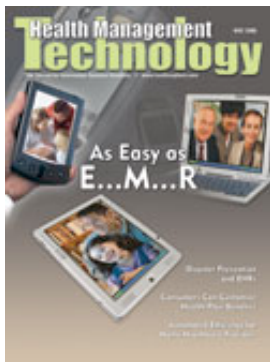


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Industry Watch for May 2006

Legislative Watch

Bill Would Create e-Records for Fed Workers

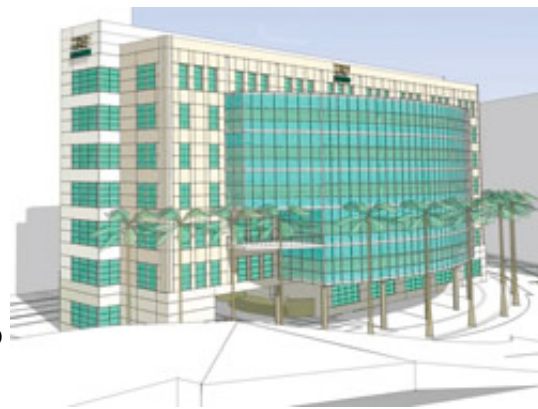
About 8 million federal employees and their dependents would have access to electronic medical records under legislation introduced in March in the House by U.S. Rep. Jon C. Porter (R-Nev.) The Federal Family Health Information Technology Act requires insurance carriers providing coverage under the Federal Employees Health Benefits Plan to create carrier-based EMRs for all covered members. The records would include claims data and other information the carriers have about inpatient admissions, emergency room visits and prescribed medications.

The bill also requires the carriers to create personal health records for participants to add via a Web-based service such health information as family history, symptoms and over-the-counter medications. With the consent of patients, carriers would be required to make the information they possess available to providers. For more information on the bill cosponsored by Rep. William L. Clay Jr. (D-Mo.), visit <http://thomas.loc.gov> and search for H.R. 4859.

Digital Hospitals

Centers for Advanced Healthcare Break Ground

The University of South Florida Health broke ground on the first of two state-of-the-art ambulatory care centers. The University of South Florida Physicians Group (USFPG) at USF Health selected more than \$2 million worth of Allscripts TouchWorks electronic health records (EHRs) as part of a \$15-million IT investment at the centers and beyond. USF Health will implement the EHRs at all 12 practice locations over the next year, as well as in USF's new paperless \$88 million Centers for Advanced Healthcare. USFPG is the multispecialty faculty practice of USF Health's College of Medicine. The group's 415 physicians, 125 mid-level providers and nearly 200 residents care for more than 31,000 patients and oversee 396,000 outpatient visits annually throughout the Greater Tampa Bay area. The physician group also is investing \$3 million in upgrading their practice management system and enhancing their patient portal, plus obtaining a picture archiving and communication system and an OR management system.



The new south clinic facility (pictured), which broke ground in March, will be a seven-story, 126,000 square foot medical office building adjacent to Tampa General Hospital. The north clinic facility, expected to break ground in the early summer, will be a six-story, 194,400 square foot building on the USF Tampa campus.

Electronic Health Records

IDN Delays Go-Lives to Focus on Process

Novi, Mich.-based Trinity Health is postponing a continuation of an EHR installation in its network of hospitals so it can concentrate on and improve work processes at hospitals that are already live. For example, the August 2006 installation of EHRs at St. Joseph Mercy Oakland in Pontiac, Mich. is rescheduled for March 2007.

The rollouts to date at nine hospitals are part of Trinity's Project Genesis. Trinity launched this \$315-million, five-year initiative in 2003 to create a common platform for clinical information, revenue cycle and supply chain management systems among its 45 hospitals in seven states. (*Editor's Note: HMT published a case history on the implementation of CPOE at Saint Mary's Health Care in Grand Rapids in July 2005.*)

In the new patient care process improvement initiative launched in March, Trinity Health will develop and implement the best ways to integrate IT with the latest in evidence-based practice treatment standards and medical research.

Physician Practices

Surgeons Advised to Use IT Wisely

They may not be the largest users of healthcare IT, but orthopedic surgeons may benefit from healthcare IT, too. Orthopedic surgeons and their patients, however, should be aware of the advantages and potential pitfalls of communicating with each other online, according to a paper published in the March 2006 issue of the *Journal of the American Academy of Orthopaedic Surgeons*. The paper—a review of current data on physician-patient electronic communication—found that due to the rise in patients using the Internet for communication and information, orthopedic surgeons should consider incorporating this resource into their practices. They should do so, however, in a thoughtful and systematic way to avoid legal and confidentiality risks. For example, any plan to incorporate physician-patient electronic communication should include specific policies regarding issues such as patient privacy and how to handle unsolicited e-mails. Also, physicians should review a site's content before referring patients to a health information Web site.

