

STI

COMMUNITY NEWSLETTER CHARTMAKER® MEDICAL SUITE

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**MEANINGFUL
USE EDITION**

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Five out of five stars in usability rating!

PRESIDENT'S MESSAGE



Ted Itzkowitz, President - STI Computer Services, Inc.

I seem to say it in every newsletter, and I will again. Over the last few months, a lot has happened at STI.

First, we've made a concerted effort in preparing for ONC-ATCB EHR Certification under the American Recovery and Reinvestment Act (ARRA). This is the law passed by

Congress in 2009, and a part of it, referred to as the HITECH Act, provides \$44,000-\$63,000 per physician for using ARRA certified Electronic Health Record (EHR) software.

While the initial certification rules that apply to EHR systems and the way that doctors must use them (aka "Meaningful Use") were finalized in July 2010, the government continued to modify and clarify those, right through December 2010.

Continued - Page 2

CERTIFIED!

ChartMaker® Medical Suite, Version 3.7, by STI Computer Services, Inc., has successfully attained ONC-ATCB 2011/2012 COMPLETE EHR Certification!*

Certification Commission for Health Information Technology (CCHIT®) is recognized by the Office of the National Coordinator for Health Information Technology (ONC), U.S. Department of Health and Human Services (HHS) as an Authorized Testing and Certification Body (ONC-ATCB) under this initial certification program created to certify that electronic health records (EHRs) are capable of meeting the 2011/2012 criteria to support Stage 1 incentives for the meaningful use of certified EHR technology by eligible providers and hospitals as described in ARRA.

ONC-ATCB 2011/2012 testing was conducted by CCHIT® using the criteria in the Final Rule and the approved NIST Test Procedures. ChartMaker is now ONC-ATCB 2011/2012 certified under the Eligible Provider domain.

We are very proud of this achievement!



**ChartMaker Medical Suite v 3.7 by STI Computer Services, Inc is 2011/2012 compliant and has been certified by the Certification Commission for Health Information Technology (CCHIT®)... see page 2*

Programming Notes Meaningful Use and Ease of Use

It's been about two years since the last Programming Notes column and it definitely feels like it. At that time, I wrote in early 2009 about version 3.0.8. Now, in early 2011, we're making the final changes to 3.8.0!

I can honestly report, it's been a long, non-stop, exciting, arduous, and eventful two years, culminating in one of the most important milestones in the ChartMaker® Medical Suite's existence; ONC-ATCB 2011-2012 Complete EHR Certification. And there's so much more to come! But let's work backwards, and then look forward.

In the last several years, we've achieved important endorsements and certifications, the larger of which included CCHIT 2007 and CCHIT 2008. ARRA 2011, as we've been calling the ONC-ATCB certification, has surpassed every one of these in terms of the resource commitment by at least 50%. But the true significance of these is how it affects you, our customers. And this one dwarfs all the rest in terms of the financial benefit to your bottom line. Our biggest challenge programmatically, is to meet the requirements of these certifications, but do it in a way that helps your office workflow, rather than impeding it.

I won't dive deep into the individual ARRA 2011 features we've changed or added—you'll see those in the continuing webinar series and videos from our Training Department. But at every step, we've asked how we can meet each *meaningful use* requirement from the government with an *ease of use*



Continued - Page 9

CHART MAKER® President's Message — continued

With the certification of the ChartMaker® Medical Suite v3.7 as a Complete EHR, you can be assured that it meets or exceeds the very latest requirements. This Complete EHR certification also means you don't have to try to cobble together multiple Modular EHR certified systems to prove you have a complete system as the incentive rules require. At this point, we don't anticipate any more changes coming from the government for Stage 1 (2011-2012).

I know that some doctors are convinced the government will somehow find a way to avoid making these payments. Based on the amount of time, resources, and money a number of federal agencies have seen expended so far, it's hard to believe that anything can stop this program from going forward.

In version 3.4 (February 2010), 3.5 (June 2010), and 3.6 (October 2010), we've added many new features unrelated to ARRA 2011-2012 requirements. To highlight just a few:

- A new **Forms Module** to allow you to more easily fill out such things as the ACOG form, hospital surgery forms, camp and school forms, and internal forms used by your practice.
- An upgrade to the **Order Set Module** allowing you to order multiple meds, labs, and tests easier and automatically update the patient chart note with the items ordered.
- We have completely rewritten the **e-Prescription Module** allowing the user to view formulary and alternative drug information, patient drug history, and insurance eligibility.
- A new **Messaging System** allows you to send messages to anyone in the office. You can create groups of people and send a message to all of them with one click of a button. You can also set the priority of the messages you send. In reviewing your messages you can sort them in numerous ways or just filter them so you can look at only the messages you want.

Of course, we are never satisfied. We want to continue to make the ChartMaker® Medical Suite easier to use with all the features you need to run your practice more efficiently. That has always been and will continue to be our goal. As always, we are interested in hearing from you about any comments or ideas you have.

MedXpress

STI now has a business relationship with MedXpress, a Network Service Vendor. With MedXpress, you send your claim files created by **Practice Manager**, and receive your reports and remittance files over high speed internet with ease. Your files are double encrypted for security purposes. Just think, no more modem use.

MedXpress transmits claims for many insurance carriers. You can try the software for free for the first 30 days with no strings attached. The price after the 30 day trial is explained on their website.

Check it out at: www.medxpressclaims.com.

ChartMaker Listed on Government Website

There are two ways you can view the ChartMaker® Medical Suite's listing on the official HHS Certified Health IT Product List (CHPL) website. The easiest way is to go to: <http://www.sticomputer.com> and click the link you'll find under the prominent ONC-ATCB EHR Certification Announcement on the left.

