# JO SUMMARIZE WHAT OTHERS SAY IS PROBLEMS IN HEALTH CRAE THEN USE OUR SYNERGY PLUS EQUATION WE NEED AS HEADLINE FO MY ARTICLE PR0BS & SOLUTIONS.

# Med eoc, it health, fierce, beckers…have research guy we hire read all after h eread sour marketing plan etc

**1. Cerner adds new revenue cycle leadership: 5 questions with Cerner president, new SVP of RCM**

[**Full story**](http://r20.rs6.net/tn.jsp?f=001Qo1hu36syMGTnkovJ5y-_Fr2j8oJNup3Szs_uRQwz3CF5jagdDU7dpWjwLNMuab2mcovDikd79JDliNCFkhWlzxs2qUGj25ncfbujGt5AjUFl4X6eCqPfbefh6RelemzGubNce8YKHZXFtXq5OBT_Pd18fVacEYCeztNUNd6zTwZKMbjm60BfzHH4Q6IXCHlh7RM-fzsRgpG8rMWL3X_6vTAzT5vYkN6Rck5xQTN39rpk7IwLpOojzrv0mMwUS7OQ8o0IowMUJi9KmDrg8Ks58p0MJZVeV4YTFCws_FGRVibZJ390qYiQNOph65SP-gJJzp93iG7sxw=&c=RoAwHoiKK5GLq-Ey7HKKCC_nnIiXL9y6qJ1LRqVQVdGfm1o174xebQ==&ch=OmiOx6M5HkDMlM-gA2rOFT7aDdVOPox8MKT7hgZJum1JhLL3Ag2bXw==)

**2. Payers claim Houston hospitals lower patient rates by increasing insurers' bills**

[**Full story**](http://r20.rs6.net/tn.jsp?f=001Qo1hu36syMGTnkovJ5y-_Fr2j8oJNup3Szs_uRQwz3CF5jagdDU7dpWjwLNMuab2epEopGXTG4Bpm8a99z_4iQZJxJacoFx3yQzd1iuUT0skzswD6GW_XjCQ10SwQKijvqCvHV2JlSlypH7g-l0_jBtv3xeTJB4gRUfiFYNskHJ-zEZ9AKZuhMyzkM2QDablRqA8Do4B8SQyPFWp3k6ydnqGrDJtjXCpssBeuCCfN_-M81FyW9ccUCCTj0WGuqS40i_oaOg4-ltv904Rh36ZUQqswMvwjXQNqN6m77OH6TBbgbhYayYssfE9LNpkATzz&c=RoAwHoiKK5GLq-Ey7HKKCC_nnIiXL9y6qJ1LRqVQVdGfm1o174xebQ==&ch=OmiOx6M5HkDMlM-gA2rOFT7aDdVOPox8MKT7hgZJum1JhLL3Ag2bXw==)

**3. Tackling the growing self-pay revenue problem: 5 steps to get cash from your self-pay portfolio**

[**Full story**](http://r20.rs6.net/tn.jsp?f=001Qo1hu36syMGTnkovJ5y-_Fr2j8oJNup3Szs_uRQwz3CF5jagdDU7dpWjwLNMuab2GHhjcQe-OhiiryWSNOhDuNk0ykFynde28gk98i81an9zQ50feW9KIBt3nTl8Aq8dEnapMr-zAzIl0X9Aqncc9fHgHsXXzrUsHB7GPva7MVnh6cdpYyKfCLp3BFo454SRTG0shiKPo-bv6u0sfkMKmuubEKmX7kxpKf-rn4vVRI6sg_vcWLKAiZulVP3SgS5-F4ayl45EGnCk4QlK738P0bwawuI1_DdcBEpuUEgK7rnfNPOikp6yLWzzFJ5WQzjgorgFFWz8YlJ1t_-wsf_I4A==&c=RoAwHoiKK5GLq-Ey7HKKCC_nnIiXL9y6qJ1LRqVQVdGfm1o174xebQ==&ch=OmiOx6M5HkDMlM-gA2rOFT7aDdVOPox8MKT7hgZJum1JhLL3Ag2bXw==)

**4.**

**Webinar: What are the market trends for increased risk of medical debt, uncompensated care, and rising collections costs?**

[***Learn more***](http://r20.rs6.net/tn.jsp?f=001Qo1hu36syMGTnkovJ5y-_Fr2j8oJNup3Szs_uRQwz3CF5jagdDU7dl0DOoczOO5lzUKCXxXyY6AKIoio8twMRk1Ue7GrQ_QAwkihZdqUefQ6vzPcmL09e0jT0aptOlVize_chMj0vmUtVr-ZRqOx8XiwbuAZg7aaHHsXKn1XfgvM_hsclPGzekTKfcnoTzfLLFQ5g1fidDgXh2apSX8WDbf8eTvszvCqjovBOrfiHQUpNwrkuuzlDe5k8DcusWctwadtB1OMSAmwR3jSflJLJw==&c=RoAwHoiKK5GLq-Ey7HKKCC_nnIiXL9y6qJ1LRqVQVdGfm1o174xebQ==&ch=OmiOx6M5HkDMlM-gA2rOFT7aDdVOPox8MKT7hgZJum1JhLL3Ag2bXw==)

**5. 4 hospitals receive credit downgrades in past month**[**Full story**](http://r20.rs6.net/tn.jsp?f=001Qo1hu36syMGTnkovJ5y-_Fr2j8oJNup3Szs_uRQwz3CF5jagdDU7dpWjwLNMuab2R-euoEN_IAAok50R-zQOCFo6P3LVeMkYWQSRHMEsfKzRITDkg0HG-k6ZVlrTpjD5sqLNcUwsR6m3b57dGGcrol7oJ2kJa3cUJadrsH1Ea4voDEXMq4J_DH04-PIbic4-e0AIkFCK2csJYdPawoEfCyuv04oP40ESncP2Z90bsPIPK9dMVwlXBnjEw0a9dcq9aYUFEpvhgJE3bwrGWetyaZa1R4ezonjG&c=RoAwHoiKK5GLq-Ey7HKKCC_nnIiXL9y6qJ1LRqVQVdGfm1o174xebQ==&ch=OmiOx6M5HkDMlM-gA2rOFT7aDdVOPox8MKT7hgZJum1JhLL3Ag2bXw==)

**6. OIG: Houston Methodist Hospital received $1.27M in Medicare overpayments**[**Full story**](http://r20.rs6.net/tn.jsp?f=001Qo1hu36syMGTnkovJ5y-_Fr2j8oJNup3Szs_uRQwz3CF5jagdDU7dpWjwLNMuab2eNqLdTh3FAnd8VxHBkFkROTOFP0xOleuYfbrOI9yHCfQ_eBvO-_Yo8helD0s7CJShMT_YhxM1JDwtlx8Ky2fPgrCu2fyhoDAaXBWj-5DhFAAxUse8v0Li-hPR7iZIuNP1LKFULglNpp6Rh7UUvtm7cw4qlzml3AsYreBMg5s2d6tUgRzmb9Dr6IgpxX61Bw_ePVOlFJ4oDitXynvUaqOuyNUhb9fD4VgVQVhdGEjQJ4uq19AosnJgQ==&c=RoAwHoiKK5GLq-Ey7HKKCC_nnIiXL9y6qJ1LRqVQVdGfm1o174xebQ==&ch=OmiOx6M5HkDMlM-gA2rOFT7aDdVOPox8MKT7hgZJum1JhLL3Ag2bXw==)

**7. Memorial Healthcare System CAO shares process behind patient finance initiative**

[**Full story**](http://r20.rs6.net/tn.jsp?f=001Qo1hu36syMGTnkovJ5y-_Fr2j8oJNup3Szs_uRQwz3CF5jagdDU7dpWjwLNMuab2-bMe4C_rO_oHz2O0Sgnk-yP5c596vm2TwjnMV-2SiAwuAkygj00gaBgIJRNJ5K1lhzuyvywlzYbZpgze32nGRzU-9ZnqPWs-5zDjqc3u9xRtMCGCyO1XK7-Dh29GCYpcGsLL8PuI7_PVyyueGkJ_J8IuugvyvBTr5u1Tydi4pzHIolY_NvPsP6ejfzUT1Krp7YXARxFCH2L4zYFMjucuJFPaDGbV6D_U9pTpPmgx9pfnfCHcQu4SFDrmkXIkKTbu&c=RoAwHoiKK5GLq-Ey7HKKCC_nnIiXL9y6qJ1LRqVQVdGfm1o174xebQ==&ch=OmiOx6M5HkDMlM-gA2rOFT7aDdVOPox8MKT7hgZJum1JhLL3Ag2bXw==)

**8. Webinar: What steps can you take to implement a successful cost reduction strategy that will enable you to take out costs out on an on-going basis?**

[***Learn more***](http://r20.rs6.net/tn.jsp?f=001Qo1hu36syMGTnkovJ5y-_Fr2j8oJNup3Szs_uRQwz3CF5jagdDU7dqlxceZQIr2O65neloOYd87YXh9jL1QKxUzjZW6Qfvrra-eggNafc8dPQJzQ2szWcQJCcNma9FTLsON6YZShIvctmxvCN0YSu7daBSCGjfdLZL3sQV4dH2YqfXsQtm-Ez_oa0sy0AKRN0GYzYiS9hgUaSq5pPLn2lLdX-LnBXj9Y&c=RoAwHoiKK5GLq-Ey7HKKCC_nnIiXL9y6qJ1LRqVQVdGfm1o174xebQ==&ch=OmiOx6M5HkDMlM-gA2rOFT7aDdVOPox8MKT7hgZJum1JhLL3Ag2bXw==)

**9. Massachusetts commission to lawmakers: Address hospital pricing**[**Full story**](http://r20.rs6.net/tn.jsp?f=001Qo1hu36syMGTnkovJ5y-_Fr2j8oJNup3Szs_uRQwz3CF5jagdDU7dpWjwLNMuab2RyXzX7kRrF_1d28kwfIH6YXUHrlk-r8P2z8XgoitGTb9E-c1WKLrPWuZ_d4DodN00hWGV2hApG179IwFv1HmuWcgb5SZCAC5MrTqH0LkfO4goRO6MrcpWVGM2DDUYg7uFW6iNNGr_FJz1ER0PVJYb8K-t0CAHJ8M1jkYoJkjZPNAWLneP7-8yvPWQcKKR2LXFyektJ0n06xXlaJMfLVFY260aK_s9fRI7LIOpcocp3g=&c=RoAwHoiKK5GLq-Ey7HKKCC_nnIiXL9y6qJ1LRqVQVdGfm1o174xebQ==&ch=OmiOx6M5HkDMlM-gA2rOFT7aDdVOPox8MKT7hgZJum1JhLL3Ag2bXw==)

**10. Presence Health sees financial gains, but turnaround is a long road**

[**Full story**](http://r20.rs6.net/tn.jsp?f=001Qo1hu36syMGTnkovJ5y-_Fr2j8oJNup3Szs_uRQwz3CF5jagdDU7dpWjwLNMuab24RW2Vxd_eZbFxYZFgY2zYySfHY2OSCqQGCvyGgLzoI-9N8_g5soXZQx4B7xwnQkKb_gv1HZVIdq7OkYQ-QZKJDbDxlDAoSXsk_vklJ-40jXcWMbVfAdpfQ5fzPcnG43TvSo3ou-ut_z7OF9yoL2MDIJaYm2AkrlLlIjyLuJDbO0EtLqmP7UXFenRwc-4OG57jxqkr478cvOBR9RZcwuEqR31p5Nxm-r0wl9vLV2iWBo=&c=RoAwHoiKK5GLq-Ey7HKKCC_nnIiXL9y6qJ1LRqVQVdGfm1o174xebQ==&ch=OmiOx6M5HkDMlM-gA2rOFT7aDdVOPox8MKT7hgZJum1JhLL3Ag2bXw==)

**11. 2 lawyers weigh in on OIG report putting spotlight on provider-based billing**

[**Full story**](http://r20.rs6.net/tn.jsp?f=001Qo1hu36syMGTnkovJ5y-_Fr2j8oJNup3Szs_uRQwz3CF5jagdDU7dpWjwLNMuab2k155cBlRWGtc_YF4jecviZJT3njzwKbwtqaDeYE2tGs13JBokd-CUETKjDHFx0aw6XY2JPTiZ7qV1-uRtBpRmTcRIvZuZVwgMUqZ7tFJbBlJOtzEKypRZseCM7can7xgB9sacxEtV5bcOYRfbN3aIw3CoNS1mN3SYFs0aZfpb7Q04AyWZb3o6s1oBo8j17Pc2-Go6rUgbfEcQCkdyX0nUWDQgHk_M36NlIzj6CDII7Lb0WGWGTlgzg==&c=RoAwHoiKK5GLq-Ey7HKKCC_nnIiXL9y6qJ1LRqVQVdGfm1o174xebQ==&ch=OmiOx6M5HkDMlM-gA2rOFT7aDdVOPox8MKT7hgZJum1JhLL3Ag2bXw==)

**12. Nonprofit's history of bad debt, poor collections threatens new Md. health system**

[**Full story**](http://r20.rs6.net/tn.jsp?f=001Qo1hu36syMGTnkovJ5y-_Fr2j8oJNup3Szs_uRQwz3CF5jagdDU7dpWjwLNMuab2Q7_BrUuRFN464BkoocO_ov5ZF_STSJ_RAhEd2Fddt39t2Aiu51Gc49zTNyVtG9xxr-kZq44oUWIgbC57jdWXd19rwnmyR_rQ69PEErl1CGlQt8BEadcIQzkfvIGoeDt5BF7HL5uN6L-fA1VZUcxQ-gYsMGT8tzkIbQgw6cN1PfVwoncmwPK-WBbWFIa0MgT-GkktE1__Kn1qt-zbttBlOFh1nuj8A10e7D8CG-MAoJ3D5aaszmQPYV58S_N98yJ3&c=RoAwHoiKK5GLq-Ey7HKKCC_nnIiXL9y6qJ1LRqVQVdGfm1o174xebQ==&ch=OmiOx6M5HkDMlM-gA2rOFT7aDdVOPox8MKT7hgZJum1JhLL3Ag2bXw==)

**13. Medicaid's 50 costliest drugs: 6 things to know**

# [Full story](http://r20.rs6.net/tn.jsp?f=001Qo1hu36syMGTnkovJ5y-_Fr2j8oJNup3Szs_uRQwz3CF5jagdDU7dpWjwLNMuab2dPXrOykT-i8ryJKo5Z5ray3FsTsVbwGwI5mE6549BhKs5qI88GHJQ_g8P7GLA41VL9Rj_y6ABu-0INBxQzL9xWTpTIGp5iI_pZS1sQCxjaiSiVrijFRlC5jDVJUn7D4s5bjJHDEBMwiDwutF9LBL3B633upE3bDiJXB1ALjZ_2SOXOE72AQ6vUGxU67Qg9drvexHvvpAcLmE-s1XELs8kw==&c=RoAwHoiKK5GLq-Ey7HKKCC_nnIiXL9y6qJ1LRqVQVdGfm1o174xebQ==&ch=OmiOx6M5HkDMlM-gA2rOFT7aDdVOPox8MKT7hgZJum1JhLL3Ag2bXw==)

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# beckers ceo of atrhena on keys to healthcare problesm

### [Health Information Technology](http://www.beckershospitalreview.com/healthcare-information-technology/)

# athenahealth's Jonathan Bush: 4 ways to 'unbreak' healthcare

Written by Akanksha Jayanthi ([Twitter](https://twitter.com/@Akanksha_BHR) | [Google+](https://plus.google.com/u/0/117477375248871058285/posts?hl=en))  | June 20, 2016

It isn't the universal coverage demanded by the Affordable Care Act that is detrimental to healthcare; rather, it's the misaligned incentives, inefficiencies and regulations that restrict market dynamics, according to Jonathan Bush, co-founder and CEO of athenahealth.

