CPPM Chapter 7 Review Questions

1. When will physicians who are not "meaningful" EHR users start to see a reduction in payments?
   a. January 1, 2013
   b. January 1, 2015
   c. January 1, 2016
   d. January 1, 2017

2. When using EMRs, storage space should be considered. Which part of a computer is permanent storage of data?
   a. Optical Disk Drive
   b. Hard Disk Drive
   c. Random Access Memory (RAM)
   d. Motherboard

3. What is the main goal of stage one of "meaningful use?"
   a. Create cash flow by certifying electronic health records
   b. Establish EHR functionalities for technical advances
   c. Improve quality, safety, and efficiency of care while reducing disparities
   d. Create a repository for health information data collection

4. When calculating a ROI for an EHR purchase, it is important to:
   a. Project a 75% savings for efficiency of locating records.
   b. Project a 50% savings in time for each physician, increasing the number of patients seen each week.
   c. Project out of pocket expenses and savings in a conservative manner
   d. Assume an EHR will allow you to see more patients right away

5. What information is important to inquire about when considering which EMR to purchase?
   a. Potential interface with practice management systems, complete cost, training, templates, MU compliance, platform interfaces for interoperability.
   b. Cost only associated with purchasing of hardware and software, MU requirements, hosting model
   c. Require training hire another position to be a super user at your office
   d. Each piece of paper in the office and if it can be replicated by the EMR system, potential replication of charts, alerts for HIPAA violations.
6. A(n) application of an EMR will generally require the least amount of I.T. staff in a clinic for software updates and redundant backups of the data.

a. Client-Server  
b. ASP  
c. Interfaced  
d. HITECH approved

7. According to the national alliance for health information technology, the difference in an EMR and EHR is:

a. The total number of users in the system  
b. No difference, just different ways of saying the same thing  
c. One includes labs and prescriptions and the other does not  
d. Electronic data stored in one practice versus cumulatively across more than one health care organization

8. Under the Medicare EHR incentive program, EP’s include all of the following EXCEPT:

a. Nurse Practitioners (NPs)  
b. Psychiatrists  
c. Dentists  
d. Podiatrist

9. An EP must meet how many Clinical Quality Measures (CQMs), in order to be considered a “meaningful user” of EHR and qualify for incentive payments?

a. 2  
b. 4  
c. 5  
d. 6

10. The U.S. Department of Health & Human Services (HHS) expects to update the meaningful use criteria on a(n):

a. Annual Basis  
b. Biennial Basis  
c. Quarterly Basis  
d. Triennial Basis

11. Which statement is true when referring to the implementation of an EMR?

a. During the early stages of implementation, analyze and document every process related to every job currently performed in the clinic.  
b. Rely on the vendor to select your hardware best suited for your EMR system.  
c. Verify there is no way to print documents from the EMR system so the office remains paperless.  
d. Make sure the billing office is included in the building of the templates for the physicians.
12. The practice is currently scanning in the insurance cards, front and back, at every visit for each patient. As a result, the practice is running out of storage space on the server. As the practice manager, which option would be the best solution to resolve this problem?

a. Require the front desk copy the front and back of the insurance cards, then scan them in black and white to reduce space required for each image.
b. Require the receptionist to enter all of the information from the insurance card into the practice management system and do not require copies.
c. Change the location of the scanned images to the Practice Management System instead of the EMR.
d. Require the front desk to verify the copy in the EMR is current and accurate and only scan the insurance card if something with the patient’s insurance has changed.

13. When reviewing the communication process of an EMR, which option would reflect a good communication plan for an EMR?

a. All inter-office communication in the office should be required to be attached to a patient within the EMR.
b. Inter-office phone calls should be eliminated once an EMR system has been implemented.
c. Messaging sent to a provider regarding a patient should have the ability to attach the patient’s chart.
d. The EMR should require authentication (password) every time a message is sent.

