

ArcBITS Newsletter

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ArcSys Hot Tip

As if meeting MU wasn't enough, we have also been undergoing ICD-10 certification with submitting orders to Labcorp and receiving results. Good news: We passed!

Now the only question is what is really going to happen on 10/1/2014?

Next on the docket is meeting new USIS immunization guidelines! (Will it ever end?)

The Meaningful Use Certification Testing Process

For those readers who have been following our progress on preparing for the Meaningful Use 2 certification (MU2), this newsletter will be of interest. We (Mike Archuleta, Scott Wood, Pam Wood and Lesia Johnson) had prepared for 35 "tests". In the space of two solid days we were able to meet the requirements of 29 and now have another date in the near future to complete the final six.

In a word, it was **GRUELING**.

A "test" is somewhat of a misnomer. It is something more like giving a presentation on a certain aspect of how Red Planet handles a function or task. As an example, one of the simpler tests is showing the process of entering a medication and receiving a warning that it may have an interaction with another med. But, wait, there's more. How do you control who will receive those messages? How do you control who has the authority to say who will receive what messages?

The biggest obstacle in trying to meet MU2 is reading vast quantities of material, deciphering it, researching, programming to meet an expectation, and then testing countless scenarios. As an example, one of our favorites was,

Evaluates the capability for a limited set of identified users to select (e.g., activate, enable) one or more electronic clinical decision support interventions (in addition to drug-drug and drug-allergy contraindication checking) in the EHR technology based on data from each one and at least one combination of data from two or more of the following data categories: Problem list, medication list, medication allergy list, demographics, laboratory test, and vital signs.

We did this. Or, so we thought. We had developed a rather sophisticated process where a provider could be alerted if a patient was not meeting the Clinical Quality Measures. After all (we thought) if a provider is to meet objectives about CQM then it would be a terrific "intervention" to be told if the patient is not compliant. Missed that objective by a mile. What was expected was to alert the provider to an intervention if a certain medication was prescribed or a new diagnosis was uncovered. In some ways we had over-engineered what was desired. Further, the intervention is to then link to a *citation* where the provider can assess the veracity of the alert. Now, we ask you, do you see that being described anywhere in the previous paragraph?

It gets even more interesting with the concept of "one combination of data from two or more." It is advised that Ambien not be taken by someone with a liver disease. The system should alert a provider when either of these two events occur after the other. Plus there needs to be an audit trail of what interventions each doctor is monitoring. Can you see where this is leading?





More Testing...

The actual test took place utilizing the software product, GoToMeeting. Our test proctor with the Drummond Group hooked into our pc and then we had two solid days of talking on the phone. Real simply, the proctor would ask us a question, we would show a feature, he would take a screen shot, and the process would repeat. But then we would hit those snags where he would ask a question and we had no idea what he was asking. Explanations and questions would be traded back and forth—often for extended periods of time. At last we would have an understanding of the expectation and we would table that “test” until later in the day.

A good example of this was in the immunization screen. For those who are familiar with this screen, you know that we have 1 field called Site (for site of the injection). It would have a pull down list with r. thigh, l. arm, etc. For MU2, we needed to have an additional field called Route which also has a pull down list with intradermal, oral, etc. In our little world of day to day users, the Site field of 5 choices was sufficient and we could deduce the route from that field. Not so with MU2. You need to be covered with 12 different sites where you can be “stuck” and 42 different routes of administration. This, of course, was something very simple to implement within Red Planet. But in the heat of being tested and trying to meet certification, the pressure was intense.

Our proctor has seen dozens of different systems. At times he would comment, “Yea, everyone seems to be a little confused on what was intended.” Part of the role of the proctor is to verify that we haven’t built software that is intended to just pass the test. There can be no “hard-coding” to just produce the right answer. Often he would ask to see an underlying table or file structure. Another screen shot would be taken and more notes would be recorded on his end. Because the Drummond Group is an Accredited Certifying Body, they have to be able to attest to the Office of the National Coordinator of Health and Human Services that their standards and measures meet the expectations of MU. After all, they too, can be audited and their results can be scrutinized for completeness.

And the Winner Is...

One of the highlights of the testing process was when we demonstrated our patient education resource and how it could link to Medline Plus, WebMD, the Mayo Clinic, or AAOS. Our proctor even commented that it was a real interesting approach and solution. (We allowed ourselves a microsecond to do a high-five.)

The big question you will need to ask is, “How will all of this impact my office?” A very good question. For starters, the doctors will need to become more hands-on in using the computer. The entire staff will need to become more fluent in understanding Rxnorm, LOINC, and SNOMED CT. There will become much, much more codification of information. It won’t be sufficient to say the patient had their gall bladder removed in 2008 and that their mother died of pancreatic cancer. There are many codes to define all of these things and there will be new screens in which this information is entered.

But, as you start to receive information from other offices who are MU certified, they too will be providing data that has been codified. Reciprocally, you will be sending coded data to their office and there will be less room for making assumptions of what was diagnosed, treated or administered.

Last, but not least, your investment in Red Planet and ArcSys continues to be sound. We are the smallest business to undertake this certification which is actually an asset. Having gone through this rigorous exercise of certification we will be able to document and explain things to assist your office. We will be able to explain why you are missing a measure and know how to remedy the issues you will encounter. Our commitment to service and delivering solutions will continue to be the high-water mark.

Now, is anyone ready for MU3?