

## GREETINGS,

Two events within the last month have sharpened my vision of Archeon's future focus. The first was a meeting of the users of Archeon software. The second was my attendance at the National Council meeting in Orlando. In very different ways both have reminded me of the tension between "getting it right" while at the same time remaining innovative and leveraging maximum benefit from IT investments. Balancing this equation is Archeon's ongoing challenge.

The Archeon user's group identified common threads of development/support needs and hope-



Dr. Jerry Sheward  
*Vice President of Operations*

fully this will lead to a strengthening of the software's core functionality and breed convergence in development requests that will reduce redundancy of effort and reap the benefits of consistent business/clinical practice. Follow-up sub-groups will be meeting

to address specific functional areas in the coming weeks. We will collaborate with the software developers in California and Ohio as necessary.

The latest version of the Archeon software (version 7) is in testing as I write this with no major issues identified so far. There are only minor default changes to the user interface which will minimize retraining issues for staff, but it also allows for greater customizability of the user interface. There are how-

ever; major changes to the underlying data storage structure, which I'm sure is designed to pave the way for future requirements in the areas of meaningful use and inter-operability. I will be reporting on progress in these areas as it occurs in future newsletters.

My attendance of various seminars at the National Council meeting has confirmed my understanding that the locus of control of medical treatment will increasingly move from the provider to the client and as a result, healthcare IT development will have to move from the clinician/EMR interface to the Client/Personal Health Record/Portal Interface. Walking through the vendor area at the National Council meeting, I was struck by the growing similarity of the EMR screens I was seeing. Without extensive demonstration time and scenario testing, it would be difficult to pick a particular product. What I did not see was attention being paid to integration with general medical care and client portal functionality yet. I suspect that behavioral health care specific products may lag behind in these important developments. Archeon's software being built on a general medical platform will have a head start in this important area.

One interesting experiment I heard about was the use of "Second Life". This is a web-based experience where users create a personal "Avatar" that wanders through a virtual environment of activities and businesses created by the large user community. It was reported that the geographic area of this virtual world is now twice the size of Rhode Island!

The experiment consisted of an adolescent substance abuse residential treatment facility using this technology to provide a virtual group therapy experience for follow-up after the individuals moved back home. The continued participation and abstinence rates were significantly better than the control group. It was suggested that the perceived psychological safety of using an avatar and no requirement to be in physical proximity actually led to better participation and a more honest exploration of issues. I'm starting to feel old, time to wrap this up.

These and similar technologies may offer a way to provide effective care at a fundamentally lower cost to consumers in certain circumstances, allowing us to live within our limited resources. If you have ideas of how technologies such as these or others can be used to extend care or increase efficiencies please let me know. I would enjoy the conversation and it just might lead to something important.



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## SPOTLIGHT ON E-RX

The electronic prescribing module that is integrated within the MedInformatix product consists of the following features:

- Drug List Updates
- Drug Interaction and Drug/Disease Interaction
- Eligibility and Drug Formularies
- Surescripts Routing and Pharmacy Lists
- Drug Information/Patient Leaflets
- Automatic G-code insertion to relevant claims

All of these clinical features are accessed via one screen in the application – the Medication History Screen.

The Master **Drug List** is updated on a recurring basis, thus eliminating the need to constantly update manually as new drugs become available. Their appearance in the list insures that the manufacturer has provided drug interaction information so that component of the module can remain fully functional.

**Drug Interaction** processing automatically occurs whenever a new medication is added. Additionally, you can manually force a check of drug interactions by clicking on a “Report on Previous Medications” box. The information is displayed on





the Medications History screen so no additional navigating is necessary to access this information. The information can be filtered by severity level as well as printed out if necessary. In version 7, any interaction is recorded in a Drug Interaction History section and the prescriber can indicate any reason for overruling the interaction.

**RX Eligibility Checking** allows the selection of a prescription insurance plan for the client and is required in order for Formulary checking to occur during RX creation. The Rx Eligibility Check button is located throughout the application (Master Patient List, Appointment List and Medications History Screen), allowing a variety of workflows to exist to capture this information. The system performs an automatic check, and then if no results are found, a manual entry process pops up. Once checked, this information is displayed in the client's Insurance Information screen and on the Medications History Screen:

Once this information is entered, anytime a prescriber selects a medication, the client's **formulary** will be checked and any alternatives displayed in the Add Medications Screen. Each alternative medication will be labeled with an applicable formulary

status such as "Preferred 1", "Not Reimbursed", etc. The prescriber may choose an alternative drug from the list by highlighting it in the list and clicking on "Select Alternate Drug" button. The new drug will replace the old one in the prescription area.

**Electronic routing** of a prescription occurs via SureScripts. The Print/Route Script button brings up the Create/Route Prescription Scripts window. Here you have the option to "Save/Print Script" which will provide a paper version for the client. You may also "Route Script" to a pharmacy.

In the **Pharmacy Search** window, you can simultaneously filter by Store Name, Zip, City/State, and Phone. SureScripts pharmacies are indicated by an "S" in the first column but you may still select a non-SureScripts pharmacy to route the prescription to. In that case, the prescription will be faxed to that pharmacy by SureScripts (and this will still count as an electronic prescription for the Medicare Incentive Plan). Once you have selected a pharmacy from the list, it is available for this client for all prescribers, making things even faster the next time you prescribe for this client.

In the same window where you route the prescriptions, there is a button to access **patient leaflets**.

This will display a web page for the specific drug selected from the list and may be printed out for the client.

**G-code insertion** to a claim occurs automatically during the claims generation process. The G8553 numerator is attached to any service where at least one prescription was created and transmitted electronically using the E-RX module.

To be considered a successful electronic prescriber for the 2010 eRx Incentive Program and potentially qualify to earn a 2.0% incentive payment for the 2010 eRx Incentive Program, an individual Eligible Provider (EP) must report the eRx measure for at least 25 unique electronic prescribing events in

which the measure is reportable by the EP during 2010.

Beginning with the 2010 eRx Incentive Program, a group practice may also potentially qualify to earn an eRx incentive payment equal to 2% of the group practice's total estimated Medicare Part B Physician Fee Schedule (PFS) allowed charges for covered professional services furnished during the 2010 eRx reporting year based on the group practice meeting the criteria for successful electronic prescriber specified by CMS. For additional information about the E-Prescribing incentive, visit: <http://www.cms.hhs.gov/ERxIncentive>.