Alternatively, you can use a web browser (e.g. Internet Explorer)

1. Go to <http://healthit.hhs.gov>
2. Scroll down to the Certified Health IT Product List (CHPL) v2.0 heading, and click the "Certified Health IT Product List link" that appears there.
3. Click "Search Ambulatory Products"
4. In the middle section "Search by Name or Certification ID:"
 - a. Leave "Product Name" as the search type, and
 - b. type "ChartMaker" in the "Search For:" edit box.
 - c. Click the Search button.
 - d. This will provide summary information.
5. To see the detailed certification information, click the "ChartMaker Medical Suite" link.

ANSI 5010 Progress

By now, you have probably received some type of information from one of your insurance companies regarding ANSI 5010. As of January 1, 2012, the Centers for Medicare and Medicaid Services (CMS) will require you to send your claims and receive your payment remittance files in the ANSI 5010 format instead of the current ANSI 4010 format.

We have added support for ANSI 5010 as of version 3.6 and started testing with volunteer Beta customers as soon as the testing window opened with CMS in 2010. This will continue through 2011 as other insurance providers announce support for this format. Most of the changes related to ANSI 5010 happen seamlessly, behind the scenes within the ChartMaker Medical Suite. Here are a few important issues that we have found and would like to share with you.

1. P.O. Boxes are no longer accepted for the billing provider addresses with this new format. The billing address, whether you bill by Practice or Provider, cannot contain a P.O. Box. There are no changes to your enrollment sign ups, or where the checks are sent.
2. The full nine-digit zip code is required for billing provider and service facility addresses. The nine-digit zip code should be entered for all practices, providers and facilities.

We have begun to send out software updates. It is very important that you load these updates. These updates contain changes that are crucial to the ANSI 5010 transition.

It looks like CMS is right on target with these deadlines. As of now we have not heard of any contingency plans. Therefore, we are working under the assumption that all insurance companies will be in compliance by January 1, 2012.

CERTIFIED... FROM PAGE 1 — ChartMaker Medical Suite v 3.7 by STI Computer Services, Inc is 2011/2012 compliant and has been certified by the Certification Commission for Health Information Technology (CCHIT®), an ONC-ATCB, in accordance with the applicable certification criteria for Eligible Providers adopted by the Secretary of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services or guarantee the receipt of incentive payments. January 5, 2011 - CC-1112-865040-1 Quality Measures Certified: NQF 0421, NQF 0013, NQF 0028, NQF 0041, NQF 0024, NQF 0038, NQF 0031, NQF 0043 and NQF 0068. • Self Attested Additional Software Used in Testing: cid:image001.png@01CBACA7.1EDE1D60.



STI Computer Services' employees discussing Meaningful Use implications .

What is Meaningful Use?

Key to your practice's participation is meaningfully using an EMR. "Stage 1" meaningful use requirements must be met for the first two-year period that a practice participates in this program. "Stage 2" requirements cover the second two-year period and the government is planning to publish Stage 2 requirements in the Summer of 2011. The requirements for the final, fifth year, have yet to be determined.

Stage 1 has 25 objectives. Of these 25, 15 are the Core Set which must be met. The remaining 10 are referred to as the Menu Set. Up to 5 of these Menu Set objectives can be deferred. So, providers may choose which 5, or more, they are going to implement. In cases where meeting an objective is impossible (for example, that specialty doesn't do that function), exclusions are permitted.

The Stage 1 Core Objectives Are:

- Use Computerized Physician Order Entry
- Implement drug-to-drug and drug-to-allergy interaction checks
- E-Prescribing
- Record demographics
- Maintain an up-to-date problem list
- Maintain active medication list
- Maintain active medication allergy list
- Record and chart changes in vital signs
- Record smoking status
- Implement one clinical decision support rule
- Report Clinical Quality Measures
- Electronically exchange key clinical information
- Provide patients with an electronic copy of their health information
- Provide clinical summaries for patients for each office visit
- Protect electronic health information created or maintained by certified EHR

The Menu Set Objectives are:

- Drug-formulary checks
- Incorporate clinical lab test results as structured data
- Generate lists of patients by specific conditions
- Send reminders to patients per patient preference for preventive/follow up care
- Provide patients with timely electronic access to their health information
- Use certified EHR technology to identify patient specific

- education resources and, if appropriate, provide to patient
- Medication reconciliation
- Summary of care record for each transition of care/referrals
- Capability to submit electronic data to immunization registries/systems
- Capability to provide electronic syndromic surveillance data to public health agencies

Where Do I Start?

We are here to educate and assist you. The best way to get started is to schedule a time to sit down with your STI representative and discuss your practice needs in detail. There is a wealth of information including webinar schedules and video tutorials located in the STI Customers section of our corporate website.

STI's ChartMaker **Entry Point** and **Clinical EMR** modules enable you to meet the requirements and take advantage of the incentives. And, adopting ChartMaker's EMR will work seamlessly with ChartMaker **Practice Manager** and **Scheduler**. So do not wait any longer. There will be an end-of-the-year rush in 2011 to install EMR systems and all of the vendors will be busy. Call STI today at 800-487-9135 ext. 1188.

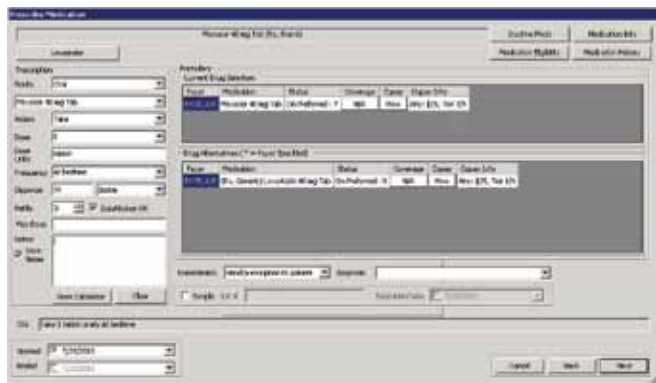
Meaningful Use Answers on our Website

Click on STI Customers and Login with your client ID and password. Click on ChartMaker Clinical Notes.

