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Welcome to the First Edition of HealthTech News.

Did you know that MMIC Health IT provides expertise beyond NextGen systems? Our implementation, support and network development teams provide physician practices with a complete range of technology products, support and services including:

- Network assessments and consulting
- IT outsourcing
- Website development
- HIPAA and Meaningful Use consulting
- NextGen EHR, Practice Management and NextMD patient portal

Whether you're just starting to review EHR systems and need an assessment of your technology or you've been using your system for some time but need help improving efficiencies and productivity, MMIC Health IT can help.

The Long, Remarkable Partnership of Medicine and Technology.



In 1553, Michael Servetus first described the circulation of blood through the lungs. For his discovery, he was accused of heresy and burned at the stake. All but three

copies of his work were destroyed. This understandably created some disincentives to further research. Yet in 1559, a brave man named Realdo Colombo extended Servetus's work, tracing the pulmonary

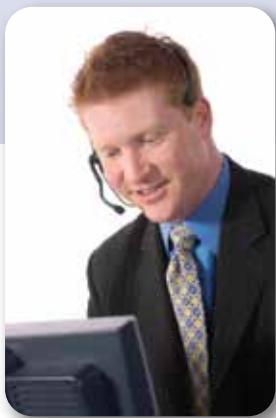
circuit and anticipating Harvey's great discoveries.

Since then, research has sped up considerably. In 2009, the US Patent Office issued 802 patents in the narrow area of "Surgery (Instruments)." This did not include the 48 patents for Kinesitherapy, the 115 for Splint, Braces, and Bandages, the 624 for Medicators and Receptors, or the 506 for Light, Thermal or Electrical application. And those were the American patents for one year. All in all, that represents more than 2,000 distinct improvements in medical technology every year. [Continued on page 4](#)

What Our Clients Are Saying:

"I really appreciate the high level of service I receive from the MMIC Health IT Client Support Center. I LOVE that I get a live person whenever I call and can always count on their quick service and knowledge.

— Lori DeCock,
Operations Manager
Neurosurgical
Associates



Health Information Exchanges: From a Good Idea to an Invaluable Resource



The value of Health Information Exchanges (HIE) is apparent in ways both big and small. The American Health Information Management Association reports that, even five years ago, approximately 2,300 users exchanged electronic information across 48 states. Today, millions of health records can be exchanged electronically.

Simply put, HIEs are designed to facilitate the electronic transfer of health related information among healthcare organizations. There are currently more than 200 HIEs in the United States, according to the eHealth Initiative. However, that number is expected to continue to grow rapidly. Now that the electronic exchange of patient data has become part of the meaningful use criteria, many physicians and hospitals will be even more eager to participate to ensure eligibility for the available funding.

The eHealth Initiative reports that although over 200 HIEs now exist, a little more than 70 have "flipped the switch" and are actually transmitting data. One of the largest HIEs in the country serving the greater Cincinnati area is The Health Bridge HIE, which has grown to over three million electronic transmissions per month connecting more than 1,000 providers, clinics, labs, hospitals, and other organizations. The Minnesota HIE includes over four million patient records with patients opting in at each visit.

HIEs ensure that all providers involved with a patient have the most comprehensive and timely information available. They can also speed decision-making with faster and simpler access to information, decrease costs of redundant testing, and increase patient safety by making visible all the known medications and allergies of a patient.

Although the list of benefits is impressive, not everyone is supporting the creation of HIEs. There is still considerable resistance to electronic records and those concerned that electronic access to data can bring unwanted risks. But those fears will undoubtedly subside in time as users of HIEs start to realize the benefits. As caregivers and patients alike start to see the convenience and necessity of access to records, it will be difficult for a provider to resist participating. Combine that with the meaningful use criteria now expected to include HIE use, it's only a matter of time before HIEs become the standard.

There are real challenges to overcome, but the increasing number of operational and sustainable initiatives suggests they can all be met—and that HIEs will help us all provide better care at lower costs than ever before.

Making the Connection: Wired vs. Wireless in an EHR System.



While there are many decisions to make about your EHR system, some of the most important focus on those points where your people interface with your system: desktops, laptops, and tablets.

