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#### *Progress Notes*

##### HealthSpan is Nigh

We plan to “go live” with HealthSpan Ambulatory at the Firetower Medical Office on Monday, March 9, 2009. Many of you have been heavily involved with preparing for this for well over a year, others of you have watched with keen interest as this deadline approaches. Others are looking on with some trepidation or even disbelief.

Nevertheless, the time has come to start our conversion from Centricity to HealthSpan. The decision to delay the go live from February 9th to March 9th hinged on many different factors. But, the single common element to all of these factors was the commitment to not go live until we had the best possible ambulatory medical record ready for our colleagues at Firetower. The leadership of ECU Physicians, the Brody School of Medicine, and University Health Systems I.T. are all devoted to this same goal. We know that we will learn a great deal from the experience of the Firetower staff. We intend to capitalize on that experience as we prepare over the next several months for launching HealthSpan Ambulatory at all of our other clinics.

Recently, I had the opportunity to spend a few minutes with the HealthSpan Ambulatory build team: the people who have been responsible day in and day out for over a year developing this electronic medical record for the Firetower staff and all of our other clinics. I was impressed by the commitment, collegiality, and unwavering energy demonstrated by these folks. I hope you will join with me in extending thanks to the following people: Pam Adams, Ann Butler, Tracy Carawan, Nan-Et Charles, Jay Davis, Shelby Gardner, Hope Hardee, Sherry Hodgins, Candy Langley, Mary Pippen, Donna Rouse, Lennon Scott, Mary Thompson, Joanie Tyson, and Karen Watson from HIS/S; and Cindy Bowman, David Eaton, Becky Peaks, and Stanley Taylor from UHS. All of these individuals have put in extra time and energy to make this a successful project.

We plan to launch the modules that will replace IDX on May 1, 2009. You will hear more about those in the coming weeks. We all owe a strong round of applause for the teams that are building the modules for professional billing, scheduling, and registration. These people, also, are the unsung heroes of HealthSpan at ECU Physicians. My thanks to all of you.

*Nicholas Benson, MD, MBA  
Acting Medical Director, ECU Physicians  
Vice Dean*

#### *Health Information Systems/Services Update*

##### Message from the Director:

We are still on target to go-live with the Firetower Medical Office on March 9, 2009. The Ambulatory EMR (electronic medical record) will replace Centricity. Firetower Medical Office will be the only clinic on HealthSpan until later on this year. All other ECU Physician clinics will remain on Centricity until their clinic is brought up on HealthSpan. Users in other clinics can request view only access to HealthSpan if they have a need to see patient documentation from the Firetower Medical Office. Any requests for that should be directed to Health Information Systems/Services at 744-2030, option 2.

The Health Information Systems/Services staff will begin working with other clinics soon after the Firetower Medical Office go-live to gather documentation needs and begin working on building tools for their use.

*Mary Thompson,  
Director of Health Information Systems/Services*

##### Training Department:

January was a busy month for training! The new HealthSpan training occurred during the last two weeks of January and the first month of February. Due to the unforeseen snow storm, some training dates had to be readjusted. However, faculty and staff were very accommodating and the “seated” classroom training for Firetower staff, superusers and the Contact Center has now been completed. “View only” training is still occurring on the Blackboard HealthSpan Ambulatory Site and should be completed prior to the March 9th go-live date. The Training Department is offering a practice environment where you can practice and maintain the skills you learned in class. This environment is only available on Blackboard. You can log on to Blackboard and practice from anywhere, including your home. Appointments will be set on weekdays so that you can pull patients from the schedule. During weekend hours there will be no appointments on the schedule however, patient’s can be searched and new encounters can be created. A daily refresh will occur nightly at 11pm. Please feel free to explore and learn new things!

*Tracy Carawan,  
Staff Development Specialist*

## *Health Information Systems/Services Update Cont'd*

### Reminders from the Medical Records Department:

Please do not send illegible documents to the Medical Records Department to be scanned. Scanning does NOT improve the quality of the document. Any documents received that are illegible will be returned to sender.

Release of information training will be conducted on February 25, 2009 for the release staff. The training will occur in Brody 2N78. Questions and/or concerns regarding this training should be directed to Ann Butler @ 744-5475 or Candy Langley @ 744-5478.