The site is updated regularly so check back frequently to make sure you're doing all that is necessary to meet meaningful use.



Excellus Blue Cross/Blue Shield News



In July, Excellus Blue Cross/Blue Shield, headquartered in Rochester NY, endorsed STI Computer Services' **e-Prescribing Module** — a ChartMaker® Medical Suite product. STI was one of the top three vendors sending prescriptions electronically, checking patient's Medication Eligibility with Formulary status in 39 counties in NY. Listed below are some benefits of ChartMaker® Medical Suite **e-Prescribing Module**.

- Easy to Use
- Medication Eligibility Checking
- Alerts for medications that require Prior Authorization, Step Therapy and Quantity Limits
- When prescribing a medication, ChartMaker will display Therapeutic Drug Alternatives as well as Insurance specific Medication Alternatives.
- Insurance specific Medication Alternatives will be listed in preferred Status order
- Patient's medication copay Amount and Tier information is clearly displayed for each medication
- When a medication is prescribed, ChartMaker will check for any Drug-to-Drug, Drug-to-Allergy and Drug-to-Diagnosis interactions and alert the provider.

Dial Up BBS Being Disabled For Pennsylvania PROMISE Medical Assistance

Pennsylvania PROMISE Medical Assistance has announced that the Dial up BBS (modem) transmission method will be disabled by March, 2011. Due to this, we are requesting your office switch from using the Dial up BBS to their WebBBS (internet) transmission method to send files and receive reports.

No new enrollment is required due to this transition and your BBS ID and Password will remain the same.

STI will assist your office with the few changes required in the **Practice Manager** settings and also with the transmission of your first batch of claims through the internet.

STI will be faxing your office a form to complete within the next couple of months. If your office is currently using the Dial up BBS, please complete the form and fax it to **STI Practice Manager Support**. They will contact your office to schedule an appointment to transition your Pennsylvania PROMISE Medical Assistance to internet billing.

NOTE: If you DO NOT bill Pennsylvania PROMISE Medical Assistance or if you are already set up for internet billing, no action is required.

Software Upgrades

STI is currently mailing to our clients, with current software maintenance contracts, version 3.6 of our ChartMaker® Medical Suite software. This version is the first of several upgrades you will receive which will enable the system to use the ANSI 5010 Billing Format. The deadline to use this format is 1/1/2012.

It is extremely important that these upgrades be installed when you receive them. These are the core programming changes necessary for the system to utilize the ANSI 5010 format. You will also be receiving upgrades to the individual billing programs. There is much to do between now and December, 2011.

Please do not wait until December 2011. Install it now so if you require assistance with your upgrade we can get you on the schedule.

If the required upgrades are not installed by 1/1/2012 all insurance claims sent after that date will be rejected.

Your cooperation is greatly appreciated. --- Vince Esposito
Customer Support Manager

Internet Required for Future Updates

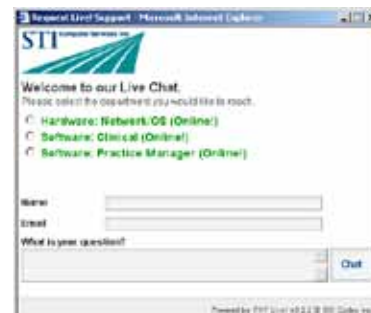
STI is dedicated to providing our clients with timely updates to the ChartMaker® Medical Suite. In order to accomplish this, we are moving toward upgrades provided on the STI website. Beginning with the ChartMaker® Medical Suite version 3.8 upgrade, we strongly encourage you to update your office via the website. We will only mail DVD's upon request. Updates available after version 3.8 will be subject to a handling charge if you do not have internet access.



Let's Chat!

For non-urgent questions, you may find it helpful to use our web chat solution. Several STI staff members monitor each of the 3 chat lines, and you will receive an immediate response to your question.

Chat can be found under the STI Customers section.



EHR Incentive

You'll find the following information, and more, on our website:

We've created the *STI Customer Login* section of our website (<http://www.sticomputer.com/sticustomers.php>) to help you learn more about the EHR Incentive Program created by the federal government as a result of the American Reinvestment and Recovery Act (ARRA) passed in February of 2009, a part of which is called the Health Information Technology for Economic and Clinical Health Act (HITECH).

What is the EHR Incentive Program?

Based on the idea that adoption of EHR technology will improve outcomes and reduce costs in the long run, the EHR Incentive Program is designed to speed up the adoption of EHR technology among doctors by providing financial incentives.

Each doctor applying for the Medicare incentive will be eligible for about \$44,000 over a five-year period, whereas each doctor applying for the Medicaid incentive will be eligible for about \$63,000 over roughly a five-year period.

The federal government has charged the Office of the National Coordinator for Health Information Technology (ONC for short), and the Center for Medicare and Medicaid Services (CMS) as the parties responsible for administering this program.

Who is eligible for the program?

For the Medicare incentive, Eligible Providers (EP) are Doctors of Medicine or Osteopathy, Dental Surgery or Dental Medicine, Podiatric Medicine, Optometry, and Chiropractors. For Medicaid, EPs are Physicians, Nurse Practitioners, Certified Nurse-Midwives, Dentists, and Physician Assistants. Also, Acute Care and Critical Access Hospitals can apply as entire entities, paid under the Medicare Fee-for-Services EHR incentive program.

Hospital-based EPs (>90% of service in inpatient or ER department) do not qualify for Medicare or Medicaid EHR incentive payments.

When does the program start?

The program has multiple stages, the first started on January 1, 2011. For the Medicare incentive, the first year of reporting only needs to consist of 90 days worth of data. Subsequent years (2 through 5), will consist of a full year's worth of data.

