

ACMSS Letter to the Industry; Physicians: "What is Meaningful Use? Leading into MACRA."

**Giving Use and Rise to Electronic Health Records True
Meaning: Meaningful Use, into proposed MACRA**



together everyone
TEAM
achieves more



Letter to the Healthcare Industry from ACMSS: Giving Use and Rise to Electronic Health Records True Meaning: Meaningful Use, into proposed MACRA.

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On behalf of the American College of Medical Scribe Specialists, it is important to address meaningfully using electronic health records (EHRs) throughout the healthcare system. It's time. It is vital physicians retain the sacred doctor-patient time and space created through Certified Medical Scribe Specialists (CMSS).

We want to address *true* meaningful use, and what it means for the future of an evolving, innovative healthcare system that is focused on prevention, wellness and disease reversal, together building our patient-centric, patient-safe healthcare system.

I am the executive director of ACMSS and a career clinical informatics professional, who is an "original" airbag survivor who suffered immediate *debilitating* injuries at age 19, enduring multiple surgeries as a result of a 1st-generation high-powered airbag accident (1994), and then again a few years later from an accident involving a redesigned 2nd-generation airbag. Until now, there has been no direct path to wellness. I lived with the serious debilitating injuries for nearly two decades on my small frame until proposed changes to our healthcare system, alongside my pioneering endeavors, opened the way for me to not only get healed, but truly *well* once again in a wellness system, utilizing integrative medicine, enabling the appropriate tools, resources, environment, and physician skills and abilities, that paved my way back to wellness.

It took more than 19 years of my own faithful paper records compilation, research, and education in a traditional disease-based systems approach and current design in the US, sustainably aligning clinical documentation, seeking daily wellness. In 2013, following a faithful move to California, a key breakthrough awaited me turning immediate *reversal of long-term effects on my small frame* into a physician created customized preventive health and wellness plan, back to full recovery in just under 4 years, utilizing precision medicine and specificity through integrative medicine. Like systems design, my entire frame had to be rebuilt using precise preventive medicine, including vitamins, minerals, chiropractic, massage, and nutrient therapy, in regimented routine, to keep moving my course forward to overcome. These modalities are imperative preventive medicine measures for health. The body needs preventive medicine modalities, added in routinely for wellness. Both now, and in the future public healthcare system, through Medicare Access and CHIP Reauthorization Act (MACRA), core elements will additionally be drawn through unique referrals, including integrative/functional medicine, precision medicine, tailored uniquely to the patient, among other resources commonly available to the patient/client/consumer base.

Precision Medicine takes medicine one step further and makes the ordinary "extraordinary," adding comprehensive specificity beyond the scope, with visible and sustainable results, achievable to patient/client satisfaction. America has two systems designs building on each other, both complementary, and both valid.

Because of my experience, and education, I know the value of having real information in real time on my condition, and a physician with the time available to provide meaningful, one-on-one care. Through these years of trying to recover from injuries and get well in a healthcare system that was information-challenged, siloed, and based on volume rather than value to patients, I know what meaningful use is, and what its intended to mean.

Our evolving American healthcare system and reimbursement schemes have created an environment that allows us to become partners with our practitioners in our care, and that is where an effective wellness plan and prevention starts. However, we don't want to see that slip away, and it could do that in our nation if we don't look up from the technology, and then past it as an end-all, catch all, to the enabler it can be. That is meaningful use.

We need to think bigger, much bigger.

I know the value of having caregivers and patients sharing all of the available information. When I researched my injuries, little to no data existed, let alone the proper treatment. This became a journey of more than 19 years in a complex, siloed, paper-based system to even start back on wellness. I also know the frustrations of having insufficient information to even begin to create a customized healthcare plan. Thankfully, through this experienced journey utilizing intensive research, I would uniquely learn the way back to wellness, reversal, and prevention, and most importantly, aspects to overcome such an event. As such, I understand both healthcare systems—our evolving public healthcare system, and precision medicine.

In respect to wellness, it is a team between patients, physicians, and certified teams in this evolving clinical medicine/wellness paradigm. Meaningful use is not about big data; it is about abstracting the data: knowing, learning, researching through the electronic health record, collaborating, engaging the patient, and physicians and patients/clients making new care plans and recommendations based on what the doctor/patient/certified scribe teams learn. It is about providing the patient with the information, or revolutionary referral they need to *truly* get well.

