

**ELECTRONIC HEALTH RECORDS  
FOR DUMMIES**

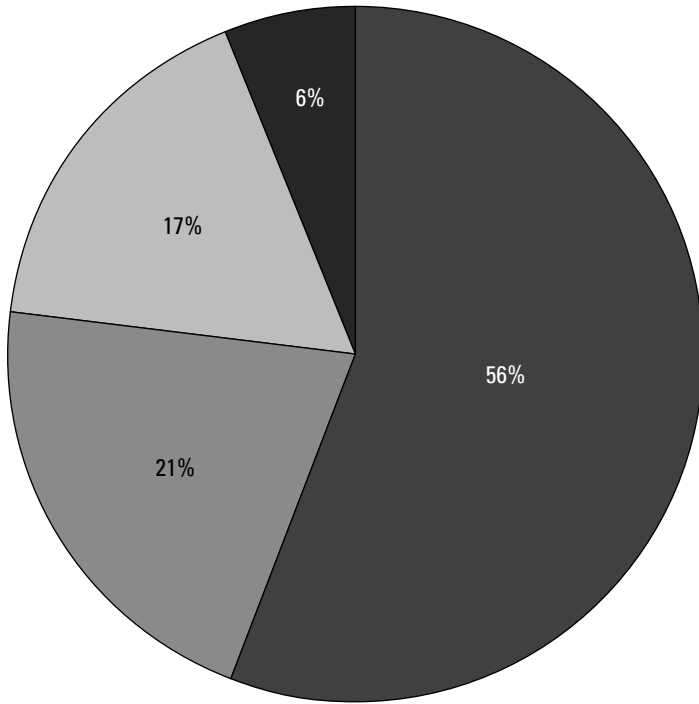
**BY TRENOR WILLIAMS, MD, AND ANITA SAMARTH**

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- No EHR adoption
- Basic EHR adoption
- Partial EHR adoption
- Fully functional EHR adoption



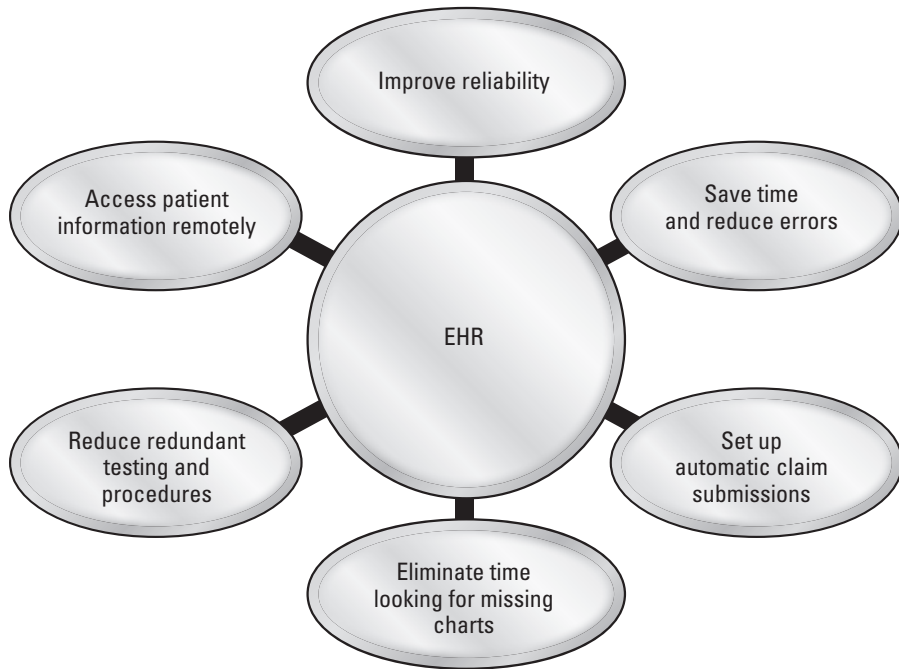
**Figure 1-1:**  
EHR usage  
in the United  
States in  
2009.

<b>Table 1-1</b>	<b>Paper versus EHR</b>
<b><i>Inefficient Paper-Based System</i></b>	<b><i>Efficient EHR System</i></b>
Paper charts are easy to misfile.*	Electronic files are fully searchable and backed up on a server.
Time is spent pulling charts and refiling.	Charts are updated and e-filed instantly.
Paper charts are viewed and accessed by one individual at a time.	Electronic charts can be simultaneously viewed and updated by multiple people.
Charts rarely include preventive care guidelines, which are often complex and difficult to commit to memory.**	Electronic charts can be linked to preventive care guidelines and updated as information changes.
Identification of patient characteristics is often difficult and time-consuming.	Patient characteristics are fully searchable and linked to patient history.
Clinicians must rely upon memory for clinical guidelines and decision support.	Clinical decision support rules can generate alerts for drug-drug, drug-dose, and drug-disease interactions.
Drug recalls are difficult to communicate and cross-reference with affected patients.	Patient files can be searched for medications, and flagged for drug recalls and updates.
Difficult to use for chronic disease management.	Clinical care guidelines can be available when viewing a patient's record triggered by clinical data.
Management of patient panels or groups is done manually or via patient registries.	Patient groups and panels can be set up and managed.
Handwritten or voicemail appointment reminders are sent each day by staff members.	Automatic appointment reminders can be sent.
Scheduling is coordinated by staff members.	Scheduling can be automated or performed by the patient using an integrated personal health record.
Insurance cards are copied, and information is keyed in.	Insurance cards are scanned and instantly put into the system.
Clinical encounter information is often transcribed and retyped into a chart, leading to human error.	Chart forms reduce the opportunity for human error.

*\*The Institute of Medicine (IOM) reports indicate that one in seven hospitalizations is because of missing clinical information.*

*\*\*A 2003 study in The New England Journal of Medicine reported that patients receive only 55 percent of recommended preventive care services.*

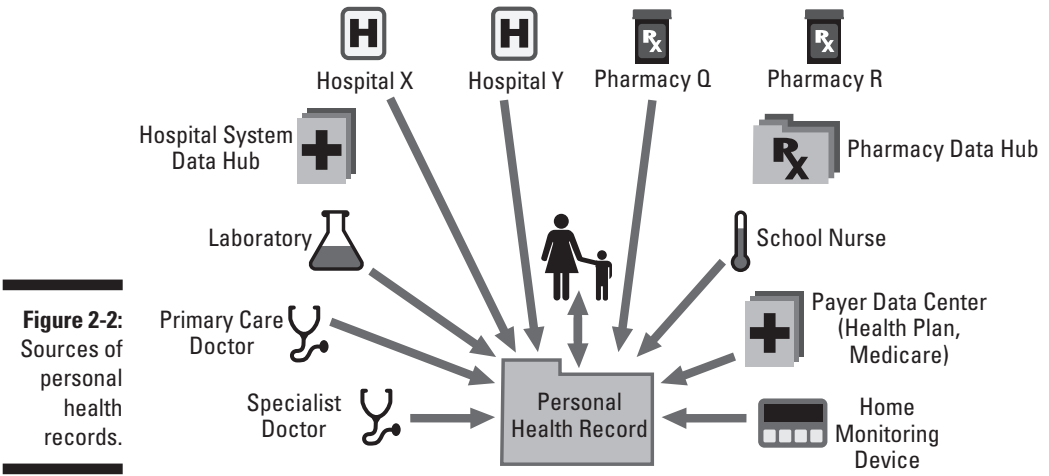
<b>Table 1-2                      Sharing the Wealth of Information</b>		
<b><i>Stakeholder</i></b>	<b><i>Information</i></b>	<b><i>Stage 1 Meaningful Use Requirement</i></b>
Patients	Clinical summary that includes medication list, medication allergies, problem list, and diagnostic test results. Also, patient-specific education resources based on problem list, medication list, and laboratory test results	Provide electronic access in a “human readable” format via electronic media within 4 business days  Electronically identify and provide patient-specific education resources to the patient
Providers	Clinical summary that includes problem list, medication list, medication allergy list, and diagnostic test results	Provide a summary care record for each transition of care or referral using the CCD or CCR standard
State and federal organizations	Quality measures to CMS, immunization information, and public health syndromic surveillance	2011: Submit clinical quality measures to CMS by attestation  2012: Electronically submit clinical quality measures to CMS  Electronically record, modify, retrieve, and submit information to immunization registries  Electronically record, modify, retrieve, and submit public health syndromic surveillance information



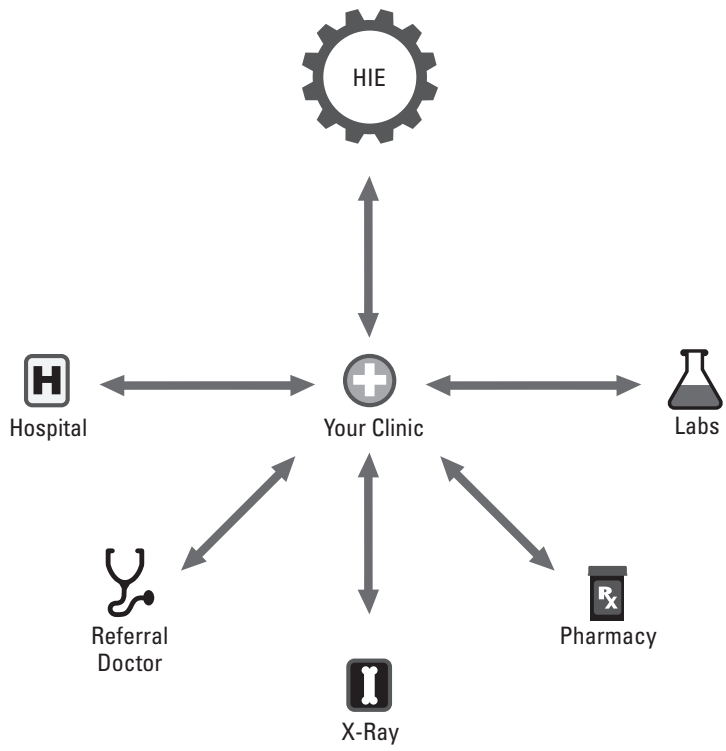
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**Figure 2-1:**  
Sketch a flowchart to show how your wish list fits with an EHR.

