



## PAeHI NEWS

*Moving Healthcare Forward*

### CHAIRMAN'S MESSAGE

#### Dear Friends:

This Fall's newsletter includes key information on PAeHI activities over the past several months, highlights upcoming events and provides an extensive update on HITECH and related healthcare IT developments, events and happenings from across the state and across the nation. The Pennsylvania eHealth Initiative continues – with your help and support – to Move Healthcare Forward in Pennsylvania...

#### Canada-Philadelphia HIE Summit

**Doctor Blumenthal is Coming!** On November 10, PAeHI will join a number of other co-sponsors and Canada in hosting the Philadelphia HIE Summit, at which Dr. David Blumenthal, US National Coordinator for Health IT, is a confirmed Keynote Speaker. Registration is now open for this important event, to which PAeHI members will receive a \$25 discount. For more information regarding the event, including registration, please see the flier at the conclusion of this newsletter.

#### PAeHI Reduces Cost of Alternative PQRI Reporting Method

The Pennsylvania eHealth Initiative (PAeHI) has again partnered with DocSite and negotiated a significant discount for all Pennsylvania providers to use the DocSite 2009 Physicians Quality Reporting Initiative (PQRI) simple Alternative Reporting Method to earn a bonus of up to 2% of their total 2009 Allowed Medicare Services. This specially negotiated program includes a reduced submission fee of only \$199.50, a 43% discount off of the published fee for physicians practicing in Pennsylvania, a free trial period for any Pennsylvania physician submitting via DocSite PQRI to use the DocSite Patient Registry for collecting and managing patient electronic health records, and a commitment through the program to support ongoing communication and education on the benefits of HIT. For more information, visit [www.PAeHI.org/ehealth/resources](http://www.PAeHI.org/ehealth/resources).

#### Strategic/Operational Plan

At its May meeting, PAeHI's Board of Directors approved the organization's Strategic Plan, the culmination of a process that began in the summer of 2008 and the successor to "Connecting Pennsylvanians for Better Health:

*Recommendation from the Pennsylvania eHealth Initiative."* A companion to the Strategic Plan, PAeHI's first Operational Plan, is near completion. Thanks to the many of you who contributed time, talent, and experience to this important strategic planning effort!



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## **All-Committee Meeting – Summer 2009**

On August 26th, PAeHI held its second All-Committee Meeting of 2009. In addition to providing PAeHI committee members with an opportunity to meet and advance their objectives, the event featured keynotes by Phil Magistro, Deputy Director of the Governor's Office of Healthcare Reform and Dr. Jim Walker, CMIO of Geisinger Health System, PAeHI Board member and member of HHS' HIT Standards Committee, as well as a panel discussion regarding PAeHI's involvement with the state's immunization registry, the PA-SIIS, and PAeHI's ground-breaking work in helping to facilitate electronic immunization registry data exchange inter-state with New Jersey. With over 120 participants, this was the largest and most successful of PAeHI's quarterly All-Committee meeting. Thanks to our speakers, participants, our host (the Pennsylvania Medical Society) and event sponsor, ACS.

## **PA-SIIS**

As discussed at the Summer All-Committee Meeting, PAeHI is helping the Pennsylvania Department of Health engage its new CDC-compliant bi-direction real time HL7 immunization registry interface in innovative ways. Under the leadership of BAT Committee chair, Mark Jacobs, and with the expert support of PAeHI volunteer Sue Salkowitz, PAeHI has begun to convene EHR vendors from across the country to encourage them to use the Pennsylvania State Immunization Information System (PA-SIIS) interface on behalf of their Pennsylvania clients. The draft definition of "Meaningful Use" includes electronic reporting to immunization registries. The enhanced PA-SIIS electronic interface makes it much easier for providers to do so. We will keep you informed on this significant and timely effort which has national implications.

## **PA Telehealth Workgroup**

PAeHI Executive Director, Mark Stevens, has worked for months with Intel and its telehealth division, as well as Continua Health Alliance ([www.continuaalliance.org](http://www.continuaalliance.org)), to facilitate their choice of Pennsylvania as a state with whom the industry would partner to do a "deep dive" on telehealth public policy and programs for the future. Mark was successful, and now helps advise the Pennsylvania Telehealth Workgroup which is exploring ways in which telehealth can better serve Pennsylvania healthcare consumers - something of great significance to state with both large rural and aging populations.

## **Website**

In September, PAeHI contracted with website designer Gene Kelly of InternaQ to upgrade the PAeHI website, adding new functionality and a more modern "look and feel". Stage One of the site was operational on October 12, with the site scheduled to be fully-operational - including a blog, YouTube links to video presentations, "Breaking News" and "Members-Only" sections, a new "paehi.org" g-mail account, and much more - by the end of October. There's still much work to be done, but feel free to check on our progress to date at [www.paehi.org](http://www.paehi.org). Special thanks to Quality Insights of Pennsylvania (QIP) which has hosted and maintained PAeHI's website since 2005.

## **Regional HIT Extension Center**

PAeHI is participating in a collaborative application to be Pennsylvania's Regional Healthcare Information Extension Center. Lead by Quality Insights of Pennsylvania (QIP), the collaborative also includes PAeHI, The Hospital & Healthsystem Association of Pennsylvania, the Pennsylvania Medical Society, the Hospital Council of Western PA, the Pittsburgh Regional Health Initiative and UPMC. This federal funded program provides grants for the establishment of Health Information Technology Regional Extension Centers that will offer technical assistance, guidance and information on best practices to support and

accelerate healthcare providers' efforts to become meaningful users of Electronic Health Records (EHRs). The consistent, nationwide adoption and use of secure EHRs will ultimately enhance the quality and value of healthcare.

### **PA HIT Summit 2010 with PHIMA**

Earlier this year, PAeHI for the first time partnered with HIMSS to hold its statewide HIT Summit. In 2010, PAeHI will partner with the Pennsylvania chapter (PHIMA) of the American Health Information Management Association (AHIMA) during its annual conference to be held at the Hersey Lodge from May 9-13, 2010. More information to follow...

