

# Bringing Physicians and Patients Together Via Smartphone? Dr. Church Has An App For That!



I am always excited when physicians design products for other physicians because they “get it.” Here’s the tale of a Midwest physician, Dr. Fred Church, who has developed a **free** app to communicate one-on-one with his patients via email or text.

***Mary Pat: Dr. Church, tell me how you came to design e-Consult My Doctor, an app that lets physicians and patients communicate with the ease of email and text in a secure environment.***

**Dr. Church:** I suppose the axiom of “necessity is the mother of all innovation/invention” applies here. I saw a growing need and had a growing **entrepreneurial passion** to solve the problem for more physician-patient interaction between scheduled visits. I believe we are at the precipice of still greater demand for mobile connectivity and services in America.

The premise of private communications to enhance doctor-patient relationships is not a novelty, but how to do it in a HIPAA-compliant manner that is also simple and convenient is a significant challenge. We are delivering an elegant smartphone app that uniquely understands a busy doctor’s and patient’s lives and works to serve them. We have created a utility that enables any doctor to be a concierge-service doctor and every patient to be the beneficiary of that great personalized care – care that is direct from the doctors that know them and whom they trust.

***Mary Pat: You describe e-Consult My Doctor as a tool to augment the physician-patient relationship, not replace the traditional office visit. Can you give some examples of this?***

**Dr. Church:** In no way is our communication management tool intended to replace the face-to-face interaction and

assessment between a physician and his established patient.

We have terms of service that users will explicitly understand and agree to prior to participation. Doctors will not have to worry about this being crystal clear to patients. Most reasonable people understand that emergency situations need to be dealt with in-person and this tool is not intended to deliver emergency communications.

### **Example Scenarios:**

1. "Doctor, can you give me an evaluation of this mole as I think it has changed since you last saw me for my physical? You told me to watch it and document it myself on my phone... should I be seeing you now or wait until my next physical?"
2. "Surgeon, I am three days post-op and it's Sunday afternoon and I'm scheduled to see you tomorrow for follow-up. Can you take a look at these two pictures of my wound to tell me if I need to go to the urgent care or ER tonight before tomorrow's follow-up? I'm not alarmed but a little concerned at how it looks and I want to have your opinion before my scheduled follow-up."
3. "Doctor, one month ago I described to you during Betsy's well-child visit the rare sounds and behavior changes I was hearing and seeing from my 3 month-old daughter and felt like I was having difficulty adequately explaining it to you. Guess what, I was able to capture it on this video with audio. Can you listen to it and tell me your opinion if I should be concerned about it? Should I bring her back in after you view this so you can examine her again and/or do more lab workup?"
4. "Doctor, we talked about considering certain omega 3 supplements and I want your opinion on this particular supplement (see picture of label) from XYZ that the pharmacist recommended. Do you think it's a good one also? I appreciate your opinion before my next follow up with you."

***Mary Pat: Foremost in everyone's mind is the privacy and confidentiality of texting and emailing – how does e-Consult My Doctor achieve HIPAA compliance?***

**Dr. Church:** Our smartphone app technology uses best practice standards for data at rest and in transit using **AES 256-bit encryption**. Doctors and patients will have a secure login to their app so that if their phone is stolen or misplaced, the data is still encrypted and cannot be viewed without a user's password. If a user's account is somehow compromised, administratively we can suspend his account, his e-consulting relationships, and access to the information between those relationships.

***Mary Pat: Do you see this product replacing the traditional function of a nurse triage in the medical practice?***

**Dr. Church:** Absolutely not. In fact, it is intended to offload the burden that triage is often overwhelmed with. Traditional healthcare will always need people to properly triage communications at a doctor's office. Unfortunately, high volumes and increased costs mean that calls are not always responded to in a timely way. Doctors need communication tools that are portable and flexible and this describes e-Consult My Doctor.

***Mary Pat: Your software has some interesting features, including a mini-EMR or PHR (Personal Health Record.) Can you describe the benefits of a mini-EMR available from a smartphone?***

**Dr. Church:** Because our solution is much less complex than an EHR (Electronic Health Record), a single adult patient user may keep and manage all of his dependents' information on one app securely. Our well-designed smartphone app stores all related health event reminders, vaccine history, and **PHR** information. The PHR on our smartphone app is viewable/editable without the requirement of an internet

connection, which is a clear advantage over EHR portals. When patients participate in managing their information and updating their PHR data between visits, it makes it easier for intake nurses/staff during scheduled visits to make sure the EHR's data is also reflecting recent changes that may be more current than EHR updates from various sources: other urgent cares/ERs, other specialty doctors, other health providers/doctors/sub-specialists (DDS, DC, DPM, etc.), hospitals etc. One of the main advantages of patients participating in their own PHR information is it will hopefully improve PHR accuracy, contribute to better patient compliance, and help serve both patients and doctors in traditional healthcare delivery.

