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Chairwoman's Message

Dear PAeHI Community:



It's been a busy quarter! Much to report on, and even more yet to do... Since we last wrote, PAeHI has shared in a major federal grant award, been awarded State grant funding, started new initiatives and welcomed new additions to our board.

Board Additions

First off, we'd like to thank members of the PAeHI Board who have moved on, and welcome those who are new. After nearly four years of service, in January Jay Srini resigned from the Board of Directors. We like to thank Jay for her many insights and contributions and years of service to PAeHI and Pennsylvania. Jay most recently had been elected to represent the Insurance class. Replacing her on the Board is Kent

Whiting, Vice President of Information Technology at Capital Blue Cross. Effective April 1st, joining Kent as a new Board member is Larry Clark, Special Assistant to the Secretary of the PA Department of Public Welfare, and head of the state's Medicaid healthcare IT initiatives. Welcome to Kent and Larry! A Full Board list is available at <http://www.paehi.org/ehealth/overview/>.

New RECs, Grant Funding, and a Task Force plus Website updates

Of course the big news is that PA received funding through a collaborative led by Quality Insights of PA (QIP) for two Regional Health Care Information Technology Extensions

Centers, one to serve the eastern part of the state and one the west. PAeHI was a part of that collaborative, and will support outreach and communications efforts to 8,700 primary care physicians. The two centers will be assisting those physician practices with the purchase and implementation of EHR systems, with the ultimate goal to achieve Meaningful Use (see following article and column for more information).

Pennsylvania eHealth Initiative | 4750 Lindle Road
Suite 228 | Harrisburg, PA 17111 | 717.561.5338
| Fax 717.561.5216

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PAeHI also received confirmation of a \$50,000 grant award from the PA Department of Public Welfare to support our on-going operations, and the PAeHI Board approved in March the start up of a new Workforce Development and Training Task Force to be headed up by Board Member and HIMSS Vice President JoAnn Klinedinst.

www.PAeHI.org is also undergoing some enhancements – as, many of you may have noticed the PAeHI.org blog has been active most recently with narrative and pictures displayed live from the PAeHI HIT Summit. Many thanks go out to Mike Squires, a member of the PAeHI Communications and Education Committee and a professional blogger (volunteer, though, for PAeHI). Thanks, Mike, for getting us off on the right foot with this initiative! Also, significant work has been underway to launch the “Members Only” section of our PAeHI website. Look for an announcement of new capabilities and information at our next All Committee event!

Annual Statewide PAeHI HIT Summit, May 11th, in Hersey in Partnership with PHIMA

On May 11, many of you joined us at the Hersey Lodge for PAeHI’s third statewide HIT Summit, “Achieving Meaningful Use in PA”. The day, a great success with panel discussions by small and large providers and HIEs discussing Meaningful Use strategies, and speakers from the Office of the National Coordinator for HIT, the state officials and the RECs, drew 410 attendees for Opening Ceremonies, and was part of the PA chapter of the American Health Information Management Association’s (PHIMA) 3-day Annual Meeting. Thanks to all who attended, to PHIMA for hosting the event and to our many sponsors!

Upcoming PAeHI Events

Mark your calendars - PAeHI is preparing for its **next All Committee event on Tuesday, June 29th**. Email notifications have gone out, and the registration deadline (open only to PAeHI members) is June 15th. To RSVP, please e-mail Dawn Losiewicz at DLosiewicz@pamedsoc.org. The day promises to be jam-packed with information, including a few special announcements and some exceptional committee-level/project kick-off work. Also, while you are marking your calendar for the June event, make a special note about the August All Committee meeting...it will be held on Wednesday, August 25th. Remember, All Committee events are open only to PAeHI members. By now, members should have received their Membership Renewal notices. If you haven’t already done so, please act to renew today (or contact us if you have not received your notice). This is an exciting time to be involved with HIT activities in PA...renewing your PAeHI membership will ensure your ability to attend our All Committee events, along with all of the benefits of PAeHI membership, tomorrow and beyond!

