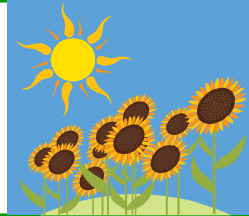


# RHC Newsletter



Issue 40

August  
2010

## Primary Care Fall Workshop 2010

### Registration and Hot Breakfast - 8:30 a.m.

I.	Welcome	Dana Stidham, MHPE Rural Clinic EP Coordinator, IRHA	9:00 a.m.
II.	Legislative Update	Charles James, Jr. President and CEO North American Healthcare Management Services	9:10-9:30 a.m.
III.	Electronic Health Records – Incentives	Allison Bryan, MS, CHES Operations Manager Indiana Health IT Extension Center Purdue University	9:30 – 10:30 a.m.
Break - 10:30 a.m.			
IV.	Advanced RHC Billing RHC & FQHC	Charles James, Jr. President and CEO North American Healthcare Management Services	10:45 – 11:45 a.m.
Lunch - 11:45 a.m.			
V.	How to Do Chart Reviews / Audits and Supportive Cod- ing	Terri Scales, CPC, CCS-P Janelle Frey, RHIT, CCS-P, CPC Dunbar Associates	12:45-1:45 p.m.
Break - 1:45 p.m.			
VI.	RHC Survey: Initial RHC Certification Recertification	Joyce Elder and Kelly Hemmelgarn Public Health Nurse Surveyor Supervisors Indiana State Department of Health	2:00-3:00 p.m.
VII.	What are the Differences? FQHC and RHC	Elizabeth Morgan Burrows, JD Chief Executive Officer Vermillion-Parke CHC	3:00-3:40 p.m.
VIII.	Helping Patients Stop Using Tobacco: Quitline	Camille Kalil Indiana State Director IN Tobacco Prevention & Cessation	3:40-4:00 p.m.

## Electronic Medical Records Meetings with Purdue and HealthLinc

During the last two weeks Indiana Primary Health Association hosted four regional meetings with the Regional Extension Centers (RECs) to talk to the primary care practices of underserved areas, i.e RHCs and FQHCs. Purdue is available to assist any primary care provider in Indiana.

HealthBridge, from Cincinnati, serves a region across three states: Ohio, Kentucky, and 14 counties in southern Indiana.

The RECs are gearing up to help primary providers in practices with 10 or fewer providers to adapt an EMR and achieve the meaningful use criteria. There is a set of required core measures as well as some flexibility to choose some of them. Keep in mind that the incentive program does not begin until 2011 and while there are requirements, measurement is based upon the ability to show that there is continued progress toward these goals.

The majority of the cost for the REC services is funded by Federal grant dollars which is paid to the REC when the provider meets the required milestones. There is a one time fee for assistance from the REC that ranges from \$0-\$2000 per provider depending upon the clinic's current EMR status. Obviously, the greatest cost is for those clinics that do not have any electronic medical records. They will require the most work from the REC. On the flip side, those facilities adapting EMRs for the first time or those opting to convert to one of the REC's recommended systems will benefit from special pricing packages.

Core services provided by the RECs for those facilities without an EMR include:

- Internet Technology infrastructure analysis and installation (connectivity, evaluating existing devices, computer preferences for providers, etc.)
- Staff training and educational opportunities (CME).
- Vendor selection, with preferred pricing and terms, and implementation assistance.
- Comprehensive meaningful use action plans.
- Post go-live metric monitoring, gap analysis, and fill-plan assistance.

For facilities with an EMRs:

- Comprehensive meaningful use action plans.
- Post go-live metric monitoring, gap analysis, and fill-plan assistance.

### Which EMR systems meet the meaningful use criteria?

Presently there aren't any. This fall the Office of the National Coordinator for Health Information Technology

(ONC) will offer EMR vendors an opportunity to apply for certification. This certification will signify to eligible professionals which EMR systems have the capabilities necessary to support the providers' efforts to meet the goals and objectives of meaningful use. For the EMR incentive, the practice must utilize a certified EMR. Consequently, existing EMR companies are diligently working to achieve certification.

### Why is the ONC focusing on EMRs?

The ONC's mission aims to promote the development of a nationwide Health IT infrastructure that allows for electronic use and exchange of information that:

- Ensures secure & protected patient health information
- Improves health care quality
- Reduces health care costs
- Informs medical decisions at the time/place of care
- Includes meaningful public input in infrastructure development
- Improves coordination of care and information among hospitals, labs, physicians, etc.
- Improves public health activities - facilitates early identification/rapid response to public health emergencies
- Facilitates health and clinical research
- Promotes early detection, prevention, and management of chronic diseases
- Promotes a more effective marketplace
- Improves efforts to reduce health disparities

Demonstration of meaningful use is based upon a process of meeting the benchmarks and will come in three stages with metrics that will increase over time. Year one is 2011, year two is 2013, etc. The RECs encourage practices that are contemplating EMR adaption to consider it sooner than later. If a clinic delays until 2013 to adapt an EMR, they will have to meet the requirements of level 1 and 2 initially.

Offices could benefit from multiple incentives for each provider that meets eligibility. The RECs are available to help the RHCs. For more information, Purdue and HealthLinc's offer webinars. The RECs and some of the vendors will be at IRHA's Fall Workshop. See front page.

