

NEWS BRIEFS

Informational Newsletter for Wyoming Hospitals

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July 16, 2010

WHA Calendar:

WHA PAC Golf 9/28
Tournament
Cheyenne

WHA Annual 9/29-
Meeting and 9/30
Convention
Cheyenne

Other Events

Wyoming Trauma 8/19-
Conference 8/22
Cheyenne

Organizations Respond to Final Meaningful Use Rule

The Centers for Medicare & Medicaid Services (CMS) released its final rule last week that defines meaningful use of electronic health records.

Although significant analysis of the final rule is still underway to determine its full impact on hospitals, the rule was met with qualified praise for changes that reflected the concerns of hospitals across the country.

The 864-page final rule, which was delivered several weeks after the anticipated date of June 21, outlines the specific qualifications providers must meet in order to be considered meaningful users of electronic health record technology, and therefore to qualify for Medicare and Medicaid incentive payments.

Incentive payments begin in 2011. Providers that fail to achieve meaningful use will face significant Medicare payment penalties beginning in 2015.

Dr. David Blumenthal, MD, national coordinator for health information technology, said the final rule differs from the proposed rule issued in January in that it allows providers more flexibility in choosing which measures they will use to for qualifications.

Dr. Blumenthal said he wants the rule to be ambitious but achievable.

The National Rural Health Association (NRHA) applauded this new approach in the rule.

Flexibility for rural providers is exactly what was needed, said Alan Morgan, NRHA CEO.

Despite the rule's improvements, the American Hospital Association was somewhat more reserved in its initial reaction.

Unfortunately, CMS continues to place some barriers in the way of achieving widespread IT adoption by our nation's hospitals and physicians, said AHA President and CEO Rich Umbdenstock.

He said individual hospitals in multi-campus settings are excluded from receiving incentive payments. He said the AHA continues to worry about the rule's impact on the nation's small and rural hospitals.

Additionally, we are concerned this rule may adversely impact rural hospitals and the patients they serve and exacerbate the digital divide in healthcare, Umbdenstock said.

The rule proposed in January required doctors to comply with 25 measures,

and hospitals to comply with 23 measures. The final rule requires doctors to comply with a set of 15 core objectives during the first year of adoption.

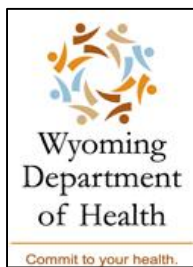
Hospitals are required to comply with 14 core objectives. In addition to those core objectives, both hospitals and doctors will have to choose five more objectives from a menu of 10. The remaining objectives can be deferred to stage 2 of adoption.

Final Meaningful Use Rule Key Changes

- Critical access hospitals are eligible for incentive payments under the Medicaid program; they previously had been excluded
- Certified EHRs will be required to automatically generate required functionality measures for reporting
- CPOE orders entered by licensed professionals such as RNs and pharmacists, will count toward a hospital's CPOE threshold
- Non-inpatient and emergency hospital-based providers now qualify for incentives as hospital-based eligible providers



Don't forget to send us a story about your hospital so we can feature you in our Member Spotlight section!



Wyoming Hospital Association

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CCMH Diabetes Program Earns ADA Recognition

Management of chronic diseases requires targeted, effective education, and the American Diabetes Association has once again recognized Campbell County Memorial Hospital (CCMH) in Gillette as a facility which does just that.

The association awarded Education Recognition to the Diabetes Self-Management Program at CCMH's Diabetes Center for the next four years. The program has been continuously recognized since June 2001.

The Education Recognition Certificate assures that

education programs meet the National Standards for Diabetes Self-Management Education. These standards were developed and tested by the National Diabetes Advisory Board in 1983 and have been revised three times since then.

Programs apply for the recognition voluntarily, and if they are selected, the certification indicates that they have a staff of knowledgeable health professionals who can provide patients with comprehensive information about diabetes management.

“The process gives professionals a national standard by which to measure the quality of the services they provide,” said Anne Raga, manager of Clinical Outpatient Services.

Alicia LePard, RN, MSN, coordinates the program. She is a certified diabetes educator, and is Board Certified in Advanced Diabetes Management as a Nurse Practitioner and Clinical Nurse Specialist. Kim Handley, RD, is a certified diabetes educator and services on the Wyoming Diabetes Recommendation Team.

State Seeks Applications for Loan Repayment Program

The Wyoming Department of Health is accepting applications from qualified medical professionals who would like help paying their student loans in exchange for practicing in Wyoming.

The Wyoming Healthcare Professional Loan Repayment Program repays physicians, dentists, and allied healthcare providers for costs of eligible educational loans in return for a commitment to practice in an underserved area in Wyo-

ming for at least three years.

“In a recent survey, 100 percent of the physicians who considered practicing in another state identified the Wyoming Healthcare Professional Loan Repayment Program as critical in their initial decision to practice in Wyoming,” said Sharla Allen, manager of the Office of Rural Health.

“Our efforts are paying off,” she said. “Wyoming's loan repayment program has helped recruit and retain

more healthcare professionals into our state's areas of greatest need than three federal programs combined.”

Physicians and dentists could receive up to \$90,000 over a three-year period, and other eligible healthcare professionals could receive up to \$30,000 over a three-year period.

Applications can be completed online at <http://health.wyo.gov/rfhd/rural/loan.html>, and are due by September 30.

HHS Launches Consumer-Focused Healthcare Web Site

The U.S. Department of Health and Human Services unveiled on July 1 an online tool that is intended to help connect consumers access quality, affordable healthcare coverage.

Required by the federal healthcare reform law, the

site, www.healthcare.gov, provides consumers with public and private health coverage options tailored for their needs in a single tool.

“For too long, the insurance market has been confusing and hard to navigate,” said HHS Secretary Kath-

leen Sebelius.

The site includes information about public programs and more than 1,000 private insurance plans. It also provides information about the implementation of the reform law and other healthcare resources.