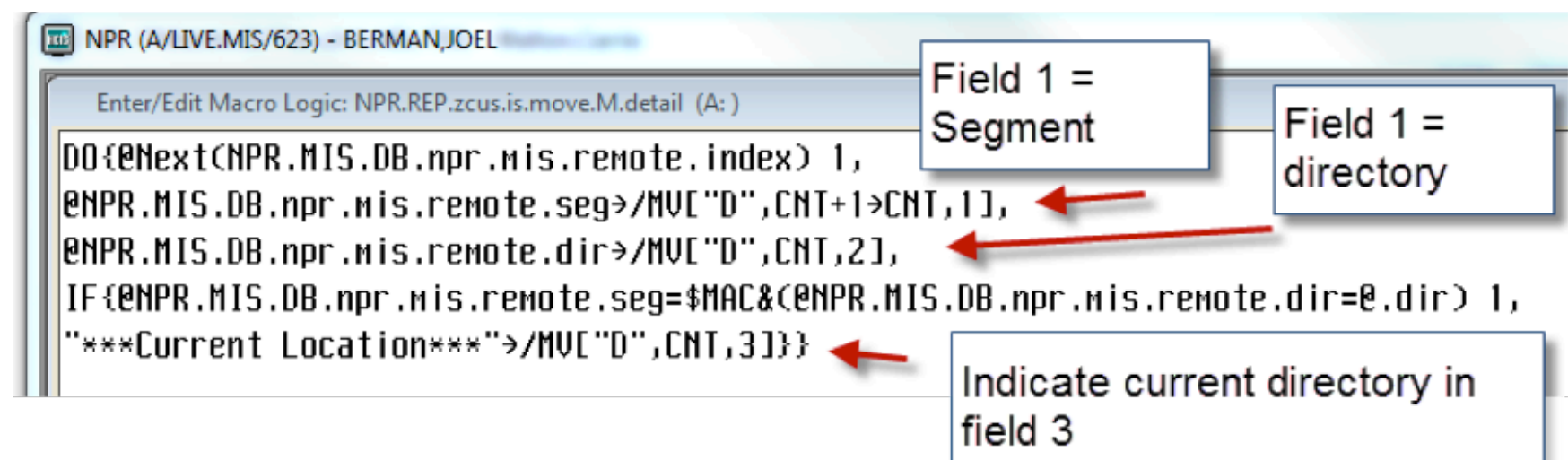
Then build an MV array in the picture:

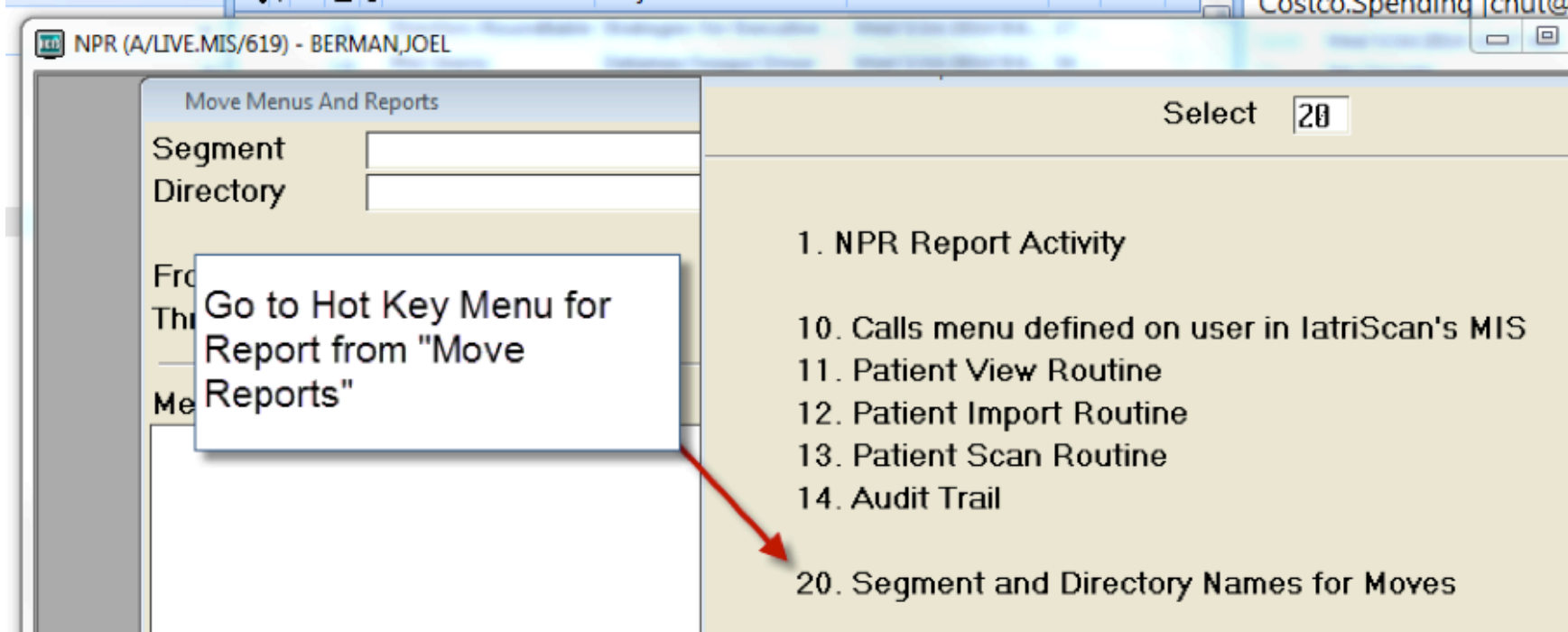


Then write a macro "detail" to be called from an AL D footnote:

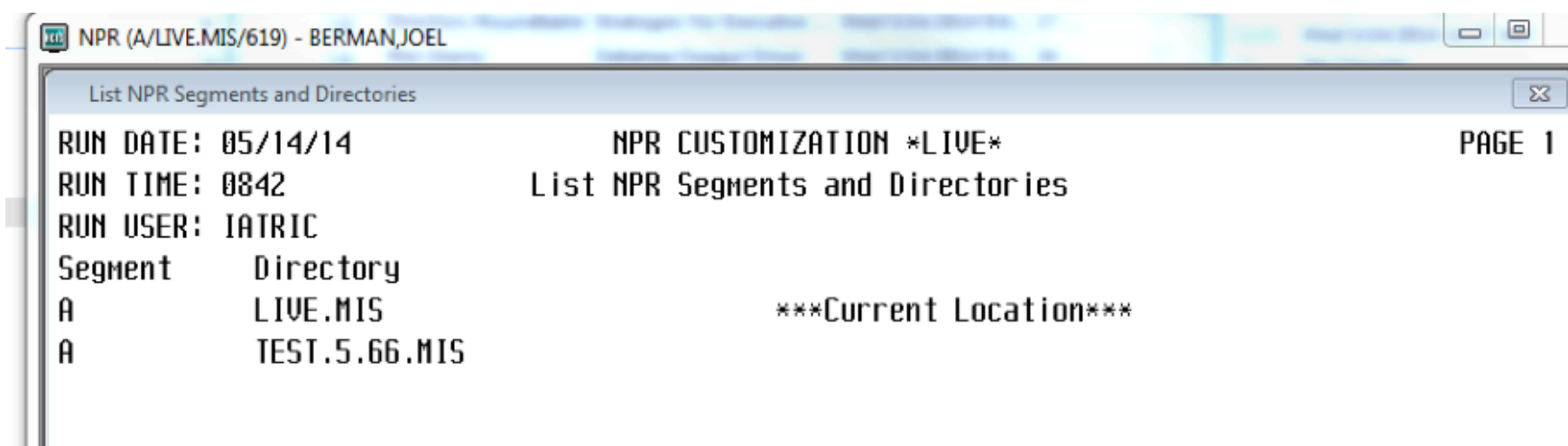


The macro does the same looping as MIS.signon, but show the user segment and directory rather than MIS title information:





Here is the report output. Notice the current segment/directory is flagged in the third MV column.