14. Which option below is an effective way to ease the transition to EMRs for providers?

a. Hire scribes for each physician to record all documentation for each provider. This allows providers to solely focus on patients and not documentation.
b. Provide a super user to shadow the physician the first days or week after going live so they can confidently answer any questions that come up during use.
c. Require the physician to allow for an additional 2-3 hours at the end of each day so they can enter the charts into the medical record that were recorded on paper earlier during the day.
d. Allow physician’s to remain with paper charts, but hire scanners to scan them in at the end of each day.

15. When determining the scanning equipment and process, which statement is best to keep in mind?

a. Consider cost over quality and speed of the scanner for the budgeting process.
b. Purchase scanner for each employee and require them to come in over the weekend to scan all charts for each patient being seen during the next week.
c. Remove the option for same day appointments during the transition to EMRs to avoid the inability to scan prior records.
d. Better scanners cost more money, but will usually pay for themselves in time spent quickly when converting large volumes of paper records to electronic files.
CPPM Chapter 7 Review Questions Answer Key

1. When will physicians who are not "meaningful" EHR users start to see a reduction in payments?

b. January 1, 2015

Rationale: Starting January 1, 2015, physicians who are not “meaningful” EHR users will see a 1 percent reduction in payments. The reduction increases to 2 percent in 2016 and 3 percent in 2017 and each subsequent year.

2. When using EMRs, storage space should be considered. Which part of a computer is permanent storage of data?

b. Hard Disk Drive

Rationale: Computers have a hard disk (also called hard drives), which is used to provide permanent storage of data. All of your programs are stored here. The hard disk drive is long-term storage where information is stored permanently. The hard drive is the computer's main storage device.

3. What is the main goal of stage one of "meaningful use?"

c. Improve quality, safety, and efficiency of care while reducing disparities

Rationale: By focusing on the effective use of EHRs with certain capabilities, the HITECH Act makes clear that the adoption of records is for the purpose of improved patient outcomes. HITECH’s incentives and assistance programs seek to improve the health of Americans and the performance of their health care system through “meaningful use” of EHRs to achieve five health care goals:

- To improve the quality, safety, and efficiency of care while reducing disparities;
- To engage patients and families in their care;
- To promote public and population health;
- To improve care coordination; and
- To promote the privacy and security of EHRs
4. When calculating a ROI for an EHR purchase, it is important to:

c. Project out of pocket expenses and savings in a conservative manner

Rationale: Accurately calculating savings is crucial to determining ROI, and it is not a place for creative optimism. We have kept these estimates simple, conservative, and have avoided the promise of so-called super-efficiencies allowing you to see more patients per day. You will probably buffer 30 seconds “here,” and 5 minutes saved “there,” but since most patients are scheduled in advance, this is not a guarantee of added patients on your schedule.

5. What information is important to inquire about when considering which EMR to purchase?

a. Potential interface with practice management systems, complete cost, training, templates, MU compliance, platform interfaces for interoperability.

Rationale: When considering an EMR, it is important to understand if the system is going to integrate with your current PM system (if keeping the current system), the cost associated with purchase and training, reduced revenue due to training time, ease of template building and modification, and compliance with the MU regulations. Platform interfaces for interoperability, such as HL7 formats and such—it’s important your costs can be tremendous to get it to “talk to labs or hospitals” if you get a system that has the wrong platforms,

6. A(n) application of an EMR will generally require the least amount of I.T. staff in a clinic for software updates and redundant backups of the data.

b. ASP

Rationale: For many smaller practices, there is a better option. Rather than purchase their own computer servers, Web-based “cloud” installations, also known as SaaS (Software as a Service), delivered by an ASP (Application Service Provider) often gives the best benefit. They usually require less up-front cost and internal expertise. Most provide built in software updates and redundancies for data backups.
7. According to the national alliance for health information technology, the difference in an EMR and EHR is:

d. Electronic data stored in one practice versus cumulatively across more than one health care organization

Rationale: In an attempt to provide some clarification, the National Alliance for Health Information Technology (NAHIT) has defined EMR and EHR.