"If we limit the national discussion to access [to healthcare], we will fail to come to terms with how fundamentally broken healthcare really is, and what it will take to fix it," Mr. Bush wrote in a contributed [Forbes](http://www.forbes.com/sites/realspin/2016/06/14/four-ways-heal-healthcare-system/?sf28660158=1#5a5c4ccd566c) piece.

athenahealth recently [launched](http://www.beckershospitalreview.com/healthcare-information-technology/athenahealth-s-unbreak-campaign-uses-humor-to-address-industry-woes.html) a new Unbreak campaign, trying to fix key problem areas of the industry, and in his contributed piece, Mr. Bush outlines a four-step plan to overcome its burdens.

**1. Encourage disruption.** Innovation is key to disruption, but Mr. Bush writes there is an overabundance of laws and regulations that, though created with good intentions, are stifling. He mentions laws prohibiting telemedicine coverage across state lines as one of those restrictive rules.

2. **Connect information.** "Beyond disruption, to unbreak healthcare we need to share information across all corners of healthcare — in real time — as effectively as we are able to share information on Facebook, Kayak or Uber," Mr. Bush wrote. While the majority of providers are digital, too few are efficiently or effectively sharing information, according to Mr. Bush, who wrote this could be eased if it were legal to compensate for the cost of sharing information, similar to how banks charge fees for ATM transactions.

**3. Align incentives with outcomes.** Value-based reimbursement models are becoming the standard in healthcare, but it's happening at too slow a pace. Providers working within this "flipped" model, Mr. Bush wrote, "today only occupy small corners of the market where trailblazers are partnering to offer patients easy access to high quality, affordable and convenient care — whether that's urgent care clinics or low-cost ambulatory surgery centers."

**4. Restore humanity.** Mr. Bush wrote the rules and regulations within healthcare today have detracted from patient care, minimizing the humanity of it. "Healthcare has been digitized, but it's come at the expense of being consumer-friendly," Mr. Bush wrote. "We need to unbreak this reality so we can be more connected to each other."

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# What Will EHRs Look Like in Five Years?

June 14, 2016 | [EHR](http://www.physicianspractice.com/ehr), [Technology](http://www.physicianspractice.com/technology), [Technology Survey](http://www.physicianspractice.com/technology-survey)

By [Gabriel Perna](http://www.physicianspractice.com/authors/gabriel-perna)

over … There will be an ecosystem of apps [connected to EHRs].

At Beth Israel Deaconess … we have all these young doctors who happen to be practicing, but they also write apps. Think about the people who graduate from medical school today, they are all digital natives. They grew up with their smartphones. Who is most likely to know what workflow innovation will really help? How about a doctor who writes code? That's where you'll see these smartphone apps come from … from doctors, nurses, pharmacists, social workers who are creating apps to make their own lives simpler.

**Wachter:** In my book, I talk about the productivity paradox. It's the experience of almost any industry. They implement IT with grand hopes, several years go by and not much good happens and people are left scratching their heads. Then, usually in about year 10, it starts getting better, both because the systems get better and because people begin rethinking the work in fundamental ways. The uptick in EHR installations really began in 2010 through the distribution of [the Health Information Technology for Economic and Clinical Health Act] money and was completed last year with an adoption rate of 80 percent to 90 percent. In that sense, we are really in year three to five in our journey.

That means we should have five years to figure it out. I think healthcare is more complicated than other industries, therefore we are 10 years away. Ten years from now, we'll see fundamental shifts. In five years, the pressure coming from value-based payments and from clinician burnout are such that there will be a lot more work put into the interface between the clinicians and EHRs. There will be moderate improvements … Five years is a little short to have a truly optimistic view … but I think five years will be better than it is now. It has to be

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| CNO claims hospital forced her out after she raised concerns about EMR | Cerner's new Trails Campus brings buying power to South Kansas City | Dr. Toby Cosgr [Long Standing EHR Issues That Remain Unaddressed](http://healthcarescene.us5.list-manage1.com/track/click?u=2bd10df64a7ad65d5f6de6c4c&id=12863dd1b7&e=5770db72b2)  Jun 17, 2016 11:27 am | By: John Lynn  Dr. Jayne has presented a pretty great voice of reason in her blog posts about the realities of being a doctor in the meaningful use era. In a recent [post](http://healthcarescene.us5.list-manage2.com/track/click?u=2bd10df64a7ad65d5f6de6c4c&id=e71866394e&e=5770db72b2) she offered this comment which I’ve heard from many doctors:  And while we as physicians are having to cope with arduous workflows as a result of the regulations, there are advancements that would really benefit us that remain unaddressed.  I realize that EHR vendors have to prioritize requests from users. Plus, they have to deal with massive government regulation which has made it hard to prioritize user requests over government regulations. However, I know from the end user standpoint Dr. Jayne’s comment about the advancements that could be made in an EHR that still haven’t been added creates a really awful feeling.  Dr. Jayne also added this sad observation:  We’re forced to gather loads of information that could be put to good use but isn’t. For example, we collect information on race, ethnicity, religious preference, language preference, sexual orientation, and more. In many cases, it’s not used to further clinical care. It would have been great to have a prompt to ask about religious fasting the other night when I was treating a patient with profound dehydration. Although it occurred to me to ask, it didn’t occur to my patient care technician or to the resident I was supervising.  The optimistic side of me says that comments like this are a very good thing. 5-10 years ago, doctors wouldn’t have even thought to request this kind of feature. All they wanted to do was automate the paper charts. So, it’s progress that now we’re talking about ways we can incorporate the data in an EHR at the point of care in a much more effective way.  Now if EHR vendors can just be given the flexibility to work on these challenging problems instead of a list of prescriptive goverment regulations which just add to the burden of doctors as opposed to creating [magical experiences](http://healthcarescene.us5.list-manage2.com/track/click?u=2bd10df64a7ad65d5f6de6c4c&id=939d503145&e=5770db72b2).  ove and 24 other male CEOs get vocal about work-life balance | NSA could exploit medical devices to monitor targets  *Click to teach Gmail this conversation is important.*   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |  | Inbox |  | **x** |  | |  |  |  |  |  |   https://plus.google.com/u/0/_/focus/photos/public/AIbEiAIAAABDCKKU8aOfz7n-RiILdmNhcmRfcGhvdG8qKDFjNDJhMzgyOTJjMjRlNTM4ZTZkNmRmMzFjMWI4NWVjMDhiYzlhYjYwAWsdSwCQYqS_BPMpz305KcqgSLzF?sz=24   |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  | | --- | | **Becker's Health IT & CIO Report editorial@beckershealthcare.com** 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The shift to patient-centric relationship management has begun, and Salesforce is leading the way with Health Cloud.**  [**Learn more**](http://r20.rs6.net/tn.jsp?f=001tAk-_Ghb4fTS_5zn7O1ARakvmf6ngTPsvkl18nDNitQUMsP3Mrv10spC_OOLQx_J5sCi8LV3nWquwoZW0MCNtcT4flevLAjMRAfSsoM8YXY6XjhoWtWZReuYLFGNC5lHbnqVUZqaNarCuYeU7eBkXV1Zs7QdBdvVRXm-3U3rNqRdxF0ikYyygKi7kXS9abG7NS5q-4k-m0IPGaKHWXEBTyJHbdLI-DnlLOJQ0WEHExG2g8_IjycUio7ezioYRQCC&c=VH0pqzCmfb__klB0KodDShGKTkauEDN4srYyZN0k6vtq6Aw125LAQQ==&ch=XxCWkMP3DEoMCMpi0V_138-n96oUe-89PU9l00h2ep-ChtL2aroKcg==)    **5. NSA head suggests agency could exploit medical devices to monitor targets**[**Full story**](http://r20.rs6.net/tn.jsp?f=001tAk-_Ghb4fTS_5zn7O1ARakvmf6ngTPsvkl18nDNitQUMsP3Mrv10iSB25MC9s0SWFML3lXENeoXVQAngqqFNY66Ff4n2T8d32CmCJC2Pd8IGPeF5tAnzoooROktpD_Ii8aiLUnOM8TNLO0b79Dzxr6rUs5y5lbdP0i-VexfErgmnuHygM-03i-c2rsGKe3dA64BYPJxjb6AGJHZDHJMAiB63UOpMTBUFSukOkbPqqmF4Hlc5Jk6jbu-uYxl3_sfoad7yrE9KpmsInJ-vS9ogSCQyoE3co9DSOpCwVNyvODGPZdfc6TBNygvXsApp5HKSPrM5LzU0Vsoqcd-N5q8Dg==&c=VH0pqzCmfb__klB0KodDShGKTkauEDN4srYyZN0k6vtq6Aw125LAQQ==&ch=XxCWkMP3DEoMCMpi0V_138-n96oUe-89PU9l00h2ep-ChtL2aroKcg==)    **6. NIH will give $100k to startup that can help substance use disorder patients**  [**Full story**](http://r20.rs6.net/tn.jsp?f=001tAk-_Ghb4fTS_5zn7O1ARakvmf6ngTPsvkl18nDNitQUMsP3Mrv10iSB25MC9s0SjoGeNTWEiVGyxLhQM1E8DqkmSNP-Wr2WZPMI9ihOp8bhzwu2pztRptWiRsUlhfcvWAMkLTbD85qHHviuxmL-7a285FOHZ8_1OQviWDdZxIPnq19Y9ABwHgpIxuENzEsb3LWE4ZppTu5o2Qwam72G6vBpDXJexnjd6D6CxeqUeHeFwDzaCGm04fvqUiuF47wnVSFAHP5uUWRyLrfwURTi2iwYNdqBPOqj0uIrW-EZzcRjj42o_NOLCu3NmfXSoIl_wm9-TmWeVWKIfLud59zC2Q==&c=VH0pqzCmfb__klB0KodDShGKTkauEDN4srYyZN0k6vtq6Aw125LAQQ==&ch=XxCWkMP3DEoMCMpi0V_138-n96oUe-89PU9l00h2ep-ChtL2aroKcg==)  **7. How Dignity Health succeeds in using Freestanding Emergency Rooms. 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At 962 pages, the proposed rule to implement the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) isn't quite as long as "War and Peace," which is 1,225 pages. Still, it's easy to miss what's important in this proposed rule.

For example, if your practice includes nurse practitioners and physician assistants, you'll need to consider whether to "test drive" the Advancing Care Information (ACI) category within the Merit-Based Incentive Payment System (MIPS) in 2017, says Tony Panjamapirom, senior consultant for research and insights at the Advisory Board.  
  
Physicians Practice recently interviewed Panjamapirom to learn what this means for your practice.

**Physicians Practice: MACRA's proposed rule involves a lot of reading. What's one thing that physician practices might have missed?**

**Tony Panjamapirom**:  In the past, Meaningful Use only applied to physicians. But as of Jan. 1, 2017, the MIPS program also includes some non-physicians, such as physician assistants and nurse practitioners and others. Practices need to start to think about whether these advanced practitioners will be able to meet the ACI requirements, which are the equivalent of the existing Meaningful Use.

If you have nurse practitioners and physician assistants seeing patients, these requirements might introduce new challenges. At least in the first year, these providers can opt in or out to meet the requirements in the ACI category in MIPS. In future years, CMS starts to transition these providers to the mandatory side.

**Physicians Practice: What's your advice for practices as they start to bring advanced practitioners into the ACI fold?**

**TP**: These providers weren't eligible to take part in Meaningful Use in the past, so they didn't need to pay attention to the requirements. The majority of advanced practitioners around the country have never seen Meaningful Use before. That's why, since 2017 is an optional year, it's a good thing for practices to use the year as a "test drive." This isn't going to make or break a practice's overall score or an individual provider's score because CMS will reweigh it.

Since it's an optional year, you might want to start training your advanced practitioners in the same way that you have done for your physicians for Meaningful Use purposes. Start tracking their performance on those measures that you're now tracking for your physicians. Look at how they perform and figure out what can be done to improve their performance.

**Physicians Practice: Will the end result be greater interoperability?**

**TP**: I think it will. The health information exchange objective that CMS has continued to adopt from Stage 2 and Stage 3 of Meaningful Use will drive toward interoperability among providers and data sharing. And CMS even makes it clear in the proposed rule, which says that the agency will do surveillance on data sharing to make sure that there's no information blocking.

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# Earning Incentives, Avoiding Penalties: 5 Keys to Success with PQRS and Beyond

Posted on March 24, 2016 ATHENA SPONSORED THIS OS IT IS GOOD INFOR FOR US TO USE FOR SURE

Despite the frustrations of keeping up with each new mandate, there is an intended goal in sight: Improve the quality of care while lowering costs. The principle strategy involves replacing traditional fee-for-service reimbursement, which rewards volume, with new payment models that reward the delivery of value.

As a central element of this change, the Centers for Medicare and Medicaid Services (CMS) now requires providers to deliver value via the Physician Quality Reporting System (PQRS) and Value-Based Modifier Program (VM). In 2016, this initiative will apply to practically every health care provider in the country. In this white paper we outline 5 steps to help you meet PQRS and VM requirements and create the framework for success with value-based care. Earning Incentives, Avoiding Penalties:

5 Keys to Success with PQRS and Beyond

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Executive Summary

Executive Summary

If health care providers have felt extra weight on their shoulders lately,

it’s due in part to the pressure from new care-related government

regulations.

Despite the frustrations of keeping up with each new mandate, there is

an intended goal in sight: Improve the quality of care while lowering

costs. The principle strategy involves replacing traditional fee-for-service

reimbursement, which rewards volume, with new payment models that

reward the delivery of value. Without this kind of reform, spending will

continue to skyrocket toward an untenable, unaffordable future.

As a central element of this change, the Centers for Medicare and

Medicaid Services (CMS) now requires providers to deliver value via

the Physician Quality Reporting System (PQRS) and Value-Based

Modifier Program (VM). In 2016, this initiative will apply to practically

every health care provider in the country.

The penalties for non-compliance are substantial – but the incentives

and long-term rewards are there for the taking.