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**Figure 2-2:**  
Sources of  
personal  
health  
records.



**Figure 2-3:**  
A health  
information  
exchange  
(HIE).

<b>Table 3-1 Regional Extension Centers</b>		
<b>REC Name</b>	<b>State</b>	<b>Web Site</b>
Alaska eHealth Network	AK	<a href="http://www.ak-ehealth.com">www.ak-ehealth.com</a>
Alabama Regional Extension Center	AL	<a href="http://www.al-rec.org">www.al-rec.org</a>
HIT Arkansas	AR	<a href="http://www.hitarkansas.com">www.hitarkansas.com</a>
Arizona Health-e Connection (AzHeC)	AZ	<a href="http://www.azhec.org">www.azhec.org</a>
CalHIPSO (North)	CA	<a href="http://www.calhipso.org">www.calhipso.org</a>
CalHIPSO (South)	CA	<a href="http://www.calhipso.org">www.calhipso.org</a>
CalOptima Foundation	CA	<a href="http://www.caloptima.org">www.caloptima.org</a>
HITEC-LA	CA	<a href="http://hitec-la.org">http://hitec-la.org</a>
Colorado Regional Extension Center (CORHIO)	CO	<a href="http://www.corhio.org">www.corhio.org</a>
eHealth Connecticut	CT	<a href="http://www.ehealthconnecticut.org">www.ehealthconnecticut.org</a>
eHealth DC	DC	<a href="http://www.ehealthdc.org">www.ehealthdc.org</a>
National Indian Health Board (NIHB)	DC	<a href="http://www.nihb.org">www.nihb.org</a>
Quality Insights of Delaware	DE	<a href="http://www.qide.org/de">www.qide.org/de</a>
Rural and North Florida Regional Extension Center	FL	<a href="http://www.chcalliance.org/Services/RegionalExtensionCenter.aspx">www.chcalliance.org/Services/RegionalExtensionCenter.aspx</a>
South Florida Regional Extension Center Collaborative	FL	<a href="http://www.southfloridarec.org">www.southfloridarec.org</a>
University of Central Florida	FL	<a href="http://www.med.ucf.edu/rec/">www.med.ucf.edu/rec/</a>
University of South Florida	FL	<a href="http://health.usf.edu/paperfree/index.htm">http://health.usf.edu/paperfree/index.htm</a>
Morehouse School of Medicine	GA	<a href="http://www.msm.edu/research/research_centersand_institutes/research_cni_NCPC.aspx">www.msm.edu/research/research_centersand_institutes/research_cni_NCPC.aspx</a>
Hawaii Health Information Exchange	HI	<a href="http://www.hhie.org">www.hhie.org</a>
IFMC Health Information Technology Regional Extension Center (Iowa HITREC)	IA	<a href="http://www.IowaHITREC.org">www.IowaHITREC.org</a>

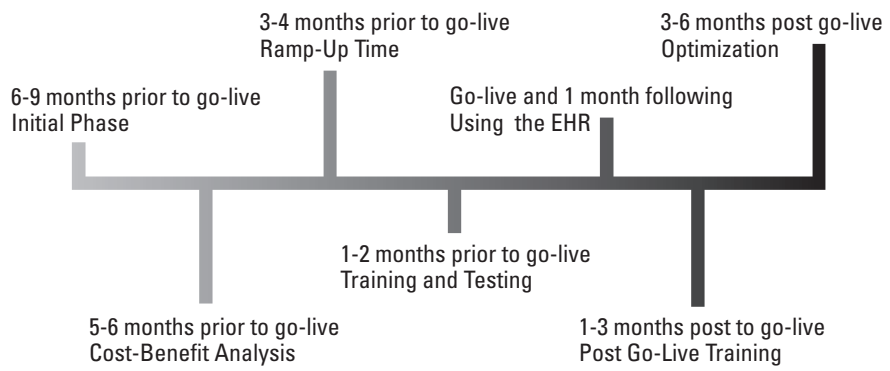
<b>REC Name</b>	<b>State</b>	<b>Web Site</b>
Illinois Health Information Technology REC (II-HITREC)	IL	<a href="http://www.ilhitrec.org">www.ilhitrec.org</a>
Chicago Health Information Technology REC (CHITREC)	IL	<a href="http://www.chitrec.org">www.chitrec.org</a>
Purdue University	IN	<a href="http://www.ihitec.purdue.edu">www.ihitec.purdue.edu</a>
Kansas Foundation for Medical Care, Inc. (KFCM)	KS	<a href="http://www.kfmc.org/rec">www.kfmc.org/rec</a>
University of Kentucky Research Foundation	KY	<a href="http://www2.ca.uky.edu">www2.ca.uky.edu</a>
REC for Health IT in Mississippi	MS	<a href="http://www.eqhealthsolutions.com">www.eqhealthsolutions.com</a>
Louisiana Health Care Quality Forum	LA	<a href="http://www.lhcqf.org">www.lhcqf.org</a>
MA Technology Corporation	MA	<a href="http://masstech.org">http://masstech.org</a>
Chesapeake Regional Information System for Our Patients	MD	<a href="http://www.crisphealth.org">www.crisphealth.org</a>
HealthInfoNet	ME	<a href="http://www.hinfonyet.org">www.hinfonyet.org</a>
Michigan Center for Effective IT Adoption (M-CEITA)	MI	<a href="http://www.mceita.org">www.mceita.org</a>
Regional Extension Assistance Center for HIT (REACH)	MN	<a href="http://www.khareach.org">www.khareach.org</a>
Missouri HIT Assistance Center	MO	<a href="http://www.assistancecenter.missouri.edu">www.assistancecenter.missouri.edu</a>
Mountain Pacific Quality Health Foundation (MPQHF)	MT	<a href="http://www.mpqhf.org">www.mpqhf.org</a>
University of North Carolina at Chapel Hill	NC	<a href="http://www.med.unc.edu/ahec">www.med.unc.edu/ahec</a>
Wide River Technology Extension Center	NE	<a href="http://www.widerivertec.org">www.widerivertec.org</a>
Massachusetts eHealth Collaborative	NH	<a href="http://www.maehc.org">www.maehc.org</a>
New Jersey Institute of Technology	NJ	<a href="http://www.njit.edu">www.njit.edu</a>
LCF Research	NM	<a href="http://www.lcfresearch.org">www.lcfresearch.org</a>
NYC REACH	NY	<a href="http://www.nycreach.org">www.nycreach.org</a>

(continued)

**Table 3-1 (continued)**

<b>REC Name</b>	<b>State</b>	<b>Web Site</b>
New York eHealth Collaborative (NYeC)	NY	<a href="http://www.nyehealth.org">www.nyehealth.org</a>
HealthBridge Inc.	OH, KY, IN	<a href="http://www.healthbridge.org">www.healthbridge.org</a>
Ohio Health Information Partnership (OHIP)	OH	<a href="http://ohiponline.org">http://ohiponline.org</a>
Oklahoma Foundation for Medical Quality (OFMQ)	OK	<a href="http://www.ofmq.com">www.ofmq.com</a>
O-HITEC	OR	<a href="http://o-hitec.org">http://o-hitec.org</a>
Quality Insights of Pennsylvania East	PA	<a href="http://www.qipa.org/pa">www.qipa.org/pa</a>
Quality Insights of Pennsylvania West	PA	<a href="http://www.qipa.org/pa">www.qipa.org/pa</a>
Ponce School of Medicine	PR	<a href="http://www.psm.edu">www.psm.edu</a>
Rhode Island Quality Institute	RI	<a href="http://www.riqi.org">www.riqi.org</a>
South Carolina Research Foundation	SC	<a href="http://www.healthsciencessc.org">www.healthsciencessc.org</a>
South Dakota REC (SD-REC)	SD	<a href="http://www.cahit.dsu.edu">www.cahit.dsu.edu</a>
Qsource	TN	<a href="http://www.tnrec.org">www.tnrec.org</a>
North Texas REC	TX	<a href="http://www.dfwhc.org">www.dfwhc.org</a>
West Texas HIT REC (WT-HITREC)	TX	<a href="http://www.ttuhsu.edu">www.ttuhsu.edu</a>
CentrEast REC	TX	<a href="http://centreastrec.org">http://centreastrec.org</a>
University of Texas Health Science Center at Houston	TX	<a href="http://www.shis.uth.tmc.edu">www.shis.uth.tmc.edu</a>
Health Insight	UT	<a href="http://www.healthinsight.org">www.healthinsight.org</a>
VHQC (Virginia Health Quality Center)	VA	<a href="http://www.vhqc.org">www.vhqc.org</a>
Vermont IT Leaders	VT	<a href="http://www.vitl.net">www.vitl.net</a>
WI-REC	WA	<a href="http://www.wirecqh.org">www.wirecqh.org</a>
Wisconsin HIT Extension Center	WI	<a href="http://www.whitec.org">www.whitec.org</a>
West Virginia Health Improvement	WV	<a href="http://www.wvhealthimprovement.org/wvhii/home.aspx">www.wvhealthimprovement.org/wvhii/home.aspx</a>

