

**MEDIA
PLANET**

FEBRUARY 2010

Health IT

YOUR GUIDE TO OPPORTUNITIES IN THE HEALTHCARE TRANSFORMATION



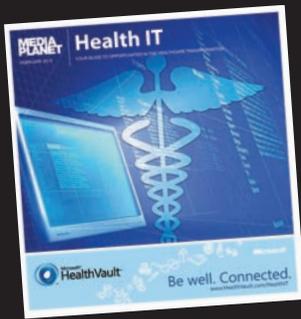
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MEDIA PLANET

HEALTH IT

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Making Healthcare Better

HIMSS holds its 2010 Annual Conference & Exhibition from March 1-4 in Atlanta to address how health IT can improve patient care.

It's become a familiar experience for some patients to visit their physician and watch that healthcare professional sit down at a computer or use a handheld digital tablet to review a medical record. Rather than fumble through a pile of paper or wait for the chart to be found and delivered to the exam room, clinicians using this technology now have immediate access to that patient's health data.

At HIMSS, our vision calls for improved healthcare with the best use of information technology and management systems, or in other

words, supporting patient safety, improved care delivery outcomes, and care delivery efficiency with electronic medical records. Currently, just 39 hospitals out of the more than 5,000 U.S. hospitals tracked by HIMSS Analytics™ operate in a totally paperless environment and deliver care without paper charts. Almost 51 percent, or about 2,500 hospitals, are halfway there on a measurement scale known as the Electronic Medical Record Adoption ModelSM.

Let me give you an example of why immediate access to patient information with the EMR truly matters.

The week the EMR went live at this academic medical center, a physician in the emergency department found she could avoid running repetitive tests on a young patient. She reviewed the patient's digital medical record in the ED exam room to find previous test results. With the EMR in place, he didn't endure another round of unnecessary tests. With valuable data at her fingertips from the EMR, the physician had additional time with the patient and his family to explain and provide the needed treatment without additional testing expense. And this physician was so impressed with what the EMR could do, she called the CEO to tell her.

We have more than 26,000 individual and 380 corporate HIMSS members who fulfill our vision of



BY: H. STEPHEN LIEBER, CAE,
HIMSS PRESIDENT/CEO

better healthcare, better patient care, through the best use of IT and management systems. Learn more about why the electronic medical record can improve healthcare delivery in this USA Today supplement. Go to www.himss.org to access the many online resources we offer.

The Lifeblood Of Healthcare

The quality of the health information being used ultimately determines the quality of the healthcare that is being provided.

From the emergency room to the operating room; from the doctor's office to prenatal clinics; from insurance carriers to the companies that research and develop our medications—your health information is regularly being collected, transferred and managed.

Although there are several key factors that impact quality patient care, two of the most important are the people who actually deliver the care and the quality of the health information that guides their decision-making. Keeping healthcare flowing with its lifeblood—quality health information—is the single most im-

portant goal of the American Health Information Management Association (AHIMA)—for more than 80 years the standard-bearer for the health information management (HIM) profession as well as its professional practitioners.

Just as important as health information quality is patients' understanding that their health information is regularly used in a variety of ways and must be properly managed. And while HIM is not nearly as familiar as some of healthcare's more iconic professions, those familiar with healthcare know that HIM carries with it the same level of importance as any

other industry profession—especially in the areas of quality-of-service and positive outcomes.

With the fast-approaching reality of universal electronic health records comes a healthcare system wherein well-educated, highly-trained and properly-certified HIM professionals will be critical to the proper collection, translation, storage, transfer, access, security, application and repurposing of your health information. It's important these professionals practice under the same standards of ethics and confidentiality voiced by AHIMA.

Over the next four to five years America will need approximately 75,000 to 150,000 more certified HIM professionals than the estimated 75,000 now practicing in the United States.

The HIM profession is working



BY: ALAN DOWLING, CEO, AHIMA

with federal policymakers in order to determine what are and are not acceptable applications of health information that is managed through electronic health records. AHIMA and the HIM profession appreciate these growing obligations and the promise each holds for higher quality healthcare through quality health information.

A SPECIAL THANKS TO...



Microsoft® HealthVault™ is a platform designed to put consumers in control of their health information and share it with those they trust. HealthVault enables users to gather and store health data and share it among different health solutions as well as upload data from health and fitness devices—giving consumers easy access to their health information.



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More than 13 years ago, Microsoft started making investments in the health industry. The company saw software and the Internet as essential tools in transforming healthcare as they have in so many other industries—opening new ways of working, new ways of communicating, and new economics. The vision was simple—to improve health around the world through software innovation. Today, we have solutions in the market to improve the flow of information within and between health enterprises and sharing of information between providers and patients to help patients build their health data assets.