### **Fall All-Committee Meeting**

"Save the Date" announcements went out the week of October 4th for PAeHI's next All-Committee Meeting which is set for Wednesday, November 18th, and will again be held at the Pennsylvania Medical Society's headquarters building in Harrisburg, PA. The event, which will begin at 10:30AM (preceded by PAeHI's monthly Board meeting), will include an update on State HIE initiatives by Governor's Office of Health Care Reform Deputy Director and PAeHI Board member Phil Magistro, as well as panel discussions on HIT workforce development and training and an update on the activities of the Pittsburgh Regional Health Initiative. All Committee events are free but open only to members of PAeHI, and preregistration is required. For more information/registration please email Angela Robison at [arobison@pamedsoc.org](mailto:arobison@pamedsoc.org).

### **Board Nominations**

Last week e-mail notices went out to members of the four membership classes whose representation on the Board is up for election. Those four membership classes are: 1) Insurance Organizations; 2) Professional Healthcare Organizations; 3) Quality Improvement Organizations; and 4) Consumer/Public Interest Organizations/At-Large Individuals. If you did not receive a notice and feel you should have, please send an e-mail message to [contact@PAeHI.org](mailto:contact@PAeHI.org) (yes, that's a new e-mail address!). If you did receive a notice, please consider standing for election for your membership class and, in early December, plan to vote for your choice of representatives (the Nominating Committee will be confirming two nominees for each membership class with election notices due out by the end of November and e-voting expected to be available in early December).

Thanks for all you do to help *Move Healthcare Forward* in Pennsylvania...

Take care,

#### **Martin**

Martin J. Ciccocioppo  
*PAeHI Board Chairman and Vice President, Research,  
The Hospital & Healthsystem Association of Pennsylvania*  
phone: (717) 561-5363 email: [martinc@haponline.org](mailto:martinc@haponline.org)

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## **STATE OUTLOOK/NEWS**

### **Midstate's first health information exchange goes live, grows**

- by Paula Holzman, *Central Penn Business Journal*, 9/4/2009

PinnacleHealth System has gone live with the midstate's first electronic health information exchange, and Pinnacle officials say there's a steady stream of physicians asking to plug in.

Health information exchanges (HIE) are networks that enable health care providers to share information electronically. Proponents say HIEs are quicker than delivering physical records and can prevent duplication of tests, ultimately saving time and money.

"Frankly, nobody is standing up and saying they're ready to go through with this. That's why we're doing it ourselves," said Steven Roth, Harrisburg-based Pinnacle's chief information officer and vice president for informatics.

Pinnacle's fledgling HIE, which went live in June, connects the health system's facilities with physician offices. Plans are afoot to connect to other providers, such as community health clinics.

Pinnacle's facilities deliver 34 types of information to a physician's electronic "inbox" via the HIE, including clinical laboratory results, electrocardiogram strips and radiology reports, Roth said.

When a patient of a connected physician goes to a Pinnacle emergency room, a record of the event also gets sent to the physician.

Slightly more than 200 non-Pinnacle-affiliated physicians are plugged into the system, with practices being added at the pace of two or three a week, said Joel Arker, a consultant whom Pinnacle hired to manage the HIE.

There's also a backlog of more than 30 physicians waiting to be connected.

The health system was hoping to have 200 physicians by year's end, but it now estimates the HIE will close out 2009 with 275 to 300 physicians connected, Roth said.

Expansion in scope and capabilities are on tap for the coming year.

York Township-based WellSpan Health will get linked to the HIE at the end of October, Roth said. This data-sharing is unrelated to the talks the two health systems have had about a possible affiliation and will proceed regardless of the outcome, he said.

Pinnacle also is building a system that will allow physicians to electronically transfer patient records to one another when making a referral.

Another new feature Pinnacle is working on is connecting the HIE directly to providers' electronic medical records systems (EMR), as well as enabling providers to make surgical reservations and submit lab orders electronically.

To maintain neutrality, a third-party vendor stores all of the HIE data off-site, Arker said.

Pinnacle does not charge providers to connect to the HIE but will require them to cover the charge of connecting their EMR to the network, Roth said. Providers linking to the HIE are not required to have EMRs, but Roth said an EMR adds functionality.

Pinnacle is footing the bill for the HIE, which Roth said will cost between \$2 million and \$3 million over the course of three years.

"From a (return on investment) perspective, it is highly unlikely to be a positive cash flow," Roth said. "We didn't 'sell' it to our CEO or board based on cash flow and ROI. I proposed it strictly based on it's the right thing to do for Pinnacle physician relations; it's the right thing

for the patients in the marketplace; it's the right thing to try and create a more efficient health delivery system in Harrisburg."

## **PA Budget is Mixed Bag for State Healthcare Sector**

Pennsylvania's overdue budget included smaller cuts to hospital revenue than proposed, but redirected existing taxes and fees into the state's \$27.8 billion general fund from healthcare funds and added a Medicaid managed-care tax.

The Hospital & Healthsystem Association of Pennsylvania (HAP) said the 2009-10 budget, signed by Gov. Ed Rendell late last week, scaled back \$280 million in proposed cuts to state and federal hospital revenue for trauma and burn centers, academic medical centers, critical-access hospitals, medical education, community-access funds and disproportionate-share hospitals to \$40.7 million, a 12% reduction from the prior year's budget.

Roughly \$215 million in revenue from cigarette taxes and motor vehicle surcharges that previously funded medical malpractice subsidies was shifted to the state's general fund, according to the HAP and the Pennsylvania Medical Society. The budget also transferred \$708 million from the Health Care Provider Retention Account, which helped offset medical-malpractice costs, and \$100 million from Mcare, the state's medical liability fund which will continue to be funded by premiums paid by hospitals and physicians. The newly adopted managed-care tax is expected to generate \$528.5 million, according to the Pennsylvania Budget and Policy Center, an independent policy research group. -- by *Melanie Evans*, *Modern Healthcare Daily Dose*, October 12, 2009

## **State ARRA Grants Recipients**

The healthcare stimulus dollars have started to flow, and PAeHI will begin reporting on these developments through a new section of its website soon to be unveiled - "ARRA Updates", which will include an up to date listing of PA ARRA grant recipients, as well as the latest in ARRA/HITECH and "Meaningful Use" rules and announcements...stay tuned!



