CORHIO Lowers Physician Office HIE Fees

As CORHIO (Colorado Regional Health Information Organization) approaches some significant health information exchange (HIE) participation milestones, they have reduced the cost of participation for office-based providers wishing to be involved in HIE. This adjustment is a result of:

- Honoring a commitment made to providers, the safety net community, the Colorado Medical Society, the Colorado Hospital Association and other health care stakeholders in early 2010—when CORHIO’s original sustainability plan was approved—to re-evaluate the costs for providers once the HIE was up and running.
- The collective and thoughtful feedback CORHIO has received from the Colorado Medical Society, IPAs, federally qualified health centers, safety net providers and many individual Colorado providers and practice managers over the past 12 to 24 months.
- Securing new sources of revenue that allows CORHIO to adjust the costs to providers, while still ensuring a solid sustainability plan for the HIE.

They also recognize the need to accelerate adoption to meet demand for HIE services by Colorado providers. Looking ahead to Meaningful Use Stage 2, HIE is a critical resource in ensuring Colorado’s Eligible Providers and Eligible Hospitals have the ability to effectively and efficiently achieve Meaningful Use.

Please review the new lower HIE participation fees for physician practices below or on the CORHIO website.

New Monthly Per-Provider Participation Fees:

<table>
<thead>
<tr>
<th></th>
<th>INTEGRATED HIE SERVICES</th>
<th>STANDARD HIE SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(seamless EHR connectivity +PatientCare 360*)</td>
<td>(no EHR connectivity, access through PatientCare 360*)</td>
</tr>
<tr>
<td>FULL TIME</td>
<td>was $85, <strong>Now $35</strong></td>
<td>was $45, <strong>Now $25</strong></td>
</tr>
<tr>
<td>PART TIME</td>
<td>was $45, <strong>Now $10</strong></td>
<td>was $25, <strong>Now $10</strong></td>
</tr>
<tr>
<td>VOLUNTEER</td>
<td>was $20, <strong>Now $10</strong></td>
<td>$10 (no change)</td>
</tr>
</tbody>
</table>

*Above fees apply to practices with 20 or fewer providers. To view fees for practices with 21 or more providers, please contact CORHIO.

If you have already signed an agreement with CORHIO, you too will benefit from these new, lower costs. If you have not already been contacted by
CORHIO, you will be shortly, or you may contact the Denver Outreach Manager—Nancy Burke, (720) 285-3244 or nburke@corhio.org—for more information.

According to Brian Braun, CORHIO's Interim Executive Director, in announcing the rate changes, “We know that our progress and success is a result of the collaboration of health care professionals and leaders like you, so thank you! We look forward to additional positive announcements in the future about the expansion and success of health information exchange in Colorado.”

FYI

CORHIO Participation: (in implementation or connected)

- 29 hospitals
- 825+ office-based providers
- 5 behavioral health centers
- 19 long-term and post-acute care organizations

CORHIO Connection Statistics:

- 20 hospitals
- 30 office-based providers
- 11 long-term and post-acute care organizations
- 924,000+ unique patients (number increases daily)
- 23.9 million messages in the HIE

Implementation Fees Waived for EHR Integrations

The implementation fee is a one-time fee that includes building inbound EHR interfaces (as applicable) and HIE training for your practice’s staff. Fees are based on practice size.

Please visit the CORHIO website to view important information about the types of service packages and how fees are determined.