**CMS plans to tie 30% of all provider**

**payments to quality initiatives by 2016.**

**By 2018, that rises to 50%.1**

Providers who failed to report PQRS in 2013 face a 1.5% Medicare

payment reduction in 2015. In 2017, that penalty will be as high as

6% for practices of 10 or more providers.

The 2015 Penalty Outlook:

• PQRS: More than 469,000 providers already face a payment

reduction based on 2013 reporting.2

• Meaningful Use: More than 30% of providers will be penalized

in 2015 for not meeting requirements in 2013 and 2014, with total

penalties reaching $200 million.3

Practices that do well with PQRS and other quality programs will have

the foundation to thrive as value-based payments become a bigger

piece of the reimbursement pie. athenahealth data illustrates that past

performance does, in fact, reflect future success. In a recent study,

practices already excelling at Meaningful Use were more likely to

perform well on PQRS.

5 Keys to PQRS Success

As an experienced industry leader in satisfying quality programs – with

a 98.2% attestation rate for Stage 2 Meaningful Use in 2014 – we

have established the following steps to help practices meet PQRS and

VM requirements, and create the framework for success with valuebased

care:

**1.** Assess your PQRS starting point.

**2.** Determine the best reporting approach.

**3.** Select the right quality measures.

**4.** Optimize practice performance.

**5.** Implement an effective patient engagement strategy.

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Breaking Down the Numbers: PQRS Penalties and Incentives

Taking part in the transition to value-based care is no longer merely

encouraged, it’s required, with the CMS planning to tie 50% of all

provider payments to quality initiatives by 2018. Additionally, the total

payment cut for Medicare fee-for-service reimbursement is expected

to double between 2015 and 2018.3

The PQRS program, which focuses on promoting and measuring

quality outcomes, has already progressed beyond the initial incentive

phase and is now levying penalties for non-participation [see Figure 1].

Much like Meaningful Use, PQRS requires providers to report data

to CMS on certain quality measures for their Medicare patients.

Eligible providers can report PQRS as an individual provider or as

a group practice.

Mandatory PQRS Participation Expands Significantly

However providers choose to report, they face a new level of

accountability with the 2015 reporting period. That’s when the VM

program becomes mandatory for an unprecedented number of

providers. The VM program uses PQRS data to assess performance

based on quality and cost, resulting in Medicare payment adjustments.

Providers who do not report PQRS in 2015 will automatically receive a

minimum 4% reduction on their Medicare Part B payments in 2017 –

that’s 2% for failing to report PQRS and 2% for not participating in VM.

For practices of 10 or more providers, that automatic penalty is 6%.

2010 2011 2012 2013 2014 2015 2016

+2.0%

+1.0%

+0.5% +0.5% +0.5%

-1.5%

-2.0%

BONUS PENALTY

*2014 participation affects penalty in 2016.*

Year of Medicare Payment Adjustment

Figure 1. From Perk to Penalty: The Rapid PQRS Transition

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The Value-Based Modifier Program

The Value-Based Modifier (VM) program requires providers to meet

goals related to quality and cost, and uses PQRS reported data.

2015 marks a significant expansion of this initiative, with potential

penalties and incentives for practices with 10 or more providers.

How the program works: Providers reporting PQRS don’t need to

report additional data. The Value Modifier, based on a combination

of CMS calculations and quality measures reported through PQRS,

determines a composite score for each practice, reflecting the quality

and cost of care compared against national benchmarks. Depending

on whether the performance is above the benchmark, below it, or

average, CMS calculates a penalty or an incentive.

CMS has been phasing in the VM over time and has taken an

enormous step in expanding the program. In 2016, possible program

penalties will affect not just physicians – all eligible professionals will

face VM adjustments.

Reducing Your Revenue: How Medicare Penalties Can Add Up Fast

The penalties for not participating in the lineup of CMS programs can be significant, regardless of your financial health. If you’re already doing well, you

need to continue keeping margins up in an increasingly competitive landscape. If you’re struggling, you can’t afford to lose a cent. A ding here, a ding

there, and it adds up quickly.

Adjustment Year 2015 2016 2017 2018 2019\* -2020\*

Performance Year 2013 2014 2015 2016 2017-2018

Program

Physician Quality Reporting

System (PQRS)

-1.5% -2% -2% -2% –

Value-Based Modifier

Program (VM)

-1%

-2%

(practices with

100+ EPs only)

-2%

(practices with

1-9 EPs)

-4%

(practices with

10+ EPs)

TBD –

Meaningful Use/EHR

Incentive Program

-1%

(-2% for those who

did not participate in

2014)

-2% -3% -4% –

Total Potential Penalty -3.5% or

-4.5% -6% -7% (1-9 EPs)

-9% (10+ EPs) TBD -4% (2019)

-5% (2020)

*(Note: The 1% automatic VM penalty in 2015 affects non-reporting practices with 100+ EPs only or practices with 100+ EPs who did not elect Administrative Claims or*

*report with the Group Practice Reporting Option [GPRO].)*

*\*2019 is the first year that adjustments will be based on the Merit-Based Incentive Payment System (MIPS), a consolidation of the PQRS, VM and Meaningful Use*

*programs. The first performance year for MIPS will be 2017. See “On the Horizon” on page 5 for more information.*

**A practice that doesn’t report PQRS is penalized at the highest possible rate, combining automatic**

**penalties for PQRS and VM (as high as 6% in 2017).**

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Figure 2. When and How the Value Modifier (VM) Adjustment Affects You

Performance

Year/Payment

Adjustment Year

Group Size

(Eligible

Providers)

Possible Value Modifier (VM) Outcomes

2014 / 2016

100+

• Non-reporting: Total penalty of 4% (PQRS + VM)

• Reporting: Upward, neutral, or downward payment adjustment

10-99

• Non-reporting: Total penalty of 2%

• Reporting: Upward or neutral payment adjustment only

2015 / 2017

10+

• Non-reporting: Total penalty of 6% (PQRS + VM)

• Reporting: Upward, neutral, or downward payment adjustment, ranging from -4% to +4%

1-9

• Non-reporting: Total penalty of 4% (PQRS + VM)

• Reporting: Upward or neutral payment adjustment only, ranging from no change to +2%

2016 / 2018 All EPs, including

non-physicians

TBD

*Source: Centers for Medicare and Medicaid Services http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html*

Beyond the Penalties: What You Stand to Gain

Avoiding penalties is a great motivator, but there’s also plenty of upside to succeeding with quality programs. Every medical group should

understand the full benefits of effective value-focused practice performance.

No Participation in Quality Programs Successful Participation in Quality Programs

• Full CMS penalties

• No visibility into practice performance

• No benchmark data for quality improvement

• Less efficient practice workflow

• Not maximizing practice performance for cost and quality

• No penalties

• Full visibility into practice performance

• Upward payment adjustment for exceeding Value Modifier (VM)

standards

• Optimized practice performance, right person doing the

right work

On the Horizon: A Consolidated Approach

Just when you thought you had sorted out the alphabet soup of program acronyms, here comes another: MIPS.

That’s short for the Merit-Based Incentive Payment System program, an upcoming consolidation of current

government quality initiatives. Beginning with the 2017 reporting year, the Meaningful Use, PQRS, and VM

programs will all merge into MIPS, with adjustments for that year implemented in 2019.

While this streamlines a multitude of programs, the requirements will remain largely unchanged and the

emphasis on quality measures will continue to increase. Having the right workflows and tools in place –

with full visibility into performance – will become imperative.

The penalties under each current program will be replaced by MIPS payment adjustments, starting with a

range of -4% to +12% to be applied in 2019. By 2022, the range of adjustments will be much greater, from

a penalty of -9% to an incentive of +27%.

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Better Program Performance = Better Practice

Performance

In tracking more than 10,000 providers across the athenahealth

network, we discovered that practices with high Meaningful Use

performance (successful Stage 2 attestation early in 2014) also

performed better across metrics related directly to revenue and

efficiency, compared to low MU performers (those who attested

to Stage 2 later in 2014, or reported Stage 1.) When it comes to

collecting payment at the time of service and closing encounters

quickly, the difference between high and low MU performers is

significant [see Figure 3.]

*Source: athenahealth, Inc. data, 2015*

The above chart illustrates the percentage of providers in each category that perform within the top quartile for each respective metric.

For example, 40.2% of “high” MU performers are also in the top quartile of collecting payment at the time of service.

Charge Entry Lag

The efficiency with which a

practice enters charges after

services have been delivered

Time of Service Collections

A practice’s ability to

collect patient payments

during the visit

Provider Documentation Time

The efficiency with which

providers document their

encounters

Closing Encounters

How quickly a practice

closes their encounters

25.8%

18.4%

40.2%

25.9%

31.4%

27.0% 28.2%

20.2%

% of providers in top quartile by MU Performance

” MU: High ” MU: Low

Figure 3. High Meaningful Use Performers Excel in Other Key Areas

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5 Steps to Quality Program Success

What should your practice do now to be successful with PQRS and

beyond?

We recommend five areas you should focus on to thrive today and

create a foundation to deliver quality, lower-cost care.

1. Assess your PQRS starting point.

If you haven’t started with PQRS:

Determine which providers in your practice are eligible to participate

in PQRS payment adjustments. Providers are eligible (and may have

already seen penalties) if they provide services that are paid under the

Medicare Physician Fee Schedule (PFS). By 2016, nearly all health care

professionals will be held accountable for PQRS payment adjustments.

See our appendix for a current list of eligible medical professionals.

If your practice has participated in PQRS in past years:

Make sure you can easily review providers’ performance on each

measure. In an ideal situation, your vendor would integrate the current

year’s benchmark data into your service so you can make a real-time

comparison against those benchmarks and determine areas for

improvement.

If you’ve been participating in Meaningful Use, you already have a solid

foundation for reporting PQRS data. In a recent athenahealth study of

10,888 practices, 90% of providers who attested relatively early to

Stage 2 Meaningful Use (before July 2014) also performed average

or above average on PQRS; by comparison, of practices not as

proactive in meeting MU requirements, only 59% fared well with PQRS.

Although PQRS has greater complexity than Meaningful Use, this

suggests that practices already reporting MU measures are better

equipped to participate in other quality programs.

2. Determine the best reporting

approach.

First, determine whether you will report as an individual or a group

practice, and then select a reporting method.

Individual EPs must report for every Tax Identification Number (TIN) /

National Provider Identifier (NPI) combination.

Regardless of reporting method, practices can report at the TIN level

through the Group Practice Reporting Option (GPRO); however, once

a group practice decides to participate in the GPRO, this is the only

PQRS reporting method available to individual providers who bill

Medicare under that group’s TIN for the reporting year.

Each reporting method has different criteria for success and failure,

and your EHR vendor should help you select the reporting method

that’s right for you. Before making your final reporting choice:

• Consider the measures you will be reporting (see step #3).

Not all measures can be reported via each reporting method.

• If necessary, review options with your vendor to outsource and/or

automate the reporting of certain measures.

Reporting Method Considerations

Reporting Method Considerations

Claims-based

Individual EPs submit Quality Data Codes (QDCs) for each of their

PQRS measures.

This method tends to be labor-intensive and does not have a high

success rate. Additionally, CMS has indicated it will not support

claims-based reporting indefinitely.

Qualified PQRS Registry

Individual EPs and groups report quality measures data to a

participating PQRS registry. Individual EPs determine whether to

report individual measures or measures groups.

Unless managed by your vendor, this method requires provider and

staff time to establish and maintain data, and ensure appropriate

submission.

Qualified Electronic Health Record (EHR)

Individual EPs and groups may submit either PQRS quality

measure data directly from the practice’s certified EHR

technology (CEHRT) or a qualified EHR Data Submission.

As with the Qualified PQRS Registry option, this is most effective

when your vendor handles submission on your behalf.

Qualified Clinical Data Registry (QCDR)

Individual EPs submit to a CMS-approved entity (i.e., registry,

certification board, collaborative) that collects medical and/or

clinical data for the purpose of patient and disease tracking.

EPs must apply and qualify for this reporting option, and it

requires provider and staff time to establish and maintain data,

and ensure appropriate submission.

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Debunking 3 Myths about PQRS

Myth #1: **“We shouldn’t bother with PQRS because these programs are always changing.”**

**Reality:** Yes, in the ongoing transition to value-based reimbursement, program

details will change. But the fundamental capabilities needed for success won’t.

In the long term, PQRS, VM and MU will continue—and will combine into one

program, the Merit-Based Incentive Payment System (MIPS), beginning with the

2017 reporting year. The reporting emphasis will keep shifting toward quality (rather

than just technical capabilities), so participating now is the best way to tighten up

workflow and processes at your practice, and be ready for the demands to come.

Myth #2: **“PQRS reporting will take too much time away from patient care.”**

**Reality:** Depending on your EHR, this could have some truth to it. But it shouldn’t.

Providers who lack an intelligent, streamlined workflow may very well be frustrated

by “yet another measure” to record during office visits. But there are EHR vendors

who act as partners in the process, helping practices select the measures they’re

most likely to perform well (based on specialty and ongoing performance) and

ensuring that measures can be captured at the most opportune time possible in

the workflow.

athenaResearch data proves that providers can stay efficient even while doing well

recording quality measures. According to athenahealth data, 37% of providers who

attested to Meaningful Use Stage 2 by September 2014 were also in the top quartile

of providers for documentation time.

Myth #3: **“Our investment in PQRS won’t pay off.”**

**Reality:** There is no easy way to calculate a practice’s return on investment for

participating in PQRS and other quality programs. Yes, doing well now with PQRS

and VM means you’ll avoid penalties for years to come. But there’s a bigger picture

to consider.

It’s clear that future financial success will be directly related to meeting and reporting

on quality measures – not just with Medicare-related reimbursement but with private

payer programs as well. With this change well underway, there’s no action more

powerful than preparation. Those who can deliver now will be well-positioned to do

so in the future.

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3. Select the right quality measures.

One of the keys to PQRS success is selecting the measures that are

most easy to achieve for your practice and specialty. We recommend

aligning with a partner who will help you choose measures that are

easiest for you to achieve.

When considering your selection, ask yourself which measures…

• Relate directly to your specialty

• Can be met most easily within your workflow

• Are consistent with the care you deliver

Keep in mind that you’ll need to review the CMS Measures List every

year for changes. Ideally, your vendor should conduct that review for

you. You can find detailed PQRS measures lists at the CMS website,

with links listed in this paper’s appendix.

For Individual Providers

Option 1: From a total of more than 250 measures, providers select

nine individual measures ranging across three domains. One of the

nine must come from the CMS’s new cross-cutting measure list.

Option 2: Providers report on a measures group, a collection of at

least six measures that have a common theme. There are 22 measures

groups available for 2015 (see below), and reporting must take place

via the PQRS registry option.

For Group Practices

Organizations participating as a group practice must select nine individual

measures across three domains, just as detailed above, to report on as a

group. The measures group option is not available for group practices.

