

NEWS BRIEFS

Informational Newsletter for Wyoming Hospitals

Volume 42, Number 07

February 17, 2012

WHA Calendar:

WHA Board Meeting
Casper, WY **3/16**

Other Events:

Wyoming Legislature
Convenes **2/13**

HFMA Spring Meeting
Casper, WY **3/21-3/23**

WHIE Offers Direct - Secure Messaging

In our continuing series about health information exchange, Wyoming e-Health Partnership, Inc. discusses Phase I – Direct’s Secure Messaging.

What is Direct?

As reported previously in News Briefs, Wyoming e-Health Partnership is working on Phase I, the implementation of Direct as the first step in exchanging health information in Wyoming.

Direct is a secure email transport mechanism designed to send protected health information electronically and securely outside an organization. A Direct email address has a certificate tied to it allowing other Direct email addresses to recognize that address as “secure.”

No special hardware or software is required to use Direct; all that is necessary is a connection to the Internet through a browser.

A secure Direct message can include protected health information within the body of a secure email message or with an attached document (scanned lab results, medication list, encounter summary, radiology report, etc.).

The information within the body can be cut and pasted into an electronic health record or the attachment can

be saved to a patient’s electronic health record.

Why use Direct?

In order to determine how Direct benefits a community, consider where information needs to move. For example:

- The hospital sends a Direct email informing the primary care physician their patient was seen in the emergency department and admitted (or referred back to the physician).
- Radiology images are placed in a secure location on an internet site and the link emailed through a Direct message to the radiologist for reading.
- Pathology reports are emailed back to the hospital labs when pathologists live in another city.
- Critical access hospitals can use Direct to send messages between their hospitals, clinics and long term care facilities which may have different electronic health record systems.

What are the next steps?

The Partnership is finalizing a participation agreement for Direct users incorporating business associate language between the providers and the Partnership.

Providers who sign the participation agreement will receive a unique email address and an entry in the provider directory. There will be a small monthly subscription fee for each Direct address.

As members of the Wyoming healthcare community consider how information is used and where it needs to travel, it’s important to view the health delivery system as a whole community with services located not only in the hospital and city, but also out of town.

Where are the treating physicians located? Are they able to communicate with the hospital electronically? What information do they need? Which labs send electronic results?

Where are patients transferred? Which pharmacies receive electronic prescriptions and also need orders for medical equipment?

Answers to these questions identify places where Direct solves communication problems not only within town, but also when the patients return home from treatment outside of town.

Direct’s secure messaging is a form of health information exchange and is the first step of moving health information needed to achieve meaningful use, support patient centered medical homes and improve the coordination of care for patients.



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

Wyoming Hospital Association
 2005 Warren Ave.
 Cheyenne, WY 82001
www.wyohospitals.com
 307.632.9344

NBHH Offers Free Wellness Programs to Community

Free wellness programs for the Lovell community remain at the top of North Big Horn Hospital's priority list.

"Since we're here whenever anyone gets sick, I think as a hospital there's also a responsibility to do what we can for prevention," NBHH CEO Rick Schroeder told the Lovell Chronicle.

The program, tentatively known as 'Home Town Healthy Living,' offers information about how to maintain a healthy lifestyle

through nutrition, fitness, and the use of the medical resources available at the hospital to monitor health.

NBHH offered a special special program for the public on Valentine's Day, including reduced-rate testing of lipid panels and total cholesterol screenings. The hospital also offered free blood sugar checks, body fat analysis, nutrition information, blood oxygen saturation tests, and peripheral artery disease screenings.

Additionally, NBHH is launching its 'Lovell's Big-

gest Loser' program later this month. Over the course of 10 weeks, it will cover such topics as healthy cooking, workout routines that can be done at home, restaurant dining, recommended screenings, and many others.

"Part of the reason we want to do this is that we want our employees to be health," Schroeder said. "And if we're doing it for our employees, it's not hard to do it for the rest of the community too."

Trustees Named to Trustee Education Council

The first members of the Wyoming Hospital Association's new Trustee Education Council have been appointed to advise the WHA in designing its Trustee Certification Program.

The certification program will offer educational conferences and resources to help hospital trustees best serve their hospitals.

Representing 10 Wyoming hospitals, the trustees

serving on the Council will provide guidance and insight as the program is developed.

The 10 Council members are:

- Ron Mischke, Sheridan Memorial Hospital
- Sandy Neiman, Crook County Medical Services District
- Joseph Quiroz, Lander Regional Hospital
- Linda Young, Wyoming Medical Center
- Dr. David Cesko, M.D., Memorial Hospital of Carbon County
- Janet Marschner, Cheyenne Regional Medical Center
- Tammy Krell, South Lincoln Medical Center
- Marti Halverson, Star Valley Medical Center
- Larry Parker, Powell Valley Healthcare
- Linda NeVile, North Big Horn Hospital

Committee Reaches Deal on Doc Payment Fix

House and Senate leaders reached an agreement last week to prevent a 27.4 percent cut to Medicare physician payments that was scheduled to take effect March 1, providing physicians with a zero percent update for the remainder of the year.

The estimated cost of the physician payment fix is \$20 billion.

However, cuts to hospi-

tals to pay for the payment fix include:

- Reductions in payments to acute care inpatient hospitals for assistance to low-income Medicare beneficiaries (bad debt)
- An extension of the current cap on therapy services through Dec. 31, 2012
- Reductions to Medicaid disproportionate share

hospital payments in 2021.

Significantly, the agreement does not include reductions in payments for evaluation and management services provided in hospital outpatient departments.

Not included were changes to significantly weaken the current law and prohibition on physician self-referral to new physician-owned hospitals.