### Official Medical Records

It is the policy of ECU Physicians to maintain a centralized medical records system and to recognize these as its “official” records in order to support patient care, research/education, and other business-related functions of the organization.

*All original internal and external documentation should be forwarded to HISS/Medical Records to be scanned into the patient's official electronic medical record.*

Records maintained outside of the centralized medical records system are not recognized as being part of the “official” medical record.

### Form Development

Basic form guidelines for creating forms for the official medical records are as follows:

Forms should be printed on 8 ½ x 11 inch paper using the following margins: a) Vertical forms: left, right and bottom margins should be ½ inch. The wide top margin should be 1 inch in width. Forms that are double-sided should allow for 1 inch margins on both the top and the bottom. b) Horizontal forms: Top, right and bottom margins should be ½ wide. The left margin should be 1 inch. Forms that are double-sided should allow for 1 inch margins on both the right and left edges. Note: Each page of a double-sided or multi-page form must include both the patient's full name and the unique Medical record number.

Forms should include ECU Physicians identification, the title of the form and the sponsoring department if applicable.

Forms shall include adequate space allowance for patient identification including full name, medical record number and date of birth. Patient identification should appear as follows: a) Vertical forms - placed in the right lower corner b) Horizontal forms – placed in the left lower corner.

### Handwritten Entries

Legal medical records handwritten entries should be made with permanent black or blue medium point ink pens. Please do not use red pens or pencils. This is to ensure the quality of electronic scanning, photocopying and faxing of documents.

### Faxed information

Please ensure that all faxed medical records received for patient care are legible before sending them to Medical Records to be scanned. These documents are used for health care decisions and legal proceedings. Please note that all illegible documents will be sent back to the requesting department.

*Mary Pippen and Ann Butler,  
Managers, Brody Medical Records*

### Quality Assurance Department

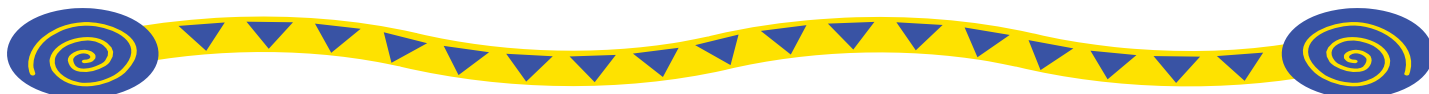
With there being a limited number of licenses for users, staff is being reminded to “exit” Centricity appropriately. When closing your access, the user should click on “exit” and **not** on the “X” in the top right corner. Your attention to this detail will make Centricity more readily available.

*Nan-Et Charles,  
Manager, Quality Assurance*

### Wrap Up:

HIS/S staff is busy with building and implementation plans for the EpiCare Ambulatory Electronic Medical Record (HealthSpan). The current timeline has the Firetower Medical Office going live on March 9, 2009.

**If you have questions regarding Centricity or need a password reset please call 744-2030, option #2. If you have questions, concerns or comments regarding this article submission please contact Tracy Carawan, Staff Development @ 744-1793.**



## *Only 2 Months To Revenue Cycle Go-Live!*

The revenue cycle conversion to HealthSpan has been the major focus of the Clinical Financial Services management team for the last six months as we prepare for the homestretch toward a May 1st go-live. In preparation, we have recently implemented a couple of enabling changes in our current systems and processes. For example, we recently switched our e-Commerce activity (i.e. electronic filing of claims and remittance transactions with 3rd party payers) from an IDX subsidiary over to a new “clearinghouse” vendor, RealMed. RealMed will also be our e-Commerce solution when we convert to HealthSpan and its early implementation has allowed us to address unforeseen issues that could have been stumbling blocks at go-live. Additionally, we have moved our patient statement production and distribution processes to an outside vendor, Wachovia (a.k.a. Wells Fargo). In addition to making the May 1st conversion a little smoother, outsourcing this service enables us to get our statements out faster and, with the addition of bar-codes by the vendor, to post patient payments faster and more cost effectively.

