

# A Guide to Healthcare Buzzwords and What They Mean: Part Two (M through Z)



## Meaningful Use (MU)

Meaningful Use is the phrase used in the 2009 HITECH Act to describe the standard providers must achieve to receive incentive payments for purchasing and implementing an EHR system. The term meaningful use combines clinical use of the EHR (i.e. ePrescribing), health information exchange, and reporting of clinical quality measures. Achieving meaningful use also requires the use of an EHR that has been certified by a body such as CCHIT, Drummond Group, ICSA Laboratories, Inc. or InfoGuard Laboratories, Inc. The term can also apply informally to the process of achieving the standard, for example “How is our practice doing with meaningful use?”

## mHealth

An abbreviation for Mobile Health, mHealth is a blanket label for transmitting health services, and indeed practicing medicine, using mobile devices such as cell phones and tablets. mHealth has large implications not only for newer devices like smartphones and high-end tablets, but also for feature phones and low-cost tablets in developing nations. Many different software and hardware applications fit under the umbrella of mHealth so the term is used conceptually to talk about future innovations and delivery systems.

# NLP

An acronym for Natural Language Processing, NLP is a field of study and technology that seeks to develop software that can “understand” human speech – not just what words are being said, but what is meant by those words. By “processing” text input into an NLP program, large strings of text can be parsed into more traditionally meaningful data. For example, narrative from a doctor in a medical record could be transferred into data for research and statistical analysis. If we had every medical record and narrative in history, we could search it and look for trends – and possible new cures and symptoms. IBM’s famous Watson machine that could “listen” to Jeopardy! clues and answer is an advanced example of NLP.

# ONCHIT

An acronym for “Office of the National Coordinator for Healthcare Information Technology,” the ONCHIT is a division of the Federal Government’s Department of Health and Human Services. The Office oversees the nation’s efforts to advance health information technology and build a secure, private, nationwide health network to exchange information. Although the National Coordinator position was created by executive order in 2004, the Office and its mission were officially mandated in the 2009 HITECH Act as a part of the stimulus package.

# Patient Engagement

Patient Engagement is a broad term that describes the process of changing patient behaviors to promote wellness and a focus on preventative care. “Engagement” can roughly be read to describe the patient’s willingness to be an active participant in their own care and to take responsibility for their lifestyle choices. Patient Engagement efforts can be as simple as marketing campaigns for public health and appointment reminders, and as advanced as wearable monitors that can transmit activity and exercise information so patients can

track their fitness. Improving the health system's ability to engage patients is considered key to lowering healthcare spending and attacking epidemics like obesity and heart disease.

## **Patient Portal**

A patient portal is software that allows patients to interact, generally through an internet application, with their healthcare providers. Portals enable communication between providers and patients in a secure environment with no fear of inappropriate disclosure of the patient's private healthcare information. Patients can get lab results, request appointments and review their own records without calling the provider. Patient portals can be sold as a standalone software module or as part of a comprehensive Practice Management/EHR package.

## **Patient-centered Care**

Patient-centered care is a healthcare delivery concept that seeks to use the values and choices of the patient to drive all the care the patient receives. As elementary as it sounds, developing a culture that places the needs and concerns of the patient – the whole patient – at the center of the decision-making process is a new development in the healthcare system. Patient engagement is at the core of patient-centered care, because the patient is the central driver of the decisions – as is only right!

## **PCMH**

An acronym for Patient Centered Medical Home, a PCMH is a model for healthcare delivery where most or all of a patient's services for preventative, acute and chronic primary care are delivered in a single place by a single team to improve

patient outcomes and satisfaction as well as lower costs. PCMHs may also operate under a different reimbursement structure, as they can be paid on an outcome basis or on a capitation model as opposed to fee-for-service.

## **PHR**

An acronym for a “Personal Health Record,” a PHR is a collection of health data that is personally maintained by the patient for access by caregivers, relatives, and other stakeholders. As opposed to the EHR model, in which a single hospital or system collects all the health information generated in the facility for storage and exchange with other providers, the PHR is maintained, actively or passively with mobile data capture or sensor devices, by the patient. The PHR can supplement or supplant other health records depending on the way it is used.

## **PPACA**

An acronym for the “Patient Protection and Affordable Care Act,” the PPACA was a federal law passed in 2010 to reform the United States healthcare system by lowering costs and improving access to health insurance and healthcare. The PPACA uses a variety of methods – market reforms to outlaw discrimination based on gender or pre-existing condition, subsidies and tax credits for individuals, families and employers, and an individual mandate forcing the uninsured to pay penalties – to increase access to insurance and lower healthcare costs.

