



Updates!

e-Newsletter from Iatric Systems, Inc.

June, 2008

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1. Message from Senior Management

Should Customers Run the Customer Service Department?

Joel Berman, President



The best way to know how customers want to be treated is to be a customer. We take pride in our customer service. So, we try to treat you – the customer – as we would want to be treated if we were the customer. In fact, almost every employee in our application support department worked at a MEDITECH hospital before joining Iatric Systems. As customers, they had good experiences and bad ones. Consequently, when you need customer service from us, we want your experience to be a good one.

Probably the best thing we can do is listen. Recently, a user posted a note on the MEDITECH-L concerning how completed interventions appear in our Visual FlowSheet (VFS) product. We listened. At 9 AM the next morning, I asked Nancy Patmont, our VFS Clinical Products Manager, what she thought about the posting. She told me she had to call me back because she was in a meeting with her team talking about the issue. Later, Nancy told me that the customer had raised a good point and that we would be delivering a custom (for free) to address this issue and would be building the feature into the next release of VFS.

I really do care about the customer service you receive from us, and I ask all of our employees to treat you as they would want to be treated. In the rare case when you have a problem and we don't handle it well, we're embarrassed. I'm personally embarrassed, so I make every effort to ensure we revise our procedures so the issue doesn't happen again. This is how we would want to be treated. If ever we should falter, please let me know. I'm listening, too!

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2. More on FOCUS



If you haven't already heard, two educational sessions related to FOCUS were held at International MUSE last month:

MAGIC to FOCUS – What's the Scoop? This session was presented by Carolyn Muhlbauer of Doylestown Hospital in Doylestown, PA. The session had standing room only as Carol reviewed why Doylestown made the decision to migrate to FOCUS and how the hospital prepared for its migration. She also discussed changes to their staff and infrastructure, including a new data center with over 40 servers. Prior to the implementation, Doylestown performed a gap analysis and Carol's review of this analysis was

nicely done. Carol also covered FOCUS architecture, report writer changes, third party vendor implications, and described all of the conversions that were necessary. Doylestown went live with FOCUS on May 1, 2008.

Hocus, Pocus! The New 'Magic' Behind FOCUS! This session was presented by Frank Fortner, Iatric Systems' Senior VP of Application Software, and David Reed, Assistant Director of MAGIC Technology. The session gave attendees a basic understanding of MEDITECH's newest proprietary technology platform and contrasted FOCUS with previous MEDITECH technologies. In 50 slides jam-packed with information, Frank and David covered a myriad of topics from hardware requirements and network design to the advantages and challenges hospitals will experience when contemplating migration to FOCUS. They mixed education with a little fun by demonstrating the same line of code translated from MAGIC into FS into FOCUS, and by shedding light on rumors about the new platform.

Interested in learning more? Attend our repeat performance of "Hocus, Pocus! The New 'Magic' Behind FOCUS!" via webcast from the comfort of your own office on July 29, 2008, at 2:00pm Eastern. Registration will be limited, so if you are interested in attending, please send your request to DanaB@iatric.com and remember to **include your name, phone number and hospital name**. We'll promptly provide confirmation and instructions on how to participate.

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3. Post-MUSE Webcasts

If you weren't able to attend MUSE, or if you missed a session you wanted to see at MUSE, we have good news for you!

Iatric Systems is hosting via webcast repeat performances of all of our International MUSE educational sessions and booth demonstrations. Our webcasts are online, real-time sessions you can attend from the comfort of your own office, and they are provided at no charge.

Post-MUSE webcast dates, times and system type (C/S, MAGIC or Both) are below:

Product Demonstration	C/S, MAGIC or Both	Webcast Date(s)
Archiving & Scanning	Both	July 9th , July 16th , August 7th & August 13th
CareContinuity Downtime Solution	Both	July 8th , July 17th , July 24th & July 30th
Flowsheet Find Out What You're Missing	MAGIC	July 9th
Flowsheet Find Out What You're Missing	C/S	June 26th
HL7 EasyConnect	Both	July 8th , July 15th , July 24th & July 31st
Medication Reconciliation	MAGIC	July 1st & July 31st
Medication Reconciliation	C/S	July 16th
MobiLab – Barcoded Specimen Collection	Both	June 26th & July 22nd
Monitor Results Verification (MRV Online)	MAGIC	July 15th & July 30th
Pain Reassessment	MAGIC	July 2nd
Paperless Pharmacy	MAGIC	August 5th & August 7th
Paperless Pharmacy	C/S	August 6th
Physician Office Integration & MDAccess Portal	Both	July 2nd , July 10th & July 23rd
Revenue Cycle Improvement with VSB	MAGIC	August 6th
Revenue Cycle Improvement with VSB	C/S	July 17th
Security Audit Manager	Both	July 1st , July 23rd , July 29th & August 13th

