

Seed Funding Available to Drive Adoption of EMRs and ePrescribing



By Antoine Agassi

Healthcare providers across Tennessee are trying to predict the future. Should I implement an Electronic Medical Record to streamline record keeping? Should I start ePrescribing and get ahead of the curve on the next wave of Medicaid and Medicare requirements? If so, when?

In fact, the time may be exactly right for your practice to take the next step now. Governor Bredesen and the General Assembly have authorized a new funding initiative to help healthcare providers in Tennessee implement information technologies to enhance the quality of care available to Tennesseans.

Specifically, there is a one-time grant available to reimburse eligible treatment sites and MDs in Tennessee for hardware, software and secure high-speed broadband connectivity with built-in HIPAA-compliant authentication. Additionally, any healthcare provider is eligible for special purchasing opportunities for broadband at state-negotiated rates, even if they do not qualify for the one-time grant.

There are several requirements grantees must meet on accepting the funding. The practice commits to ePrescribe – system-to-system – for two years. The practice also agrees to look up the existing clinical health record for TennCare patients, specifically for better documentation of Early Periodic Screening, Diagnosis, and Treatment (EPSDT). Additionally, if grants funds are used to purchase an EMR, the selected software application must be certified for interoperability on the CCHIT (Certification Commission for Health Information Technology) 2007 list. Further, if funding is used to purchase an ePrescribing application,

it must be certified by SureScripts and RxHub.

Tennessee has a lot to gain from the increased use of health information technology at the point of care. In recent years, Tennessee has moved from 48th in the nation in health status to 46th. Simultaneously, marginal improvements have been made in our use of prescription medications. In the last year, Tennessee has gone from number one in the nation in the number of prescriptions used per capita to number two, or from an average of 17.3 prescriptions per person to 16.9.

As a state we are moving in the right direction but our very quality of life continues to be significantly limited by our health status. Health information technology offers us the opportunity to give you better information about your patients in the timeliest way possible – when you are making the critical decisions about treatment.

THE TENNESSEE PHYSICIAN CONNECTIVITY GRANT

Approximately \$10 million in state funding has been allocated to the Tennessee

TN PHYSICIAN CONNECTIVITY GRANTS

FUNDING AVAILABLE:

- Up to \$6,000 per approved treatment site for connectivity on the Tennessee eHealth Exchange Zone
- Up to \$3,500 per eligible MD for PCs, peripherals, software and services related to EMR's, ePrescribing and use of health information technology at the point of care

OPPORTUNITY:

- To use seed funding from the state to take the next step in the utilization of health information to help your patients
- To get secure, high-speed broadband connectivity in any Tennessee county at state-negotiated rates on an existing, private network, with built-in authentication for health care providers
- To get a health information portal that will connect you with health information applications from the Tennessee Department of Health and many other resources
- To integrate your health information portal to access multiple data sources of patient information with a single sign-on

REQUIREMENTS

- ePrescribe (computer system to computer system) for two years
- Look up TennCare patients on existing clinical health records available through Shared Health, particularly for EPSDT documentation
- If grant funding is used to purchase or expand an EMR, the EMR must be certified for interoperability on the CCHIT 2007 list
- If grant funding is used to purchase an ePrescribing application, the application must be certified by either SureScripts or RxHub

ELIGIBILITY

- Primary care and Pediatric MDs licensed and practicing in Tennessee
- Priority given for rural practices or practices that have a high TennCare patient base

SPECIAL FEATURE

Physician Connectivity Grant program to promote connectivity and ePrescribing among primary care and pediatric physicians. These grants allow the clinicians on the front lines to receive up to \$6,000 per treatment site in reimbursement for expenses related to connectivity on the Tennessee eHealth Exchange Zone, and up to \$3,500 reimbursement per eligible MD for expenses related to PCs, peripherals, software and services related to the expanded use of health information technology.

Eligibility

To be eligible for funding, MDs must be licensed in Tennessee, actively practicing, and in good standing with the licensure board. For now, the funding is limited to MDs, although the need for similar incentives among other healthcare providers is well known and options to address these needs are being actively considered for the future. The following MD Types of Practice, as listed on Tennessee medical licensure documentation, have been designated for priority disbursement:

- Family Practice
- General Practice
- Internal Medicine

- Gynecology
- Obstetrics and Gynecology
- Public Health and General Preventive Medicine
- Pediatrics
- Internal Medicine/Pediatrics

The grants are prioritized for rural practices and practices that see a high proportion of TennCare patients.

Requirements

Grant recipients are required under the terms of the grant to participate in ePrescribing for two years. In this case, ePrescribing does not include printing prescriptions and/or using a fax machine. In order to truly ePrescribe and achieve the potential advances in patient safety, tamper-proof prescription transfer and efficiencies with refills, the ePrescription must be transmitted from the doctor's computer system directly into the computer system of the pharmacist the patient has selected. While there is no explicit minimum number or percentage of required ePrescriptions, there is a general understanding that since both Medicaid and Medicare appear to be moving this direction, this is an opportunity for Tennessee's physicians

to be at the forefront of patient safety advances.

