Alisha Miles, MLIS, AHIP
Assistant Professor
Assistant Director for Public Services
Mercer University Medical Library
@alisha764
DISCLOSURES

Mercer University – employer

Columbus Regional Healthcare – previous employer

No other disclosures
Illustrate ways libraries can assist with Meaningful Use and other areas of the Affordable Care Act.

Identify the latest trends in quality mobile resources used at the point of care.

Implement the latest apps/technology for organizing information.

Recognize the privacy and patient satisfaction implication of apps/technology.
OBJECTIVE #1
ILLUSTRATE WAYS ILLUSTRATE WAYS ILLUSTRATE WAYS LIBRARIES CAN ASSIST WITH MEANINGFUL USE AND OTHER AREAS OF THE AFFORDABLE CARE ACT
Connect resources and stats to goals of your organization.

Combine stats when possible with tangible outcomes.

Stats are important but cannot stand alone.
Overlapping Timelines of ICD-10, Meaningful Use of EHRs, and Health Reform Initiatives

**Federal Fiscal Year**

<table>
<thead>
<tr>
<th>Year</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2010</td>
<td>Transition to ICD-10</td>
</tr>
<tr>
<td>FY 2011</td>
<td>Partial ICD Code Set Freeze</td>
</tr>
<tr>
<td>FY 2012</td>
<td>Transition to ISO10 (Jan. 2012 start)</td>
</tr>
<tr>
<td>FY 2013</td>
<td>ISO10 Operational</td>
</tr>
<tr>
<td>FY 2014</td>
<td>Transition to Next Standard</td>
</tr>
<tr>
<td>FY 2016</td>
<td>Health Plan ID (tent. start May 2012)</td>
</tr>
<tr>
<td></td>
<td>MU – Stage 1 (starts FY 2011)</td>
</tr>
<tr>
<td></td>
<td>MU – Stage 2 (planned start FY 2014)</td>
</tr>
<tr>
<td></td>
<td>MU – Stage 3 (planned start FY 2016)</td>
</tr>
<tr>
<td></td>
<td>Accountable Care Organizations (Jan. 2012)</td>
</tr>
<tr>
<td></td>
<td>Base/performance period</td>
</tr>
<tr>
<td></td>
<td>Value-Based Purchasing (FY 2013)</td>
</tr>
<tr>
<td></td>
<td>Base/performance period</td>
</tr>
<tr>
<td></td>
<td>Readmission Payment Penalties (FY 2013)</td>
</tr>
<tr>
<td></td>
<td>Base/performance period</td>
</tr>
<tr>
<td></td>
<td>Bundled Payment (Jan. 2013)</td>
</tr>
<tr>
<td></td>
<td>Base/performance period</td>
</tr>
<tr>
<td></td>
<td>Hosp.-Acquired Conditions (FY 2015)</td>
</tr>
<tr>
<td></td>
<td>Accounting for Disclosures (start date dependent on rulemaking)</td>
</tr>
<tr>
<td></td>
<td>Patient Copy of Electronic Records (start date dependent on rulemaking)</td>
</tr>
</tbody>
</table>

**ICD-10 Implementation**

Proposed Oct. 1, 2014

**Note:** The Federal Fiscal Year starts on October 1 of the previous calendar year. For example, FY 2014 starts on October 1, 2013.
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$18,000</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>2012</td>
<td>$12,000</td>
<td>$18,000</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>2013</td>
<td>$8,000</td>
<td>$12,000</td>
<td>$15,000</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>2014</td>
<td>$4,000</td>
<td>$8,000</td>
<td>$12,000</td>
<td>$15,000</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>2015</td>
<td>$2,000</td>
<td>$4,000</td>
<td>$8,000</td>
<td>$12,000</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>2016</td>
<td>$0</td>
<td>$2,000</td>
<td>$4,000</td>
<td>$8,000</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>Total</td>
<td>$44,000</td>
<td>$44,000</td>
<td>$39,000</td>
<td>$35,000</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

- **Penalties Begin**: After 2015
- **Maximum Reimbursement**: 100% Reduction
- **11% Reduction**: $4,000
- **20% Reduction**: $8,000

**Note**: The table shows annual adoption costs and penalties for non-adoption, with maximum reimbursement and reduction rates indicated.
“Remember that ‘We have always done it that way’ isn’t an answer, it’s an excuse. Boomers didn’t like that response in the 1960s, and we shouldn’t like it now.”

- President Blog Post. Mark Funk (May 2008)

“Libraries need to look at the changes in society and start asking themselves some hard questions. Are the services/resources we provide for ourselves or for our users. We do a lot of fooling ourselves that some of our traditional services/resources are for our users when really they are for ourselves. For example, why are we checking in print journals? Why do we even have print journals?”

