

SIMPLIFY HEALTH INFORMATION TECHNOLOGY

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

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**Docs Struggle, But New Tech Makes Job Easier**

Despite evidence indicating that doctors are doing worse this year compared to last, job satisfaction has increased, with doctors citing new technology as a contributing factor, according to a new survey.

The survey collected responses from a national sample of 100 physicians, the majority of which were primary care providers

The 2011 State of the Small Practice survey highlights the challenges faced by private practices nationwide in an environment of economic downturn, technology mandates.

The survey found that 41 percent of doctors report that their practice is doing worse this year compared to last year. Twenty-six report their practice doing better and 31 percent report no change.

The survey indicates that insurance reimbursement delays and payments are another big concern for doctors, with 26 percent of survey respondents citing it as one of their chief complaint followed by patient volume and satisfaction (11 percent). Decreases in revenue coupled with lower patient volumes are making it more difficult for doctors to keep up. Despite the financial pressures,



the survey found that 69 percent of doctors report being satisfied to extremely satisfied with their career. Fifty-nine percent cited use of new technology as making things easier for their practice.

Eleven percent of doctors cited improvements in overall efficiency and healthcare technology as impacting their practice positively, and 7 percent cited having an electronic health record as a positive trend. ■

**Survey: One-Third Not Ready for HIPAA 5010 Conversion**

Even with less than a year left until the compliance deadline – and monetary reimbursement on the line – a disconcerting number of healthcare entities indicated that they are not yet prepared for conversion to HIPAA 5010.

The most recent ICD-10/5010 Readiness Survey, in fact, determined that among respondents “one third report they either don’t have a plan for HIPAA 5010 testing, or won’t test until the fourth quarter of this year

The looming deadline of January 1, 2012 means that trying to cram all testing into the fourth quarter of this year will invariably be problematic. Waiting too long to begin testing could delay or negate their receiving payment. ■

## Meaningful Use: Are All Your Bases Covered?



On the surface, proving “meaningful use” (MU) of an electronic health record (EHR), at least the bare minimum required to receive federal funding in 2011, doesn’t appear to be overly complicated. Upon closer inspection, however, certain details outlined in requirements may not be as easy to comply with as previously thought. This conclusion was echoed in an online report

from Health Data Management. In the article, author Joseph Goedert explained how some MU requirements are fairly straightforward. Others, however, will likely pose great challenges to providers who do not have the appropriate systems in place.

Jeff Back, Managing Partner at Oncore Associates, said, “Yes, meaningful use regulations are on our doorstep.

We are there to assist providers who are scrambling to understand how their EHR meets the requirements necessary to receive stimulus funds. Often lost in this process is the recognition that EHRs have limitations both as it relates to MU as well as the most efficient and effective care delivery. Workflow automation technology cannot be overlooked as a critical link between the EHR and full MU compliance.”

## Clock Ticks Toward HIPAA 5010, ICD-10 Deadlines



There are two ways of looking at upcoming compliance deadlines for HIPAA 5010 and ICD-10, Healthcare IT News reported in March.

Both the deadlines, and providers will face significant disruptions in their payments. Make the deadlines, and hospitals and physician

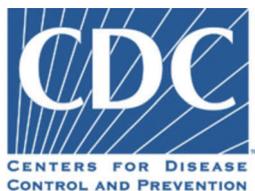
practices can expect to participate in savings estimated to reach \$35 billion industry wide.

First up is HIPAA 5010, a move that is likely to require significant changes to software, billing systems and workflows. Providers and most payers had to be ready to begin testing

5010 transactions on Jan. 1, 2011, and are required to submit transactions with 5010 on Jan. 1, 2012.

Next is ICD-10, in both “CM” and “PCS” flavors (for inpatient and ambulatory settings). Providers need to convert from ICD-9 to the appropriate ICD-10 set by Oct. 1, 2013.

## CDC: Physicians Steadily Increase EHR Adoption



Early results from an annual survey of provider practices show that more than half of the physicians who responded use at least partial EHRs in their offices, slightly higher than the 2009 figure of 48.3 percent, according to the Centers for Disease Control and Prevention.

The number of physicians adopting electronic health records in their office practices, now at 50.7 percent, is creeping steadily higher, even as the Health and Human Services Department dangles the prospect of paying out billions in incentive payments starting in 2011 to

healthcare providers who become meaningful users of certified EHRs. The CDC’s National Center for Health Statistics conducts the National Ambulatory Medical Care Survey of physicians to gauge their adoption of basic and fully functional EHRs. ■

## Many Practices Do Not Monitor Data Security

One requirement for collecting meaningful use incentives is for practices and hospitals to conduct assessments to determine if their data are secure. However, a survey by the Healthcare Information and Management Systems Society finds that many organizations don't perform that task.

The survey of 272 information technology professionals, a quarter of whom

work for medical practices, found that 25% had not performed a risk assessment of the protected health information created or maintained by their electronic medical record systems. Of the medical practices surveyed, 33% said they don't conduct a risk analysis.

"As the survey results indicate, one-quarter of the

sample population would not qualify for meaningful use incentives due to lacking a process to conduct risk analyses," said John Rodgers of Oncore Associates. "With near 80% of respondents indicating they would share electronically data outside of their organizations, health care organizations must ensure that proper security protections are operative." ■



## e-Prescribing Growing in Popularity Across the U.S.

The latest audit of electronic prescribing activity in all 50 states reports that one of every three physicians, nurse practitioners and physician assistants in the United State is e-prescribing.

In 2009, 47 states more than doubled their use of prescription routing, and

39 more than doubled their use of prescription benefit information. About 200,000 office-based prescribers now use e-prescribing.

The report showed that the number of physicians using e-prescribing tools tied to an EMR has risen in recent years, another indication

that e-prescribing rates can be closely tied to EMR use.

Currently, 77% of e-prescribers use an EMR to prescribe, up from 54% at the end of 2007.

The audit also showed that two of five paper prescriptions contained errors.■

*"2 of 5 paper prescriptions contained errors"*

## Dates To Remember

**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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April	May	June
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