



March, 2010

Dear Colleague:

There is a lot happening regarding Electronic Medical Records.

For those that are using an EMR, attention must be paid to ensure Meaningful Use in order to capture Medicare (or Medicaid) payments, and for primary care physicians, some insurer payments. For those that are not using an EMR or in the implementation process, it is important to start now. A list of resources is provided with this letter.

As a reminder, physicians’ “Meaningful Use” must be achieved for at least 3 months in order to receive the Medicare supplemental payments of up to \$18,000 in the first payment year (or, but not both, \$21,250 Medicaid dollars). The final “final” rules will be published soon. However, the proposed rules are expected to remain mostly intact. Physicians that provide more than 90% of their work at a hospital, including in and out-patient, are not eligible. Demonstrating Meaningful Use will require some work even after your EMR and practice management systems are up and running. Please see the table below that demonstrates the reward potential for Medicare.

**Maximum total amount of EMR incentive payments for a Medicare eligible provider**

Calendar Year	First CY the physician receives an incentive payment				
	2011	2012	2013	2014	2015 – subsequent years
2011	\$18,000	-----	-----	-----	-----
2012	12,000	\$18,000	-----	-----	-----
2013	8,000	12,000	\$15,000	-----	-----
2014	4,000	8,000	12,000	\$12,000	-----
2015	2,000	4,000	8,000	8,000	\$0
2016	-----	2,000	4,000	4,000	0
Total	\$44,000	44,000	39,000	24,000	0

If you have not begun your planning process, please consider doing that now! We are seeing a bump in interest and, in particular, requests to be up and running by the end of this year. Staff availability is limited, so getting on board now is important.

EHRRI, of which the PSO is one of the founding members, continues to promote and support adoption of the eClinicalWorks (eCW) product. Currently, over 500 providers are either using, in the process of implementation, or in the pipeline to implement eCW. This success is due to the quality of the product and the dedication and expertise of the EHRRI staff in assisting practices. In addition, eCW has stationed a key staff member at EHRRI several days a week to assist with

sales and new product information. This local link compliments current EHRRI staff, and is proving quite helpful. Please see the enclosed information sheet to obtain information regarding EHRRI and eCW.

The PSO application service provider (ASP) hosting service for the eCW product is working well. The system is functioning at a very high level and remains very cost effective for practices of all sizes. To remind you, the PSO ASP service is a robust, state-of-the-art hardware environment specifically developed and maintained to run the eCW system. Over the years, the PSO has made a significant investment and has worked very closely with eCW and Lifespan IS to ensure the environment is operational, available, and secure, providing a low cost hardware solution for our users. Practices utilizing the ASP service have typically realized a 30% savings in up-front project costs and a reduction in recurring operating costs associated with their EMR system maintenance.

Additionally, the PSO is working with eCW and Lifespan Corporate Services Information Services to create a delivery option for the EHX and Patient Portal modules. These two features, when used in conjunction with an ambulatory electronic health records system, will further assist physicians in meeting the Meaningful Use requirements as specified by CMS. EHX facilitates the electronic sharing of physician – defined information with consulting physicians and with Regional Health Information Exchanges. The Patient Portal facilitates the secured sharing of physician specified information and various other communications with patients.

Pending a contract with eCW, the PSO plans to offer these two modules for a limited time to those physicians utilizing the ASP service at a dramatically discounted license fee. As we get closer to deployment we will provide more details on implementation and training.

The Rhode Island Quality Institute (RIQI) is also very active. A new physician-to-physician site, [www.DocEHRtalk.org](http://www.DocEHRtalk.org), is now live. This site has information and resources about Health IT and adopting an Electronic Health Record (EHR) as well as a way to share experiences with other providers and ask and answer questions. Make sure to check it out and register to stay informed.

The RIQI has also received several grants, including a four year Regional Extension Center (REC) grant. The PSO (as did EHRRI) strongly supported this application, which brings additional dollars to RI primary care physicians. The mission of the Rhode Island REC is to help providers succeed in implementing an EMR and in achieving Meaningful Use – the qualifier for incentive programs. The REC will support providers in various phases of the EMR adoption lifecycle by offering physicians a variety of services. The RI REC will open its doors in 6-8 weeks but outreach will start sooner so stay tuned.

RIQI has also applied for a Beacon Community Grant, which aims to drive positive change in the quality, cost efficiency, and population health outcomes through HIT. If funded, this grant will also bring support for all physicians. For more information, please see the web sites and contact information on the attachment.

Because of the continuing favorable feedback (favorable does not equal perfect) I receive from physicians and practice managers who are using eCW, and the many that are using the PSO hosting service, I remain very pleased with the product decisions we have made. It is no secret that adopting an EMR is a difficult project; our goal is to make it easier and provide cost effective solutions where we can.

My primary disappointment is that there are still many of you that have not begun the process of EMR adoption. Please consider beginning now.

The attached information sheet has contact numbers as well as links to helpful information.

As always, call or email me (444-8343, [jkaufman@lifespan.org](mailto:jkaufman@lifespan.org)) or Bill Florio (444-6375, [wflorio@lifespan.org](mailto:wflorio@lifespan.org)) with questions or comments.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Kaufman". The signature is fluid and cursive, with a long horizontal stroke at the end.

Joel M. Kaufman, MD  
Executive Director and CEO  
Lifespan/Physicians PSO

Clinical Associate Professor of  
Clinical Neurosciences (Neurology)  
Warren Alpert Medical School of Brown University

## Information and Contacts

### PSO

Joel M. Kaufman, MD [jkaufman@lifespan.org](mailto:jkaufman@lifespan.org) 401-444-8343  
Bill Florio [wflorio@lifespan.org](mailto:wflorio@lifespan.org) 401- 444-6375

[www.mdpsso.com](http://www.mdpsso.com)

- How Can I Ensure Successful Implementation of My EMR article
- Link to the Meaningful Use matrix
- Information regarding the PSO Grant Program (\$1000/physician, max \$10,000 per practice)
- Information regarding the PSO direct low interest loan program

### EHRRI

[www.ehri.com](http://www.ehri.com)  
Contact Deb Hogan 401-787-3020  
[dahogan\\_ehri@verizon.net](mailto:dahogan_ehri@verizon.net)

### eClinicalWorks

For information call EHRRI, as above  
[www.eclinicalworks.com](http://www.eclinicalworks.com)

### Rhode Island Quality Institute

275 Promenade Street, Suite 225  
Providence, RI 02908  
401-276-9141 ext 278 Jennie Chiller  
[www.riqi.org](http://www.riqi.org)

DocEHRtalk.org: [www.DocEHRtalk.org](http://www.DocEHRtalk.org)  
A lot of information, including many, many links, discussion and Q&A sections

### Meaningful Use

Please see link on PSO Web site for Matrix or the DocEHRtalk site  
For more information  
Office of the National Coordinator [www.healthIT.hhs.gov](http://www.healthIT.hhs.gov)