## **Coalition Announces Launch of Citywide Health Information Exchange**

On September 30th, the Camden Coalition of Healthcare Providers today announced the launch of the Camden Health Information Exchange (HIE), an electronic medical records interface that will allow Camden's health care providers to access patient data

from various sources. The Coalition makes this announcement in celebration of New Jersey Minority & Multicultural Health Month. The HIE epitomizes this year's theme, "Take Control of your Health: Managing Chronic Diseases", as the tool will allow providers to deliver improved care to their sickest patients.

The information hub will be provided by Noteworthy Medical Systems, a Cleveland-based health IT company that has created similar community-wide health data exchanges all over the country. The HIE will facilitate improved patient care and the sharing of detailed clinical data among community providers, the 3 major health systems in Camden, referring lab and radiology groups and other healthcare data providers in the region. "We anticipate at least 100 physicians signing on within the first six months in order to begin this ground-breaking collaboration," remarked Mark DiFilippo, project coordinator for the Camden Citywide Diabetes Collaborative. "Noteworthy will build linkages between computer systems at Cooper, Lourdes, and Virtua Hospitals; Labcorp; and Quest. Doctors will have the

information they need, at the point of care, to make the right decisions.”

Cooper University Hospital, Our Lady of Lourdes Health System, and Virtua Health all played integral roles in the establishment of Camden’s HIE. Along with Coalition staff, the Chief Information Officers (CIOs) from each health system worked collaboratively to research, plan for, and implement this groundbreaking data exchange. The first phase will be funded by contributions from all three hospitals; the Merck Company Foundation; and the New Jersey Department of Health and Senior Services.

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## FEDERAL OUTLOOK/NEWS

### State HIE Cooperative Agreement Program Funding

The HITECH Act authorizes the establishment of the State Health Information Exchange Cooperative Agreement Program to advance appropriate and secure health information exchange (HIE) across the health care system. The purpose of this program is to continuously improve and expand HIE services to reach all health care providers in an effort to improve the quality and efficiency of health care. Cooperative agreement recipients will evolve and advance the necessary governance, policies, technical services, business operations, and financing mechanisms for HIE over a four-year performance period. This program will build from existing efforts to advance regional and state level HIE while moving toward nationwide interoperability.

Over the next several months, cooperative agreements will be awarded through the State Health Information Exchange Cooperative Agreement Program to states and qualified State Designated Entities (SDEs) to develop and advance mechanisms for information sharing across the health care system.

#### To learn more about the State Health Information Exchange Cooperative Agreement Program:

- Funding Opportunity Announcement: State Health Information Exchange Cooperative Agreement Program [doc] [updated 9/4/09] [[http://healthit.hhs.gov/portal/server.pt?open=18&objID=888442&parentname=CommunityPage&parentid=55&mode=2&in\\_hi\\_userid=11113&cached=true](http://healthit.hhs.gov/portal/server.pt?open=18&objID=888442&parentname=CommunityPage&parentid=55&mode=2&in_hi_userid=11113&cached=true)]

To see the full announcement, go to <http://www.grants.gov/search/basic.do> and search for CFDA# 93.719

### Red Flags Rule

*From the American Medical Association website*

#### Protect your Patients, Protect Your Practice: What You Need to Know about the Red Flags Rule

**Compliance Date: Nov. 1, 2009**

**Update: The Federal Trade Commission (FTC) has delayed the compliance deadline of the Red Flags Rule until Nov. 1, 2009**

(read the full press release at: <http://www.ftc.gov/opa/2009/07/redflag.shtm>).

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 Nov. 1, 2009. (Note from AMA: The new compliance date of Nov. 1, 2009, which follows two earlier extensions to May 1 and then later to Aug. 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.)



*Subcommittee Chairwoman  
Kathy Dahlkemper (D-Erie,PA)*

## **Legislation seeks to help small practices with IT costs**

*June 26, 2009*

*Molly Merrill, Associate Editor, Healthcare IT News*

WASHINGTON – Legislation was introduced during a hearing of the House Committee on Small Business’ Subcommittee on Regulations and Healthcare earlier this week to help small medical practices in adopting healthcare IT.

Subcommittee Chairwoman Kathy Dahlkemper (D-Pa.) introduced the Small Business Health Information Technology Financing Act, designed to help providers overcome the financial barriers to implementing healthcare technology.

“This bill will establish a new loan program at the Small Business Administration designed specifically for doctors who want to invest in health IT,” she said at the hearing. “Ultimately small and solo health practitioners are small businesses. Similar to small businesses everywhere, one of their biggest challenges is accessing affordable capital. This legislation will help them find that capital.”

A report by the National Committee for Quality Assurance, supported by The California Endowment, shows that although small practices provide nearly three quarters of all ambulatory care visits in the United States, many lack the resources to improve the quality of care, implement electronic health records or serve an increasingly diverse population.

“Our research shows that small practices are willing to change and adapt their practices to best meet their patients’ needs, be more accountable, improve quality and reduce disparities. However they will need significant support,” said Margaret E. O’Kane, the NCQA’s president. “When considering how to implement health reform that will work for America, small practices need special attention.”

NCQA report identified specific ways to address the challenges facing small practices, including:

- Training and development for physicians and other staff on cultural competence, language needs and quality improvement;
- Tools, templates and information resources such as patient education materials in various languages, clinical practice guidelines and templates for organizing medical information;
- Shared services or staff to support interpreter needs, quality improvement initiatives, data management and technical support; and,
- Networking opportunities and learning collaboratives to hear from other practices, stakeholders and local, state and national policy makers.

“By encouraging smaller practitioners to adopt electronic health records and health IT, we can reduce costs for the overall healthcare system,” Dahlkemper said. “However, to

achieve this goal, physicians need to access the capital to make the initial investment in the technology infrastructure.”