Learn more at
www.HealthVault.com/HealthIT

myNYP.org

YOUR PERSONAL HEALTH CONNECTION WITH
NewYork-Presbyterian

NEWYORK-PRESBYTERIAN HOSPITAL

NewYork-Presbyterian is a 2,200-bed hospital with 1.6 million outpatient, 112,000 inpatient, and 187,000 ER encounters per year, and delivers one fifth of the healthcare services in New York State. NewYork-Presbyterian leaders are investing in technology to amalgamate the organization's clinical data from disparate sources within the hospital and make the data available to patients and their team of healthcare providers, including referring physicians, online.

Microsoft® Amalga™ was deployed to consolidate clinical data including laboratory reports, medications, surgical information, echocardiogram and electrocardiogram images, discharge summaries and instructions.

In order to provide patients and providers with access to complete medical records, a customized Web-based health record called myNYP.org was developed. myNYP.org uses Microsoft® HealthVault™, a privacy- and security-enhanced platform, to store health information online.

With myNYP.org, patients can view a record of their clinical information from previous visits, and improve their health by learning more about specific conditions, diagnostic tests, and therapeutic procedures. Patients can share that information with trusted family members and healthcare providers and access this information whenever and wherever it is needed. By placing the patient in the center of managing health information, myNYP.org helps patients take charge of their health information and use that information to improve their own health outcomes.



INTERMOUNTAIN HEALTHCARE

We inherit more than hair and eye color from our parents and grandparents. We can also inherit the risk of developing common health problems like coronary artery disease, hypertension, stroke, diabetes, and even cancer. A family health history can help physicians identify patients with an increased risk for these diseases.

Family health history is often gathered during medical visits. But the data collected — and the way it's used — varies from practice to practice. Clinical Genetics Institute at LDS Hospital in Salt Lake City is collaborating with Microsoft to create an electronic tool that will allow patients to compile their own family health history and then share it with physicians and relatives. The tool could lead to more comprehensive health records and eliminate the need to fill out new forms each time a patient visits a doctor.

The effort will standardize what information is collected during medical visits and create a tool for compiling the information, which ultimately will lead to customized treatment plans. These new records will:

- Be stored and managed in an accessible, free, easy, and security-enhanced application
- Help stratify risk
- Improve prevention efforts
- Allow physicians to assess risk before ordering a genetic test

Learn more at intermountainhealthcare.org/genetics

My Family Health Portrait

A tool from the Surgeon General

DEPT. OF HEALTH AND HUMAN SERVICES

My Family Health Portrait is the Surgeon General's web tool designed to help consumers gather their family health histories. This free web tool was developed with the support of the National Human Genome Research Institute, and is hosted by the Cancer Biomedical Informatics Grid (caBIG®) at the National Cancer Institute. With My Family Health Portrait, you can collect and prepare your family health history, automatically arrange it in a medically useful form, and help your providers easily obtain that information.

Family history can help identify whether you have risk for some diseases. It can help your practitioner recommend actions to reduce your personal risk. And it can help in spotting early warning signs of disease, when the most effective actions can be taken. This web tool makes it easy to record and update your family health history. It's strictly private — no personal information is retained by the website. The consumer chooses what information is to be saved.

Family history is most useful when it can be imbedded into a patient's electronic record and used to help make medical decisions. The Surgeon General welcomes partnerships that make this possible. Microsoft is an initial partner in making structured family health history available for electronic medical records, risk assessment tools, and other uses through HealthVault.

Visit My Family Health Portrait at familyhistory.hhs.gov. Benefit from your own structured family health history, and enhance the value further with HealthVault.

MAYO CLINIC Health Manager

Powered by Microsoft HealthVault

MAYO CLINIC HEALTH MANAGER

Mayo Clinic and Microsoft have a shared vision to help families take better care of their health. Both organizations recognized a need to develop a better way to help busy families protect and manage health, and decided to come together to develop a new solution.

Mayo Clinic Health Manager is a free, online application that can help you manage your family's health. You can use it to organize health information for multiple family members in one place, and receive real-time, individualized information, reminders and health guidance developed by experts at Mayo Clinic, based on the data you enter. This interactive functionality extends the capabilities of traditional personal health records, using an individual's health information to generate customized recommendations on which they can act to better manage their health and the health of their families.

The information you put into your Mayo Clinic Health Manager profile is stored in Microsoft HealthVault. Built on a privacy- and security-enhanced foundation, HealthVault offers you a way to store health information from many sources in one location, so that it's always organized and available to you online. Mayo Clinic Health Manager puts you in complete control of your family's health information. You decide who can see, use and share your family's health information.

Learn more at healthmanager.mayoclinic.com

Personal Health Records: An EHR Requirement By 2013

While electronic health records (EHRs) have remained a core focus of the federal government's health reform plan, another type of health record—one that is controlled and maintained by the patient—is now available from some healthcare providers, employers and well-known software vendors.

Unlike EHRs, which are typically for clinician-use, personal health records (PHRs) are a consumer's record of their health information, which might include family health history, advanced directives, immunization records, medications, and clinical notes among other things. PHRs strictly refer to any personal health record, but the adoption of digitized and online PHRs is currently experiencing double digit growth, according to Chilmark Research.