Grant recipients also agree to utilize existing clinical health records for TennCare patients available on the Shared Health database. The intention is to increase and enhance preventive care for children by enabling better documentation on Early Periodic Screening, Diagnosis, and Treatment (EPSDT).

If this grant money is used toward the purchase of or to expand the functionality of an EMR, then that EMR must be certified on the CCHIT 2007 list (www.cchit.org/choose/ambulatory/2007/). CCHIT is the national organization that has worked to create certification criteria to designate the EMRs that have been constructed for maximum interoperability. Tennessee's eHealth Council has endorsed this certification but does not advocate usage of any particular EMR package as long as it has the latest CCHIT certification.

Similarly, if grant funds are used to purchase an ePrescribing application or to add ePrescribing functionality to your EMR, the ePrescribing application must be certified by either SureScripts or RxHub.

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ADMINISTRATIVE GRANTEE	COMMUNITY	CONTACT INFORMATION
IVhin	Primary care, for-profit practices in Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, McMinn, Monroe, Morgan, Roane, Scott, Sevier, and Union counties	Tammy Miller KAM@IVhin.org 865-988-4467
QSource	Primary care practices statewide	Jennifer McAnally JMcAnally@QSource.org 901-273-2635
CHN	Non-profit treatment sites statewide	Keith Williams Keith.Williams@CommunityHealth.net 866-519-2464
Cumberland Pediatric Foundation	Pediatric practices statewide	Dr. James Fuzy James.A.Fuzy@Vanderbilt.Edu 615-936-6052

New OSHA Standard: Employer Payment for Personal Protective Equipment



By Ann Bachman, MT (ASCP), CLC (AMT)

On November 14, 2007, Federal OSHA announced its new rule clarifying who is responsible for paying for personal protective equipment (PPE). This new rule, Employer Payment for Personal Protective Equipment; Final Rule - 72:64341-64430, was effective February 13, 2008, and requires complete compliance by May 15, 2008.

This new rule does not change the original 1996 personal protective standard, Personal Protective Equipment for General Industry - 61:19547-19548. Nor does it affect PPE requirements in existing standards. Rather, it is an amendment to the original Personal Protective Equipment for General Industry and has been added as a new paragraph. It does not alter requirements for PPE but *clarifies* who is responsible for payment of certain PPE.

The new Employer Payment for Personal Protective Equipment Final Rule requires employers to pay for almost all PPE required by OSHA's standards for general industry, construction, and maritime activities. Employers must pay for replacement PPE unless the employee has lost or intentionally damaged the PPE.

Employers cannot *require* employees to provide their own PPE but may allow them to do so. If employers allow employees to provide PPE, the employer must ensure that the equipment is adequate to protect the employee from hazards at the workplace. If employees choose to purchase PPE or use PPE they already own, the employer is not required to reimburse the employee.

While this rule requires employers to pay for most PPE, it also specifies certain exceptions. Employers do not have to pay for uniforms, items worn to keep clean, prescrip-

tion safety eyewear, everyday clothing, weather-related gear, safety-toe footwear, and logging boots.

The new rule does not impact PPE requirements of the Bloodborne Pathogen Standard, 1910.1030, the greatest concern for medical offices. The Standard states, "When there is occupational exposure, the employer shall provide, *at no cost to the employee*, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices." (Italics added.)

Under the Bloodborne Pathogen Standard, the employer is also responsible for cleaning, repairing, replacing, and discarding personal protective equipment. Employees must not take PPE home for cleaning or repair! Also, the employer must accommodate employees who may be allergic to the gloves normally used by providing alternatives such as hypoallergenic gloves, glove liners, or powder-free gloves.

Tennessee OSHA, or TOSHA, embraces most federal OSHA regulations, including the new Employer Payment for Personal Protective Equipment and the Bloodborne Pathogen Standard. In TOSHA's "25 Most Cited Standards in Medical Facilities" for 2006 (the most recent available), TOSHA listed three standards that involve personal protective equipment:

➤ 1910.1030 (c)(1)(i)- No Written Exposure Control Plan (which must include personal protective equipment). This Bloodborne Pathogen violation was number 11 on the list.

➤ 1910.133(a)(1) – No Eye or Face Protection Used. This violation of Personal Protective Equipment, Eye and Face Protection, was eighteenth on the list.

➤ 1910.132(d)(1) – No PPE Hazard Assessment Conducted. This violation, number 23 on TOSHA's list, violates the Personal Protective Equipment Standard's General Requirements rule.