### Resources:

<http://www.cms.gov/ehrincentiveprograms/>

[http://www.cms.gov/MLNProducts/downloads/Medicaid\\_Qs-EHRIP\\_Final\\_Rule.pdf](http://www.cms.gov/MLNProducts/downloads/Medicaid_Qs-EHRIP_Final_Rule.pdf)

[http://healthit.hhs.gov/portal/server.pt/community/healthit\\_hhs\\_gov\\_\\_meaningful\\_use\\_announcement/2996](http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__meaningful_use_announcement/2996)

## Enter Indiana's Quit Now Contest

### Quit Smoking for 30 Days for a chance at \$2500

Are you one of the nearly 1,000,000 Hoosiers that say they want to quit? Enter this year's contest by pledging to quit for 30 days. Entries must be made by September 30th. Help and aids will be available. This is a lottery that actually "pays" you money - for a one pack a day habit, you will save about \$150!



To enter: <http://www.quitnowindiana.com/>

## Quitline Helps Tobacco Users Quit!

The Indiana Rural Health Association recently secured funding to support Rural Health Clinics and Critical Access Hospitals by offering a no-cost professional health care service. Patients who come to you present with chronic diseases or illnesses that you treat, but their problems are worsened by tobacco use.



IRHA would like to help you integrate free professional Indiana Tobacco Quitline services within your practice. Many of you know Tina Elliott, the master mind behind our annual conferences. She will meet with your health care provider to review this critical care program. She will be traveling from county to county visiting with health care providers from September, 2010, through March, 2011.

Tina will be contacting you to find out what month, day, and time (from September through March) are most convenient for a 30-minute face-to-face meeting. This is an exciting endeavor; besides promoting the Quitline services, Tina looks forward to meeting our partners in the rural communities and visiting all the different facilities.



## Indiana Telehealth Network/Federal Communications Commission Pilot Project - EMR Connectivity Needs

On July 27<sup>th</sup>, IRHA hosted a webinar for Rural Health Clinics regarding the Federal Communications Commission (FCC) Pilot Project, known as the Indiana Telehealth Network (ITN) in Indiana. The ITN is one of 62 projects nationwide whose goal is to offset 85% of the construction costs for creating dedicated health care networks. IRHA is the lead entity for the ITN, and began working with Critical Access and Rural Hospitals in Indiana back in 2007 to bring the dream of fiber optics and higher bandwidth to rural Indiana. We expect the ITN to be operational in October 2010.

The ITN is currently in the final planning stages for a second Request for Proposal (RFP) to get construction bids and monthly recurring bandwidth costs in 5 mbps, 10 mbps, 50 mbps, and 100 mbps increments for additional rural facilities. Targeted facilities include CHCs, CMHCs, FQHCs, and RHCs. For questions about bandwidths or interest in increasing your current capacity, contact Becky Sanders at [bsanders@indianarha.org](mailto:bsanders@indianarha.org) before September 10<sup>th</sup>.

Based on data in the FCC's National Broadband Plan, which was released in the spring of 2010, Rural Health Clinics with up to 5 practitioners may need as much as 10 mbps to support their clinic management functions and EMR related activities, email, web browsing, and standard definition video conferencing. Recommendations for solo primary care practices are bandwidth of 4 mbps or more. Both the FCC's National Broadband Plan and a related article entitled "Health Care Broadband in America" can be found on the IRHA website in the Resources section, under the category Indiana Telehealth Network – Documents. <http://www.indianaruralhealth.org>

## Indiana Rural Health Association

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Terre Haute, IN 47803

Phone 812-478-3919

## Upcoming Events

### National Rural Health Association Rural Health Clinic

#### Conference

September 28 - 29  
Kansas City, MO

<http://www.ruralhealthweb.org/>

### National Association of RHC Fall Institute

October 20-22

Atlantis Casino, Resort & Spa in  
Reno, Nevada. To registration and  
view full agenda

[http://www.narhc.org/events/  
events.php](http://www.narhc.org/events/events.php)

### IRHA Rural Health Clinic Workshop

Oct. 29th

IRHA members \$75  
[www.indianaruralhealth.org](http://www.indianaruralhealth.org)

### Health Information Technology (HIT) Summit

November 30-Dec. 1  
Marriot Indianapolis North  
3645 River Crossing Parkway  
IRHA members \$50  
[www.indianaruralhealth.org](http://www.indianaruralhealth.org)

## Webinar: What is Meaningful Use Anyway?:

### A Simple Overview of a Complex Topic

The Tri-State Regional Extension Center is hosting a webinar to help untangle the complex issue of meaningful use. There will be a brief overview of meaningful use, a Q&A panel with our meaningful use experts, and then time devoted to your questions. Please register for this informative webinar early, as space is limited. For help with registration or other questions, please call 513-247-6865.

#### Space is limited.

Reserve your Webinar seat now at:

<https://www1.gotomeeting.com/register/198310008>

## IRHA Health Information Technology (HIT) Summit

### "HIT or Miss"

November 30-Dec. 1  
Marriot Indianapolis North  
3645 River Crossing Parkway  
[www.indianaruralhealth.org](http://www.indianaruralhealth.org)  
National and state speakers!

- Meaningful Use
- CAH/FQHC Collaboration
- EHR Adoption Implementation
- Indiana HIT Initiatives
- American Recovery and Reinvestment Act (ARRA)

## Agenda Highlights for the NARHC Meeting in Reno

RHC Billing 101 and Adv.  
Cost Reporting 101 and Adv.  
Annual To Do List for RHC Compliance  
RHC/FQHC Issues  
Workforce Issues / HRSA Scholarship/Loan Repayment  
QAPI  
Credentialing  
EMR Implementation Panel  
EMR Meaningful Use  
Health Care Home  
Legislative and CMS Updates  
MAC Discussion Panel  
RHCs Nationwide and What Impacts Their Performance  
Continuing Education Credits are available

[www.narhc.org](http://www.narhc.org)