

# A Guide to Healthcare Buzzwords and What They Mean: Part One (A through L)

Welcome to our guide to Healthcare Buzzwords!



## ACO

An acronym for “Accountable Care Organization”, an ACO is a model of healthcare delivery in which a group of healthcare providers agree to accept payment for their services based on the aggregated health outcomes of the patients they see, as opposed to the total number of services performed. ACOs reward providers in a “fee for health” model, as opposed to a traditional “fee for service” model. Although the term ACO can apply to a variety of types of organizations, regulations for establishing ACOs to participate in the Medicare Shared Savings Program specifically were included in the Patient Protection and Affordable Care Act of 2010.

## Big Data

“Big Data” is a blanket term used to describe the tremendous amount of raw data that we create as part of our everyday lives. As we become more proficient in capturing, storing, and analyzing these massive data sets – and the increasingly complex tools needed to do so – there is tremendous hope in the ability for industries to glean insights from the mountain of data they already have. Healthcare, with the tremendous

amount of data that is already collected and stored in the form of medical records, is considered one of the areas with the most to gain from advances in “Big Data” tools.

## **CCHIT**

An acronym for “Certification Commission for Healthcare Information Technology”, CCHIT is one organization authorized by the Office of the National Coordinator of the Department of Health and Human Services to certify Electronic Health Record products for quality, security and interoperability. This certification is necessary for providers to receive “stimulus” funds from Medicare or Medicaid as reimbursement for achieving “Meaningful Use” of the EHR. Other organizations providing certifications include Drummond Group, ICSA Laboratories, Inc. and InfoGuard Laboratories, Inc.

## **Cloud vs. Closet**

The “Cloud” versus the “Closet” is a way of defining the two most common ways of managing and sharing software products in a medical practice. The “Closet” is the traditional model where a server is installed, often into an extra closet where the phone system is also kept that runs the Practice Management and/or Electronic Medical Record software on the desktops in the practice. Generally, the practice owns their own software and hardware, and pays for it upfront as a capital expense. In the “Cloud” model, which is rapidly gaining favor, a constant Internet connection allows the server hardware to be kept offsite in the vendor’s data center. The software is paid for on a monthly, operational expense basis, and security, upgrades and maintenance are all outsourced to the vendor.

## **EMR/EHR**

Acronyms for “Electronic Medical Record” and “Electronic Health Record.” The two terms are generally used interchangeably to describe any software that documents medical services delivered between providers and patients. There is however a general distinction between the two, highlighted [in this blog post from the ONC](#). An Electronic Medical Record generally refers to the digitized version of a paper record that is kept in an office as a record of the patient’s services from that provider. In other words, only the patient’s interactions with the providers of that office. An Electronic Health Record on the other hand generally refers to the complete history of a patient’s life and conditions as they visit different providers in different health settings. With the EHR’s focus on health as opposed to medicine, and portability with the patient as opposed to static and office-based, EHR tends to be the “official” term used by the ONC.

## **eRx**

“eRx” is an abbreviation for “e-prescribe”, or the ability to transmit information from a provider to a pharmacy and back to facilitate filling prescriptions with a completely electronic process. By eliminating the paper scripts and the patients having to take them to their pharmacy, eRx facilitates more accurate, timely information between prescriber and pharmacy, and ensures that the information is accurately logged into the patient’s EHR. The ability to e-prescribe is a component of achieving Meaningful Use for providers to receive stimulus funds.

## **HDHP**

An acronym for “High Deductible Health Plan”, an HDHP is a type of insurance coverage where more of the initial cost of

care is shifted to the responsibility of the patient. Using higher deductibles, as well as co-pays or co-insurance, high-deductible health plans are often combined with Health Savings Accounts to provide health coverage at lower premiums for patients and/or employers. As health insurance costs continue to rise, HDHPs are becoming more popular as a coverage model.

## **HIE #1 (Health Information Exchange)**

A Health Information Exchange is a central hub where different health providers and locations can “exchange” electronic medical information so that a patient’s medical history is available to any provider or care setting in which the patient receives treatment. The exchange allows for the health data to be shared across different types of software in different places, so access to the exchange insures access to the most accurate patient data available. Health Information Exchanges are being set up in regional, state and national settings, and were a key part of Patient Protection and Affordable Care Act (PPACA or ACA) of 2010.