## **AHIMA Foundation’s State and Local HIE Consensus Project Receives \$1.2M Grant from ONC**

On September 1, the Office of the National Coordinator for Health IT (ONC) announced it had awarded the American Health Information Management Association (AHIMA) Foundation a one-year, \$1.2 million grant to continue the state-level health information exchange (SL-HIE) consensus project to assist states with nationwide HIE adoption, planning and implementation.

According to AHIMA, the grant supports the opportunities presented by the *American Recovery and Reinvestment Act* (ARRA) to advance HIE development in a way that has a positive impact on healthcare.

The consensus project has been sponsored by ONC and managed by the AHIMA Foundation since 2006. It is led by a 13-member steering committee of SL-HIE leaders and supports a SL-HIE Leadership Forum—open to all states—in which public and private sector HIE leaders can participate, learn and receive technical support to help foster their implementation of practical and effective HIE, according to the association.

AHIMA said that to ensure resources are effectively deployed, states will need comprehensive strategies and best practices that take into account the challenges of advancing interoperability and serve the collective needs of all stakeholders, by:

- Expanding the knowledge base regarding effective HIE and SL-HIE governance, organizational effectiveness and sustainability of SL-HIE efforts in the emerging nationwide context.
- Providing a state-level HIE “voice” for timely information about SL-HIE experiences and perspectives and to convey strategic input from the Leadership Forum that advances HIE development across states and nationwide
- Providing targeted one-on-one technical supports and assistance to SL-HIE leaders in different stages as they develop and implement their statewide plans and governance and technical infrastructures in coordination with ONC.
- Providing a HIE Information Service to enhance networking and shared learning.

## **Xerox Acquires Affiliated Computer Services (ACS)**

*Xerox buys Healthcare Consultant ACS in Latest HIT Corporate Consolidation*



Xerox CEO Ursula Burns (l) and ACS President and CEO Lynn Blodgett (r) discuss Xerox’s acquisition of ACS, a game-changing deal for Xerox that accelerates its growth in the \$150 billion business process outsourcing market and creates a \$22 billion global enterprise for document technology and business process management.

Xerox Corporation (NYSE: XRX) and Affiliated Computer Services, Inc. (NYSE: ACS) announced a definitive agreement for Xerox to acquire ACS in a cash and stock transaction valued at \$63.11 per share or \$6.4 billion as of the closing price of Xerox stock on Sept. 25.

This acquisition will transform Xerox into the leading global enterprise for document and business process management, and will accelerate its growth in an expanding market.

The world's largest diversified business process outsourcing (BPO) firm, ACS is a \$6.5 billion company with revenue growth of 6 percent and new business signings of \$1 billion in annual recurring revenue during its fiscal 2009.

"By combining Xerox's strengths in document technology with ACS's expertise in managing and automating work processes, we're creating a new class of solution provider," said Ursula M. Burns, Xerox chief executive officer. "A game-changer for Xerox, acquiring ACS helps us expand our business and benefit from stronger revenue and earnings growth.

"Xerox becomes a \$22 billion global company, of which \$17 billion is recurring revenue - a significant boost to our profitable annuity stream," she added. "The revenue we generate from services will triple from \$3.5 billion in 2008 to an estimated \$10 billion next year."

ACS's expertise is in managing paper-based work processes and providing specialized BPO and information technology services for industries that range from telecommunications, retail and financial services to healthcare, education and transportation. Business process outsourcing is estimated to be a \$150 billion market, growing at a rate of 5 percent per year. Through its multi-year contracts with more than 1,700 federal, state, county and local governments, ACS is the largest provider of managed services to government entities in the United States. – *from Xerox website*

## **HIMSS Holds Fourth National HIT Week**

*Industry Leaders Find Common Ground to Share "One Voice, One Vision"*

Washington, D.C., September 14, 2009 – With 2009 designated by the current Administration as the Year of Healthcare Transformation, this year's National Health IT Week (September 21-25, 2009) delivered a timely message on the potential for health information technology (IT) to enhance the national healthcare system. National Health IT Week, a collaborative forum lead by the Healthcare Information Management and Systems Society (HIMSS), have served as a neutral platform upon which public and private healthcare constituents – vendors, provider organizations, payers, pharmaceutical/biotech companies, government agencies, industry/professional associations, research foundations, and consumer protection groups – can raise awareness about the value of health IT among industry leaders and policymakers. More than 150 partners have dedicated their time and resources to elevating the dialogue surrounding health IT, which is gaining broad-scale attention within the context of American Recovery and Reinvestment Act (ARRA) and healthcare reform.

In its fourth year, National Health IT Week 2009 participants partnered to inform the nation's policymakers about the importance of fostering widespread health IT adoption to improve patient safety and healthcare quality. For their part, in years past, both the House and the Senate have passed resolutions expressing support for the designation and goals of "National Health Information Technology Week." (for more information, please visit [www.HIMSS.org](http://www.HIMSS.org))

## **AHIMA Holds Annual Conference**

The 81st AHIMA Convention & Exhibit was held October 3-7, 2009 in Grapevine, TX at the Gaylord Texan Convention Center with nearly 3,000 attendees and over 200 exhibitors.

The American Health Information Management Association is the premier association of health information management (HIM) professionals, with over 53,000 members dedicated to the effective management of personal health information needed to deliver quality healthcare to the public. Keynote addresses from Mark Leavitt and Dr. David Blumenthal complimented dozens of education tracks, receptions and other activities including the most comprehensive review of **ICD-10** related lessons and guidance in the industry (see <http://www.ahima.org/icd10/index.html> for more information).

