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S4  Rev up your EHR: How to optimize performance
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S10  Technology Q&A
Get expert insights into:
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- understanding meaningful use; and
- how and why to implement an e-newsletter in your practice.

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Hundreds of new apps for iPad and tablets make mHealth a reality and a lifestyle choice.
Rev up your EHR: How to optimize performance

LEARN WAYS TO INCREASE REVENUE, IMPROVE PRACTICE EFFICIENCY AND QUALITY

[By KEN TERRY]

It’s been said that electronic health record (EHR) system adoption is like rebuilding an airplane while it’s in flight. So it’s not surprising that after the initial period is over and physicians believe they have some idea what they’re doing, they may not want to push on any further.

“Once you get past that hump, you can start to breathe, and you forget that there’s more to learn,” says Rosemarie Nelson, of MGMA Health Care Consulting Group based in Syracuse, New York. “The last thing you want to do is go through that pain again.”

Physicians who rest on their laurels after passing EHR 101 might find that the EHR neither makes their practice more efficient nor helps them improve the quality of care. In a worst-case scenario, they might end up shelving the application or having their practice limp along for years, crippled by inefficient processes.

“Arrested development” is what Joseph Scherger, MD, vice president for primary care and academic affairs at Eisenhower Medical Center in Rancho Mirage, California, terms this phenomenon.

“Doctors learn how to use an EHR well enough to get through...
the charting of the day, and then they stop,” Scherger says. “Only a few of them want to become super-users of the EHR, and the medical group isn’t necessarily a learning organization where super-users help others. So arrested development is incredibly common, which means the doctor is using a small part of what the EHR can do.”

You can avoid arrested development by taking a proactive approach to optimizing the use of your EHR.

**LAYING A SOLID FOUNDATION**

After the initial phase of implementation, a practice's ability to take the use of its EHR to the next level depends largely on two factors: Did its physicians choose the right EHR for their practice, and did they and their staff redesign their workflow to take advantage of the EHR’s features as they rolled them out?

The importance of choosing the right EHR cannot be over-emphasized. Government-approved bodies have certified about 500 full ambulatory care EHRs that physicians can use to qualify for federal incentives. Around 70% of those products are unusable in everyday practice, however, even though they passed the certification test, says Mark Anderson, a health information technology consultant in Montgomery, Texas.

The rest of the EHRs vary dramatically in functionality, flexibility, and usability. Some require users to build templates, prompts, and alerts from scratch; others require them to buy add-on modules for basic functions such as orders and results. EHRs’ degree of integration with practice management systems—a key ingredient of success—also can vary greatly. And many EHRs lack the ability to produce reports on subsets of patients, which are vital to quality improvement.

Many physicians think of an EHR as an electronic version of a paper chart, so they don’t consider how it will change the workflow of their practice. Nelson, a *Medical Economics* editorial consultant, cites an internal medicine group where nurses printed out the doctors’ lab orders and put them in a tickler file to keep track of them, because that’s the way they’d always done it. They seemed unaware that their EHR had a feature that, when turned on, would track the orders and results automatically.

“There’s a tendency to focus on first use, rather than successful use of an EHR,” says Ron Sterling, a consultant in Silver Spring, Maryland. “So everybody has a tendency to dive in as quickly as possible without understanding the implications.”

Sterling suggests that, before practices implement an EHR, they create a blueprint for how they want their organization to work with the EHR. “Once you have that, all the other pieces start to fall into place,” he says. “That blueprint will drive how you set up the EHR, how you deal with training, and how you define your stages of implementation, both personally and as a practice. If you do the proper analysis and planning upfront, you’ll end up with a better product.”

**“Arrested development is incredibly common, which means the doctor is using a small part of what the EHR can do.”**

— Joseph Scherger, MD

**EVALUATE YOUR CURRENT SITUATION**

Before considering how to optimize your EHR, look at where your practice is right now in the implementation process. You may have turned on only certain portions of the system. There’s nothing wrong with that. In fact, consultants recommend that practices phase in EHRs gradually to make sure each module works properly.

