

# 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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# PM, EMR and Portals: A Primer on Healthcare-specific Software for Ambulatory Care

Note: This article was first published as [PM, EMR and Portals: A Primer on Healthcare-specific Software for Ambulatory Care](#)

on Technorati.

Few industries are currently changing as much as the US healthcare system. While many perspectives and ideas are shaping the debate on how to change the system to meet current and future demands, most believe that technology can and will have a huge positive impact on the ability of the industry to deliver quality care in a cost-effective way. Network technologies that can support the ubiquitous exchange of health information in a secure, efficient and collaborative environment hold the potential to streamline and modernize the current system to maximize resources and positive patient outcomes.

The opportunities for improvement have generated a lot of buzz in both the private and public sectors, and incentivizing adoption of Healthcare Information Technology (HIT) through the American Recovery and Reinvestment Act of 2009 (the ARRA or “Stimulus” bill) has led to considerable interest in an industry often known for lagging behind in the adoption of new technologies.

For many, the healthcare-specific technical jargon and operational knowledge of how healthcare works can be as complex as the products themselves. Here then are descriptions of the three types of medical software used by ambulatory care providers.

## ***Practice Management (or PM) Software***

Practice Management (or PM) software has been in wide use in the healthcare industry for almost three decades. Its primary use is the collection of patient demographics, patient insurance detail and the healthcare services and related diagnoses provided. This information is formatted to conform

to payer requirements and is submitted electronically to request reimbursement for services. PM software also manages the responses from the payers in electronic format and invoices any balance to the patient in the form of printed and mailed statements. PM systems can be all-encompassing in functionality or can be a la carte in modules.

### **Functions of Practice Management Software**

- *Payer billing*
- *Patient billing*
- *Patient scheduling*
- *Patient recall for future appointments or services*
- *Referral management (inward and/or outward)*
- *Visit counting*
- *Patient eligibility and benefits determination*
- *RVU (relative value unit) reports for compensation by productivity*
- *Payer contract management*
- *A/R (accounts receivable) management*
- *Procedure / surgery estimating*

## ***Electronic Medical Records (EMR) and Electronic Health Records (EHR) Software***

EMRs require and store some of the same patient information as PM software. Patient demographics, patient insurance information and scheduling are actually found in both types of software. When the two programs are integrated, one database typically serves both sides. While the PM system focuses on relating to the financial side of the practice, the EMR system organizes patient medical data.



Although the terms “Electronic Medical Record” and “Electronic Health Record” are used interchangeably by vendors and providers these days, the strict definition of the two terms provided by the Healthcare Information and Management Systems Society(HIMSS) defines an EHR as an individual record of a specific patient’s care, defining an EMR as the software platform that houses all of the EHRs the practice generates.

EMR systems are newer to and less evident in the outpatient healthcare industry. Tools to secure the system while making the data accessible, as well as installing hardware in clinical settings like exam rooms, are still fairly recent developments, especially for small to medium-sized private physician groups. As adoption continues, and the Federal government encourages entities to move to EMR, the interoperability of the software means a patient can easily and securely have records sent from one provider, healthcare system, or location to another – reducing mistakes and costs to inform providers and patients making decisions.

## **Functions of Electronic Medical Record Software**

- *Capture and reporting of discrete data*
- *Coding assistance*
- *Clinical visit summary*
- *pdf record repository*
- *Data aggregation in graphical form*
- *Access to patient records from other locations*
- *Medication reconciliation*
- *Patient recall for disease management or medication review*
- *Standards of care protocols / algorithms*
- *E-prescribing*
- *Data collection for interface with research or accreditation registries*

# ***Patient Portals***

While PM and EMR systems seek to capture and organize patient data to support the practice's operations and patient care, Patient Portals facilitate communication of sensitive health information between patients and care providers. Most Patient Portals are web-based systems that attach to the provider's website to allow patients to securely send and receive information.

By allowing more data to be transferred securely in a digital manner, patients can save time and effort communicating with their healthcare provider. Some patient care (eVisits or virtual visits) can take place via the Patient Portal, and organizations can save overhead and human resources on phone calls and in-person visits when replaced by secure emails or chats with nurses, insurance clerks, medical records clerks or lab technologists.

