Operator: Good afternoon. My name is (Andrea) and I will conference operator today. At this time, I would like to welcome everyone to the “What Happens After You Sign with MO HIT Assistance” conference call.

All lines have been placed on mute to prevent any background noise. After the speakers’ remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key.

Thank you. I would not like to turn the call over to our host, Ms. Lorelei Schieberdecker. You may begin your conference.

Lorelei Schieberdecker: Thank you, (Andrea). Good afternoon and thank each and every one of you for joining us at this Webinar. In addition to the Q&A session that we’ll have at the end of the presentation, we also encourage you to submit your questions via the Chat Window on the Webinar and if you experience any problem please type those into and we’ll try to address them as we go along.

Just as kind of an introduction to the presentation you’re going to hear in just a minute, I’m sure you’re all aware the HITECH Act authorized what are called Health Insurance Technology Extension Centers and these Regional Extension Centers are there to support and serve healthcare providers to help them quickly become adept in meaningful use of electronic health records.
And they’re designed to make sure that primary care clinicians get the help they need to use these electronic health records.

And the overall thought was that the Regional Extension Centers will provide training and support services to these doctors and other eligible providers in adopting the electronic health record system for new information and guidance to help with the electronic health record implementation and then to give technical assistance as needed.

So Missouri Health Care Providers currently use the electronic health record, and those of you who are just kind of thinking about it or just beginning this journey, are very fortunate to have the Missouri Health Information Technology Assistance Center as a valuable resource to support and accelerate your meaningful use of electronic health record technology.

And our guest speakers today are from the Missouri Health Information Technology Assistance Center based out of Columbia, Missouri and they’re going to share with you how they can help you streamline the process and ensure you’re getting the most out of electronic health record system in order to help you maximize those electronic health record incentive payment. So whether you’re currently using electronic health record system or you’re just thinking about making the switch, I know you’re going to be interested in listening to them describe the steps that you can expect to take once you become a member of the Missouri Health Information Assistance Center.

So on the Webinar with us today, we have Becky Woelfel and Nancie McAnaugh, Rachel Mutrux, Darcy Jacopchek from here in my office, I’m sorry – (Sue Shumate) from Primaris, who is an affiliate with the University of Missouri, the Missouri Health Information Technology Assistance Center.

And I’m now going to turn it over to Nancie who’s going to share with you a little bit more about our individual presenters or speakers today. Nancie?

Nancie McAnaugh: Thank you, Lorelei. Appreciate it.

And I want to start off this call by, again, thanking CMS for setting this up for us. Without their help with this Webinar, it just wouldn’t have happened. So
Lorelei, kudos to you and everyone there at the Kansas City Office. We appreciate it.

I am Nancie McAnaugh. I am the Project Outreach and Education Director here at the Missouri HIT Assistance Center and then also work in the center for Health Policy here at the University of Missouri, Columbia.

And with me today will be Rachel Mutrux. She is the head of the Missouri Telehealth Network, but is also a director at the Missouri HIT Assistance Center.

And then at the end of the call, one of our partners, (Sue Shumate) will be here as well, from Primaris, because this is really a partnership between the University Health Information – Informatics here at the university, Family and Community Medicine, and then our outside partners, who without whom we would not be able to help folks actually transition from a paper record to electronic record. So I want to thank everybody at the beginning of the call so I don’t forget.

The Missouri HIT Assistance Center is really a federally designated extension center for the State of Missouri. And so we partner with Health Management and Informatics, Family and Community Medicine, and then our community-based partners who really are the ones who are going out and working with individual physician practices in offices.

And so, right now, we’re partnering with HIDI, which is the Hospital Industry Data Institute and they are primarily working with the Critical Access Hospitals and rural hospitals here in the State of Missouri to help them transition over to an electronic health record.

In addition in the Kansas City area, we’re partnering with the KCQIC or the Kansas City Quality Improvement Consortium, the Missouri Primary Care Association who’s predominantly working with our (SQH) space here in the state. Again, the Missouri Telehealth Network and then Primaris.

