



## Updates!

e-Newsletter from Iatric Systems, Inc.

April, 2007

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### 1. Message from Senior Management

#### Listening to customers – some concrete evidence...

John Danahey, Vice President of Customer Services



How many times have you heard vendors say that they listen to their customers' feedback? Do a Google search alone on the phrase "We listen to our customers" and you'll find over 62,000 occurrences. The claim is made by companies of every size in every industry, from Boeing to Gateway to Wal-Mart and virtually every one in between.

Iatric Systems isn't immune from making the same claim. In fact, we frequently talk about listening to our customers. However, as I reviewed the articles in this month's issue of our newsletter, I was proud to see further concrete evidence of how often we really do take our customers' feedback and turn it into reality.

In this month's issue, we're announcing two new solutions, **Interface Outsource Services** and **Revenue Cycle Improvement with VSB**. Both of these solutions are the result of us listening to our customers' needs and ideas.

Another point that struck me is the wide diversity of the hospital staff to whom we listen. We were clearly listening to CIO's and other Information Technology staff as we developed our Interface Outsource Services. However, we take input from a wide variety of other staff throughout the hospital as well. It was Patient Financial Services, Patient Access and Health Information Management staff who provided the input necessary to turn Visual SmartBoard (VSB) into a Revenue Cycle Improvement tool.

I hope you enjoy learning about these new innovative solutions. If you, too, would like to turn your feedback into reality, give us a call.

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## 2. Iatric Systems' New Interface Offerings Break All the Rules

### Iatric Systems Releases Interface Engine and Interface Outsource Services An Interview with Joel Berman, President



**Q:** Joel, why do you like to say Iatric Systems is “Breaking All the Rules” with its new Interface offerings?

**Joel:** We’re clearly breaking traditional rules of engagement between Interface Engine vendors and hospitals. In a traditional relationship, the hospital buys an Interface Engine and the hospital has to assume management of all the interfaces. In our model, we provide the Interface Engine \*and\* we offer management of the interfaces. Our approach moves away from a product level agreement and moves closer to a service level agreement. A product level agreement says, “You pay money and you do the work.” Our approach says, “You pay the same amount of money, but we do the work.”

**Q:** Why would hospitals want to give up management of their interfaces?

**Joel:** One of the hidden challenges of interface engines is the staffing required to keep one running. Not only do you need to find people with the expertise, but when you manage your own interfaces, you commit to a 24/7/365 job. For the average Meditech hospital, that can be an expensive and challenging proposition. What if the person leaves? What happens when they’re on vacation and there’s a problem?

**Q:** Couldn’t other vendors offer a similar “outsourced” approach?

**Joel:** I’m sure they could, but we have some distinct advantages. First, we have the expertise. We have over 4,000 interfaces currently installed and being monitored at hospitals. Secondly, we’re in a unique position to provide a complete solution – data feeds out of the Meditech system, the Interface Engine itself, and the expertise to connect the data to other vendors’ systems. Finally, and this is not trivial – our Interface Engine was developed in-house so it’s not reliant on any other 3<sup>rd</sup> party software. This has enabled us to keep our costs down and set pricing that’s extremely competitive.

**Q:** You’ve alluded to pricing twice now – how competitive is it?

**Joel:** I think most CIO’s are going to be very pleasantly surprised to find out they can get an Interface Engine, data feeds out of the Meditech system and multiple connections to other vendor systems for less than the average price of any other interface engine available on the market. If you think it’s too good to be true, don’t believe me – ask our customers! We’re doing this with a number of sites already.

**Q:** So, Iatric Systems has already deployed the Engine?

**Joel:** Absolutely. The core components of our engine have been around for years, and they’re installed at many Meditech hospitals. We’ve resisted the temptation to jump into the typical Interface Engine product market. Instead, we’ve been slowly building these service level types of agreements with our good customers. Lately, however, we’ve heard more and more CIO’s say they’re tired of trying to support an Interface Engine in-house. We’re also hearing from smaller hospitals that they would like the benefits of an Engine but they simply can’t afford the staff for one. We believe the Meditech hospital community is now ready for what we have to offer.