All of the sessions listed above will be held at 2:00pm Eastern. To register, simply click on the webcast date you would like to attend, and please be sure to include:

- **Your name,**
- **Phone number, and**
- **Hospital name.**

We'll promptly send you registration confirmation and instructions on how to participate. The following Iatric Systems Educational Sessions will be coordinated through the MUSE organization, so keep your eye on [MUSE's Calendar of Events](#) for dates and times:

- HL7 Basics (presenter Ken Hoffman)
- HL7 Intermediate (presenter Ken Hoffman)
- All Things Patient Access (presenter Kay Jackson)
- Wireless Network Security (presenter Steve Walker)

If you have any questions, please contact us at info@iatric.com. Otherwise, we'll look forward to "seeing" you online!

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4. Physician Office Interfaces and EHRs in the News



Physician office interfaces and Electronic Health Records (EHRs) have been hitting the news recently. Find out more below:

CMS Advisory Opinion Allows Hospital to Implement Interface between HCIS and Physician EHRs – The Centers for Medicare & Medicaid Services (CMS) recently released an [advisory opinion](#) further relaxing the application of Stark Laws. The advisory opinion establishes precedence for a hospital to install an interface enabling orders and test results to pass between the hospital's HCIS and physician office EHRs. The advisory specifically states that "the Proposed Arrangement does not create a compensation arrangement

as defined in section 1877(h)(1)(A) of the Act."

HHS to Provide Payments to Physicians Who Adopt Certified EHRs – On June 10, 2008, the [US Department of Health & Human Services announced](#) it would provide incentive payments to physicians who participate in a new program aimed at improving quality care through adoption of certified EHRs. Each participating physician EHR must be certified by the Certification Commission for Healthcare Information Technology (CCHIT). Total payments under the program may be up to \$58,000 per physician or \$290,000 per practice over a five-year period. Payments awarded during the first two years will be based on evidence of a certified EHR and submission of clinical quality statistics. Payment during years three through five will be based on performance on those quality measurements. The five-year program will take place in 12 states across the US.

NEJM Reports Results of Physician EHR Survey – On June 18, 2008, the [New England Journal of Medicine published the findings](#) of its physician EHR survey. Approximately 17% of responding physicians reported having an electronic health record system in place. Further results from the survey indicate that "Among the 83% of respondents who did not have electronic health records, 16% reported that their practice had purchased but not yet implemented such a system at the time of the survey. An additional 26% of respondents said that their practice intended to purchase an electronic-records system within the next 2 years." Responding physicians without an EHR cited the following barriers respectively: capital costs (66%), not finding a system that met their needs (54%), uncertainty of return on investment (50%) and concern that the system would become obsolete (44%).

Physician EHRs in the MEDITECH community – Integrating physician offices with the MEDITECH HCIS is a top priority at hospitals across the US and Canada. Iatric Systems offers two solutions that enable hospitals to accomplish this goal – [Physician Office Integration and MDAccess Portal](#). Contact us at info@iatric.com to learn more.

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5. Revenue Cycle Improvement Tips

Employee Incentives – Are They Right for Your Hospital?

Kay Jackson

Financial Marketing Manager



Incentive programs have been a well known mainstay on the clinical side of healthcare for over 20 years. Awards have ranged from sign-on bonuses to extra pay for working unpopular shifts. However, did you know that incentive programs can also be successful in Scheduling, Access, Case Management and Patient Financial Services?

Linking the quality of processes in these areas to rewards can improve employee morale, increase customer satisfaction and positively impact your hospital's bottom line. Rewards can be as simple as movie tickets, gift cards, or extra PTO.

Since hospitals' profits are getting smaller and more requirements are being placed on staff, it's time to take a look at how incentives can help. If you've never considered incentives before, or if your hospital has considered an incentive program but couldn't get it off the ground, join us via webcast for an educational session on this subject.

We'll discuss how to establish *and fund* an effective incentive program, set up minimum and maximum levels of rewards, how to include the program in job descriptions, and more. The webcast will be offered twice in July:

Webcast Date	Day	Time
July 10th	Thursday	2:00pm Eastern
July 18th	Friday	2:00pm Eastern

To register to attend, simply select a webcast date, and please be sure to include your **name, phone number and hospital name**. We'll promptly send you registration confirmation and instructions on how to participate. Webcasts are open to staff at any hospital operating the MEDITECH HCIS.

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6. NPR Report Writing Tips

Printing Customer Defined Screens from a Report

When we teach NPR report writer classes, we often run across reports built with hundreds of computed fields. We hear about how long the report took to build (perhaps even how long it takes to translate), and how much on-going maintenance it requires. Right away, we suspect that the report duplicates a customer-defined screen, with a computed field for each query and text for every label, and we are almost always correct. In fact, it is usually a report to print the Nursing admission assessment (at a magic site).

