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News & Updates



The Value of Electronic Medical Records - A Physician's Perspective

Implementing an electronic medical records system (EMR) in a private practice has not been a small feat for many doctors, just ask Phil Mizell, M.D. Dr. Mizell's practice group of three physicians implemented an EMR system in the spring of 2010. As a result of this implementation, they have noticed quantifiable measures that have been of benefit to their practice.

Dr. Mizell and his partner providers are motivated to use an EMR in their practice to streamline their medical services and improve patient care. The transition to the EMR system was challenging, but not impossible physicians and can now, they state their use of an EMR has been favorable to their practice.

As an advocate for EMRs and the further development of Arkansas's Health Information Exchange, SHARE, Dr. Mizell understands the value of Health IT to both patients and providers. The use of EMRs, has led to more legible doctor's notes, created opportunities for remote access to patient information and allowed the practice to become more organized with electronic charting, creating patient care reports and billing.

Dr. Mizell is a firm supporter of Health IT and often speaks to his patients on the impending use of SHARE and the value it will add their to medical care and treatment. He says that "patients have been very receptive and think services to be offered through SHARE should already exist." [SHARE, the State Health Alliance for Records Exchange](#), will allow providers to share patient care records, increase the efficacy of treatment and potentially reduce medical costs.

Quantifiably, Dr. Mizell has recognized the ease of using EMRs has helped with recognizing important interactions in prescribed medications, alerts about allergies,

efficiency of time and the advantage of E-prescribing for his patients. He states "Electronic Medical Records offer providers a way to stay current in the evolving use of information technology in the medical field."

The use of EMR's in Dr. Mizell's practice allows him to share information with his partner providers and create reports based on PCP referral, while increasing the speed in sending those reports back to referring providers. Since many providers do not currently use EMR systems and especially because they cannot electronically send reports to each other (yet), he continues to receive medical information by fax, or by mail which causes delays and limitations in care.

When asked how advances in Health IT will be used in his office, Dr. Mizell reports that his EMR system will transition to include a web interface for a patient portal and perhaps to expand from using a desktop computer to the use of an iPad during patient visits.

Dr. Mizell offers that the use of Health IT in medical practices and the further development and use of SHARE will provide "quicker, more complete transmission of health and medication information among providers, which leads to more efficient treatment and, ultimately, better care."

Provider experiences like Dr. Mizell's signify the importance and benefit of Health IT and Arkansas' future Health Information Exchange, SHARE. For more information on SHARE and services to [Eligible Providers](#), visit the [Office of Health Information Technology website](#).

It isn't WHAT, it's HOW.

The increasing use of health information technology and the eventual implementation of Arkansas's health information exchange bring into focus the changing landscape of medical records exchange.



What is now exchanged by fax, courier or the United States Postal Service will soon to be transmitted through the Arkansas health information exchange, the State Health Alliance for Records Exchange, or SHARE. This mechanism will facilitate the coordination of patient care, the exchange of medical information between doctors, patients and providers, and will result in expedited medical treatment, reduced duplication of medical tests and potentially reduced costs.

All of these positive outcomes will occur without any changes in the information being exchanged. The only change is the mechanism of that exchange. Privacy and security mechanisms currently in place will remain. Compliance with HIPAA regulations will not be negated with the implementation and use of SHARE.

Here are some details on the upcoming implementation of SHARE:

1. SHARE will be implemented through a phased approach with Phase I utilizing secured messaging to exchange medical information.
2. Phase II will evolve to a fully scaled interoperable health information exchange. Phase II will also allow providers to access and share patient information through a secure mechanism and will further allow patients to have access to their health information to promote patient involvement in their individual health care.

Please visit [SHARE](#) on the OHIT website for more information.



OHIT Calendar

Please note the meeting to be hosted by OHIT and the events to be participated in by OHIT staff.

- September 7 - AFMC eHealth Summit - Pine Bluff, AR
- September 8 - AFMC eHealth Summit - El Dorado, AR
- September 26 - [HIE Council Meeting](#) - Little Rock, AR

Arkansas Department of Health - Meaningful Use Phase I Exclusion



The Arkansas Immunization Registry, also known as the Immunization Network for Children (INC), is preparing for interfaces between the registry, electronic health records, and the Health Information Exchange. Preparations include updating the registry to meet the HL7 2.5.1 standards as defined by Phase I criteria for Meaningful Use. However, due to the process for registry updates and other needed enhancements, testing and validating provider HL7 interfaces with the registry will be temporarily suspended.

When immunization registries are unable to meet the Phase I criteria, "exclusions" are allowed as defined by CMS: "If the immunization registry does not accept information in the standard to which your EHR technology has been certified-that is, if your EHR is certified to the HL7 2.3.1 standard and the immunization registry only accepts HL7 2.5.1, or vice versa-and if the immunization registry is the only immunization to which you can submit such information, then you can claim an exclusion to this Meaningful Use objective because the immunization registry does not have the capacity to receive the information electronically.

The capacity of the immunization registry is determined by the ability of the immunization registry to test with an individual EP or eligible hospital. An immunization registry may have the capacity to accept immunization data from another EP or hospital, but if for any reason (e.g. waiting list, on-boarding process, other requirements, etc) the registry cannot test with a specific EP or hospital, that EP or hospital can exclude the objective. It is the responsibility of the EP or hospital to document the justification for their exclusion (including making clear that the immunization registry in question is the only one it can submit information to). If the immunization registry, due to State law or policy, would not accept immunization data from you (e.g., not a lifespan registry, etc), you can also claim the exclusion for this objective.

Please note, this FAQ applies in principle to all of the Stage 1 public health meaningful use measures (syndromic surveillance and reportable lab conditions)." The suspension will not affect the ability of providers that are currently using an HL7 interface with the registry. Providers that are in the testing phase of an HL7 interface will be given the option to continue the process into production or receive the exclusion. It should be noted that the exclusions will not affect the ability of the provider to receive incentive funding for HL7 interface development.

In order for providers to meet Phase I criteria for Meaningful Use, the Arkansas Department of Health is providing the following instructions to providers making HL7 interface and/or exclusion requests:

1. A provider will contact the INC staff at Immunization.HelpDeskRegistry@arkansas.gov or by phone 1-800-574-4040 to request an HL7 interface or exclusion
2. An e-mail will be sent to the provider outlining the requirements needed to prove HL7 capability
 - a. INC staff will send an e-mail requesting the name of the EHR software and the HL7 version being used
3. The provider will state the EHR software name and attach any supporting documentation, which should include proof of installation at provider's location(s) and technical specifications of the EHR system installed, as proof of HL7 readiness
4. The INC staff will review the delivered information and supporting documentation for the exclusion
5. If the provider meets the requirements, the INC staff will send the provider and official document stating they are eligible for exclusion
6. The provider will need to provide this documentation during the attestation stage of Phase I to finish the exclusion process.

Once registry upgrades to HL7 2.5.1 are in place, the Arkansas Department of Health will resume activities to test and verify that provider interfaces with the registry are operational.

Arkansas Office of Health Information Technology | 1401 W Capitol Ave. | Victory Bldg. Plaza G | Little Rock, AR 72201

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Website: <http://ohit.arkansas.gov/>

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