**Q:** How will this impact Iatric Systems’ Point to Point interface sales?

**Joel:** We expect the impact on our Point to Point interfaces to be quite minimal, actually. There are some distinct advantages to using Point to Point interfaces vs. an Interface Engine. It all depends on a hospital’s specific circumstances. Also, you might be surprised by how many Point to Point interfaces it takes before an Interface Engine provides a real return on investment – it’s

usually more than you think. For some reason, many Interface Engine companies don't want to share that little tidbit of information. Because we offer Point to Point interfaces and an Interface Engine, we're not biased toward one path over the other. So, we believe we're in the right position to help hospitals make an appropriate assessment and the right decision.

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### 3. Introducing Revenue Cycle Improvement with VSB



April 24, 2007 – Iatric Systems is pleased to announce the release of a new product now available to MAGIC sites: [Revenue Cycle Improvement with VSB](#) (Visual SmartBoard).

The solution benefits Patient Financial Services, Patient Access and Health Information Management areas by improving revenue cycle workflow processes.

Revenue Cycle Improvement with VSB enables hospitals to create online worklists. Each worklist pulls up patient accounts based on hospital-defined criteria, then allows staff to click directly into the specific Meditech routine and account necessary to complete their Revenue Cycle Improvement tasks. The integration with Meditech is seamless, and worklist criteria can cross modules, making it an extremely powerful tool.

The system can be purchased with pre-built worklists. Here are just a few examples of pre-built worklists and how they can help Revenue Cycle Improvement areas:

- **Patient Financial Services** – A Denials Management worklist allows staff to view on one screen daily postings that were less than expected reimbursement amounts, then click directly into Process Patient Accounts to work each account accordingly
- **HIM / Medical Records** – An Incomplete Records Management worklist allows staff to view incomplete records by physician, together with the number of outstanding days and the total account dollars that are being held up as a result. Hovering ones mouse over certain fields provides additional helpful information (such as physician phone number and pager).
- **Patient Access/ Scheduling / Registration** – A Pre-Registration worklist allows staff to pull up all scheduled patients from CWS, then click into ADM routines to pre-admit the patients quickly and efficiently. An Insurance Pre-Authorization worklist enables efficient treatment authorization tracking and insurance verification.

Keep an eye out for demonstrations of Revenue Cycle Improvement with VSB at International MUSE in May. If you're not attending MUSE but would like more information or if you would like to schedule a demonstration, please contact Kay Jackson via e-mail at [KayJ@iatric.com](mailto:KayJ@iatric.com) or via phone at 978-805-3104.

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#### 4. "Present on Admission" – Is Your Facility Ready?



Effective March 1, 2007, the Centers for Medicare & Medicaid Services (CMS) began requiring US hospitals to add another acronym, **POA**, to their long list of coding requirements.

POA stands for "Present on Admission". It is an indicator, the results of which are aimed at helping Medicare appropriately revise DRG calculations for 2008. CMS was mandated under the Deficit Reduction Act of 2005 to implement a requirement that would compel hospitals to report POA information.

For more information on the usefulness of the new indicator, please see [The Case for the Present-on-Admission \(POA\) Indicator Report# 2006-01](#).

Now that it's in effect, the POA indicator applies to diagnosis codes for claims involving inpatient admissions to general acute-care hospitals, or other facilities as required by law. The indicator is based not only on the conditions known at the time of admission, but also include conditions that were clearly present but not diagnosed until after the admission took place.

It is important that your facility understand the national guidelines and how they differ from those your state may already require. To better understand the national guidelines, coding staff at your hospital can refer to comprehensive coding guidelines as published in the [ICD-9-CM Official Guidelines for Coding and Reporting](#) as well as the [POA Reporting Guidelines Supplement](#) published in September of 2006.

The five POA indicator options include:

- Yes
- No
- No information in the record
- Clinically undetermined
- Exempt from POA reporting

How can your hospital accurately assign the POA indicator without driving your physician population crazy with continuous inquiries? A starting point may perhaps be updating your inpatient physician orders to include the data needed for the POA. Education of your physician population will be critical for success.