## **Functions of Patient Portals**

- *Online completion of patient paperwork – demographics, insurance information, medical history, Notice of Privacy Practices (NPP) and other signatures necessary to receive care*
- *Online bill pay*
- *Medication/refill requests*
- *Appointment requests*
- *E-commerce – secure purchase of health products*
- *Secure email between physician and patients*
- *Online chat with staff*
- *Virtual Office Visits (reimbursed by some payers)*
- *Laboratory Results Communication*
- *Self-scheduling appointments*
- *Patient billing via secure email*
- *Online referrals (inward/outward)*

- *Exchange of patient records between physicians/providers sharing a patient's care*
- *Personal Health Record (PHR)*
- *Kiosk for patient check-in*
- *Patient submission of vital signs and other health data*

## ***Putting it all together***

All three types of software are designed to make information work for patients and providers without bogging down the delivery process with paper. By harnessing advances in network security, performance and usability, PMs, EMRs, and Patient Portals have the potential to make today's patient experience cost-effective, efficient, pleasant and safe.

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## **Google PHR is Going Away – What Did We Learn?**



The death of Google's Personal Health Record (PHR) should be a wake up call to everyone about electronic medical records (EMR) – **it's not a walk in the park!**

Granted, the fact that EMR is very complex software is not the only reason Google Health couldn't hack it. Many fine articles and blogs point to under-marketing, an unrealistic reliance on consumers to enter data to complete their own records, unusually slow adoption by consumers, and a possibly

unrealistic revenue model (selling data.) I'm pretty sure the readers of Manage My Practice could have predicted most of that, especially the part where consumers are not incentivized to enter their own health information.

Here's my advice to anyone who wants to capture the health data market:

1. Any personal health record must be **connected to my primary care provider**. I don't want my PHR to be freestanding from my PCP's (primary care physician/provider) EMR. Really wasteful.
2. I want someone I know and trust – maybe someone associated with my PCP – to **show me how to use and understand the information in my PHR**.
3. I want all my other physicians and test centers to **automatically send my records** to my PHR and for it to load without my participation.

Wow, that really sounds like my PHR is an offshoot of my PCP's EMR, doesn't it? Everyone sends the records to my PCP and my PCP gets the data into her EMR, then information feeds into my PHR in a format I can understand. Maybe my PHR resides in the practice's patient portal where it is protected and secure, but I can still get to it wherever I am.

Of course, my PCP is already overworked and underpaid, so this scenario isn't very realistic. Unless...a new HCPCS (Healthcare Common Procedure Coding System) service code is developed for "provider and patient load medical records together" and the insurance companies pay for it based on the fact that the more data the PCP has about the patient, the more customized and efficient the care can be. AMA, are you listening?

Photo credit: Mary Pat Whaley

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# Why Does a Physician's Office Need a Website?



There's no doubt that consumers are looking online for information – all kinds of information. Here are the reasons why every single physician's office needs a website.

1. Establish a digital presence for the practice, just as you have established a physical presence for your practice. Stake a claim that declares "I'm here!"
  2. Establish your medical authority. Provide customized health information to existing patients and future patients.
  3. Tell your story. Say hello and be real.
  4. Be the connector. Connect patients to information, resources, and to each other!
  5. **Be a portal for your patients.** Let them get their records, their lab tests, their prescriptions, and their appointments online, at a time convenient to them.
  6. Communicate quickly. Make announcements. React to health news when it happens.
  7. Give directions to your physical practice.
  8. Provide your patients the convenience of paying their bill online.
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# Six Reasons Why Your Doctor's Office Doesn't Call You Back and a Few Solutions



Patients want to know why they can't get a return call from their doctor's office – here are six reasons why the calls have increased and physician offices are having trouble meeting the needs of their patients.

1. **Medication questions and requests for a prescriptions change.** The average number of retail prescriptions per capita increased from 10.1 in 1999 to 12.6 in 2009. (Kaiser Family Foundation calculations using data from IMS Health, <http://www.imshealth.com>.) Because it is not easy to access prescription cost by payer in the exam room, medical practices get lots of callbacks from patients asking to change their prescriptions once they arrive at the pharmacy and find out how much the prescription costs. Related issue: Many national-chain pharmacies have electronic systems that **automatically request a new prescription** when the patient is out of refills. Also related: **Patients calling to ask for additional medication samples.**
2. Patients are delaying coming to the physician's office by **calling the practice with questions.** Patients want to forestall paying their co-pay or their high-deductible by getting their care questions answered without coming to the doctor's office.
3. **Patients call back with questions** about what they heard or didn't hear in the exam room. They may not remember what the physician told them, they may not have understood the medical jargon, or they may have a

hearing problem and were not comfortable asking the physician to repeat something.

4. Impatience: we live in an instant gratification world and **patient expectations are not aligned** with what physician offices can realistically provide.
5. **Some patients will not leave voice mail messages** and will call back multiple times until they get a live human being or will punch in options until they find someone to answer the phone.
6. **Physician offices are often understaffed.** Physicians find it untenable to add more staff to do more tasks for less money or no money at all.

