AeHN Alaska eHealth Network™

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EXCHANGE

NEWS OF ELECTRONIC HEALTH TECHNOLOGY FROM ALASKA AND BEYOND

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President's Update

Dear Alaskans:

Many things have transpired since our previous newsletter. I am pleased to announce that AeHN has been selected as Alaska's official health information exchange network. The network will become the statewide superhighway for securely moving Electronic Health Records (EHRs) and related healthcare information, connecting health care providers across the State for safer, less expensive, healthcare services.

AeHN's specific objectives are to unify separate electronic health care networks that are being developed throughout the State, and to supply rural health providers with connectivity to referral providers both in Alaska and in the lower 48 states. This coordinated network will facilitate the exchange of critical health information between health providers. It will also support telemedicine services, the transfer of high-resolution images for patient care, as well as videoconferencing and Voice-over-Internet applications. A contract with the State of Alaska will provide up to $3,000,000 over four years for implementing the health information exchange.

The network designation closely follows other positive developments in Alaska's EHR world. Earlier this month, AeHN received $3,632,357 in federal funding from the American Recovery and Reinvestment Act (ARRA) to establish one of 60 nationwide health information technology assistance centers. These regional extension centers will provide much-needed technical assistance to eligible doctors and hospitals that select and implement electronic record systems.

Until next time.

Paul Sherry

Paul Sherry
President

AeHN selected to Manage Alaska's Health Information Exchange Network and Regional HIT Support Center

The State of Alaska has selected the Alaska e-Health Network (AeHN) as Alaska's health information exchange network. The network will allow the secure, safe, and timely exchange of critical, electronic medical information between authorized healthcare providers across the state to improve healthcare outcomes. AeHN's goals are to unify separate electronic health care networks in use statewide, and supply rural health providers with connectivity to referral providers both in Alaska and in the lower 48.

Earlier this month, AeHN received federal funding to establish an Alaska Health Information Technology Support Center to provide technical assistance to eligible doctors and hospitals in the selection and implementation of EHRs. Services will include office redesign, training, IT support and "meaningful use" readiness support.

For updates go to the AeHN website, www.ak-health.org.

Alaska eHealth Projects

Alaska's Endorsed EHR Vendors are eMDs and Greenway!

A nine-month, thorough selection process has resulted in the choice of eMDs and Greenway Medical as the two electronic health record (EHR) vendors recommended for Alaska providers.

"One of the key barriers to EHR adoption is the choice of which EHR to select," said Dr. List. "We hope our work on behalf of Alaska providers will give them a jump start on realizing the benefits of an EHR in their clinical practices."

The Alaska EHR Alliance, funded by the Alaska eHealth Network with a grant from the State of Alaska, conducted the EHR Selection project, that resulted in the endorsement of eMDS and Greenway. The project was managed by an independent contractor and guided by a 15-member, volunteer, stakeholder taskforce, with representatives from clinics statewide. After setting initial criteria, the taskforce narrowed the candidate vendors from more than 250 to 13, who were sent Requests for Information (RFIs). Responses were evaluated and the list narrowed to five finalists who demonstrated their EHRs at a statewide workshop held in Anchorage last fall. Careful reference checks and detailed contract negotiations resulted in Alaskan contracts with pricing and terms good for three years.

The process was very thorough and extensive, and I believe we have selected two excellent EHRs to recommend to Alaskan providers.

— Alaska EHR Alliance President Jerome List, MD

eMDs and Greenway have received high ratings from the American College of Physicians (Internists), American Academy of Family Physicians, and KLAS, an independent EHR evaluating organization, along with endorsements from other states.

For more information or for a demonstration:

- eMDs:
  Chris DiMarco
  Cell: 206-794-3735
  cdimarco@e-MD.com
  www.e-MDs.com
- Greenway Medical:
  Jason Glebe, Cell: 612-518-5021
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  Linda Boochever, Tel. 907-337-6218
  lbooch@gci.net, www.aehra.org

Hospital-supported EHRs — eClinical Works and Epic

Two Alaska hospitals are now offering or soon will be offering EHRs at a reduced price to affiliated physicians, and other Alaska hospitals may follow suit in the future. These are remote-hosted EHRs with hosting and maintenance through the hospitals.

Central Peninsula Hospital in Soldotna is offering eClinical Works, and Providence Alaska will be offering Epic to affiliated physicians statewide in the Fall through their Community Connect program. Providence will offer Epic to independent physician practices with a 75% subsidy of the installation and license fees.

For more information about these two hospital-supported EHRs:

Community Connect Epic:
Kathie Bethard, Tel. 907-212-5647
kathie.bethard@providence.org

eClinical Works:
Stephanie Roberts, Tel. 907-714-4702
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Provider Point of View

eMDs "Reaps Great Rewards" for Alyeska Family Medicine

By Mario Lanza, MD

When Alyeska Family Medicine set out to select an EHR, we enlisted the aid of a consultant and eliminated any EHRs without an integrated practice management system and EMR and those that were remote hosted only. We selected eMDs, and began implementing the product in August of 2007 beginning with the practice management system.