## **HIE #2 (Health Insurance Exchange)**

A Health Insurance Exchange is a controlled marketplace where consumers can compare and purchase health insurance, as well as find out about any subsidies or tax benefits they can take advantage of to offset the cost of coverage. Each state has the option of setting up their own state-level exchange, or participating in the federally-run exchange. The exchange also sets minimum coverage levels for each state, and mandates that insurance companies disclose actuarial percentages and coverage levels of similar plans so that consumers can make informed decisions about coverage.

# HIM

Health Information Management is the field of study that deals with overseeing and maintaining health care information for a patient population. Although HIM refers to the management of both paper-based and electronic health records, the field increasingly focuses on the storing, securing, and disclosing of electronic data. Issues like ethics, health informatics, and health information policy are changing the way Health Information Management is viewed in the larger context of the healthcare system.

# HIPAA

An acronym for the “Health Insurance Portability and Accountability Act of 1996”, HIPAA is a federal statute that was designed to regulate health insurance to make it easier to “carry” coverage with you after leaving a job, as well as to set standards for the protection and transmission of protected health information. HIPAA was appended by the HITECH Act of 2009 to set disclosure reporting requirements in the case of a breach as well as define business associates as entities covered under HIPAA. Generally, when people refer to “HIPAA Requirements” they are talking about the privacy restrictions of the two bills.

# HSA

An acronym for “Health Savings Account”, an HSA is a specialized bank account that allows its holder to defer federal tax liability in order to save for future medical expenses. Money deposited in an HSA is not subject to Federal Income Tax. HSAs, like a flexible spending account, or a health reimbursement account are combined with a high deductible health plan to replace traditional health insurance with money from the HSA covering short term costs and helping

with patient responsibilities while the HDHP covers catastrophic injuries or illness.

## **ICD-10**

ICD-10 is an abbreviation for “International Statistical Classification of Diseases and Health Related Problems, 10th revision”. The ICD system is the set of alphanumeric codes that are used to classify diseases and bill medical payers for services. The United States currently uses the ICD-9 system, but is set to switch to the new standard on October 14, 2014. ICD-10 is much more complex than ICD-9, with almost five times as many available codes, and a much more specific hierarchy. ICD-10 is also referred to as “**I-10.**”

## **Interoperability**

Interoperability is the concept that information stored in EHR software should be usable by any other software package. Interoperability is key to coordinating and improving care, because the health information is worthless without the software compatibility to share it between providers. This “breaking down of barriers” between different EHR software packages is crucial not only to sharing health information, but to creating a thriving and innovative healthcare information technology marketplace. Examples are a hospital system EMR’s interoperability with a private practice EMR, and both system’s EMR interoperability with a reference laboratory’s Information System.

## **IPA**

An acronym for “Independent Practice Association”, an IPA is a group of independent physicians, or groups representing independent physicians to contract their services to managed care organizations and payers. IPAs can be formed to

collaborate on care in a region, promote the political effectiveness of the independent physician, as well as to negotiate professional fees for their members, although it is important to note that the IPA does not negotiate on behalf of its members for services delivered outside managed care agreements because of federal trade laws.

*What are some of the buzzwords you are hearing, wondering about, and maybe even growing tired of? Let us know in the comments!*

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## **12 Ways to Supercharge Your Practice in 2012: #8 Leverage “The Cloud” for Real Results**

**Is Your Practice Struggling?  
Click Here for 12 ways to  
SUPERCHARGE IT!**



Three technology trends are creating big opportunities for healthcare providers and managers to improve their bottom line, drive savings, and empower a mobile workforce with “The Cloud”:

- 1. Improved cellular and network access to the Internet at all times, from all devices.**
- 1. More powerful, less expensive smartphones and mobile devices to harness this improved access.**

1. **The move to deliver computing services to these mobile devices, as well as traditional personal computers through these ubiquitous, powerful Internet connections, so that most of the work is actually done “In the Cloud”- saving a lot of resources.**

The Cloud is more than just a fashionable concept – this is a **real change in the way people work**– and leading organizations are looking past the buzz into the substantive improvements that technology can offer in work flow and cash flow.

*NOTE: For those who have not heard the term before, you can always substitute “the internet” for the cloud. Do you get your email in a web browser? Cloud-based email! Do you like to stream your movies to your TV? Media in the cloud! Do you have anywhere you save important stuff online for either security or posterity? Yep – this is cloud-based storage!*

By relying on offsite computing power and a constant high-speed Internet connection, the Cloud has all sorts of advantages over a traditional, on-premise model.