And that comes down to one basic choice: wired vs. wireless.

Wired connections are highly dependable, but limiting. You will want to start with a proven best practice: install network cabling to all existing or planned stationary computers. Use a certified cabling company for both the cable that runs in the wall and the patch cables that connect to your work stations.

Wireless connections allow your people to move from room to room without logging in and out of computers. In this way, wireless systems mimic the patient

charts many of them remember from the days before digital recording keeping. There's much to be said for such flexibility.

But there are also downsides to wireless, especially in a medical setting where interference from x-ray rooms and adjoining office suites is often an issue. You're more likely to experience interference or dropped connections which can lead to recently entered data being lost.

Because of these "drop outs," wireless networks often require more maintenance. You will want to complete a wireless survey every 6-12 months to make sure that no new networks are posing a threat to the efficient operation of your network.

What's the best solution? Your internal team or outside consultant will help you weigh all the factors. Many practices make some use of wireless but install a wired network as a backup.



At MMIC Group, we've helped many clients weigh such pros and cons as they begin the EHR implementation process. We've put together a detailed guide to EHR Readiness. To download it, visit our web site at mmicgroup.com/techsolutions.



Five Key Components to EHR Network Readiness

Identifying your network's strengths and weaknesses at the onset of the project will minimize costly surprises later on and can help keep your implementation on time.

Project Champion

Identify a person or team to drive the project from inception to completion. This team can be internal or external and will need a deep understanding of your practice, workflows, and a solid understanding of the range of IT solutions available.

Network Inventory

Understanding the EHR specifications and matching it against your current network is key to understanding the scope of your project.

Patient Workflow

Documenting your patient workflow, including every person involved in each step of the process will ensure the system is set up the way you need it from day one.

Secure Server Space

Taking an honest look at your physical structure and understanding the space limitations will be necessary to make key decisions about how your EHR system will be set up and used within your organization.

Don't go it alone

You can find plenty of online resources to help educate your staff at www.MMICHealthIT.com and click "Client Resources". Or you can contact us for more help. MMIC Health IT has helped many practices through the EHR selection and implementation process. Whether you need a little extra support or a full team of experts, we can help.

Need more information? Visit us at MMICHealthIT.com. This newsletter is also available electronically. Email us at info@MMICHealthIT.com to sign up for our electronic version or to add others to our mailing list.



Medicine and Technology. *continued from page 1*

Advances in technology have long gone hand in hand with improvements in medical practice. A physician practicing a century ago may have known that special elements in food prevented disease, but the word “vitamin” would not be coined until 1912 and vitamin C would not be synthesized until 1935. Insulin would be eleven years away, as would epidural anesthesia. Practitioners could not yet vaccinate for diphtheria, tuberculosis, tetanus, yellow fever, or polio. Penicillin was just an ambitious mold.

Dialysis technology, which would save countless lives, was three decades in the future. Transplants, CAT Scans, MRIs, pace-makers, and blood sugar monitors were the stuff of science fiction.

Now, they are the stuff of daily practice.

What about the medical technology advances that we don’t even think of as medical technology advances? Database technology helps epidemiologists draw conclusions from complex inputs and communicate quickly across borders. Ambulances, helicopters and evac planes

speed victims to trauma centers. ePrescribing, electronic health records, the Internet and email have all contributed to better decision-making through access to information, more efficiently run practices and better patient care opportunities.

At MMIC, we see what we do not just as information technology but as medical information technology. By providing the



information you need, in the form you need, when you need it, we help you fulfill your deepest mission: to provide better medical care. Whether it's a synthesized vaccine or an integrated database, technology is ultimately just a means to that end.

MMIC Health IT will be offering NextGen training opportunities in the coming months.

- NextGen ICS preferences and highlighted features.

**Wednesday,
January 5th
10:00 a.m.**

- NextGen EPM – File structure of electronic secondary claims.

**Wednesday,
January 26th
10:00 a.m.**

- NextGen EHR Tidbits – A closer look at some of EHR’s functionality.

**Wednesday,
February 23rd
10:00 a.m.**

For training schedule, course descriptions and registration, visit our training center at mmic.webex.com.