**And here are some possible solutions:**

1. **Have formularies for all major health plans on hand in the exam room.** These could be paper lists, or electronic lists for the tablet or smartphone. (Note: Epocrates currently has a deal with Walgreen's to support their discount program on the smartphone.) Don't underestimate the patient satisfaction and reduction in callbacks for sending the patient out of the exam room with the right prescription. Automatic refills are not an appropriate function of pharmacies. Physicians should provide samples (check the formulary!) and a prescription to get filled if the samples do the job. If a patient can't afford the brand name prescription, a prescription assistance program is the next step.
2. **Patients need to be advised appropriately when they need to see the physician and when they don't.** Good triage nurses can be worth their weight in gold, but you can hold the costs down by hiring a triage nurse or several to work from their homes taking calls from your patients. The nurse will need to have access to your practice management system to schedule appointments and to document the conversation if the patient is given advice.

3. **Provide patients with different modes of assimilating health information.** Some patients are recording office visits via voice or video and one of the goals of meaningful use is providing patients with an office visit summary when they exit the practice. Websites should be loaded with educational information that physicians can “prescribe” to their patients. Some physicians help to cut down on return calls and improve understanding by asking the patient how they’ll describe the visit to a family member.
4. Give patients (on the web, in the practice, on your on-hold messages) **realistic timelines for callbacks** and make it so.
5. Yes, some patients will game the system to get their needs met ahead of others. **Ask them to adhere to the practice guidelines.** There will always be some cheaters, but most patients will respect you if you respond to them when you said you would.
6. **The only answer to understaffing is technology.** Use a patient portal to allow patients to request refills, schedule appointments and chat with billing staff or nurses. Replace paper charts with EMR. Use efaxing to eliminate paper faxes. Use the cloud to store information and collaborate.

Image via Wikipedia

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## **9 Ways Managers Can Change Healthcare in 2011**





Healthcare is changing. It is changing to eliminate waste of money, time and resources. It is changing to make more care available with less providers. It is changing to empower patients to participate in their own care. How are you changing with the times in 2011? Here are 9 ideas.

1. Make your website **interactive**, clean-looking, **interactive**, friendly and **interactive**. Think of your website as your digital receptionist to your practice. If all your patients can do on your website is look up your phone number, you're wasting everyone's time. Patients want to register, make appointments, pay their bill, get their test results, chat online with a staff member, access their personal health record (PHR), watch videos and listen to podcasts you make or recommend. They do not want to wander around your phone tree or wait on hold.
2. Give your patients **information**, information, information. According to a MedTera study conducted in September 2010, 95% surveyed indicated that they are looking for more comprehensive information about disease management, and 77% said they hadn't received any written information about their illness or medications directly from the physician. See more details about what patients want [here](#).
3. Understand that people have different types of learning styles and **offer your practice and medical information in different ways**. Offer information via written and digital documents, videos, and podcasts. Offer support groups and group education for the newly diagnosed. Help patients build communities around your practice.
4. **Take down all those signs** asking people to turn off their cell phones. Cell phones are going to revolutionize healthcare so go ahead and bite the bullet and embrace them. For all you know the person on the cellphone when you walk in the exam room is texting "gr8 visit til now, wil i <3 doc?" (Great visit until now,

will I love the doctor?)

5. **Eliminate the Wait.** Patients have much better things to do than wait in your practice. It doesn't matter why the provider's late – you're cutting into the patient's ability to make money and get things done. Text them to let them know the provider is running late. Text them to let them know an earlier appointment is available. Give patients an appointment range (between 10am and 12N), then text them when their appointment is 20 minutes away.
6. Use a **patient portal** to take credit cards, keeping them securely on file and stop sending patients statements. Use the portal to deliver results and chat and email patients.
7. Stop fighting the tide and **let your staff use social media at work** – for work. Involve everyone in Facebook, Twitter and your website and blog. Using social media for communication and marketing is not a one-person job.
8. Form a **patient advisory board** and listen to what specifics your patients want from you. If people don't have time to attend a face-to-face meeting, **Skype** them in.
9. Think about **alternate service delivery models**, both in-person (group visits, home visits) and digitally (email, texting, Skyping, avatar coaches, home monitoring systems.) [Emotional technology](#) studies show that people can improve their health by accepting and utilizing technology in healthcare.

What do patients want in 2011? They want **information, communication and a real connection with you.** Use social media and technology innovations to make it happen.