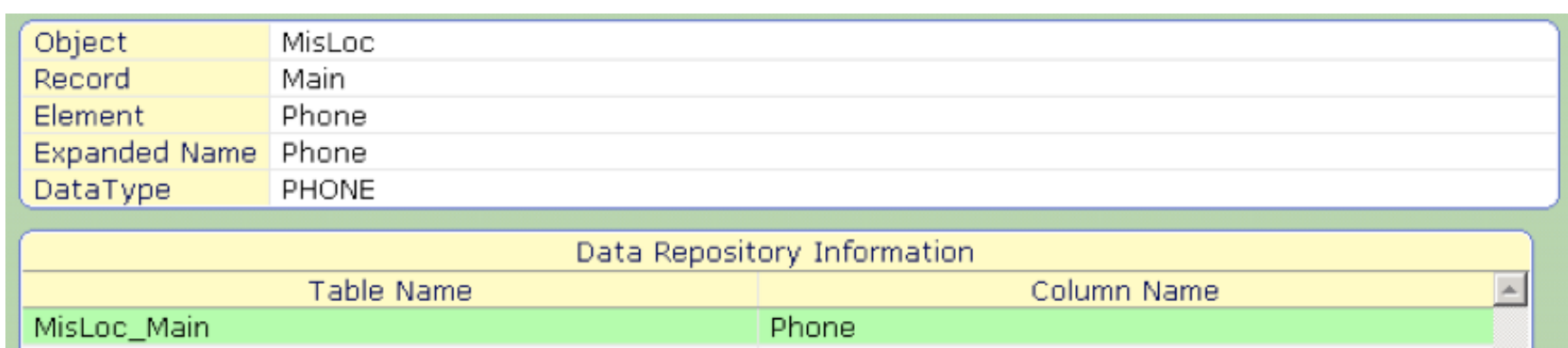
The report NPR.REP.zcus.is.move has been loaded to our MAGIC NPR report library. So you can just grab it "as is" and use it on your custom hot key menu attached to the NPR application.

**DR Tip - Finding fields across MAGIC/M-AT/DR
Using the DR Data Def Tables**

One of the challenges of DR-based report development is the same as for NPR or RD... where is the data you want stored? One way to find out is to go into MEDITECH and find the field, and – if you are lucky – you can do:

Platform	Hotkey
MAGIC	Shift-F8, down-arrow, down-arrow
Client/Server	Shift-F9
MT6	Shift-F9

Which will get you a pop-up like this:



The top section shows you where the data element is in NPR or RD, and the bottom shows the Table (MisLoc_Main) and Column (Phone) in the DR.

This requires that you know what module/screen/field you want in the front-end, and that the field you cursor into is editable and it has a DR table/column attached. There is, however, another, more flexible, way to get at this

IAT	Livedb.dbo.MisLoc_Main	7	Phone	varchar	40	MIS	MisLoc_Main	3
-----	------------------------	---	-------	---------	----	-----	-------------	---

Note that this listing includes both the DR location and the RD location (MisLoc.Main.3). This stored procedure does triple duty, letting you do wildcard searches against all three data-definitions (DR, NPR and RD). But beware! These data-defs only include elements that are *in the DR*.

Notes

MT also publishes the NPR and RD datadefs on-line:

NPR	https://customer.meditech.com/en/d/prwrw/pages/rw6basdatadef.htm
MT 6 DR	https://www.meditech.com/prdr/Pages/DRxbASTables.htm
CS DR	https://customer.meditech.com/en/d/prwdr/pages/drcbasdbmodels.htm
MAGIC DR	https://customer.meditech.com/en/d/prwdr/pages/drmbasdbmodels.htm

Often you can find what you're looking for by browsing the models. If you find the data element is in NPR, then you can use the search query to find the matching DR table/column.

Extra Credit

This version of the query only handles two database containers – maybe you only have one! Or maybe you have three, or more... You can easily copy/paste the code inside of the example SP to handle multiple databases.

If you have SQL Server Reporting Services or Crystal Reports you can then easily built a report to manage the presentation of the data and prompt your analysts for what they are searching for.

Visit our report library at

<http://www.iatric.com/Information/NPRReportLibrarySearch.aspx> to look them up.

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**.

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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Upcoming Events:

2014 International MUSE Conference

*May 24 - 30, 2014
(Dallas, Texas)*

AAMI 2014

*May 31 - June 2, 2014
(Philadelphia, Pennsylvania)*

Privacy & Security Forum 2014

*June 16 - 17, 2014
(San Diego, California)*

2014 AMC Conference on Security and Privacy

*June 23 - 25, 2014
(Chapel Hill, North Carolina)*

2014 NCHICA Business Associates Workshop

*June 25 - 26, 2014
(Chapel Hill, North Carolina)*

InSight365 2014 Annual Conference

*August 5 - 8, 2014
(Indianapolis, Indiana)*

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