"Approximately three percent of population in the United States is currently actively using a personal health record (PHR)," John Moore, Chilmark Research's managing director, said.

Some consumers are hesitant to

create their own personal health records because of concerns over transparency, trust and security, according to Microsoft's general manager for the Consumer Health Solutions Group, David Cerino. Companies offering personal health record services need to help users understand how their health data is used, explain their privacy practices, equip users with the tools they need to control their privacy settings and feel confident that their records are safe. Microsoft HealthVault, Google Health and Dossia each said that they make transparency, privacy and security priorities.

"Trust and security were also concerns for consumers when other industries such as banking and credit card payments moved online, but

gradually people overcame their fears and now online solutions in these areas are the standard way we do business," Cerino said.

"Driving a shift in consumer behavior takes time, it's not going to happen overnight."

The Dossia Consortium, a group of Fortune 500 companies including Intel, AT&T and Walmart, offers corporations a PHR solution to offer to employees.

Dossia acts as a third party that ensures that employers do not have access to an employee's health information.

Privacy and security issues aside, Moore asserts that one of the biggest barriers to PHR adoption is gaining access to a healthcare provider's

medical records in the first place. PHR users often start with their provider's records for them to populate their PHR. Under the federal Health Insurance Portability and Accountability Act (HIPAA), healthcare providers must create copies or summaries of a patient's medical record if the patient requests them. Healthcare providers might charge a fee to cover the administrative costs of supplying the information.

After receiving a request from a patient, some healthcare providers will directly transfer medical record information into an online PHR like Google Health or Microsoft HealthVault. Of course, not all medical records are in the same digital format so there are challenges with interoperability and data access, and some medical data still is not stored electronically, according to Google Health Product Manager Roni Zeiger.

The difficulties of data access are clearly a big obstacle for PHR adoption, but Moore pointed to an even

BY: BRIAN DOLAN

bigger challenge:

"Most consumers in the US are simply not that engaged in this aspect of managing their health," Moore said. The rapidly growing trend of consumer directed health plans coupled with higher insurance premiums will drive more consumers to take a more active role in their own health management, he said.

During the next three years many more healthcare providers will begin offering PHRs to their patients, according to Moore, because the federal government is demanding it.

"The federal government is encouraging PHRs through funding for provider adoption of EHRs whose requirements for incentive funding include a consumer having the ability to get their records in a common digital format by 2011," Moore said. "By 2013, providers will need to provide their customers access to a PHR."

Rise Of The E-Patient: Empowered, Equipped And Engaged

With the rise in personal medical devices, health-related iPhone applications and online health communities, patients have more tools than ever to become more engaged with their own health care. Rising healthcare costs, increased emphasis on wellness and changing dynamics between patients and providers are just some of the drivers behind patient empowerment.

Consumers who take a more active role in their own health are sometimes referred to as "e-patients," or patients who are "empowered, engaged, equipped and enabled." For patients who are able and willing, there are a number of ways to become an e-patient.

"Start by finding 'hyperactivated' e-patients who have lived through your condition, whether it's diabetes or domestic abuse or depression," suggests Jen McCabe, CEO and Co-Founder of health software startup Contagion-Health. "You can search for your illness

or injury easily on Twitter or Facebook. Then examine each person's profile who mentions the area of interest to see if they work for a pharma or medical manufacturer or hospital, or if they are 'just' an individual who lived through having what you have."

"Once you find one of these empowered mentors, they tend to connect you with others who can also guide you to real-world and web based resources," McCabe explains. "This personal guidance is still viewed by ePatients, including myself, as a sort of community service. We realize

that the spread of patient knowledge can be viral and we'd like to be part of that chain."

The Mayo Clinic's Dr. Eric Edell believes that being more active can also improve communication with your healthcare providers since you'll be more prepared to discuss your conditions with them and be better prepared to follow their recommendations. For those planning to take a more active role in their own health, Edell advises to first discuss your health status with a physician:

"First, talk with your doctor to make

sure you understand your personal health status, including your family history, any chronic conditions you're managing or are at risk for and lifestyle issues that are most important to you," Edell advises. "From there it's important to create a well-rounded plan that helps you manage your health,

BY: BRIAN DOLAN

reduce your risks wherever possible and improve your overall well-being. This plan will likely include simple things like regular exercise, healthier eating and stress management."





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Infrastructure: Creating Medical Records That “Talk”

When it comes to health information technology (HIT)—an umbrella term that covers electronic medical records (EMR), as well as countless other health-care-related data systems—connectivity is key. In fact, one of the primary “meaningful use” mandates included in the ARRA stimulus bill is interoperability. But what exactly does that mean?

To put it simply: If the data can’t talk, it’s useless. An EMR system must communicate with other healthcare systems through software standards and a strong underlying infrastructure.

“We used to joke in the industry that EMR stood for ‘empty medical record,’” says Dr. James K. Lassetter, chairman and CEO of Medicity, a solution provider for health information exchange (HIE). “They weren’t connected to the hospitals, to the labs, and to radiology, which provide the information physicians rely on to practice medicine.”