<table>
<thead>
<tr>
<th>PRACTICE SIZE</th>
<th>INTEGRATED HIE PACKAGE (EHR INTEGRATION + PatientCare 360* web portal)</th>
<th>STANDARD HIE PACKAGE (PatientCare 360* web portal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solo Providers</td>
<td>$2,500</td>
<td>$2,000</td>
</tr>
<tr>
<td>2-3 Providers</td>
<td>$3,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>4-7 Providers</td>
<td>$3,500</td>
<td>$2,000</td>
</tr>
<tr>
<td>8-10 Providers</td>
<td>$4,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>11-15 Providers</td>
<td>$5,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>16-20 Providers</td>
<td>$5,500</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

Note: Not all EHR products have full interoperability capabilities. Please ask a CORHIO staff member for the most current information about your EHR and HIE. Please be aware that your EHR vendor may also charge a fee for their work associated with creation of interfaces to connect to the HIE. Please visit the CORHIO website for more information about EHRs that have demonstrated an ability to connect to CORHIO.
New AMA Resources Help Physicians Take Charge of Their Data

It is often said that knowledge is power, and in our increasingly technologically-based world of medicine, the primary source for obtaining that knowledge is data. All-payer claims databases, patient registries, patient satisfaction survey results, data analytics engines, electronic health records and a host of other systems and technologies are revolutionizing the way in which health care is chosen, delivered and funded. Physicians are being publicly rated for the quality, cost and style of care they provide to patients, and payment mechanisms are increasingly being tied to prospective utilization budgets and measures of performance in an effort to control the ever-increasing cost of medical care.

As the collection of medical data is proliferating, it is becoming apparent that physician survival will be tied to owning, mining and understanding that data. Physicians must ensure that their information is responsibly reported by other parties, as well as learn to use data themselves for improving their practices and remaining relevant in the changing health care marketplace. It is critical that physicians begin to review and understand their claims and other data to:

▪ reduce health care costs by eliminating the currently inexplicable variation in treatment patterns;
▪ ensure that their publicly-reported practice profiles are accurate;
▪ improve the quality and efficiency of their practices; and,
▪ prepare themselves for the new budget-based payment models that depend on the variation between projected and actual use and cost of resources, rather than on maximizing volume of services.

AMA physician data resources

To support physicians in this new, data-driven environment, AMA’s Private Sector Advocacy team has developed several educational tools. “Take Charge of Your Data” is a new guide designed to help physicians understand and verify the accuracy of the complex profiling reports provided by public and private health insurers. Using practical information and step-by-step instructions, the guide simplifies the review of data reports and teaches physicians how to use both quality and cost-of-care data to identify practice improvement opportunities.

“Take Charge of Your Data” was developed to be used in tandem with the AMA’s “Standardized Physician Data Report.” The AMA created the Standardized Report to encourage payers to adopt a uniform format for physician profiling reports. Currently, each payer uses its own unique format to report physician performance data, making it extremely challenging for physicians to decipher the reports from various insurers. The Standardized Report offers a uniform reporting format for payers’ physician data reports and includes the patient-specific detail needed for the reports to be meaningful and actionable for physicians. When used together, the physician guide and the Standardized Report can help physicians identify common report features; interpret quality and cost-of-care performance results; and, use the information to improve care and/or increase efficiency.

Visit www.ama-assn.org/go/physiciandata to access these resources and a webinar about the guidebook with physician data expert Dr. Howard Beckman.

Physician data case study

Howard has been a patient of Dr. Werxard for many years, and like many of his patients, Howard suffers from asthma. When Howard comes in for a routine office visit, he is upset. “My insurer says that I’ll have to pay a higher co-pay to keep seeing you. They’re saying that you’re not a good doctor!”

Dr. Werxard is distressed by this news and promises Howard that he will look into the situation. He digs through the stack of paperwork on his desk until he finds the profiling report that he received for Howard’s insurer a few months ago. He usually ignores these reports because he doesn’t understand them, and he doesn’t have much time to figure them out. But he’s heard about AMA’s “Take Charge of Your Data” and decides to take another shot at deciphering his performance data.

Howard’s insurer gave Dr. Werxard an excellent quality score, but his cost-of-care numbers were significantly higher than his peers. This led to his placement in a network tier with higher patient co-pay. After reviewing “Take Charge of Your Data,” Dr. Werxard knows that he should focus his attention on his cost-of-care performance. The cost of care for his patients with asthma is a major contributor to his higher overall costs. Following the step-by-step instructions in “Take Charge of Your Data,” he learns how to drill down deeper into his data and notes some significant variation in the service utilization rates of his asthma patients and those of his peers. His patients’ professional services costs are lower than his peers’ patients, while his patients show considerably higher costs for emergency room visits.