Here are the 22 measures groups for 2015 PQRS:

**1.** Diabetes

**2.** Chronic Kidney Disease (CKD)

**3.** Preventive Care

**4.** Coronary Artery Bypass Graft

(CABG)

**5.** Rheumatoid Arthritis (RA)

**6.** Hepatitis C

**7.** Heart Failure (HF)

**8.** Coronary Artery Disease

(CAD)

**9.** HIV/AIDS

**10.** Asthma

**11.** Chronic Obstructive

Pulmonary Disease (COPD)

**12.** Inflammatory Bowel

Disease (IBD)

**13.** Sleep Apnea

**14.** Dementia

**15.** Parkinson’s Disease

**16.** Cataracts

**17.** Oncology

**18.** Total Knee Replacement (TKR)

**19.** General Surgery

**20.** Optimizing Patient Exposure

to Ionizing Radiation (OPEIR)

**21.** Sinusitis

**22.** Acute Otitis Externa (AOE)

Once you’ve selected your reporting option, choose the right measures

by following these three steps, which progress from the least amount

of additional effort to the most.

Easy: Prioritize measures you’re already documenting.

This is the proverbial low-hanging fruit. If there are PQRS measures that

align with clinical data you’re already collecting (think blood pressure

screening and the like), choose those to maximize your efficiency.

Consider the clinical conditions you usually treat (as recommended

in “Selecting PQRS Measures as a Specialist”), the type of care you

typically provide, and the systems and processes already in place

for capturing clinical data.

Medium: Consider measures you already capture and

can improve upon.

In some cases, it may make sense to select measures already being

captured through Meaningful Use or within your workflow—but that need

improvement for you to do well with both quality and cost. You should

have clear insight into your current performance at the provider and

practice level, and have benchmarking data to set improvement goals.

More difficult: Reach for quality improvement measures.

Finally, you may need to select measures that demand more time and

effort. Depending on the measure, these may require additional patient

communication functionality, such as an enhanced patient portal to

help you reach targeted populations. This may require a bit more work,

but it’s an excellent opportunity to address gaps in care and improve

outcomes—exactly the type of changes that position your practice

well for the future of payment reform.

As an example of each of the above steps, let’s look at how an OB/GYN

practice might categorize three individual PQRS measures as “easy,”

“medium” or “more difficult” to capture. Ideally, most of the measures

you select will be in the “easy” or “already documenting” category.

Please keep in mind these are likely samples; as we know from

experience with athenahealth clients, a measure sometimes isn’t

as easy as it looks.

Already Documenting (Easy)

Sample Measure: Documentation of Current Medications in the

Medical Record (#130)

Capturing But Need Improvement (Medium)

Sample Measure: Chlamydia Screening for Women (#169)

May Require More Investment (More difficult)

Sample Measure: Maternity Care: Post-Partum Follow-Up and Care

Coordination (#191)\*

*\*Percentage of patients, regardless of age, who gave birth during a 12-month*

*period, who were seen for post-partum care within 8 weeks of giving birth who*

*received a breast feeding evaluation and education, post-partum depression*

*screening, post-partum glucose screening for gestational diabetes patients, and*

*family and contraceptive planning.*

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4. Optimize practice performance.

Take a look at your practice’s ability to support PQRS recording

and reporting. That means making sure the processes currently in

place enable you to meet quality benchmarks without taking time

away from patient care.

Regardless of the PQRS reporting option or measures selected,

practices of all sizes need to understand how to improve cost

and quality, and how to do so in an efficient manner. Optimizing

performance toward those goals is imperative for both current

and continued success.

Structure your practice workflow around processes and

procedures that improve proficiency and effectiveness.

What defines a strong workflow? One that clearly establishes

which provider or staff member performs a particular task, at

a stage that’s easiest and most appropriate for those involved.

A predefined workflow for capturing and reporting PQRS measures

can save time, ensure successful participation, and help keep

providers focused on patients.

As data from athenahealth reinforces [see Figure 3], practices

that do well with quality programs also perform better in core

efficiency metrics, compared to those practices not as proactive

with quality programs.

Regularly review appropriate benchmark data to make sure

you’re keeping up with the measures you’ve selected.

To start, check CMS reports that establish benchmarks for each

quality measure based on the previous year’s performance of all

providers and groups nationwide.

As an example, the report “Performance Year 2014 Prior Year

Benchmarks” lists the means and standard deviations for each

quality measure included in the Performance Year 2014 Quality

Resource Use Reports (QRURs), which will be used to determine

the 2016 value modifier. (QRURs show physicians examples of

how the care they delivered compares to the average quality

and cost of other physicians with Medicare patients.)

Even better: Any vendor with visibility into their clients’ performance

should be able to regularly monitor how your practice or group is

doing against CMS benchmarks.

Selecting PQRS Measures as a

Specialist

By understanding which PQRS measures

relate closest to your specialty, and having the

right vendor to help you in the process,

selecting measures doesn’t have to be a

time-consuming endeavor.

Consider the following specialty-related steps:

1. See if any of the measures groups applies

to your specialty. For example, family

practice or internal medicine providers can

choose to report the Diabetes measures

group or the Preventive Care measures

group. Cardiologists may choose to report

the CAD measures group.

2. If no measures group applies to your

specialty, you can choose the Preventive

Care measures group.

3. If you prefer to select individual measures,

you can still include some that relate closely

to your specialty, following a Specialty

Measure Set as a guideline. A collaboration

between CMS and various specialty

societies, a Specialty Measure Set lists

suggested measures associated with a

particular clinical area. Check the CMS

website for specific details on each of the 12

Specialty Measure sets.

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The ideal set of benchmarking capabilities:

• Ability to compare your practice and providers’ performance to

benchmark data

• Flexibility to modify your workflow to improve performance on metrics

• Tools to track improvement over time

• Ability to select alternate reporting measures, if performance

cannot be improved

Without this kind of transparency and nimbleness, meeting quality

requirements may be difficult; if issues arise, success may be unattainable.

5. Implement an effective patient

engagement strategy.

To deliver care per quality guidelines, you need to get patients in

the door and manage their care as effectively as possible. Patient

engagement is critical to accomplish this, and can significantly

contribute to improving efficiency, reducing cost, supporting patient

safety, and streamlining care coordination and population health

management. Hundreds of PQRS measures assess performance across

these domains.

The foundation to successful patient engagement is having the right

health information technology and services in place and working

efficiently. At the center of those services is an effective patient portal.

A patient portal enhances patient-provider communication, but it

also plays a direct role in achieving particular program measures.

The Secure Electronic Messaging measure that’s currently part of

Meaningful Use Stage 2 is a perfect example.

Patient portals also reduce administrative tasks for practice staff, as

patients take an active part in registration, appointment scheduling, and

making payments online, all at their convenience. And patient portals

that include secure messaging exchange with providers can reduce

labor costs because of reduced telephone volume and mailing costs.4

Evidence also demonstrates that patients more actively involved in

their health care have better health outcomes and lower per capita

costs, compared to less engaged patients.5

Earning Incentives, Avoiding Penalties: 5 Keys to Success with PQRS and Beyond

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Thriving with Cloud-Based Services

With the future of health care now coming into focus, one thing is clear:

Succeeding with PQRS and other value-based programs is virtually

impossible without an intelligent EHR workflow. The EHR is a revenue

driver in this new world with reimbursement tied to clinical outcomes

more than ever – and increasing in the years to come.

But the right EHR must be supported by the right partner. One that

helps medical practices tackle the complexity of PQRS and stay

focused on patients. For more than 64,000 providers, this is where

the cloud-based services of athenahealth come in.

Traditional health IT vendors sell software and leave providers to do

the best they can. athenahealth acts as a partner to deliver results

through a proven combination of software, knowledge and services.

• Software – Our cloud-based software is continuously updated,

giving you actionable insight at the point of care. Clinical measures

are surfaced where they’re easiest to satisfy and least obtrusive

– and addressed outside of the exam room as much as possible.

• Knowledge – The athenahealth Clinical Intelligence team

stays on top of program measures, and continuously updates our

Quality Management EngineTM, which automatically embeds

PQRS and other measures into the most optimal point of the

workflow. Providers stay up-to-date on clinical measures and

reporting requirements, while staying focused on patients.

• Services – Clients get coaching, education and expert advice for

navigating PQRS. Our teams help select measures that practices are

most likely to succeed with, and adjust the selection if performance

is lagging. For clients using our EHR to report their data to PQRS,

we submit the data on their behalf. We help manage performance—

and ensure clients’ success.

The athenahealth PQRS Guarantee

With our cloud-based platform, complete visibility into provider

performance, and proven partnership model, athenahealth is uniquely

positioned to help practices thrive through PQRS. And we guarantee it.

We are the only EHR vendor in the industry to guarantee that our clients

will avoid any penalties related to PQRS reporting or quality scores.

If we don’t deliver, you don’t pay the penalty – we do.

Why? Because we align our financial incentives directly with yours.

When you do well, we do well. And our track record proves that

we continually help providers thrive through change: In 2014,

athenahealth led the industry in Meaningful Use with a 98.2% Stage

2 attestation rate. Additionally, we guarantee practices a successful

ICD-10 transition.\*

athenaOne®

The ease, convenience and power of a single, integrated suite of

cloud-based services keeps health care providers up-to-date each

day and focused on patient care. athenaOne includes:

athenaCollector®

Cloud-based medical billing and practice management services that

help boost revenue while significantly reducing your administrative

work. Rated Best in KLAS for practice management\*\*, 2012-2014,

with 94% of all claims paid upon first submission.

athenaClinicals®

Our unique, cloud-based EHR service, named “most usable” by

KLAS\*\*. Delivers greater clinical control and insights, with a streamlined

workflow designed to optimize revenue opportunities.

athenaCommunicator®

Live and automated communication services that drive patient

engagement and alleviate your staff’s phone call burden.

Automated messaging, live operator services, an award-winning

patient portal and population health outreach campaigns all

help maintain schedule density and empower patients.

Find out more at 866.817.5738 or athenahealth.com.

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Supplemental/Appendix Information

A. List of Eligible Providers

The following professionals are eligible to participate in PQRS:

**1.** Medicare physicians

• Doctor of Medicine

• Doctor of Osteopathy

• Doctor of Podiatric Medicine

• Doctor of Optometry

• Doctor of Oral Surgery

• Doctor of Dental Medicine

• Doctor of Chiropractic

**2.** Practitioners

• Physician Assistant

• Nurse Practitioner\*

• Clinical Nurse Specialist\*

• Certified Registered Nurse

• Anesthetist\* (and Anesthesiologist Assistant)

• Certified Nurse Midwife\*

• Clinical Social Worker

• Clinical Psychologist

• Registered Dietician

• Nutrition Professional

• Audiologists

*\*Includes Advanced Practice Registered Nurse (APRN)*

**3.** Therapists

• Physical Therapist

• Occupational Therapist

• Qualified Speech-Language Therapist

Some professionals may be eligible to participate per their specialty,

but due to billing method may not be able to participate:

• Professionals who do not bill Medicare at an individual

National Provider Identifier (NPI) level, where the rendering

provider’s individual NPI is entered on CMS-1500 type

paper or electronic claims billing, associated with specific

line-item services.

Services payable under fee schedules or methodologies other than

the PFS are not included in PQRS.

*Source: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-*

*Instruments/PQRS/Downloads/PQRS\_List-of-EligibleProfessionals\_022813.pdf*

B. The Six NQS Domains

**1.** Patient Safety

**2.** Person and Caregiver-Centered Experience and Outcomes

**3.** Communication and Care Coordination

**4.** Effective Clinical Care

**5.** Community/ Population Health

**6.** Efficiency and Cost Reduction

*Source: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-*

*Instruments/PQRS/Downloads/2015\_PQRS\_ImplementationGuide.pdf*

C. PQRS Measures

2015 PQRS Measures List

*http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-*

*Instruments/PQRS/Downloads/PQRS\_2015\_Measure-List\_111014.zip*

2015 Cross-Cutting Measures List

*http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/*

*PQRS/Downloads/2015\_PQRS\_CrosscuttingMeasures\_12172014.pdf*

D. 2015 Measures Groups

Twenty-two measures groups have been established for 2015 PQRS.

2015 PQRS measures groups include a minimum of 6 individual measures.

**1.** Diabetes

**2.** Chronic Kidney Disease (CKD)

**3.** Preventive Care

**4.** Coronary Artery Bypass Graft (CABG)

**5.** Rheumatoid Arthritis (RA)

**6.** Hepatitis C

**7.** Heart Failure (HF)

**8.** Coronary Artery Disease (CAD)

**9.** HIV/AIDS

**10.** Asthma

**11.** Chronic Obstructive Pulmonary Disease (COPD)

**12.** Inflammatory Bowel Disease (IBD)

**13.** Sleep Apnea

**14.** Dementia

**15.** Parkinson’s Disease

**16.** Cataracts

**17.** Oncology

**18.** Total Knee Replacement (TKR)

**19.** General Surgery

**20.** Optimizing Patient Exposure to Ionizing Radiation (OPEIR)

**21.** Sinusitis

**22.** Acute Otitis Externa (AOE)

E. Specialty Measure Sets

**1.** Potential Cardiology Preferred Measure Set

**2.** Potential Emergency Medicine Preferred Measure Set

**3.** Potential Gastroenterology Preferred Measure Set

**4.** Potential General Practice/Family Preferred Measure Set

**5.** Potential Internal Medicine Preferred Measure Set

**6.** Potential Multiple Chronic Conditions Preferred Measure Set

**7.** Potential Obstetrics/Gynecology Preferred Measure Set

**8.** Potential Oncology/Hematology Preferred Measure Set

**9.** Potential Ophthalmology Preferred Measure Set

**10.** Potential Pathology Preferred Measure Set

**11.** Potential Radiology Preferred Measure Set

**12.** Potential Surgery Preferred Measure Set

F. CMS Quality Benchmark Data

Performance Year 2014 Prior Year Benchmark [PDF, 452KB]

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Endnotes

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gov/files/TR2013.pdf

5. National Learning Consortium Fact Sheet, August 2012.

6. J, James. “Patient Engagement.” February 2013. Health Affairs/

Robert Wood Johnson Foundation. http://www.rwjf.org/en/

research-publications/find-rwjf-research/2013/02/patientengagement.

html

Disclaimers

\*PQRS Guarantee: To be eligible for this Guarantee with respect to

the 2015 reporting period, you and all of your eligible providers must

go live on athenaOne by June 30, 2015. Guarantee eligibility is

limited to certain specialties for practices of 10 or more eligible

providers, per CMS’ definition. For multi-specialty groups of 10 or

more eligible providers, 80% of providers must be in a specialty

covered by the Guarantee. Under this Guarantee, athenahealth will

cover the combined PQRS and VM reductions to reimbursement,

except for VM reductions resulting from reporting high cost. This

promotion may be modified or canceled any time at athenahealth’s

sole and absolute discretion. Additional terms, conditions, and

limitations apply.