For three months we used only the practice management system while our physicians and clinical staff became more familiar with the electronic medical record. All of our physicians went to e-MDs' national headquarters for 2-1/2 days of training. Along with this initial training we were also given a fair amount of online training. We have utilized this to a great extent and have found their online training and Internet support priceless.

In January 2008, we went live with electronic charting, and have never looked back. Our plan included doubling the time of all appointment slots for the first 6 weeks from 15 to 30 minutes and continuing longer appointments of 20 minutes for another 6 weeks. Of course, this decreased productivity, but was planned for in the initial budgeting. There are large numbers of sub-modules and features within e-MDs. We initially found that "turning on" more of these than we could handle, or turning them on before we had full understanding of them was a mistake. We later backed off and began adding features one at a time. **We are now at the point where we are utilizing nearly every aspect our product has to offer.** We have had very little difficulty with information technology issues. Our record has only been down for two hours out of the last 33 months. We are a small practice and therefore outsourced our information technology needs to a local consulting firm.

Although we have used our electronic medical record for just over 2 years, we have already reaped great rewards. We have been able to cut our support staff from four per full-time equivalent physician to three. We have been able to make great strides towards becoming an entirely paperless office. We have cut our no-show rate from over 15% to less than 5%. The detailed reports that can be generated allow for greatly improved clinic management. We can now track every test or consultation ordered to make sure that we receive results back. We also track care necessary in the future to make sure that it gets accomplished. This leads to higher quality care, which is sounder medically and legally, and which increases revenue. We have remote access, which allows our physicians to complete their work at their convenience from outside of the office. Best of all, when we turn on our patient portal later this summer, we will already meet all of the meaningful use criteria necessary for the Medicare incentive funds.

"If you choose a good product you will find that you do not have to change your work practices. It is just that you will have a better tool to do the same job."

— Mario Lanza, MD

Many medical providers have great apprehension regarding EHRs. They're afraid that they will have to completely rethink all of what they do and change all of their work habits. This is simply not true. If you choose a good product you will find that you do not have to change your work practices. It is just that you will have a better tool to do the same job. For example, a few months ago we turned on a feature allowing all incoming faxes to our office to be received by our EMR. They are placed in an electronic "inbox." The same person who would have sorted them from the paper fax machine sorts them from the electronic inbox but she can place them directly into the patient's chart without having to leave her desk. She then messages the provider involved without having to take the chart and put it on the physician's desk. The provider then receives a message with the document and chart attached rather than a paper chart. When the provider is finished he will message his medical assistant to carry out any orders and no chart needs to be re-filed. It is a perfectly parallel process but saves significant time and resources.

In closing, I would like to offer a few words to the wise:

1. Choose an integrated practice management/EMR. If you don't, you will lose a great deal of the work and time saving features.
2. Do not use an application service provider. When we lost Internet connection for 5 days due to nearby construction, we would've been without access to any of our medical records or practice management data for the entire time.
3. Make sure all members of the practice go electronic at the same time. Otherwise, a house divided surely will fall.

Finally, **EMRs are not an idea whose time has come, they are an idea whose time already came; the longer you wait to implement one, the further the boat gets from the shore, while you are left standing on the dock!**

AeHN Alaska eHealth Network™
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Q&A: Provider Questions about EHR Incentive Payments

Beginning in 2011, providers with certified EHRs that are being used to meet specified criteria can receive incentive payments. A provider must choose whether to be eligible through Medicare or Medicaid.

How do I become eligible to receive incentive payments for an EHR?

- Choose which category you qualify under to become eligible, Medicare or Medicaid.
- Purchase and implement a certified EHR.
- Meet meaningful use requirements.
- Use your EHR as required at least 90 days in 2011.

How much am I eligible to receive?

Under Medicare, you can receive incentive payments up to $44K over five years beginning with $18K in 2011. Under Medicaid, (to be eligible you must have 30% Medicaid patient volume, 20% for Pediatricians) you can receive up to $63,500 over six years beginning in 2011.

What are the Criteria for Meaningful Use of an EHR?

Although not final, CMS' proposal is a three-phased approach to Meaningful Use. Only Stage 1 criteria is described at this time and it is not finalized. It will require meeting 25 objectives; some rely on capabilities of certified EHRs, others require Health Information Exchange:

- Stage 1 criteria: (a) capture health information in a coded format, (b) use data to track clinical conditions, and (c) report clinical quality measures.
- Stage 2 focuses on encouraging the use of HIT for clinical decision support, disease management, and to support patient access to records. CMS expects to propose Stage 2 criteria by the end of 2011.
- Stage 3 will likely focus on achieving improvements in quality, safety, and efficiencies with a focus on high priority conditions. CMS expects to propose Stage 3 criteria by the end of 2013.

For more information:
www.docehrtalk.org/funding-incentives/stimulus-funds, www.aehra.org, and www.ak-ehealth.org