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#### 5. Iatric "Tuesday Trainings" at International MUSE



"Tuesday Trainings" have become a cornerstone of the education that occurs each year at International MUSE. Last year, Iatric Systems introduced "Hands On" NPR Report Writer training, which became an instant hit. This year, in addition to more Hands-On courses, we would like to highlight **four brand new workshops** Iatric Systems will be hosting:

**802 – NPR Report Writer, Nothing but Labels:** As the title suggests, this course will focus exclusively on using the NPR Report Writer to create extraordinary labels! Learn things like virtually effortless customized label formatting and easy fragment programming for thermal printers. Joe Cocuzzo, VP of NPR Services at Iatric Systems, will lead this course, which is applicable to MAGIC and C/S sites.

**702 – NPR Report Writer, Let Meditech Do the Work:** Come to this course if you'd like to learn ways to exploit Meditech. Using standard programs, utilities and little-known techniques, learn how to save time when writing NPR reports. Chuck Waterbury, Senior NPR Consultant at Iatric Systems, will teach this course, and it is open to students from MAGIC and C/S sites.

**711 – TCP/IP & Wireless Networking Declassified:** Does it feel like certain people at your organization have some sort of "top secret clearance" to network knowledge? This workshop will declassify the subject, starting with the basics and placing special emphasis on wireless networks. Frank Fortner (Senior VP) and Steve Walker (Director of Client Technology) will co-host this course for MAGIC and C/S sites.

**810 – Revenue Cycle, What's Right for Your Facility?** Where does the Revenue Cycle start at your facility? Learn where the groundwork for success begins and how to change workflow processes in various departments to maximize success. This course will include training methods and sample tests that will help your staff better understand why they must do certain tasks. Improve your bottom line and become master of your A/R! Kay Jackson will host this course, and individuals from MAGIC and C/S sites are invited to attend.

Below is a complete listing of all of the workshops Iatric Systems will host this year at International MUSE. Please note that individuals who participate in course 809 (NUR Dictionaries – Building a Solid Foundation) will receive 3.8 Nursing CEU credits. You can sign up for Tuesday Trainings by visiting the [Workshops](#) page of the MUSE website. All proceeds from workshops benefit the MUSE organization. See you in San Diego!

#### **Morning Workshops:**

- 701 – Hands-On NPR Report Writer Training for MAGIC (with Joe Cocuzzo)
- 702 – NPR Report Writer, Let Meditech Do the Work (with Chuck Waterbury)
- 708 – Intro to Clinical Rule Writing (with Jason Medeiros)
- 709 – CDS Basics - Building Customer Defined Screens (with Michelle Schneider, RN)
- 710 – NPR Fragments (with Joel Berman)
- 711 – TCP/IP & Wireless Networking Declassified (with Frank Fortner and Steve Walker)

#### **Afternoon Workshops:**

- 801 – Hands-On NPR Report Writer Training for C/S (with Chuck Waterbury)
- 802 – NPR Report Writer, Nothing but Labels (with Joe Cocuzzo)
- 808 – CDS Attributes (with Jason Medeiros)
- 809 – **3.8 CEU's!** NUR Dictionaries - Building a Solid Foundation (with Michelle Schneider, RN)
- 810 – Revenue Cycle, What's Right for Your Facility? (with Kay Jackson)

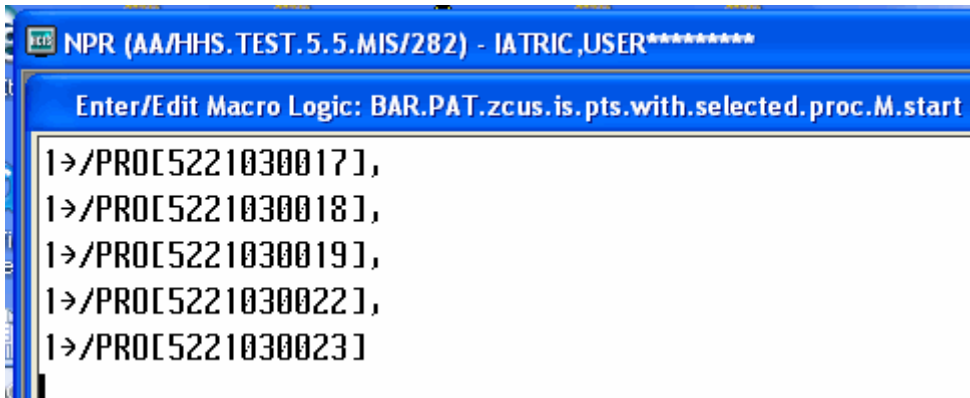
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## 6. NPR Report Writing Tips

