

THE CONFIDENTIAL

06.25.09 - V4:12

INSIDE INFORMATION FOR HEALTHCARE'S IMPOSSIBLE MISSIONS...

LaBelle Strategic Resources

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CHIRP—THE CENTER FOR HEALTHCARE INFORMATION, RESEARCH AND POLICY

As America's Healthcare Community waits to hear what is "Meaningful" and where some funding may be found, an organization was created to help guide and bring together patient information in a new way. The Center for Healthcare Information Research and Policy (CHIRP) was created to assist patients in their Healthcare Information gathering. This organization will provide a platform for Personal Health Records and education on how to find and retain personal information so the patient can begin to manage their own care and health records.

With the current buzz (and noise) currently coming

from Washington, many find themselves confused with what exactly this whole initiative represents. What do these new acronyms mean? Where is all of this funding coming from and where is it going to go? What does a Health System have to do to become compliant? Will my current EHR provide patient information to our communities to improve services? All of these questions and functions can be resolved through CHIRP.

Elliot Sloane, a PhD in Clinical Engineering and the current HITSP Co-Chair, along with Joe Welsh - Respiratory Therapist turned Lawyer - has started this non-profit organization. At the annual '09 HIMSS in Chicago, Mary



Beth LaBelle stepped into the mix and CHIRP took flight. For the three leaders of this new organization, the direction turned toward southeastern PA where some of the largest healthcare organizations reside; including Penn, CHOP, Jefferson, Temple and many other smaller health systems, community networks and clin-

(Continued on page 3)

WEB SITES TO CHECK OUT:

- www.himss.org
- www.isritagents.com
- www.geek.com
- www.healthcareitnews.com
- Geekdoctor.blogspot.com
- http://health-care-it.advanceweb.com
- www.informationweek.com

Obama: IT is still a critical part of healthcare reform

June 04, 2009 | Bernie Monegan, Editor

WASHINGTON – In a letter sent Tuesday to Sens. Edward M. Kennedy (D-Mass.) and Max Baucus (D-Mont.), President Barack Obama reiterated his commitment to promoting the use of information technology as a means of reducing healthcare costs.

Obama said the White House

is also determined to go after "the key drivers of skyrocketing healthcare costs, including unmanaged chronic diseases, duplicated tests and unnecessary hospital readmissions."

Obama sent the letter to Baucus, the Senate Finance Committee chairman, and Kennedy – both chief architects of



a healthcare reform bill – following a meeting in which

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CONSULTANT OF THE QUARTER: LISA STAHL

Lisa Stahl started employment with LSR in March 2009. She has 26 years experience in Healthcare IT to include 5 years in Inpatient Epic and 16 years in transcription services management/quality improvement.

Her passion for the electronic medical record field began right out of high school, when her first job in clinical documentation was at Geisinger Medical Center typing administrative reports on a word processor, which at the time was high tech. As opportunities arose, Lisa advanced in

her role to eventually become a supervisor within the multi-hospital transcription department, then as coordinator of transcription/dictation services. She worked with physicians, nurses, and other healthcare personnel, as well as IT and software vendors. A big part of her job was facilitating transcribed documents filing into the electronic medical record, so it was a natural evolution for her to take a position as an Inpatient Epic analyst which she did in 2004.

In 2006, Lisa went into consulting and became certified in Inpatient Epic Clinical Docu-

mentation and Procedure Orders. She worked at Denver Children's Hospital and for the past 2+ years at Cleveland Clinic, supporting their rollout of Inpatient Clin Doc at 9 regional hospitals. Currently, Lisa is providing Clin Doc support at the Children's Hospital of Philadelphia, doing analysis and mapping of SCM health issues into Epic, writing test scenarios/scripts, building reports, and assisting other system analysts as needed.

On the personal side, Lisa lives in a turn-of-the-century

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Lisa Stahl—Senior Consultant EpicCare Inpatient, CHOP



Obama: IT is still a critical part of healthcare reform—continued

June 04, 2009 | Bernie Monegain, Editor



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Obama urged Senate Democrats to move quickly on reform.



Kennedy and Baucus plan to introduce major

healthcare bills over the coming weeks, as do senior House Democrats.

"We simply cannot afford to postpone health care reform any longer," Obama said in his letter. "This recognition has led an unprecedented coalition to emerge on behalf of reform – hospitals, physicians and health insurers, labor and business, Democrats and Republicans. These groups, adversaries in past efforts, are now standing as partners on the same side of this debate."