***Mary Pat: How does the documentation of the communication between the physician and the patient get back into the practice EMR?***

**Dr. Church:** The app will allow for exporting content via PDF and both doctors and patients will have their own copy of e-consultation data on their apps. Doctors may elect to attach the PDF of the e-consultation interaction to their respective EHR if they believe it is important enough and pertinent to a patient's long-term record. For example, several EHRs do not have the ability to **import pictures, audio, and video content** which this app will easily store for minimal convenience fees. Additionally, a doctor can simply summarize the exchange in her next scheduled office visit's documentation if she feels the content is important enough. This will vary on an individual case-by-case basis and will be up to the doctor's judgment.

***Mary Pat: Between the secure communication and the mini-EMR, e-Consult My Doctor sounds very much like a patient portal. Can your software replace a patient portal for a medical practice?***


**Dr. Church:** The mission of our software is to deliver

a different and simpler solution for convenient communication and to augment the functionality of an EHR's patient portal. An EHR patient portal is valuable for a singular patient to see what his doctor's EHR documents as his current information including labs, vitals, etc. The **e-Consult My Doctor** app will allow direct one-to-one communication any time and anywhere the doctor and patient are willing to participate. One of the foundational premises of our product is that a doctor's extra time and effort should be rewarded directly by the beneficiary... like having pay-as-you-go access to their mobile phone or email for enhanced, personalized care between scheduled visits.

**Mary Pat:** *You have essentially designed a product that allows physicians to be reimbursed for care that they have been previously providing for free. Some patients will appreciate the convenience and be willing to pay for the personal attention and others will think it is akin to the airlines charging for luggage! How do you answer those who think healthcare is already too expensive without any additional fees?*

**Dr. Church:** I'm amazed how many people are willing to pay for the \$1,000 – \$2000 per patient per year for 24/7/365 access that they may only utilize a few times a year. I personally know concierge doctors who are eagerly looking forward to our HIPAA-compliant solution that will help them achieve better work-family life balance with our communication management tool. We believe our smartphone app will bring a revolutionary solution that allows every doctor and every patient to participate in a concierge e-consulting relationship at a potentially lower price point. Our solution eliminates the middleman with a convenient and simple solution at a very affordable price and payment is directly and immediately received by the doctor.

**Mary Pat:** *When will this product be available on the market and what will it cost physicians to purchase?*

**Dr. Church:** The anticipated market delivery date is **November 30, 2013**. The app will be free and the basic subscription level will also be free. Users will be given a limited amount of secure storage space and may upgrade to larger amounts based on their individual needs. We will also offer a premium subscription level that will afford a larger secure space allotment and additional valuable service offerings. Our app will offer a pay-as-you-go, transactional model for the basic subscription level and a fixed-price price point for the  value-minded user who wants more.

**Mary Pat:** *How can readers get in line to try your app?*

**Dr. Church:** They can go to <http://e-ConsultMyDoctor.com> and sign up for pre-launch information and be the first to try it out. We invite physicians who want to be beta-testers!

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## **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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## Blue Button Initiative Offers a Glimpse into the Future of Sharing Health Data

The most exciting thing for me about being in healthcare today is the contrast between steep challenges the industry faces on so many fronts – and the vast potential offered by biological and information technology. We do have some dragons to slay, but we also have amazing tools: genetic research, stem cell therapies and nanotechnology, alongside the potential for insight gleaned from mountains of big data. It's an exciting time, to be certain, and with so much change happening on so many fronts our work is in the spotlight more than it has been in a long time.

We don't have to wait for exotic technologies or highly educated software to make a positive difference in patient care and outcomes. Often the most empowering tools for the

patient are the simplest to use. If engagement is the holy grail of patient-centered care, then it has to be our goal to make that engagement simple and effective. In the United States especially, with an aging demographic and a generation behind it accustomed to slick consumer-driven technology, it is not enough for new treatments to be powerful – they also have to be approachable.



One of the most interesting ways this is being done right now is at the Department of Veterans Affairs (or the VA) with the **“Blue Button Initiative”**. The project has given veterans the ability to click a “blue button” and download their own health and military service records into a simple text file or pdf.

*“Blue Button gives veterans complete control of this information – without any special software – and enables veterans to share this data with their health care providers, caregivers, or people they trust.” – from the VA’s Website*

This project works in conjunction with the **My HealtheVet Personal Health Record**, which has been online since 2003. My HealtheVet allows veterans to access and store their own health data: from lab reports from VA hospitals to self-entered data like weight and vital signs taken as part of regular care, plus food and activity journals for veterans trying to control weight.