We were awarded our grants on April 6th of last year and currently right now there’s about 62 Regional Extension Centers across the U.S. who’ve been
charged by the federal government to help with this electronic health record rollout.

So our vision here at the HIT Assistance Center really is to assist Missouri’s health care providers in using electronic health record to improve the access and quality of health services, to really reduce the inefficiencies and avoidable costs that we all know currently exist in the system, and to optimize the health outcomes of Missourians.

Thus, Assistance Center is funded through an award from the Office of the National Coordinator for Health Information Technology, which is housed in the Department of Health and Human Services. And, again, really our mission is to serve primary care providers, critical access and rural hospitals and really provide comprehensive support and assistance for any provider who’s seeking to advance their readiness, to adopt or become a meaningful user of health information technology. Again, as the federal government has really charged us as the Regional Extension Center with focusing on what they term “priority primary care practices” and other settings which serve underinsured or uninsured or medically underserved populations.

So we’re really here to disseminate best practices and educational materials to accelerate those efforts to adopt and utilize health information technology really to improve the quality and value of health care and really to establish relationships with partners so that we can leverage and disseminate a real broad array of technical assistance services and tools to really help those priority providers in selecting, implementing and, again, achieving meaningful use of certified electronic health records.

And so obviously we all recognize that there are challenges or opportunities in adoption of electronic health record. Really, several unique challenges facing primary care providers who practice particularly in small practices or clinics, and those include administrative and financial burden, obviously systems are expensive. At the very beginning, people are uncertain about their return on investment if they install an electronic health system in their practice. People have concerns about provider and staff productivity at the very beginning
because workflow redesign is critical in order to make electronic health record implementation successful.

And then really there seems to be some uncertainties still about the financial incentives that are out there through Medicare and Medicaid. And one of the things that we really have been trying to stress with people as we’ve been going out and talking to folks across the State of Missouri is that the incentive payments for Medicare and Medicaid are completely separate from health reform. They actually were passed in a different law, the American Recovery Act. And so still pretty confident about the fact that those dollars are going to continue to be around in the future.

Everybody from the RAND Corporation to Newt Gingrich to the Obama administration have been out there talking about electronic health record and all understand the importance as we move forward in trying to improve clinical outcomes to move the health care system into a paperless system or as paperless as it possibly can be.

Obviously there’s also technical concerns or technical challenges when you move to electronic health record, concerns about technically supporting the system, concerns about lack of necessary computer skills that your office staff might have. Really how to find the right EHR to suit your practice needs because each practice is different and really going in and doing that assessment about what system is best for you is critical at the beginning.

Having the right IT staff in place and then really the possibility of information overload. If you have been doing some investigating out on the Internet, there are just dozens and dozens of Web sites out there now completely focused on electronic health record and it can be daunting trying to wade through all the information that’s been posted out there.

And then really an organization change as well, because initially you have to sit down and you really have to redesign the way your workflow move to your office in order not to disrupt productivity. The privacy and security concerns that people have related to electronic health record or any electronic system. And then really how do you maintain patient centeredness and satisfaction at
the same time while you’re moving to this new system or you have to be focused on computers.

And so EHR is required significant support to clearly carry out proper workflow redesign, and I can’t stress that enough. That’s probably the most critical piece of implementing an electronic health system in your practice. If you don’t do the work at the very beginning, the results of implementing can really be piecemeal and less effective use of your electronic health record capability and fewer financial and quality benefits to the practice from actually implementing EHRs.

We need to spend a substantial time customizing forms and redesigning workflow. If you don’t do that at the very beginning, more time spent with patients lead to longer workdays or fewer patients during the initial period, again, if you don’t go through the process of doing workflow redesign at the front end. And then really overburdened planning and implementing without additional technical support can be a problem when you’re implementing EHRs within your system.