“Use the orders, use e-prescribing, and then [use] some more,” Anderson says. “This incremental approach to rolling it out gets you the best savings and efficiencies, because you’re not trying to do everything on day one.”

You have to keep moving, however. Some physicians, Sterling says, continue to dictate all their notes even after they have an EHR. Although they can import the transcription into the EHR’s document management module, doing so doesn’t allow them to see data trends or help them find what they’re looking for when they see a patient. Other doctors go back to dictating or handwriting notes because they find that documenting in the EHR slows them down too much, Anderson says.

It’s also common not to turn on the e-prescribing capability, although e-prescribing is required to show meaningful use. Some physicians prescribe electronically but print out the scripts for patients rather than send them online to pharmacies, says Jesse Crosson, PhD.
Crosson, PhD, assistant professor of family medicine and community health at the University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School in New Brunswick.

If you don’t use the major features of your EHR, then you will not get the benefits that the EHR can provide in those areas. So don’t give up halfway or set the bar too low.

**GOING PAPERLESS**

Practices that adopt EHRs should strive to go paperless to maximize their efficiency and quality gains. Among other things, the elimination of paper—through a combination of electronic documentation and scanning—may allow practices to reduce or reallocate staff.

In Anderson’s experience, most practices keep using paper charts for at least 2 years after they introduce an EHR; after 1 year, he says, they’re typically still pulling about half of their active charts.

There are two reasons for this behavior, he says. First, because the nurses are too busy to enter all of the key data from the paper chart into the EHR, it can take two or three visits to accomplish that task. And, depending on the demographics of the practice, it may be 2 years before all active patients come in more than once.

Other options exist for populating the EHR with historical information. For example, staff could do the chart abstracting before visits. Because it takes at least 10 minutes for an experienced nurse to do one chart, however, that approach might be too expensive, Anderson says. Alternatively, the practice could scan in all or selected parts of the paper charts. Anderson doesn’t think physicians refer to scanned documents much when they’re seeing patients. Also, unless data are entered into EHR fields, they are not available for quality improvement or population health management.

In any case, practices that aim to go paperless must scan certain paper documents, such as consultant reports and discharge summaries. Nelson suggests that they install computer fax management software, instead of scanning the documents, to import faxes into their EHRs. Although vendor charges can be substantial, those should be weighed against the time savings for the staff, she says.

Rather than decreasing their head counts, most practices will increase them in the first year after getting an EHR, Sterling says, because of the extra work associated with implementing the system and transitioning from paper records to electronic ones.

Nelson agrees. Because of changes in workflow, she says, “You may need an extra medical assistant to room the patients, or you may decide, ‘We’re better off having a medical assistant sit at the computer and file some of these documents that come in, because we need it to be more reliable than we accepted in the old clerical world of the paper record.’”

**OPTIMAL USE OF CLINICAL STAFF**

Physicians can optimize their use of an EHR by delegating as much of the data entry as possible to the nurses, Nelson says. In addition to entering patients’ vital signs, nurses can input data from intake interviews, recording current medications and chief complaints. They also can follow protocols to write most renewal prescriptions electronically, Nelson says, adding that nurses perform this task informally in many paper-based practices.

Anderson agrees. “All the work the nurse does can be automated, because the nurse is capturing specific data...The nurse is following the protocols and asking the right questions.”

**ORDERS AND RESULTS**

The automation of orders and results through EHRs can help practices achieve early wins in both efficiency and quality of care, Anderson says. “Orders,” in his view, include orders for lab and imaging tests, electronic prescriptions, and orders for patients to receive educational materials and return for follow-up visits.

“It’s basically the doctor clicking a few buttons to order what he [or she] thinks the patient needs,” he says.

To make any of this happen, of course, your EHR must be able to communicate with your billing and scheduling system, which contains all of the patient demographic and insurance information. Without the ability to automatically populate your EHR with these data, they would have to be entered manually for each patient.

Lab interfaces also are essential. Although the two biggest reference labs, Quest and LabCorp, may provide free interfaces with commonly used EHRs, Anderson says that they will do so only if a practice does enough business with them. Otherwise, a practice may have to pay its vendor several thousand dollars to have an interface written. Hospitals may not pay for interfaces from their labs to an ambulatory care EHR unless a practice is large or otherwise important to them.