Until then, thank you for all you do to help **Move Healthcare Forward in PA!**

Sharon L. Dorogy
Chair, PAeHI Board of Directors and
Director of Information Systems
The Children’s Institute
(412) 420-2397
sdo@the-institute.org

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State Outlook/News

PAeHI Summit



Keynote Speaker Dr. Josh Seidman, ONC Acting Director, Meaningful Use



Stephanie Crowley, Graphic Recorder



Tim Schoener, Susquehanna Health



Meaningful Use



Mark Jacobs, Wellspar



Mark Stevens, PAeHI Executive Director



Sue Salkowitz, Salkowitz & Associates



Large Provider MU Panel



Bill Fera, UPMC



Harm Sherpbier, Main Line Health



Martin Ciccocioppo, HAP



Sharon Dorogy, The Children's Institute/
PAeHI Board Chair

PA RECs – from healthitblog.com

On April 12 - The U.S. Department of Health and Human Services (HHS) released over \$267 million from the stimulus funds to help 28 non-profit Regional Extension Centers (RECs). This latest award brought the total of stimulus-funded RECs to 60, and is expected to support 100,000 primary care and hospitals within 2 years. According to HHS Secretary Sebelius, these 28 awards "represent [HHS's] ongoing commitment to make sure that health providers have the necessary support within their communities to maximize the use of health IT to improve the care they provide to their patients."

Pennsylvania received two of the awards for a total of \$44M in funding. PAeHI is part of the original collaborative, lead by Quality Insights of Pennsylvania (QIP), and includes the Pittsburgh Regional Health Initiative, UPMC, the Hospital & Health System Association of PA and the PA Medical Society which applied for Regional HIT Extension Center funding in Round I of the program, and is now part of the core team of both state centers funded in Round II, for which PAeHI will provide outreach and educational support.

PA Hospital Profits Continue to Fall

Pennsylvania's acute-care hospitals saw a second straight year of falling profitability in fiscal 2009, including a steep drop-off in total profit margins, despite increases in patient revenue from payers that year, a new study has found.

The **Pennsylvania Health Care Cost Containment Council** reported in its annual review of statewide hospital finances that total profit margins at the state's 172 general acute-care hospitals dropped to 2.1% in fiscal 2009, down from 4.7% the year before and 6.6% two years ago. Operating margins declined to 3.5% from 4% the year before.

Hospitals saw an increase of 7.9%, or \$1.13 billion, in net patient revenue from commercial payers between 2008 and 2009, which equated to an 8.7% increase in average revenue per discharge from the private insurers. Medicare revenue rose more slowly, with federal net patient revenue growth of 4.5%, or \$519 million, and 5.5% growth in revenue per discharge.

In a news release, the Hospital and Healthsystem Association of Pennsylvania emphasized the report's findings that 44% of the state's hospitals had negative total margins in 2009, and that hospital uncompensated care grew \$59 million in 2009, for a total of \$807 million.

"Pennsylvania hospitals' aggregate financial health has experienced a significant decline," association President and CEO Carolyn Scanlan said in a statement. — *Joe Carlson, Modern Healthcare, May 14, 2010*

NEW STATE HIMSS CHAPTER

In May, after over a year of statewide outreach and communications and engagement with both state chapters (Western PA and Delaware Valley), the national office of the Healthcare Information and Management Systems Society (HIMSS) gave approval for PA to begin formation of a new Central PA HIMSS chapter! Organizing activities have just begun, including selection of the initial chapter leadership team. If you would like more information and/or are interested in joining, please contact Mark Stevens at markwstevens@verizon.net.

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Federal Outlook/News

CMS Medical Home Demonstration Project Announced

States can now apply for a three-year CMS demonstration project that aims to improve primary-care delivery and lower costs by collaborating with public and private payers on the patient-centered medical home model.

The Multi-payer Advanced Primary Care Practice Demonstration is the first CMS demonstration project to bring together Medicare, Medicaid and private health insurers.

The project will assess the effect of a patient-centered medical home, when supported by government and private insurers. Measures include safety, timeliness and efficiency of care; access and appropriate utilization of services; patient decision-making; and the delivery of evidence-based care. **The CMS expects up to six states to participate. The deadline for submissions is Aug. 3. This is the first of three medical home demonstration projects** the CMS plans to launch.