<b>Table 4-1</b>	<b>Goal Matrix Example</b>
<b><i>Organizational Goal</i></b>	<b><i>EHR Goal</i></b>
Communicate better with patients	Secure messaging, patient portal, and PHR features
Streamline intake process	Scan insurance info directly into records and print demographic info from EHR for verification
Have better knowledge of patient prescription issues	Access medication history electronically and implement drug interaction/allergy notifications
Create more opportunities for patient feedback	User-friendly interface to share with patients
Improve billing accuracy	Automated coding features
Recoup more reimbursements	Coding accuracy checks
Streamline prescription refills	Electronic prescribing features
Allow for more physician mobility	Off-site accessibility
Open more dialogue with off-site colleagues	Chat, e-mail, IM, and file-sharing features
Create patient education program	Downloadable brochures
Offer more flexible communication regarding appointments	Automated scheduling features and reminders
Share information more openly with Specialists or diagnosticians	Near real-time communication of lab results and radiology reports
Manage patient groups	Patient group management features



**Figure 4-1:**  
A sample  
EHR  
timeline.

Steps to EHR implementation

**Figure 4-2:**  
 American-  
 EHR  
 Partners  
 readiness  
 assessment.

		<p>1. My practice has developed clearly defined goals for implementing an EHR that can be measured following implementation. E.g. Increasing patient satisfaction through better communication and efficient front office flow or the ability to participate in various incentive programs.</p> <p><input type="radio"/> Strongly Disagree   <input type="radio"/> Disagree   <input type="radio"/> Neutral   <input type="radio"/> Agree   <input type="radio"/> Strongly Agree</p>
		<p>2. Clinician and staff use of EHRs is viewed by the practice as a mechanism to improve care delivery and workflow efficiencies.</p> <p><input type="radio"/> Strongly Disagree   <input type="radio"/> Disagree   <input type="radio"/> Neutral   <input type="radio"/> Agree   <input type="radio"/> Strongly Agree</p>
		<p>3. My practice has a good understanding of the benefits and challenges of implementing an EHR.</p> <p><input type="radio"/> Strongly Disagree   <input type="radio"/> Disagree   <input type="radio"/> Neutral   <input type="radio"/> Agree   <input type="radio"/> Strongly Agree</p>
		<p>4. The practice team has clear and documented expectations about the processes and workflows that will change and those that will remain unchanged after EHR implementation.</p> <p><input type="radio"/> Strongly Disagree   <input type="radio"/> Disagree   <input type="radio"/> Neutral   <input type="radio"/> Agree   <input type="radio"/> Strongly Agree</p>
		<p>5. The practice has considered the need for a contracted IT specialist to provide hardware/software/network maintenance services after the EHR system has been implemented.</p> <p><input type="radio"/> Strongly Disagree   <input type="radio"/> Disagree   <input type="radio"/> Neutral   <input type="radio"/> Agree   <input type="radio"/> Strongly Agree</p>
		<p>6. My practice has considered how an EHR system can transform the way that clinicians and office staff communicate internally.</p> <p><input type="radio"/> Strongly Disagree   <input type="radio"/> Disagree   <input type="radio"/> Neutral   <input type="radio"/> Agree   <input type="radio"/> Strongly Agree</p>
		<p>7. Our practice has assessed the proficiency of foundational computer skills for all clinicians and staff and has a plan in place to ensure basic proficiency in such skills as typing, email, and the Internet.</p> <p><input type="radio"/> Strongly Disagree   <input type="radio"/> Disagree   <input type="radio"/> Neutral   <input type="radio"/> Agree   <input type="radio"/> Strongly Agree</p>
		<p>8. The practice will be fully staffed during the time of implementation of the EHR (clinicians and staff).</p> <p><input type="radio"/> Strongly Disagree   <input type="radio"/> Disagree   <input type="radio"/> Neutral   <input type="radio"/> Agree   <input type="radio"/> Strongly Agree</p>

	Practice Hosted	ASP/SaaS Model
<b>SOFTWARE AND LICENSES</b>		
Physician licenses	\$10,000 per provider	\$500 per month
Mid-level licenses	\$8,000 per license	\$450 per month
Staff licenses	\$5,000 per license	\$250 per month
HIE Interface	\$1,000 per license	\$100 per month
Lab Interfaces	\$3,000 per interface	\$3,000 per interface
Patient Portal	\$1,000 per provider	\$75 per provider/month
<b>IMPLEMENTATION AND TRAINING</b>		
Training	\$1,000 per day	\$1,000 per day
Post Go-live Training	\$1,000 per day	\$1,000 per day
Go-live Support	\$1,000 per day	\$1,000 per day
<b>HARDWARE AND NETWORK</b>		
Laptop or Tablet Computer	\$2,000 per provider	\$2,000 per provider
Desktop Computer for Office Staff	\$1,000 per individual	\$1,000 per individual
Network Printer	\$500	\$500
High Speed Scanner	\$900	\$900
Server	\$5,000	Not Applicable
Broadband Internet Service	\$75/month	\$75/month
Wireless Network	\$1,000	\$1,000
<b>MAINTENANCE AND SUPPORT</b>		
Software Maintenance	18% of software fees per year	Not Applicable
Back-up and Storage	\$1,000 per year	Not Applicable

**Figure 5-1:**  
An example  
cost benefit  
analysis.

<i><b>First Payment Year</b></i>	<i><b>First Payment Year Amount, and Subsequent Payment Amounts in Following Years</b></i>	<i><b>Reduction in Fee Schedule for Non-Adoption/Use</b></i>
2011	\$18k, \$12k, \$8k, \$4k, and \$2k	\$0
2012	\$18k, \$12k, \$8k, \$4k, and \$2k	\$0
2013	\$15k, \$12k, \$8k, and \$4k	\$0
2014	\$12k, \$8k, and \$4k	\$0
2015	\$0	-1% of Medicare fee schedule
2016	\$0	-2% of Medicare fee schedule
2017 and thereafter	\$0	-3% of Medicare fee schedule

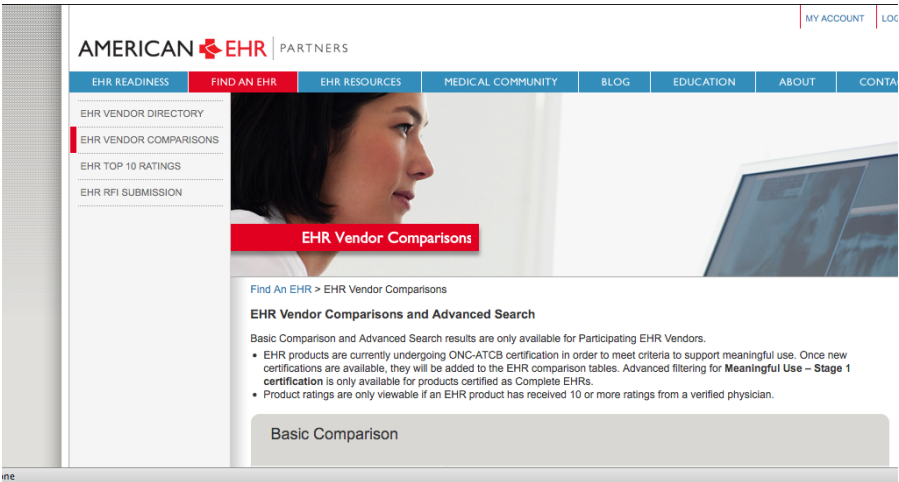
<i><b>First Payment Year</b></i>	<i><b>First Payment Year Amount, and Subsequent Payment Amounts in Following Years</b></i>	<i><b>Reduction in Fee Schedule for Non-Adoption/Use</b></i>
2011	\$21,250, \$8.5k, \$8.5k, \$8.5k, and \$8.5k	\$0
2012	\$21,250, \$8.5k, \$8.5k, \$8.5k, and \$8.5k	\$0
2013	\$21,250, \$8.5k, \$8.5k, \$8.5k, and \$8.5k	\$0
2014	\$21,250, \$8.5k, \$8.5k, \$8.5k, and \$8.5k	\$0
2015	\$21,250, \$8.5k, \$8.5k, \$8.5k, and \$8.5k	\$0
2016	\$21,250, \$8.5k, \$8.5k, \$8.5k, and \$8.5k	\$0
2017 and thereafter	\$0	\$0