“Patients are researching their conditions online ... therefore we need to partner with patients to use this resource to maximum effect,” says lead author, J. Sybil Biermann, M.D., associate professor in the department of orthopedic surgery and director of musculoskeletal oncology at the University of Michigan Health System, Ann Arbor, Mich.

Health Information Management

Program Puts Migrant Workers’ Health Info Online

A free pilot program in California puts farmworkers’ medical records online so they can access their health information wherever they travel—as long as there is a computer available. The MiVIA (“my way” in Spanish) program was created by Medical Management Resources, a small Sonoma technology company in 2003 with the goal of making healthcare more accessible to seasonal workers.

Users receive a laminated ID card with their photo, address and emergency contact information. Patients also have a secret password that gives physicians access to their medical histories and lets them add everything from new prescriptions to X-rays. If patients forget how to take certain drugs or want to review their files, they can look the records up themselves. The Web site connects them to an online bilingual medical reference guide and to resources useful for an itinerant population—e.g., housing, public transportation, clinics and dentists.

The program mushroomed from an experiment with 50 workers to a network of 2,200. Program developers expect another 1,000 workers to join by June and are fielding inquiries from interested groups from Oregon to Florida. For more information, visit <http://mivia.org>.

Health Plans and Payers

Electronic Claims Could Save Millions

Half of hospital executives and four out of 10 insurance executives say their organizations could save at least \$1 million and as much as \$10 million a year if their billing and payment processes were more efficient. That is according to 150 executives in a January and February survey sponsored by The PNC Financial Services Group Inc., Pittsburgh. Ninety percent of hospital execs and 86 percent of insurance execs say that making the claims remittance process more efficient would help slow the rising cost of healthcare. Nine out of 10 hospital executives indicate that savings resulting from automation would be used to improve patient care. While electronic fund transfers have been around for decades, only about a third of U.S. insurance companies use them, says PNC spokesperson Paula Fryland. For more information on barriers to adoption and potential solutions, www.pnc.com/pncnews.

HSA Growth Accelerates

Lower-premium, high-deductible health insurance plans (HDHP) offered in conjunction with health savings accounts (HSAs) covered nearly 3.2 million people in a January 2006 census. That's more than triple the 1,031,000 America's Health Insurance Plans (AHIP) reported in the first quarter of 2005. The census is based on responses from 96 AHIP member companies, representing nearly all the health insurance plans offering HSA-eligible policies. Other results included:

- Fifty percent of all consumers covered by HSA-HDHP plans in the individual market, including dependents covered under family plans, are 40 years of age or older;
- In the individual market, 31 percent of new enrollees in HSA-HDHP plans previously were uninsured;
- In the small-group market, 33 percent of policies were purchased by companies that previously did not offer coverage;
- More than 90 percent of HSA plan enrollees are in preferred provider organization products with both in-network and out-of-network coverage.

For information on companies that currently offer HSA-eligible health insurance plans, visit www.healthdecisions.org/HSA. For a full report on the AHIP census, visit www.ahipresearch.org.

Briefly

Quality Initiative Includes EMR Use. Highmark Blue Shield will increase payments to physicians in 21 Pennsylvania counties who meet clinical quality goals. The program, entitled QualityBLUE, rewards physicians who ensure that their Highmark members receive preventive care and appropriate care for chronic conditions such as diabetes and heart disease. In addition, doctors may receive additional payment by undertaking targeted quality improvement projects, implementing electronic medical records and providing expanded office hours. The voluntary program, which began April 1, is available to 1,300 physicians in 250 medical practices.

University of Michigan Health System Pilots Online Consultations. Patients of UMHS Briarwood Family Medicine in Ann Arbor, Mich. can consult with their doctors online using webVisits from Emeryville, Calif.-based RelayHealth Corp. WebVisit is an interactive online patient interview that collects relevant details about non-urgent symptoms and delivers them to the physician as concise, clinically structured notes.

Patients access their physicians via www.relayhealth.com and pay a \$30 out-of-pocket fee per consultation. If the 12-month pilot is successful, UMHS may roll the service out to other family medicine clinics.

Web Site Gives States Snapshots of Their Quality Performance. HHS' Agency for Healthcare Research and Quality released a new interactive Web-based tool for states to measure healthcare quality. Included are: tables that rank the 50 states and the District of Columbia on 15 measures of healthcare quality; summary measures of the quality of types of care and settings for each state; and comparisons of each state's summary measures to regional and national performance. To view the State Snapshots, visit www.qualitytools.ahrq.gov/qualityreport/2005/state.

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