At this time, TOSHA inspections in medical offices are primarily complaint driven. However, TOSHA is inspecting hospitals and ambulatory surgery centers for compliance with the safer sharps regulations and may eventually add medical offices to that targeted effort. ■

Ms. Bachman is director of the Compliance Department at Doctors Management, LLC. You can contact her at abachman@drsmgmt.com or 1-800-635-4040.

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Investment Management: Eating Pie Will Keep You on the Treadmill



By Mike Shell

One of the great freedoms we have as Americans is the freedom to lose our money or to make some. Indeed, thanks to the efficiencies of the Internet, transaction costs have all but gone away. But I don't believe there is another industry where the majority of participants are as unprepared and misinformed as in the capital markets.

I recently met with a successful surgeon who is nearing that age when surgeons start to take on less risky operations and start to prepare for the next phase of life: retirement. By 1999 the surgeon had accumulated a significant amount of capital and invested it with a trust company. He and his wife sat down with a couple of "financial planners" at the trust company as they put together a pie chart of mutual funds and the expected rate of return for the portfolio. The planners believed his returns would average near 11 percent, since that was what the S&P 500 had averaged since 1926.

Eight years later, he's beginning to think seriously about winding down his practice so he and his wife can travel and do other things they enjoy. When he sat down and put a pen to it, he was shocked to find he hadn't earned any profits on the investments over the past eight years. The only growth he saw was his own large annual contributions. His actual average rate of return was about zero.

But what was his real rate of return? Was it zero? No. What will \$3 million in 1999 buy today? Even assuming a small three percent inflation rate and simple math, the money is worth 24 percent less today. Second, he has yet to achieve the 11 percent expected return the financial planners were hoping for. In simple terms, he has 88 percent less than

expected. And finally, he lost something more precious than money: eight years of time he can't get back.

He said every time it seemed he was getting ahead, a "market correction" would come along and take it back. In the annual review, the surgeon was always told to be a "long-term" investor. The problem with pinning yourself to a "long-term" time frame is by the time you figure out you're wrong, it may just be too late for you to get it right!

Planners commonly point to a long-term stock, bond, and T-bill chart showing the average returns of those securities since 1926. The surgeon recalled being told something like "Stocks have averaged 11 percent over the last 80 years so wouldn't you expect them to continue about the same?" That may seem logical; after all, 80 years is a long time. However, the starting point matters! In 1926 the dividend yield for stocks was 4.5 percent, stocks were trading at only 10 times earnings, and earnings growth then was about one percent more than it is today. The planners used flawed assumptions in their expected return; they hadn't studied the market's history.

Today, many brokers and financial planners use the pie chart method for asset allocation. They create investment portfolios based on the Nobel Prize-winning "Modern Portfolio Theory." The main issue with this approach is the users don't really understand what they are doing. This pie chart approach leads to a "broadly diversified" group of securities. In other words, they really don't know what areas of the market to focus their capital on, so they cast the net wide and hope for the best. Diversification to some degree is necessary, but it is often used as a crutch for ignorance.

Once the planners had put together a pie

chart, their idea of "active management" was to "rebalance" the holdings annually. Each year they would sell some of the winners and add to the losers. Someone once called this "watering your weeds and cutting your flowers." During the eight years, there had been strong trends in some parts of the market and continuing negative trends in others. They continued to add money to weak areas of the market with the assumption that the law of gravity applies to the market.

Finally, they accepted the risk of the market rather than manage it. In early 2003 the portfolio was down "only" 35 percent, relative to the S&P 500 being down 50 percent. The planners thought their "relative" out-performance was great. Fortunately, he's now found an investment manager who doesn't agree.

No one trades the market; we only trade our beliefs about the market. For those who believe these are prudent methods for managing money, then I guess it is true for them. ■

Mr. Shell is a portfolio manager at Shell Capital Management, LLC, a Knoxville-based SEC registered investment management firm specializing in tactical, trend-following, absolute return investment programs. For more information about investment programs designed to achieve your objectives, contact him at 865-539-9070 or www.Shell-Capital.com.

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To Apply

Four large administrative grants have been made to the Innovation Valley Health Information Network (IVhin), QSource, Community Health Network (CHN) and the Cumberland Pediatric Foundation so each of these organizations can make grants to physician practices in their respective constituencies.

The State is also making some grants directly to practices. (See Table)

You will need to have the following information to fill out this application: number of physicians at facility, physician license numbers, facility address and county, and the facility's federal employer identification number (FEIN). An online application is available at www.TennesseeAnytime.org/eHealth.

For more information on Tennessee's eHealth initiatives and the Physician Connectivity Grant, please visit www.TennesseeAnytime.org/eHealth or www.TNII.net/eHealth. ■

Mr. Agassi is chair of the Governor's eHealth Council and executive director of the Office of eHealth Initiatives.