

SIMPLIFY HEALTH INFORMATION TECHNOLOGY

**Health & Technology Newsletter  
for the Healthcare Provider**

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**Health Plans & Meaningful Use in Physician Contracts**

As the government enters the final stages of defining what it means for physicians to be meaningful users of electronic medical records, it appears that the financial implications for not meeting that definition are likely to affect more than Medicare pay.

Private insurers are latching onto the government's meaningful use definition to bolster their own efforts to promote EMR use and possibly impose their own financial penalties for nonuse among contracted physicians, according to the author of a new study looking at the

challenges physicians face with meeting meaningful use.

Because there will be a widely accepted standard for how physicians should use EHRs to gain the most benefit, the criteria are also almost certain to become default industry standards for using EHRs well into the future.

Therefore there is expectation that insurers, in order to bolster their efforts to encourage EHRs, will tie financial incentives to meaningful use as defined by the federal government.

Additionally, many insurers are now in the process of expanding



their EHR initiatives to include penalties for nonuse with several plans now writing contract clauses that would require doctors to follow federal meaningful use standards for EHRs.

Robert Zirkelbach, spokesman for America's Health Insurance Plans, said he expects pay-for-performance incentives for EHR use to eventually become an industry standard. ■

**Patient Portals**

Although PHRs have been defined as electronic filing cabinets to store personal health information, they are evolving into larger patient portals tethered to physician's EMR system and offering benefits beyond data storage. Integrated PHRs allow patients

to look up lab and test results, communicate with physicians electronically and request prescription refills online, and offer other convenience features that patients increasingly are demanding. Most EHR systems include a patient portal with a PHR component.

These systems not only will help physicians qualify for Medicare or Medicaid incentive pay, but they also can help physicians tap into a new revenue source—e-visits, which is an evaluation conducted by the physician over a secure online connection. ■



## Google Health

Google Health is a personal health information centralization service (sometimes known as personal health services) by Google. The service allows Google users to volunteer their health records – either manually or by logging into their accounts at partnered health services providers – into the Google Health system, thereby merging potentially separate health records into one centralized Google Health profile.

Volunteered information can include; health conditions, medications, allergies, and lab results. Once entered, Google Health uses the information to provide the user with a merged health record, information on conditions, and possible interactions between drugs, conditions, and allergies.

The pilot project, limited to 1,600 patients at the Cleveland Clinic, was quickly oversub-

scribed, said C. Martin Harris, the Cleveland Clinic's chief information officer. Dr. Harris also said that when the clinic's online health records, introduced in 2004, were linked to the Google record the clinic's records were used more frequently by patients. "It positioned our personal health record more into an activity that they use every day," Dr. Harris said. ■

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## Practice IT Systems Require Regular Checkups

What do patients and your practice's health information technology have in common? They both can benefit from regular checkups to ensure they are in good health.

The relatively small price of regular maintenance can help you avoid a complete system failure and the loss of your data, experts say. They also

can help you avoid a costly lawsuit if your system is not up to the technical standards set by federal laws.

John Rodgers of Oncore Associates said, "Information technology is no longer just a small component of a business. The issue that a lot of business owners now know is that technology is now an integral component of

the business, and it's almost like a utility in that you have to maintain that utility. You've got to include the hardware, the software, the network, the disaster recovery, the security. These pieces all have to be managed appropriately." ■

## Physicians Bullish On Mobile Technology



A recent study indicates that physicians adoption of mobile technology is on the rise. The report reveals 94% of physicians are using smartphones to communicate, manage workflows and access medical information. This represents almost a 60% increase from a similar study conducted in 2006. At that time, 59% of physicians were using

smartphones. By 2012, physician smartphone adoption is expected to reach 81% penetration and about half of this group will use their devices for administrative functions, learning as well as patient care. In addition, handheld devices are becoming more useful to physicians, partly because of the boom in physician-oriented applications as

well as portable content availability. In additions, physicians are increasingly using emerging technology channels to enhance their professional development and shifting their learning online. When it comes to product and treatment information seeking, physicians on average conduct 41% of their pharmaceutical and medical device research online. ■

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## EHRs Help Avoid Rejected Claims

Perhaps the biggest problem with antiquated claims processing methods is wondering:

- Did the claim go through?
- Was it complete?
- Where exactly is the claim?
- Will it be rejected?
- When will it be paid?