If you have the right interfaces, using your EHR for orders and results can save time because paper charts don’t have to be pulled when the results come in, Anderson notes. “Also, medication refills save everyone time, because again, the nurse would have to pull the chart.”

Many physicians find that it takes them longer to write a prescription on an EHR or standalone
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e-prescriber than it does by hand. But the decision support features in some EHRs—including drug-drug and drug-allergy alerts—can help doctors avert adverse drug events. Some physicians also find that it’s quick and easy to refill prescriptions electronically and send them online to pharmacies.

“"We recommend doctors communicate with pharmacies... to make sure they’re aware you’re e-prescribing.”
— Jesse Crosson, PhD

Whether physicians renew prescriptions themselves or have a staff member do it, their workflow will change, Crosson says. Instead of staff members receiving a phone call or a fax from a pharmacy, they may receive online requests that they route to the electronic inbox of the doctor or whomever has been designated to handle refills. If the latter person is a nurse, he or she has to decide whether the request falls within his or her protocol or whether it’s something the physician needs to address.

The upside of this process is that it can increase office efficiency, Crosson says. Not only do staff members not have to pull and file charts, they also spend less time on the phone with pharmacists—not only for refills, but also for answering questions about prescriptions. Many pharmacies that accept electronic prescriptions via Surescripts still fax refill requests and questions to practices, however, he adds.

COMMUNICATE WITH PHARMACIES
“We recommend that doctors communicate with pharmacies that they work with regularly to make sure they’re aware you’re e-prescribing and that you accept electronic refill requests,” Crosson says. “Otherwise, they have their own systems they rely on rather than the Surescripts information, and they may not update that information even though it’s updated in the Surescripts database.”

Crosson also emphasizes the importance of using Surescripts’ online medication histories, which show what medications other providers have prescribed for patients. “That has a potential quality and safety gain,” he says.

PATIENT PORTALS SAVE TIME, MONEY
The leading vendors offer patient Web portals as an add-on to their EHRs. These portals can be used for a variety of functions that can increase practice efficiency and enhance patient satisfaction. For example, practices can use a portal to communicate test results to patients and send them educational materials and clinical summaries—another meaningful use criterion. They can allow patients to request refills and appointments and pay their bills online. And they can have patients complete medical histories so that intake interviews take less time.

Although patient portals cost money, they’re a good business move, Nelson says. “If each portal transaction saves 3 to 5 minutes of nurse time, and the nurse is receiving $18 an hour with benefits, that transaction is cheap compared with spending $55 or $60 per provider per month for the portal.” The use of a portal, she estimates, could save half the time of a full-time-equivalent nurse.

A portal also can generate significant savings on the front desk by reducing phone traffic, says Scherger, a member of the Medical Economics editorial board. He cites a study that showed that in practices that used a portal for secure messaging with patients, the daily phone volume dropped an average of 10%.

QUALITY IMPROVEMENT
Although EHRs were not originally designed for quality improvement, some applications have improved markedly in this area. Taking advantage of these features not only will help you show meaningful use, but it also will help you build a Patient-Centered Medical Home and participate in an accountable care organization.

To achieve any of these goals, you need an EHR that includes a patient registry. The registry, which tracks what has been done for each patient, enables you to generate quality data and produce reports on subsets of your patient population.

“The registry function is the most important function for looking at the population you’re serving,” Scherger says. “You can look at all your [patients with diabetes] or look at all your patients for preventive care. In the early days of EHR, it was one patient at a time. They never put in a registry function. But for quality reporting and meaningful use, you need a registry.”

Although newer versions of leading EHRs have registries, it’s not so easy to use them in population health management. One reason is that even if you have a list of patients with diabetes who, for
instance, have not visited your practice for at least 6 months or a year, it’s time-consuming to have staff members call or mail reminders to those patients. Patient portals would seem ideal for that purpose, but, as Scherger observes, a connection between an EHR’s registry function and its patient portal may not exist.