"Enabling public and private providers to work together will provide a valuable opportunity to strengthen our healthcare system and improve the quality of care for people with Medicare, Medicaid and private insurance," said Marilyn Tavenner, acting CMS administrator and chief operating officer, in a written statement. "Improved efficiencies in the system could mean providers will be able to spend more time with their patients, provide higher-quality care and better coordinate that care with other medical professionals," she said. — *Rebecca Vesely, Modern Healthcare, June 3, 2010*

Red Flags Rule

Source: www.ama-assn.org

Update: The Federal Trade Commission (FTC) has delayed the compliance deadline of the Red Flags Rule until December 31, 2010. The AMA will utilize this time to convince the FTC and Congress to republish the rule so that there is sufficient opportunity to formally comment and state the AMA's objections to physician inclusion in the program.

In Nov. 2007, the Federal Trade Commission (FTC) issued a set of regulations, known as the "Red Flags Rule," requiring that certain entities develop and implement written identity theft prevention and detection programs to protect consumers from identity theft. Originally scheduled for a Nov. 1, 2008 compliance date, the FTC has now delayed the enforcement date of the Red Flags Rule until December 31, 2010. The new compliance date of December 31, 2010, which follows four earlier extensions to May 1, August 1, Nov. 1 and then later to June 1, is a result of continued advocacy by the AMA and others who continue to object to the applicability of this Rule to health care providers and other professionals.

Since the Rule was issued, the AMA has objected to the FTC's interpretation that physician practices are "creditors" when they accept insurance and bill patients after services are provided or if they allow patients to set up payment plans after services have been provided. The FTC states that this delay is intended to "give creditors and financial institutions more time to review this guidance and develop and implement written Identity Theft Prevention Programs."

While the AMA intends to continue to make the case to Congress and the agency that the FTC should republish the rule so that there is sufficient opportunity to formally comment and state the AMA's objections to physician inclusion in the program, the AMA has prepared a guidance document, along with sample policies, so that members can incorporate a simple identity theft prevention and detection program into their existing compliance and HIPAA security and privacy policies.

Geisinger Wins Beacon Communities Award Health IT 'Beacon Communities' awarded \$220 million

May 04, 2010 | Bernie Monegain, Editor, Healthcare IT News

WASHINGTON – The government has released the names of the **15 communities across the country** from Maine to Hawaii that will serve as models for the broad use of healthcare information technology under a **\$220 million program** aimed at improving care and efficiency – and creating new jobs.

Vice President Joe Biden and Health and Human Services Secretary Kathleen Sebelius announced the names Tuesday. The funds for the program are part of the American Recovery and Reinvestment Act (ARRA) and are being disbursed through the Office of the National Coordinator for Health Information Technology (ONC). The ONC received 130 applications for the program.

"These pioneering communities are going to lead the way in bringing smarter, lower-cost health care to all Americans through use of electronic health records," said Biden. "Because of their early efforts, doctors across the country will one day be able to coordinate patient care with the stroke of a key or pull up life-saving health information instantly in an emergency – and for the residents of these communities, that future is about to become a reality.

"Thanks to the Recovery Act's historic investment in health IT, Biden added, "we're not only advancing the way healthcare is delivered in this country, we're also building a whole new industry along with it – one that will shape our 21st century economy for generations to come and employ tens of thousands of American workers."

"The most important healthcare innovations are those that are designed and tested by providers and community leaders all across the country," Sebelius said. "Beacon Communities will offer insight into how health IT can make a real difference in the delivery of healthcare. The Beacon Community Program will tap the best ideas across America and demonstrate the enormous benefit health IT will have to improving health and care within our communities."

Geisinger Clinic, Danville, PA - \$16,069,110 Enhance care for patients with pulmonary disease and congestive heart failure by creating a community-wide medical home, promoting Health Information Exchange and extending Geisinger's proven model for practice redesign to independent healthcare organizations throughout the region.

Don Berwick Nominated to Head CMS

By Neil Versel, Editor, Fierce Health IT, March 29, 2010

You've no doubt heard the news that Dr. Donald M. Berwick will be named administrator of the Centers for Medicare and Medicaid Services. Berwick, founder and CEO of the Cambridge, Mass.-based Institute for Healthcare Improvement, has been rumored for the job almost since Barack Obama was elected president in November 2008, and CMS has lacked a permanent head for two-and-a-half years.