STI highly encourages all of our existing customers to get the ChartMaker *Clinical* or *EntryPoint* Module immediately. With a very short time frame to install, learn, and accumulate data for the largest incentive possible, the run on EHR systems will probably resemble retail customers lining up for the last Tickle-Me Elmo doll during the holiday season—high demand and short supply of implementation and training resources. STI customers will have an advantage as the *Clinical* Module may already be installed and therefore only needs to be enabled with a license update.

How is the incentive structured?

The largest incentive payment is given in the first year, with a declining amount in each subsequent year.

The Medicare incentive chart shows the incentives paid for each year in the program, depending on which year the physician decides to start. The columns represent the "starting year" and the rows represent year-to-year payments based on that starting year.

	CY 2011	CY 2012	CY 2013	CY2014	CY 2015 and later
CY 2011	\$18,000				
CY 2012	\$12,000	\$18,000			
CY 2013	\$8,000	\$12,000	\$15,000		
CY 2014	\$4,000	\$8,000	\$12,000	\$12,000	
CY 2015	\$2,000	\$4,000	\$8,000	\$8,000	\$0
CY 2016		\$2,000	\$4,000	\$4,000	\$0
TOTAL	\$44,000	\$44,000	\$39,000	\$24,000	\$0

What must I do to be eligible for it?

There are two basic steps. The first is to get ChartMaker *Clinical* or ChartMaker *EntryPoint* if you don't have it currently. This will meet your requirement to use an ATCB-certified EHR system. We'll explain the ATCB Certification process in the next question below.

The second step is to use it "meaningfully." Meaningful Use of an EHR consists of tracking various quality measures, some dependent on each doctor's specialty. Please see the [Additional Resources](#) below for links to more detailed information on this topic. But, as an example, one requirement is to "transmit over 40% of prescriptions electronically for all permissible electronic prescriptions." Another is to "record and chart changes in vital signs for more than 50% of all unique patients aged 2 and over." ChartMaker *Clinical* will track and report these percentages for you!

While you may already be meeting some of the Meaningful Use requirements with your existing office workflow, there are some that will require slight changes in the recording of medical information. For example, one requirement is to "maintain an active medication list for more than 80% of unique patients". This will require a positive indication of No Known Active Medications for patients that have none. We've made Meaningful Use requirements like this one fit seamlessly into your existing workflow. Instead of adding one or more medications to the patient's chart, you merely select No Known Active Medications instead. ChartMaker *Clinical* does the rest.

At the end of the reporting period, you will run a Meaningful Use report in *Clinical* that will generate the exact information that you will need to send to the Center for Medicare and Medicaid Services (CMS). You can run these reports at any time to see how you're doing relative to the required percentages. This test report will allow you or your office staff to follow up on changes necessary to easily meet every measure threshold that ARRA mandates.

What version of ChartMaker do I need?

Just like in years past when we submitted a specific version of ChartMaker *Clinical* to CCHIT for certification, ONC requires a certification process for EHR systems. On January 5, 2011 ChartMaker version 3.7 was Certified.

Additional Resources about the program.

<http://www.cms.gov/ehrincentiveprograms>

This link to the Health and Human Services website, is the official website for the EHR Incentive Programs.

<http://healthit.hhs.gov/portal/server.pt?open=512&objID=2996&mode=2>

This link is also part of the HHS website, and lists a number of Resource documents, including the Final Rule on Meaningful Use. (See right-side column of document links under the heading "Resources".)

Vendor Hosted Model (ASP) - Cloud Computing

One of the choices that physicians have when selecting software for their practice is the decision between installing a client/server based model (computer server and software installed in your office location) or a vendor hosted model (computer server and software installed in a location other than your office) also known as an ASP model.

ASP stands for Application Service Provider. Also known by the popular name of 'Cloud Computing'. Although the ASP model appears to be a new way to use medical practice software, it is actually a very old model that used to be called a time sharing model in the 1970s. In the early days of expensive computers, many companies could not afford to purchase their own main-frame and instead decided to share computer time with other companies in an effort to reduce costs. Companies like Shared Medical Systems pioneered this concept to hospitals and created a technique for hospitals to share technology on a time-sharing basis. The low cost personal computer destroyed this business model in the 1990's, but now it seems to be back.

The ASP model is actually a throw back to an old technique where people share technology using the Internet to provide connectivity.

Client Server vs. ASP Model

If you have done any shopping for medical software, you have probably already encountered these terms, or you will. **STI offers both of these options to our customers, so we are indifferent to the option that you choose.** We are more concerned that you understand the pros and cons of both options. Plus, with STI, if you desire, you can change from one model to the other.

Client Server - A client server model is basically one where your medical practice has the server in your office. A server is a computer with a large amount of memory. This is the machine onto which the software is loaded, and all of the patient information is kept.

ASP - An ASP model is when a separate company (not your office) has the software loaded on a server at another location and your medical office accesses (dials into via Internet connection or leased telephone line) remotely.

In reality this is basically a rent versus purchase decision. Choosing ASP is a rental decision and the client/server choice is a purchase or lease/purchase decision. However, like any decision there are pros and cons that should be considered. STI can provide either option to you. Most of our clients have chosen to lease/purchase their system in the client/server environment, but we also have clients using an ASP model as well.

Client Server Option

Because this is a purchase decision, the costs are less in the long run. You need to pay for software but this cost can be lease/purchased to make the monthly expense similar to an ASP monthly cost. Once the lease is paid, your main cost is for software updates.

1. You need to purchase a file server, which is not as expensive as many ASP only vendors make it out to be.
2. The server is in your location and in your control.
3. Your patient information is secure in your location and not accessible to anyone without a security password.
4. You can access your information from a secure VPN connection or from any computer over the Internet with monthly subscription software.
5. You maintain the data and provide for data backup.
6. Access to your data is faster and there is no need to worry about a lost Internet connection.
7. If you terminate the relationship with your vendor, you own the software and it is accessible to you.
8. Safety, in that if a catastrophic event occurs such as the vendor going out of business, quickly you have access to the data and software.