ICD-10 Guarantee: For any practice that enters into an initial

agreement for the provision of athenaOne services and goes live

on those services by June 30, 2015, we guarantee that athenahealth

will be ICD-10 compliant or we will waive our service fees until the

compliance standards are met. This promotion may be modified or

canceled any time at athenahealth’s sole discretion. Additional terms,

conditions, and limitations apply.

\*\*Best in KLAS award: “2014 Best in KLAS Awards: Software

and Services,” January 2015. © 2015 KLAS Enterprises, LLC.

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Usability award: “Ambulatory EMR Usability 2013: More Nurture than

Nature,” May, 2013. © 2013 KLAS Enterprises, LLC. All rights reserved

©If health care providers have felt extra weight on their shoulders lately,

it’s due in part to the pressure from new care-related government

regulations.

Despite the frustrations of keeping up with each new mandate, there is

an intended goal in sight: Improve the quality of care while lowering

costs. The principle strategy involves replacing traditional fee-for-service

reimbursement, which rewards volume, with new payment models that

reward the delivery of value. Without this kind of reform, spending will

continue to skyrocket toward an untenable, unaffordable future.

As a central element of this change, the Centers for Medicare and

Medicaid Services (CMS) now requires providers to deliver value via

the Physician Quality Reporting System (PQRS) and Value-Based

Modifier Program (VM). In 2016, this initiative will apply to practically

every health care provider in the country.

The penalties for non-compliance are substantial – but the incentives

and long-term rewards are there for the taking.

**CMS plans to tie 30% of all provider**

**payments to quality initiatives by 2016.**

**By 2018, that rises to 50%.1**

Providers who failed to report PQRS in 2013 face a 1.5% Medicare

payment reduction in 2015. In 2017, that penalty will be as high as

6% for practices of 10 or more providers.

The 2015 Penalty Outlook:

• PQRS: More than 469,000 providers already face a payment

reduction based on 2013 reporting.2

• Meaningful Use: More than 30% of providers will be penalized

in 2015 for not meeting requirements in 2013 and 2014, with total

penalties reaching $200 million.3

Practices that do well with PQRS and other quality programs will have

the foundation to thrive as value-based payments become a bigger

piece of the reimbursement pie. athenahealth data illustrates that past

performance does, in fact, reflect future success. In a recent study,

practices already excelling at Meaningful Use were more likely to

perform well on PQRS.

5 Keys to PQRS Success

As an experienced industry leader in satisfying quality programs – with

a 98.2% attestation rate for Stage 2 Meaningful Use in 2014 – we

**beckers health review:**

|  |
| --- |
| **TODAY'S TOP STORIES** |

|  |
| --- |
| **1. 27 hospitals, health systems seeking Cerner, MEDITECH, Epic talent**  [**Full story**](http://r20.rs6.net/tn.jsp?f=001e1GS4JlcFv8kld5iP7Qdkfh9fFvL0aJiB8jQh74EnHfV_sotW4anYmet1EmoVfnHQ8CG5WMdSeb2MGHEXtpuyLvKirbtcp0vXSWWpZ8PriLaQInYkNqbKVL8bu-JStqnKPMF0K7JGSlJRToAzXyM1PEjndFLk_COSLS9Cr_edzGavMQXY4P4dOQEIb4Pn5jNp1J48mxl3_G3v8WNKMLAigt82VjdbM7Az0lf02BCrGN261PRq_L8LT7rfLMgLtgbj3NAKwgKPINa_tbxXuiAroK66fAyIoKXYmi9BNlk85FmLiSltHnXkHNLBThCqZV04hkKXI89d1hHQXXmb_LMeQ==&c=FwbGY8i5MEpO92HD_sLjRJZQuyK9rjcTx-oPphY4E_XoZmnnkAQHSQ==&ch=nMsB_MMcZ7P0gIBL_RwkBijymhh7raJpuoCSv9-Ppiz6v3PQbTac3g==)  **2. 96,000 IT jobs axed in May**  [**Full story**](http://r20.rs6.net/tn.jsp?f=001e1GS4JlcFv8kld5iP7Qdkfh9fFvL0aJiB8jQh74EnHfV_sotW4anYmet1EmoVfnHK260uaBFLccxtnD1YOTYQ5Kflcwdmc0yQT4skwrem-QRdIxtC6_bqa7fm6ziVmM8d775RlPIqoHc8zu9g_GhpRhbDwqazaTemz-KADu8gCql2aaXaTDl32wxLnhGICam2b1zmRRcExZwsWgbjJ-23lbRWdE-sdkZT64sONX236F7MB4yL1bHG_nbGc1N9MCSml3LXGqIuvkaRmhCpVvEcg==&c=FwbGY8i5MEpO92HD_sLjRJZQuyK9rjcTx-oPphY4E_XoZmnnkAQHSQ==&ch=nMsB_MMcZ7P0gIBL_RwkBijymhh7raJpuoCSv9-Ppiz6v3PQbTac3g==)  **3. 'Rhetoric over substance': Why athenahealth won't participate in ONC's transparency attestation**  [**Full 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more**](http://r20.rs6.net/tn.jsp?f=001e1GS4JlcFv8kld5iP7Qdkfh9fFvL0aJiB8jQh74EnHfV_sotW4anYsazReBmPZ3Rq5adiXyGyZSDI0L0fWOWBZjlftGvxQX_xVtdbKaaaX2UyNpeVf8tI6V4phBYhLrkgCcYGR3z6_CD4ZmbvdOk0dIEmGyFlfJXAv1i6SFPoCpXdU01FrLiRn3-P0OL0D4E0Rj2YwGsaUD6n8kVBV0dZHndK4Yi75lCYA9NT-1jDIlq3SdtL4nPqqVgAqEOEBd9lNhYk4OWhW4GpFbvaTy9HCwQeAdIpnCY_rUx_TuzSdrsPD-DjJEWWE93YCJh35bAbr8qasEchcLfJPt43jCATgq1UnCV-ReJ&c=FwbGY8i5MEpO92HD_sLjRJZQuyK9rjcTx-oPphY4E_XoZmnnkAQHSQ==&ch=nMsB_MMcZ7P0gIBL_RwkBijymhh7raJpuoCSv9-Ppiz6v3PQbTac3g==)    **5. Canadian physicians choose pen and paper over EHR during Cerner go-live**[**Full 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future of the hospital is the network**  [**Full story**](http://r20.rs6.net/tn.jsp?f=001e1GS4JlcFv8kld5iP7Qdkfh9fFvL0aJiB8jQh74EnHfV_sotW4anYmet1EmoVfnHeFMYk8d6BsGGk6Vwvg4K3rvEZoZriALFMyjWnnT1l5BXkGq8FS2pwVBdj5DHGyCPL9NsH9NaSCZ9FxZHiHZXsaG5X469LvAWTGCqnmouKku88e3bf_aNSglhOGSaFi9Zm7wNrWq2NVN4kooA22hDrhkKAzFSowguHYDqpvt7jEtIqiPON15FAp3r9C2bMkvO&c=FwbGY8i5MEpO92HD_sLjRJZQuyK9rjcTx-oPphY4E_XoZmnnkAQHSQ==&ch=nMsB_MMcZ7P0gIBL_RwkBijymhh7raJpuoCSv9-Ppiz6v3PQbTac3g==)    **11. Over 100 Hospital executives speaking at Becker's 5th Annual CEO + CFO Roundtable (November 7-9, Swissotel, Chicago.) Come hear 59 CEOs and 27 CFOs from hospitals and health systems speak**  [**Reserve your spot today!**](http://r20.rs6.net/tn.jsp?f=001e1GS4JlcFv8kld5iP7Qdkfh9fFvL0aJiB8jQh74EnHfV_sotW4anYvJYAJBtsP9a0mjfE0XcqH_kIJ4J8mZ5daFrHfB5e6q361G_816TE07rTb4ts00OOXOpiU6wGtdNGLyg-20hWhhTdqLuaBfOQv7vgzTQRay2vpj096A5MDCuu5iY7ukr9cBQdSsto5JDouzRznV03Snj4T8nFJ9_sf-eYvOG2TehDBED-G2hGlUzy7IhpHOYPA==&c=FwbGY8i5MEpO92HD_sLjRJZQuyK9rjcTx-oPphY4E_XoZmnnkAQHSQ==&ch=nMsB_MMcZ7P0gIBL_RwkBijymhh7raJpuoCSv9-Ppiz6v3PQbTac3g==)  **12. How hospitals meet Wi-Fi demands: 5 survey findings**  [**Full story**](http://r20.rs6.net/tn.jsp?f=001e1GS4JlcFv8kld5iP7Qdkfh9fFvL0aJiB8jQh74EnHfV_sotW4anYmet1EmoVfnHdS_5UtWGucqatFGlBavbNZqOnQfDUCbz_ai6EEdUHtyYUoI8Xgy7Ek03TKktTBWoop3JAjBQkyObkasb2kxa_JDQPJ6KrhqIY8s1x_o2aLS8neuwnW-adzd229kiGft0Gzw99rOHySMjQ7FwCCyUydZmj7brH9oT5zkw7tE1WfUIQW1td1zx4DZ2m16caPzG8aSkFgkJX3le7QWmv6Skn48D_gB9qPWHmqe9HwdRXSGTMrzGwgrOMg==&c=FwbGY8i5MEpO92HD_sLjRJZQuyK9rjcTx-oPphY4E_XoZmnnkAQHSQ==&ch=nMsB_MMcZ7P0gIBL_RwkBijymhh7raJpuoCSv9-Ppiz6v3PQbTac3g==) |

**Canadian physicians choose pen and paper over EHR during Cerner go-live go-live**

Written by Akanksha Jayanthi ([Twitter](https://twitter.com/@Akanksha_BHR) | [Google+](https://plus.google.com/u/0/117477375248871058285/posts?hl=en))  | June 08, 2016

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Vancouver Island Health Authority in British Columbia, Canada, is in the midst of rolling out Cerner's EHR across its system, but physicians are petitioning to suspend the go-live, citing concerns regarding patient safety, according to a [*Times Colonist*](http://www.timescolonist.com/news/local/doctors-petition-for-halt-to-health-record-system-rollout-1.2271976) report.

In 2013, Island Health signed a 10-year, $50 million deal with Cerner to implement the EHR across the system, which includes an additional $124 million for hardware and training. The EHR went live at Nanaimo Regional General Hospital, a residential care center and another health center on March 19.

However, physicians in Nanaimo's intensive care units and emergency departments have reportedly returned to using pen and paper to submit orders, which are later entered into computers by support staff. Physicians who spoke to *Times Colonist* anonymously said the system is creating errors in drug orders, either canceling, overriding or changing instructions.

Other specialists at Nanaimo General are reportedly planning on also reverting to pen and paper orders, according to the report.

Physicians are circulating a petition asking Island Health to suspend further implementation until the EHR is fixed or replaced. So far, more than 100 physicians have signed the petition, according to the report.

Island Health plans to continue implementation across the system and expects to complete the go-live in the next 18 months after the system is "stabilized" at the initial three launch sites, Antoinette O'Keefe, a spokeswoman for Island Health, said in the report. "Our timeline has not changed," she said.

Island Health authorities have indicated there is no evidence the system is changing medication orders. The system has declined to suspend the rollout, according to the report. British Columbia Health MinisterTerryLake reportedly met with Island Health President Brendan Carr regarding staff and physician feedback and is confident patient safety is not at risk, according to the report.

In a statement to *Times Colonist*, Cerner said, "We understand this can be a difficult transition for some and we're collaborating with Island Health to optimize the physician workflow."

**More articles on Cerner:**

[**DOD's Cerner EHR go-live timeline 'not realistic,' audit finds**](http://www.beckershospitalreview.com/healthcare-information-technology/dod-s-cerner-ehr-go-live-timeline-not-realistic-audit-finds.html)  
[**29 hospitals, health systems seeking Cerner, MEDITECH, Epic talent**](http://www.beckershospitalreview.com/healthcare-information-technology/29-hospitals-health-systems-seeking-cerner-meditech-epic-talent-5-25-16.html)  
[**Lake Health chooses Cerner for EHR implementation**](http://www.beckershospitalreview.com/healthcare-information-technology/lake-health-chooses-cerner-for-ehr-implementation.html)

BECKER HEALTH REVIEW TO READ AND USE INFO – WE NEED FULL TIME PERSON JUST DOING RESEARCH N SUMMARIES TO KEEP- ME YOU AND STEVE N LARRY ETC UPDATED AND OUR DEP’T HEADS IF IT IMPACTS THEM THIS WAY WE STAY AHEAD OF COMPETITION…it is a full time highly valuable job…ill do most for now until we can afford someone and we should talk to Steve about importance of this and it should be a shared dept for sure or its waste…