Medicity uses an advanced HIT platform to securely move and translate that data across disparate systems, whether within a single hospital or across a broader community network, aggregating the information into an

easy-to-view virtual health record. The result? “Better, quicker, cheaper healthcare,” replies Lassetter.

According to Bill Conroy, president and CEO of Initiate Systems, a data management software company, populating EMRs with complete and trusted information is one of the biggest challenges of HIE.

“Let’s say you walk into a hospital. Maybe you’ve just married, or moved, or maybe they’ve misspelled your name at some point. As a result, the hospital could come up with a record for you that’s incomplete—there could be five records that look different but are all really you.”

Initiate’s software searches in real-time across the different data silos, using mathematical likelihood theory to prove, where applicable, that what

appears to be dissimilar is actually the same, resulting in a more thorough EMR on demand. Complete records mean fewer repeated tests, from simple blood work to substantial imaging.

“A hospital typically has up to 20 percent duplication rates, which is a big deal,” says Conroy. “We cut that down to well below one percent.”

Ideally, HIE infrastructure is invisible to the end user. Rich Grehalva, the senior vice president of corporate marketing for Medseek, a “vendor neutral” provider of enterprise eHealth solutions, likens his company’s product to Expedia.com, the travel Web site. Expedia allows users to search for flights offered by multiple airlines, sorting by variables such as time, price, and connections—all with the simple click of a mouse.

“If you can imagine how many different backend systems it requires to pull up that information and serve it to you on one screen like Expedia—that’s what Medseek is trying to accomplish for hospitals. We enable the free flow of communication across different systems and silos.”

Medseek’s product demo reveals an interface that is simple for both provider and patient. With a few secure keystrokes, a physician can check in with specialists, pull up test results, and safely issue prescriptions, while a patient can monitor his or her complete record, ask questions, and schedule appointments—the very definition of meaningful use.

Even healthcare providers that have already made significant investments in various software and systems can benefit from advances in HIT, says Eric Bozich, vice president of product management at Qwest Communications.

Qwest Metro Optical Ethernet uses fiber-optic technology in healthcare settings, “the most secure way to move around information.” Scalable bandwidth can handle huge amounts

of data in real-time—MRI scans, for example. QMOE also enables customers to segregate and prioritize their traffic, giving preference to mission-critical data. Another option offered by Qwest and competitors: state-of-the-art data centers for outsourcing or backup storage, freeing up capital once spent on internal servers and HIT staff.

Of course, all this connectivity comes at a cost. Infrastructure, while factored into the stimulus bill incentives, can be very expensive upfront. Without it, however, HIE is meaningless.

“We enable the free flow of communication across different systems and silos.”

Demystifying Meaningful Use

While the term “meaningful use” may sound subjective, there are a few key provisions that simplify the achievement of meaningful use both in terms of quality of care and securing adoption incentive funds.

Now that the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) have released the initial meaningful use proposals, consider the documents a checklist for selecting the right EHR, or toward having your existing EHR prove its “meaningful use” worth.

Despite the roughly 700 pages of meaningful use, interoperability and standards criteria, the heart of the matter is much more succinct.

Overall, meaningful use criteria

are a two-part consideration. On one hand, your certified EHR must have the necessary functionality to support meaningful use. On the other, providers must show they are using the functionality in a meaningful way to qualify for the appropriate incentives. Qualifying also means choosing either a Medicare or Medicaid patient pathway, and each has its own incentive levels.

The demystification of meaningful use comes in when practices still needing to choose an EHR find that select EHR providers have been devel-

oping functionality and interoperability that adheres to previously known meaningful use criteria.

The CMS and ONC proposals provide evidence by stating that meaningful use is, “based on currently available technological capabilities and providers’ practice experience,” and that, “the standards adopted in the rules are consistent with current industry standards.” Those standards, for example, range from standard data exchange language embedded in the EHR to the ability to prescribe electronically.

It is also critical to know that to receive incentive funds, your EHR must be certified to pending ONC standards. The good news here is that currently available certification speaks to meaningful use criteria.

For example, EHR products such as Greenway’s PrimeSuite, that have received initial 2011 certification from the Certification Commission for Healthcare Information Technology (CCHIT) are poised to comply pending individual gap analysis testing. The 28 federal standards CCHIT used in its Comprehensive pre-market certification program are aligned with the approximately two dozen meaningful use proposals as published December 30.

Keep in mind that meaningful use

was derived with existing standards and EHR functionality in mind. So it’s not a program based on defining good medicine, but one based on providing incentives to join what is one day hoped to be a national healthcare information network aimed at advancing care coordination, improving care quality and stabilizing rising costs, all while reducing healthcare waste, fraud and abuse.