He urged Kennedy and Baucus to attack the root causes of inflation in healthcare.

"That means promoting the best practices, not simply the most expensive," Obama said.

"We should ask why places like the Mayo Clinic in Minnesota, the Cleveland Clinic in Ohio and other institutions can offer the highest quality care at costs well below the national norm. We need to learn from their successes and replicate those best practices across our country."

In a May 28 article in the *Boston Globe*, Kennedy wrote: "As experience has shown, it's better – and cheaper – to get it right the first time rather than have patients go in and out of the hospital. So we'll start paying for the overall quality of care, not the quantity of procedures. We'll make certain that doctors and patients will have better information so they can decide which treat-

ment is best based on real evidence."

In his letter, Obama also affirmed his intent to offer a government healthcare plan.

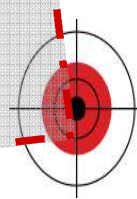
"I strongly believe that Americans should have the choice of a public health insurance option operating alongside private plans," he wrote.

We each have a choice: to approach life as a creator or a critic, a lover or a hater, a giver or a taker.

-Author Unknown



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Lisa Stahl (Continued)

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brick in her hometown of Selinsgrove, Pennsylvania. A hobbyist photographer who carries a camera 24/7, her work is currently on display

at a local brewing company and can also be found on flickr.com and jpgmag.com (pseudonym "vyrrus"). She has two children, Brittany 25, and Julian 23. LSR is thrilled to have Lisa represent us at CHOP with her amazing work ethic, great smile and winning personality!

ENERGY—it is 75 percent of the job...If you haven' got it ~ BE NICE

- Paul Arden

It 's Not How GOOD you are, It's How Good You Want To Be.



ARRA with Elliott Sloane and CHIRP cont.

(Continued from page 1)

ics. For the residents of Southeastern PA, who frequent these many health providers, there is no way to easily share medical records and health history. Consequently, it was a key mission of CHIRP to create shareMIX™ to improve patient care for our regional neighbors. shareMIX™ is structured to create an HIE using several different technologies. This web-based system allows patients and clinicians to view and share documents which make up the EHR. The actual interchange can be placed in any organization and used in any state in the country. It is just a platform for varying groups to share and bring patient information together. Pennsylvania does not have a state exchange but the Governor's office does have a team working on this. Currently there are several Health Systems in Pennsylvania with HIE initiatives underway. Geisinger Health System has created KeyHie and UPMC is also working on an exchange. However, at this point there is no HIE serving Southeastern PA. Across the United States,

there are several extant HIEs sharing CCD's (Continuity of Care Document), Lab and Immunizations.

With all of the panels and groups pulled together by our government based on ARRA, will an HIE or exchange be necessary for "Meaningful Use"? This is a huge question in starting any exchange. Within the next several months, the Standards and Policy panels will be concluding their definitions of "Meaningful Use". Once that is completed, the CMS (Center for Medicare and Medicaid) will take the new standards and certify systems based on "Meaningful Use". If Healthcare Systems want to continue to collect Medicare and Medicaid dollars, they will have to comply. CHIRP already has organizations asking to find the train of government money to fund HIT for their facilities. Exchanges may or may not be a part of "Meaningful Use", though it is very likely that they will.

In Philadelphia, many organizations are just trying to implement EHR systems and are

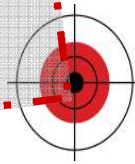
not worried about any exchanges unless "Meaningful Use" mandates it. These systems are being implemented at substantial cost so Health Systems must priorities what is necessary. Philadelphia is in a 'wait and see' mode just like the rest of the nation. The current financial climate has affected Healthcare IT and so funding from the government and CMS is critical for success and survival. CHIRP has been established to be ready before and after the government fully defines and deploys ARRA. Elliot Sloan is a member of several of the commissioned ARRA teams in which will direct the next steps of Healthcare IT. CHIRP will be a source with the most up-to-date information regarding the current status of AARA and Meaningful Use and how it affects the Health Community.

CHIRP can also provide the funding structures for grants and loans along with the possibilities of shared exchanges. Though CHIRP is based in Pennsylvania, there are other states who have expressed interest in having CHIRP work

with their teams to help build exchanges. The desire to help the country move forward in Healthcare IT is also emergant in large software vendors as they begin to provide the structure necessary for regional HIEs to become a reality. For example, E-Clinical works is selling their EHR software at cost and Epic has a plan for Care Everywhere/Elsewhere to all health systems to begin sharing and storing key patient information.