So for the Regional HIT Assistance Center, we will serve primary care providers, including physicians and those include Internal Medicine, Family Practice, OB/GYNs and Pediatrics physicians, and then other health care professionals as well, Nurse Practitioners and Physician Assistants to have prescribing privileges in the following settings. So we’re looking at small group practices, 10 or fewer providers with prescriptive privileges; ambulatory clinics that are connected with a public or critical access hospital; community health centers and rural health clinics; and then other ambulatory settings that, again, that predominately serve uninsured, underinsured and medically underserved populations. And then in addition, we have also been tasked in conjunction with our partner at the Missouri Hospital Association, HIDI, to help 55 Critical Access and Rural Hospitals here in the state as well.

And so really, this just gives you a kind of an idea of the demographics of the State of Missouri, which will probably change tomorrow when the new (set) of figures come out. But right now we have almost six million people in the state. Got about 5,300 primary care providers, about 3,400 priority primary
care providers. And then our target number that we’ve negotiated with the federal government on is really reaching 1,167 of those primary priority PCP providers.

So here at the HIT Assistance Center, we really are a select group – one of the select groups of organizations throughout the U.S. that’s been designated as having the experience and the capacity necessary to really assist health care providers with the task of modernizing their practices with certified EHRs. We’re an independent, non-profit organization. And really the reason we exist is to provide technical assistance and guidance and information on best practices to support and accelerate your effort to become a meaningful user of certified electronic health record technology.

We provide direct, rapid and reliable access to a pipeline of key information on health IT and meaningful EHR use. And for providers who don’t have a certified system already, we can help you choose and implement one in your office. And then for providers who already have a system, we really help you meet the Medicare or Medicaid criteria for incentive payments to help you become meaningful users of that certified technology.

Some of the services that we provide in conjunction with our partners through the center, our continuing education and training for all providers, not just those priority providers that we’re working with on electronic health record. We help with vendor selection and group purchasing. We are currently in the process of finalizing a group purchasing agreement with 11 different EHR vendors where they will be partnering with us in order to give better prices as far as their EHR technology is concerned. In addition to that, we also had been doing contracts with different vendors who have specific expertise that might be needed or utilized by a practice. For example, security concerns or HIPAA concerns that a practice might have.

We’re able to do EHR implementation and project management for you, Practice Workflow Analysis and Redesign. So really we get out there and do that Practice Readiness Assessment to see where on the continuum are you. Are you ready? Are you not ready to move to an EHR? How you deal with the issue of change management because change is much more comfortable
for certain individuals who will be working in your practice than others, so how you really manage your way through that process. And then, again, how do you redesign your workflow so that you have the least interruption possible as you move to this new technology.

We also look at functional interoperability with the Health Information Exchange that the State of Missouri will be bringing up. And then we really, again, help providers achieve meaningful use.

So really one of the reasons why we wanted to have this Webinar now is to let you know that we’re here. Our support is just for you. Currently, the federal government is subsidizing the fees. If you were a private provider who was not in our target list, the fee for our services is $5,750. So the government right now is subsidizing that. So there’s a $750 annual subscription fee. We also have the ability depending on situations that currently exist within your practice to look whether we need to modify that fee as well. Again, in the process of finalizing our group electronic health record pricing that will be available to those members who join the Regional Extension Center and then really to be able to pull down the maximum amount of incentive money available to you possible, because that really is critical.

This is a chart that will show you who is actually eligible for, again, the subsidized assistant center services, and I understand that this chart is very small and so I apologize in advance, but assuming that you will have the possibility of printing this off back at your offices and taking a closer look at it.

And what I’d like to do now is turn this over to Rachel Mutrux, who, again, is with the Missouri Telehealth Center, and is also a co-director of the HIT Assistance Center, to walk you through what we do if we go out and work with a practice that doesn’t have an electronic health record and then also what we and our partners do when we go out and work with a practice that currently already have an electronic health record.

So, Rachel, go ahead and turn it over to you.