Benefits and Costs

In many cases, with the ASP model your practice is not responsible for paying for maintenance or support for the software. Another benefit of the ASP is that you do not have to worry about purchasing a new server if the other server gets old or breaks.

So what's the real difference? As is so often the case, cost is a major difference between these two options. The cost difference

is best described as a rent vs. own paradigm. With an ASP model, you have fewer up-front costs, a little lower monthly cost and lower up-keep costs. But the charges that you do incur will go on for as long as you are in practice (plus up to seven years to maintain charts).

With a client server model, it is more like buying a home. You are the one responsible for keeping up with maintenance, but you will generally be able to pay off the purchase in a few years and only have to pay for upkeep.

Some practices are attracted to renting as a way to keep overall costs down, but remember, with medical EMR software the only way to stop paying rent is to eventually buy the software. So you must contemplate how much money you are willing to invest in the short-term before purchasing or always pay rent.

Another aspect to consider when determining whether to select an ASP or Client Server is the accessibility of your data if the hosting company goes out of existence. Will you be able to retrieve all of your patient information (billing, medical charts, etc) in this instance?



Computer servers connected to the internet.

TRAINING NEWS

Meaningful Use – Preparing Your System and Assessing Your Data



Over the past three months, STI has been offering free *Meaningful Use Webinars* designed to review the criteria for achieving Meaningful Use in 2011. These webinars have focused on the overall requirements and objectives including the core measures, menu set objectives, and clinical quality measures. Beginning in February, the webinar topics will shift toward addressing application and template specific changes you will need to make in the ChartMaker Medical Suite. In order to successfully achieve Meaningful Use, you will be required to make modifications to your current templates. These template modifications will allow you to document selected measures and objectives and, as a result, successfully complete the 2011 attestation process.

The first 3 webinars in our Meaningful Use series covered the 15 Core Measures, the Menu Set Objectives, and the Clinical Quality Measures, which are the requirements for meeting Meaningful Use. Beginning with the February webinar, and all subsequent Meaningful Use webinars, we will be conducting actual training sessions in ChartMaker Clinical to learn what changes to your templates may be needed and to learn how the new features work. There will be

a \$100 per person registration fee beginning with the February webinar.

In addition to the webinars, STI will be offering this content by means of a training video located in the Customers Only section of our website (www.sticomputer.com/sticustomers_home.php). Viewing of our training videos is free but does require the creation of an account at the website. You will need your client number to create an account. If you do not have your client number, please contact Customer Support and one of our representatives will be able to assist you. Once you've obtained your client number, access the Account Setup area located within the STI Customers section of our website (www.sticomputer.com). After entering your client number, creating a username and a password, and providing some basic information, you will receive an email confirming your account setup. For further information on training options including on-site and web-based training, please contact Barbara Lee at blee@sticomputer.com or 1-800-487-9135.

Vendor Hosted Model (ASP) - Cloud Computing Continued

ASP Hosting Option

Because this is a rental decision you may pay a smaller initial monthly fee, although over the long run you will pay more for the system because you never actually own it. You do not need to pay for software or software updates although this cost is actually covered in the rental fee.

- You do not need to purchase a file server, however you do need to purchase computer equipment for local use.
- The server is not at your location and not in your control.
- Security of patient information may be a concern. Your patient information is not in your location and accessible on the Internet although most vendors provide encryption. You need to have a contractual arrangement with the vendor to protect and return your data if necessary.
- You are not responsible for making daily backups.
- Access to your data is slower, and you may experience interruptions in information access and to your workflow due to inevitable Internet connectivity issues.
- If you terminate the relationship with the vendor you do not have access or ownership of the software. You need to get contractual issues in place to define who owns the data. Data in machine readable format may be useless without the software that acts as a viewer. Can you use or read the data that is returned to you or do you need to buy the software to view or read it?
- Danger in that if a catastrophic event occurs such as the vendor going out of business quickly, you do not have access to the data and software.
- Ability to access your EMR or billing system at anytime with an internet connected computer.
- Cost of ASP system is lower in the beginning, but payments continue indefinitely (again, think about leasing a new car every 3 years) so over time the cost is generally higher than a Client/Server system that you own.
- Hardware requirements are fewer

with an ASP system - a web-browser and a decent workstation is pretty much all that you need to get up and running.

- Many ASP vendors provide an out-sourced billing and collection option to augment your office staff further reducing your labor costs.

The Real Question

Furthermore, many people like the ASP model because they believe that since they are just "renting" the software, they can leave any time they want after the initial term of the agreement. And this is a valid point. But again, you must know up-front what processes are involved in retrieving any patient information from the hosting company.

Will they be able to convert your data into a readable format that you can use with another EMR software system? Will they be willing to translate this information into the language used by the next software system you choose to use? Will they sell their application ("reader") software if you choose to leave? What is the cost of these options? Find out before you sign the agreement.

Remember data (information) in machine readable form is useless without the software that can translate it into people readable form. What good is a Microsoft Word document without Microsoft Word or another program that can translate a Word document?

Will the hosting company send you only disks that no other software program is capable of deciphering, or reams of paper when you leave? How you disengage from an ASP solution is the critical question since you need a "program" to translate the data. You are required to maintain medical records for seven years. What is the cost of the "reader software" if you choose to leave an ASP vendor? Since STI offers either computing model, you can start with cloud (ASP) computing and transition to Client Server without data translation issues or many other potential problems.

Meaningful Use Registration Instructions

Each Eligible Provider (EP) in your practice needs to register if they are interested in obtaining Meaningful Use. The steps to register are as follows:

1. Verify and or register each EP on PECOS:

<https://pecos.cms.hhs.gov>

2. Register and obtain your unique certification number by going to ONC's website:

<http://onc-chpl.force.com/ehrcert>

From the customer only section of our website please reference:

- a. HRONC-Certification ID for EPs.pdf

3. Register on CMS website for Meaningful Use:

<https://ehrincentives.cms.gov>

From the customer only section of our website:

(www.sticomputer.com) please reference either:

- a. EHRMedicareEP_RegistrationUserGuide.pdf

- b. EHRMedicaidEP_RegistrationsUserGuide.pdf

4. After you have completed your reporting period you will need to return to CMS website:

<https://ehrincentives.cms.gov> to fill out your attestation.

