The NJISA Fellowship Newsletter

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Technology & Meaningful Use

(For CMS, incentives, attestation, and other weblinks, please see page 2)

In 2009, the Health Information Technology for Economic and Clinical Health (HITECH) Act called for “development of a nationwide health information technology infrastructure that allows for the electronic use and exchange of information.” Electronic health records (EHRs) can no longer be standalone systems, but must be health data management systems that are interoperable (have the functionality to “talk” to other systems). The Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) outlined standards for system format and data storage structure that allows patient information to be “easily retrieved and transferred.”

To ensure use of such systems, the HITECH Act put in place staged implementation incentive programs for hospitals and health care practitioners who meet requirements for “meaningful use.” Stage 1 began in 2011; Stage 2 begins in 2014; Stage 3 begins in 2016. CMS oversees the Medicare EHR Incentive Program; individual state Medicaid agencies oversee the Medicaid EHR Incentive Program. Starting in 2015, eligible practitioners (EPs) who do not show meaningful use of EHRs will see a reduction in reimbursements. The Medicare incentive program concludes in 2016; the Medicaid program concludes in 2021. As care providers for older adults, most geriatricians, geriatric psychiatrists, and geriatric dentists will participate in the Medicare program.

What is Meaningful Use?

CMS defines meaningful use as “use of EHRs that positively affects patient care.” The Act describes 3 components of meaningful use: 1) “Use of a certified EHR in a meaningful manner (e.g., e-prescribing);” 2) “Use of certified EHR technology for electronic exchange of health information to improve quality of health care”; and 3) “Use of certified EHR technology to submit clinical quality measures (CQM) and other such measures” to CMS. Each implementation stage has different requirements for fulfilling components and attaining that overarching goal: Stage 1 focuses on data capture and sharing; Stage 2 on advanced clinical processes/procedures; Stage 3 on improved patient outcomes. Each objective has a measure of compliance that must be met, usually a percentage of the total number of occurrences. For example, one core objective for EPs calls for generating and transmitting prescriptions electronically (e-Prescribing or eRx). In Stage 1, 40% of permissible prescriptions must be transmitted electronically using a certified EHR for an EP to meet this objective. In Stage 2, the number rises to 50%. Exclusions exist for each measure, as well. For example, an EP who does not have a pharmacy that accepts electronic prescriptions within 10 miles of his/her practice is excluded from the above-described objective. Other objectives include computerized provider order entry (CPOE); recording demographics such as gender, date of birth, and preferred language; recording smoking status for patients over age 13; sending reminders to patients for preventive/follow-up care; and submitting electronic data to immunization registries.

What is attestation?

To receive incentives, EPs submit attestation that they have met appropriate measures of the meaningful use criteria to the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System. To use the attestation system, EPs must have a National Provider Identifier (NPI) and a web user account for the National Plan and Provider Enumeration System (NPPES). EPs may designate a third party to submit attestations: the Rowan University School of Osteopathic Medicine’s Managed Care and Information Resources & Technology departments submit attestations for RowanSOM’s EPs. In the first year of incentive program participation, EPs report on a 90 day period of EHR meaningful use. In following years, reporting must include the entire calendar year.

Physician Quality Reporting System (PQRS)

Before HITECH, there was the Tax Relief and Health Care Act of 2006 (P.L. 109-432) (TRHCA). TRHCA ordered creation of a physician quality reporting system to evaluate whether physicians perform evidence-based care by having those physicians voluntarily report on patient care quality measures. PQRS offers pay-for-reporting incentives to EPs or group practices who “satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service beneficiaries.” Starting in 2015, EPs will lose money, in the form of “payment adjustments,” if they
do not satisfactorily report data.

EPs choose the system they will use from a participating registry assembled by CMS. The reporting system disseminates collected EP data to Medicare. The 2014 registry list will be posted on the CMS website in late spring/early summer.

Overlap exists between PQRS quality measures and EHR Incentive Program meaningful use criteria. For example, PQRS includes a measure that requires ensuring documentation of current medications in the medical record; a meaningful use objective is “maintain an active medication list.” However, the programs are not the same: EHR is concerned with use of technology to improve information exchange about patients, whereas PQRS concentrates on evidence-based patient care itself.

Geriatrics fellows use RowanSOM’s EHR in their continuity clinics; their usage is included in what the institution submits in its attestations, sharing in the goal of improving patient care and outcomes.

References:
5. Ibid.

Want to Know More About EHR, Meaningful Use, PQRS, and Reporting?