Rachel Mutrux: Thanks, Nancie.
So, as Nancie stated, there are really two tracks – OK. There are two tracks – whether if you’re an existing electronic health record user or if you do not have an electronic health record that you have in your office but you’re looking to purchase one.

So for doctors that already have electronic health record in their practice this slide show the different stages of how we will be able to help you. So if you already have electronic health record, we’ll come in and take a look at your existing use of that record and run reports with you and look at your workflow and find out if there are any bottlenecks or problems with that, and look at the reports that you’re doing and compare it to what is going to be necessary for meaningful use. Whether you decide that your providers are interested or eligible for Medicare versus Medicaid incentive dollars, we can help you make some of those decisions based on some of the reports that we run and then help you fully get to where you can attest for each individual provider for the meaningful use.

So this slide shows a list of the different things that we can – that we will help you do. As soon as we get the contract signed and we come and visit you, the first bullet point on there is the site visit and assessment. We do have an implementation specialist on the line with us who can go into some more detail on some of these points when I finish a few more slides. But we’ll come and take a look at your practice and do an assessment with tools that we have and then we will work with you to explain what the outcome of that assessment is and work together to create a roadmap and project plan for each step to get meaningful use.

If there are questions or problems with the workflow, we’ll help you take a look at that and see where we can make some helpful suggestions. We will track the meaningful use where you are to get to stage one and then help you with the plans to get to stage two meaningful use. Privacy and security assessment are one of the things that we will be able to offer as part of this package.
And then once you – we can help you attest to CMS the meaningful use but you have to do that on your own. We will just help you prepare for that and then we can also tell the federal government that in our project we helped you attest the meaningful use (of you) there.

So in each of the steps to get meaningful use from the readiness assessment, to render selection – from the vendor selection, we already have done an evaluation of 27 different vendors and we had physicians from around the state, primarily physicians that are in small practices do a very in-depth evaluation of those 27 different providers who are vendors that responded to our request for information last summer.

And we have narrowed that list now down to, I think, nine different vendors that we are in the process of negotiating terms, conditions and pricing with a group purchasing organization, so that all of them – everyone who signs up with the Assistance Center will also get the benefit of working with (group) through purchasing organization for those vendors.

The meaningful use attestation piece is something that, again, we will help you with, but as practices, you do have to do that on your own with some of our incentives – or with our expertise and knowledge to help you with that. And then the last piece, of course, once you’ve attested that meaningful use, then hopefully you’ll be pulling down those incentive dollars.

For new electronic health record users, there are several phases to get to the place where you can get that electronic health record installed and implemented and being used. And while most of the work will be done by the vendor themselves, we understand that our priority primary care provider practices may not have the time or expertise to work the most effectively with the vendors. And that’s some of the work that we will be doing as acting on behalf of these practices as an intermediary between the practice and the vendor themselves.

So the assessment includes the readiness assessment, which has an organizational component, talking to management and leadership. Some of these – the readiness assessment include some objective types of information
that we are going to come in and take a look at the layout of the clinic and assess what technology you’re currently using and what you want to use. And there’s another piece that is a subjective piece that we would talk to the different providers and staff in the clinic and find out if they’re ready to move to the electronic health record and find out their attitude and things like that about the use of electronic health records.

The Phase II for planning for electronic health record includes identifying within each practice the group of people that are going to help move the project along from understanding what the goal is and then working each step of the way to get to those goals. So helping you prioritize goals and objectives, understanding that there might be a need to be some work for redesign, so redesigning the workflow is one thing that does have to happen. On the other hand, you want to make sure that the electronic health record you get (matched as) closely as possible to your existing workflow.

So as an example on this, I talked to someone in a clinic in the Southwest part of the state who purchased an electronic health record. And in that electronic health record, you have you have to – the patient had to stop at a checkout station in order to finish up their visit at the doctor. But the way that their workflow was in the clinic, the patient would just leave from the room. The nurse was (inaudible) from the room. So their electronic health record system did not match the way that they currently have their practice run. So they did have to go back to the vendor and have the vendor make changes to that electronic health record so they bought match. That’s an example of workflow redesign on both ends, both in the clinic and for the electronic health record.