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| 50 Things to Know About Epic, Cerner, MEDITECH, McKesson, athenahealth and Other Major EHR Vendors Written by Helen Gregg ([Twitter](https://twitter.com/@HGreggBHR) | [Google+](https://plus.google.com/101930374895430717445/posts))  | July 14, 2014  566 [inShare](javascript:void(0);)    *"To improve the quality of our healthcare while lowering its cost, we will make the immediate investments necessary to ensure that, within five years, all of America's medical records are computerized." — President-elect Barack Obama, Jan. 8, 2009*  Five years later, billions have been poured into the transition to electronic health records. As of May, CMS has [paid out](http://www.beckershospitalreview.com/healthcare-information-technology/ehr-incentive-payments-near-25b.html) a total of $14.6 billion in incentive payments to hospitals and health systems for the adoption and use of EHRs. These incentive payments, coupled with the looming threat of financial penalties for non-adopters and a need to better coordinate care have driven providers to rapidly adopt EHRs over the past few years. The EHR market is expected to reach $9.3 billion annually by the end of 2015.  As the EHR market has matured, a once-crowded field of vendors has narrowed significantly. At the end of 2013, 10 EHR vendors [accounted](http://www.softwareadvice.com/medical/industryview/ehr-meaningful-use-market-share-2014/) for about 90 percent of the hospital EHR market, based on meaningful use attestation data from CMS: Epic, MEDITECH, CPSI, Cerner, McKesson, Healthland, Siemens, Healthcare Management Systems, Allscripts and NextGen Healthcare.  According to a KLAS [report](http://www.beckershospitalreview.com/healthcare-information-technology/only-3-emr-vendors-expanded-their-market-share-in-2013.html), just three of these vendors expanded their market share in 2013 — Epic, Cerner and MEDITECH — which together account for more than half of the acute-care EHR market.  Several of the big players in the EHR market are led by big personalities, from Judy Faulkner, who founded Epic (and wrote the software's original code) in 1979, kept the company private and is now worth an estimated $3 billion; to Cerner's Neil Patterson, known for his passionate, involved leadership style; to athenahealth's outspoken Jonathan Bush, an advocate for disruptive technologies in the healthcare industry.  Recently, the EHR market has seen an infusion of providers seeking replacements for their current systems. Surveys suggest between [12](http://www.beckershospitalreview.com/healthcare-information-technology/3-observations-about-the-ehr-market-in-2013-and-beyond.html) and [30](http://www.beckershospitalreview.com/healthcare-information-technology/survey-providers-investing-heavily-in-ehrs-but-dissatisfied-with-purchase.html) percent of providers are dissatisfied with their EHR. Girish Navani, CEO and co-founder **of eClinicalWorks,** [**said**](http://www.beckershospitalreview.com/healthcare-information-technology/3-observations-about-the-ehr-market-in-2013-and-beyond.html) **in 2013 more than half of his company's new clients came from another vendor.**  The 50 points below offer additional facts and insights into the EHR market and some of the most prominent companies. (EHR vendors below are arranged alphabetically.)  *The Current EHR Market*   1. At the end of 2013, 10 EHR vendors [accounted](http://www.softwareadvice.com/medical/industryview/ehr-meaningful-use-market-share-2014/) for about 90 percent of the hospital EHR market, based on meaningful use attestation data from CMS. Those 10 vendors include Epic, MEDITECH, CPSI, Cerner, McKesson, Healthland, Siemens, Healthcare Management Systems, Allscripts and NextGen Healthcare. 2. According to a KLAS [report](http://www.beckershospitalreview.com/healthcare-information-technology/only-3-emr-vendors-expanded-their-market-share-in-2013.html), just three of these vendors expanded their market share in 2013 — Epic, Cerner and MEDITECH. The report found Epic and Cerner experienced the largest gains in both the large- and small-facility markets. 3. The EHR market is expected to reach $9.3 billion annually by the end of 2015. 4. Allscripts, Epic, Cerner, McKesson and Quadramed are the most popular EHR systems among academic medical centers, teaching facilities and hospitals with more than 300 beds, according to a [report](http://www.beckershospitalreview.com/healthcare-information-technology/black-book-names-top-ehrs-for-academic-medical-centers-large-hospitals-critical-access-hospitals.html) from KLAS. Among small and rural hospitals under 100 beds and critical access hospitals, the top vendors are CPSI, Cerner, Healthland, Healthcare Management Systems and RazorInsights. 5. Allscripts, MEDHOST, Cerner and CPSI all have hospital clients that have [attested](http://www.beckershospitalreview.com/healthcare-information-technology/8-hospitals-that-have-attested-to-mu2.html#ftn8) to meaningful use stage 2. athenahealth has the majority of physician meaningful use attesters — of the 485 eligible physicians who have [attested](http://www.beckershospitalreview.com/healthcare-information-technology/athenahealth-used-by-majority-of-physician-mu2-attesters.html) to meaningful use stage 2 so far this reporting year, 59.2 percent use athenahealth. 6. Three of the current bids on the Department of Defenses' EHR modernization contract have been major EHR vendors partnering with companies with experience in large-scale government contracts. Epic and IBM were among the first to [announce](http://www.beckershospitalreview.com/healthcare-information-technology/epic-ibm-partner-to-bid-on-dod-s-ehr-contract.html) their intent to bid on the contract. Their proposal includes using Epic's electronic health record software coupled with IBM's systems integration, operations and change management expertise to replace the current DoD system. Allscripts, CSC and HP have also [announced](http://www.beckershospitalreview.com/healthcare-information-technology/allscripts-csc-hp-partner-to-battle-epic-ibm-for-dod-contract.html) a partnership to bid on the contract. Under the bid, Allscripts' EHR technology would be coupled with CSC's and HP's large-scale health IT expertise to design and implement the system. Cerner, Accenture Federal Services and Leidos also announced a similar partnership to combine Cerner's technology with Accenture's and Leidos' expertise. 7. HIMSS' EHR [Developer Code of Conduct](http://www.beckershospitalreview.com/healthcare-information-technology/17-vendors-sign-ehr-code-of-conduct.html) outlines expectations for developers in the areas of general business practices, patient safety, interoperability and data portability, clinical and billing documentation, privacy and security and patient engagement. Its 17 signatories include Allscripts, athenahealth, Cerner, CPSI, Epic, Foothold Technology, GE HealthCare, Greenway Medical, MacPractice, MEDHOST, MEDITECH, Modernizing Medicine, NextGen, Practice Fusion, Siemens, SRSsoft and Versasuite.   *Allscripts*   1. Allscripts' [bookings](http://www.beckershospitalreview.com/healthcare-information-technology/allscripts-q1-results-show-26-growth.html) during the first quarter of 2014 were $223 million, representing a 26 percent year-over-year growth for the company. Allscripts' results from the three-month period ended March 31 also show recurring revenue increased to 78 percent from 74 percent during the same period last year. Population health management solutions constituted 36 percent of first quarter bookings. 2. Allscripts is the 10th largest health IT company in terms of revenue, according to [*Healthcare Informatics*](http://www.beckershospitalreview.com/healthcare-information-technology/healthcare-informatics-ranks-100-top-health-it-companies-by-revenue.html)*.* Allscripts solutions are currently [used](http://www.allscripts.com/en/solutions/acute-solutions/ehr/know.html) by about 1,300 hospitals, as well as 180,000 physicians and 13,000 post-acute organizations. 3. Allscripts clients include North Shore-LIJ in Great Neck, N.Y., Memorial Sloan Kettering in New York City, Orlando Health and Children's Hospital of Wisconsin in Milwaukee. 4. In April, Allscripts [ended](http://www.beckershospitalreview.com/healthcare-information-technology/allscripts-medfusion-end-relationship-over-payment-dispute.html) its relationship with its patient portal vendor, MedFusion, over a payment dispute. The terminated relationship meant 30,000 Allscripts clients that were using EHRs integrated with Medfusion's patient portal had to purchase the service directly from Medfusion or switch to Allscripts' patient portal, FollowMyHealth. 5. Allscripts is currently [transitioning](http://www.beckershospitalreview.com/healthcare-information-technology/allscripts-on-the-most-exciting-niche-in-health-it-and-it-s-not-ehrs.html) to focus more on population health solutions, as seen in two recent [acquisitions](http://investor.allscripts.com/phoenix.zhtml?c=112727&p=RssLanding&cat=news&id=1792215). Both dbMotion, system interface and data analytics software that collects patient information from disparate providers into one record, and Jardogs, a patient engagement and personal health record platform, were part of a $500 million total investment in population health management solutions the company undertook in 2013.   *athenahealth*   1. In 2013, athenahealth's revenue grew 41 percent to [$595 million](http://www.athenahealth.com/our-company/corporate-facts.php). Some of the company's increased 2013 revenue is attributable to its purchase of Epocrates, a mobile health company. Although athenahealth posted earnings of $0.12 a share for the first quarter of 2014 — falling below analysts' estimates of $0.17 per share — through investments in innovation and facilities, [athenahealth plans](http://globenewswire.com/news-release/2014/04/17/628079/10077205/en/athenahealth-Inc-Reports-First-Quarter-Fiscal-Year-2014-Results.html) for its core revenue to grow 30 percent this year. 2. More than 50,000 medical providers have gone live using athenaClinicals — the company's cloud-based EHR — and that number is [expected to grow](http://blogs.wsj.com/venturecapital/2014/02/24/athenahealth-launches-accelerator-to-give-medical-tech-entrepreneurs-a-jolt/). The company already has clients [operating](http://www.athenahealth.com/our-company/corporate-facts.php) in all 50 states. 3. Through [More Disruption Please](http://www.athenahealth.com/cmp/more-disruption/more-disruption.php) program, athenahealth has entered into partnerships with more than 20 businesses that now offer their services through athenahealth's network. The company has [entered into partnerships](http://www.athenahealth.com/cmp/more-disruption/more-disruption.php) with 5 O'Clock Records — a venture-backed company that assists healthcare providers in getting paid for fulfilling medical record requests — and demand force, a program that attracts new patients using online marketing and appointment tools. 4. Although most of athenahealth's services are geared to support physicians and other healthcare providers, the company recently [invested in](http://www.beckershospitalreview.com/healthcare-information-technology/patient-engagement-app-developer-wellframe-raises-1-5m-from-athenahealth-british-medical-association-leaders.html) Wellframe's "GPS navigation for patients" that is designed to help patients manage their health post-discharge by providing customized guidance, exercise and medication adherence trackers and symptom alerts. Wellframe received a total of $1.5 million in [seed funding](http://www.prweb.com/releases/2014/04/prweb11738033.htm) from athenahealth and other investors.   *Cerner*   1. With more than $2.67 billion in revenue in 2013, Kansas City, Mo.-based Cerner is the largest independent health IT company in the world. Revenue for 2014 is [expected](http://www.forbes.com/sites/narrativescience/2014/04/23/cerner-earnings-projected-to-increase/) to reach $3.3 billion. Chairman and CEO Neal Patterson founded the company in 1979, the same year Judy Faulkner founded Cerner's main rival, [Epic](http://www.beckershospitalreview.com/lists/10-things-to-know-about-epic.html). Mr. Patterson is known for his passionate, involved leadership style, which led both to an infamously [leaked](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0CCgQFjAA&url=http%3A%2F%2Fwww.nytimes.com%2F2001%2F04%2F05%2Fbusiness%2Fstinging-office-memo-boomerangs-chief-executive-criticized-after-upbraiding.html&ei=4S5ZU6OBO8-byAT3) 2001 email berating the company's managers for lack of effort as well as the development of a culture of very engaged employees who care about the company's work. With an estimated net worth of $1.5 billion, Mr. Patterson is No. 352 on *Forbes*' list of the richest people in America. 2. Cerner clients include Pittsburgh-based UPMC, Indiana University Health in Indianapolis, Phoenix-based Banner Health, Memorial Hermann Health System in Houston and Adventist Health System in Altamonte Springs, Fla. As of February, 532 hospitals have used a Cerner EHR to attest to meaningful use. Additionally, 37 Cerner clients have reached HIMSS Analytics stage 7. 3. Cerner consistently [receives high marks](http://www.beckershospitalreview.com/healthcare-information-technology/black-book-names-top-ehrs-for-academic-medical-centers-large-hospitals-critical-access-hospitals.html) in independent user satisfaction surveys. However, the company has faced a few lawsuits regarding EHR functionality. In 2013, Cerner [agreed](http://www.beckershospitalreview.com/healthcare-information-technology/cerner-trinity-settlement-totals-106m.html) to pay $106 million to Trinity Medical Center in Minot, N.D., to resolve allegations purchased software did not function as promised. In 2012, Girard (Kan.) Medical Center [sued](http://www.nytimes.com/2013/01/11/business/electronic-records-systems-have-not-reduced-health-costs-report-says.html?pagewanted=2&_r=0) Cerner for allegedly failing to complete the EHR implementation in time for the hospital to qualify for meaningful use incentives. 4. Cerner has acquired several companies over the past several years. In 2011, Cerner acquired workforce management software vendor [Clairvia](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0CCYQFjAA&url=https%3A%2F%2Fwww.cerner.com%2Fabout_cerner%2Fnewsroom%2Fcerner_to_acquire_clairvia%2F&ei=oDBYU9yHLOnsyQHslYCgBg&usg=AFQjCNGOHxPD0nsYt-ZpfTKRJySAOWkShg); in 2012, it acquired behavioral health technology vendor [Anasazi Software](http://www.cerner.com/about_cerner/newsroom/Cerner_to_Acquire_Anasazi_Software_Inc/); and in 2013, it acquired population health and patient engagement software vendor [PureWellness](http://www.cerner.com/about_cerner/newsroom/cerner_to_acquire_purewellness/). 5. Cerner has entered into several partnerships as part of its efforts to be a leader in the health IT field. In September, Cerner [announced](http://www.beckershospitalreview.com/healthcare-information-technology/children-s-national-cerner-partner-for-health-it-institute.html) a partnership with Children's National Health System in Washington, D.C., to develop the nation's first research institute devoted to health IT, and in December, the company [announced](http://www.beckershospitalreview.com/healthcare-information-technology/cerner-partners-with-claritas-to-integrate-next-gen-sequence-testing-into-healthcare.html) a partnership with Claritas Genomics to develop a scalable laboratory solution for molecular diagnostics designed for next-generation sequencing workflows, aiming to advance the use of personalized medicine across the healthcare industry. In October, Salt Lake City-based Intermountain Healthcare [announced](http://www.beckershospitalreview.com/healthcare-information-technology/intermountain-s-cio-talks-about-cerner-partnership.html) a partnership with Cerner to implement Cerner software in its 22 hospitals and 185 ambulatory clinics. The implementation, currently in progress, will build on Intermountain's clinical and data warehousing capabilities to build one of the most advanced EHR systems in the nation.   *CPSI*   1. CPSI is aimed at community, rural and critical access hospitals. The Mobile, Ala.-based company has more than 650 clients across the country. 2. CPSI clients include Henry County Health Center in Mount Pleasant, Iowa, Copley Hospital in Morrisville, Vt., Graham County Hospital in Hill City, Kan., Huron (S.D.) Regional Medical Center, Millinocket (Maine) Regional Hospital and Steele Memorial Medical Center in Salmon, Idaho. 3. Total sales revenues for CPSI increased to $52.1 million during the quarter ended March 31, 2014, up from $49.5 million during the same period last year. 4. CPSI expanded beyond EHRs in 2013 with the [acquisition](http://www.cpsi.com/about-us/corporate-information) of TruBridge, a company specializing in the business IT needs of community healthcare providers. The acquisition allowed CPSI to offer complete solutions while focusing the core of its company on EHRs.   *eClinicalWorks*   1. eClinicalWorks clients [include](http://www.eclinicalworks.com/customers-hospital-and-health-systems.htm) BayCare Health System in Tampa Bay, Fla., Beth Israel Deaconess Physicians Organization, Central Georgia Health Network in Macon, Ga., Summa Health System in Akron, Ohio, and St. John Providence Health System in Detroit. 2. eClinicalWorks has a [majority](http://www.beckershospitalreview.com/healthcare-information-technology/eclinicalworks-now-has-majority-of-federally-qualified-health-center-market.html) of the federally qualified health center EHR market. 3. eClinicalWorks recently [announced](http://www.beckershospitalreview.com/healthcare-information-technology/eclinicalworks-invests-50m-in-patient-engagement-population-health-products.html) it will invest $50 million in the development and enhancement of patient engagement and population health products. 4. Several large accountable care organizations have [recently selected](http://www.eclinicalworks.com/news-and-events-press-releases.htm) eClinicalWorks, including Emerald Physicians ACO in Cape Cod, Mass., Antelope Valley ACO in Lancaster, Calif., and Physician First ACO in Deltona, Fla. 5. More than one in six providers currently using an EHR has plans to change vendors within the next year, according to a Black Book Strategies report. Girish Navani, CEO and co-founder of eClinicalWorks, [said](http://www.beckershospitalreview.com/healthcare-information-technology/3-observations-about-the-ehr-market-in-2013-and-beyond.html) the trend of EHR replacement has benefited his company: "Approximately 60 percent of our new customers are switching to us from a previous system," he said.   *Epic*   1. Epic clients include Oakland, Calif.-based Kaiser Permanente, Cleveland Clinic, Johns Hopkins Medicine in Baltimore, UCLA Health in Los Angeles, Arlington-based Texas Health Resources, Massachusetts General Hospital in Boston, Mount Sinai Health System in New York City and Duke University Health System in Raleigh, N.C. In total, Epic has 315 [customers](http://www.epic.com/about-index.php), and more than 70 percent of HIMSS Analytics Stage 7 hospitals use the EpicCare inpatient EHR system. 2. In February, CVS Caremark's retail clinic chain, MinuteClinic, [announced](http://www.beckershospitalreview.com/healthcare-information-technology/cvs-minuteclinics-switch-to-epic.html) it will switch from its proprietary EHR system to Epic. When the transition is complete, about 51 percent of Americans will have an Epic record. 3. Verona, Wis.-based Epic was founded in 1979 by computer scientist Judy Faulkner, who coded the original Epic software. Ms. Faulkner remains Epic's leader, currently serving as CEO. *Forbes*[estimates](http://www.forbes.com/profile/judy-faulkner/) her net worth at $3 billion and put her at No. 243 on the magazine's annual [list](http://www.beckershospitalreview.com/healthcare-information-technology/epic-cerner-intersystems-ceos-make-forbes-list-of-the-400-richest-people-in-america.html) of the richest people in America. 4. Epic EHR systems are some of the most expensive on the market. Duke University Health System [reportedly](http://www.forbes.com/sites/zinamoukheiber/2012/06/18/the-staggering-cost-of-an-epic-electronic-health-record-might-not-be-worth-it/) paid $700 million for its Epic system; Kaiser Permanente, [$4 billion](http://www.infoworld.com/d/the-industry-standard/how-kaiser-bet-4-billion-electronic-health-records-and-won-217731). Additionally, a Peer60 [survey](http://www.peer60.com/assets/uploads/2013/05/Peer60TCO-online.pdf) found Epic EHRs come with higher upgrade costs — Epic users spent an additional sum between 40 and 49 percent of the system's initial costs in major and minor upgrades, while Cerner users spent between 30 and 35 percent and Allscripts users spent between 20 and 22 percent. 5. Epic is not a member of [CommonWell Health Alliance](http://www.beckershospitalreview.com/healthcare-information-technology/commonwell-health-alliance-brings-health-it-one-step-closer-to-interoperability.html), an industry coalition aimed at increasing interoperability between EHR platforms. [Calling](http://www.beckershospitalreview.com/healthcare-information-technology/epic-walgreens-unitedhealth-kaiser-partner-to-share-patient-data.html) the group an attempt to increase the vendors' market shares, Epic instead partnered with Kaiser Permanente, Walgreens, Surescripts and other organizations to form Carequality, which aims to increase data exchange between hospitals, physicians, payers, retail clinics and other healthcare stakeholders. 6. Because many smaller healthcare organizations may not have the resources to implement Epic, many Epic clients have begun offering their version of the EHR to local providers. In February, Chesterfield, Mo., [became](http://www.beckershospitalreview.com/healthcare-information-technology/mercy-to-offer-hosted-epic-ehr-solution-consulting-services.html) the first accredited provider of the Epic Connect program, and will provide consulting services and hosting of its Epic EHR in a software-as-a-service model.   *Healthland*   1. Like CPSI, Healthland is designed for critical access, community and rural hospitals. Healthland clients include Glacial Ridge Health System in Glenwood, Minn., Black River Falls (Wisc.) Memorial Hospital, Coryell Memorial Hospital in Gatesville, Texas and Kane (Pa.) Community Hospital. 2. Healthland recently partnered with IT integration solutions firm Iatric Systems to help rural and critical access hospitals attest to meaningful use. 3. Healthland often partners with other organizations to advocate on issues that affect its small, community and critical access hospital clients.   *MEDITECH*   1. Medical Information Technology, more commonly referred to as MEDITECH, was founded in 1969 by A. Neil Pappalardo. The company has an annual revenue of about $550 million. 2. MEDITECH customers include CHRISTUS Health in Dallas, Swedish Covenant Hospital in Chicago, St. Bernards Healthcare in Jonesboro, Ark., Henry Mayo Newhall Hospital in Valencia, Calif., Citizens Memorial Healthcare in Bolivar, Mo., and St. Agnes Healthcare in Baltimore. 3. As of January, more than 740 MEDITECH customers had attested to meaningful use. 4. MEDITECH is committed to being environmentally friendly, and the company [supports](http://home.meditech.com/en/d/newmeditech/pages/nonprofits.htm) more than 43 unaffiliated nonprofit organizations.   *McKesson*   1. McKesson was founded in 1833 as a botanical drug importer and seller, making it one of the oldest continually operated companies in the U.S. The company now has two main divisions, pharmaceuticals and health IT systems. In fiscal year 2013, the company reported revenue of $122.5 billion, putting it at the top of [*Healthcare Informatics*](http://www.beckershospitalreview.com/healthcare-information-technology/healthcare-informatics-ranks-100-top-health-it-companies-by-revenue.html)' list of the top health IT companies by revenue. 2. McKesson clients include MedWest Health System in Clyde, N.C., Twin County Regional Healthcare in Galax, Va., St. Mark's Medical Center in LaGrange, Texas, and Oconee Medical Center in Seneca, S.C. 3. McKesson designed its EHR, Paragon, without fixed length fields, interface requirements or other set design features, helping the EHR be customized to fit a hospital or health system's needs.   *NextGen Healthcare*   1. NextGen clients include Cherokee Health System in Seymour, Tenn., Avita Health System in Galion, Ohio, and Tucson (Ariz.) Medical Center. 2. NextGen, like athenahealth, blasted the recent ICD-10 delay as irresponsible and unfair to vendors with ICD-10-ready products. 3. In February, NextGen and Cerner [announced](https://bridge.nextgen.com/cdn/media_assets/pdf/PR_NG%20_Cerner%20Bi-Directional%20Interop_approved%20Draft_Final.pdf) bi-directional data interoperability, and in June, NextGen [announced](https://bridge.nextgen.com/cdn/media_assets/pdf/PR_Interop_ACS_TMC_Surescripts%20HISP_06_03_2014.pdf) it had achieved total vendor-agnostic interoperability. 4. Earlier this month, NextGen and its sister company, Mirth, [announced](http://www.beckershospitalreview.com/healthcare-information-technology/nextgen-mirth-launch-interoperability-platform.html) the launch of a new interoperability platform that will allow clients to connect with external organizations and exchange patient information using Direct messaging technology.   **More Articles on the EHR Market:**  [**Health IT and Liability: How to Protect Your Hospital When Software Fails**](http://www.beckershospitalreview.com/healthcare-information-technology/health-it-and-liability-how-to-protect-your-hospital-when-software-fails.html) [**11 Recent Vendor Contracts**](http://www.beckershospitalreview.com/healthcare-information-technology/11-recent-vendor-contracts.html) [**Siemens Considering Selling Health IT Division**](http://www.beckershospitalreview.com/healthcare-information-technology/siemens-considering-selling-health-it-division.html)    *© Copyright ASC COMMUNICATIONS 2016. Interested in LINKING to or REPRINTING this content? View our policies by* [*clicking here*](http://www.beckershospitalreview.com/linking-and-reprinting-policy.html)*.*  **To receive the latest hospital and health system business and legal news and analysis from *Becker's Hospital Review*, sign-up for the free *Becker's Hospital Review E-weekly* by** [**clicking here**](http://www.beckershospitalreview.com/sign-up-for-our-free-e-weeklies.html)**.**    **TODAY'S TOP STORIES** |