## **PQRS**

An acronym for the “Patient Quality Reporting System,” PQRS is a mechanism by which Medicare providers submit clinical quality and safety information in exchange for incentive payments. Physicians who elect not to participate or are found

unsuccessful during the 2013 program year, will receive a 1.5 percent Medicare payment penalty in 2015, and 2 percent Medicare payment penalty every year thereafter.

## **RAC**

An acronym for “Recovery Audit Contractor,” a RAC is a private company that has been contracted by the Centers for Medicare and Medicaid Services to identify and recover fraudulent or mistaken reimbursements to providers. There are four regions of the United States, each with its own RAC which is authorized to recover money on behalf of the Federal Government. A pilot program between 2005 to 2007 netted nearly \$700 million dollars in repayments and the program was made permanent nationwide in 2010.

## **REC**

An acronym for “Regional Extension Center,” a REC is a organization or facility funded by a federal grant from the Office of the National Coordinator for Health Information Technology to provide assistance and resources to providers who want to adopt an EHR and achieve meaningful use but need technical or deployment support to get their system up and running. There are currently 62 RECs in the United States who focus primarily on small and individual practices, practices without sufficient resources, or critical access and public hospitals that serve those without coverage.

## **Registry**

A Registry is a database of clinical data about medical conditions and outcomes that is organized to track a specific subset of the population. Registries are important to track the efficacy of drugs and treatment, as well as to analyze and identify possible treatment and policy opportunities to improve care. A registry can also be used to report PQRS.

# Telehealth

Telehealth is a broad term that describes delivering healthcare and healthcare services through telecommunication technology. Although the terms telehealth and mhealth can be used somewhat interchangeably, “telehealth” tends to focus more on leveraging existing technologies – phone, fax and video conferencing to deliver services over a long distance, or to facilitate communication between providers. Remote evaluation and management and robotics are both examples of care innovations that would fall under the telehealth umbrella.

## Value-based Purchasing

Value-based purchasing is a reimbursement model for health care providers that rewards outcomes for patients as opposed to the volume of services provided. Both through increased payments for positive outcomes, and decreased payments for negative ones, value-based purchasing seeks to lower costs by focusing on increasing quality and patient-focus. Accountable Care Organizations and Patient Centered Medical Homes are both examples of delivery systems that rely on value-based purchasing.

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**2.0 Tuesday: ONC Offers Compliance Guidelines, BYOD In The Practice, And A Shazam**

# App For Heartbeats

As managers, providers and employees, we always have to be looking ahead at how the technology on our horizon will affect how our organizations administer health care. In the spirit of looking forward to the future, we present “2.0 Tuesday”, a feature on Manage My Practice about how technology is impacting our practices, and our patient and population outcomes.

We hope you enjoy looking ahead with us, and share your ideas, reactions and comments below!

## Office of the National Coordinator for Health Information Technology Releases Privacy and Security Guide

In the wake of the [HIPAA breach incident settlement](#) at Phoenix Cardiac Surgeons, the ONC has released a [47-page guideline](#) document to ensure providers can stay compliant. The guide offers overview information about the information security issues facing all practices and organizations today, and what they can do to stay compliant while working with vendors and adapting to change. With all providers needing to stay on top of compliance issues to not only achieve incentive goals but to avoid rate reductions, this free guide is a great place for all concerned managers to start.

(via [Healthcare Info Security](#))

## 7 Ways “BYOD” Could Boost Business in Your Practice

One of the buzzwords making its way into the conversation of

managers and administrators in charge of IT decisions these days is “BYOD”, an acronym for “Bring Your Own Device”. As more and more employees own their own smartphones with fast cellular connections and widely-used mobile application platforms, more and more organizations are considering the possibility of having their employees provide their phones for work, while employers provide software applications that run on popular operating systems like Android, iOS, Blackberry and Windows Mobile. With high mobile device adoption rates in Healthcare workers, conditions seem right for BYOD initiatives to flourish. At the blog [VentureBeat](#) Jack Newton, the CEO of [Clio](#), a Practice Management Software System for Lawyers argues for 7 ways that the BYOD trend could boost your business.

(via [VentureBeat](#))

## **CEO Predicts “Shazam App for Heartbeats.”**

Have you heard of the popular audio recognition app [Shazam](#)? The mobile phone program allows you to use the mic on your cell phone to identify songs, tv shows and movies you haven't heard of before by letting the program “hear” them. Pretty handy when you hear that song you can't get out of your head, but can't seem to find out the title or name of the artist. Speaking last week at the HIMSS mHealth Symposium in Copenhagen, Denmark, Steinar Pedersen, Founder of Tromsø Telemedicine Labs predicted that the market would one day see a “Shazam App for Heartbeats”, in essence, a ECG that would use an internet connection and database access to give a rough evaluation of a heartbeat uploaded by the user. Similar in ambition to projects hoping to use telemedicine to remotely diagnose skin rashes, or coughing sounds, Mr. Pedersen's speech has reminded us once again what bright future could be in store for the intersection of technology and Healthcare.

