

product watch

Gauging the Impact of Healthcare Reform
www.randcompare.org

The **RAND Corporation** has launched an online tool that provides policy makers and interested parties with a resource to help understand and evaluate the effects of healthcare reform. The tool, called COMPARE (Comprehensive Assessment of Reform Efforts), synthesizes what is known about the current healthcare system, provides information on proposals to modify the system, and delivers insight about how potential policy changes are likely to affect healthcare delivery and costs in the US.

Pathology CPT Coding Web Site
www.PathLabCoding.com

Pathology Service Associates, LLC, launched a new pathology CPT coding services Web site that will provide timely responses to pathology CPT coding inquiries and automated and online coding resources. PathLab Coding Solutions offers three ways to resolve coding concerns and questions: the coding assistant; the coding resource center; and the coding consultant.

iPhone EMR Application
www.caretools.com

CareTools has designed an EMR physician application for iPhones called iChart. The application was created by doctors for any healthcare provider with the need to keep patient information organized. The system is engineered to be used by a single provider or an entire network of users. iChart does not require the purchase of costly hardware or complex software, and can be customized by practice type using CareTools online tools and shared user library.

e-HIM Leadership Models
www.ahima.org/infocenter/practice_tools.asp

AHIMA's Leadership Models for e-HIM offer a comprehensive framework and suite of tools that educate and guide HIM professionals to visualize, initiate, and lead specific HIM domain initiatives at institutional, regional, and national levels. The models provide guidance to HIM professionals to advance technical HIM concepts and precepts, regardless of the individual's current role within an organization. ❖

Residency Program to Teach Medical Home Model

A physician residency program in Kansas has become one of the first in the country to teach students medicine in the patient-centered medical home environment.

The University of Kansas School of Medicine–Wichita's Smoky Hill Family Medicine Residency Program began transitioning its program to the patient-centered medical home model of care in January. Residents will learn how to use electronic health record systems to improve care, train on managing chronic disease with patient registries, and learn new methods of appointment scheduling such as same-day visits and expanded office hours, according to Dr. Robert Frelove, Smoky Hill's residency program director.

The future of family medicine is the medical home model, Frelove said, and it is important to start training residency students now on medical home techniques and operations so they can immediately implement the practices upon graduation.

"I want my residents to learn in that environment," Frelove said. "It makes sense for primary care and family medicine, and is what the future of family medicine truly is."

Most patients currently see several different specialist doctors for various medical problems. Under the medical home model, a primary care physician becomes the central manager of a patient's healthcare, which can lead to improved national healthcare, Frelove says.

Medical home physicians use chronic disease registries help manage the care of chronically ill groups and track their progress. Residents at Smoky Hill will learn these and other practices using the program's newly implemented EHR, which Frelove says is a tool that will help residents offer better quality care to patients.

Learning in the medical home model will also help future physicians better handle the business aspects of their practices, Frelove says. Medical home teaches streamlining operations and better budgeting of time and resources, as well as how to optimize billing and collections.

TransforMED, a medical home consulting company, is aiding Smoky Hill with the transition, which will take three years to implement. The program's transition is supported in part by grant from the United Methodist Health Ministry Fund. ❖

VA to Pay \$20 Million in Data Breach Case

In 2006 teenagers broke into a Maryland home and stole a laptop. Three years later, the Department of Veterans Affairs is still trying to recover.

The laptop was VA property, taken home by a VA employee, and it contained the unencrypted personal information of approximately 26.5 million vets.

The laptop was recovered, and the VA said there is no evidence that the information was accessed, but that didn't get the department off the hook. There were scathing reports, ample bad press, and finally a class action lawsuit.

In January the VA agreed to set aside \$20 million to administer the suit and pay veterans who suffered harm from the theft,

such as severe emotional distress or out-of-pocket expenses to protect their financial information. Veterans who can prove harm will be eligible for payments of \$75 to \$1,500.

The agreement was a mediated settlement in which the Department of Veterans Affairs admits no wrongdoing or violation of the privacy act. The terms must be approved by a federal district court.

The VA's security program had been faulted in the years preceding the theft, and its handling of the breach suggested that it did not have an adequate response plan in place. It was nearly three weeks before the VA notified veterans that their data were at risk. ❖