Whether the government dictates the passage of patient information or the healthcare community does it themselves, the nation will be moving forward for improved care by sharing data. It is proven that informed clinicians can make improved decisions for their patients if they have the right information in their hands. Patients as consumers know this, the doctors know this, even our government wants to know this. CHIRP stands ready to facilitate this knowledge and to drive this comprehensive initiative forward .





AN AGENTS' FIELD GUIDE

The "Ideas are a Work of Art" Mentality

Every IT professional's job description includes solving problems. We are all problem solvers when it comes right down to it. Not that we are always reactive, mind you. We are not just going around putting out fires. No, we are planning for the future, resolving issues before they happen. The same holds true for IT consultants. Consultants are expected, often times even more so than employees, to resolve problems. When a client gives you a problem to address, you begin thinking through the problem. You ponder it from many different perspectives, racking your brain to comb through your past experiences and see how they may help lead you to a clever solution to this problem. And viola! A great solu-

tion that should have been so obvious. It meets or exceeds all the criteria. You're beaming! So you eagerly put your thoughts together and present the perfect solution to the client's problem. It's met with optimistic enthusiasm and life is good! A job well done! However, we all know that not every solution is so well received. Some clients may even actively dislike our solutions and tell us so, sometimes using very colorful language and unflattering analogies. Even though we believe this is the best solution for their needs, they insist it is not. At times like these, I like to think of my ideas as a work of art. Like a fine oil painting, ideas can be beautiful, especially to the creator. But beauty, as they say, is in the eye of the

beholder. Remember this when making a presentation. When you present your painting to someone, it's easy to want to hold it directly in front of you so that it's close to your heart. If someone comes along and wants to shoot holes in it, guess what's going to get hit in the process. It's going to hurt. But, if you hold your painting off to the side, when someone comes along and starts firing holes into it, you're safe. You're standing beside your painting, not behind it. You're not in the line of fire so you don't feel as personally attacked and you can easily set that one aside and create new works of art. This analogy may seem somewhat simplistic, but I think it conveys an important mes-



sage. Don't wrap your self-esteem in your ideas or even your job. If you do, and someone begins shooting holes into it, you're going to get hurt. Learn to separate yourself from your work, from your performance, and from what other people think of you. This is, of course, much easier said than done. Our egos can be very fragile at times. One of the keys is to remember that you cannot control what other people think or how they feel, but you can control how you react to them. Also keep in mind that you are not a product of what others think of you – you have intrinsic value that is not derived from anyone else.

Doctor Love aka Chris Dressler's article on Epic—Print Queues

CHRIS'S CORNER



Chris Dressler is a senior consultant with LSR and has worked at several Epic sites implementing EpicCare Ambulatory. He is now certified in multiple EPIC modules. However, through the years he has become the EPIC print queue guru.

Printer is an often overlooked part of an EPIC implementation.

But don't be fooled, printer has a huge impact and is vital to complete a successful go-live. There are multiple reasons as to why printing can impact an implementation. Regardless of EPIC being a paperless system, you are going to need to print out medication scripts, lab reqs, immunization records, orders, etc... When these items do not print out put can cause a clinician to not trust the software. They respond with, "Really, why should I waste my time and trust this system when I can hand write a script myself". As you can see, when a script does not print

the clinician feels as though they just wasted time and they start to distrust the EMR system.

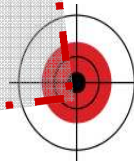
A paperless system as it is often called is not a reality. Paper in an EMR system can often work as a security blanket for clinicians as well as a tool for routing patients to their next destination. Lab reqs, print, patient bill receipts, Radiology requests, Lab labels, letters to the patients, etc, all need to print and are an important part of an EMR.

Why is printing such a step-

child of an EMR. Hospitals first worry about making sure that the software is implemented correctly. In doing so printing is often overlooked. It is not a priority on a paperless system and becomes a second thought. However, with that said here are some vital tips on preparing for printing on an EMR system.

First, you need to do a site, unit, clinic hardware walkthrough. This the most important step as it allows you to identify if there are hardware (PC and Printer) needs and if current hardware can sustain the EPIC workflows. Analysis on current hardware and hardware needs are paramount for a successful go-live.