- Sacred Cows and Heretical Librarians. Michelle Kraft (October 2013)
Meaningful Use

- EBM
- Patient Education

IRS

- CHNA
Stage 1: 2011 - Data Capture & Sharing

Stage 2: 2013* - Advanced Clinical Processes
Builds on Stage 1

Stage 3: 2015* - Improved Outcomes
Builds on Stage 2
### Exhibit 1
Stage 2 Meaningful Use Reporting Requirements

#### Report 22 Functionality Metrics

<table>
<thead>
<tr>
<th>Core</th>
<th>Menu</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfy all 17:</td>
<td>Satisfy 3 of 5</td>
</tr>
<tr>
<td>1. CPOE</td>
<td>18. Incorporate imaging</td>
</tr>
<tr>
<td>2. eRx</td>
<td>19. Family history</td>
</tr>
<tr>
<td>3. Demographics</td>
<td>20. Public health surveillance</td>
</tr>
<tr>
<td>5. Smoking screening</td>
<td>22. Other registries</td>
</tr>
<tr>
<td>6. Decision support</td>
<td></td>
</tr>
<tr>
<td>7. Lab values</td>
<td></td>
</tr>
<tr>
<td>8. Patient lists</td>
<td></td>
</tr>
<tr>
<td>9. Follow-up reminders</td>
<td></td>
</tr>
<tr>
<td>10. Patient view, transmit, download</td>
<td></td>
</tr>
<tr>
<td>11. Clinical summaries</td>
<td></td>
</tr>
<tr>
<td>12. Patient education</td>
<td></td>
</tr>
<tr>
<td>13. Patient email</td>
<td></td>
</tr>
<tr>
<td>14. Medication reconciliation</td>
<td></td>
</tr>
<tr>
<td>15. Care transitions</td>
<td></td>
</tr>
<tr>
<td>16. Immunizations</td>
<td></td>
</tr>
<tr>
<td>17. Data security</td>
<td></td>
</tr>
</tbody>
</table>

#### Report 12 Clinical Metrics

<table>
<thead>
<tr>
<th>Clinical quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 options for reporting 12 measures:</td>
</tr>
<tr>
<td>- Option 1</td>
</tr>
<tr>
<td>- Choose at least 1 measure from 6 categories</td>
</tr>
<tr>
<td>- Option 2</td>
</tr>
<tr>
<td>- Submit 11 “core” measures plus one additional measure</td>
</tr>
<tr>
<td>- Option 3</td>
</tr>
<tr>
<td>- Submit PQRI measures</td>
</tr>
</tbody>
</table>

= 32 Total Stage 2 Metrics
STAGE 2 REQUIREMENTS

- Provide patients with their health information (via a web portal) on 50% of occasions and have at least 5% of these patients actually download, view or transmit that data to a third party.
- Provide a summary of the care record for 50% of transitions of care during referral or transfer of patient care settings.
- Provide patient-specific education resources identified by Certified EHR technology to more than 10% of patients with an office visit.
- Engage in secure messaging to communicate with patients on relevant health information.
- Make available all imaging results through certified EHR technology.
- Provide clinical summaries to more than 50% of patients within one business day.

http://e-patients.net/archives/2013/06/are-physicians-truly-engaging-with-their-patients.htm
Librarians providing (not teaching) and documenting patient education

Librarians provide education to consumers on accessing EHR

Order Set Development/Committee Work

Clinical Librarians Rounding

MedlinePlus Connect/Info Buttons
The Affordable Care Act (ACA), enacted March 23, 2010, added new requirements that hospital organizations must satisfy in order to be described in section 501(c)(3), as well as new reporting and excise taxes.

- capture compliance information as required for adherence with the statute.

New Requirements for Charitable 501(c)(3) Hospitals
Section 501(t), added to the Code by the ACA, imposes new requirements on 501(c)(3) organizations that operate one or more hospital facilities (hospital organizations). Each 501(c)(3) hospital organization is required to meet four general requirements on a facility-by-facility basis:

- establish written financial assistance and emergency medical care policies,
- limit amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy,
- make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy before engaging in extraordinary collection actions against the individual, and
- conduct a community health needs assessment (CHNA) and adopt an implementation strategy at least once every three years. (These CHNA requirements are effective for tax years beginning after March 23, 2012).

The ACA also added new section 4959, which imposes an excise tax for failure to meet the CHNA requirements, and added reporting requirements under section 6033(b) related to sections 501(t) and 4959.

Notice 2010-39, 2010 IRE 24 (June 14, 2010) described the new requirements and solicited public comments.