**1. Cerner, McKesson, Epic among 10 top-earning IT vendors**

[**Full story**](http://r20.rs6.net/tn.jsp?f=001pmjSUIxTd3Kf2LnItYpLyNx9E3eLHClEEYqPV222_HU5stZ389wsgzBTzH6-W1ox2ZOujAadBtOkrT3Y9tKYLOoG9rh5jpd5qpK-fnP-FUBhHnAYHQrPSpdRZUcsotPqOyaRriiqB5qGCZ5dXKU8M1DrkMqIcVhwElK3mdBSzldKpMr3zGr1VYnX-R8s6naK6Z_c-Z9ydWpld2Qu9X1C5EAxyF5rYygqOkshnC2DPk0YeCkGpOuiX3KQUxYRvFA-3yn-CQ5MqS1BIRXI1kJKfL3D9plUjs6Wm9j0jyXYWSMNxhsYkCLS1ObmwGQvQUpk&c=gfDf97lf6KN_CMzRfJwKt5gzMr3_x5yMrPh2UT_gJaMwT3hBQXWBIA==&ch=y5I4RlQZ3XYfX5PxvtxlVnvAZIfUmn-GjLDmsjBkq91kEwqUCA4X-g==)

**2. Senate advances $162B health spending bill: 10 things to know**

[**Full story**](http://r20.rs6.net/tn.jsp?f=001pmjSUIxTd3Kf2LnItYpLyNx9E3eLHClEEYqPV222_HU5stZ389wsgzBTzH6-W1oxWyp7ERw9uwBXBObdeTEovHI3zX5JJgHC5eOYlZpO53aUpxwjlhOFhFfIvRPJfPUuEzdbM9jTgGYWBQWH1e7oe7UyyT05bA4Ohn3p2y1d8A8INZZJgDPWImVdaKKjNP01ZLCEj1a4QOMNjZeNBCC18OP0pJC57y7OBCZvyUElcRnmYgcpJlcBFiU9etnnpGaUAFSejlu5c2PEaBBePuLoxgK5Y5Kf86i-&c=gfDf97lf6KN_CMzRfJwKt5gzMr3_x5yMrPh2UT_gJaMwT3hBQXWBIA==&ch=y5I4RlQZ3XYfX5PxvtxlVnvAZIfUmn-GjLDmsjBkq91kEwqUCA4X-g==)

**3. Using science fiction to fix healthcare: Dr. Stephen Klasko's 12 disruptors**

[**Full story**](http://r20.rs6.net/tn.jsp?f=001pmjSUIxTd3Kf2LnItYpLyNx9E3eLHClEEYqPV222_HU5stZ389wsgzBTzH6-W1oxyWobuv4vT6vAPGoVjNZMnCMM8zlAc2JfidxI8TDawD_y6y4UNBhB014ej86gHLSyoSeNl9tePmhrU4ODQ7Obw_lrtTzMV0xlANHTOViPAQgVB05mGFErwIghu06Gojawfsw7pH2b3CBLAUYb-jON37HovOQw6cndrIDQSWUf7U23R8XhvrRMBOzoumX9vaq4va_KXFrkq5IbRmdK1S09mlnAGaSxgxGbKFVQLlqlIB_-8FE9RwAfmhLTBgnU_yk4z9ZBJ_Y89sG9MgsJWTiVlQ==&c=gfDf97lf6KN_CMzRfJwKt5gzMr3_x5yMrPh2UT_gJaMwT3hBQXWBIA==&ch=y5I4RlQZ3XYfX5PxvtxlVnvAZIfUmn-GjLDmsjBkq91kEwqUCA4X-g==)

**4. The evidence-based recommendation for use of bone stimulators in clinical practice.**

[**Register for the webinar here**](http://r20.rs6.net/tn.jsp?f=001pmjSUIxTd3Kf2LnItYpLyNx9E3eLHClEEYqPV222_HU5stZ389wsg_jYXnptvXhd8PJyZcdwse2241OjI8QnKSpbtUJnze5UNj1nj1WE3WrKU9wg716LopeoZ39s3_KGsqZxGsMCrC_iHNi-X84EAwoBys6ZobnYdVRF_WEAf3lonccMinVcJ5sOhiMRiwWgSvOYedXjOIyWyZyrUn082cfyoQhi3-lPGD3LqSw6AvZ2Fe_mWQ__K0VB8691Es8yzABCuUfI6Lf1B9Srrgr-Hq2KDQWch67I&c=gfDf97lf6KN_CMzRfJwKt5gzMr3_x5yMrPh2UT_gJaMwT3hBQXWBIA==&ch=y5I4RlQZ3XYfX5PxvtxlVnvAZIfUmn-GjLDmsjBkq91kEwqUCA4X-g==)

**5. US Census Bureau names new CIO**[**Full story**](http://r20.rs6.net/tn.jsp?f=001pmjSUIxTd3Kf2LnItYpLyNx9E3eLHClEEYqPV222_HU5stZ389wsgzBTzH6-W1ox_DQhLhnxYK2Q7oQftfJ551j3lVUPzF5kMyE33xf3HqBSJcMXvbypSG_GQQtcnoTzMCnqq0uG3CLDDuJI_N995iL97Fr4ezRfNi5wbGdUQGS-Id_8ZajGbWKDaDCimAH5qgrHu_8jPsBUsorPYov1rstZw9f23d3BU0OheHvVg2_sYV32Pjgt6jikibiIMoDHVbR60IJdIlt7TyZ5xC1BA6ACBc0tKYjH&c=gfDf97lf6KN_CMzRfJwKt5gzMr3_x5yMrPh2UT_gJaMwT3hBQXWBIA==&ch=y5I4RlQZ3XYfX5PxvtxlVnvAZIfUmn-GjLDmsjBkq91kEwqUCA4X-g==)

**6. 17 tech leaders on Forbes' '100 Most Powerful Women' list**

[**Full story**](http://r20.rs6.net/tn.jsp?f=001pmjSUIxTd3Kf2LnItYpLyNx9E3eLHClEEYqPV222_HU5stZ389wsgzBTzH6-W1oxWwvp6hUoqyLKC7SC1oxm-cNP9KHzLQ65Vsjigg2MQR56ACdHCzDFRlOyFJj0Cv82diRo8Brae6QRtxGaXrhPVk5jaO39NHuW8tgXw8e9kNOIl-SDA7cqc_zJUzTMQG7IzWZadz7ZZZkVZB__TBOpOWGL4pxloOXavO2E61AuOrQbqPjmQ9MxBvJpmBcXLm7uRvLm1MlT9L6Pnt4jADeK3kl_dd3B25vxxbo9oaicK2uFsvcbQM2z-JarFVIUpPJ5&c=gfDf97lf6KN_CMzRfJwKt5gzMr3_x5yMrPh2UT_gJaMwT3hBQXWBIA==&ch=y5I4RlQZ3XYfX5PxvtxlVnvAZIfUmn-GjLDmsjBkq91kEwqUCA4X-g==)