After Dr. Mark McClellan left the post in October 2006, Kerry Weems served as interim administrator for the balance of President George W. Bush's term in office, and Charlene Frizzera has been acting administrator since Obama took office in January 2009. As a career bureaucrat rather than a political appointment, Frizzera has largely stayed under the radar while any major policy announcements have come from the White House or HHS Secretary Kathleen Sebelius.

That's about to change.

Berwick, already accustomed to a high profile in his tireless efforts to improve the quality of care in the United States and around the world, will oversee provision of the \$25 billion or so in Medicare and Medicaid bonus payments for "meaningful use" of EMRs. (Remember, the regulations on how to qualify for the program are coming from CMS; the Office of the National Coordinator for Healthcare Information Technology is responsible only for standards and certification related to the technology itself.)

You can be sure Berwick will work closely with the national coordinator, Dr. David Blumenthal, a fellow Harvard physician, to implement the incentive program. Berwick hasn't always been a proponent of health IT, but, as several people have told me over the years, he's been brought, like many other physicians, "kicking and screaming" into the digital age. He rightly sees health IT as a tool, not a cure, but long has pushed for interventions that hospitals still stuck in the 20th century can embrace. Still, I vividly recall the closing keynote session at the IHI's 2006 National Forum on Quality Improvement in Health Care, featuring the legendary Dr. Larry Weed, who has been advocating for computers in medicine for more than half a century. Berwick introduced Weed as "my hero."

That should give the health IT community some reassurance that Berwick will embrace technology in his never-ending battle to boost the quality of medical care. Your job is to make sure the technology works.

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DEA Rule – from The Society for Pain Practice Management

The Drug Enforcement Agency (DEA) has recently announced a proposed regulation allowing physicians to write multiple prescriptions for Schedule II controlled substances to be filled sequentially, up to a 90 day supply. This proposed rule is undergoing a 60-day public comment period ending on November 6, 2006. Comments can be emailed to the DEA at deadiversion.policy@usdoj.gov or by using the federal eRulemaking portal at <http://www.regulations.gov>. All comments should specify Docket No. DEA-287N.

"The current law prohibits refilling powerful Schedule II controlled substance prescriptions, but the regulation that implement the statute did not address the issuance of multiple prescriptions. There was silence on the regulations on this," stated Karen P. Tandy, DEA Administrator. "We heard from hundreds of doctors and patients about the burdensome requirement of repeated visits to a doctor's office each month to get a new prescription for an already diagnosed chronic condition such as attention deficit disorder/hyperactivity

disorder or chronic pain. We hope to fix that, which is why we are proposing the new regulation."

If physicians decide to use multiple prescriptions for appropriate patients, it is important to take proper steps in writing prescriptions in order to prevent misuse or diversion. For example, write 3 separate prescriptions. the first one dated November 1, the second one write "do not fill until November 30"; the third one write "Do not fill until December 30".

It is very important to keep accurate records in the patient's chart so that additional prescriptions are not inadvertently given and it is important to watch for "lost prescriptions". There is a high potential for patients who want to abuse and/or misdirect schedule II drugs to try to "work the system". Make sure that your office is able to keep close tabs on these multiple prescriptions.

The proposed rule can be viewed at http://www.deadiversion.usdoj.gov/fed_regs/rules/2006/fr0906.htm

Obama Signs Health Care Overhaul Bill, With a Flourish



Doug Mills/The New York Times

President Obama signed major health care legislation into law on Tuesday, March 22, 2010.

By SHERYL GAY STOLBERG and ROBERT PEAR, The New York Times Published: March 23, 2010

WASHINGTON — With the strokes of 22 pens, President Obama signed his landmark health care overhaul — the most expansive social legislation enacted in decades — into law on Tuesday, March 22, 2010, saying it enshrines “the core principle that everybody should have some basic security when it comes to their health care.”

Mr. Obama signed the measure, the **Patient Protection and Affordable Care Act**, during a festive and at times raucous ceremony in the East Room of the White House. He spoke to an audience of nearly 300, including more than 200 Democratic lawmakers who rode a yearlong legislative roller coaster that ended with House passage of the bill Sunday night [March 20].