Read the law. The HITECH Act is available online. Visit:
◊ http://www.healthit.gov/sites/default/files/hitech_act_excerpt_from_arra_with_index.pdf

The Centers for Medicare & Medicaid host an in-depth website devoted to the EHR Incentive Program, including the Meaningful Use criteria. Visit:

For information on getting PQRS incentives and avoiding payment adjustments, visit:

For information on registering for a CMS EHR Certification ID, visit:

To log in to the CMS EHR Registration & Attestation System, visit:
◊ https://ehrincentives.cms.gov/

A Message from the Fellowship Directors...

As a program director & faculty mentor, you teach geriatrics fellows. But teaching, and learning, can be a 2-way street. What have you learned from the geriatrics fellows in your tenure as the program director?

“In my tenure as the program director, the geriatric fellows have taught me that I will always be a student.”
-Jill York, DDS, MAS (Geriatric Dentistry)

“One of the aspects of being a Fellowship Director that I love is being taught by my fellows. Our fellows are in a true academic program. They are always reading. I absolutely love when our fellows have read something that I have not yet seen. The give and take of education in our program makes for a fun learning environment.”
-Stephen M. Scheinthal, DO, DFACN, DFAPA (Geriatric Psychiatry)

“The fellowship program trains psychiatrists, dentists, and medicine physicians simultaneously and offers unique opportunities for collaboration in patient care. It’s this collaboration that has taught me the value of communication among professions and the benefits of teamwork in health care delivery.”
-Kevin Overbeck, DO (Geriatric Family Medicine)

“Since our fellows come from such a variety of backgrounds, I have learned to appreciate different cultures and developed more cultural sensitivity. Also, the fellows have taught me to maintain my academic expertise in geriatrics. They ask questions that can be so esoteric that all of us learn from the answer, making all of us better physicians.”
-Terrie Ginsberg, DO, FACOI (Geriatric Internal Medicine)
The Personal Touch

The Tale of a Former Fellow

“The physician touches the patient; the patient, in many ways, touches the physician.”

As he helped out in his father’s primary care practice when he was in high school, Peter Tran, DO “recognized that there was a need for geriatricians, for physicians who understand the complexities of aging.” He had “a natural curiosity about the aging process and wanted to understand it further.”

For Dr. Tran, however, there was more than just science. There were also people. When he was growing up, his grandmother lived with his family; they developed a strong bond. As a medical student, Dr. Tran completed rotations at Veterans Administration health facilities and felt a special connection with the veterans as they related their stories. He chose a residency specifically because of its large geriatric population. That emphasis on people is a deeply osteopathic one. Geriatrics, with its focus on treating the whole patient and addressing function as a key avenue to quality of life, was a perfect fit for him. After residency, he continued into the geriatric fellowship at what was then the University of Medicine and Dentistry of New Jersey—School of Osteopathic Medicine (now Rowan University School of Osteopathic Medicine, or RowanSOM). “I think physicians generally choose a field that they feel comfortable doing and, for me, geriatrics felt very natural.”

“Geriatrics is so much more complex than just learning about a disease and treating it,” Dr. Tran explains. “Disease itself becomes more complicated due to the multiple interactions that can be associated with it. Aside from the medical factors, there are social, economic, and psychological factors that become more pronounced” as an individual ages. A geriatrician must consider all of these intertwined factors to create an effective treatment plan that allows the older patient to maintain function and quality of life. As a fellow, Dr. Tran addressed all those various factors, treating patients across the continuum of care, from those in the community to those in the hospital to those in long-term care facilities. Just as there was more to Dr. Tran’s interest in aging, there was more also to the fellowship.

Since its inception, the fellowship training program has offered not just interdisciplinary clinical education in geriatrics and subspecialty areas like geriatric psychiatry, subacute care, and geriatric neurology, but also training in research, administration, and teaching. Dr. Tran appreciates these aspects of the program, saying, “It was a very complete program, in my opinion. I feel very lucky to have met my mentors, not only because of their influence on me on a professional level, but also on a personal level. In a way, the fellowship helped make who I am today. Going through the fellowship, participating in research and teaching, the skills I learned in the fellowship, all helped me mature as a physician. For me, the fellowship was more than just learning about medicine and research. It was also learning about life in general.”

Clearly, Dr. Tran values personal interactions and relationships. During residency, he devoted many hours to volunteer activities and ran community education programs on nutrition and preventive care. He identified one of his strengths as “the ability to make patients and students believe in themselves.” That ability did not go unnoticed. Patients appreciated his interpersonal and clinical skills to such an extent that they requested to be transferred to his service. He gave time and attention to teaching, as well. As a resident and fellow, he taught medical students, faculty, and other health professionals, something he enjoyed a great deal. He learned how to be a better teacher during his geriatrics training, as well. “The fellowship program teaches you how to teach, and so you become a very effective provider of medical information.”