We do have expertise in the different technology and product requirements so that if you pick an electronic health record, before you get the electronic health record, you may have to have some rewiring done in your building. You may need to decide on new computers or other types of technology and we can help do that.

And then, of course, investigating the EHR solutions that are out there once we do an assessment and find out what your requirements are then we can
narrow out the list down to a few that you can then do your own provider evaluation. So your health care – we can set up a date for your providers to evaluate the different products over the Web, for example, over the lunch hour, if they don’t take patients at that time.

And then, of course, trying to get to a point where you’re selecting an electronic health record and then you would be getting into a contractual relationship with that vendor to purchase that electronic health record. And with the group purchasing organization, we do have a standardized contract that will be available for a certain number of different vendors.

Implementing the electronic health record, again, a lot of this is for the vendor to do, but there are things that we may be able to help provide some (oversight) or management for that at least to make sure that the vendor is keeping on track for the work plan and doing the appropriate amount of training for everyone within the clinic.

So once your electronic health record is installed and you have gone live, then you’re going to have to take another look at the way that you’re using that electronic health record and make sure that you’re getting all of the information into the right place in the electronic health record. And as an example on this, some of the folks that we’ve talked to that already have an electronic health record, their providers were using – instead of using the specific data fields to enter some of the data about the patients, they were doing free text and free text areas of the electronic health record. And the problem with that is that when you run a report and you try to pull out those distinct data sets, then there’s nothing in there because the doctor entered it into the free text. So while they do have an electronic health record and while they are using it, there may need to be a little bit of training and (inaudible) to make sure that people are using it in a way that’s going to get them to meaningful use.

The next phase is continuous improvement. And so we want you to be able to monitor your patient satisfaction and staff satisfaction with the product that you have chosen and make sure that they are fully productive on that product as well. And then ongoing work with your vendor to make sure that they’re
doing the job that you have hired them to do and help identify best practices of electronic health record use.

So that’s kind of the end of my presentation. We’re going to open up for the next – for the rest of the call for questions. I would like to see if (Sue Shumate) from Primaris is on the phone and if you had anything specific that you would like to add for – to this presentation, (Sue).

(Sue Shumate): Hi, Rachel. No. Thank you very much. You did a fantastic job. And the main thing is, is that when I do come out and visit a practice, you know, we do follow a fairly regimented layout just as – just as an outline, you know, just to make certain that we’re not overlooking anything.

But each practice that I visited so far, there are different stages of achieving meaningful use or in their search for an EHR product. So the service that we do perform is customized to that particular practice. So, you know, what you laid out was a very good outline of really the procedures that we go by, and then along the way we might have to veer off a little bit depending on the practices needs.

So I don't know if anyone has any specific questions.

Lorelei Schieferdecker: OK. We’ll go ahead and open up the lines and see if there might be any questions out there.

Operator: At this time, I would like to remind everyone in order to ask a question, please press star then the number one on your telephone keypad. And we’ll pause for a moment to compile the Q&A roster.

So, again, if you would like to ask a question, please press star followed by the number one on your telephone keypad.

And the first question comes from the line of (Bridget Curtis) with (inaudible). Your line is open.
(Bridget Curtis): Yes. The information that was shared with us today, would we be able to print this information out online or how would I be able to (inaudible) this information in order to submit it to my superior?

Female: It is actually going to be on our Web site. It’s the Missouri HIT Assistance Center Web site and it will also be posted on CMS’ Web site for 30 days after this Webinar happened. So you’ll be able to both download the slides and then if you wanted to listen to the audio again, you’d be able to do that.

(Bridget Curtis): That’s great.

Nancie McAnauh: But it will eventually be on the Missouri HIT Assistance Center Web site as well.

(Bridget Curtis): Thank you.

Nancie McAnauh: Thank you.