**Use Word "Search and Replace" to create code - avoid typos and RSI .**

You often set up a list of mnemonics or procedure codes or similar selection or mapping values by building a temporary array in slash in a "start" macro.

For example, you might make an array of BAR procedure codes:



```
NPR (AA/HHS.TEST.5.5.MIS/282) - IATRIC,USER*****
Enter/Edit Macro Logic: BAR.PAT.zcus.is.pts.with.selected.proc.M.start
1>/PRO[5221030017],
1>/PRO[5221030018],
1>/PRO[5221030019],
1>/PRO[5221030022],
1>/PRO[5221030023]
```

Then use the LI operator to select transactions which are in the list:

Report Name

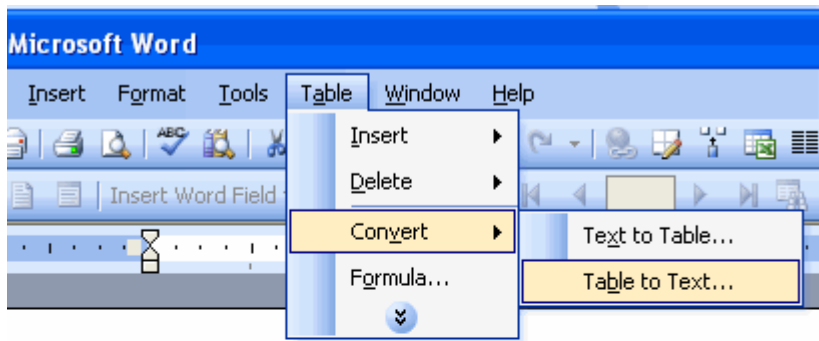
	Sort Field	Order	Header	Trailer	Ren
1	<input type="text" value="bar.adm.ser"/>	<input type="text" value="ASC"/>	<input type="text" value="NONE"/>	<input type="text" value="N"/>	
2	<input type="text" value="account"/>	<input type="text" value="ASC"/>	<input type="text" value="NONE"/>	<input type="text" value="N"/>	
3	<input type="text" value="txn.class"/>	<input type="text" value="ASC"/>	<input type="text" value="NONE"/>	<input type="text" value="N"/>	
4	<input type="text" value="txn.urn"/>	<input type="text" value="ASC"/>	<input type="text" value="NONE"/>	<input type="text" value="N"/>	
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

	Select Field/Prompt or Value	Oper/Default or Keyword
1	<input type="text" value="bar.adm.ser"/> <input type="text" value="FROM DATE"/>	<input type="text" value="GE"/>
2	<input type="text" value="bar.adm.ser"/> <input type="text" value="THRU DATE"/>	<input type="text" value="LE"/>
3	<input type="text" value="txn.procedure"/> <input type="text" value="/PRO"/>	<input type="text" value="LI"/>
4	<input type="text"/> <input type="text"/>	<input type="text"/>

Sometimes you will have a spreadsheet that contains a column of the mnemonics you need to code into the list.