Most, but unfortunately not all, NPR report writers know that you can call a program in an LC or ECB or footnote to use the program MIS.SCREEN.print to let a Meditech utility print the screen, with prompts printed and responses (including multiple response) filled in.

The general syntax is: `%MIS.SCREEN.print(A,B,C,D)`

Where:

A = user-defined screen mnemonic

B = name of structure where responses are kept

C = nil strip any blank lines (meaning pure white space on CDS, not lines w/ prompts not answered)

= non-nil print blank lines

D = left margin

The specific syntax can be tricky, here are examples from some applications:

- OE Category Screen
- `%MIS.SCREEN.print(@cat.screen,^@Root(@responses),1,0)`
- OE Procedure Screen
- `%MIS.SCREEN.print(@proc.order.screen,^@Root(@responses),1,0)`
- "Regular" ADM CDS
- `%MIS.SCREEN.print(@cd.screen,^@Root(customer.defined.queries),1,0)`
- ADM Insurance CDS

Meditech has a field you can use for insurance screens:

- Place the field: `@ins.print.queries` on the picture (or)
- Call the program

`%ADM.PAT.print.ins.screen(urn,insurance,"",0,1)` from an LC or macro

NUR (Magic Only)

- `%MIS.SCREEN.print(@td.screen[,,,,@int.urn#"0."],^@Root(@td.results),1,0)`

In Magic NUR, do not hardcode the screen or use the intervention dictionary's default CDS, as it may change over time or be location specific, and you want your report to use the screen that was actually used for the particular documentation. Unfortunately the field `@td.screen` is nil in the "edit" entry, if a user does Review History/Edit, so you need to look at the original time documented and the A argument above does that.

You can also bold the responses if you pass /R.F["b"] and /R.F[""] as the F & G arguments, provided the CDS program does not use the "Rapid Print" method. You will know you are okay if you get the useless "The number of queries on line # will result in slow printing" message from the CDS filer.

Here is an example Magic NUR Report with the screen print as a LC

MEDITECH Remote Workstation

Enter/Edit Report: CDS of Most Recent Documented, Post Edit, Skip Undo Page 3

Editing Picture - <ESC> for Fields or Regions <Insert Mode> [0->81]

REG	A	0	1	2	3	4	5	6	7	8
HP1	.									
HP1	.	patient's.ac	patient's.name							
HP1	.									
D	L									

Edit Line Attributes

```
LC=%MIS.SCREEN.print(@td.screen[,,, ,@td.act.ctr#"0."],>@Root(@td.results),0,1,
LC="" ,/R.F["b"] ,/R.F[""] )
```

The output looks like this:

RUN DATE: 05/13/08 Freeman Health System * NUR TEST *
RUN TIME: 0751 CDS of Most Recent Documented, Post Edit, Skip Undo
RUN USER: IATRIC

PAGE 1

000000802 TEST,JACK

****ADMISSION HISTORY****

Date: **05/13/08** Time: **0704** Admit source: **ADM** Arrival mode:
Marital Status: **S** Occupation: **Programmer** Religion:

DIAGNOSIS: **CHF**
DIAGNOSIS:
Chief complaint= **Chest Pain**

History unobtainable: **N** Notes=
Hx obtained from: **SP**

FLU vaccine during Oct-Mar: FLU vaccine date: :
Pneumococcal vaccine w/in past 5yrs:
PNEU vaccine date: :
Hepatitis vaccine: **2 of 3 Hepatitis B** Date: **05/13/08** HbSAG: **N**
MRSA: **N** Date: Hx VRE: **N** Date:
HIV: **N**
Prev. Blood trans: **UNK** Autologous: Rxn: Describe=
Pt agrees to blood OR blood products if needed: **Y**
Prev anes rxn: Latex allergy:
Describe= Describe=

Food allergies: Meds Allergies=
:
:

Food intolerances (not listed above): Comment:

--- Provide dates when possible. ---
Prev admit/surgery/incl. transplant=

SURGICAL HISTORY: (from ED)
Cont:

Pacemaker/AICD:
Valve replacement:
*DVT: Major surgery?
*DVT: Trauma?

SCH (Magic or C/S)

Put field @sch.cds.print on an LC or ECB (you cannot put it in field list). The example Magic NUR report has been placed in our report library: NUR.PC.WORK.zcus.is.eupdate.print.screen. The example report has three computed select fields to do the following:

- 1) Skip undone documentation
- 2) List only "post edit" documentation
- 3) List only the most recent time documented

The fields work independently, which is a little redundant, but they would allow you to use just the first two to do each time documented, post edit, skip undo.

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

[Sign up for our Updates! newsletter](#), or do so by visiting the lower right section of our website's [homepage](#).

You may also request to discontinue receiving our newsletter by sending an e-mail at info@iatric.com.

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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