## **How can the Cloud change your practice today?**

**The cloud can actually protect things better than you can. For less money.**

If you have your valuable documents stored in on-site servers, or on personal desktops, you are at risk. Cloud services offer auditability, encryption, and redundancy, and with strong end-user security practices in place, can provide healthcare organizations with absolute top of the line data security AND put the replacement and maintenance back on the vendor. **You**



**pay for access, and pay only for what you need.**

Moving documents to the cloud not only protects them physically, but keeps them at your fingertips and the fingertips of permissioned users. **Separated data facilities, redundant storage, and professional grade encryption are all more secure than the traditional, “server in the closet” model.**

**The cloud can mobilize your practice, but keep everyone on the same page.**

The modern medical practice employs providers and administrative and clinical staff that bring powerful mobile devices to work everyday – and take them home too. By giving your key decision makers access to their work files outside of the office, you give them the tools of a work computer anywhere they go. Physicians can handle office tasks on their own schedule, and in their own setting. Administrators can access critical documents from a phone, or a home laptop as easily as they would their desktop. **The access you pay for is everywhere: if you have a web or wireless connection, you can access your files.**

Tedious, in-house FTP setups, or VPN'ing into the network can be complex and costly solutions; work-arounds like emailing yourself the work files you need, or loading USB flash drives can introduce security risks. And, how can you be sure you remembered to send the latest version? If your work data is hosted in the Cloud, the availability of what you are working on is as much of an afterthought as the lights and water at your office. Updates to files are pushed to everyone immediately too, so you know your team always has the latest. **With mobile applications and network access, employees can not only work from home – they can work from anywhere they have a mobile device and service.**

## **The Cloud turns computing power into a utility.**

In terms of your practice cash flow, cloud computing enables you to flatten IT spending into a much more predictable outlay. If you own your server, you are very familiar with the “update cycle”. Determining the right time for updates, upgrades, replacements and expansion to keep up with your needs, comply with new regulations, ease pain points for the staff, or improve security can be an endless loop of spending lots of time and money.

In effect, a practice is never out of the upgrade cycle, they are only on the easier end of one for a while. The cloud allows you to simply pay your monthly access and storage fees to your providers, and change plans as soon as you need more or less. **Upgrades are pushed automatically, and built into monthly fees.** You “pay as you go” for what you use – and only that. *Scaling* your IT resources up and down as you need them lets you fine tune your budget to your needs, and lets you turn your upgrade cycle into a predictable fixed expense. **Employees can “B.Y.O.D.” or “Bring Your Own Device”- to give them a familiar hardware and software interface, and to give employers lower hardware costs.**

**How many of the things on this list are taking up space in your office, and are at risk of being misplaced? How many can you locate and share with your employees, physicians and stakeholders right now?**

- *Physician Credentials, Privileges, Re-appointments, CME*
- *Monthly and Quarterly financials*
- *Daily work – Deposit slips, EOBs, Checks, Superbills*

- *Practice Management reports*
- *Accounts Payable invoices*
- *Contracts*
- *Partial or full paper charts that will not be included in the EMR*
- *Personnel files*
- *Personnel policies and employee handbook*
- *PTO requests*
- *Board agendas and minutes*
- *Applicant resumes and paperwork*
- *Benefit plan books*
- *Retirement plan documents*
- *Tax documents*
- *Agendas and Minutes of Staff and Board Meetings*
- *Policy changes and reviews*
- *Templates and forms*
- *Equipment user manuals*
- *Referring physician holiday card or gift list*
- *Anything else stored offsite or in your office that doesn't need to be taking space and costing \$\$\$*

## Where do I start?

Manage My Practice thinks leveraging the cloud is an important way for medical offices to achieve efficiency and reduce costs. In fact, we think it is so important that we have partnered with cloud leader [Box](#) to bring you MMP Fileconnect – a product specific to healthcare that allows you to manage your practice documents from anywhere. Box has installations in more than 70% of the Fortune 500 companies, and we think it's the right product for you. [Contact us](#) to learn how Fileconnect can start helping your practice today!

**Is Your Practice Struggling?**  
Click Here for 12 ways to  
**SUPERCHARGE IT!**

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# 76 Ways to Use the Cloud in Your Medical Practice (or Any Business)

I've had a lot of questions since last week when I offered to help readers "get on the cloud." Most people want to know – what exactly does getting on the cloud mean?