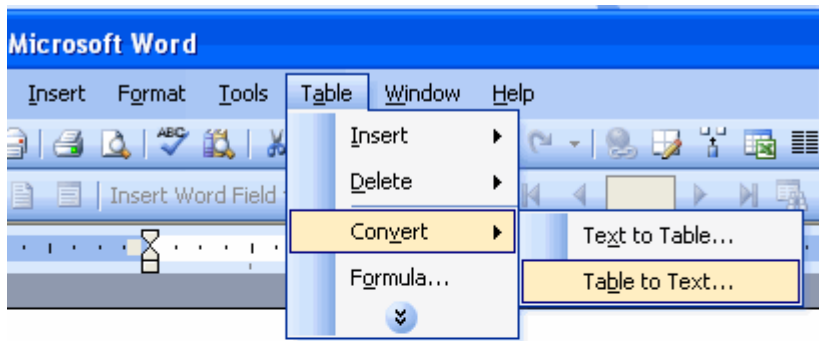
Here is an easy method to build the code to make the array in / using Word's search and replace function.

Step 1, copy the column of values from the spreadsheet.



DT	☒
DTP	☒
DTaP	☒
HCV	☒
HPV	☒
Hep-A	☒
Hep-B	☒
Herpes-Vac	☒
Hib	☒
INFLUENZA	☒
IPV	☒
Meningo	☒
MMR	☒
MMRV	☒
Mantoux	☒
PCV-7	☒
PPV	☒
RSV	☒
Rabies	☒
Rotavirus	☒
Smallpox	☒
Td	☒
Tdap	☒
Typhoid	☒

Step 2: Paste into a new Word document, this will produce a 1 column table in Word. Select the table and use the "Convert Table to Text" to produce a 1line per entry:

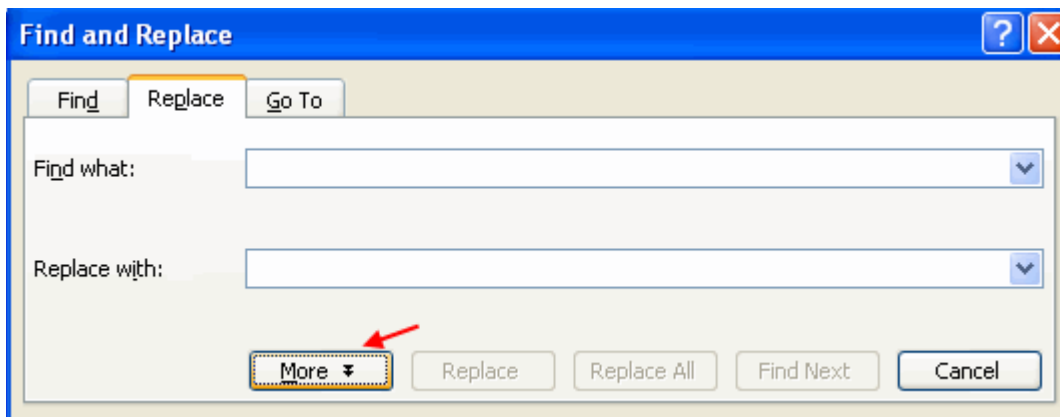


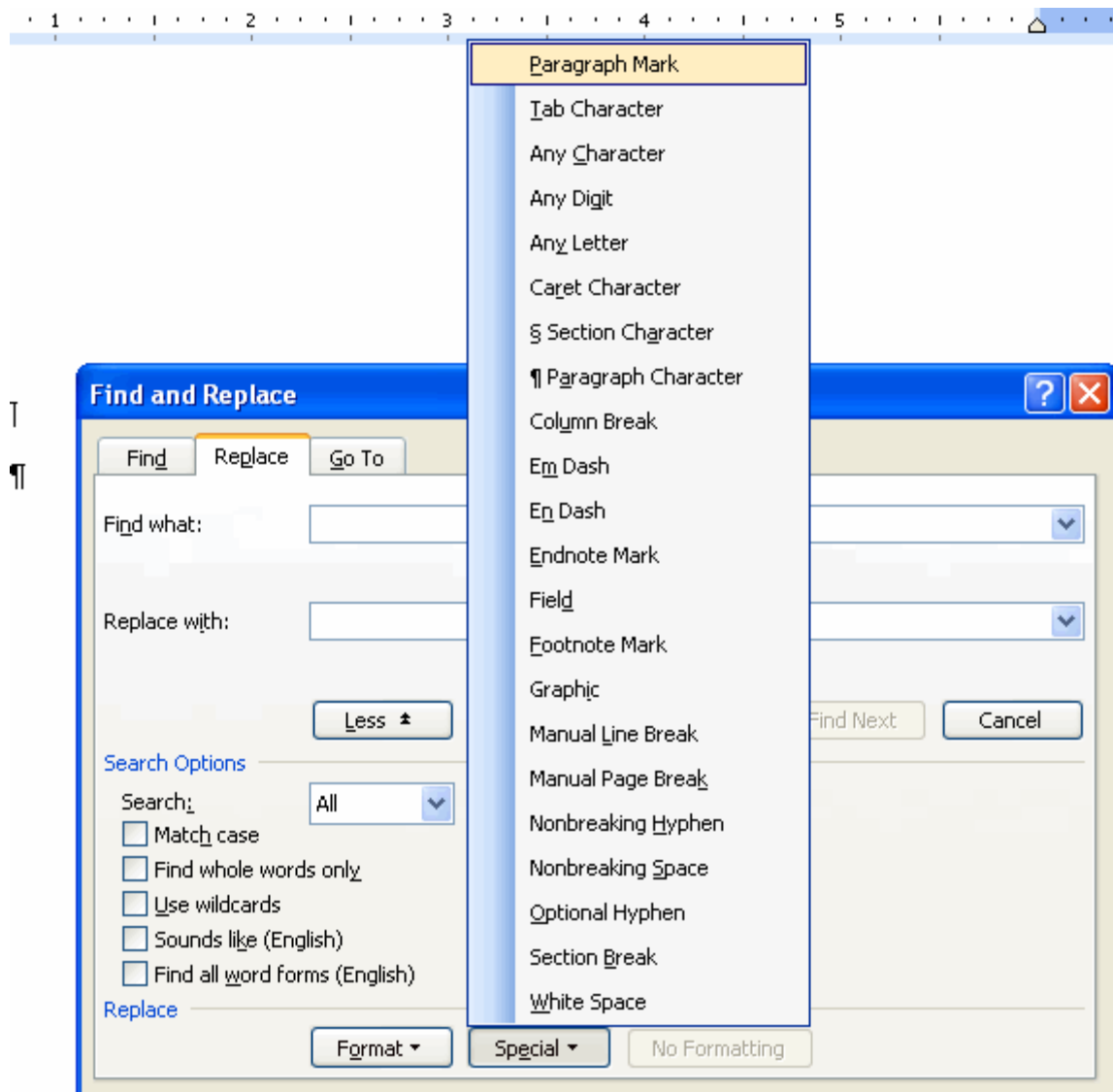
DT $\alpha$	$\alpha$
DTP $\alpha$	$\alpha$
DTaP $\alpha$	$\alpha$
HCV $\alpha$	$\alpha$
HPV $\alpha$	$\alpha$
Hep-A $\alpha$	$\alpha$
Hep-B $\alpha$	$\alpha$
Herpes-Vac $\alpha$	$\alpha$
Hib $\alpha$	$\alpha$
INFLUENZA $\alpha$	$\alpha$
IPV $\alpha$	$\alpha$
Meningo $\alpha$	$\alpha$
MMR $\alpha$	$\alpha$
MMRV $\alpha$	$\alpha$
Mantoux $\alpha$	$\alpha$
PCV-7 $\alpha$	$\alpha$
PPV $\alpha$	$\alpha$
RSV $\alpha$	$\alpha$
Rabies $\alpha$	$\alpha$
Rotavirus $\alpha$	$\alpha$
Smallpox $\alpha$	$\alpha$
Td $\alpha$	$\alpha$
Tdap $\alpha$	$\alpha$
Typhoid $\alpha$	$\alpha$

DT¶  
DTP¶  
DTaP¶  
HCV¶  
HPV¶  
Hep-A¶  
Hep-B¶  
Herpes-Vac¶  
Hib¶  
INFLUENZA¶  
IPV¶  
Meningo¶  
MMR¶  
MMRV¶  
Mantoux¶  
PCV-7¶  
PPV¶  
RSV¶  
Rabies¶  
Rotavirus¶  
Smallpox¶  
Td¶  
Tdap¶  
Typhoid¶  
Varicella¶  
Tetramune¶