Lorelei Schieferdecker: Nancie, this is Lorelei and I need to make a quick – a simple correction. We will be posting it on our Web site but there will be a member available that we can provide you. You can send out to your partners or interested parties to be able to call in to the recording of this.

I’m thinking it’s probably going to be about three days before that’s been available…

Nancie McAnauh: OK.

Lorelei Schieferdecker: … if they want to contact you or I’ll send you the information.

Nancie McAnauh: OK. Thank you, Lorelei.

Operator: Your next question comes from the line of Kelly Wilson with Places for People Incorporated. Your line is open.

Kelly Wilson: Hi. Thank you. My question is around eligibility for MOHIT services. Do you have to be primary care?
I’m calling from a mental health center that does a great deal of work around supporting primary care. So we primarily provide mental health services currently. We’re going to be cooperating and partnering with (NFHQC) probably in the near future. Would we be eligible for MOHIT services?

Rachel Mutrux: Kelly, could you tell me the name of your organization one more time?

Kelly Wilson: Places for People Incorporated.

Rachel Mutrux: OK. And just as a hard and fast rule, right now the community mental health centers are not eligible for this because they do not provide primary care to their patients. However, we all know that many people consider the care that they get from those community mental health centers to be primary care. This is an area that we are working with our funding agency to hopefully get some expansion and changes in the future. But the way it stands right now, we are not able to help you for the subsidized (rates), which is – which Nancie listed as the subsidized rate of $750 per prescriber, and then the unsubsidized rate would be closer to $5,700 per prescriber.

So I apologize that we cannot help you with that right now. Hopefully you’ll get partnered up with (NFQHC) like you said, and then (NFQHCs) are eligible for this service.

Kelly Wilson: OK, but we could purchase the service at $5,700 per prescriber?

Rachel Mutrux: That is correct.

Kelly Wilson: OK. Thank you.

Rachel Mutrux: Yes. How many prescribers do you have in your location? Just so I can kind of jot that down, Kelly.

Kelly Wilson: You know what, I don't know. I’m going to have to double check.

Rachel Mutrux: OK. There is a – there’s a restriction with how big the locations are. Most of the community mental health centers don’t have more than 10 prescribers, but that’s another area that we would have to work with you on individually.
Kelly Wilson: We have less than 10.

Rachel Mutrux: OK. Yes. My contact information is available on our Web site, and I think it was at the end of this. So feel free to contact me directly if you’d like.

Kelly Wilson: OK. And what was your name again? I’m sorry.

Rachel Mutrux: Rachel Mutrux, M-U-T-R-U-X. And that’s the slide that’s up right now, the EHRhelp@missouri.edu, that will come directly to me.

Kelly Wilson: OK. Thank you.

Operator: Your next question comes from the line of Chad Smith with Putnam County Memorial Hospital. Your line is open.

Chad Smith: Yes. Hi. I was curious, will you provide the – or when will you provide the list of EMRs that are – that you’re partnering with?

Female: Chad, hi. How’s it going?

Chad Smith: Just fine.

Female: We will have that list available as soon as the contracts are finalized with the group purchasing organization. Are you interested for your ambulatory clinic or for your hospital?

Chad Smith: For the hospital.

Female: And so the list that we have are specific to ambulatory clinics, not for the hospitals. But I would like to refer you to Bryant McNally. You might know Bryant already from the Missouri Hospital Association, and (Heidi) for more information on what electronic health records that Missouri Hospital Association may be prioritizing for the critical access hospitals.

Chad Smith: OK. And that’s what – yes. That’s what we are. We’re a critical access hospital.

Female: Right. Right. And so do you know Bryant McNally?
Chad Smith: Yes.

Female: OK. If you just want to reach out to him and find out what information he has. I think he can be helpful for you.

Chad Smith: OK. Thank you.

Operator: So, again, if you’d like to ask a question, please press star then the number one on your telephone keypad.

Your next question comes from the line of Stacy Neale with Sac-Osage Hospital. Your line is open.