Requirements Related to Financial Assistance and Emergency Medical Care
On June 22, 2012, the Service issued proposed regulations which provide information on the requirements for charitable hospitals relating to financial assistance and emergency medical care policies, charges for emergency or medically necessary care provided to individuals eligible for financial assistance, and billing and collections. A public hearing on these proposed regulations was held on December 5, 2012.

CHNA Requirements
Notice 2011-52, addresses the CHNA requirements. Hospital organizations may continue to rely on Notice 2010-39 for interim guidance.
2013

Hall County, Georgia
Community Health Needs Assessment

Prepared and distributed by
Northeast Georgia Medical Center
Description of Major Data Sources

Bureau of Labor and Statistics

The Bureau of Labor and Statistics manages a program called Local Area Unemployment Statistics (LAUS). LAUS produces monthly and annual employment, unemployment, and labor force data for census regions and divisions, states, counties, metropolitan areas, and many cities. This data provides key indicators of local economic conditions. For more information, go to www.bls.gov/lau.

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based surveillance system, administered by the Georgia Department of Human Resources, Division of Public Health, and the Centers for Disease Control and Prevention (CDC). The data is collected in the form of a survey that is comprised of questions related to the knowledge, attitude, and health behaviors of the public. For more information, go to www.cdc.gov/brfss.

Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC) publishes data that is collected by various surveillance and monitoring projects including:

- Sexually Transmitted Disease Surveillance: collects and disseminates data derived from official statistics for the reported occurrence of nationally notifiable sexually transmitted diseases (STDs) in the United States, test positivity and prevalence data from numerous prevalence monitoring initiatives, sentinel surveillance of gonococcal antimicrobial resistance, and national healthcare services surveys. For more information, go to www.cdc.gov/std/stats10/app-interpret.htm.

County Health Rankings

County Health Rankings is published online by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. These rankings assess the overall health of nearly every county in all 50 states using a standard way to measure how healthy people are and how long they live. Rankings consider factors that affect people’s health within six categories: morbidity, mortality, health behavior, clinical care, social and economic factors, and physical environment. Information is based on the latest publicly available data from sources such National Center for Health Statistics (NCHS) and Health Resources and Services Administration (HRSA). For more Information, go to www.countyhealthrankings.org.

Georgia Department of Public Health

The Georgia Department of Public Health manages the Online Analytical Statistical Information System (OASIS). OASIS is currently populated with Vital Statistics (births, deaths, infant deaths, fetal deaths, and induced terminations), Georgia Comprehensive Cancer Registry, Hospital Discharge, Emergency Room Visits, Arboviral Surveillance, Youth Risk Behavior Surveys (YRBS), Behavioral Risk Factor Surveillance Surveys (BRFSS), sexually transmitted disease (STD) rates, and population data. For more information, go to http://oasis.state.ga.us.
STAND OUT... IN THE CROWD
TEAM PLAYER
Order Sets

Template Complete

Disease Specific
- General
  - Initial Med Surg
  - Initial Pneum
  - Initial HFN
  - Initial OB
- CHF
- AMI
- Stroke
- CAP
- etc...

NO Template

Procedure Broad
- Pre Procedure
- Intra Procedure
- Post Procedure
- Simple Procedures

Med Selection
Order sets

"Surgery content to admit" order sets
OBJECTIVE #2
IDENTIFY THE LATEST TRENDS IN QUALITY MOBILE RESOURCES USED AT THE POINT OF CARE.
91% of American adults have a cell phone

56% of American adults have a smartphone

As of May 2013, 63% of adult cell owners use their phones to go online.

34% of cell internet users go online mostly using their phones, and not using some other device such as a desktop or laptop computer.

Joanna Brenner

COMMENTARY: MOBILE

78% OF U.S. ADULTS LIVING WITH CHRONIC HEALTH CONDITIONS OWN A CELL PHONE, COMPARED WITH 91% OF THOSE WHO REPORT NO CONDITIONS.

72% of internet users say they looked online for health information within the past year.

77% of online health seekers say they began their last session at a search engine such as Google, Bing, or Yahoo.

13% say they began at a site that specializes in health information, like WebMD.

2% say they started their research at a more general site like Wikipedia.

1% say they started at a social network site like Facebook.

How do you search?
Searching Facts:

Google = 80%

Wikipedia = 70%

Popular medical apps share physician names with pharmaceutical advertisers

9 hours ago by Satish Misra, MD

Many free apps aren’t really free, though. We talked about the hidden price of free medical apps about two years ago, an issue that was later highlighted in the New York Times as well. In essence, the price of these apps is that we share enough personal information to enable targeted advertising, surveys, and so on.