Life as a Healthcare CIO by John Halamka



[The First Meeting of the HIT Standards Committee](#)

Today, Jonathan Perlin and I ran the first meeting of the new HIT Standards Committee. The members are:

Jonathan Perlin, MD, Chair
Healthcare Corporation of America

John Halamka, MD. Vice-Chair
Harvard Medical School

Dixie Baker, PhD
Science Applications International Corporation

Anne Castro
BlueCross BlueShield of South Carolina

Christopher Chute, MD
Mayo Clinic College of Medicine

Janet Corrigan, PhD
National Quality Forum

John Derr, R.Ph.
Golden Living, LLC

Linda Dillman
Wal-Mart Stores, Inc.

James Ferguson
Kaiser Permanente

Steven Findlay, MPH
Consumers Union

Douglas Fridsma, MD, PhD
Arizona Biomedical Collaborative 1

C. Martin Harris, MD, MBA
Cleveland Clinic Foundation

Stanley M. Huff, MD
Intermountain Healthcare

Kevin Hutchinson
Prematics, Inc.

Elizabeth O. Johnson, RN
Tenet Health

John Klimek, R.Ph.
National Council for Prescription Drug Programs

David McCallie, Jr., MD
Cerner Corporation

Judy Murphy, RN
Aurora Health Care

J. Marc Overhage, MD, PhD
Regenstrief Institute

Gina Perez, MPA
Delaware Health Information Network

Wes Rishel
Gartner, Inc.

Richard Stephens
Boeing

Sharon Terry, MA
Genetic Alliance

James Walker, MD
Geisinger Health System

We began the meeting with introductory remarks from Dr. Blumenthal. He emphasized the need to improve care quality, efficiency, and the scope of healthcare coverage. He noted that technology is a tool that facilitates meaningful use and leads to better care. The goal is better health, not implementation of IT for technology's sake.

Jodi Daniel provided us with important statutory background on the committee. Here are few key points from her presentation and the discussion which followed

1. The purpose of the committee is to recommend standards, implementation specifications, and certification criteria to the National Coordinator for the electronic exchange and use of health information. The committee is not limited to standards selection, it covers the process from end to end - standards, implementation, and certification criteria. It will gather input from standards harmonization and development organizations, implementation guide writers, and certifying organizations to make recommendations which enable data exchange in support of meaningful use.

2. There are 8 areas of policy focus
-Technologies that protect the privacy of health information
-A nationwide health information technology infrastructure
-The utilization of a certified electronic record for each person in the US by 2014
-Technologies that support accounting of disclosures made by a covered entity
-The use of electronic records to improve quality
-Technologies that enable identifiable health information to be rendered unusable/unreadable
-Demographic data collection including race, ethnicity, primary language, and gender

3. The HIT Standards Committee will have two standards adoption processes - expedited, in support of the statutory deadline for HHS to publish an interim file rule on initial standards, implementation specifications and certification criteria by 12/31/09. For this process, we'll leverage the already approved/recognized standards.
- normal, the committee will receive guidance from the HIT Policy Committee and typically within 90 days will make recommendations. Note that these recommendations may include naming standards, identifying gaps, and asking standards harmonization/development organizations to do further work.
4. NIST will serve a role to test the standards. To clarify, this work is to ensure the standards are appropriately documented and technically adequate for their intended purpose. NIST will not certify products - that will be left to certification organizations.
5. The summary of the entire process is illustrated in picture above.

You'll see a great deal of discussion in the HIT Policy and Standards Committees about these issues. These 8 areas are our guiding principles!

language, and gender -Technologies that address the needs of children and other vulnerable populations

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language, and gender -Technologies that address the needs of children and other vulnerable populations

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Printing will also require that you work with multiple teams throughout the hospital, not just the clinics themselves. There are network teams that will make sure the you are connected to the network, set up on the correct servers, etc... Hardware teams that will ensure you have all of your workstations and printers installed... and Hospital Facilities, who will help with any additional electrical outlets, network wiring, custom clinical build, etc... All of these are vital!

Analysis is only the beginning, making sure you complete the build and pay attention to the details is just as vital. Sloppy

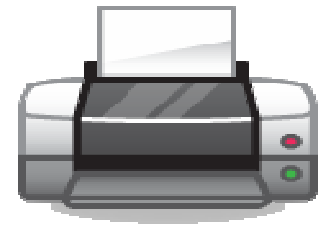
build can result in go-live issues. EPIC build is case sensitive and build should not be something that is rushed. With the build make sure you work your system printer team (windows print team). This normally is the team that will be tasked with building the EPS system. EPIC EPS (EPIC Printer Service) is a service that allows systems to read Epics' Print groups, allowing printouts to be legible. EPS works with EPIC Rich Text Formatting (RTF).