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# Talking With Steve Malik of Medfusion: What Has Your Website Done For You Lately?



I recently had the pleasure of speaking with Steve Malik, the CEO and Founder of [Medfusion](#). Medfusion offers an array of products to the healthcare industry including physician websites and patient/provider portals. With a background in healthcare billing and eligibility, Steve has been in a unique position to guide his company to solutions that make good sense financially and efficiency-wise for physician practices. Steve predicts that Medfusion will be serving more than 40,000 physicians by the end of 2009 and says that “patients are used to the world of self-service, and physician offices want to offer that option.” He sees practices ultimately offering completely automated check-in (including collecting payments) prior to the office visit similar to airline kiosks.

Based in Cary, North Carolina, Medfusion enjoys the distinction of being named the leader in patient portals by **KLAS**, a company which independently monitors and ranks healthcare technology vendor performance. The HIPAA-compliant patient portal developed by Medfusion allows patients and providers to communicate and share protected health information and private identifiers such as social security and credit card numbers via a secure portal. Medfusion’s secure portal empowers patients and practices in a number of ways including:

- Secure online bill pay.
- Appointment reminders and lab results messages.
- Patient registration, demographic and health history completion online.
- Completion of a history of present illness prior to the visit.
- eVisits or Virtual Office Visits for established patients. Patients may pay out-of-pocket for the visit or pay a co-pay and the practice can file for the balance of the reimbursement (note: payers, most notably BC/BS, are starting to pay for virtual visits.)
- Shared patient communication between practices. Practices that refer patients to a specialty practice can make that referral electronically and can follow-up on the patient's progress via the portal.
- "Chat with a Biller" function.
- Appointment requests and requests for prescription refills.
- Credit card payments without the use of a credit card machine; online payment plans that automatically drafts the patient's credit or debit card monthly.
- Patient refunds via the web portal.

Medfusion has strategic relationships with the [American Academy of Family Physicians \(AAFP\)](#) and the [Medical Group Management Association \(MGMA\)](#) to provide website services to their member practices. Steve is an active speaker and presenter on technology in healthcare , and is widely quoted in industry publications. The company also has a relationship with [Allscripts](#) and [Origin Healthcare Solutions](#) and provides connectivity to those products to import information from the patient portal into the practice management system.

Recently Medfusion enhanced its existing Symptom Assessment and Virtual Office Visit solutions to include H1N1 Influenza (Swine Flu) screening. Medfusion's press release from May 2009 states:

*Without having to come into the office, the patient can log into the practice's secure HIPAA-compliant patient portal, select either Symptom Assessment or Virtual Office Visit, and type in Swine flu when they are prompted for a condition. The patient then responds to a series of interactive clinical questions relative to their symptoms so that the doctor can provide a secure online consultation, prescribe the appropriate anti-viral drug, if necessary, or determine if the patient needs an in-office visit.*

*Additionally, physician practices have been able to use Medfusion's Secure Patient Messaging solution to mass broadcast the availability of H1N1 influenza online screening and to keep patients informed about the latest news regarding this outbreak or any other dire health issues. 'We immediately launched Webinar training sessions specific to Swine flu patient messaging and Virtual Office Visits, and the response from the practices was overwhelming,' said Crystal Upson, Vice President of Client Services. Medfusion continues to hold these training sessions regularly. Also, physician practices that have a website powered by Medfusion have complete control over their content management, which means they are able to post and change messaging at any given time about their services and the latest health issue developments.*

After all the excitement of the products described above, it seems a little anti-climatic to discuss Medfusion's website design and hosting offerings, but it is well-worth mentioning as the products above can be integrated into a custom-designed website by Medfusion, or an existing website. Medfusion will take the look and feel of a practice's current website and replicate it so the patient always feels that they are "inside" the practice's site.

What doesn't Medfusion do? I recently saw the Medfusion product line again and was a tad disappointed that the

referral portal does not have the ability to use custom forms. It would be ideal to refer a patient to another practice or a test facility and be able to complete the order electronically including an electronic signature. Referrals are one of the most time-consuming functions of a physician's practice (primary care practices particularly) and can significantly impact patient care and reimbursement when done incorrectly.

What's in Medfusion's future? It was recently announced that Medfusion purchased [Medem](#) and their iHealth personal electronic record. As personal health record capability is included in definitions of "meaningful use" of an electronic health record eligible for the ARRA stimulus money, it looks like Medfusion will be well-positioned to help its strategic partners meet that definition.

By the way, I have used Medfusion at three different practices in the past and am evaluating it again for my current employer. I've not received any consideration for this article.