Scherger believes that the next step for EHRs is to provide robust clinical decision support. “Today, we have drug alerts and drug warnings, and those usually create alert fatigue—they’re not terribly helpful, although sometimes they keep you out of trouble,” he says. “The future is going to be disease management automated into the EHRs. There’s a lot of research and development being done on that.”

HEALTH MAINTENANCE PROMPTS
Beside drug interaction alerts, many EHRs include health maintenance prompts that remind physicians when the patient in front of them is due for preventive or chronic care services. Although these prompts serve some of the same purpose as registries, they pop up only when a record is opened, which usually is during visits. Many physicians don’t know that their EHRs contain these prompts, Nelson says, because providers typically have to create them from templates.

“Most vendors don’t build a lot of things out of the box,” she adds, suggesting that physicians look at their top diagnoses and develop prompts for those. For example, if diabetes is a common condition in your practice, you’ll want alerts to ensure that patients with that disease obtain regular foot and eye exams.

“The vendors aren’t very good at thinking clinically,” Nelson says. “Some have clinical staff, and others don’t. And most vendors are still thinking about EHRs in terms of return on investment, and they don’t think of the quality as part of that; they’re looking more at billable services.”

DO YOUR HOMEWORK
Your EHR may include many features that can help you deliver better care more efficiently than you ever dreamed possible. Keep doing your homework, and you’ll be amply rewarded.

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How to pick an EHR system

What is the best way to pick an electronic health records (EHR) system, and what incentive packages are available?

A: If you are looking for a system that will make your practice more efficient, make sure that you research the type of program that will best serve both your practice management and EHR needs. Ask vendors whether their new systems are compatible with your old system, so that merging data can be a simple process. Remember, however, that many times, merging data may not be a wise approach because you may have faulty or old data that may not be useful in the conversion process (for example: patients who have died or moved or for whom you no longer have accurate address and insurance information). If you are looking to take advantage of the federal government's incentive program, you must act in accordance with the published guidelines. To be eligible, your EHR program must be certified by a testing and certification body authorized by the Office of the National Coordinator for Health Information Technology of the U.S. Department of Health and Human Services (a list of programs certified for the Centers for Medicare and Medicaid Services EHR incentive programs is available at www.healthit.hhs.gov/CHPL) and be implemented between 2011 and 2016. Your incentive will vary by the date of implementation.

‘MEANINGFUL USE’ TO BE DEFINED IN THREE STAGES

Q: What is the real definition of meaningful use?

A: Meaningful use is a set of criteria that the federal government has established to define the terms, conditions, and standards that an electronic health records (EHR) system must have. It is intended to describe the use of health information technology that leads to improvements in care and furthers the goals of information exchange among healthcare professionals. To become "meaningful users," providers need to demonstrate they're using certified EHR technology in ways that can be measured in terms of quantity and quality. There are three main components of meaningful use:

- the use of a certified EHR in a meaningful manner, such as e-prescribing;
- the use of certified EHR technology for electronic exchange of health information to improve quality of healthcare; and
- the use of certified EHR technology to submit clinical quality and other measures.

The detailed definition of meaningful use will be rolled out in three stages through 2015.

NEW WAYS TO SAVE TIME

Q: Do electronic appointment and lab confirmations really work to the advantage of a practice in terms of saving employees time?

A: If you are looking for solutions to save time and manpower, electronic confirmations are a sound source of efficiency. Several programs in the market can work with your practice management software and have the ability to contact your patients via email, telephone, and text messages. This software will allow patients to confirm, cancel, and/or switch their scheduled appointments. It can save practices an average of 5 to 10 hours per week in employee time.

PROMOTE YOUR PRACTICE

Q: Are email newsletters really an effective means of communicating with patients?

A: Email newsletters are one of the best ways to promote your internal initiatives, in addition to sharing information with your patients. These newsletters are wonderful ways to reach your patients, but remember that you must allow patients to opt-in to avoid spam-related laws.

Additionally, each newsletter must contain information that are a sound source of conformance are a sound source of conformation.

If you are looking for solutions to saving employees time or need to conformation, cancel, and/or switch their scheduled appointments. It can save practices an average of 5 to 10 hours per week in employee time.