He digs even deeper into patient level data to see if there is any significance to these variations. After analyzing his data, Dr. Werxard decides that some of his patients with asthma may require closer monitoring, and he begins to schedule more office visits with appropriate patients. When he receives his next report from this insurer, he is encouraged to see that, while his professional services costs have increased, there have been significant drops in his patients’ use of emergency room services. This has resulted in a lower cost-of-care score, which in turn has led to his placement in a more favorable network tier.
DMS Physicians Learn How

Denver Medical Society members have had a busy Spring gathering to learn more about the forces impacting them and the healthcare market. Members met at DMS on May 17 to hear about EHR implementation from three physicians who have recently implemented their systems. Naomi Fieman, MD, an allergist in solo practice, Curtis Hagedorn, MD, a retinal surgeon with a large, geographically diverse practice, and Larry Plunkett, MD, part of a small internal medicine group, shared their successes and challenges.

“As physicians, we have so many unknowns coming our way…

One thing I am certain about is my malpractice protection.”

Medicine is feeling the effects of regulatory and legislative changes, increasing risk, and profitability demands—all contributing to uncertainty and lack of control.
What we do control as physicians: our choice of a liability partner.
I selected ProAssurance because they stand behind my good medicine. In spite of the maelstrom, I am protected, respected, and heard.
I believe in fair treatment—and I get it.
to Engage the Future

with a thoughtful audience. Nancy Burke, Denver Outreach Manager at COHRIO and Glenn Smith, Program Manager at Physician Health Partners (PHP) also participated in the program.

Delegates and alternates representing DMS in the CMS House of Delegates spent the evening of May 31st discussing issues impacting physicians and appropriate policy responses.

The DMS Young Physicians group enjoyed dinner at The Broker June 13, and then discussed “Positioning Your Practice in a Data Driven World” with Mark Laitos, MD, CMO, Mountain States for CIGNA Healthcare, and Phil Kalin, President and CEO CIVHC (Center for Improving Value in Healthcare).

Among the young physicians at the Broker Restaurant were Anne Kowalski, MD, Brian Weiler, CPA (above on the left), Michael Keller, MD, Margie Maeder, MD, and Gregory Maeder, MD (above on the right).
Properly Implemented Checklists Prevent Patient Injuries
By David O. Hester, BS, FASHRM, Patient Safety/Risk Management Account Executive,
The Doctors Company

The use of checklists to help prevent fatal and non-fatal injuries originated with the aviation industry. In the mid-1930s a Boeing 299 crashed after takeoff, and the investigation revealed that the pilot neglected to release the elevator lock prior to takeoff. Reducing the probability of pilot error became an immediate priority and, in 1937, separate checklists were developed for takeoff, flight, before landing and after landing, to decrease incidence of human error.

Checklists are not new to medicine either; however, a renewed emphasis on checklists, specifically for use in surgery, continues to evolve. The World Health Organization (WHO) piloted their Surgical Safety Checklist in 2007 and 2008 in eight sites throughout the world. The results, published in the New England Journal of Medicine in 2009, showed that the use of the checklist reduced complications and mortality in surgery by greater than 30 percent. The tool, Safe Surgery Saves Lives, developed by WHO, was created by a group of international experts including anesthesiologists, nurses, surgeons, and patients to foster communication between members of the surgical suite and keep patients safe during all phases of the procedure.

In addition to the WHO surgical safety checklist, other organizations including the Association of periOperative Registered Nurses, Veterans Affairs Hospitals, and The John Hopkins Hospital have developed and implemented successful checklists that start with addressing issues related to organizational culture, hierarchy and leadership.