(via [MobiHealthNews](#))



**Be sure to check back soon for another  
2.0 Tuesday!**

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## **The First 2011/2012 Certified EHR List: Is Your EHR on the List?**



Image by qwrty via  
Flickr

Everybody has been holding their breath to see which EHR software will pass the ONC-ATCB (Office of the National Coordinator for Healthcare IT – Authorized Testing & Certification Body) 2011/2012 certification. Some will buy a system based on this information, and others will continue on with their system feeling a great sense of relief that the system they've already paid for is now certified. Still others will wonder if their system of choice has applied and failed, or not applied yet. All this and more information is available on the websites of the three companies that have been approved via the Temporary Certification Program for Health Information Technology.

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The companies are:

1. ~~CCHIT~~ (Ed. Note, CCHIT has ceased operations)
2. [Drummond](#)

### 3. [InfoGard](#)

CCHIT and Drummond announced their first group of certified systems October 1, 2010 and InfoGard has yet to make an announcement.

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EHR software companies “...are required to provide complete information on the details of their ONC-ATCB 2011/2012 certification, including company and product name and version, date certified, unique product identification number, the criteria for which they are certified, and the clinical quality measures for which they were tested, and any additional software a complete EHR or EHR module relied upon to demonstrate its compliance with a certification criteria,” states the CCHIT website. This information should be available on the product websites, the certifying body website and the [ONCHIT website](#).

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As you are reviewing the bolded product names below, notice that the information is split into separate categories for providers and hospitals, is divided based on the company that certified the EHR and is also broken into complete EHRs software versus software modules.

## **ELIGIBLE PROVIDERS**

### **Complete EHRs for Eligible Providers (CCHIT)**

1. ABEL Medical Software, Inc. for **ABELMed EHR – EMR/PM**, version 11
2. Allscripts, **Allscripts Professional EHR**, version 9.2
3. Aprima Medical Software, Inc. for **Aprima**, version 2011
4. athenahealth, Inc. for **athenaclinicals**, version 10.10
5. CureMD Corporation for **CureMD EHR**, version 10
6. The DocPatientNetwork.com for **Doctations**, version 2.0
7. Epic Systems Corporation for **EpicCare Ambulatory – Core EMR**, version Spring 2008
8. GE Healthcare for **Centricity Advance**, version 10.1

9. gloStream, Inc. for **gloEMR**, version 6.0
10. Intuitive Medical Software for **UroChartEHR**, version 4.0
11. MCS – Medical Communication Systems, Inc. for **iPatientCare**, version 4.0
12. Medical Informatics Engineering for **WebChart EHR**, version 5.1
13. meditab Software, Inc. for **IMS**, version 14.0
14. NeoDeck Software for **NeoMed EHR**, version 3.0
15. NextGen Healthcare for **NextGen Ambulatory EHR**, version 5.6
16. Nortec Software Inc for **Nortec Ambulatory EHR**, version 7.0
17. Pulse Systems for 2011 **Pulse Complete EHR**, version 2011
18. SuccessEHS for **SuccessEHS**, version 6.0

## **EHR Modules for Eligible Providers (CCHIT)**

1. Allscripts for **Allscripts Peak Practice**, version 5.5
2. eClinicalWorks LLC for **eClinicalWorks**, version 8.0.48
3. NexTech Systems, Inc. for **NexTech Practice 2011**, version 9.7
4. nextEMR, LLC for **nextEMR**, LLC, version 1.5.0.0
5. Sammy Systems for **SammyEHR**, version 1.1.248
6. Universal EMR Solutions for **Physician's Solution**, version 5.0
7. Vision Infonet Inc., for **MDCare EMR**, version 4.2
8. WellCentive for **WellCentive Registry**, version 2.0

## **Complete EHRs for Eligible Providers (Drummond)**

1. ChartLogic, Inc for **ChartLogic EMR 7**, version not noted

## **EHR Modules for Eligible Providers**

## (Drummond)

1. ifa united i-tech Inc. for **ifa EMR**, modules 170.302.A-J, 170.302.M, 170.302.0-V (specialized to ophthalmology)
2. QRS INC. for **PARADIGM**, version 8.3, modules 170.302.A-W, 170.304.A, 170.304.C-J