By clicking on the Blue Button, patients can get their entire PHR (Personal Health Record) from My HealtheVet (or only information of a specific type, or from a specific time period) and immediately have control of their data. The beauty of the Blue Button is its simplicity – simple to download, and simple to share, too. The text file created by the Blue Button is machine readable, so it is easily read by a computer program, and simple to view on any computer or mobile device

regardless of platform or software.

The Blue Button concept can work the other way as well. Once patients have their data, they can easily share it: with paramedics in emergency situations, with their own doctors at appointments, or between appointments to track progress, and with caregivers in the home. By allowing a way for health information to be shared simply and without worrying about the platform on either end of the transmission, the Blue Button opens the door for some amazing advances down the road. Blue Button data could easily be de-identified and used in clinical research trials or community health projects. Public Blue Button repositories of this data could allow patients to compare their health statistics to those with similar demographics and histories to track their own health goals. And on top of all of this, the patient becomes more experienced, knowledgeable and confident about accessing, controlling and sharing their own data.

The Blue Button Initiative has now expanded to partner with other large repositories of Personal Health Information to expand the Button's capabilities beyond just the VA. Both government agencies and private insurers as well as data repositories have added Blue Button access to their online portals so that their own patients can easily capture and control their health data. Just last week United Healthcare announced they would add Blue Button functionality to their customers online records for 500,000 of their members in Nevada. The company plans to roll out the technology to 26 million members by the middle of 2013.

When the benefits of simple technologies are powerful for everyone in the system: patients, provider and payers alike; simple ideas can have a profound affect on large scale problems. With the Blue Button Initiative the VA, Centers for Medicare and Medicaid Services and many private partners are achieving just that.

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# The Personal Health Record (PHR) is Alive and Well! Meet Zweena.

✘ A personal health record (or PHR) is an individual electronic health record that is stored securely on the Internet so it can be accessed by medical providers and caregivers who have permission.

PHRs allow the storage of all critical health history information in one place. In the event of an emergency, the patient, caregiver or family member can give providers access to health information. By having the most current information always available, duplicate or unnecessary tests can be avoided as can possible drug interactions. This benefit is achieved without having to rely on the memory or incomplete records of the patient. PHRs also allow patients, caregivers or third-party vendors to update information regularly over the Internet so that new data can always be accessed by stakeholders.

Although Personal Health Records have been around for more than 10 years, they have gained little traction. Amidst a healthcare environment that is increasingly supportive of the empowered patient, most patients have neither the time nor the knowledge to enter their own records into a PHR. Many PHRs can interface with an individual hospital or physician's EHR system, but most are unable to share information bi-directionally with more than one entity or flow seamlessly into a Health Information Exchange (HIE).

With that being said, PHRs could be poised to make a big

impact on the future of the delivery of health services. Today's providers are shifting their focus from individual visits to entire episodes of care across the care continuum, which has the potential to benefit from digitized patient records. As more providers convert to electronic medical records, one of the next steps towards fulfilling the Meaningful Use criteria needed to receive Federal incentive payments is to achieve Enterprise Integration with their electronic records, defined by the HITECH act as:

“the electronic linkage of health care providers, health plans, the government, and other interested parties, to enable the electronic exchange and use of health information among all the components in the health care infrastructure in accordance with applicable law.”

In short, healthcare providers have to adopt systems that can then interface with other providers to share patient data, and collect public health data for comparative effectiveness research.

Although the death of Google Health this year has led many to speculate that the PHR is an idea too far ahead of its time, Zweena is challenging that notion.

Zweena is a personal health record management solution, as opposed to a standalone PHR. Zweena overcomes the traditional downfall of PHRs by taking care of everything for the patient and bridging the (huge) gap between healthcare providers and patients. Upon request by the patient, Zweena contacts the patient's care providers, requesting their records and entering the record information into the PHR properly. The patient record, accessible via Microsoft Healthvault, is then available for easy exchange with hospitals, physician offices, continuing care communities, family members and others permissioned by the patient.

Zweena is involved in a fascinating pilot program starting



October 2011. Virtua Hospital in Southern New Jersey has contracted with Zweena to provide ALL residents in a three-county area a free PHR with all the heavy lifting done by Zweena. This three-year agreement will be a tremendous test of the concept of the personal health record and the improvement of health and healthcare for these communities.

Zweena CEO John Phelan comments, “Most of us only think about our health and our medical records when we are reacting to a health crisis. By then, it is too late to harness the power of our assembled health information. Zweena gives all of us an opportunity to use the information we have today and be more proactive and engaged with our own health information and the information for those we love and care for.”

Image by Mary Pat Whaley

*This article was first posted on Technorati.*

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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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# Dear Mary Pat: How Do I Get My Foot in the Door? (24 Things to Do to Break into Healthcare Management)



So you've been trying to become employed in healthcare, or you've tried to enter healthcare management, or you're trying to move from one job in healthcare to another. You've read my **post about my search for a job** in healthcare and have been soldiering on, but you're just not getting anywhere. You might have education, but no experience or you might have experience but no formal education.