Answers to readers’ questions were provided by Jay A. Shorr, BA, CMBM, CAC, The Best Medical Business Solutions, Tamarac, Florida. Send your technology-related questions to medec@advanstar.com.
App-solutely fabulous

HUNDREDS OF NEW APPS FOR iPAD AND TABLETS MAKE mHEALTH A REALITY AND A LIFESTYLE CHOICE
[ By ANDREA DOWNING PECK ]

Do you own an iPad, smartphone, or tablet? Nationwide surveys reveal that 80% of physicians carry a mobile device, with many using mobile health (mHealth) applications to search for drug and treatment reference materials, learn about new research, diagnose diseases, and educate patients. Here’s a look at a handful of new or updated apps you might find worthy of space on your mobile device.

DOCTOR-PATIENT COMMUNICATION

JiffPad is designed to ensure that patients leave your office with a clear understanding of the information and instructions they received during their visits. The new app enables physicians, nurses, and other healthcare providers to conduct patient education on an iPad. When using JiffPad, your explanations and instructions, teaching materials, gestures, and patient questions are preserved as “JiffTalks,” a digital file that can be emailed to a patient for later review in a password-protected, Health Insurance Portability and Accountability Act-compliant manner.

Jiff Inc., a Palo Alto, California-based software company, believes its app can help cure the miscommunication and misunderstandings that often occur in doctors’ offices when patients receive instruction.
It will be interesting to see how the industry changes when you add FDA-level regulation into the mix.”
—Satish Misra, MD

The moment when a doctor gives an explanation to a patient is an ancient moment,” Carter says. “It goes back thousands of years. We’ve taken that moment and moved it into modern times.”

Future updates to JiffPad may include informed consent documentation and additional tools relevant to medical specialties. Ultimately, the company aims for the application name to become a standard part of a patient’s vocabulary and provide a competitive advantage for doctors who use the app in their practices.

“Hopefully, one day, JiffPad will be a household word,” Carter says. “People will go to the doctor and say, ‘Can’t you describe this to me on a JiffPad like my other doctors do?’”

The JiffPad app sells for $99.99 and is available in the Apple iTunes store. Hospitals, practice groups, and medical device and pharmaceutical companies can, however, buy licenses for their physicians. The “sponsored license” allows sponsors to make their own additions to the teaching library, as well as give JiffPad to the doctors, nurses, and educators of their choice.

Patients do not need to buy the app. JiffPad serves as the creation tool for JiffTalks, but patients can view the files on any Web-connected device capable of email and video, Carter says.

Phil Carter, Jiff Inc. president and chief operations officer, claims that other apps with anatomy illustrations have 20% of the functionality of his company’s app.

Morgenthaler Ventures, a Boulder, Colorado, venture capital firm, agrees, naming JiffPad the winner of its recent nationwide “DC to VC Startup Showcase” contest to find the best new ideas in healthcare information technology. With JiffPad, you can create playlists using provided medical images and diagrams, or upload pictures of your own. The mix-and-match visual components cover dozens of medical categories ranging from angioplasty to hemorrhoid surgery.

PATIENT EDUCATION

While JiffPad is garnering headlines for its game-changing potential, another new medical education app also is receiving positive reviews. QuantiaMD, a mobile and online physician community based in Waltham, Massachusetts, recently released DiabetesIQ, an app that is designed to teach patients about the complexities of managing the disease in a fun and interactive game format on the Droid, iPad, iPhone, and iPod.

QuantiaMD developed the free app using educational information from the University of California, San Francisco (UCSF) Diabetes Teaching Center. The app follows a quiz-show format wherein players answer multiple-choice questions about diabetes and compare their answers in real time with those of other app users. Questions range from, “How does regular exercise affect insulin?” to “What happens when you combine dancing with alcohol?”

DiabetesIQ users complete quizzes as they advance through multiple game levels. They also gain access to specific resources that are available at UCSF, such as a carbohydrate exchange guide, a food exchange list, and exercise recommendations.

Because mobile phones are not ideal for “novelistic nonfiction reading about disease management,” says Bryce Sady, senior director of patient products for QuantiaMD, “gamifying” the educational information was a winning solution.