Even if you're well, you're always going to need some care, even if it's minor care, whether you have a cold or a little injury like a sprain. A major benefit to electronic health records is being able to assess from a patient, client, or clinical perspective and track and say, "I know that's not as good as my (your) best was, but it's not as bad as my (your) worst was."

Technology: Help or Hindrance?

As I travel around the country the question often comes up as to whether technology is the solution or the problem in healthcare today. The answer is simple: It is neither.

First, though, let's look at the negative perception. Among the more than 1,200 comments that CMS received under the proposed rule for MACRA in June were many regarding the burdens clinicians endure because of computerized provider order entry (CPOE).

According to a new analysis by the Mayo Clinic and American Medical Association researchers of a nationwide survey of physicians, CPOE and EHR use are major sources of burnout for physicians. The study found that physicians who used EHRs and CPOE had greater rates of burnout than those who did not.

This study is clear physicians are frustrated with the drop in productivity resulting from EHR use and the time it takes away from true, face-to-face interactions with patients. The revolution in our healthcare system toward value-based, individualized medical care and treatment cannot happen alone if the EHRs meant to help facilitate these changes are a major source of physician dissatisfaction. Credentialed and Certified Medical Scribe Specialists (CMSS) are the solution across the healthcare enterprise, enabling up to and including CPOE.

ACMSS works with non-profit partners to enable the clinical informatics basis needed to ensure nothing is left out, either from treatment and care plans or representing the patients' needs in wellness. Certified Medical Scribe Specialists have been shown to help alleviate some of this dissatisfaction over technology. Certified scribes assist practices and clinicians in real time, onsite, at the point of care, facilitating innovative workflow and efficiencies, and providing necessary tools and resources for beginning new revolutions in redefining healthcare together and creating patient-centric, client-driven care.

The clinical documentation and practice efficiencies certified scribes provide have been shown to ease the clerical burdens of CPOE, and give physicians back the time and attention they need to focus on their patients toward integrative health care focused on disease reversal, wellness and prevention.

An example of an organization taking full advantage of the CMSS credential in innovating care is CityMD Urgent Care, the first Clinical Corporate Partner, Direct-CMSS supplier aligned with national goals with ACMSS. CityMD is the fastest-growing urgent care system in the Northeast. CityMD, which started with one clinic in New York City in 2010, now employs more than 350 Certified Medical Scribe Specialists (CMSS) in its 55 clinics in New York and New Jersey. CityMD plans to open a new clinic in Seattle in August. I recently talked with Tushar Kapoor, MD, FACEP—Executive Vice President of CityMD Academy, who is in charge of medical staff development for the company—about the benefits of the Clinical Corporate Partnership and about CityMD's intensive use of Certified Medical Scribe Specialists and plans going forward. [Read online story here.](#)

“As a physician, when I am seeing a patient I don't want to be looking at a computer screen; I want to look at the patient.” Said Dr. Kapoor. “It is very important for both me and for the patient to know that they have my undivided attention. Certified scribes are the key. By having a credentialed scribe take care of the documentation, I am assured that the patient's questions are answered and they are educated about their diagnosis. It's about giving complete care to the patient by freeing up the time that would have been spent on the EMR and directing that time toward the patient.

The CMSS credential offers far more than just freeing the physician from documentation chores and meeting CMS guidelines for meaningful use. The credential's “crosswalk” greatly broadens the scope of the certified scribe's role. Physicians need to understand certified scribes' full capabilities and utilization through the Certified Medical Scribe Specialist (CMSS) credentials, working under their license, to enable clinicians to meet national goals and innovate care practices for Meaningful Use into the MACRA proposed rule. ACMSS supports physicians ongoing and offers customized consulting per specialty, per practice, and per non-profit to ensure each clinic may distinctly meet national goals and set their practice apart from others.”

Certified Scribes are an integral part of the team at CityMD, not only in entering information into the chart, but they also provide compassionate care, which is a core value of CityMD,” Dr. Kapoor said. “For example, they may assist by making the patient comfortable, and providing water, updating and coordinating next steps that may occur during their care such as X-rays. They're helping to direct resources, such as medical assistants and x-ray techs, to effectively and efficiently take care of the patients. They're helping with workflow. We foresee using certified scribes to introduce efficiencies for our providers at all of our sites.

