Northern Minnesota Network
Technology Supporting Community Health Care

Northern News & Notes

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Dates to Remember

EHR/MU Meeting…….May 3-4

NMN Board Meeting…….May 8

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10 Key Takeaways on the Stage 2 Meaningful-Use Proposal

On Feb. 23, 2012, CMS released the notice of proposed rule making for Stage 2 of the EHR Incentive Program, which advances the next set of criteria that eligible hospitals and eligible providers must demonstrate to continue to successfully achieve meaningful use.

While proposals for the next phase of core and menu set requirements largely mirror the direction the Health IT Policy Committee's recommendations made during the summer of 2011, they are on the whole more aggressive. This is not surprising given that everything that is ultimately included in the final rule on Stage 2 due out summer 2012 must be vetted in the proposed rule. Here are 2 of the 10 most important takeaways contained in the proposal:

1. Center for Medicare & Medicaid Services affirms a delay of 2011 attesters. As expected, CMS has proposed that 2011 attesters will transition to Stage 2 in 2014 instead of 2013, as initially required. All other providers will remain on schedule.

2. Stage 1 requirements will be updated come 2013. Not only has CMS proposed new measures for Stage 2, but it has also proposed an update to Stage 1 measures that better align them with the program's strategic direction. Providers attesting to Stage 1 come 2013 will have the option to report on these new criteria. Starting in 2014, these new Stage 1 criteria will become mandatory. To read this complete article visit www.healthmgttech.com

Highs and Lows of Centricity Healthcare User Group Conference (CHUG)

by Jackie Moen, NMN Director

The Northern Minnesota Network sponsored five people to participate in the CHUG Conference in Las Vegas, Nevada on April 20-21, 2012. With the exception of NMN Director, Jackie Moen, all were first-time attendees.

Conference highlights noted by Mike McMullin, Physician Assistant with Migrant Health Service, Inc., included the fact that "we all became immersed in the details of the electronic programs we use on a daily basis. This conference was a good chance to get a much broader picture of how these programs were developed, which enhancements are available and what the programs might offer in the future."

Mike also noted "advice for staff enhancement such as cross training and team development, as will be required in "patient home" models, was useful and will be incorporated into our own future staff development at MHSI."

Both Mike and Registered Nurse Amy Marie Schmidt from Sawtooth Mountain Clinic did a test drive of Centricity version 10.1 and offered feedback to GE regarding ease of use. This went a long way toward alleviating apprehension about this coming upgrade for the NMN members.

Amy found great value in "talking with other people about what is working and not working for them at their clinics." Amy also "enjoyed having a few days to be totally immersed in the EMR language/world. It was SO GOOD for me to be surrounded by it while in Las Vegas!"

Carrie Bueche, Patient Resource specialist with Community Health Partnership of Illinois, found value in learning about quick texts and MEL codes. She attended a session on teaching self-management of care to patients and felt it " addressed several Patient Centered Medical Home elements and taught simple ways to engage patients in their own care and figuring out solutions beyond barriers."

For many of us, the highlight of the presentations was a talk given by Jay Parkinson, MD summarizing his innovative use of medical software to create a new approach to patient centered medicine. Dr. Parkinson was amazing!

The down side to the conference, echoed among those in our group, was that the event was too vendor heavy. It was frustrating sitting through a presentation only to realize you could only accomplish this at your clinic if you bought another product. We also believed time for small group discussions among users from similarly sized and focused organizations would have been very helpful.

L-R: Amy Marie Schmidt, Josie DiCesare, Dr. Jay Parkinson, Mike McMullin, Jackie Moen

This Month's Technology Tips

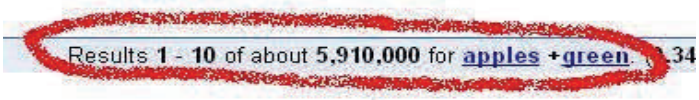
By Kyle Gilbertson

Improve Internet Searches

Using +, - and " " (quotes) to narrow your searches:

Let's say you were looking up apples on Google.com. If you just type in "apples" you get 22 million returns. A few more sites than you can check in an afternoon so let's narrow the search down. Let's say that what you're really interested in is ***green apples***. To see all the apple websites that also have the word "green" on them type this:

Now you will only see those apple sites that also have the word green on them. Unfortunately, we are still getting almost 6 million returned websites:



To narrow the search even more lets eliminate a word. For example, some of the websites are also about Apple Computers so let's get rid of them by typing this:

That reduced about 1 million of the returns but we still have about 5 million web pages to check out. A final way to narrow the search is to use quotes to narrow the search to an exact phrase. For example if what we're really interested in is ***granny smith apples*** we can add that to the search like this:

Now I will only see websites that have the words "granny smith" on them in that order spelled the way I spelled them. Using quotes is always a great way to narrow a search and in my example I was able to go from having 22 million web pages returned from my original search for "apples" to around 220,000 by my last example.

The ICD-10 Delay Clarified: What It Means For You

Five implications of CMS' proposal to push back compliance to October 2014.

CMS released a proposed rule on April 9 that would delay the ICD-10 compliance date by one year, until October 1, 2014. The agency considers a one-year delay a "reasonable compromise" between the incremental costs that a delay imposes on hospitals already on track for compliance in 2013 and the additional time that many small hospitals and provider groups need to become compliant.

Why the delay?
CMS cites several reasons for pushing back ICD-10 compliance:

- The ongoing transition to Version 5010 – a necessary precursor to ICD-10 adoption, which has also been delayed;
- Hospitals, health systems, and physicians' current efforts to comply with Meaningful Use Stage 2 requirements; and
- The industry's lack of preparation, as 26% of providers and 28% of payers do not expect to be compliant with ICD-10 by October 1, 2013, according to a recent CMS readiness survey.

CMS concedes that the cost of an ICD-10 delay to the industry will be substantial, given that providers already on track for compliance may spend as much as $6.6 billion for extra personnel and IT vendor expenses. That said, CMS believes the cost of adhering to the October 2013 date as planned would be even higher – given cash flow disruptions as well as the need to process claims manually – and maintains that a one-year delay will result in net savings relative to other options.

Five implications of CMS' proposal
For health systems considering how best to spend the extra year before the ICD-10 conversion, we recommend five steps:

1. Maintain momentum
With remaining time for ICD-10 implementation now expanding from 18 to 30 months, some health systems will choose to redeploy staff in an effort to lower their monthly burn rate and reduce overall project costs. While some of these steps may be prudent, we caution against moving too far in this direction. As discussed below, key aspects of ICD-10 preparation represent "no-regrets" investments that yield benefits in both ICD-9 and ICD-10 environments. As health systems finalize their impact analyses and begin testing, they may well find unanticipated challenges, and the extra time will be welcome.

2. Improve revenue cycle operations to generate a cash buffer
One health system we work with is using 2012 to focus on perfecting the revenue cycle, from front-end estimates and collections through coding to claims submissions. Their rationale is compelling: even if health systems are well prepared for ICD-10 implementation, vendors and payers may not be. In fact, most providers can expect a spike in AR and denials beginning October 2014. (to read this complete article—www.healthmgttech.com)

NMN Member Clinics

Migrant Health Service, Inc.

www.migranthealthservice.org

Moorhead	218-236-6502
Grafton	701-352-4565
Rochester	507-529-0503
Willmar	320-214-7286

Sawtooth Mountain Clinic

www.sawtoothmountainclinci.org

Grand Marais	218-387-2330
Grand Portage	218-475-2235
Tofte	218-663-7263

Cook Area Health Services dba

Scenic Rivers Health Services

www.scenicriversheathservices.org

All SRHS Clinics can be reached Toll Free at 877-541-2817

Bigfork, Big Falls, Cook, Floodwood and Northome

Lake Superior Community Health Center

www.lschc.org

Duluth	218-722-1497
Superior	715-392-1955

Community Health Partnership of Illinois

www.chpofil.org

Aurora	630-859-0015
Hoopeston	217-283-5523
Kankakee	815-932-6045
Mendota	815-539-6124
Rantoul	217-893-3052
Woodstock	815-337-9640
Admin. Office	312-795-000

The Northern Minnesota Network

We take our mission to heart and commit to serving our member organizations through customized service.