Step 3: Use "Search and Replace" and replace the "Paragraph Mark" with the code you will need to put each entry in quotes and create a line like this: 1^/CODE["DT"],

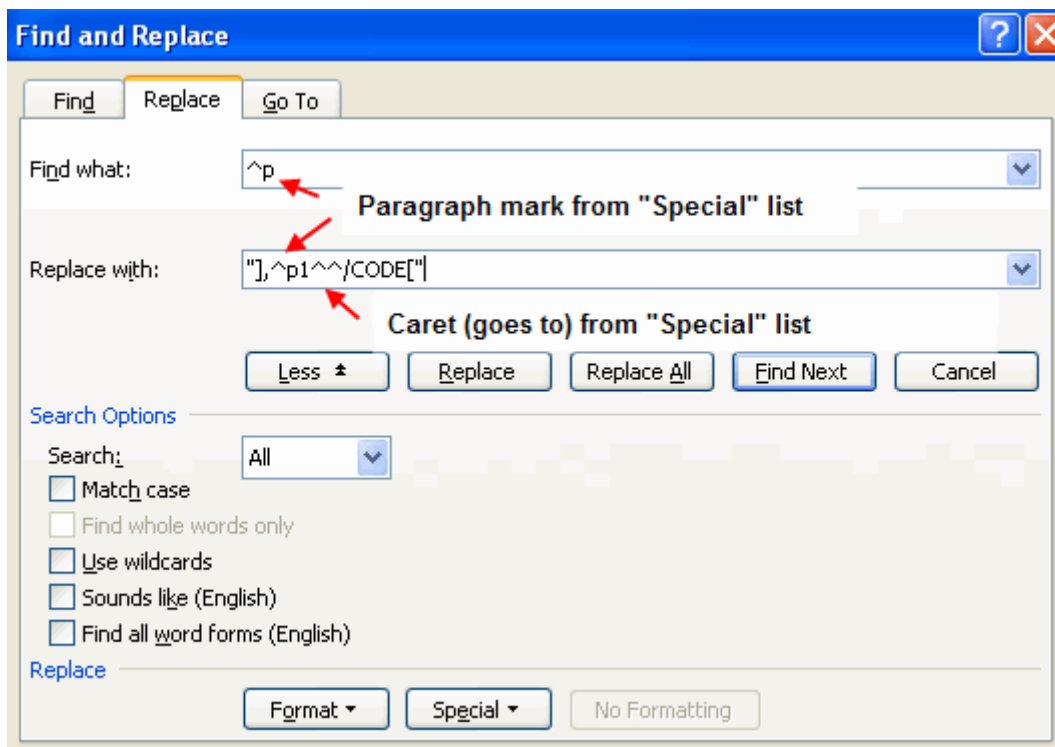
Expand the "Replace" option by clicking on "More"





From the "Special" list of characters, enter "Paragraph Mark" in the "Find What" box.