Neal Holt: Well thank you. I think Chad already asked the question. When do you – when do you think you’re going to resolve or get those contracts signed?

Female: Hi, Chad. Or – tell me your name? (Inaudible).

Neal Holt: This is Neal Holt. Stacy was the one that opened the conference call.

Female: Oh, right. Neal, I think, again, this is specific to the – the contracts that we’re working on are specific to the ambulatory side, not for the hospital side. But…

Neal Holt: Right. But we have two rural health clinics we’re looking for.

Female: Oh, great. OK. I think those – they’re looking to have those ready in the next two to three weeks. They’ve been working on it for a few weeks now, and so they’re estimating that those will be ready in the next two to three weeks.

Neal Holt: OK. I’ll just follow up on your Web site. Thank you.

Female: Thanks, Neal.

Operator: So, again, if you’d like to ask a question, please press star then the number one on your telephone keypad.

Female: It looks like we’ve got a question in our chat room as well by Tina, asking how do we schedule a visit and assessment?
Rachel Mutrux: Tina, are you – are you able to talk on this line as well? Can you hit star one?

Operator: And Tina, your line is open.

Rachel Mutrux: Hi, Tina.

Tina Gillispie: Hello.

Rachel Mutrux: Hi. What kind of – what kind of a location are you working with?

Tina Gillispie: We’re a critical access hospital, but we have a rural health clinic.

Rachel Mutrux: OK. And what critical access hospital is that?

Tina Gillispie: Harrison County Community Hospital.

Rachel Mutrux: I’m sorry. Say that one more time.

Tina Gillispie: Harrison County Community Hospital.

Rachel Mutrux: Harrison? OK. And Tina, in order to talk further, I think that you and I just need to set up a time to go over, discuss what we can do for your rural health clinics. Can I get your number?

Tina Gillispie: Yes. It’s 660-425-2211

Rachel Mutrux: Say the last four one more time.

Tina Gillispie: 2211.

Rachel Mutrux: OK. So Tina Gillispie at Harrison County. I will give you a call tomorrow. Do you have time?

Tina Gillispie: I should have. Yes.

Rachel Mutrux: OK. So this is Rachel Mutrux, and I will call you tomorrow and we can discuss specifically what your needs are.

Tina Gillispie: OK. Thank you.
Female: You’re welcome.

Operator: So, again, if you’d like to ask a question, please press star one on your telephone keypad.

Female: Nancie, (while we’ve) kind of got a lull in the question and answer period, do you want to maybe share with them, our attendees, some of the upcoming Webinars?

Nancie McAnaugh: Certainly. We invite you to join us for our next Webinar and audio conference that actually is going to be at 11:30 on Thursday, March 10. And it’s going to be entitled “Putting the Meaning in Meaningful Use.”

And so during that Webinar we will delve into the details on meaningful use objectives and clinical quality measures. That’d be a great time to improve your understanding of meaningful use and ask questions about that topic as well.

So details about that event can be found under the upcoming events section of the Missouri HIT Assistance Center Web site, which is ehrhelp – all one word – .missouri – spelled out – .edu. So again that’s ehrhelp.missouri.edu.

Operator: And you do have a follow up question from the line of Kelly Wilson from Places for People Incorporated. Your line’s open.

Female: Hi, Kelly.

Kelly Wilson: Hi. This will probably be my last question. I’m wondering if you’ve ever done any work with CareLogic, specific EMR?

Female: I don’t have knowledge of that specific product. (Sue), do you know anything about that?

(Sue Shumate): Hi, Kelly. CareLogic – I have to say I have not run across that one. Is that specific to mental healthcare practices?

Kelly Wilson: I think that yes it is.
(Sue Shumate): OK. And who is the vendor for that? Do you know?

Kelly Wilson: I do, and I’m like (GE) or, you know…

(Sue Shumate): Certainly we have resources that we can find out information about different EHRs.

Kelly Wilson: It’s – Qualifacts is the vendor and CareLogic is the software. That’s CareLogic Enterprise.