## HOSPITALS

### Complete EHRs for Hospitals (CCHIT)

1. Epic Systems Corporation for **EpicCare Inpatient – Core EMR**, version Spring 2008



### EHR Modules for Hospitals (CCHIT)

1. Allscripts for **Allscripts ED**, version 6.3
2. Health Care Systems, Inc. for **HCS eMR**, version 4.0
3. PeriGen for **PeriBirth**, version 4.3.50
4. Prognosis Health Information Systems for **ChartAccess**, version 4
5. T-System Technologies for **T-SystemEV**, version 2.7
6. Wellsoft Corporation for **WellsoftEDS**, version 11

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## Quick Reference for Acronyms and Buzzwords of ARRA and HITECH

- ❑ **ARRA**: American Recovery and Reinvestment Act of 2009, also called “The Stimulus Package” or “The Stimulus Bill.” Of

the \$850B in the bill, \$51B is pegged for the health care industry and \$19B of that will be used to incent medical practices to adopt EMRs/EHRs.

**CCHIT:** the Certification Commission for Health Information Technology is a private organization that certifies EMRs and EHRs based on 475 criteria spanning functionality, interoperability and security. CCHIT does not evaluate ease of use of products, financial viability of the company offering the software; or the quality of customer support offered by the software vendor. Whether or not CCHIT will be THE certifying organization to approve “qualified EMRs” will be announced at the end of the year. (Can be pronounced “SEA-CHIT” or each letter can be pronounced as in “C.C.H.I.T.”)

**Comparative Effectiveness:** Comparative Effectiveness Research (CER) compares treatments and strategies to improve health. For CER, HITECH provides \$300M for the Agency for Healthcare Research and Quality, \$400M for the National Institutes of Health, and \$400M for the Office of the Secretary of Health and Human Services.

**EHR:** The aggregate electronic record of health-related information on an individual that is created and gathered cumulatively across more than one health care organization and is managed and consulted by licensed clinicians and staff involved in the individual’s health and care.

**EMR:** The electronic record of health-related information on an individual that is created, gathered, managed, and consulted by licensed clinicians and staff from a single organization who are involved in the individual’s health and care.

**HITECH:** The HIT components of the stimulus package ”” collectively labeled HITECH are:

1. Funding to the Office of the National Coordinator of HIT (ONCHIT)
2. HIT adoption incentives through Medicare and Medicaid

reimbursement

3. Comparative effectiveness research for the Agency for Healthcare Research and Quality (AHRQ)
4. Funding for the Indian Health Service
5. Construction funds for the Health Resources and Services Administration (HRSA) for community health centers
6. Funds for the Social Security Administration to upgrade HIT systems
7. Funding for the Veterans Administration
8. The Department of Agriculture will receive telemedicine funding
9. Funds to the National Telecommunications Administration for broadband to enable telemedicine.

**Interoperability (hospitals):** (as defined by HIMSS- Health Information and Management Systems Society) **–not yet defined for ambulatory care**

- Must have all ancillary systems online – Lab, radiology, & pharmacy (Stage 1)
- Must be leveraging a [clinical data repository](#) (Stage 2)
- Utilizing clinical documentation to record patient status during treatment (Stage 3)
- [Computerized Physician Order Entry \(CPOE\)](#) mechanisms in use (Stage 4)
- Be able to exchange [Continuity of Care Documents \(CCD\)](#) with other entities (a portion of Stage 7)

**Meaningful Use:** To qualify as a “meaningful user,” eligible providers must demonstrate use of a “qualified EHR” in a “meaningful manner.” ARRA defers to the secretary of Health and Human Services (HSS) to set specific guidelines for determining what constitutes a “qualified EHR”; however, it does specify that e-prescribing, electronic exchange of medical records, and interoperability of systems will be determining criteria. Starting in 2011, providers deemed to be “meaningful users” of EHR systems will be eligible to receive \$40,000 – \$60,000 in incentive payments paid out over

five years in the form of increased Medicare and Medicaid payments.

**ONCHIT:** Office of the National Coordinator for Health Information Technology. In 2004 the position was created by by Presidential Executive Order. In March 2009, President Obama appointed **David Blumenthal, M.D., M.P.P.** to the position. The primary purpose of this position is to aid the Secretary of HHS in achieving the President's goal for most Americans to have access to an interoperable electronic medical record by 2014 (from the HHS.gov website.)

**PHR or ePHR:** An electronic, cumulative record of health-related information on an individual, drawn from multiple sources, that is created, gathered, and managed by the individual. The integrity of the data in the ePHR and control of access to that data is the responsibility of the individual.

**David Blumenthal, M.D., M.P.P.:** Selected by President Obama as his choice for National Coordinator for Health Information Technology Dr. Blumenthal will lead the implementation of a nationwide interoperable, privacy-protected health information technology infrastructure as called for in the American Recovery and Reinvestment Act.