Health Insurance Reform and Pennsylvania – from HealthReform.gov

Had we done nothing, by 2019 the number of uninsured people would have grown by more than 30 percent in 29 states and by at least 10 percent in every state. The amount of uncompensated care provided would more than double in 45 states. Businesses in 27 states will see their premiums more than double. And fewer people would have coverage through an employer.¹ In addition to families and businesses struggling with high health care costs, state governments have really felt the burden.

The new law expands coverage to millions of Americans, reduces premiums and out-of-pocket costs, and provides the security of knowing that if you lose your job, change your job, or start that new business, you'll always be able to purchase quality, affordable care in a new competitive health insurance market that keeps costs down.

Under reform in Pennsylvania:

- 1.3 million residents who do not currently have insurance and 683,000 residents who have non-group insurance could get affordable coverage through the health insurance exchange.
- 904,000 residents could qualify for premium tax credits to help them purchase health coverage.
- 2.2 million seniors would receive free preventive services.
- 393,000 seniors would have their brand-name drug costs in the Medicare Part D “doughnut hole” halved.
- 151,000 small businesses could be helped by a small business tax credit to make premiums more affordable.

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CMS Hosts “ICD-10 Implementation in a 5010 Environment”

National Provider Conference Call June 15th from AHIMA Advantage, June 2, 2010

The Centers for Medicare & Medicaid Services (CMS) will host a national provider conference call on “ICD-10 Implementation in a 5010 Environment” from **12–2 Eastern Time on June 15**. The following topics will be discussed during the conference call:

- ICD-10 implementation for services provided on and after October 1, 2013
- Benefits of ICD-10
- Differences between ICD-10 and ICD-9-CM codes
- Tools for converting codes – General Equivalence Mappings (GEMs)
- Proposal to freeze ICD-9-CM and ICD-10 code updates except for new technologies and diseases
- General overview of HIPAA version 5010 and D.0 and who is impacted
- Compliance dates for version 5010
- Benefits of version 5010
- 5010 scope versus ICD-10 scope
- What you need to do to prepare for 5010
- 5010 timelines
- Medicare fee-for-service implementation of HIPAA version 5010 and D.0
- Impact of 5010 on paper claim forms
- Question and answer session

For more information about this conference call and how to register, please [click here](#). This site also provides information about AHIMA continuing education credits for participation in CMS national provider conference calls. Registration for this call will close at 12:00 p.m. ET on June 14, 2010, or when available space has been filled.

Industry News

Allscripts, Eclipsys to merge in \$1.3 billion deal

June 09, 2010 | Mike Miliard, Managing Editor, Healthcare IT News

CHICAGO – Allscripts, makers of electronic health records for physician practices will buy healthcare information technology company Eclipsys, which provides technology for hospitals and clinicians. The all-stock deal is valued at \$1.3 billion.

Allscripts CEO Glen Tullman will serve as CEO of the combined company. Phil Pead, president and CEO of Eclipsys will become chairman of the combined company and, on a full-time basis, will focus on key client and strategic relationships.

According to Allscripts, the merger will:

- Form one company with the industry's largest network of clients on one product platform, resulting in a single patient record.
- The combined client base will include 180,000 physicians, 1,500 hospitals and 10,000 post-acute organizations.
- The Misys ownership in Allscripts will be reduced through share buyback and secondary offering.
- The transaction is expected to be accretive to Allscripts non-GAAP earnings starting in calendar year 2011.

"We are at the beginning of what we believe will be the single fastest transformation of any industry in U.S. history, and the combination of the Allscripts electronic health record portfolio in the physician office and leadership in the post-acute care market, with Eclipsys's market-leading hospital enterprise solution creates the one company uniquely positioned to execute on this significant opportunity," said Tullman.

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MEDecision, NaviNet help payers supply providers with clinical data

June 07, 2010 | Mike Miliard, Managing Editor, Healthcare IT News

WAYNE, PA – MEDecision announced today a partnership with NaviNet that will enable payers to deliver patient clinical summaries to any provider in the vast NaviNet Network.

MEDecision, which develops patient-centric collaborative healthcare management solutions, will integrate with NaviNet, the country's largest real-time healthcare communications network, to help health plans distribute its MEDecision Patient Clinical Summaries – clinically validated, payer-based electronic health records – and advanced referral and authorization technology to any provider enrolled in the NaviNet Network, which includes hundreds of thousands of physicians and clinicians across all 50 states.