**7. What is the solution to ongoing Clostridium difficile transmission?**

[**Register for the webinar here**](http://r20.rs6.net/tn.jsp?f=001pmjSUIxTd3Kf2LnItYpLyNx9E3eLHClEEYqPV222_HU5stZ389wsgzBTzH6-W1ox9BPrEoYMz1A-vJZVR-Fw2ZfkCd5ZubCl29u16LjMp3aRRO0oev1JvFINXPOjwztMC36GbIrkvoinzfN870BrTP6jRqyyVKzDj7x_lWQHXVsuUfELgJuWhN67qh94OTbAEkMMqWs8b_iE44iXTWQNhJKHijFmx0w-QeAXrh9rcFAUlmm5078vY86rePspR-1USn_NwmljiFohiOGTbeDUtOB4CFoU7sBVHNUy2JTChQAxfbj_VSvU6Fi_snE9f8WQ8n-PD-mx3Mg=&c=gfDf97lf6KN_CMzRfJwKt5gzMr3_x5yMrPh2UT_gJaMwT3hBQXWBIA==&ch=y5I4RlQZ3XYfX5PxvtxlVnvAZIfUmn-GjLDmsjBkq91kEwqUCA4X-g==)

**8. Mark Zuckerberg's Twitter, Pinterest accounts hacked**

[**Full story**](http://r20.rs6.net/tn.jsp?f=001pmjSUIxTd3Kf2LnItYpLyNx9E3eLHClEEYqPV222_HU5stZ389wsgzBTzH6-W1oxi01zb8sGCF5QhlsjdihN-KaAUfkJilCMqRFadpBN0VJ-uFx-OK-VDDQMq28lkQE-nIG9Dc7gNVzGkb29cUVzAiLg3qCjDXaiYwXjR4mDWsIgYyjV23u5z4Aw-E4ZmRxvHUJzej1R5DXrQFC5UNA2AsqLt7kXah-89kAaTiaEYxnt9Xw13co2o41ilSFGA4Si5B2XOYiTYm7fMt-fsfC1oqIexR_Jg4-p6CKmPKqhewEsdbdkJQrzAg==&c=gfDf97lf6KN_CMzRfJwKt5gzMr3_x5yMrPh2UT_gJaMwT3hBQXWBIA==&ch=y5I4RlQZ3XYfX5PxvtxlVnvAZIfUmn-GjLDmsjBkq91kEwqUCA4X-g==)

**9. Children's Hospital Colorado launches Center for Innovation**

[**Full story**](http://r20.rs6.net/tn.jsp?f=001pmjSUIxTd3Kf2LnItYpLyNx9E3eLHClEEYqPV222_HU5stZ389wsgzBTzH6-W1ox5mk_fVlDinJSy0x7Cs_8fn6q4iKZ-JpxK-A5uuicSWA8NBcQHzub5yyAryx5bvi7PETVOXwUKnYP4xJw0hX4fpdzj4BiYAdPDJQlwoEHmhM1yt3U-N_yCSmVpA_G1qa_58eIQPO7wBPGV7VvLuP21vhfnu-T7N_FcfAYbR1bTklziShD3g9237JolTXiozvRYWmz4EfBbfjgEfwXiFWz4L2bttNo3UR4LFM04iYB9xHb2imbfzSuo2qDPPWkInZT&c=gfDf97lf6KN_CMzRfJwKt5gzMr3_x5yMrPh2UT_gJaMwT3hBQXWBIA==&ch=y5I4RlQZ3XYfX5PxvtxlVnvAZIfUmn-GjLDmsjBkq91kEwqUCA4X-g==)

**10. Harvard study: Black male physicians earn much less than white counterparts**

[**Full story**](http://r20.rs6.net/tn.jsp?f=001pmjSUIxTd3Kf2LnItYpLyNx9E3eLHClEEYqPV222_HU5stZ389wsgzBTzH6-W1oxPFXjsZO6mw96kQH8sp73uPlvLWoKIS9xVFhZ9Sckv5w7dXBBFAWFnhy3v3IRWuWiJdw4Za2JRor30ieak9ChzO7IB07AFca2BAlOLe_PNwatZ5hGLU--j7qXUU8svmnuRO3HjvX13SuhFTUZVC6XQr_yIjyyKHtXZsC7yXBKf_UdwbZbH9s9ByP2Lojxkk6znpW6rk5-STv6FAdBIk1OSmWVtTfjsNbSggzWq8PMI4riUtwTsKNYpCIvIOwYfQXc3g2P_UN9qjQ=&c=gfDf97lf6KN_CMzRfJwKt5gzMr3_x5yMrPh2UT_gJaMwT3hBQXWBIA==&ch=y5I4RlQZ3XYfX5PxvtxlVnvAZIfUmn-GjLDmsjBkq91kEwqUCA4X-g==)

**11. Over 100 Hospital executives speaking at Becker's 5th Annual CEO + CFO Roundtable (November 7-9, Swissotel, Chicago.) Come hear 59 CEOs and 27 CFOs from hospitals and health systems speak**

[**Reserve your spot today!**](http://r20.rs6.net/tn.jsp?f=001pmjSUIxTd3Kf2LnItYpLyNx9E3eLHClEEYqPV222_HU5stZ389wsgzHkyNzo0xKj6wQC27OyT_7v3UXkBWij5Z5LXfgZUA-9rb74wGkY2cbmYRru0IO9xxfuqHeWwCXsWWXohCpgrJDajqSIvwfbbejn1tx11dd_FevFAmx1v0Qv9erU3RJMqPXDhcwgDN99-YzdMRlAs2tv56cka3qj64qiH3LITx_O3fxZSWqs-BXz93oVTwZHpA==&c=gfDf97lf6KN_CMzRfJwKt5gzMr3_x5yMrPh2UT_gJaMwT3hBQXWBIA==&ch=y5I4RlQZ3XYfX5PxvtxlVnvAZIfUmn-GjLDmsjBkq91kEwqUCA4X-g==)

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## [5 Qualities Your RCM Vendor Should Have](http://healthcare.adsc.com/blog/5-qualities-your-rcm-vendor-should-have)

Posted by [Stephen O'Connor](http://healthcare.adsc.com/blog/author/stephen-ox27connor)

Posted on Sep 11, 2015 9:00:00 AM

Share:

Over the past two decades, revenue cycle management has evolved from a traditional back-office challenge to a major focus throughout the organization. Every individual in the medical practice from the C-suite to the exam room is expected to keep a critical eye on the revenue stream.

Partnering with a revenue cycle management firm today is an option many practices are embracing as real-world challenges demand hyper-focused solutions. Vetting RCM vendors is a complex journey, but there are some key qualities your partner should demonstrate.

## 5 Qualities Your RCM Vendor Should Have

## 1. Financial Stability

It may seem obvious, but the first quality providers should consider before signing an [RCM service agreement](http://healthcare.adsc.com/blog/how-you-know-its-time-to-outsource-your-rcm-services) is financial stability. Rebranding, mergers and court-approved Chapter 11 restructuring do not necessarily signal impending collapse; however, how open, or closed-mouthed, a company is about those situations could. A quick review of the most recent P&L is not enough to fully understand financial standing.

Straightforward communication stems speculation.  When Emdeon announced plans to rebrand their business to Change Health, company executives informed the public with enough financial information to calm fears and explained why the name change better represented the company portfolio of services. Providers seeking to [partner with a reputable RCM](http://www.adsc.com/practice-management-rcm-software) should look for key indicators a company is concerned about protect the company from loss that could directly impact providers and patient data. E&O coverage, emergency preparedness protocol and security mechanisms to thwart cyber-activities are just three indicators to ask about.

## 2. Industry Experience

Finance executive are looking for proven management solutions specifically designed for healthcare professionals. Companies with founders, directors and supervisors who come from a background in the industry are positioned to lead with a deeper understanding of what it takes to analyze, measure and respond to the rapidly changing landscape.

The focus on financial performance has reached a pronounced importance never seen in the past.  Some firms service multiple industries. Minimally, a best-fit contractor has a dedicated team assigned to RCM activities with departmental leaders who come from a medical background.

## 3. Connectivity

Never underestimate the value of a strong reputation. When medical groups and private physicians seek to engage a professional management company to help them improve revenue streams and in-house productivity, they are inviting a new player into a relationship that could positively or negatively impact their own reputation in the community and the business realm.

Solid relationships, positive connections, with third-party payers, oversight organizations and regulatory agencies are vital, especially during times of great change as we are seeing now with the ICD-10 shift and Meaningful Use mandates.

## 4. Forward Thinking Vision

Proven strategies are no excuse for stagnant thinking. Leadership must be willing to embrace change. Almost 50% of all data breaches are health industry related, according to business development lead for Ascente, Paul Ferron. Ferron says, that “[O]ur healthcare system lacks the control and governance to provide any security.”

Millions of patient records have been compromised. In 2013, more than 4 million individuals were affected when Illinois-based Advocate Health and Hospitals Corp. computers were stolen. Forward-thinking visionaries work with security systems integraters to deploy sophisticated network solutions that monitor and isolate suspicious activity in sandbox technology and continuously review and update training protocol to mitigate risks against unintentional breach.

## 5. Integrity

Integrity encompasses all of the above qualities. There is a company-wide culture that values privacy and encourages reputation management strategies. From the top-down and bottom-up, employees strive to provide exceptional service that helps medical professionals [streamline their operations and boost revenue potential](http://healthcare.adsc.com/blog/bid/244757/10-Ways-practice-management-can-streamline-your-medical-practice). They advocate for industry change that service all stakeholders and in return they enjoy a solid reputation among customers, peers and patients.

## Key Takeaways

* Integrity is the foundation for viable partnerships.
* Financial stability protects practice assets from risk exposure.
* Vision enables strong performance today and tomorrow.
* Industry relationships fosters positive change.
* Experience enables specialization that empowers financial growth.
* **7 thoughts on the future for integrated RCM systems**
* Written by Brooke Murphy | January 07, 2016
* 150  
  [inShare](javascript:void(0);)
* The revenue cycle is a complicated circuit with a broad reach. The discrete cogs of administrative, technological, financial and patient-level processes may benefit substantially from streamlining and integration in 2016, say healthcare administrators.
* Complicated systems can lead to financial waste, inefficiencies and unaccounted revenue falling to wayside. If revenue cycle and billing processes don't receive proper attention from medical staff, a hospital's financial health can suffer substantially.
* Having passed the ICD-10 deadline in soaring colors, healthcare organization financial leaders are turning their attention to patient revenue streams and revenue workflow to improve efficiency and performance.
* Below are seven thoughts on future RCM systems:
* 1. **Value-based reimbursement.** Revenue cycle management firms are evolving alongside healthcare providers as payment methods shift from volume to value. As payment becomes more dependent on patient satisfaction during an episode of care, registration, billing and collections practices will have a substantial impact on how patient's experience healthcare. Concerned providers will increasingly rely on revenue cycle vendors and departments to understand and improve upon cost and quality targets under value-based reimbursement models.
* 2. **More coordinated RCM/EHR systems.** More EHR vendors now offer "suite" systems that combine EHRs with revenue cycle management software. However, there are features in stand-alone RCM systems that as of yet are not included in singular EHR/RCM offerings, according to Expeditive founder Jim Yarsinsky. Because EHR and RCM software manage such discrete functions, many healthcare professionals are wary of any one system can successfully manage and execute both processes. However, increased coordination and interface between EHR and revenue cycle — such as bar code scans in an EMR that record a transaction on the billing side — make an appealing case for improved cash flow.
* 3. **Consolidated RCM practices.** A consolidated revenue cycle technology stack has the benefit of providing simple access to various revenue streams across care locations within a single dashboard. By managing various RCM processes and steps within the same platform, financial leaders may easily track key performance metrics to assess problem areas costing providers cash.
* 4. **Educating staff in revenue best practices.** "Gone are the days of working in silos," said vice president of revenue cycle innovations at Anthelio Healthcare Solutions. "It is important to educate every member of every department on what revenue cycle is and how their role plays a part of it." Financial leaders can achieve more successful revenue capture by implementing department goals, setting benchmarks, conducting cross-departmental meetings and receiving employee feedback on system processes.
* 5. **Improved point-of-service collections.** As consumers pay a higher percentage of care costs, providers will suffer financially should they not collect payment or establish viable payment plans before performing elective services. For some practices, this may involve new technology, for others it may require more effective workflows.
* 6. **RCM with ROI.** According to a survey from Black Book, 79 percent of health organization CFOs plan to eradicate financial and coding technology vendors not associated with an advantageous return on investment. As margins shrink ever tighter, provider systems can't afford to cut revenue cycle systems and vendors any slack.
* 7. **Paperless billing capabilities.** Other industries, such as banking and real estate, rely on paperless billing capabilities and processes to maintain tight, efficient revenue flow. More than 70 percent of American healthcare consumers prefer to receive their medical bills online, according to a study from Deloitte. Healthcare organizations stand to benefit both in patient satisfaction and financial costs by going paperless in 2016.
* **More articles on revenue cycle management:**
* [5 things to know about surprise medical bills](http://www.beckershospitalreview.com/finance/5-things-to-know-about-surprise-medical-bills.html)

## 10 tips to assess Revenue Cycle Management vendors

### Outsourcing this vital service can ease strain on practices, but study the details before signing a contract



August 05, 2014

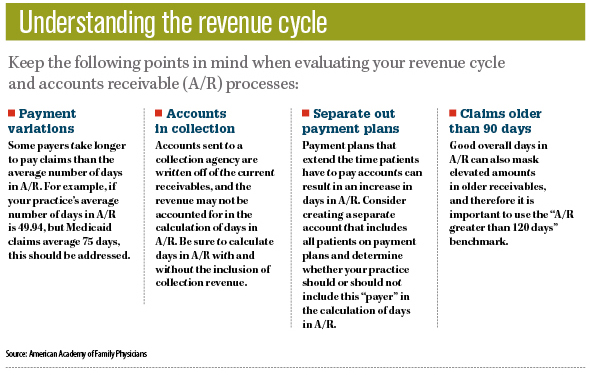
By [Pamela Lewis Dolan](http://medicaleconomics.modernmedicine.com/authorDetails/379970)

Running a financially successful practice  depends on efficient revenue cycle management (RCM). RCM describes all of the steps involved in managing claims processing,  payment, and revenue generation, starting with patient scheduling and ending with payment. As practices face heavier workloads, many are evaluating whether to outsource these services.

As physician compensation moves away from fee-for-service to shared savings and outcomes-based models, and practices embrace new team-based approaches to care, calculating what and to whom monies are owed is becoming a far more complex process. Many physicians are discovering that the talent and technology needed to get the job done correctly is beyond their current capabilities, or will cost more than what they are able to invest. The solution many are considering is outsourcing.

Outsourced RCM can be as narrow as producing and sending billing statements or as large as the entire RCM cycle, says Robert Magnuson, MPA, principal advisor with Impact Advisors, a Naperville, Illinois-based healthcare consulting firm. Outsourcing aspects of the RCM cycle, or the entire process, could have a tremendous impact on a practice’s finances. On the other hand, if the wrong vendor is chosen or if the relationship is not properly managed, outsourcing RCM services could have a devastating impact.

“The RCM cycle can only be as successful as the individual overseeing it,” says Christopher Parrella, JD, an attorney and consultant with the health law offices of Anthony C. Vitale in Miami.



**Next: The discovery phase**