However RTF is not the only style of printing in EPIC. There are Unix print jobs (Plain Text Reports) and windows print jobs (Standard Print jobs) as well. Be sure to give as much attention to each of these styles.

Once build is completed, testing

becomes vital. Testing should be completed in your production environment. Testing in your development, testing or training environments proves only that printing works in those environment. You want to be sure that your actual production environment is working correctly.

Once testing is completed this and error free, this does not mean that you will not experience printer issues during or after your go-live. Troubleshooting issues can be a very difficult job. Identifying what is causing the issue can lead you down many roads. Your issues could range from the simple (printer is out of paper and no one noticed) to the complicated (DNS issues causing your queues to no longer function (correctly).



Being able to troubleshoot is an skill that is built over

time. Seeing different issues will allow your analysts to see more and more issues allowing them to gain knowledge. This knowledge will lend itself to them I Ding what direction they should go in order to resolve any issues. It is a vital part of all of it!

Trial and error are your friends in a go-live... however you want to limit the impact to the end users, so quickly fixing issues is your best bet!

Life of a CIO continued...

(Continued from page 5)

We then discussed the types of data exchanges which might constitute meaningful use. ONC and HHS have not yet provided official guidance on meaningful use, so these are contingencies - our best guess as to the data exchanges likely to enable meaningful use.

Clinical Operations - ePrescribing/medication management, lab ordering/resulting, clinical summary exchange (problem list, medication list, allergies, text based reports including op notes, diagnostic testing reports, discharge summaries)

Quality - Process, outcome,

treatment plans, medical decision making, health behaviors

Security - Transport, secure messaging, authentication, authorization, auditing

We elected to form three working groups to focus on these areas. These groups will conduct phone meetings and include additional experts as needed.

In the discussion that followed a few major themes emerged:

- a. We need a high level roadmap of milestones to ensure we meet our statutory deadlines for initial deliverables in time for the 12/31/09 interim rule.
- b. We also need a roadmap which takes into account the

other mandates/compliance requirements already imposed on healthcare stakeholders such as ICD-10 and X12 5010. We need to ensure our clinical work is in synch with administrative data exchange activities already in progress.

c. Although we should provide for the exchange of basic text, we should strive for semantic interoperability whenever possible, using controlled vocabularies which are foundational to decision support and quality reporting.

d. We should set the bar for interoperability higher than the status quo but also make it achievable, realizing that rural providers and small clinician offices have less capabilities than large aca-

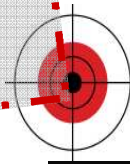
demic health centers. We'll need to retrofit many existing systems - healthcare IT is not a greenfield and thus we need to be realistic about the capabilities of existing software, while also encouraging forward progress and innovation. e. Meaningful use will change over time. Data exchange and the standards we select must evolve. To ensure successful adoption throughout the industry, our work must be continuous incremental progress with phased adoption of standards.

I will serve as Chair of HITSP and Vice-Chair of the HIT Standards Committee simultaneously, coordinating communication between these two organizations. I look forward to the work ahead.





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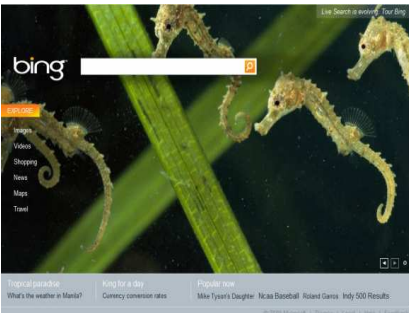
~ No Substitute for Success ~

Briefing from Q2 09—Bring on the Heat!!!

- LSR welcomes new projects with existing client CHOP
- LSR welcomes new projects with existing client Stanford
- LSR welcomes a new project with new client Children’s Memorial in Chicago
- We visited with our client’s in Lancaster, Philadelphia, New York and Wisconsin.
- Welcome new consultants Lisa Stahl, Larry Schoff and Brendan O’Conner
- LSR welcomes a new business partner IN PURSUIT INC., a premier recruiting firm out of Dallas TX.
- Mary Beth LaBelle has formed a new Non-Profit Partnership with Elliot Sloane and Joe Welsh to create the Center for Health-care Information, Research and Policy. The company is also working with Geisinger to create HIE’s. ShareMix will provide infrastructure for states to create HIE’s.