If you did not fill in your unique certification number during step 3 of this process you will need to do so now, prior to completing the attestation process.

If you have any questions regarding registration or on Meaningful Use in general please contact CMS' new EHR Information Center Help Desk at 888-734-6433.

HARDWARE NEWS

Managed Services

During 2011, STI is premiering managed services in conjunction with on-site technical support and incorporating this exciting tool into our customer's Hardware/Network Maintenance Agreements. As many of our customers are incorporating electronic medical records into their practices, it is apparent that simply dispatching a technician to fix a broken PC or printer is simply not good enough. Having redundant backup of data, nearly 100% up-time and user friendly software to manage your practice and patient charting are as essential to your practice as a stethoscope and a blood pressure kit. With **Managed Services**, STI is able to monitor the vital signs of your network and resolve many technical issues remotely and instantaneously.

If it isn't possible to resolve the issue remotely, then a technician can be dispatched on-site. Many times issues are resolved even before you know that a problem exists.

This proactive approach of monitoring, prevention, fixing remotely and if need be on-site, equates to less network down time and less interruption of your busy work day. Imagine how convenient it would be if your car would automatically email your mechanic with the part number when the indicator on your dash board lights up and if the mechanic has the part when you drive into the service bay. **Managed Services** works just like that. When a network issue occurs it notifies STI and we are able to resolve many issues prior to you noticing a problem therefore eliminating the trip to the auto mechanic.

So look for your Hardware Maintenance offer in the mail. Some of the 2011 managed service hardware Maintenance Agreement highlights include: scalable service offerings, reduced labor rate for project and upgrade work, and convenient monthly credit card payment plans. STI strives to offer reasonably priced high value solutions to maintain your office computer equipment.

For more information please contact: Christa at christa@sticomputer.com.



Meaningful Use Dashboard Made Easy

Continued from Back Cover

The Meaningful Use Dashboard will be accessed via the Query option in the top menu bar of ChartMaker **Clinical**. Since providers are eligible for Meaningful Use incentives on an individual basis, all reporting and statistics in the Dashboard area will be based on individual provider NPI number. The Dashboard is partitioned into two main sections: 1) Performance Measures, which includes both the Core and Menu Set Objectives and 2) Quality Measures.

Within each section, you will have the ability to select and report statistics on the measures you choose. Once selected, your reporting options can be saved on a per-provider basis preventing the need to reselect these options in the future.

The Dashboard will display the measure and result description along with the required meaningful use goal. A percentage result will be displayed for those measures requiring a numerator and a denominator. Those measures which require only a yes or no response will not display any numerator or denominator information. The Meaningful Use Dashboard will provide the data you will need to complete the self attestation process for the 90-day reporting period you have chosen. You will have the ability to access this area at any time to evaluate your data and determine whether or not you are meeting the required measures and objectives. Additional information on this feature will be available in the help files of the ChartMaker[®] Medical Suite and in the Customer's Only section of our website.

requirement on behalf of our customers. It's been tough. And the battle is far from over because we know we must continue to reexamine the workflow, listen to our customers, and continually improve the user experience.

This is primarily why we have a 3.8 version to begin with. Version 3.7 met the Meaningful Use requirements. Version 3.8 does also, as every later version will, but it reflects a commitment to set aside time for *ease of use* changes for the people that matter most when it comes to our software. And as we deploy this version, first to our Beta customers, then to everyone else, we will be listening to you to help us find the proper level of *ease of use* to match the government's meaningful use.

Meaningless Use?

I couldn't pass up the play on words. There are a number of new features added, or improvements made, that having nothing to do with Meaningful Use by the government's definition. Many of these changes were driven by customers, not the government.

Interoperability

In terms of interoperability, we implemented over 30 Lab and Hospital Interfaces in 2010. This is many more than previous years, and with each new type of message transmission we now add (i.e. Labs, Demographics, Referrals, etc.) we can replicate this to RHIOs, Health Information Exchanges (HIEs), and hospital systems in a cookie-cutter manner.

You now have the ability to push information to patients' Personal Health Record (PHR) on the Microsoft Health Vault.

Over the past few years, we put a lot of time and effort into building the **STI Health Portal** and it's starting to pay off in great dividends. First, because we can piggyback on the backbone that links the ChartMaker[®] Medical Suite to many external services, the more we add, the faster we get. It's also reduced the number of software updates that we need to send to you because we are able to make changes to this centralized system.

The growth of customers using these interoperability services (labs, ePrescribing, Prescription Benefits Eligibility, Formulary, etc.) has been phenomenal. It's kept our team scrambling to make sure the software and hardware can keep up with the volume. In particular, we've managed to rank 4th in the nation on delivering prescription eligibility information to doctors---this is among all EHR vendors using SureScripts. And, the **STI Health Portal** receives 50 gigabytes of formulary information a week that must be processed and prepared to serve our customers with the latest information for each specific patient within a second or two of requesting it.

Improved Features

In the past year, we've completely redesigned several sections of both our **Clinical** and **EntryPoint** modules to make them look nicer, easier to use, and faster! As you build up a database full of patient information, instead of a wall full of paper records, we've streamlined the organization and retrieval of this information to match your needs. Features that you'll notice look a lot better and work faster are the Patient List, the To-Do List, and Patient History. Each is receiving positive feedback.

Predictable Software Releases (February, June, October)

You may have noticed that for the past two years, we've been

producing tri-annual software releases or one every four months. When I started with STI, the Software Development department had been delivering releases, "every 6 to 9 months or so". Now, we are on a strict date-driven release schedule on which you can depend. It's helped us improve quality and deliver more timely updates to customers.