## **Blumenthal: Conversion to EMR will create 50,000 new HIM jobs**

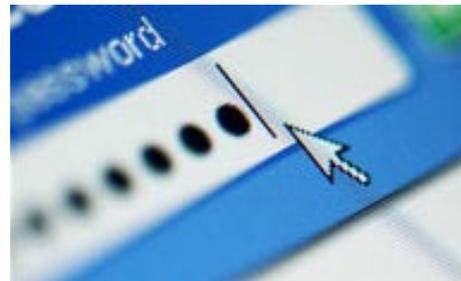
*By nversel, Fierce HealthIT, Oct 12 2009*

The healthcare industry will need at least 50,000 new health information management professionals to support the transition to electronic health records, national health IT coordinator Dr. David Blumenthal says. Speaking at the AHIMA conference on October 6th in Grapevine, Texas, Blumenthal indicated that his office would announce a workforce training initiative in the next several months to support a nation of "meaningful users" of health IT. AHIMA officials expressed hope that training would lead to more people choosing health IT as a career rather than simply creating an army of hired guns for EHR implementation projects. "We don't need people in six-month EHR implementation roles," Linda Kloss, AHIMA's CEO said, according to *Healthcare IT News*. She would prefer that Blumenthal and his peers at HHS take steps to expand the current network of 270 accredited programs for health information management so people don't end up with jobs that "dead-end" their careers.

## **AHIMA Releases Bill of Rights for Health Data Privacy Protections**

*From iHealthBeat, October 6, 2009*

The American Health Information Management Association has unveiled a new Health Information Bill of Rights designed to promote privacy protections for personal health information, *Modern Healthcare* reports (Carlson, *Modern Healthcare*, 10/5).



AHIMA's seven-point platform advocates patients' right to:

- Access health information during treatment;
- Access personal health information at no cost;
- Expect adequate health data privacy and security protections in all geographic regions;
- Expect health care providers to be held accountable for data security breaches;
- Expect health information to be as accurate and complete as possible;
- Know who accesses, adds and updates personal health data; and
- Seek legal action if a health data security breach causes harm.

In November, AHIMA plans to offer health care providers a certification declaring that the organization agrees to uphold the bill of rights. AHIMA also plans to release a wall poster for physician practices to hang in waiting areas (Goedert, *Health Data Management*, 10/5).

## **CCHIT offers modular program focusing on meaningful use**

*October 07, 2009 | Molly Merrill, Associate Editor, Healthcare IT News*

CHICAGO – The Certification Commission for Health Information Technology on Tuesday launched a new modular certification program called Preliminary ARRA 2011, which will focus solely on 'meaningful use' objectives and accompanying standards needed to qualify for federal stimulus funding.

The modular certification process was released along with the CCHIT's updated certification program, called CCHIT Certified 2011.

"Our decision to move forward instead of waiting has been met with a very positive response," said Alisa Ray, CCHIT's executive director. "The 'Get Certified' workshop on October 1 exceeded our attendance expectations, drawing over 310 people, with strong interest in both programs. Today, we are opening both of our 2011 programs for certification applications from vendors and developers."

The commission has introduced a new label, called "Certification Facts," to help physicians and hospitals understand the differences in the EHR technology certified under the two separate programs. Each certified product or technology listed at the commission's Web site will have a link to a page describing its qualifications.

For EHRs in the CCHIT Certified 2011 Comprehensive program, the Certification Facts label will indicate not only the domain – ambulatory, inpatient, emergency department or ePrescribing – and options – cardiovascular medicine, child health and advanced interoperability – but also the meaningful use objectives supported by the product.

In addition to the Certification Facts label, that page will include – for CCHIT-certified products only – an optional Usability Rating, as well as information about the product and company. The commission says these features will become searchable in November or December as EHR products complete the 2011 inspection process and are announced.

For technology certified in the Preliminary ARRA 2011 program, the Certification Facts label will only indicate which of the meaningful use objectives are supported by the technology. The label will allow eligible providers and hospitals to understand which product – or products in combination – can support all the necessary objectives to qualify for incentive funding contained in the American Recovery and Reinvestment Act of 2009.

## **Senate Finance Committee Passes Healthcare Reform Bill with One Republican Vote, Now Another GOP Senator Signals She's Open to Reform**



*Health bill clears hurdle with Senator Snowe's (R-Maine) support (Photo Credit Charles Dharapak)*



*Sen. Susan Collins (R-Maine) heads to the Senate Oct 14th*

*By RICARDO ALONSO-ZALDIVAR, Associated Press Writer – October 14*

WASHINGTON – A second Republican senator signaled Wednesday she's open to voting for sweeping health care legislation this year, putting President Barack Obama closer to a historic achievement that has eluded generations of Democratic leaders.

But Sen. Susan Collins, R-Maine, told The Associated Press that the bill approved Tuesday by the Finance Committee needs substantial improvements to make coverage more affordable, contain costs, and protect Medicare. Nevertheless, she joined her Maine GOP colleague Sen. Olympia Snowe in endorsing the goal of far-reaching changes.

"My hope is we that can fix the flaws in the bill and come together with a truly bipartisan bill that could garner widespread support," Collins said in an interview. "I think this bill is far superior to the ones passed by the Senate (health) committee and the three House committees, but it needs substantial additional work."

The ten-year, \$829 billion Finance bill was approved by the committee Tuesday on a 14-9 vote, after Snowe broke ranks with her Republican colleagues to support Chairman Max Baucus' middle-of-the-road plan.

Wednesday, Snowe tackled the most divisive issue still on the table: creation of a government insurance plan that would compete with private ones.

While emphasizing that she still opposes the so-called public option, Snowe said in a nationally broadcast interview that she could foresee a government-run plan that would "kick in" if private insurers failed to live up to expectations that they keep premiums in check.

"I think the government would have a disproportionate advantage" in the event of a government-run option, Snowe acknowledged. At the same time, she added, "I want to make sure the insurance industry performs, and that's why we eliminate many egregious practices."

If the industry didn't follow through on congressionally-mandated changes aimed at making health care more affordable, she said, "then you could have the public option kick in immediately."

Snowe previously had proposed using the public option as an incentive, or a threat, to private insurers. This "trigger" option, or some version of it, has survived the bitter debate and scrutiny to remain a viable option for compromise.

Such a statement from a Republican can be very influential in an environment in which GOP lawmakers almost universally have opposed any kind of government-run health care option to compete with private insurers. It represents a break in party solidarity, even if finite. Health care proposals advanced in the House include such a government option.

Snowe broached her standby notion again as talks among lawmakers on health care were going back behind closed doors; Senate leaders are trying to merge two very different bills into a new version that can get the 60 votes needed to guarantee passage.

