

ArcBITS Newsletter

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ArcSys Hot Tip

LOINC 2.68 has now been released and installed on Red Planet EMR systems. Of particular note it contains the lab codes related to SARS-COVID-19. In total there are 79 codes. Here are some:

94809-1 COVID-19 INTUBATION PROGRESS NOTE
 95041-0 COVID-19 PROGRESS NOTE
 94814-1 CRITICAL CARE MEDICINE COVID-19 CONSULTATION NOTE
 94723-4 EMERGENCY DEPARTMENT COVID-19 INITIAL EVALUATION FORM
 94808-3 RESIDENT COVID-19 INTUBATION CONSULTATION NOTE
 60426-4 SARS CORONAVIRUS AB [TITER] IN SERUM

Changing of the Guard

When a new provider comes on board, it is a pretty straight-forward process to assign a new number. The original doctors in the group are 1, 2, 3 and 4. Referring doctors get assigned a new number and so over time they might range from 5 to 265. Doctor 2 now decides to retire and a new provider joins the group and becomes 266.

For whatever reason, there just seems to be something about wanting to keep all of the doctors that are part of the group to be a single digit (or double if there are more than 9). What to do?

Red Planet now has a new process known as REMAPDOCTOR. It is simple to use and gives you the opportunity to stay within the culture of being a one-digit doctor number group. In order to use this process you must be a super user as defined in the Company Builder, CB.

The first question asks if you have already set up the new doctor. If not, then you will pop into the provider master. Enter the minimum of first and last name. You can fill in the other stuff later.



The second question asks what the “new” doctor is (it will be filled in automatically if you answered Yes to the first question). The screen also asks which doctor number is to be re-mapped (“remap”).

The process will copy the “remap” doctor number to a “next” available number. Then it will copy the provider’s content of the “new” number on top of the “remap” number. Now the heavy lifting begins. All of the transactions, patient medical records, appointments and every other file where doctor numbers are stored will be changed to take the “remap” and change it to the “next”. A report will appear when completed.

File	Count	Changed
<input type="checkbox"/> AMAL	399	9
<input type="checkbox"/> ASF	70213	31467
<input type="checkbox"/> CM	857	32
<input type="checkbox"/> DGTR	65161	0
<input type="checkbox"/> DSF	923	13
<input type="checkbox"/> MENC	075	0





“Doctor, doctor, give me the news. I’ve got a bad case, of fed’ral Cures”

The following is from the HealthIt.gov web site:

The goal of ONC’s Cures Act Final Rule is very simple – it’s about access and choice: Patients should be able to access their electronic medical record at no additional cost. Providers should be able to choose the IT tools that allow them to provide the best care for patients, without excessive costs or technical barriers.

Patients must have complete transparency into the cost and outcomes of their care. To that end, the United States Department of Health and Human Services (HHS) is making health data more computable and giving patients more control of their medical record. Putting patients in charge of their health records is at the center of HHS’ work toward a value-based health care system.

The seamless exchange of electronic health information and patient use of smartphone applications (apps) hold huge potential for delivering affordability and quality through transparency and competition. In 2016, Congress passed the 21st Century Cures Act to drive the electronic access, exchange, and use of health information. The Office of the National Coordinator for Health Information Technology (ONC) Cures Act Final Rule implements the interoperability provisions of the Cures Act to promote patient control over their own health information.

For the American public, the Cures Act Final Rule fosters innovation in health care to deliver better information, more conveniently, to patients and their providers. It also promotes transparency through modern technology, providing tremendous opportunities for the American public to gain visibility into the services, quality, and costs of health care. As ONC implements the Cures Act Final Rule’s requirements, patients will begin to get on-demand access to certain information within their medical records, specifically the United States Core Data for Interoperability, which includes clinical notes, test results, and medications. Over the next two years, patients will be increasingly able to choose apps to assemble and read their records, allowing them to shop for care by comparing costs, understanding possible treatments, and expected health outcomes.

When this Cures Act Final Rule is fully implemented, putting the patient first means that health information technology should:

- *Enable patients to make choices that work for them by increasing transparency into the cost and outcomes of care*
- *Allow patients to shop for and understand their options in getting medical care*
- *Provide patients with convenient, easy access and visualizations of health information through smartphone apps*
- *Support an “app economy” that provides innovation and choice to patients, physicians, hospitals, payers, and employers*

So where does that leave Red Planet? We will take a “wait and see” approach. Our government has lofty ideas but the devil is in the details. This is an idea which has been brewing for a long time and not even Microsoft or Google has been able to come up with something that “works”. While discrete data like LDL can be easily tracked the method/style by which individual providers record their visits is the real challenge. This will, in turn, be frustrating to the patient looking at their records on a smartphone.