“...your EHR must be certified to pending ONC standards”

Paper Kills

BY: NEWT GINGRICH AND TOM DASCHLE

Despite agreement on the broad goals of improving care and lowering costs, the past year has shown that finding common ground on health reform can seem impossible. While it is important for policymakers to stand their ground when they must, it is equally as important to have the courage to collaborate when they should. Modernizing our system with health information technology is one of those issues.

Think of the first time you saw an iPhone in action. Or the first time you browsed the Internet. What did you think? Most of us were probably blown away. We intuitively knew that we held something transformational.

What do you think when you see a paper medical record? It's typically something like, "Do I really have to fill this information out again?" And that's just the convenience factor. More importantly, they are a main contributor to alarming rates of medical errors, breathtaking levels of waste, and perpetually rising costs.

These problems and more are why moving healthcare into the 21st century through health information technology is so essential. And the benefits are clear. Updated, accurate, and comprehensive patient information at the point of care will

prevent medical errors and will allow physicians, nurses, and providers to make better, more informed decisions. Electronic access to information will reduce duplicative and unnecessary tests and treatments. Automating cumbersome, manual processes will streamline workflow, eliminate inefficiencies, and lower costs. These are facts.

But according to a national survey in *The New England Journal of Medicine*, a scant four percent of physicians use advanced electronic medical records. President Barack Obama and his administration deserve tremendous credit for trying to fix this.

While some questioned whether the investment should have been included in the stimulus legislation, tens of billions of dollars were included in the American Recovery and Reinvestment Act of 2009 as a down payment to move physicians and providers into the 21st century.

It often takes decisive presidential leadership to tackle a challenge on this scale. As a student of history, President Obama has spoken often about looking to his predecessors for guidance. When it comes to health IT, he has taken a page from our 34th President, Dwight D. Eisenhower.

Eisenhower faced many of the same problems in the mid-20th century when he envisioned a na-

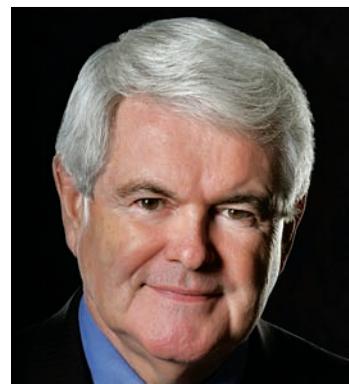
tionwide interstate highway system. While such a system had long been a dream, it was Eisenhower who made it a reality when he proposed, and then in 1956, signed the Federal-Aid Highway Act, beginning the construction of more than 41,000 miles of interstate highways.

Prior to the highway system, Eisenhower described the nation's roads as "an appalling problem of waste, danger, and death." This is an apt description of our healthcare system today. Presidential leadership can change this, and President Obama is applying the same lessons that Eisenhower did more than a half century ago to achieve success.

First, President Eisenhower made a significant financial commitment. In 1956, Congress appropriated \$25 billion for highway construction, which was a vast sum of money considering that total federal spending in 1956 was \$70 billion. Hundreds of billions of dollars were eventually spent, making it one of the nation's highest priorities.

President Obama will invest \$20-30 billion to put information technology in the hands of doctors and providers. The primary vehicle for this investment is through incentive payments from Medicare or Medicaid—more than \$60,000 per physician—for the "meaningful use" of certified technology. This will tie incentives to clinical performance measures.

Second, President Eisenhower created an interconnected system. One of the most important components of the highway system was its adherence to uniform standards of construction. According to the Fed-



Newt Gingrich



Tom Daschle

eral Highway Administration, common standards included 12-foot lane widths, standard shoulder widths, a minimum of two travel lanes in each direction, and speed limits. This avoided each state building their own highways with their own unique specifications. They built a true 'system.'

We must do the same in healthcare. If billions are spent to equip doctors and hospitals with technology that cannot communicate with each other, we will have laid a lot of track that does not connect. The administration is helping to narrow the technology standards or specifications of how to exchange electronic information.

Third, President Eisenhower created a true collaboration between the private sector, states, and the federal government through highway construction. Even though the federal government paid 90 percent of the costs of building the highway system, the states were responsible for managing the construction, and the private sector did the actual work.

Building upon the leadership and progress from the Bush Administration, President Obama has made public-private collaboration a cornerstone of his efforts.

Eisenhower's leadership created a wave of productivity and prosperity that we continue to ride today. It opened new markets through interstate commerce, created a national sense of community, brought the modern world to rural America, enabled families to move and travel over long distances, and drove innovation from coast to coast. We

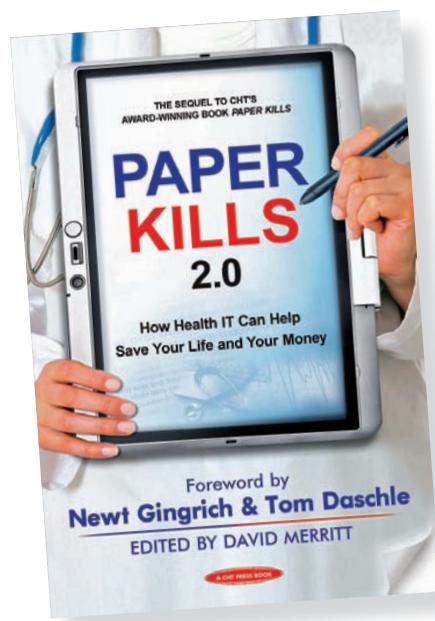
can experience that same level of transformation in healthcare through information technology.