Source: CMS

<b>Table 6-1 EHR Vendor Products</b>		
<b>Vendor</b>	<b>Web Site</b>	<b>Product(s)</b>
Abel Medical Software Inc.	<a href="http://www.abelmedicalsoftware.com">www.abelmedicalsoftware.com</a>	ABELMed EHR
Allscripts	<a href="http://www.allscripts.com">www.allscripts.com</a>	MyWay, Professional, PeakPractice, Enterprise
Amazing Charts	<a href="http://www.amazingcharts.com">www.amazingcharts.com</a>	Amazing Charts EHR
American Medical Software	<a href="http://www.americanmedical.com">www.americanmedical.com</a>	Electronic Patient Chart
athenahealth	<a href="http://www.athenahealth.com">www.athenahealth.com</a>	athenaClinicals
Cerner	<a href="http://www.cerner.com">www.cerner.com</a>	PowerWorks
eClinical Works	<a href="http://www.eclinicalworks.com">www.eclinicalworks.com</a>	eClinical Works 8.0
Epic	<a href="http://www.epic.com">www.epic.com</a>	EpicCare EMR
e-MDs	<a href="http://www.e-mds.com">www.e-mds.com</a>	e-MDs Solution Series
GE Healthcare	<a href="http://www.gehealthcare.com">www.gehealthcare.com</a>	Centricity EMR
Greenway Medical Technologies	<a href="http://www.greenwaymedical.com">www.greenwaymedical.com</a>	Primesuite
Henry Schein Medical Systems	<a href="http://www.micromd.com">www.micromd.com</a>	MicroMD EMR
Ingenix	<a href="http://www.ingenix.com">www.ingenix.com</a>	Care Tracker
McKesson	<a href="http://www.mckesson.com">www.mckesson.com</a>	Horizon Ambulatory Care
MDLand	<a href="http://www.mdland.com">www.mdland.com</a>	iClinic EMR
MED3000, Inc.	<a href="http://www.med3000.com">www.med3000.com</a>	InteGreat EHR
NextGen Healthcare Informatics Systems, Inc.	<a href="http://www.nextgen.com">www.nextgen.com</a>	NextGen Ambulatory EMR
Noteworthy Medical Systems, Inc.	<a href="http://www.noteworthyms.com">www.noteworthyms.com</a>	NetPractice EHR, NetPractice EHRweb
Pulse Systems, Inc	<a href="http://www.pulseinc.com">www.pulseinc.com</a>	2011 Pulse Complete EHR
Sage Software Healthcare, Inc.	<a href="http://www.sagehealth.com">www.sagehealth.com</a>	Intergy EHR

<b>Table 6-2</b>	<b>Core EHR Functionalities</b>
<b><i>Functionality</i></b>	<b><i>Notes/Details</i></b>
Documentation tools	Allow for multiple methods including free text, point and click, dictation, voice recognition, and use of macros
Clinical content	Templates, order sets, and letters
Order entry	Creating orders for labs, radiology studies, referrals, medications, and so on; links to problem list
Problem list management	ICD9; SnoMed; links to orders
Medication management	Reconciliation, historical capture, e-prescribing, and prescription writer
Results review	Lab, pathology, radiology — ability to trend, graph, and print
Referral management	Creation of referrals and managing incoming referrals
Telephone	Documentation and routing of patient telephone calls
Formulary management	Notification if medication is nonformulary based on patient's insurance
Health maintenance	Alerts for specific chronic diseases or suggested testing based upon age, sex, and history
Reporting	Manage a population of patients with a specific condition or disease
Clinical decision support	Alerts for interactions with drugs, food, allergies, and for duplicate ordering.
e-faxing	Communicate with outside providers
Cosigning and reviewing orders and notes	For mid-level providers, residents, and students
History documentation	Past medical, family, and social history with links to decision support and documentation
Patient education	Is it editable by the provider and in what languages can it be printed
Patient portal	Secure messaging, lab communication, immunization reports, and scheduling
E/M coding	Notification for missing information or education about requirements
Charge capture	Supplies and procedures

**Figure 6-1:**  
American-  
EHR  
Partners  
comparison  
engine.



<b>FUNCTIONALITY</b> - The vendor strongly supports the following functions:	Strongly Agree +2 points	Agree +1 point	Unsure 0 points	Disagree -1 point	Strongly Disagree -2 points
<b>A Clinical Documentation &amp; Review</b>					
A.1. Patient Lookup and Search					
A.2. Review of Patient Summary Information					
A.3. Encounter Note					
A.4. Progress/Consult Note					
A.5. Results Review (e.g., labs, radiology)					
A.6. Order Entry					
A.7. Electronic Prescribing					
A.8. Clinical Decision Support Alerts					
A.9. Consult and Referral Requests/Letters					
A.10. Modifying/Customizing Templates					
A.11. Chart Organization & Ease of Charting					
A.12. Remote Access					
<b>B Practice Coordination &amp; Management</b>					
B.1. Practice Messaging and Tasking					
B.2. Telephone Message Documentation					
B.3. E/M Coding					
B.4. Charge Capture					
<b>C Patient Management &amp; Communications</b>					
C.1. Reporting - Disease & Wellness Guidelines					
C.2. Meaningful User Reporting/Dashboard					
C.3. Patient Education					
C.4. E-visits, Secure Email with Patients					
<b>Total Score</b>					
<b>D Overall Impressions</b>					
D.1. I liked the following features:					
D.2. I am concerned about the following:					
D.3. Continue to consider this EHR (Yes/No)?					

**Figure 6-2:**  
EHR vendor demonstration scoring sheet.

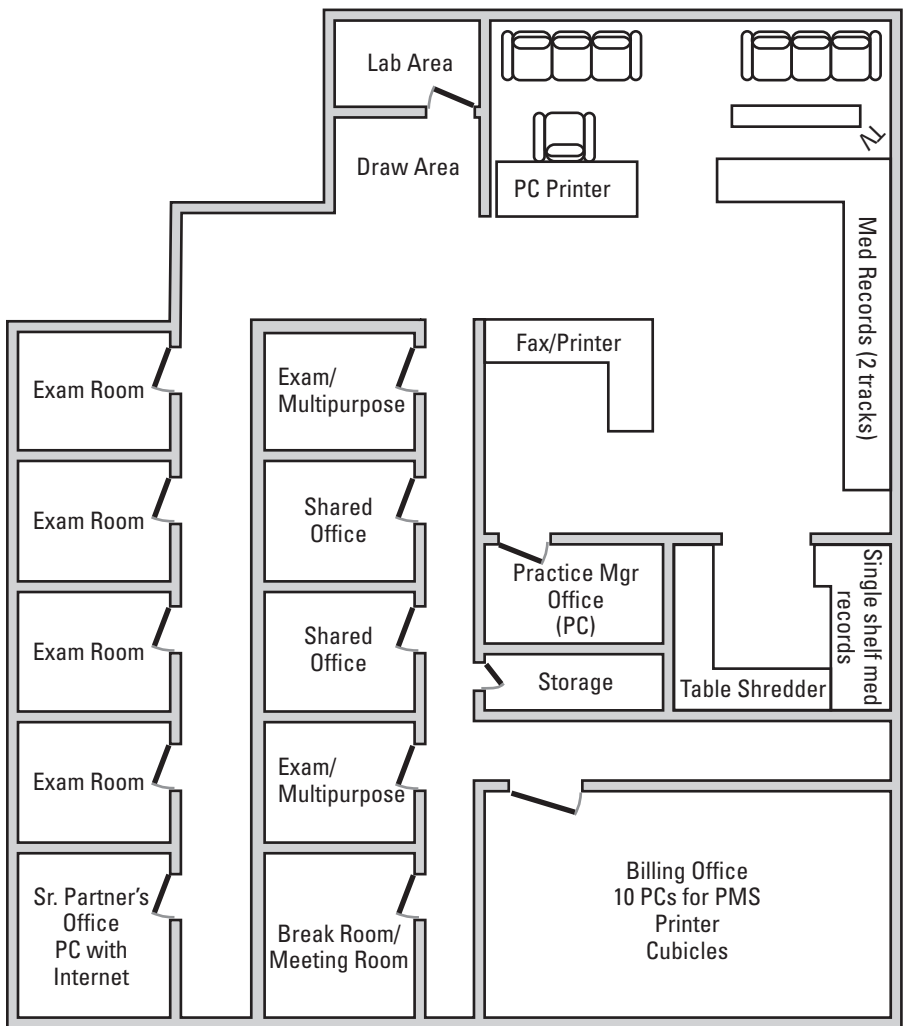
Evaluation Area (Rating Scale: 1 = Best, 4 = Worst)	Weight (%)	Vendor A Rank	Vendor B Rank	Vendor C Rank	Vendor D Rank
Clinical Functionality	20%	1	2	4	3
Ease & Speed of Review/ Documentation	10%	2	1	3	4
Practice Management Integration	10%	4	1	3	2
Implementation & Training Approach	10%	1	2	3	4
Available Templates and/or Customization	10%	3	1	2	4
Ongoing Support - Online, Phone, On-Site	15%	1	2	4	3
Demonstration Rankings	10%	1	2	3	4
Reference Check/Site Visit Rankings	15%	2	1	4	3
<b>Total</b>	<b>100%</b>				

Evaluation Points Conversion: Rank 1 = 10 points    Rank 2 = 7 points  
 Rank 3 = 3 points    Rank 4 = 1 point