"MEDecision has long advocated collaboration and interoperability as a means of improving healthcare, and our alliance with NaviNet demonstrates our commitment to that belief," said Scott A. Storrer, president and CEO at MEDecision. "Together, we will deliver a powerful solution that facilitates the growing need among payers and providers to enable the best clinical decisions, reduce costs and improve outcomes. As we approach the reform era, these are the types of relationships that will allow the industry to meet the mandates for change."

Guest Article: Telehealth - Enhancing Healthcare Delivery

Continua Health Alliance

Technology is fundamentally transforming how we deliver healthcare around the world. Advancements in healthcare and technology are ushering in a new era of personal connected health solutions that are greatly improving healthcare options and availability. These personal solutions can help address some of today's most pressing healthcare challenges, improving health outcomes and enhancing access to healthcare. At the same time, personal connected health offers a powerful means to control the spiraling costs

associated with an aging population, chronic diseases and unhealthy lifestyles.

In order to do so however, connected health solutions must be broadly deployed. For that, seamless connectivity among a vast variety of devices and across numerous networks will be essential. **Continua Health Alliance** and its 230-plus members are at the forefront of this transformation. They have joined together to establish a system of personal connected health devices and services that empower individuals and physicians to better manage health and wellness.

Personal connected health solutions help individuals manage their health and fitness, age independently and monitor chronic diseases. They also provide healthcare professionals with the necessary tools to make healthcare more effective, efficient and cost-effective while reducing unnecessary hospital visits.

Continua members are paving the way toward an ecosystem of interoperable, connected personal health solutions. Several Continua Certified™ devices are now available, and many more are poised to join the Continua ecosystem in the coming months. Continua's rigorous certification program provides consumers and healthcare providers with increased confidence that certified products will work together. To learn more, please visit www.continuaalliance.org.

PAeHI Welcomes New Members!

Tucker Arensberg, P.C.

Immersion, Ltd.

Pocono Medical Center/Pocono Health Systems

Pennsylvania RECs – Update

PAeHI News will now feature a recurring column devoted to the work of Pennsylvania's two Regional Health Information Technology Extension Centers (RECs), PA REACH (Regional Extension and Assistance Centers for HIT) East and PA REACH West. The following marks the first installment.

PA REACH East and West *Regional Extension Centers*

The Quality Insights of Pennsylvania partnership has been awarded a grant of up to \$43 million to establish Regional Extension and Assistance Centers for HIT (REACH) in Eastern and Western Pennsylvania. The centers are called PA REACH East and PA REACH West. The grant funding will be used to assist primary care providers adopt and effectively use electronic medical records. In total, the Regional Extension Centers will support approximately 8700 priority primary care providers (small practices and those serving safety-net populations), achieving meaningful use of EHRs and enabling statewide health information exchange. The Regional Extension Centers will each serve a defined geographic area for coverage across the Commonwealth. (See the attached maps for coverage areas) The regional extension centers will support health care providers in each region with direct, individualized, and on-site technical assistance in:



- Selecting a certified EHR product that offers best value for the providers' needs;
- Achieving effective implementation of a certified EHR product;
- Enhancing clinical and administrative workflows to optimally leverage an EHR system's potential to improve quality and value of care, including patient experience as well as outcome of care; and
- Observing and complying with applicable legal, regulatory, professional, and ethical requirements to protect the integrity, privacy, and security of patients' health information.



Quality Insights has partnered with several organizations to provide the technical assistance and outreach needed to accomplish our goal. Approved partners in the East at this time include the PAeHI, Pennsylvania Medical Society, Pennsylvania Medical Society Consultants (PMSCO), Public Health Management Corporation (PHMC), Crozer Keystone Health Network, and Thomas Jefferson University (TJU). Additional approval is pending for Pennsylvania Academy of Family Physicians (PAFP) and Lancaster General Hospital (LGH) to be added as partners.

In the western region, our partners will be Pittsburgh Regional Health Initiative (PRHI), University of Pittsburgh Medical Center (UPMC), PAeHI, Pennsylvania Medical Society, and Pennsylvania Medical Society Consultants (PMSCO).