(Sue Shumate): OK.

Female: We can – I can send this question out to our HER expert, and Kelly, would you mind giving me your e-mail address and I can go ahead and get that information back to you.

Kelly Wilson: Oh, that would be wonderful, kwilson@placesforpeople.org.

Female: So I’ll have (Martha Lead), our EHR expert, do a little bit – find out a little bit of information about this, including whether or not it’s certified.

Kelly Wilson: OK.

Female: (Sue), were there any other things that you’d like to add about that?

(Sue Shumate): No. That was my one thing that I was going to say, not being familiar with that one. We do have the resources to see if it is certified.

Did you have any specific questions, Kelly? This is the system that you have installed right now?

Kelly Wilson: That’s correct.

(Sue Shumate): OK. Yes. And we can go ahead and I can just do that and take a look at – if that is certified. I can do that right now.

Kelly Wilson: OK.
(Sue Shumate): OK? And I’ll get back with you when I have that information.

Kelly Wilson: Thank you.

Operator: And there are no further questions on the telephone lines at this time.

Female: OK. Well, I want to thank all of you for your attendance today, and I look forward to working with you towards the adoption and meaningful use of electronic health records. We again also want to thank Lorelei Schieferdecker and the Centers for Medicare and Medicaid Services for hosting this Webinar and audio conference.

And we will be scheduling additional Webinars. We’re going to repeat this one closer to the end of March. But we’ll also be looking at putting together Webinars on attestation and some of the other issues that we know are of importance to you all.

So you might want to bookmark the EHR Health Web site because we will be posting those future Webinars on that Web site so that you have an opportunity to keep up the data on some of the new things that we’re scheduling. And I encourage you to check out the Web site as well. There’s a lot of really great information out there on meaningful use, electronic health record, and then a frequently asked questions section that we’ve got out there related to electronic health records and Medicare and Medicaid incentives.

As the Missouri Health Information Organization gets up and running, gets an executive director hired and starts rolling out their plan for a statewide health information exchange, we will also be posting information on it on our Web site about that exchange as well, because obviously that’s going to be a critical piece going statewide with information exchange here in the state of Missouri and the more opportunities and venues to get that information out to folks the better all we’re going to be.

In addition, for you folks who are in rural Missouri, we are going to be doing a tour of Southern Missouri March 14th to 15th and 16th. We will be traveling to Rolla, West Plains, Poplar Bluff and Lebanon to talk to folks about electronic health records, meaningful use and the Medicare and Medicaid
incentive programs. So we’ll be posting information on it on our Web site as well about the actual sites that we’ll be visiting and really trying to focus on rural health clinics and the special needs that they have in moving to an electronic health record.

So if you’re in those parts of the state where we’re going to be, I encourage you to stop by and visit with us when we’re out there. And again, that information will be on our Web site.

Lorelei, I’ll go ahead and turn it back over to you.

Lorelei Schieberdecker: OK. I have nothing else to offer other than to thank the Missouri Health Information Technology Assistance Center for providing the Webinar today. The information I believe is invaluable.

Hopefully they answered your questions. If later on today or in the days to come you’d come up with another question or you’re sharing the information with one of your colleagues, please provide them the contact information through Nancie McAnaugh or Rachel Mutrux or Becky Woelfel or even (Sue Shumate) and contact them directly.

Female: And I just wanted to add that Kelly Wilson, I think Rachel just got your e-mail. I can forward you just some information that I just pulled up. And so how about if I send that via that e-mail, would that work?

Operator: Her line is muted at this time.

Female: It is. OK. Well, Kelly, just know that I did find some information and we will get that to you as soon as we can.

Female: And (Sue), thank you very much for being on the call today. We really appreciate it.

(Sue Shumate): My pleasure.

Female: And for the folks at CMS as well, Darcy, appreciate it as well.

Darcy Jacopchek: My pleasure.
Operator: This concludes today’s Webinar. You may now disconnect.

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