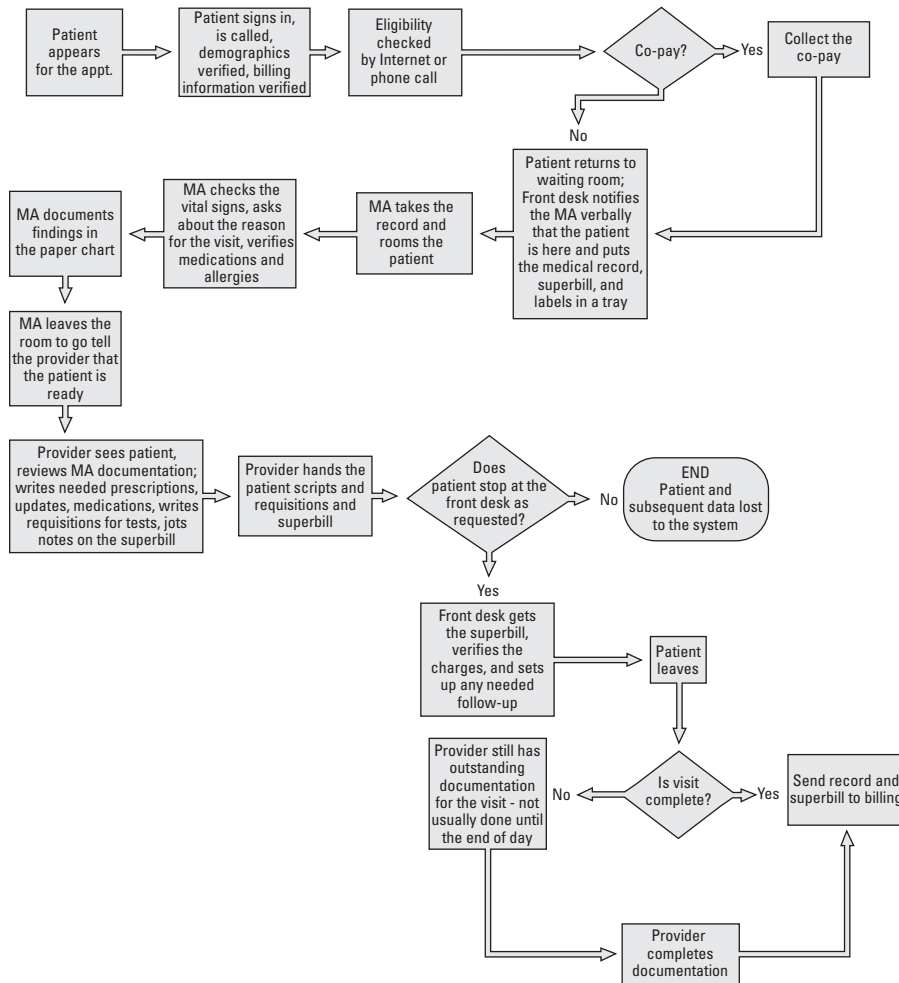
Vendor Rating Value:                      Weight X Evaluation Points

Evaluation Area	Weight	Vendor A Rating	Vendor B Rating	Vendor C Rating	Vendor D Rating
Clinical Functionality	20%	2	1.4	.2	.6
Ease & Speed of Review/ Documentation	10%	.7	1	.3	.1
Practice Management Integration	10%	.1	1	.3	.7
Implementation & Training Approach	10%	1	.7	.3	.1
Available Templates and/or Customization	10%	.3	1	.7	.1
Ongoing Support - Online, Phone, On-Site	15%	1.5	1.05	.15	.45
Demonstration Rankings	10%	1	.7	.3	.1
Reference Check/Site Visit Rankings	15%	1.05	1.5	.15	.45
<b>Total</b>	<b>100%</b>	<b>7.65</b>	<b>8.35</b>	<b>2.4</b>	<b>2.6</b>

**Figure 6-3:**  
 An EHR vendor evaluation tool.



**Figure 8-1:**  
An office  
space  
diagram.



**Figure 8-2:**  
A sample  
current  
state  
process  
map for  
nurse/MA  
visits.

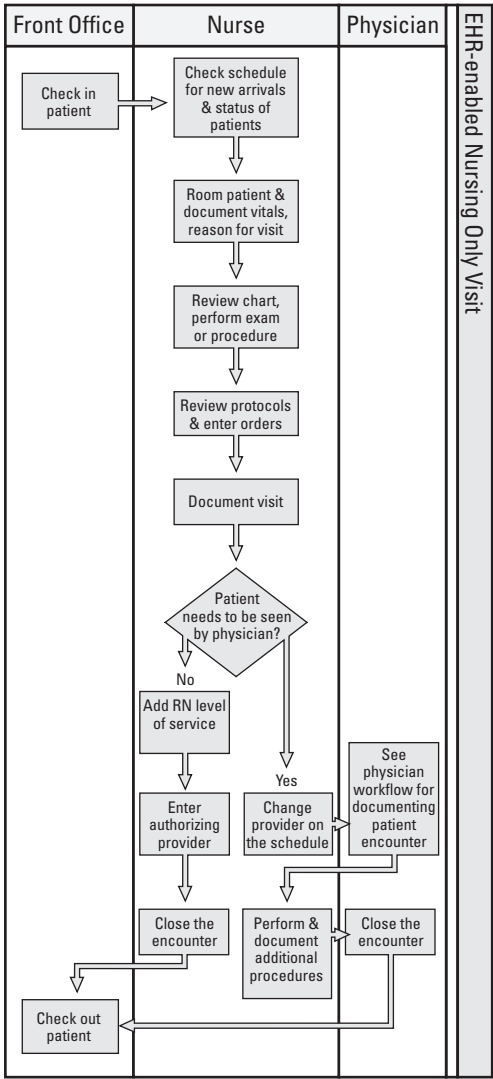
*From a Systems Approach to Operational Redesign by Masspro*

---

**Table 8-1**      **Visit Documentation Roles and Responsibilities**

---

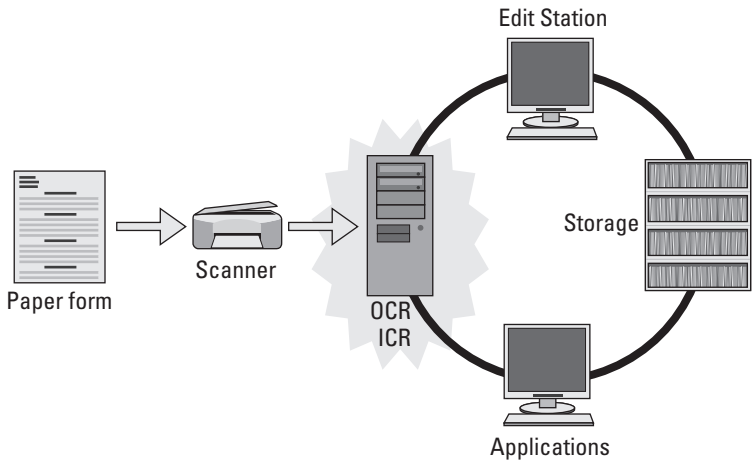
<i>Role</i>	<i>Responsibility</i>	<i>Location</i>	<i>Time of Documentation</i>
Physician			
Practitioner			
Nurse			
Medical Assistant			
Front Office			
Billing			



**Figure 8-3:**  
A sample  
EHR-  
enabled  
workflow  
process  
map.

<b>Table 9-1 Old versus New Front Office Functions</b>		
<b><i>Function</i></b>	<b><i>Before EHRs</i></b>	<b><i>After EHRs</i></b>
Capture insurance and ID information	Photocopying	Scanning
Prepare patient chart for patient encounter	Searching and pulling charts	Charts available; determine whether additional preloading or scanning is needed (initially)
Document patient telephone inquiry	Paper note or log, direct follow-up with physician or nurse	Document request electronically and assign to responsible provider
Transmit patient prescription to pharmacy	Fax to pharmacy at patient check-out	Capture preferred pharmacy information at patient check-in; physician transmits prescription electronically
Schedule follow-up appointments	Maintain paper logs to track needed or missed follow-up	Run reports to identify and contact patients that need to come in for follow-up visit
File results (lab, radiology) in patient chart	Notification of physician of faxed result; file result in chart	None — physician notified of result electronically
Notify patient of drug recall	No method to identify patients	Call patients based upon EHR report
Provide patient with copy of chart upon request	Photocopy pages	Send chart to printer or fax directly from EHR; enable patient access via patient portal
Determine patient eligibility (medical, prescription)	Telephone call to insurer or PBM	Automated eligibility checking

**Figure 9-1:**  
Use an  
OCR/ICR  
system to  
get patient  
info into  
your EHR.

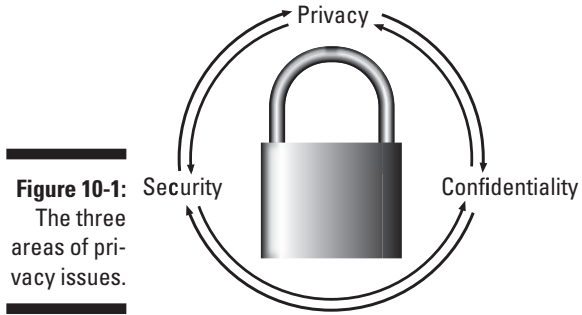


Patient Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Gender M\_\_\_F\_\_\_  
 PAYER & PATIENT NUMBER: \_\_\_\_\_ CLINIC & PROVIDER: \_\_\_\_\_  
 Medicare \_\_\_\_\_ Clinic \_\_\_\_\_  
 Medicaid \_\_\_\_\_ Location \_\_\_\_\_  
 Other, please specify \_\_\_\_\_ Physician \_\_\_\_\_ UPIN \_\_\_\_\_