EPIC’s “Resolute” is the HealthSpan pro-fee billing and accounts receivable product. As system stakeholders, we are working closely with our counterparts at UHS and EPIC to finish building a system environment by mid-February that meets all of ECU’s unique needs. Our EPIC certified superusers have prepared comprehensive training documents that are specific to ECU and they are ready to begin training the end users. A final phase of testing will take place upon completion of the build phase and, if all goes well, we will be ready to start training the staff on March 23rd.

HealthSpan, though considerably different from IDX in many of its process flows, does have similarities. For example, much of the central billing office’s work will be performed using electronic “workqueues” that are similar to IDX’s electronic “workfiles”. A significant advantage of HealthSpan workqueues, however, is that any work by the staff will result in real-time updates to the workqueues whereas IDX workfiles require scheduled updates. Real-time updates will allow staff to see the immediate results of their work and it will allow management to concurrently monitor work volumes and productivity.

Another advantage of HealthSpan, is that a patient can have multiple account guarantors. This functionality will allow us to better address unique situations that require more selective billing processes. For example, changes in child custody over specified time-frames and a teenager’s transition from a legal dependant to a legal adult can be addressed by the establishment of multiple guarantors. This is a functionality we have not had in the past and it will be a definite patient satisfier in the future.

Of course, the foremost advantage of HealthSpan from the Revenue Cycle perspective is the ability to seamlessly share patient demographics and coverage across the UHS/ECU enterprise. We are very confident that this will greatly reduce 3rd party coverage denials and improve revenue timeliness as we move forward.

Everyone should be aware that the revenue cycle transition from IDX to HealthSpan will not take place in entirety on May 1st. We currently have \$35,000,000 in accounts receivable that will continue to reside on IDX as it is gradually resolved over time. We anticipate our patient accounting staff will continue working in both systems for 9-12 months after the scheduled go-live. Hence, we will welcome everyone’s advice, help and patience as we work toward system stability and optimization of all that HealthSpan Resolute has to offer.

*Frank Evans*

*Director of Clinical Financial Services*

## *ECU Physicians, How May I Help You?*

Try saying that 4,568 times in a row. That’s what the six daytime, and two evening employees of the Contact Center had the pleasure of doing from 7:00 a.m. January 20, 2009 through 10:00 a.m. on January 22, 2009, during our snow and ice event. We took an all time record of 4,568 calls during that brief time, explaining to each caller that ECU Physicians Clinics were closed due to adverse weather.

There was an odd excitement in the air in the Contact Center during the snow days. The Contact Center staff truly enjoys the work they do, and knowing they could help so many clinics during these rough times made them all very proud. As the manager, I was expecting to hear complaints from the staff about driving in the snow, or excuses about why they could not report to work due to the weather, but none of that came. The Contact Center day and night staffs made childcare and transportation arrangements, and came to work, business as usual. When I mentioned my surprise about the lack of complaint or hesitation, one staff member said “This is what we were hired for.” During a day of such high call volume, I was very surprised to hear laughter, and feel the buzz of energy as people were taking calls and explaining our situation to patients.

Now that the excitement of adverse weather is past us, the Contact Center has resumed normal operations. We are adding clinics and services each month, we are continuing our work on a major upgrade to our system that will be occurring in March of this year, and we have all attended our mandatory HealthSpan Training, and are looking forward to transitioning to the HealthSpan system with Firetower Medical Office during their go-live scheduled for March.

If you have any questions about the Contact Center, or the services we provide, please feel free to call us at 744-1020, or stop by for a tour, we are located in Brody 1N16.

*Mary Schiller,*

*Interim Contact Center Manager*

## Know Your Numbers and Prevent Heart Disease

Dr. Noel Peterson presented practical advice on preventing heart disease at the Go Red for Women luncheon held Feb. 5. Preventing heart disease, the leading killer of women in America, begins with “knowing your numbers,” says East Carolina University cardiologist, Dr. Noel Peterson. “Those numbers are blood pressure, cholesterol and body mass index, tests that assess risk factors for heart disease”, said Peterson, who spoke at the Wear Red for Women luncheon on Feb. 5 in the East Carolina Heart Institute at ECU.