Asked to describe what made the fellowship experience special for him, his response is perhaps not surprising. “It really centered on the people. They are some of the most caring and dedicated people I know. They truly believe in the mission of NJISA: to produce well trained geriatricians who can be leaders in the community. They really try to bring out the best in you. The most striking feature they all share that I will never forget is the level of kindness and understanding they give to the fellow. In every situation or crisis, they were always looking for and exhausting every angle in trying to help the fellow. You cannot help but be moved by that and emulate that.”

Over the years, graduates of the RowanSOM geriatrics fellowship program have chosen a variety of career paths. From the beginning, Dr. Tran planned to go into private practice and he has not wavered from this commitment to daily patient care. Though he has occasionally treated patients in nursing homes, rehab facilities and assisted living facilities, his current solo practice in Henderson, Nevada consists primarily of community-dwelling older adults. He considers himself fortunate to be in his own practice. He and his wife manage the practice together. He comments, “Not everyone gets to have that chance these days. It is very difficult being a soloist, let alone being in private practice. In these days of managed care and with all the changes the Affordable Care Act brings, my practice is constantly evolving as we try to balance how we want to run the practice with the demands and requirements of medical economics.”

Though the nature of his practice precludes the opportunity to interact with medical students or postgraduate trainees, he still uses the teaching skills he learned in the fellowship to educate patients and their families. He stresses that the “education that the fellowship has given me in give in turn to patients and their families on a very close, personal level.”

He offers this advice to those choosing geriatrics fellowship training: “Enter the program because of the love for geriatrics, because you truly care to work with this population, with the understanding that it is a teaching program and you are there to learn. You can learn from everyone you meet.” Learning from others; teaching others, whether those learners are students or patients and their families; caring for others: Dr. Peter Tran always adds a personal touch. ■
The NJISA Fellows’ Year-End Review

The NJISA is proud to recognize the notable accomplishments of its former and current geriatric fellows. Once again it has been a remarkable year for program graduates.

- On 5/28/13, Wendy Cheng, DO (Class of ’13) won 1st prize at the Eastern Pennsylvania Geriatrics Society’s 21st Annual Fellow Research Night for her project on “Investigating Adverse Drug Events Due to Loop Diuretics In The Elderly.” Dr. Cheng also presented a poster on her research at the 2013 Annual Scientific Meeting of the American Geriatrics Society (J Am Geriatr Soc 2013;61(Suppl s1):S36.).
- Congratulations to James Lin, DO (Class of ’08) and his wife, Emma, who welcomed son Jeffrey in the fall of 2012!
- Kevin Overbeck, DO (Class of ’07) received the 2013 UMDNJ-SOM Family Medicine Residents Educator of the Year Award in June, 2013.
- In 2013, Dr. Overbeck served as lead or co-author on 6 enduring educational products: Henry Corbett: A Geriatric Standardized Patient Case (MedEdPORTAL & PO-GOE); Margaret Pelli: A Geriatric Standardized Patient Case (MedEDPORTAL); Mike O’Halloran: A Geriatric Standardized Patient Case (MedEDPORTAL); Objective Structured Clinical Examination Case: Gina Babkins (MedEDPORTAL); and Objective Structured Clinical Examination Case: Mary Smith (MedEdPORTAL).
- Stephen Scheinthal, DO, dFACN, DFAPA (Class of ’97) was made a Distinguished Fellow of the American Psychiatric Association.
- Dr. Scheinthal currently serves as Vice President of the American College of Osteopathic Neurologists & Psychiatrists and is the Co-Chair of the New Jersey Alzheimer’s Disease Study Commission.
- Dr. Scheinthal was chosen as a “Top Doc” in geriatric psychiatry by SJ Magazine for the 10th year running.
- In July, 2013, Dr. York was appointed the Hunterdon Endowed Chair in Dental Public Health at the Rutgers School of Dental Medicine.
- Dr. York is the Principal Investigator on the HRSA Community Based Dental Education grant. Awarded in July, 2013, the four-year grant award totals $1.8 million dollars.

Are you interested in a geriatric psychiatry or dentistry fellowship position, to start July 1, 2014? Contact Susan Huff for more information, 856-566-6124; huffsm@rowan.edu; or visit http://njisa.edu/education/fellowship/index.htm.