“Now patients are not only in control of their diabetes but also in control of the way they are learning about their condition and how best to manage it,” he says.

Soon after the app’s launch in late September, Margarita Loeza, MD, began “prescribing” the app to her patients via email by providing a link to the QuantitaMD Web site so they could download DiabetesIQ.

Loeza, a primary care physician at the Venice Family Clinic in Venice, California, says her patients are using the app and benefiting from its “short little bursts of education.” She believes DiabetesIQ may provide a solution to one of the biggest challenges she faces: patients with the disease failing to show up for their health education appointments.

“They will take time off work for a doctor’s appointment. But if we say ‘Come to the health educator’ or ‘Come to the diabetes classes,’ they say they don’t have time,” Loeza says. “But they spend a lot of time...
on their smartphones. I thought this was a good way to teach them about the complexities of the disease.”

DiabetesIQ is available for free download from the iTunes store as well as the Google Android Market.

QuantiaMD also has collaborated with diabetes educator Gary Scheiner, MS, to create a mobile exercise application called DailyCoach. This app was created in response to a 1,000-patient study, conducted with participating members of QuantiaCare, in which half of all respondents said that exercise and weight loss were the most difficult issues associated with managing diabetes.

DailyCoach, created for patients with or at risk for diabetes or with cardiovascular conditions or obesity, aims to motivate users to increase their daily activity and exercise levels.

“In my experience, people who are given activity options beyond traditional exercise are more likely to increase their activity level,” Scheiner says in a statement from QuantiaMD. “The application works so well because it is safe, flexible, on the spot, and constantly updating. There is always something fresh and interesting to explore.”

FORMULARY

Epocrates, a mobile drug reference resource at the fingertips of almost 50% of all physicians, is getting a makeover aimed at making it easier for users to access information and navigate.

“It has been redesigned from the ground up to make it that much easier for physicians at the point of care to find the information they are looking for,” says Dave Burlington, Epocrates chief operations officer. “We were one of the first iPhone apps, and as we continued to add things, we realized it was an opportunity to take a step back and rethink the entire metaphor of how our application is used by physicians.”

The biggest change to Epocrates is the addition of a customizable “Medical Home Page,” which will include a directory for all of the company’s mobile applications, such as Pill Identification and Drug Interaction as well as new Mobile Sampling and Essential Points features.

With its acquisition of Modality Inc. in 2010, Epocrates gained a large portfolio of applications that range from human anatomy imaging to histology and basic pathology review.

Medical Home Page’s application directory would be a “channel for delivering applications to the physician in a very targeted way,” Burlington says.

“What we want to do is reduce some of the noise,” he adds. “We are going to be very targeted to the audience that is using it, so if you are a medical student, we’re probably not going to show you a lot of dosing calculators. We’re going to show you a lot of content apps and flash cards, etc. If you are an oncologist, you are going to see oncology drug calculators.”

Although new apps can be downloaded from the iTunes App Store, you will be able to launch them from the Epocrates Medical Home Page.

“Not only will it be a channel for us to distribute apps, but it is also a framework for the physician to interact with the apps in a day-to-day way,” says Burlington, who expects the revamped app to be well-received by the medical community.

“I think everything is better organized around the drug monograph,” he says. “You can find related services like the ability to order samples or contact a manufacturer. The general navigation in look and feel has been updated.”

PREVENTIVE SERVICES

The Agency for Healthcare Research and Quality (AHRQ) Electronic Preventive Services Selector (ePSS) Tool—another app in the iTunes App Store—recently gained a five-star rating from customers.

Claire Weschler, senior program coordinator for the prevention and care management portfolio at AHRQ, believes the designation will give the ePSS app “a bit more visibility” and get it “bumped up the list” of top apps in the medical section of the App Store. In addition, the app soon will be available for download to the iPad.

The ePSS tool is designed to help primary care clinicians choose the appropriate preventive services for their patients. Information is based on the most up-to-date recommendations of the U.S. Preventive Services Task Force, an independent panel of experts that is considered a leading authority in clinical preventive services.