“Statistics show heart attacks kill six times more women than breast cancer, and 635,000 women in the United States suffer a heart attack each year. Thirty-two percent of American women die of cardiovascular disease”, resulting in one death every minute”, Peterson said. About one out of nine women ages 45 to 64 have cardiovascular disease, she said. “Oftentimes women do not recognize the symptoms of cardiovascular disease, which can range from typical crushing chest pain to mild chest discomfort, arm pain, jaw pain, shortness of breath and fatigue,” Peterson said.

Women often “write off” atypical symptoms as something else and don’t seek or delay treatment. “Studies show women are not being treated as aggressively as men,” Peterson said. Preventing heart disease means controlling high blood pressure. To reduce it, women should lose weight if overweight, follow a healthy diet, increase physical activity and limit alcohol to one drink per day although abstinence is best.

“Smoking is the most preventable risk factor for cardiovascular disease”, Peterson said. To lower cholesterol, women are advised to cut down on fatty meats, butter and egg yolk, eat less saturated fats, eat more fiber and be physically active at least 30 minutes a day. Obesity is a risk for diabetes, and obesity rates have tripled for all age groups since the 1970s.

“Exercise should be “5 for 50” or five days a week for 50 minutes. Incorporate strength training three days a week”, Peterson said. “Being active is not the same as exercise,” she said. “You need to raise your heart rate.”

For more information, Peterson suggested participants go online to check their risk of heart disease at <http://www.reynoldsriskscore.org/> or by checking the Framingham Risk Calculator.

“Events like Wear Red for Women are important to raise awareness of the prevalence of cardiovascular disease and empower women to take steps to change their lifestyles and lower their risk of heart disease,” she said.

The event was sponsored by ACT-WEL, campus recreation and wellness, the East Carolina Heart Institute at ECU, ECU Physicians, the Committee on the Status of Women and ECU human resources.

*Contributed by Crystal Baity  
ECU Health Sciences News Services*

## MTM and Everyone Wins

Medication Therapy Management is not a new concept, but Pharmacy Services is implementing it with a new intensity.

The best part is: EVERYONE WINS: patients, providers, pharmacy, and ECU Physicians!

**PATIENTS:** Elderly patients, patients with multiple disease states, patients on numerous prescription medications, and patients seeing several doctors are all at risk for non-compliance and medication mismanagement. This can lead to ineffective therapy, unnecessary returns to the provider, emergency department visits, and even hospitalizations. Prescribed medications are often not affordable, either creating financial hardship for the patient or putting patients into insurance coverage gaps.

A one-on-one consultation with a pharmacist can identify and clarify any misconceptions patients have about their medications. Patients take the time to tell the pharmacist exactly how they are actually taking the medicine. The pharmacist can help identify medication misuse and non-compliance. Education about proper administration, possible interactions with over the counter medications, and side effects helps the patient to better understand and adhere to their drug therapy. In addition, it is often possible to identify a generic drug in the same therapeutic class which saves the patient money. Patients leave the session with a list of their medications including administration times and indications. **PATIENTS WIN!**

**PROVIDERS:** The pharmacist consultation with the patient allows the provider more time with the patient to discuss other issues and concerns. Providers are kept informed about what medications are newly available as generics. By identifying potential problems before they happen, it saves the provider time when the patient discovers later that he has reached a coverage gap and can’t afford needed medications. They can make therapy decisions based on what the patient is actually taking rather than what is being prescribed. By using the electronic medical record, changes are documented to the patient’s chart immediately. **PROVIDERS WIN!**

**PHARMACY:** Because of the importance of medication therapy management, the NC Health and Wellness Fund has created a program that will pay for a review for any patient 65 years of age or older that is on a Medicare D plan. These patients are eligible for a yearly MTM with a pharmacist and continued monitoring throughout the next year. This generates additional revenue for pharmacy and ECU Physicians. **PHARMACY WINS!**

To participate in this WIN, WIN, WIN situation, please route your referral for patients to have a consultation to the Pharmacist, Prior Authorization desktop in Centricity or call 744-2194 and leave a message. Our MTM pharmacists, John Dombach and Kennedy Blount, will contact the patient and set up a convenient time to meet with them.

*Ruth Parish,  
Director of Pharmacy*



### Send newsletter submissions to:

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View on-line @ <http://www.ecu.edu/ecuphysiciansadmin>