What may come as a surprise to many healthcare professionals is that many apps they frequently use like Medscape and Epocrates share users’ names, NPI numbers, and other identifying information with pharmaceutical advertisers. As it turns out, Facebook and Twitter have stricter privacy policies than some of your favorite free medical apps.

According to the Epocrates’ privacy policy, identifying information, including a user’s name, may be shared with an advertiser if the user “engage[s] with such clients’ promotional content.”
Smartphones are Revolutionizing Pill Identification

4 hours ago by Timothy Aungst, PharmD

Commentary

As a pharmacist, I receive many questions regarding medications from patients and other clinicians. One set of questions that often comes up is, “What is the medication I am taking and why am I taking it?” Understanding the use of a medication is important to ensure that the patient is taking the medication correctly and is not experiencing any adverse effects. It is also essential to ensure that the patient is taking the medication at the correct time and dose. In the past, pharmacists had to rely on memory and paper charts to answer these questions. However, with the advent of smartphones, pharmacists can now use various apps to help them answer these questions faster and more accurately. These apps can provide information about the medication, including its name, purpose, and dosage, as well as any potential side effects and interactions. Additionally, these apps can help pharmacists keep track of patients’ medication schedules, ensuring that they are taking their medications correctly. Overall, the use of smartphones and apps is revolutionizing the way pharmacists interact with patients and manage their medications.
Micromedex Drug Information
By Truven Health Analytics Inc.
Open iTunes to buy and download apps.

Description
Drug Information on the Go - NOW Available IN 90 Countries
This application is not a trial. Now you can access the same content you rely on in Micromedex® on your iPhone and

Truven Health Analytics Inc. Web Site → Micromedex Drug Information
Support → Application License Agreement

What's New in Version 1.55.0
updated content

Free
Category: Medical
Updated: Jan 14, 2014
Version: 1.55.0
Size: 12.4 MB
Language: English
Seller: Truven Health Analytics Inc.
© 2012 Truven Health Analytics. All rights Reserved.
Rated 4+

Screenshots

Norepinephrine Bitartrate
Norethindrone
Norethindrone Acetate
Norethindrone acetate/ethinyl estradiol
Norethindrone acetate/ethinyl estradiol

1st Generation Cephalosporin
1st Generation Sulfonylurea
2nd Generation Cephalosporin
2nd Generation Sulfonylurea
3rd Generation Cephalosporin
Description

Medscape from WebMD (medscape.com) is the leading medical resource most used by physicians, medical students, nurses and other healthcare professionals for clinical information.

What's New in Version 4.4

- Updated design, now optimized for iOS 7
- Faster access to drug formulary information (available from the Reference screen)
- Other stability improvements

Screenshots

Medscape Today - Top News from across Medicine

Oncology News

- Origins of Lethal Prostate Cancer Tracked For the First Time
- Rapid Way to Identify Responders to Melanoma Targeted Drugs?
**ePSS** Electronic Preventive Services Selector

The ePSS is an application designed to help primary care clinicians identify clinical preventive services that are appropriate for their patients. Use the tool to search and browse U.S. Preventive Services Task Force (USPSTF) recommendations on the web or on your PDA or mobile device. To search from your mobile device select from the following devices:

- **Android (NEW!)**
  - Learn More | Download

- **BlackBerry/BlackBerry OS 10 (NEW!)**
  - Learn More | Download for BlackBerry OS 10

- **iPad (NEW!)**
  - Learn More | Download

- **iPhone/iPod touch (NEW!)**
  - Learn More | Download

- **Palm OS/webOS**
  - Learn More | Download for XP | Vista | Mac | Palm webOS

- **Windows Phone**
  - Learn More | Download for Windows 8 | Download for XP | Vista | Mac

- **Web**
  - Learn More | Search for Recommendations

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**ePSS WEB**

Search and Browse U.S. Preventive Services Task Force (USPSTF) recommendations online.

**ePSS for iPad**

Check out the latest ePSS for iPad devices.

**ePSS Widget**

Add the ePSS recommendations to any site by installing the ePSS Widget.

**Email Notifications**

Subscribe for optional ePSS PDA email notifications. Receive notifications of application and ePSS data updates.
Radiology 2.0: One Night in the ED
By Daniel Cornfeld
Open iTunes to buy and download apps.

Description
One of the most innovative educational resources in the field, Radiology 2.0 presents teaching files in a way not previously seen; the 2.0 denotes the next generation in interactive radiology education. Radiology 2.0 is a series of

Daniel Cornfeld Web Site  Radiology 2.0: One Night in the ED Support

iPhone Screenshots

Case 2 - Abdominal Pain and Distention
Please review the CT scan and formulate a differential diagnosis.

Return to discussion.