Collins, however, said she could not support Snowe's idea because she thinks it would make it too easy for a Democratic administration to impose a government plan nationwide. "It would simply delay the public plan for a couple of years," she told AP.

The White House dispatched chief of staff Rahm Emanuel, Office of Management and Budget Director Peter Orszag and other top advisers to Capitol Hill for afternoon meetings on combining the bills.

Senate Majority Leader Harry Reid, D-Nev., has said he wants move quickly to merge the Finance bill with a version passed earlier by the Senate health committee. His goal is to get health care overhaul legislation onto the floor the week after next.

Both bills were written by Democrats, but that's not going to make it easier for Reid. They share a common goal, which is to provide all Americans with access to affordable health insurance, but they differ on how to accomplish it.

The Finance Committee bill that was approved Tuesday has no government-sponsored insurance plan and no requirement on employers that they must offer coverage. It relies instead on a requirement that all Americans obtain insurance.

The Senate Health, Education, Labor and Pensions Committee bill, passed earlier by a panel in which liberals predominate, calls for both a government plan to compete with private insurers and a mandate that employers help cover their workers. Those are only two of dozens of differences.

In general, bills moving toward floor votes in both houses would require most Americans to purchase insurance, provide federal subsidies to help those of lower incomes afford coverage and give small businesses help in defraying the cost of coverage for their workers.

The measures would, among other things, bar insurance companies from denying coverage on the basis of pre-existing medical conditions and for the first time limit their ability to charge higher premiums on the basis of age or family size. Expanded coverage would be paid for by cutting hundreds of billions of dollars from future Medicare payments to health care providers. Each house also envisions higher taxes — an income tax surcharge on million-dollar wage-earners in the case of the House, and a new excise levy on insurance companies selling high-cost policies in the Senate Finance Committee bill.

*Associated Press writers David Espo and Erica Werner contributed to this report.*

## **Vermont Could be Guide on Health Care**

*By Mimi Hall, USA TODAY, July 28, 2009*

RUTLAND, Vt. — Kirk Dufty doesn't have to rely on patients' hazy memories or take their word for what drugs they're taking when they show up at his emergency room.

In minutes, the doctor can find out whether a man with chest pains has filled the prescription for the anti-clotting medication he's supposed to take or whether a woman complaining about a stomachache is really trying to get more narcotics to feed her drug habit.

The information is available at Rutland Regional Medical Center through a new computerized records system installed as part of the broader health care overhaul Vermont passed in 2006. It helps Dufty do exactly what the overhaul was designed to do statewide: cut costs and provide better medical care to patients.

Vermont has "one of the most innovative models of prevention... and care coordination in the country," one that could be a guide for Congress as it debates an overhaul to the nation's health care system, says Kenneth Thorpe of the Partnership to Fight Chronic Disease.

Massachusetts' health care overhaul included a costly mandate that nearly every resident have insurance, paid for by employers, insurers and taxpayers.

Covering the uninsured is at the heart of the debate in Washington also as Congress struggles with whether to offer — and how to pay for — health care for more than 46 million in the USA without insurance coverage.

The Green Mountain state took a different route. Officials decided they couldn't afford to cover everyone, so they focused on cutting costs and improving care, with the goal of insuring more people. They won over critics in the Legislature and the public by not raising taxes.

Instead, the state convinced insurance companies and hospitals to kick in. The federal government gave Vermont flexibility in how to spend Medicaid dollars. The only hit to the public: a tax on cigarettes that is 80 cents per pack and a \$365 per employee penalty for businesses that don't offer health insurance.

The program is new, and cost-savings results that might draw critics aren't in.

*(see USA Today for full text of the article)*

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## **PAeHI WELCOMES NEW MEMBERS!**

Butler Health System  
ECRI Institute  
Heritage Valley Health System  
Info Tech Global, Inc.  
Keystone Mercy Health Plan  
Mosaica Partners  
NEPA Health Reform Taskforce  
Pennsylvania Democratic Caucus  
Sharon Regional Health System  
St. Clair Hospital  
STAT Schedules Technologies

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## **NEW MEMBER PROFILE/GUEST ARTICLE**

### **The ECRI Institute and It's "Top 10" List**

The experts at ECRI Institute, the world renowned health care research institute headquartered in Plymouth Meeting, PA ([www.ecri.org](http://www.ecri.org)), compiled a Top 10 list of important technologies and technology-related issues that hospital C-Suite leaders should pay close attention to this year. The list takes into account the convergence of critical economic, patient safety, reimbursement, and regulatory pressures. While it addresses many technology issues like ultra-high field MRI systems, hybrid ORs and alarm integration strategies, the #1 technology on the C-Suite Watch List for 2009 was electronic health records.

*In Top 10 Technology Issues: C-Suite Watch List for 2009 and Beyond*, ECRI Institute recommends that CIOs and administrators determine which of the myriad IT projects they need to implement to prepare for meaningful use of EHRs. ECRI Institute notes that the pressure to move to greater use of an EHR ties with CMS's policy to not reimburse for their designated and expanding list of "never events." Patient safety and EHRs are linked together at the hip, and the EHR is essential in helping you track and monitor your progress in meeting patient safety goals.

ECRI Institute, along with every healthcare provider, is eagerly anticipating the final meaningful use definitions and criteria. After all, improving patient care – ECRI Institute's

core mission – is dependent on having valid data and information. Clinical decision support may drive much of the EHR use, and ECRI Institute is working with several informatics research organizations to ensure that the EHRs get and use important guidelines on clinical care and practices.

Also, as an EHR should incorporate data from medical devices, ECRI Institute is addressing the complex issues surrounding the convergence of medical devices and information technology. It has reported on and coordinated how IT and Biomedical Engineering departments work together to handle the intricacies of medical device-network integration, and it is now evaluating real time location systems. After all, the ability to easily share clinical data and to auto-populate an EHR will be crucial in achieving meaningful use. ECRI Institute is also involved in many IHE committees and is monitoring FDA developments with its medical device data system (MDDS) designations; its recent publication, *Medical Technology for the IT Professional: An Essential Guide for Working in Today's Healthcare Setting*, is another tool for the C-Suite and CIOs to use when planning EHR adoption and growth.