With even more difficult challenges upon us, this must be the first of many priorities where Republicans, Democrats, and Independents can join together to solve the problems we face. It has happened before, and it must happen again. Our country and our future depend on it.

This is a shortened version of the joint foreword by Newt Gingrich and Tom Daschle to the new book *Paper Kills 2.0*, available March 1, 2010.

Newt Gingrich is former Speaker of the U.S. House of Representatives and founder of the Center for Health Transformation. Tom Daschle is former Majority Leader of the U.S. Senate.

“If billions are spent to equip doctors and hospitals with technology that cannot communicate with each other, we will have laid a lot of track that does not connect.”



The Doctor Is Online

Imagine being able to “see” your doctor whenever you like, morning, noon, and night, without ever leaving your home. No drives to the doctor’s office, no long waits for appointments, no crowded waiting room in which you’re exposed to everyone else’s germs.

It’s not a fantasy. Today, tens of thousands of Americans in Hawaii, Minnesota, and Texas can do just that by logging onto their computer. Thanks to a unique online technology available through Boston-based American Well Corp., coupled with the personal health data stored in their Microsoft® HealthVault™ record, primary care doctors and specialists are just a few clicks away.

“It’s all about using technology to redistribute healthcare services, not just healthcare information,” said American Well’s Chief Executive Officer and President Roy Schoenberg, MD.

In Minnesota, the company provides its proprietary Online Care Anywhere technology to Blue Cross Blue Shield’s 10,000 employees and their family members. They can access a physician from their home or the office by logging onto a secure web site or, if they prefer, calling with a phone. Blue Cross employees also have access to special “online care rooms” at two locations that contain a computer, webcam, and kiosks that record weight, blood pressure, glucose, peak flow and other basic health information. The kiosks transmit, health information into the us-

er’s privacy- and security-enhanced HealthVault record for access by the doctor online.

On the other end of the online connection, doctors have access to an electronic prescription pad (which they can use to send prescriptions directly to the patient’s pharmacy), the patient’s health information, and evidence-based guidelines provided by the health plan to help them provide the highest quality of care. The amount of information at their fingertips is one of the unique features of the online consultation, something that often isn’t available

during an in-person examination.

While many health issues can be addressed through this type of virtual exam, doctors always have the option of recommending that patients be seen in the “real” office, Dr. Schoenberg said. “But that rarely happens,” he said. “Most patients log on for virtual consultations regarding acute conditions like bronchitis, lower back pain, or migraine, or to monitor chronic conditions like asthma or diabetes.”

In addition to physical health issues, American Well is now offering online visits with behavioral health experts through the military’s Tri-West program in Hawaii. “If you can bring behavioral health to people at home, a lot of the issues of social stigma and privacy go away,” said Dr. Schoenberg. American Well also recently partnered with OptumHealth,

BY: DEBRA GORDON, MS

a business of UnitedHealth Group Inc., which plans to roll out the system throughout the country.

“doctors have access to an electronic prescription pad, the patient’s health information, and evidence-based guidelines...”



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For Physicians, Incentives To Go Electronic

The 2009 stimulus bill offers incentives ranging from \$44,000 to \$64,000 to physicians who adopt and employ certified electronic health record (EHR) technology by 2014. On the flip side, physicians who stick with their outdated paper-based offices will be penalized starting in 2015.

Sounds like a no brainer, right? Embracing the new technology will revolutionize medicine in the long run, cutting costs and increasing efficiency for providers and dramatically improving the quality of patient care through accurate, timely, and complete health information. So why are some physicians still resisting?

"Change is hard to come by," suggests Charlie Jarvis, vice president of healthcare services and government relations for NextGen, an EHR software provider. "The workflow changes that are necessary when you move from a paper-based, manual system to an

automated system are incredible."

EHR systems are costly, too. "The typical investment is anywhere from \$15,000 to \$30,000 per doctor, depending on the quality of the system they acquire," says Jarvis.

That's not even counting the additional infrastructure some offices require to boost bandwidth and sync up disparate systems. And ARRA incentives aren't paid out until after the fact, forcing physicians to fork over the cash up front.

Compounding the conundrum: hundreds of EHR vendor options, confusion about certification and

compatibility, and enough acronyms to turn the sharpest medical mind to mush. Plus, there's the sticky stipulation known as "meaningful use."

"It's clever the way that [the stimulus] bill was written," says Dr. Tobias Samo, a practicing physician and the chief medical officer at Eclipsys, a supplier of healthcare IT services.