In between tri-annual releases, we still have maintenance-related updates to fix bugs or add a new feature if it is time-sensitive.

Upgrading every four months is not mandatory, but you should consider it particularly because incremental change is better than a big bang.

What's Next?

While we're eager to incorporate feedback from our expected record number of customers upgrading to version 3.8, we are well into the development phase for our next release (3.9) due in June 2011. Now that we have ONC-ATCB for 2011-2012 certification behind us, we're looking to attack the following larger projects that are also important to you:

- Windows 64-bit Operating System Support. For those customers wanting to achieve the maximum in system performance, this ability will do it.
- Improve Patient, Family, Surgical and Social History as well as Referral/Consult letters. This is one of our most requested improvement projects. If it wasn't for ARRA 2011, this would have been completed sooner. Now, it's time!
- Patient Portal (aka electronic patient registration). There are other features that can be imbedded in a patient portal, but capturing demographics and history are the biggest.
- Electronic Referral/Consult Exchange
- Electronic Lab Orders

There are other changes that are "closer than they appear", including the move to ICD-10 by 10/1/2013 for identifying problems and diagnoses, SNOMED-CT, and many other similar changes soon to be finalized in the ARRA 2012-2013 requirements this coming Summer.

Earning Your Loyalty Every Day

Back when practice management drove adoption of computer software in medical practices, our **Practice Manager** modules gained extreme loyalty among our customer base and that loyalty exists more than ever today. This has helped us as more and more practices have decided to add on the corresponding **Clinical** or **EntryPoint** Modules. When I visited a urologist a while ago, and when I took my mother to see an orthopedic surgeon recently, in both cases, the people I encountered at those practices had a passion for providing great care, and they also expressed a passion for our software.

We want that to continue. As much as you want to provide great healthcare to your patients (some of which are us!), we also have that passion to provide great software and support to help you do just that.

With every module in the ChartMaker[®] Medical Suite, we work every day, and often into the night, to win or keep your loyalty. It's hard work to get it right. But we won't stop working, and listening, and delivering improvements because that's what your loyalty requires.

Starting a Practice -

After leaving a 6 provider practice in Brandywine, Dr. Melissa Delaney opened her practice in March 2006 in West Chester, Pennsylvania. Stepping into Dr. Delaney's office is like going to the 'spa'. The office is modern, beautiful, and inviting with quiet calming music to help patients relax.

Although she never used an Electronic Medical Records (EMR) system previously, she was always interested in using technology to improve productivity. Being married to an IT geek didn't hurt either. So, she decided to start her practice the right way. She planned to implement the complete ChartMaker® Medical Suite: *Practice Manager*, *Scheduler*, *EntryPoint*, and *Clinical* in her new practice.

Before EMR -

Dr. Delaney clearly remembers life without an EMR. Charts were lost while multiple people frantically went through the office looking for them. There were huge piles of charts on the nurses' desks waiting for results and re-filing. These were the backlog of results that needed to be attached to the chart, signed off on, and then filed. Dr. Delaney would see the patient but often did not have the latest lab/test results in the chart in front of her. Informed decisions are difficult when you do not have current information.

After EMR -

With ChartMaker, there are no more lost charts. Results from Quest, LabCorp, and the two hospitals she is affiliated with come in electronically to her "To Do List" with no delay. Abnormal results are displayed in red so they can be prioritized. Information is immediately available.

To better serve her patients, Dr. Delaney has computer access next to every phone in the office enabling the staff to document messages, assist patients, and retrieve information quickly. Patient records can be easily printed or saved to an electronic format and given to the patient at the end of a visit. With e-prescribing, there are no more handwritten prescriptions. "There is no blockage between you and patient care. ChartMaker has made our office more efficient and made it possible for us to do what we need to do without having to hire additional staff. It is so much easier! I can see as many patients as I need to see."



Melissa L. Delaney DO, FACOOG, MSc

Advice From Someone Who's Done It

For other doctors considering EMR, Dr. Delaney gives this advice:

- In order for this to work, you have to want to do this. Your level of commitment will make or break your success.
- Anticipate some resistance. There is always going to be one person who does not want to go electronic. Expect this. Move ahead anyway.
- Anticipate challenges. Realize that with challenge comes new learning opportunities.
- Expect the transition to take at least 3 months to get accustomed to new ways of doing things. It is well worth the effort.
- Don't ever worry about the investment. It easily pays for itself with fewer staff and ease of communication with patients.

And, as you move ahead, STI's team of support staff is there to help you get your issues resolved quickly. As Dr. Delaney has found, "I have been really happy with STI. Tech support is awesome!"

MELISSA L. DELANEY DO, FACOOG, MSc is Board Certified in OB/GYN through PCOM, Philadelphia. After her OB/GYN residency in both OB/GYN and Internal Medicine, she spent six years with Brandywine Hospital in OB/GYN before starting her own solo OB/GYN practice in West Chester, PA in 2006 (affiliated with both Chester County Hospital and Paoli Hospital).

She achieved the TOP DOC of the Main Line in 2007 and has held a Credentials Committee position for over 11 years. Along with being well adept at handling high risk pregnancies and delivering many babies, Dr. Delaney uses the newest technology such as robotic and laparoscopic surgery (with the benefit of shorter healing time) and several in office procedures such as endometrial ablations for gynecological concerns.

A Philadelphia native, Dr. Delaney now resides in Chester County, PA with her husband and three children and remains active in her community.



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Waiting to Implement an EMR Could Cost You.

ARRA Stimulus Overview

You have probably heard about the federal stimulus for practices that implement and “meaningfully use” a certified Electronic Medical Records (EMR) system. But, not starting now could cost you dearly. Here’s an overview of what this means to your practice.