**ONGOING CLINICAL MEASURES**

	Initial Measurement		Subsequent Measurements					
	Date mm/dd/yyyy	Results	Date mm/dd/yyyy	Results	Date mm/dd/yyyy	Results	Date mm/dd/yyyy	Results
<b>LABORATORY</b>								
Hemoglobin A1c <i>At Least Annual</i>								
<b>FASTING LIPID PROFILE</b>								
Total Cholesterol <i>Annual</i>								
HDL Cholesterol <i>Annual</i>								
LDL Cholesterol <i>Annual</i>								
Fasting Triglycerides <i>Annual</i>								
Urinalysis for protein <i>Annual</i>		Pos Neg		Pos Neg		Pos Neg		Pos Neg
Quantitative/Semi-Quantitative Urine Protein*		Pos Neg		Pos Neg		Pos Neg		Pos Neg
Microalbumin**								
Creatinine <i>Annual</i>								
<b>MONITORING</b>								
	Date	Results	Date	Results	Date	Results	Date	Results
Diabetic Foot Exam <i>Annual</i>								
Dilated Eye Exam <i>Annual</i>								
Blood Pressure <i>Each Visit</i>								
Weight <i>Each Visit</i>								
Review Home Blood Glucose Monitoring <i>Each Visit</i>		Yes No		Yes No		Yes No		Yes No
<b>PREVENTIVE CARE</b>								
	Date	Results	Date	Results	Date	Results	Date	Results
Influenza Vaccination <i>Annual</i>								
Pneumococcal Vaccination								
Tobacco Counseling <i>PRN</i>		Nonsmoker Yes No		Nonsmoker Yes No		Nonsmoker Yes No		Nonsmoker Yes No
Diabetes Education <i>Each Visit</i>		Yes No		Yes No		Yes No		Yes No
Dietary Instruction <i>Each Visit</i>		Yes No		Yes No		Yes No		Yes No

**Figure 9-2:**  
A sample diabetes flowsheet.



**Figure 10-1:**  
The three  
areas of pri-  
vacy issues.

**Figure 11-1:**  
Determining  
training  
needs for  
your staff.

		<b>Physician</b>	<b>Nurse</b>	<b>Office Manager</b>	<b>Medical Assistant</b>	<b>Front Office</b>
<b>eLearning</b>	EMR Basics	R	R	R	R	
	ePrescribing	S	S	S		
	Decision Support	S	S	S		
	Front Office			S		S
	Patient Documents		S	S		S
	Scheduling			S		
<b>Webinars</b>	Specialty Forms		S	S	S	
	Referral Management	S	S	S		S
	ePrescribing	S		S		
	Check In			S	S	S
	Check Out			S		S
	Advanced Ordering	S		S		
<b>Class Training</b>	Front Office			R		R
	EMR Basics	R	R	R	R	
	EMR Intermediate	R	R	R		

S = Suggested

R = Required

**Table 11-1****Training Materials**

<b><i>Material</i></b>	<b><i>Description</i></b>	<b><i>What to Look For</i></b>
Training manual	Most-detailed materials reviewing all EHR system functionality; ideally tailored to your specialty, practice, and specific workflows; for use with instructor in classroom and remote training sessions	The material is relevant both clinically and to your practice; practice-specific workflows are embedded; the materials are easy to follow; the materials contain screenshots with step-by-step descriptions
E-learning modules	Focused on specific functionality or workflows; may not be specific to your specialty or even version of the software; great for initial exposure to the system or for use to review specific EHR tools; available remotely and can be accessed at any time	The materials are easily assessable; the modules are appropriate in length and content (most useful modules range between 5 and 20 minutes); the modules are interactive and allow the end user to participate in the sessions
Quick reference guides (trifolds/pocket guides)	Step-by-step guides for key workflows or system functions; specific to your practice and specialty; used most during the go-live period and immediately thereafter; not meant to cover all EHR functions or clinical workflows	The major EHR functions are covered; the guide is brief with easy to follow steps; the guides are portable
Exercises	Specific tools for end users to review and practice their new EHR skills; focus on clinically relevant workflows; reinforce key system features and functions; for use as part of the classroom training and practice sessions prior to go-live	The exercises are clinically accurate and specific to your patient population; they cover all key system features



### The HITECH Act and Your Practice: 8 Tips for Successful EHR Adoption

The Obama administration has made electronic health record (EHR) adoption a major health policy objective. The Health Information Technology for Economic and Clinical Health (HITECH) Act, their goal is for all physicians to begin using EHRs over the next decade.

But many physician practices are troubled by the huge upfront costs many EHRs require - hardware, software, interfaces and IT support - without a clear return on investment (ROI). Practices also worry about disruption during EHR implementation.

A successful EHR can dramatically improve patient care, profit, and workflow. What's more, EHR implementation can be a smooth (and practice-strengthening) process.

In this Webinar get clear guidance - in eight steps - on doing the right planning and choosing the right vendor.

With this information you'll be prepared to reap the rewards of successful EHR adoption (as well as the incentives currently outlined in the HITECH Act). Register today!

**If you have previously registered for this event, please login below:**

Email

LOGIN

**Figure 11-2:**  
A webinar  
offered by a  
vendor for  
education  
purposes.

**Figure 12-1:**  
A home page that links to an EHR resource page.

**EHR-EMR** Electronic Record Management

- Home
- Electronic Health Records
- Electronic Medical Records
- Training Services
- Demo
- Contact Us

**PRODUCTS**

**EMR**  
Our electronic medical records software comes with user friendly interface that is easy to get used to with so you don't have to spend more time in learning and can start getting benefits right from the day you implement EMR. [more](#)

**WELCOME**

EHR-EMR provides stimulus ready EHR and EMR software solutions so that you get promised financial incentive with stimulus package and in the mean time lead an efficient and paperless practice. Our feature packed and easy to use electronic health and medical records make it easy for you to get hands on software easily and use its detailed features to start reaping rewards of using medical software. To aid this further our on site and online EMR training services offer a complete roadmap to guide you and your staff through the EMR implementation process.

**EHR**  
EHR software solutions by EHR-EMR

*Electronic health and medical record solutions*

Done

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**empower™ Initiative**  
 Clinical Transformation  
 ▶ EMR Rollout Updates  
 ▶ Why EMR?  
 EMR Tutorial  
 Town Hall Meetings  
 EMR Presentations  
 ▶ Physician Advocates  
 ▶ EMR Support  
 ▶ Training Center  
 EMR FAQs  
 Contact Us

**EMR Frequently Asked Questions**

Documentation Results Tasks	Billing/Authorization Interfaces Access	Marketing Training Hardware
-----------------------------	---	-----------------------------

**empower**  
JUP  
 Advancing Patient Care

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**Top Five FAQs**

**Will the provider still be able to dictate or write a note?**  
 Yes. JUP's EMR has both capabilities. Providers can dictate notes using the Dragon™ speech recognition application. Documentation may also be done with electronic templates or forms that will consist of structured pick lists, text templates and optional dictation markers to allow the physician to quickly document meaningful and legible progress notes.

**What happens if the system goes down?**  
 The system is being designed to minimize down time. However, should down time occur, procedures will be established. The length of the system down time will determine the procedure to follow. Patient care will continue and be documented. Appropriate back-up processes will be established should an event occur that causes a lengthy system down time.

**Can I use the TouchWorks™ EMR from outside of the office?**  
 Yes, providers will be able to access TouchWorks™ as long as they have a VPN and an Internet connection.

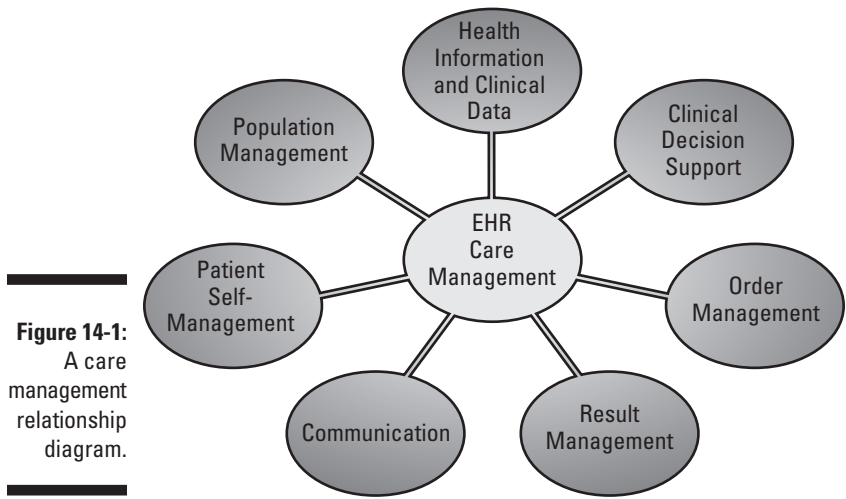
**During "Go Live" should we expect patient process flow delays?**  
 During any new implementation, a practice should always make accommodations for staff learning curves. The literature recommends