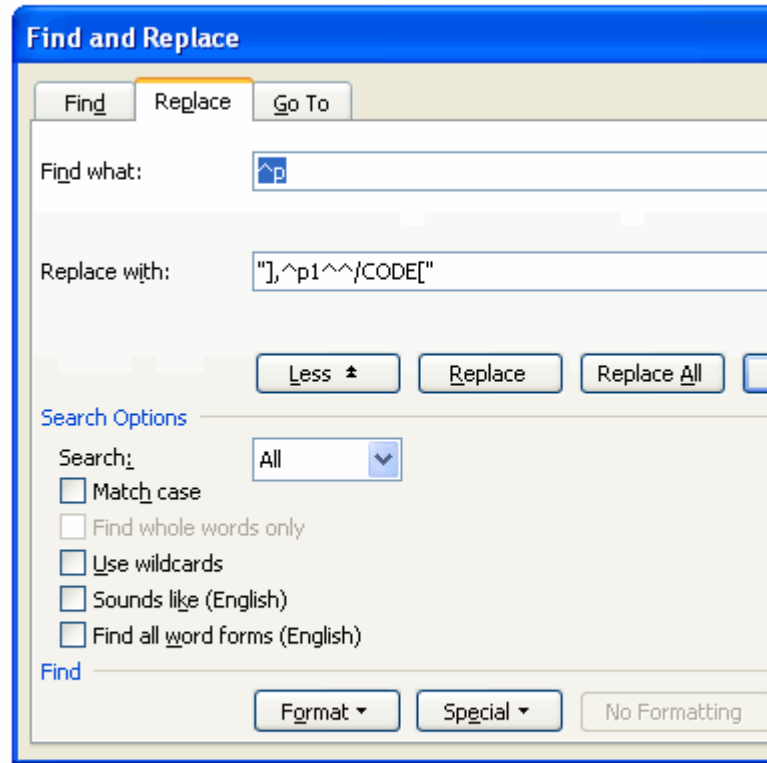
Then create a replacement string that replaces the paragraph marks with  
"],<paragraph> ^/CODE["



When you select the "Replace All" option, all the lines will be made for you, except the first, which will require a little fixing, and the last which will require removal of the trailing comma.

Fix first line

1^YCODE["DT"],¶  
1^YCODE["DTP"],¶  
1^YCODE["DTaP"],¶  
1^YCODE["HCV"],¶  
1^YCODE["HPV"],¶  
1^YCODE["Hep-A"],¶  
1^YCODE["Hep-B"],¶  
1^YCODE["Herpes-Vac"],¶  
1^YCODE["Hib"],¶  
1^YCODE["INFLUENZA"],¶  
1^YCODE["IPV"],¶  
1^YCODE["Meningo"],¶  
1^YCODE["MMR"],¶  
1^YCODE["MMRV"],¶  
1^YCODE["Mantoux"],¶  
1^YCODE["PCV-7"],¶  
1^YCODE["PPV"],¶  
1^YCODE["RSV"],¶  
1^YCODE["Rabies"],¶  
1^YCODE["Rotavirus"],¶  
1^YCODE["Smallpox"],¶  
1^YCODE["Td"],¶  
1^YCODE["Tdap"],¶  
1^YCODE["Typhoid"],¶  
1^YCODE["Varicella"],¶  
1^YCODE["Tetramune"],¶



Remove comma from last line

Then you can use Edit/Select all, then Copy, then paste from Workstation into your NPR Report Macro.

Enter/Edit Macro Logic: BAR.PAT.zcus.is.pts.with.selected.proc.M.start

```
1->/CODE["DT"],
1->/CODE["DTP"],
1->/CODE["DTaP"],      Paste via Workstation
1->/CODE["HCV"],
1->/CODE["HPV"],
1->/CODE["Hep A"],
1->/CODE["Hep B"],
1->/CODE["Herpes Vac"],
1->/CODE["Hib"],
1->/CODE["INFLUENZA"],
1->/CODE["IPV"],
1->/CODE["Meningo"],
1->/CODE["MMR"],
1->/CODE["MMRV"],
1->/CODE["Mantoux"],
1->/CODE["PCV-7"],
1->/CODE["PPV"],
1->/CODE["RSV"],
1->/CODE["Rabies"],
1->/CODE["Rotavirus"],
1->/CODE["Smallpox"],
1->/CODE["Td"],
1->/CODE["Tdap"],
1->/CODE["Typhoid"],
1->/CODE["Varicella"],
1->/CODE["Tetranune"]
```

You can find additional NPR Tips on our website at <http://www.iatric.com/information/npr-tips.asp>, as well as information about our [on-site NPR Report Writer Training](#) and [NPR Report Writing Services](#).

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## 7. Newsletter Sign-Up/Contact Us

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If you've received this newsletter via e-mail, you may give us feedback by simply replying to the e-mail. However, if you would like to reach someone directly, please feel free to contact one of the individuals listed below.

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John Danahey, Vice President, Customer Services, 978-805-4153, [JohnD@iatric.com](mailto:JohnD@iatric.com)

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