The term cloud comes from both the look of technical drawings which depict the relationship between cloud services and consumers, and is also a metaphor for the fact that cloud service providers exist out of sight in some distant location. My favorite definition of the cloud is "Using the Internet to store, manipulate and deliver data." Here are 76 ways to do just that!

## SECURITY & RISK MANAGEMENT

1. Decide user by user which files and folders each employee or stakeholder may have access to. Decide if the user may view information, upload information, download information, invite other collaborators or edit documents. Change the user's permission instantly, or eliminate their access to everything on the spot.
2. Store critical documents: letter of incorporation, Tax ID assignment, Medicare letters, shareholder agreements, by-laws, etc.
3. Scan in any and all documentation of lawsuits and or legal correspondence about patients.
4. Collate logon information for important sites: CAQH, NPPES, PECOS, state board, specialty board, etc.
5. Collect all information needed for credentialing and

privileges for all providers in one easy place: CV, photo, license, board credentials, DEA, state registration, malpractice, references, etc. Keep copies of all credentialing applications in the same file.

6. Keep a licensing and privileges spreadsheet for all professionals so deadlines don't take you by surprise. Include CPR, ALSC, DEA, state licenses, and board certification and recertification.
7. Never worry if you've locked your office, your file cabinet or your desk again. Your information is safe in the cloud.
8. Store important logons and passwords on the cloud along with instructions and know that if something happens to you, the business will recover quickly.
9. Have employees watch for health fairs and special events that your practice can participate in. Develop a calendar for community events that you can prepare for annually.

## **INFORMATION SHARING**

1. Share files up to 2GB (images, video, audio, text)
2. Turn a folder into a public web page.
3. Start a secure referrers' area and give access to those practices that refer to you. Stock it with FAQs, referral forms, maps and directions to your practice, and phone numbers and emails for communication. Keep a referrer satisfaction survey on their pod at all times.
4. Push the patient schedule into the cloud so any provider can check their schedule at any time from anywhere.
5. Store building or suite blueprints.
6. Develop a practice glossary to document all abbreviations and specialty-specific terminology – very helpful for new employees and transcriptionists.
7. Make a secure education area for your patients which they can access from your website or in your waiting area on iPads. Include websites, blogs, patient

satisfaction and other surveys, health tracking programs, etc.

8. For those providers on productivity bonuses, push a productivity report to the cloud for them to review privately.
9. Put staff education programs on the cloud for new employee orientation and annual training on compliance, OSHA, HIPAA, fire safety and disaster communication plans.
10. Post photos of the office picnic or Christmas party, or the new baby, or the bride and groom.
11. Use the cloud as a digital scrapbook of events, new employees, new services, accolades, advertising or publicity.
12. Pass around a digital birthday greeting card to all staff except the one having the birthday!
13. Post a job on craigslist. Once you have a group of candidates you want to consider, give them a link to a folder with the position job description, benefits schedule and in-depth information about the hiring time line.
14. Post lunch menus for restaurants and take-outs within several miles of the practice so employees can get lunch efficiently and quickly.
15. Post the office schedule for the year showing which dates the office will be closed for holidays.
16. Post the call schedule and let your answering service and the hospitals view it.
17. Publish your weekly practice newsletter on the cloud – it becomes an instant record of when and how things were communicated.

## **BUSINESS MANAGEMENT**

1. Scan invoices to the cloud for storage once you've paid them.
2. Scan invoices to the cloud for an external bookkeeper to

- access and pay them.
3. Scan invoices to the cloud for a physician to approve them for payment.
  4. Scan the daily accounts receivable work (EOBs, checks, deposit slips, denials, reconciliations) to the cloud and shred the originals at the interval of your choice.
  5. Scan documents to the cloud when you are notified that employees are having monies withheld from their paychecks for child support or garnishment, or when they change their deposit information or retirement plan contribution.
  6. Track the history of files and folders – when did we change this policy? When did we go to this compensation system? What was the original wording of this contract?
  7. Generate reports on employee productivity, looking for patterns of collaboration and innovation.
  8. Scan RAC, CERT, ZPIC and other audit letters when they come and keep a spreadsheet of dates records and appeals are due.