Click to view PDF

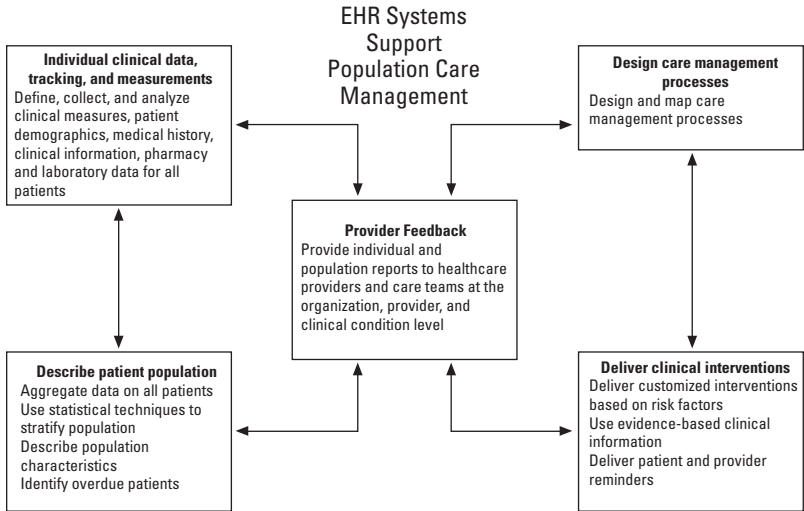
Done

**Figure 12-2:**  
 An EHR  
 FAQ page.

<b>Table 13-1 Go-Live Scenario Pros and Cons</b>		
<b><i>Scenario Type</i></b>	<b><i>Pros</i></b>	<b><i>Cons</i></b>
Incremental	Reduces element of surprise for employees	Overall training and implementation costs may be higher
	Spreads out costs of longer period of time	Benefits not realized as quickly
	Lower chance for catastrophic project failure	Risk of failing to fully migrate to EHR documentation
Big Bang	Shortens period of time in which you are using/accessing both paper AND electronic records	Higher risk of project failure
	Faster achievement of EHR benefits	Significant initial loss in productivity
	Less chance of getting stuck in the implementation process and not achieving end goal of full migration	Higher chance for physician or staff rebellion if change is too drastic or swift



**Figure 14-2:**  
EHR tools  
to support  
population  
health  
within a  
practice.



<b>Table 15-1 Possible Patient Communication Topics</b>			
<b>Administrative Needs and Tasks</b>	<b>Prescriptions</b>	<b>Clinical Issues</b>	<b>Caregiver Questions and Concerns</b>
Appointment reminders	Reminders	Lab tests or diagnostic results that aren't life threatening	Communication with parents about child's healthcare needs, immunizations, and appointments
Registration	Refills	Immunization records and updates	Communication with adult children caring for an elderly parent (as long as consent is provided)
Billing issues or questions	Drug event or allergy questions	Allergy questions or recommendations	Educational materials
Insurance claims	Drug interaction updates	Action required after test results	Diagnosis-specific information
Coverage denials	Patient questions about medication instructions	Tracking of recurring test results	
Requests for information	Co-pays and coverage	Online consultations	
Visit reports	New medications	E-visits	
History	Medication changes	Questions about a condition	
Educational materials		Queries about basic symptoms	
		Problem lists	

**▼ My Medical Record**

[Health Summary](#)  
[Test Results](#)  
[Medications](#)  
[Allergies](#)  
[Preventive Care](#)  
[Current Health Issues](#)

---

**▼ Appointments**

[Upcoming Appts](#)  
[Past Appts](#)  
[Request A New Appt](#)  
[Visitor Information](#)

---

**▼ My Family's Records**

[View Records](#)

---

**▼ Preferences**

[Change Address](#)  
[Change Password](#)  
[Change E-mail Address](#)

---

**▼ Health Information Center**

Find Information on:

**Figure 15-1:**  
A patient  
portal.

## Past Appointments

Click on a row to see your test results

Date/Time	Visit With	Department
Wednesday 10/17/2010	Your Physician	Internal Medicine
Monday 10/15/2010	Your Physician	Dermatology
Monday 08/20/2010	Your Physician	Internal Medicine
Thursday 07/20/2010	Your Physician	Internal Medicine

Click on a past appointment to view visit details of that appointment.

---

## My Family's Records

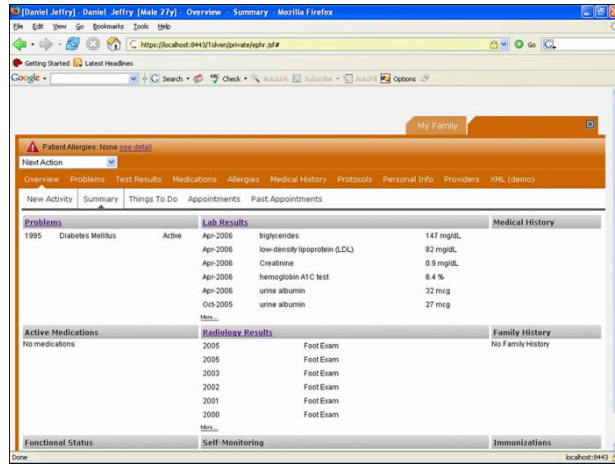
**Access another account**

The MyChart Caregiver service has been granted for the family members listed below. Click a name to access that family member's MyChart account.

Patient	Access Until	Account Status
John Doe	09/17/2018	Active
Jane Doe		Inactive
Jay Random	02/10/2019	Active

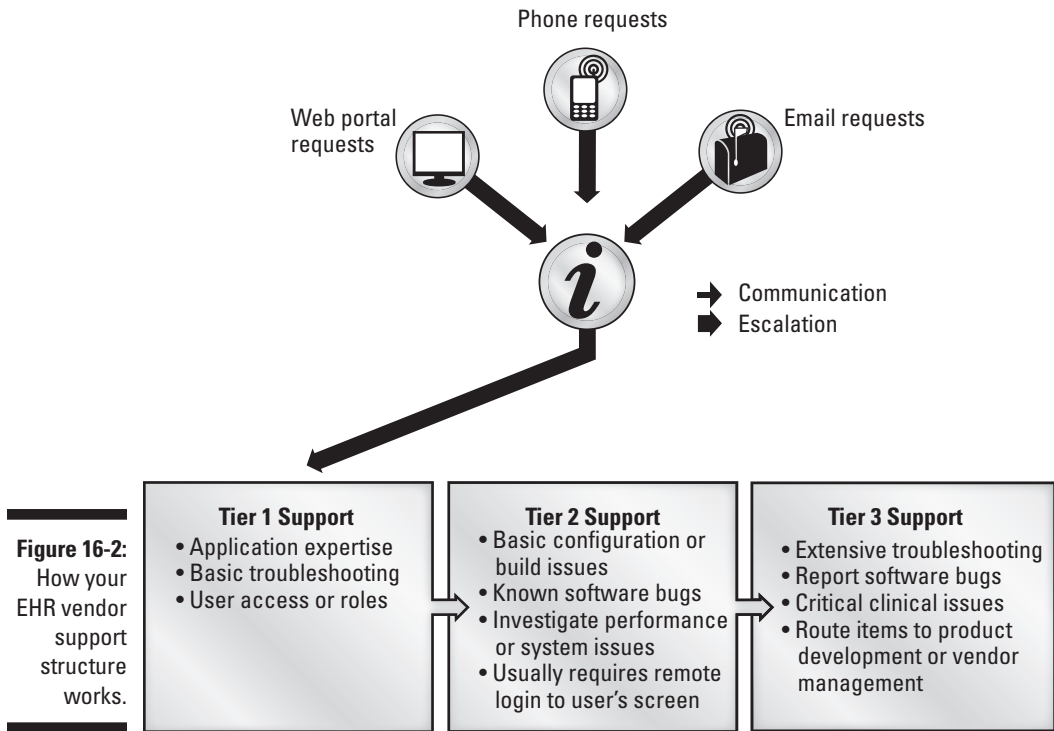
**The MyChart Caregiver service allows you to view family members' records. When clicking on a particular name, you will access that family member's MyChart account.**

**Figure 15-2:**  
Offer your patients access to their personal health record.



<b>Table 15-2 Patient Portals versus PHRs</b>	
<b>Patient Portal</b>	<b>PHR</b>
An extension of the EHR and the practice/hospital	Separate, independent tool/software
Most information and interaction is driven by the practice	Owned and managed by the patient
Generally tied to one practice or health system	Ability to include information from all clinical settings
Most information is codified and structured (lab results, medication lists)	Ability to capture both structured and free text information — free text information is managed by the patient
Limited ability for patient-entered data	Allows for patient-entered data
Many import and export summary care record using the Continuity of Care Document (CCD) or Continuity of Care Record (CCR) standards for problems, medications, allergies, and lab results	Can export and import summary care records using the Continuity of Care Document (CCD) or Continuity of Care Record (CCR) standards for the majority of data stored in the PHR
Used primarily for viewing of health information by patients	Used primarily for management of health information by patients





**Figure 16-2:**  
How your EHR vendor support structure works.

<b>Table 16-1</b>	<b>The Impact of Fixes and Upgrades</b>
<i>Role</i>	<i>Impact</i>
EHR Champion or Primary Decision Maker	Reviews potential upgrades; manages decision-making process; reports to other stakeholders
EHR Transition Team	Takes time away from everyday roles to assist with decision making
Front Office	May have to slow patient flow to accommodate upgrade and potentially new or amended workflows
Nursing Staff	May have to participate in extended training; expect a period of slowed workflows and processes
Physician	Possible primary decision maker; serves as champion for upgrade changes
Billing Staff	Potential workflow changes; possible slowed billing cycle during upgrade installation and training
Patients	Could experience slower wait times and difficulty getting an appointment due to temporary reduction in patient flow

## Appendix B

# Regional Extension Centers

**R**egional Extension Centers are being added on a daily basis. If you don't find one that services your area in the following list, check out [www.HealthIT.hhs.gov/programs/REC/](http://www.HealthIT.hhs.gov/programs/REC/).