"They're not going to pay you just because you have the system. You have to show that you're using it in a meaningful way. There are extensive debates about the specifics, but the basic concept is: Not only do you have to use it, but use it in such a way that

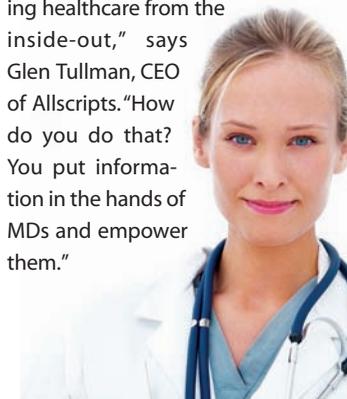
benefits the patient, and benefits the community."

Some "meaningful use" criteria are already established. EHR technology must be certified. It must allow ePrescribing, including drug-drug, drug-allergy, and drug-formulary checks. It must permit reporting of specified clinical quality measures. And it must allow the sharing of clinical data with all other certified EHR systems, which is known as interoperability.

On average, it takes between 12 to 17 months for physicians and staff to become "meaningful users," from initial research to fully operational status. For physicians who find this timeline too daunting, new services have emerged to ease them through the early phases. Welch Allyn, a manufacturer of medical devices, now offers a step-by-step program to assist physicians with selecting an EHR.

"Usually, physicians look for EHRs before they've thought about what they want from an EHR," explains Jay Mangiaro, Welch Allyn's senior category manager of EHR services. "How are they going to plan for it? How is their workflow going to change? What technology decisions do they have to make? We facilitate the entire process."

And when the process is complete, the results will bear fruit. "This is changing healthcare from the inside-out," says Glen Tullman, CEO of Allscripts. "How do you do that? You put information in the hands of MDs and empower them."



Bending the healthcare cost curve isn't easy.

To lower healthcare and benefits costs, today's employers need to encourage new levels of employee participation. Employees and their families need new tools to take charge of their personal health ecosystem.

Allviant, Dossia, and HSA Bank are working together to give consumers unprecedented control over their health and benefits - and employers new ways to reduce healthcare and benefit costs.

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An Emerging Workforce In Healthcare

BY: MOLESKA SMITH

With US unemployment into double digits—its highest since March 1983, and the recessionary economy responsible for record joblessness stubbornly hanging on, a lot of Americans are looking at careers other than the one that led to their job loss as the better avenue to secure reemployment.

However, finding a career path that projects growth well past the next decade is not simple when the economy has cut across almost every industry, business, geographic area and demographic segment. And the prospects grow even thinner when you exclude careers that require four to six years of academic preparation.

And then there's healthcare.

According to the US Bureau of Labor Statistics, healthcare is among our country's largest and fastest growing industries. Healthcare sustains 14.3 million jobs and offers

half of the 20 fastest growing occupations. It is expected to generate another 3 million jobs by 2018—a growth projection that outpaces every other American industry.

Embedded in healthcare's employment explosion is health information management (HIM), the principles and practices of obtaining, classifying, storing, researching and protecting the accuracy and proper access of digital and traditional medical information—the lifeblood to the delivery of high-quality patient care. It is a rarity of healthcare: a profession that directly impacts patient care but

without ever requiring hands-on patient contact.

HIM seems to be tailored especially for displaced professionals. Options for professional positions as HIM coders and technologists begin at the associate degree level, while registered HIM administrators often obtain a post-graduate education and move into senior-level positions in hospital administration, pharmaceutical manufacturing, health insurance and state or federal public health agencies.

There are roughly 75,000 degreed and credentialed HIM professionals working today, and the federal gov-

ernment estimates at least twice that many will be needed to fill jobs over the next four to five years. "People who understand the healthcare data and its current set of systems are well positioned to parlay that knowledge into a useful guide through the healthcare IT landscape," explains Leroy Jones, CIO for MedAllies, a health information technology provider.

The American Health Information Management Association is the nation's oldest and largest organization representing the HIM profession. According to AHIMA, there has been an academic program for HIM professionals since 1934, when the first baccalaureate degree program began. "Today, there are 280 accredited college and university-based academic HIM programs at the associate, baccalaureate and master's degree levels with a combined enrollment

of more than 18,000 students in 45 states and Puerto Rico," said Claire Dixon Lee, former vice president of education for AHIMA and now the head of CAHIIM, the Commission on Accreditation for Health Informatics and Information Management education. CAHIIM is the singular accrediting agent for HIM college and university programs.

HIM offers jobs that are not exported overseas even though the HIM profession is global. Here in America, current workforce growth will need to accelerate as much as 50 percent, if the profession is expected to fulfill the directive from President Obama to transition from paper to electronic health records for all Americans by 2014.

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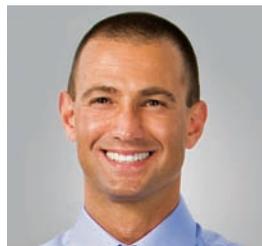


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Chief Executive Officer and President
American Well Corp.