Surgical checklists should be comprised of detailed tasks for each member of the surgical team and broken into the following sections:

▪ Pre-procedure verification process checklist.
▪ Procedure area time out checklist inclusive of the immediate members of the surgical team, standardized by the facility and initiated by a designated member of the surgical team.
▪ Verbal confirmation checklist at the conclusion of the surgery, initiated by a designated member of the team as defined by the facility.
▪ Team confirmation checklist to address key concerns for the recovery and management of the patient.

It is important to note that when two or more procedures are being performed on the same patient, by different surgeons, another time out should be initiated prior to skin incision for the next procedure.

The purpose of a checklist is to remind health care providers of the importance of certain details, not to shame or blame a member of the health care team when things don’t go according to plan. Unlike other checklists, forgetting or disregarding certain details when treating patients can and does result in injury or death. Thorough checklists used in hospitals, ambulatory surgery centers, and physician offices that have fostered and created a culture of patient safety are a valuable tool.

Sources:

Contributed by The Doctors Company. For more Patient Safety articles and practice tips, visit www.thedoctors.com.
Anyone with a pulse knows that the pace of change in U.S. healthcare has rapidly accelerated. As a result, the level of competition has increased the industry’s “clock speed.” As reported in a recent edition of Strategy+Business, the term “clock speed” refers to the pace of business evolution within industries. Charles Fine at MIT noted that industries with faster clock speeds, such as computers, electronics and entertainment, had higher levels of market experimentation, more competition and increasingly frequent waves of innovation. As a result, new product life cycles become shorter, time to market accelerates and product portfolios expand to replace products and services that need to be killed or have lived their useful lives.

Physicians are traditionally not entrepreneurial. The structure and content of their education and training have remained virtually unchanged for the past 100 years, leaving them unprepared to deal with the topsyturvy world they have inherited. To thrive, doctors need to adopt an entrepreneurial mindset regardless of their employment situation or clinical specialty. What’s more, they have to increase their clock speed.

Here are three ways to do it:

- **Use healthcare IT and communications systems to streamline business processes and mine data.** Innovation and new product development is an interactive process. It requires monitoring the response to a new product offering and making rapid improvements that address customer/patient needs and that can be incorporated into the next version of the product. Like monitoring the vital signs of a patient in the ICU in response to treatment, you need to decide what to measure, how often and then decide how to alter your intervention.

- **Embrace patients as the source of innovation and service improvement iteration.** Open-source innovation, open innovation and collaborative innovation networks using the internet and social media are excellent ways to engage patients and capture their ideas. Industries including pharmaceuticals, consumer goods and financial services have embraced the philosophy to the point where the majority of their new product ideas come from customers, users, suppliers or collaborators.

- **Look outside of healthcare for innovative ideas.** Most disruptive innovation comes from outside of your industry. Want to learn about data mining? Go to Amazon. Need help with a search? Check out Google. Want to see what’s new in communications and telemedicine? You probably won’t hear about it at your next specialty society meeting. How would Facebook run healthcare?

The physician entrepreneurial mindset is about creating customer/patient defined value by deploying new ideas, inventions, discoveries, processes and care-delivery models that are sustainable. If you want to keep up with the pace of change, increase your clock speed.

By Arlen Meyers, MD, DMS member, Professor of Otalaryngology, Engineering and Dentistry, University of Colorado, Founder, CEO and President, Society of Physician Entrepreneurs, [www.sopenet.org](http://www.sopenet.org).

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**RURAL HEALTH PHYSICIAN EXCHANGE TO CHINA**

Rotary is looking for physicians to go to Shanghai and Beijing China April 2013 to teach Chinese health providers involved with rural health clinics the best preventative health screenings in a health fair setting. There will be great opportunities to study the Chinese health care system and tutor their providers in your area of expertise. Rotary will pay transportation, lodging and food for this Group Study Exchange. A Chinese team will be coming here during the same time frame. Please contact John Logan MD, Rotary D5450 GSE Chair, for details: [johnlogan3712@gmail.com](mailto:johnlogan3712@gmail.com) or 720-273-0651 for more details.
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