All of these questions arise when the financial operations staff don't have a window into

the revenue cycle. "Denials represent the 10 to 20 percent of claims that cause 90 percent of missed revenue opportunity", says Jeff Back of Oncore Associates. The need to collect patient receivables will only increase in the coming years as millions of consumers receive health coverage for the first time due to healthcare reform. Without critical changes to provider workflow and revenue cycle management, providers will, in

coming years, spend even more time and money chasing patient receivables and dealing with increased levels of uncollected patient responsibility dollars. Perhaps the best way to improve the claims process is the implementation of an EHR which allows a transparent view of claims internally which assists the billing staff to better manage their workflow and thereby increase revenue. ■



## Privacy Is Only As Good As The Weakest Link

Though there is the perception in many quarters that HIPAA privacy enforcement has been lax over the years, the HHS Office for Civil Rights investigated and resolved at least 11,421 cases of alleged violations from the time the regulations took effect in April 2003 through July 2010, a new report says.

A typical healthcare provider that does not have an active privacy monitoring system is likely to have 25 to 100 privacy breaches related to electronic patient data *per month*. And breaches can be expensive. In a survey of 300 hospitals and 1,400 clinics it was found that some breaches resulted in fines of more than \$2.25 million. If an

incident attracts media coverage, internal management costs can run between \$6.5 million and \$15 million for per breach, according to *Infosecurity (USA)*.

Having a monitoring system in place can cut the chance of a privacy incident by 85 to 99 percent. ■

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## Dates To Remember

**2010** - The new compliance deadline of the Red Flags Rule is December 31, 2010.

**2011** - Maximum 1% incentive payment through demonstration of successful e-prescribing.

**2011** - December 31, 2011. 5010/D.0 Level 2 external testing must be completed by this date.

**2012** - Maximum 1% incentive payment through demonstration of successful e-prescribing. **Penalty for non-adoption of e-prescribing is a 1% reduction in Medicare reimbursement.**

**2012** - All covered entities are to be in compliance with 5010/D.0 on January 1, 2012.

**2013** - **Penalty for non-adoption of e-prescribing is a 1% reduction in Medicare reimbursement.**

**2013** - The compliance deadline for use of the ICD-10-CM and ICD-10-PCS code sets is Oct. 1, 2013.

**2014** - **Penalty for non-adoption of e-prescribing is a 2% reduction in Medicare reimbursement.**

**2015** - **Healthcare organizations suffer penalties through reduced Medicare reimbursement payments if they do not become meaningful users of EHR by 2015.**

**2016** - There will be no payments for meaningful EHR use after 2016.

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**With Oncore as your health information technology provider, you receive services on par with the largest Fortune 500 companies, but at an affordable monthly rate.**

**HIPAA Compliance**

Oncore utilizes a step-by-step methodology to perform your organizations' HIPAA compliance assessment and support you through all phases, delivering either specific services or our complete readiness suite. Our HIPAA compliance is a combination of business as well as technical solutions designed to work harmoniously to achieve and maintain your compliance.

**Managed IT Services and Security**

Our OnCall managed information technology, and OnGuard managed security services are 100% HIPAA compliant and will allow your organization to take advantage of cutting edge technology that might be otherwise cost prohibitive, particularly in a smaller practice. Choose from our core managed services offerings and a menu of fully integrated solutions that can be used to completely outsource your technology infrastructure, allowing you to focus on management of your practice.

**Business Continuity/Disaster Recovery**

A Business Continuity and Disaster Recovery plan can minimize downtime and keep your practice operational. Oncore Associates Business Continuity and Disaster Recovery planning will not only ensure that your critical patient data, equipment, and systems are recoverable but will also address the loss of key staff and real estate.

**EMR**

Oncore will conduct an EMR readiness assessment and provide complete implementation project management services. These services will consist of a workflow analysis, system selection, and post implementation optimization. After your system is in place we provide a complete suite of services designed to proactively monitor and secure your new technology infrastructure.

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