To read the Top 10 Technology white paper, please go to: [https://www.ecri.org/Forms/Pages/Top\\_10\\_Technologies.aspx](https://www.ecri.org/Forms/Pages/Top_10_Technologies.aspx)

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## COMMENTARY

### **Tipping Point: How We Get Healthcare Consumers to Embrace EHRs and HIE – Spread the Word!**

*By Mark Stevens, Executive Director, PAeHI*

It all comes down to a simple equation: Privacy & Security vs. Convenience and Value. With consumers, guess which one wins out?

Do you remember the first time you went online to shop? Do remember the angst you felt when you typed in your credit card number and hesitated before clicking the "Send" button, wondering how safe and secure your credit card information would be and to whom it is was really being sent? But you did it. So, what made you take the leap? Were your concerns over the privacy & security of your personal and financial information mollified by the value and convenience offered by online commerce? The answer, simply, is "Yes".

Fast forward to today... without thinking, you routinely hop online to bank, pay bills, avoid long Holiday shopping lines to purchase (and send!) cards and gifts. Perhaps you also book your travel arrangements, buy movie tickets, even RSVP for special events using the Internet (possibly even while seated at your work desk – oh, my!). But what about your trip to the doctor - were you able to book your appointment with h/she online? How about review your lab or radiology results using your PC? When was the last time you read over your medical records? Were they available for you online? How about medications? The last time you required a prescription did your doctor prescribe the medicine electronically? If not, did you inquire as to why not? Would you have used a travel service that didn't allow you to book your reservations online? If not, why would you tolerate the same from your physician? Or, as a caregiver, for that of your loved one? Do you think our children's generation will? e-Prescribing (eRx) cuts down significantly on administrative costs and medical errors (adverse drug interaction alerts), while providing convenience and value to consumers (No waiting at the pharmacy! No confusion over medications! No worries over refills!) - and financial incentives to the physicians. Who wouldn't embrace it?

For proponents of electronic health records (EHRs) and electronic health information exchange (HIE), e-Prescribing provides the critical "Tipping Point" – when Convenience and Value out-weigh Security & Privacy Concerns – so needed to get consumers onboard the healthcare IT revolution. eRx is the "hook" that brings consumers into the HIE age, the "Ah-ha!" moment when the benefits of exchanging a broad range of clinical data securely and with a patient's consent is recognized not only as in the healthcare system's and society's best interest, but in the individual patient's - your's! - as well.

Payers and providers are not all on board with EHRs and HIE, and there is concern that the incentives provided for EHR adoption through ARRA may not work as intended, but perhaps the skeptics may be more inclined to support the adoption of new technology and business practices if a little pressure were applied from paying customers... Healthcare consumers – taxpayers – are the ones who are funding the MIPPA e-Prescribing incentives, as well as the ARRA EHR adoption incentives (eRx is one way docs can help achieve the "Meaningful Use" necessary to receive payment). Why haven't they been told *why*? E-Prescribing is taking hold (despite inaction from the DEA regarding eRx of controlled substances), but the success of the ARRA EHR incentives program and indeed healthcare reform overall is still in question – so when will the consumer education campaign begin?

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## ONLINE RESOURCES

See the new [www.PAeHI.org](http://www.PAeHI.org)!

Your one-stop shop for ARRA/HITECH updates, breaking news and much more...

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## UPCOMING EVENTS

October 16	State's HIE Funding Cooperative Application Due into ONC
October 22, 23	NJ/Delaware Valley Fall Conference on Meaningful Use, Caesar's Palace, Atlantic City, NJ
November 03	Round One Regional Hit Extension Center Final Applications Due into ONC
Nov 7 – 11	American Public Health Association 137th Annual Meeting and Exposition, Philadelphia
November 10	Canada Philadelphia HIE Summit, The College of Physicians of Philadelphia
November 18	Next PAeHI All Committee Event, PA Medical Society, Harrisburg
December 22	Awards/Round I, Regional HIT Extension Centers

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## UPCOMING PROGRAMS/ANNOUNCEMENTS

### Delaware Valley and New Jersey HIMSS Fall Conference

**REMINDER: The October 22-23, 2009 Delaware Valley/New Jersey HIMSS fall conference is here!**

Download/Print the Conference Agenda at <http://www.njhimss.org/smart05-bin/public/downloadlibrary?&itemid=85926031393502749354>.

#### **Keynote speakers include:**

Tim Gee - *Everything Is Connected at the Point of Care*

David Garets - *An Update on the Use of HIT Initiatives to Integrate the Healthcare Delivery System*

Charlene Underwood - *ARRA and Meaningful Use: An Update on Activities on the HIT Policy Committee*

Brett Davis (invited) - *HIT role in Personalized Healthcare*

There will also be four tracks of programs during the event including Clinical Informatics, Core Information Technologies, EHR/EMR and general sessions. This year's roster of speakers is outstanding and has the expertise to help us in our daily work.

For room reservations at the Caesars Hotel and Resort go to and mention the DV and NJ HIMSS meeting: <http://www.harrahs.com/CheckGroupAvailability.do?propCode=CAC&groupCode=GCHIM10>

**Register Securely for the Fall Conference at <https://secure100.telusys.net/tcsc-bin/regdisplay?5359191867399492>**

Registration after October 12 is \$275 for the event. **There is no one-day registration fee.**

### **Golf Anyone?**

On October 23 we are offering you the opportunity to play a round of golf at Seaview Golf Resort, 401 South New York Road, Absecon, NJ 08205

After two days of brain stimulation, let your body experience the beauty of this renowned golf course.

The afternoon event includes a box lunch, shotgun start, golf cart and greens fees for only \$79 per person. Bring a foursome, register as such and we will assure your group will remain together.

The afternoon activities begin at 12:30 PM with a box lunch and shotgun tee time of 1 PM. It will be fun for all, experienced and hackers!