Healthcare is no different from any other field. It's a hodgepodge of what you know and who you know. What everyone is looking for is expertise and authority and that can't always be demonstrated by a degree or years of experience. A new buzz phrase is "What is your value proposition?" or "How will you pay for your salary and make me (doctor, practice, hospital, health plan) money besides?"

If you want to enter the field or climb the ladder in healthcare management, you need to demonstrate that you have something of value that someone wants. Try some non-traditional ways of gaining expertise and demonstrating value, like the ones I list here. Yes, each of these will take time in addition to your current job, but it has the potential to give you a hand up to your next job. If you don't currently have a job, you have lots of time to work on the list below,

and when potential employers ask what you've been doing while unemployed, you have a great answer!

1. Blog about the field you want to enter – learn about the field and write about it.
2. Write about being in the middle of a transitional field and your experiences along the way – if you're a compelling writer, I'll publish it as a series on my blog!
3. Create a site of resources for others that already do what you want to do.
4. Interview others in the field you want to enter and publish the interviews.
5. Ask people if you can shadow them for one day or a half day to understand what they do to see if you're on the right track (who would say "no"? I wouldn't.)
6. If you haven't used voice recognition, invest in a basic copy of Dragon and learn it inside and out.
7. Learn how electronic health records (EHRs) work. If you've never used one, gain experience by finding someone who has one and volunteer your time to write a user's guide for them, or to use their user's guide and critique it for them. Do that for as many different EHRs as you can find.
8. Think creatively about jobs in a department you want to be in, just not in the job you want to be in – call temp agencies, computer schools, software companies, any healthcare entity going through a conversion, etc.
9. Tell everyone (if you're free to talk about it) what you're looking for – you never know who might help you find it.
10. Volunteer to do an informal project for someone in the field – some topic they need information about but never have the time to do.
11. Join the **American College of Medical Practice Executives** (ACMPE) and pursue board certification and become a Fellow in the college. These credentials are quickly

becoming the standard in the field.

12. ~~Get a Google Health account and learn how to use it inside and out.~~
13. Get a Microsoft Health Vault account and learn how to use it inside and out.
14. Get accounts on any other personal health record (PHR) platform you can find.
15. Publish case studies on common problems in other fields and how they were solved, and apply those solutions to healthcare problems.
16. Put a chart on your resume showing each skill you have and how it transfers to healthcare and brings added value to your potential employer.
17. If you don't yet, get a Twitter account (free) and start conversations with others in the field.
18. If you don't yet, get a LinkedIn account (free) and join groups that are talking about the things you want to learn about (Twitter will give you more info and friends, LinkedIn will make you more business connections)
19. If you aren't already, sign up for websites that focus on what you are interested in, read them religiously and comment on their posts.
20. If you don't already, get your resume on visualcv.com (still free I think) Add any goodies you can to your visualcv that demonstrate you know your stuff – recommendations, videos, charts, white papers, etc.
21. Find someone to mentor you who is well-positioned (locally, regionally and nationally.)
22. Volunteer to do some pro bono work for your local professional group – your state MGMA, your state medical society, etc.
23. Join Toastmasters and polish your “elevator speech” so you can effortlessly let others know who you are and where you're heading.
24. Let me know what you plan to do, and how I can help.

Best wishes,

Mary Pat

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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.

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## **Google Health's Newest Version Makes Personal Health Records Accessible to Visually Impaired Users**

✘ **Google Health announced today** that the newest version of its patient-managed medical record is accessible to visually-impaired users. Using voice prompts and auditory icons, users of assistive technology are now able to open Google Health profiles and populate them with their own medical information including vitals, conditions, medications, allergies, procedures, test results and immunizations.

**Assistive technology** such as screen readers, which translate text into speech or text into Braille, offer computer access to the blind, visually impaired and illiterate.

Writing about the launch of Google Health's newest enhancement, Google Blogger and Research Scientist T.V. Raman, notes that

*"Google Health gives me a single unified web interface to manage all of my health-related information. Kudos to the Google Health and GWT teams for creating an extremely useful and usable solution!"*

**T.V. Raman is also the author of Emacspeak**, a speech interface available free on the Internet that allows visually-impaired users to access computer applications, including video gaming.

T.V. Raman, himself a visually-impaired user, discusses the software requirements to use the Google Health.

*“Note that the accessibility support in Google Health requires support from both the browser as well as the adaptive technology in use. At present, we recommend Firefox 3.0 with screenreaders that support ARIA, alternatively, you can also use Fire Vox, the self-voicing extension to Firefox 3.0.”*

In addition to improving accessibility for users, Google Health continues to seek relationships with **innovators in healthcare**, including those developing applications for disease management, secure messaging, and research.

**Look at Google Health here.**