AGENT Q’S GADGETS— APPLE CO-FOUNDER GIVES MICROSOFT’S BING THUMBS UP



Bing stunned him at [Yahoo Tech Ticker](#).

Christian’s opinion

Some people, especially Apple fans, may be scratching their heads over this one. It’s nothing short of revolutionary for Apple co-founder to publicly praise a product by its fierce rival. On the other hand, Apple is not in the search business so Wozniak’s comment doesn’t harm his company’s interests. Still, eagle-eyed readers could note that Google CEO Erich Schmidt sits on Apple’s board so the search giant clearly couldn’t be happy with Wozniak’s Bing endorsement. The only logical explanation is that Wozniak truly meant what he said. If a tech veteran of such stature, who has seen it all, can be intrigued enough by the Microsoft-

branded search engine, then this thing must have legs.

Of course, it wasn’t only Wozniak who was stunned during live Bing demonstration. Veteran tech journalists, who have also seen it all, attending the All Things D conference were equally amazed and so is the general public.

Judging by the amount of positive headlines that Bing announcement generated, Microsoft has at least succeeded in creating an enormous interest in Bing.

If you watch the embedded video, you’ll notice that Wozniak even praised Ballmer’s trademark salesman presentation style during the Bing announcement, which is really interesting

given that Ballmer’s public performances have been mostly ridiculed by the media. “When I heard him going ‘bing, bing, bing,’ I thought this is such a corny presentation, it’s gonna be such a lousy product and I’m never gonna like it or try it or need it,” Wozniak amusingly told the reporter. It remains to be seen if Bing keeps up to Microsoft’s promise but even now it’s blatantly clear that this is the most serious threat to Google’s dominance to date. Some think that the search giant shouldn’t be concerned because Google is too much of a habit for everyone, meaning Bing might Yahoo! users.

Steve Wozniak co-founded Apple with Steve Jobs in April 1, 1976. Wozniak hand-built the first Apple computer that was sold as an assembled circuit board, without keyboard, monitor or case. He also contributed to Apple II, especially the system’s high-resolution graphics subsystem and co-wrote an operating and file system for Apple machines. Today, Wozniak acts as a research and development consultant at Fusion-IO, the company that makes solid-state and high-performance IO systems.

Watch Steve Wozniak explain why





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UNCOVERING THE BEST
 TECHNOLOGIES IN
 HEALTHCARE

HOW TO BECOME AN AGENT

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Agent's Tom Foolery—Top 10 “Need to Know” terms to stay “with it” in Government HIT today!

1. CHIRP — The Center for Information, Research and Policy
2. ARRA - American Recovery Reinvestment Act
3. HITSP — Healthcare Information Technology Standards Panel
4. HITECH - Healthcare Information Technology for Economic and Clinical Health
5. ONC - Office of the National Coordinator
6. NIST - National Institute for Standards and Technology
7. ANSI - American National Standards Institute
8. NHIN - National Health Information Network
9. CMS - Center for Medicare and Medicaid Systems
10. HHS - Department of Health and Human Services

Inside the mission...from Agent M



Where's the money? Show me the money! Since I have started LSR I have never seen a switch in business occur so

quickly. The Recession has absolutely hit Healthcare IT. Not only have we seen hospitals drastically cut consultants without warning, request rate reductions and stop implementations but actual HIT Staff are being cut.

LSR has had to make some very difficult decisions to remain stable. What else can we do, the nation has taken a “wait and see” approach before spending another dime on HIT.

There are very few consulting positions and many people are looking for work. Everyone has to adjust to accommodate the change. Many individuals are still out of work and on unemployment. Times are tough but not over. It just means we all have to roll up our

sleeves and work harder. As LSR grew, I hired individuals to handle the bills and the office. Work grew the office grew and I enjoyed luxuries. As soon as we saw change in the business, so I changed. Now I handle billing and the office work. We all now need to be hands on. Everyone at LSR needs to be as hands on as possible. No one can be afraid to go backwards, these steps backwards will remind us of how the work gets done.

We now can streamline processes and control some costs we did not real-

ize we had. The recession itself caused the country to wake up and become more streamlined. We all needed to become more efficient at the work we do. And those who settle for mediocrity find themselves unemployed.

I prefer not to be unemployed and I prefer LSR to be thriving in the future. I will educate my team on the HIT changes coming, I will not be afraid to work harder and I will absolutely find ways to work smarter! ...and if that doesn't work—I can go and sell asparagus!

BOOM!