## Canada Philadelphia HIE Summit



MEDIA ADVISORY  
October 9, 2009

Contact: Mark Stevens  
[markwstevens@verizon.net](mailto:markwstevens@verizon.net)  
484.653.8571  
Vincent Finn  
[Vincent.finn@international.gc.ca](mailto:Vincent.finn@international.gc.ca)

### **Canada to Sponsor Historic Health Information Exchange Summit On November 10th, 2009 at The College of Physicians of Philadelphia**

#### ***National HIT Coordinator Blumenthal Confirmed to Keynote***

#### **Summary**

The U.S. is about to embark on a major overhaul of the healthcare system intended to reduce costs and improve patient care through the use of electronic medical records (EMR). Building viable health information exchanges (HIE) is the vital first step.

In 2001 Canada also set out to transform the Canadian health care system investing a total of \$2.1 billion to date in EHR systems with a goal of 50 % of Canadians with EHR's by 2010. As in the U.S. Canada was faced with the need to develop common architecture and standards, protect privacy and security, and promote interoperability.

How has Canada succeeded or failed in meeting these goals and what lessons can be learned by the U.S. as it struggles to implement a national strategy for eHealth?

**On-line registration:** <http://www.phima.org/Register111009.asp>

#### **Keynote Speakers (CONFIRMED)**

- **Dr. David Blumenthal, US National Coordinator for Health IT**
- **Richard Alvarez, CEO, Canada Health Infoway**

In addition to the keynotes panel discussions on important topics of interest to a U.S. audience will be held with Canadian and U.S. experts. Canadian and U.S. technology companies will also display solutions for eHealth information exchange and interoperability.

#### **Program:**

The keynote addresses will be followed by the HIE Summit which will comprise of panel discussions on three important topics of interest to a U.S. audience - Interoperability, Privacy & Security and Sustainability. Canadian experts will chair each panel discussion with local U.S. experts making up the panellists.

The afternoon program will consist of an exhibition of Canadian eHealth vendors and an interoperability showcase demonstrating how different Canadian vendor's solutions can work well together and integrate seamlessly with U.S. systems and products.

**Sponsors:**

The **Health Information Exchange Summit** is also being co-sponsored by the Consul-General in New York City, the Pennsylvania eHealth Initiative (PAeHI), the College of Physicians of Philadelphia, Delaware Valley Healthcare Council, the Healthcare Information Management Systems Society and the American Health Information Management Association (AHIMA), amongst others. ADVANCE Magazine for Healthcare IT Professionals is the event's Media Partner.

**Why you should attend:**

Bringing together U.S. decision makers and Canadian attendees is expected to result in future partnerships and sales opportunities for qualified Canadian companies through increased market intelligence and greater visibility in the U.S. market.

It is expected that the Health Information Exchange Summit will draw an audience of over 200 health care professionals, including CEO's and CIO's from some of the most importance hospitals and medical research centres in the region.

**PROGRAM**

7:30 AM – 8:30 AM	Registration and Breakfast
8:30 AM – 9:00 AM	Welcome Remarks - The Hon. David Marshall, Canadian Consul Dr. John C. Brucker, President, College of Physicians of Philadelphia (invited)
9:00 AM – 9:45 AM	Canadian Keynote Speaker - Richard Alvarez, CEO, Canada Health Infoway (invited)
9:45 AM – 11:15 AM	Panel 1 - Privacy & Security Chairperson/Facilitator - Donald Mon, VP of Practice Leadership, AHIMA  Panellists: Lisa Gallagher, VP, Privacy & Security, HIMSS; Glen Marshall – Co-Chair, HITSP Security, Privacy and Infrastructure (SPI) Technical Committee; Rachel Block, Deputy Commissioner for HIT State of New York; Steve Fox Esq., HIT Practice Lead, Post & Schell; Torie Jones; Chief Privacy Officer, University of Pennsylvania Health System; Maine HealthInfoNet/ Senior Rep. TBD (invited)
11:15 AM – 11:30 AM	Coffee Break

11:30 AM – 1:00 PM	<p>Panel 2 – Interoperability and Meaningful Use Chairperson/Facilitator -Dennis Giokas, CTO, Canada Health Infoway (invited).</p> <p>Panellists: Gina Perez, Delaware HIN; Robert Torres, Esq, Deputy Secretary for Administration, PA Department of Health; Bill O’Byrne, HIT Coordinator, Stae of New Jersey; TJUH CIO/ Senior Representative TBD; Jim Younkin, Executive Director KeyHIE Geisinger Health System; Association de l’industrie des technologies de la santé (AITS), Quebec/ Senior Rep. TBD.</p>
1:00 PM – 2:15 PM	Networking Lunch
2:15 PM – 3:00 PM	U.S. Keynote Speaker – Dr. David Blumenthal, National Coordinator for Health Information Technology (CONFIRMED)
3:00 PM – 3:15 PM	Networking Survey Results
3:15 PM – 4:45 PM	<p>Panel 3 – Sustainability Chairperson/Facilitator - Michael Nusbaum, MH Nusbaum &amp; Associates</p> <p>Panellists: Dr. Robert Beck, CTO, Fox Chase Cancer Center; Phil Magistro, Deputy Director, PA Governor’s Office of Health Care Reform; Laura Kolkman, President, Mosaica Partners; Lynn Dierker, State-Level HIE Consensus Project Director, AHIMA; Don Newsham, CEO, COACH: Canada’s Health Informatics Association; Martin Ferguson, Enterprise Architect, Province of New Brunswick.</p>
4:45 PM – 5:00 PM	Closing Remarks
5:00 PM – 7:00 PM	Reception

## TICKETS & REGISTRATION

Tickets:                                 \$75.00 general admission  
    \$50.00 for members of co-sponsoring organisations -  
    (PAeHI, DVHC, AHIMA, HIMSS, PCP).

On-line registration:                 <http://www.phima.org/Register111009.asp>

Directions & parking:                <http://www.collphyphil.org/direction.htm>

Event Information:                    [markwstevens@verizon.net](mailto:markwstevens@verizon.net)  
   [Vincent.finn@international.gc.ca](mailto:Vincent.finn@international.gc.ca)