LILLIAN MYERS

CEO
Allviant Corporation



JAMES K. LASSETTER, MD

Chairman and CEO
Medicity, Inc.



JUSTIN BARNES

Vice President
Greenway Medical Technologies
Chairman of the EHR Association

It's clear that a digital revolution is now occurring in healthcare. Today, medical records are migrating from paper and colored folders to security-enhanced web sites where patients can share their health information with their physicians. They can also track their conditions remotely using health devices like blood pressure cuffs and glucometers that upload results to their health records and email them to their doctor. This is a world in which renewing a prescription, getting a diagnosis, or discussing a problem with your doctor can occur virtually—any time of the day or night.

We contract with health plans who, in turn, broker time with their credentialed physicians. Patients can tap into the physicians' time whenever they have a need, whether it is for an acute issue like migraine or UTI, or a chronic issue like diabetes or asthma. Patients can view a list of physicians on the health plan's network, click on the physician they want to see, and within 30 seconds can engage in a live interaction with that physician.

Most important is that when doctors use Online Care to "meet" with patients, they have in front of them a thorough documentation of that patient: who they are, what procedures they've had, their diagnoses, the medication that's been prescribed—all the data that lives in their Microsoft® HealthVault™ record – if the patient chooses to share.

We believe that health information becomes truly meaningful when it's used in the actual process of healthcare delivery. Indeed, studies show, such data can significantly improve the quality of care delivered, thus improving health outcomes.

Imagine healthcare, hassle-free. Consumers have become accustomed to a level of technology-enabled convenience in banking, travel, and other forms of commerce. What makes health, wellness, benefits, and care services so different—and so difficult?

Organizations that sponsor commercially insured populations may spend \$20,000+ per year, per person on insurance, incentives, programs, promotion, absenteeism, presenteeism, and other costs. Not surprisingly, the ROI equation is becoming increasingly complex. Simultaneously, those covered by the plan are required to be more engaged and responsible for their health – with limited success.

Engagement happens when all the pieces that comprise healthcare—health services, benefits, wellness programs, health savings accounts, etc.—are more logically connected to one another. Yet each requires independent interaction methods and timing defined by the service provider. The final, painful challenge is in trying to understand how it all relates when an individual wants or needs to take action.

"Why not turn the model upside down?" asks Allviant CEO Lillian Myers. "We humans filter out information that isn't relevant or timely, and absolutely resist taking action on things that don't have context. Technology that delivers all of a person's health information and transactions on their own terms? Now that makes sense."

Allviant and industry leaders like HSA Bank and personal health record organization Dossia and are working together to truly put consumers at the center and in control of their healthcare ecosystem with effortless access to information that matters.

The need to improve care quality while controlling costs is driving change in healthcare, requiring unprecedented coordination among all members of a patient's care team – from the primary care physician to the hospital across town.

Such patient-centered coordination prompted government efforts to stimulate adoption and meaningful use of electronic health records (EHRs) by healthcare providers. An estimated 20 percent of physicians use EHRs, which means that the overwhelming majority of physicians have a ways to go—and a lot of spending to do – before they meet government requirements.

"Physicians are in a rush to adopt the technology so they can capitalize on stimulus funds," says James K. Lassetter, MD, chairman and CEO of Medicity, a technology vendor for health information exchange. "But they're very aware of the risk involved in a quick, expensive decision that dramatically affects their practice."

To address this issue, the government calls for innovation and the use of EHRs or EHR modules to enhance care coordination. "The modular approach is a low-risk, innovative alternative for overcoming EHR adoption barriers and spurring use of technology that improves patient care," Lassetter explains.

Medicity's iNexx platform is the first open, modular platform for healthcare IT applications – offering certified, modular EHR apps that work together as a composite solution. Rather than make a large capital investment now, physicians can select the components they need to achieve meaningful use—at a fraction of the cost of current EHR systems—and add modules over time to meet their practice needs.

Studies estimate \$600 to 850 billion dollars are spent every year on healthcare waste, fraud, and abuse. We all worry about rising healthcare costs, many of which can be controlled and reduced by implementing a certified and interoperable electronic health records system (EHR) within hospitals, physicians' practices, and nationally.

For patients, EHRs have three advantages. One is patient safety. One study showed as many as 100,000 people die each year from medical errors. EHRs help eliminate illegible handwriting, accidental overdoses, and drug interactions. Two, EHRs allow patients to make informed decisions about their care. It's empowering to be a more educated healthcare consumer. EHRs can help patients stabilize their own rising healthcare costs by giving them access to their own personal health records. Three, EHRs reduce duplicate paperwork. Everyone hates going to the doctor's office and filling out the same information on three different forms.

For physicians, EHRs improve care quality and care coordination. Through interoperability with other physicians and hospitals, doctors can share patient health information, which increases patient safety and reduces duplicate care. Through EHRs, physicians can participate in real-time clinical health trials without any modification to workflow. Finally, EHRs revolutionize billing so physicians can run a more efficient practice.



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