<b>REC Name</b>	<b>State</b>	<b>Web Site</b>
Alaska eHealth Network	AK	<a href="http://www.ak-ehealth.com">www.ak-ehealth.com</a>
Alabama Regional Extension Center	AL	<a href="http://www.al-rec.org">www.al-rec.org</a>
HIT Arkansas	AR	<a href="http://www.hitarkansas.com">www.hitarkansas.com</a>
Arizona Health-e Connection (AzHeC)	AZ	<a href="http://www.azhec.org">www.azhec.org</a>
CalHIPSO (North)	CA	<a href="http://www.calhipso.org">www.calhipso.org</a>
CalHIPSO (South)	CA	<a href="http://www.calhipso.org">www.calhipso.org</a>
CalOptima Foundation	CA	<a href="http://www.caloptima.org">www.caloptima.org</a>
HITEC-LA	CA	<a href="http://hitec-la.org">http://hitec-la.org</a>
Colorado Regional Extension Center (CORHIO)	CO	<a href="http://www.corhio.org">www.corhio.org</a>
eHealth Connecticut	CT	<a href="http://www.ehealthconnecticut.org">www.ehealthconnecticut.org</a>
eHealth DC	DC	<a href="http://www.ehealthdc.org">www.ehealthdc.org</a>
National Indian Health Board (NIHB)	DC	<a href="http://www.nihb.org">www.nihb.org</a>
Quality Insights of Delaware	DE	<a href="http://www.qide.org/de">www.qide.org/de</a>
Rural and North Florida Regional Extension Center	FL	<a href="http://www.chcalliance.org/Services/RegionalExtensionCenter.aspx">www.chcalliance.org/Services/RegionalExtensionCenter.aspx</a>
South Florida Regional Extension Center Collaborative	FL	<a href="http://www.southfloridarec.org">www.southfloridarec.org</a>
University of Central Florida	FL	<a href="http://www.med.ucf.edu/rec/">www.med.ucf.edu/rec/</a>

(continued)

<b>REC Name</b>	<b>State</b>	<b>Web Site</b>
University of South Florida	FL	<a href="http://health.usf.edu/paperfree/index.htm">http://health.usf.edu/paperfree/index.htm</a>
Morehouse School of Medicine	GA	<a href="http://www.msm.edu/research/research_centersand_institutes/research_cni_NCPC.aspx">www.msm.edu/research/research_centersand_institutes/research_cni_NCPC.aspx</a>
Hawaii Health Information Exchange	HI	<a href="http://www.hhie.org">www.hhie.org</a>
IFMC Health Information Technology Regional Extension Center (Iowa HITREC)	IA	<a href="http://www.IowaHITREC.org">www.IowaHITREC.org</a>
Illinois Health Information Technology REC (II-HITREC)	IL	<a href="http://www.ilhitrec.org">www.ilhitrec.org</a>
Chicago Health Information Technology REC (CHITREC)	IL	<a href="http://www.chitrec.org">www.chitrec.org</a>
Purdue University	IN	<a href="http://www.ihitec.purdue.edu">www.ihitec.purdue.edu</a>
Kansas Foundation for Medical Care, Inc. (KFCM)	KS	<a href="http://www.kfmc.org/rec">www.kfmc.org/rec</a>
University of Kentucky Research Foundation	KY	<a href="http://www2.ca.uky.edu">www2.ca.uky.edu</a>
REC for Health IT in Mississippi	MS	<a href="http://www.eqhealthsolutions.com">www.eqhealthsolutions.com</a>
Louisiana Health Care Quality Forum	LA	<a href="http://www.lhcqf.org">www.lhcqf.org</a>
MA Technology Corporation	MA	<a href="http://masstech.org">http://masstech.org</a>
Chesapeake Regional Information System for Our Patients	MD	<a href="http://www.crisphealth.org">www.crisphealth.org</a>
HealthInfoNet	ME	<a href="http://www.hinfonet.org">www.hinfonet.org</a>
Michigan Center for Effective IT Adoption (M-CEITA)	MI	<a href="http://www.mceita.org">www.mceita.org</a>
Regional Extension Assistance Center for HIT (REACH)	MN	<a href="http://www.khareach.org">www.khareach.org</a>
Missouri HIT Assistance Center	MO	<a href="http://www.assistancecenter.missouri.edu">www.assistancecenter.missouri.edu</a>
Mountain Pacific Quality Health Foundation (MPQHF)	MT	<a href="http://www.mpqhf.org">www.mpqhf.org</a>

<b>REC Name</b>	<b>State</b>	<b>Web Site</b>
University of North Carolina at Chapel Hill	NC	<a href="http://www.med.unc.edu/ahec">www.med.unc.edu/ahec</a>
Wide River Technology Extension Center	NE	<a href="http://www.widerivertec.org">www.widerivertec.org</a>
Massachusetts eHealth Collaborative	NH	<a href="http://www.maehc.org">www.maehc.org</a>
New Jersey Institute of Technology	NJ	<a href="http://www.njit.edu">www.njit.edu</a>
LCF Research	NM	<a href="http://www.lcfresearch.org">www.lcfresearch.org</a>
NYC REACH	NY	<a href="http://www.nycreach.org">www.nycreach.org</a>
New York eHealth Collaborative (NYeC)	NY	<a href="http://www.nyehealth.org">www.nyehealth.org</a>
HealthBridge Inc.	OH, KY, IN	<a href="http://www.healthbridge.org">www.healthbridge.org</a>
Ohio Health Information Partnership (OHIP)	OH	<a href="http://ohiponline.org">http://ohiponline.org</a>
Oklahoma Foundation for Medical Quality (OFMQ)	OK	<a href="http://www.ofmq.com">www.ofmq.com</a>
O-HITEC	OR	<a href="http://o-hitec.org">http://o-hitec.org</a>
Quality Insights of Pennsylvania East	PA	<a href="http://www.qipa.org/pa">www.qipa.org/pa</a>
Quality Insights of Pennsylvania West	PA	<a href="http://www.qipa.org/pa">www.qipa.org/pa</a>
Ponce School of Medicine	PR	<a href="http://www.psm.edu">www.psm.edu</a>
Rhode Island Quality Institute	RI	<a href="http://www.riqi.org">www.riqi.org</a>
South Carolina Research Foundation	SC	<a href="http://www.healthsciencessc.org">www.healthsciencessc.org</a>
South Dakota REC (SD-REC)	SD	<a href="http://www.cahit.dsu.edu">www.cahit.dsu.edu</a>
Qsource	TN	<a href="http://www.tnrec.org">www.tnrec.org</a>
North Texas REC	TX	<a href="http://www.dfwhc.org">www.dfwhc.org</a>
West Texas HIT REC (WT-HITREC)	TX	<a href="http://www.ttuhscc.edu">www.ttuhscc.edu</a>
CentrEast REC	TX	<a href="http://centreastrec.org">http://centreastrec.org</a>
University of Texas Health Science Center at Houston	TX	<a href="http://www.shis.uth.tmc.edu">www.shis.uth.tmc.edu</a>

*(continued)*

<b><i>REC Name</i></b>	<b><i>State</i></b>	<b><i>Web Site</i></b>
Health Insight	UT	<a href="http://www.healthinsight.org">www.healthinsight.org</a>
VHQC (Virginia Health Quality Center)	VA	<a href="http://www.vhqc.org">www.vhqc.org</a>
Vermont IT Leaders	VT	<a href="http://www.vitl.net">www.vitl.net</a>
WI-REC	WA	<a href="http://www.wirecqh.org">www.wirecqh.org</a>
Wisconsin HIT Extension Center	WI	<a href="http://www.whitec.org">www.whitec.org</a>
West Virginia Health Improvement	WV	<a href="http://www.wvhealthimprovement.org/wvhii/home.aspx">www.wvhealthimprovement.org/wvhii/home.aspx</a>

## Appendix C Tables

<b>Medicare Incentive Payment Schedule</b>		
<i><b>First Payment Year</b></i>	<i><b>First Payment Year Amount, and Subsequent Payment Amounts in Following Years</b></i>	<i><b>Reduction in Fee Schedule for Non-Adoption/Use</b></i>
2011	\$18k, \$12k, \$8k, \$4k, and \$2k	\$0
2012	\$18k, \$12k, \$8k, \$4k, and \$2k	\$0
2013	\$15k, \$12k, \$8k, and \$4k	\$0
2014	\$12k, \$8k, and \$4k	\$0
2015	\$0	-1% of Medicare fee schedule
2016	\$0	-2% of Medicare fee schedule
2017 and thereafter	\$0	-3% of Medicare fee schedule

<b>Medicaid Incentive Payment Schedule</b>		
<i><b>First Payment Year</b></i>	<i><b>First Payment Year Amount, and Subsequent Payment Amounts in Following Years*</b></i>	<i><b>Reduction in Fee Schedule for Non-Adoption/Use</b></i>
2011	\$21,250, \$8.5k, \$8.5k, \$8.5k, and \$8.5k	\$0
2012	\$21,250, \$8.5k, \$8.5k, \$8.5k, and \$8.5k	\$0
2013	\$21,250, \$8.5k, \$8.5k, \$8.5k, and \$8.5k	\$0
2014	\$21,250, \$8.5k, \$8.5k, \$8.5k, and \$8.5k	\$0
2015	\$21,250, \$8.5k, \$8.5k, \$8.5k, and \$8.5k	\$0
2016	\$21,250, \$8.5k, \$8.5k, \$8.5k, and \$8.5k	\$0
2017 and thereafter	\$0	\$0