## **COLLABORATION**

1. Have online meetings centered around documents in the cloud.
2. Post job protocols and empower employees to change protocols regularly as information and routines change.
3. Start a CME log for each provider that the providers can easily add to.
4. Have your employees collect stories, links and other items in the cloud to push to your Facebook page or website blog.
5. Keep minutes from physician meetings and request all physicians review, ask for changes and sign off.
6. Keep attendance and minutes from staff meetings and ask all staff to electronically sign the minutes.
7. Have each employee keep a continuing education log for face-to-face and online education.

8. Assign tasks. Place something on the cloud and assign staff to respond to it, change it, develop it or implement it.

## **INCREASE EFFICIENCY**

1. Develop a "How Do I?" document for quick information new employees need to know and established employees may not remember. Some examples: How do I reach the inclement weather information line? What do I do if there is a blood spill in the practice?
2. For the manager – develop a staff roster with dates of hire, dates of birth, social security numbers, phone numbers, hourly wage and termination dates. One document will answer 25% of questions you have or others ask you every day.
3. Standardize protocols and information when you have multiple sites or divisions.
4. Show each employee how to keep their most-used files on their digital desktop to access without a logon and password.
5. Sync desktop folders to cloud folders automatically – documents are updated to the latest version without thinking about it.
6. Restructure your files and folders as many times as you want or need to. Rename files, move and copy files, and delete files if they are not serving the purpose you thought they would.
7. Expand the number of users instantly for special projects.
8. Put every form on the cloud, have employees complete them on the cloud, sign them electronically, then share them with you for your electronic signature.
9. Put new templates or forms on the cloud for everyone to draw from – eliminate old letterheads, logos, addresses, etc. instantly.



## **IMPROVE MOBILITY**

1. Fax documents from the cloud to a fax machine.
2. Email files from anywhere.
3. Search for anything in your cloud by words or phrases. Never lose anything again!
4. Access the cloud from anywhere and from any device – smartphone, PC, iPad...
5. Put the patient schedule information into the cloud so if inclement weather hits, staff can access the schedule at home and contact patients about their appointments.
6. Access your business 24/7/365.

## **DAY-TO-DAY MANAGEMENT**

1. Assign a folder for your CPA to be notified when financials are available for download, or for you and the physicians to be notified when s/he finishes the financials or taxes.
2. Assign a folder for your benefits broker to be notified when new employee applications for medical and dental benefits are available for download.
3. Assign a folder for your banker to be notified when quarterly financials are available for download.
4. Assign a folder for your physicians/owners to be notified when monthly or quarterly financials are available for their review.
5. Post practice calendars for paid time off requested and approved.
6. Develop a physician referral resource tool if your PMS does not organize that information well. Create your own spreadsheet with all the fields of information that are important to your practice and have all employees add to it and correct it routinely. Have someone in the practice or a temp or prn person call every practice/group on the list twice a year and confirm all the pertinent information.

7. Post a “Who Covers Whom” list that spells out who covers primary responsibilities in the practice when someone is out of the office. Building your team 3 deep (for every primary task, there are at least 3 people that can perform that task) is crucial for reducing vulnerability.
8. Video new employees answering a few questions about themselves and post it on the cloud for all staff to view.
9. Put video of all staff introducing themselves and telling what they do on the cloud for new employees to view.
10. Video benefit providers discussing benefits so employees can watch at any time – medical insurance, dental insurance, vision insurance, short and long-term disability, life insurance and retirement benefits. Employees will get more out of and become more aware of what their benefits are.
11. Make an easy-reference spreadsheet with the payer contracts listed and images of the plan cards for staff to be able to identify the contracts and plans in force at any given time.
12. Keep personnel files on the cloud. You may choose to have a file of documents the employee may see and get a copy of, and a file of documents they may not see or get copies of. Both can be a part of the same folder.
13. Store scripts for your messages on hold, your after-hours message and your scripting for employees.

## **SAVE MONEY**

1. Increase storage space without buying any hardware or software.
2. Scan charts into the cloud as a preliminary repository before implementing EMR, or scan charts of inactive patients in so you don't have to pay to store them offsite.

3. Never back-up your documents on your computer again.
  4. Put your triage algorithm or flow sheet on the cloud. Hire nurses to triage from home.
  5. If a manual doesn't come electronically, scan it onto your cloud. Check the manual before you call the repairman.
  6. Preserve your valuable employee knowledge – have each department develop a folder with the important resources for their staff. The billing department may have websites they refer to for coding questions, a primer on evaluation and management coding, a cheat sheet on standard practice fees, and a calendar for the times of the year that different updates and revisions to CPTs, ICDs and NCCI edits.
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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