Interested providers should go to www.pareacheast.org or www.pareachwest.org to complete and submit an interest form. These projects are made possible through a grant from the Office of the National Coordinator with Department of Health and Human Services support. Grant Nos. 90RC0041/01, 90RC0061/01

PA REACH West Service Area



PA REACH East Service Area



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New Member Profile – Tucker Arensberg, P.C.

Tucker Arensberg, P.C., a Pennsylvania-based law firm with offices in Pittsburgh and Harrisburg, has served local, regional and national clients for over a century. The firm represent various businesses and financial institutions in all types of matters including litigation, with a Harrisburg office which is strategically located in the state capital to assist with all of clients' governmental and administrative needs. Tucker Arensberg, P.C. is a member of the Law Firm Alliance.

The firm's Healthcare Practice and Health Information Technology Groups include some of the most experienced health law attorneys in the region. Some of the firm's attorneys have been practicing in this area since the 1970s, when health law emerged as a specialized area of law. These groups address a variety of legal issues including compliance (including HIPAA Privacy and Security Rules, anti-kickback, Stark, Corporate Compliance Programs, and OIG investigation), reimbursement, formation of professional practices and business organizations, contracts, credentialing and licensing for individuals and health care facilities, tax and employee benefits, estate, succession, and retirement planning, and intellectual property. The HIPAA, HIT, and EHR issues are handled primarily by Mike Cassidy, Paul Welk, and Lee Kim.

Michael A. Cassidy, Esq., chair of the Healthcare Practice and Health Information Technology Groups, is a publisher of the Med Law Blog® at which provides timely legal updates relevant to the health care sector and has been included in The Best Lawyers in America and Pennsylvania Super Lawyers in the health care area for many years. Paul J. Welk, Esq., member of the Healthcare Practice Group, is a regular contributor to Med Law Blog®. Paul is also a licensed physical therapist in Pennsylvania. Lee Kim, Esq. is a member of the Healthcare Practice and Health Information Technology Groups but is also a registered patent attorney with an active intellectual property practice. Lee maintains a @medlawblog Twitter feed at and has been named a Pennsylvania Rising Star in Intellectual Property for 2010.

Tucker Arensberg, P.C. is a member of the Healthcare Information and Management Systems Society (HIMSS) and the Western Pennsylvania HIMSS chapter, and is also members of the Business Analysis and Technology Committee, Communication and Education Committee, and Local HIE Special Interest Group of PAeHI and look forward to actively working with other committee members.

Upcoming Events

June 16, 17 - HIMSS 9th Annual Healthcare Policy Summit, Washington DC

June 29 - NEXT PAeHI All Committee Event, Harrisburg

August 25 - PAeHI All Committee Event, Harrisburg

September 22-24 - NJ/DVHIMSS Regional Meeting, Atlantic City

September 25-30 - 82nd AHIMA Convention and Exhibit, Orlando, FL

October 21, 22 - Healthcare and Higher Education Infrastructure Symposium, Valley Forge, PA

November 15, 16 – 2nd Annual Canada/US HIT Summit, Philadelphia

Announcements



Call for Speakers

Enabling Healthcare Transformation through Information Technology

When: September 22-24th, 2010

Where: Caesar's Hotel and Casino, Atlantic City, NJ

A regional meeting sponsored jointly by the New Jersey and Delaware Valley HIMSS chapters

The New Jersey and Delaware Valley Chapters of HIMSS invite you to share your progress, results and significant learning in moving technology forward in Healthcare to improve care delivery and patient outcomes. Last year's event obtained recording breaking attendance and this year will likely surpass expectation.

Presentation content should adhere to the guidelines defined for the four key tracks. The featured tracks are: [ARRA/Meaningful Use/Compliance](#), [Healthcare Reform](#), [Infrastructure/Technology](#), and [Interoperability](#). More information about these tracks is available on the speaker submission form located on www.njihimss.org or www.dvhimss.org

In order to be considered as a speaker for the event you must complete the Call for Speaker form located on the chapter website no later than **July 15, 2010**.

Each presentation submission will be reviewed by a panel and speakers will be notified of their acceptance by email. The presentation abstract and the speaker biography must be submitted by July 15, 2010. Speaker acceptance announcements will occur on July 31, 2010.

Presentation content will be requested to be submitted in August. More information will follow regarding content deadlines.

For additional information on becoming an event speaker, please contact Joe Carr at jcarr@njha.com

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