EMR: The electronic record of health-related information on an individual created, gathered, managed, and consulted by licensed clinicians and staff from a single organization who are involved in the individual’s health and care.

EHR: The aggregate electronic record of health-related information on an individual created and gathered cumulatively across more than one health care organization and is managed and consulted by licensed clinicians and staff involved in the individual’s health and care.

8. Under the Medicare EHR incentive program, EP’s include all of the following EXCEPT:

a. Nurse Practitioners (NPs)

Rationale: For Medicare eligibility, an EP is defined as a doctor of medicine or osteopathy, a doctor of dental surgery or dental medicine, a doctor of podiatric medicine, a doctor of optometry, or a chiropractor.

9. An EP must meet how many Clinical Quality Measures (CQMs), in order to be considered a “meaningful user” of EHR and qualify for incentive payments?

a. 2
b. 4
c. 5
d. 6

Rationale: An EP must meet six Clinical Quality Measures (CQMs) to be a “meaningful user” of EHR and qualify for incentive payments; three required “core” CQMs and three additional “menu set” CQMs.
10. The U.S. Department of Health & Human Services (HHS) expects to update the meaningful use criteria on a(n):

b. Biennial Basis

Rationale: Using a phased approach, HHS intends to update the criteria of meaningful use through future rulemaking. It refers to the initial meaningful use criteria as “Stage 1” and anticipates two additional updates called “Stage 2” and “Stage 3.” HHS expects to update the meaningful use criteria on a biennial basis.

11. Which statement is true when referring to the implementation of an EMR?

a. During the early stages of implementation, analyze and document every process related to every job currently performed in the clinic.

Rationale: During the early stages of implementation, you will want to analyze and document every process related to every job currently performed in the clinic to help your team understand everything that must be transitioned into the new system.

12. The practice is currently scanning in the insurance cards, front and back, at every visit for each patient. As a result, the practice is running out of storage space on the server. As the practice manager, which option would be the best solution to resolve this problem?

d. Require the front desk to verify the copy in the EMR is current and accurate and only scan the insurance card if something with the patient’s insurance has changed.

Rationale: Moving the saved image of a file does not reduce the amount of space that file needs. Copying the image in black and white increases paper use instead of reducing paper use. The practice could benefit from making sure a copy of the insurance card is on file, but does not necessarily need multiple files of the same insurance card.

13. When reviewing the communication process of an EMR, which option would reflect a good communication plan for an EMR?

c. Messaging sent to a provider regarding a patient should have the ability to attach the patient’s chart.

Rationale: When selecting an EMR, you will want to review the communication of orders, phone calls, emails, etc. regarding the patient. Having this communication easily attached to the patient’s file can help the provider respond quickly and efficiently, as well as having a good trail of information regarding the patient.
14. Which option below is an effective way to ease the transition to EMRs for providers?

b. Provide a super user to shadow the physician the first days or week after going live so they can confidently answer any questions that come up during use.

Rationale: Some methods used to help physicians in their transition to the EMR;

- Having the provider set a goal of using the EMR templates for a certain number of patients each day rather than trying to see every patient the first day using the EMR.

- Many practices find it valuable to block out a few time slots in the schedule in the morning and/or afternoon during the first week or so in order to give the provider extra time to get used to using the new templates.

- Provide a “superuser” to shadow the physician the first few days or week of going live so they can confidently answer any question that comes up while they are first using the system to see patients.

15. When determining the scanning equipment and process, which statement is best to keep in mind?

d. Better scanners cost more money, but will usually pay for themselves in time spent quickly when converting large volumes of paper records to electronic files.

Rationale: Creating efficient processes includes who is doing the scanning but also the equipment that will be needed. A lot of time (and money) can be saved with faster scanners. Better scanners cost more money, but will usually pay for themselves in time spent quickly when converting large volumes of paper records to electronic files.