The iPhone/iTouch mobile application allows you to search for recommendations based on a patient’s individual characteristics or risk factors, such as age, gender, tobacco use, and sexual activity. Recommended preventive services are given one of five grades ranging from A (highly recommend) to I (insufficient evidence to make a recommendation).

“It’s all about prevention,” says Weschler, who ensures that the app database is revised the day new rec-
Ric Sapin

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- DailyCoach: https://dailycoach.quantiacare.com
- DiabetesIQ: https://secure.quantiamd.com/player/wdtekug
- Electronic Preventive Services Selector: http://epss.ahrq.gov/PDA/index.jsp
- Epocrates: www.epocrates.com
- JiffPad: www.jiffpad.com
- MelApp: www.melapp.net
- Skin Scan: www.skincanapp.com

olements are released. “It is all about services that can be done in a primary care setting or referred out.”

When the next ePPS update is released early next year, Wescosler expects the app to be more “user-friendly.”

“The task force recommendations are really the gold standard of clinical service preventive recommendations, but they are very technical,” she says. “A clinician who is perfectly capable of understanding the recommendation doesn’t always have time to read through the whole thing. We are looking for ways we can reduce the amount of information while still getting the highlights of the recommendations across through the tool.”

IMAGING

MelApp from Health Discovery Corp. (HDC) and Skin Scan are two skin cancer risk assessment tools aiming for a share of mHealth app dollars. Both iPhone apps are designed to enable users to monitor their moles or skin lesions and provide a risk assessment for melanoma.

Skin Scan, a $4.99 app, and MelApp, offered at $1.99 for a limited time, use the iPhone’s camera to photograph a mole or skin lesion. The apps use proprietary algorithms to determine whether abnormal growth patterns exist that warrant a visit to a physician. Skin Scan Lite, a free app, does not provide users with a risk assessment.

MelApp uses its multipatented Support Vector Machine-based image analysis of the skin to assess a mole or other skin lesion’s risk of being a melanoma. The app was validated using an image database licensed from Johns Hopkins in Baltimore, Maryland.

“In all cases, we refer you to a physician in your area, because no one claims an iPhone app can be a medical diagnostic tool to replace a doctor,” says Stephen Barnhill, MD, chairman and chief executive officer of HDC, Savannah, Georgia. “This is to raise awareness and to get people to take pictures of things like moles and such that concern them and get them to the right doctors so they can get the right treatment.”

MelApp uses global positioning system technology to refer users to nearby physicians who specialize in the diagnosis and treatment of melanoma for proper medical follow-up, without the need to input a zip code or personal information.

You can become a subscribing member of HDC’s physician referral network by contacting melapprefer@healthdiscoverycorp.com. Barnhill says physicians currently do not pay a fee to belong to the referral network, but they may in the future.

Created for the iPhone, iPod Touch, and iPad, MelApp was released on the Android Market in early October.

Romania-based Skin Scan says its app’s use of fractal analysis differentiates it from its competitor.

“It is probably the first time someone has used fractal analysis to look at skin lesions and see if they have an abnormal growth pattern,” says Skin Scan co-founder Victor Anastasiu. “The particularities of this method allow us to circumvent a few issues presented by image analysis in general—for example, isolating an object in a given picture.”

Although both companies state that their apps should be used for educational or informational purposes only, Anastasiu says Skin Scan will apply for U.S. Food and Drug Administration (FDA) approval. Barnhill, however, does not believe MelApp is an FDA-regulated device, because cell phone customers (not patients or physicians) use it, it makes no claims of being a medical diagnostic tool, and it refers 100% of users to physicians for follow-up exams.

Satish Misra, MD, an internist at Johns Hopkins Hospital and senior editor of iMedicalapps, believes that federal regulators soon may usher in a change in the mHealth app market landscape.

“It will be interesting to see how the industry changes when you add FDA-level regulation into the mix,” Misra says. “This industry was largely two guys in a garage putting together an app. Now it’s professionalizing more and more.

“When the FDA comes in, and suddenly you have to file paperwork with them and do post-market surveillance or adverse-event reporting, the barrier to entry becomes higher. Maybe not substantially higher, but a little bit higher.”

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