HITECH Incentives for Medicare/Medicaid Participating Providers

Office-based Medicare participating providers who “meaningfully use” a certified EMR, starting in 2011, are eligible to receive 75% of their Medicare allowable professional charges up to the maximums shown in the table.

There is also an incentive for Medicaid participating providers, who have at least 30% of their patients paying through Medicaid (or 20% for pediatricians). If that describes your medical practice, you are eligible for up to \$64,000 over 6 years.

Waiting Can Cost You Money

According to the HITECH Act, practices that begin to show meaningful use in 2012 are still eligible to receive \$44,000, but we think you are better off if you start early. Consider the following:

Wait Times — Late adopters may end up getting less money than practices that started earlier because they can’t get installed and trained in time to qualify for the higher payments. With many practices signing to purchase an EMR, there is commonly a wait time between the time you sign the contract and the date when installation and training can begin. Among EMR vendors, wait times of 3 to 6 months are common and could even lengthen as software vendors struggle to meet the demand.

Learning Curve — You need to learn how to use your EMR before you can demonstrate “meaningful use”. Changing to an EMR takes adjustment time. At first, most practices feel that using an EMR may slow them down as compared to their current comfortable documentation method. However, once fully implemented, you wouldn’t ever want to go back to a paper and pen. Many practices say it takes up to 3 to 6 months to become proficient in using an EMR.

Year	Up To:
2011	\$18,000
2012	\$12,000
2013	\$8,000
2014	\$4,000
2015	\$2,000
Total	\$44,000

When Will I Receive Payment?

To receive your \$18,000 per physician, in the fastest way, you need to show “meaningful use” in 2011 for at least 90 consecutive days and have reached your maximum reimbursable allowable professional charges of \$24,000. CMS has stated that they plan to make the incentive payment within 45 days. Then, for the subsequent years, you must demonstrate the appropriate stage of “meaningful use” for the entirety of each year and you will receive one payment annually (as shown in the table).

Where Do I Start?

The best way to get started is to schedule a time to sit down with your STI representative and discuss your practice needs in detail. If you are not currently a STI customer I will be happy to show you why we provide the best software and software support in the industry.



**Call today to set-up a meeting
800-487-9135 • Extension 1188**

**Call 800-487-9135 ext. 1188 for more information or, fax this form to (800) 971-7735.
STI Computer Services, Inc. • Valley Forge Corporate Center • 2700 Van Buren Avenue • Eagleville, PA 19403**

Name: _____
Practice: _____
Address: _____
City: _____ State: _____ Zip code: _____
Specialty: _____
Telephone: _____ Email: _____

- Please call me to set up a demonstration and provide an exact quote.
- Please send additional information about ChartMaker Medical Suite® EMR.



STI COMPUTER SERVICES, INC.
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TABLE OF CONTENTS

PRESIDENT'S MESSAGE1
 CERTIFIED1
 PROGRAMMING NOTES..1
 MEDXPRESS2
 ANSI 5010 PROGRESS.2
 EMR IMPLEMENTATION &
 MEANINGFUL USE.3
 EXCELLUS.4
 SOFTWARE UPGRADES4
 LET'S CHAT4
 EHR INCENTIVE5
 CLIENT SERVER VS. ASP 'CLOUD' MODEL ..6
 TRAINING DEPARTMENT NEWS..7
 HARDWARE DEPARTMENT NEWS8
 CUSTOMER PROFILE (OB/GYN)..10
 WAITING TO IMPLEMENT COSTS YOU11

STD PRESORT
 US Postage Paid
 Permit 118
 Pleasantville, NJ
 08232

MEANINGFUL USE MADE EASY WITH CHARTMAKER'S DASHBOARD
Have You Achieved 'Meaningful Use'?
Access The Meaningful Use Dashboard In ChartMaker® Clinical To Find Out.



Measure description	Result description	Numerator	Denominator	Result	Goal	Exclusions
1. Computerized physician order entry		8	8	100.0%	> 35.0%	0
2. Drug Interaction Checks		N/A	N/A	N/A	YES/NO	0
3. E-Rescribing		1	13	7.7%	> 40.0%	0
4. Record demographics		10	17	58.8%	> 50.0%	0
5. Maintain problem list of current/active diagnoses		15	17	88.2%	> 80.0%	0
6. Maintain active medication list		11	18	61.1%	> 80.0%	0
7. Maintain active medication allergy list		0	0	0.0%	> 80.0%	0
8. Record/Chart changes in vital signs		7	17	41.2%	> 50.0%	0
9. Record smoking status for patients > 13 years		0	0	0.0%	> 50.0%	0
10. Clinical Decision Support		N/A	N/A	N/A	YES/NO	0
11. Report Clinical Quality Measures		N/A	N/A	N/A	YES/NO	0
12. Provide electronic copy of health information		6	7	85.7%	> 50.0%	0
13. Provide clinical summary for each visit		10	17	58.8%	> 50.0%	0
14. Key Clinical Information Exchange		N/A	N/A	N/A	YES/NO	0
15. Protect Electronic Health Information		N/A	N/A	N/A	YES/NO	0
1. Drug-Formulary Checks		N/A	N/A	N/A	YES/NO	0
2. Incorporate clinical lab test results as structured data		0	0	0.0%	> 40.0%	0
3. Patient Lists		N/A	N/A	N/A	YES/NO	0
4. Send patient reminders for preventive follow-up		1	8	12.5%	> 20.0%	0
5. Provide timely electronic access to health information		1	17	5.9%	> 10.0%	0
6. Provide timely electronic access to health information		1	17	5.9%	> 10.0%	0

The Meaningful Use Dashboard is a new feature of the ChartMaker® Medical Suite available in version 3.8. It is the mechanism through which you will assess whether you are meeting the requirements for Meaningful Use and which will allow you to generate reportable statistics for Meaningful Use attestation.

Continued inside on page 8

STI wants ChartMaker® users to achieve meaningful use and to enjoy all of the monetary advantages from the HITECH act. We are working to make your job easier!