We take a patient-centric approach to care by providing access, quality and compassionate care to the patient. We understand the importance of providing continuing care. This is where CityMD differentiates itself from other urgent cares, because we go beyond the initial visit and we follow up with our patients, whether that means getting back to their primary care physician for follow-up, getting to a specialist if they don't have one, or getting advanced testing they may need. We are bringing our core values to more geographical regions. I feel that we are utilizing certified scribes to more of an extent than most practices use medical scribes by incorporating them into the healthcare delivery team for more than just documentation.

In being a corporate partner, there is a list of standard scribe training, whether it is touching upon Meaningful Use, PQRS measures and HIPAA, which may not be typically covered in other practices. I feel this creates a more well-informed and balanced certified scribe who has a better understanding of the current landscape of healthcare and where it's heading.”

Innovation is on the minds of everyone across the entire spectrum of healthcare delivery. Making CPOE and Meaningful Use work for providers is going to take much more than big data. Innovation is going to come from finding more efficient and effective

ways to use CPOE, create and develop efficient and innovative workflows in everyday care for the patient.

Ophthalmology stepped forward and became the first of the outpatient specialties to proactively utilize ACMSS's standard best practice model, or "crosswalk," which is approved by CMS. The crosswalk is applied to all of the specialties across the country that medical scribes serve. Ophthalmology successfully attested at 0% in the country (2014) to meet CMS standards and reap the benefits for 0% (no adjustments) meaningful use, and continues to faithfully implement national regulations across the spectrum to their membership and specialty. ACMSS uses that best practice standard to develop specialized medical scribe certifications for a growing number of medical practice specialties, including primary care, internal medicine, oncology, emergency medicine, vascular care, dermatology, urgent care, and general medicine via the *Medical Scribe Certification & Aptitude Test (MSCAT)*.

The [American Society of Ophthalmic Administrators](#) became ACMSS's first specialty non-profit partner, and that list is growing. ACMSS continues to innovate with other non-profit partners in a number of specialties to meet certification requirements for meaningful use, up to and including advanced clinical skill sets and computerized provider order entry for maximum physician utilization. We urge all non-profit trade organizations in every specialty, and medical practice management associations to partner with ACMSS to improve care for physician membership and utilization by expanding the roles standardized and credentialed and certified medical scribes serve on the healthcare team. Since 2010, ACMSS recognized that the *real time, onsite people side of technology* was lacking, and as a fully vetted board, went to work for our American people through the uptake and adoption of Certified Medical Scribe Specialists (CMSS) and Certified Medical Scribe Apprentices (CMSA)—our valued "people."

Since 2014, Medical Scribe Specialist standards have been recognized, created and adopted through Commission on Accreditation of Allied Health Education Programs (CAAHEP). These standards translate today into accredited institutions assisting and offering higher-level education, certificate to hybrid-degree, programmatic pathways through CAAHEP, applications now underway.

More Support Ahead for the Use, and Need for Certified Medical Scribe Specialists (CMSS)

ACMSS applauded the introduction of a bill in the U.S. Senate recently to create a pilot study in Veteran's Administration hospitals to determine whether using Medical Scribes to assist physicians will help shorten the VA's notoriously long wait times and ease other patient service problems.

The purpose of Senate Bill 3035, introduced by Sen. Dean Heller (R-NV), is to "...require the Secretary of Veterans Affairs to carry out a pilot program to increase the use of medical scribes to maximize the efficiency of physicians at medical facilities of the Department of Veterans Affairs." The proponents hope that the use of medical

scribes in the program will reduce the amount of time physicians spend on daily documentation so that they may increase the number of patients physicians can see and the amount of time physicians are spending with each patient. Patient satisfaction and physician satisfaction and retention issues will also be measured.

If this bill is passed and the program goes forward, employing medical scribes to assist physicians at the VA will undoubtedly improve efficiencies and have the positive effect the bill proponents desire, and more. However, in approving the language, ACMSS urges the Senate to insist that only Certified Medical Scribe Specialists (CMSS) be used in the program. "CMSS" scribes, recognized by CMS, provide real-time documentation, onsite, at the point of care and increase practice efficiencies in a great number of areas outside of clinical documentation, but they must be certified and credentialed. Without certification, the licensed clinician must document for themselves. All personnel under the CEHRT Personnel Measure of Meaningful Use must be certified, if not the licensed clinician directly. This ensures patient safety, reduces medical liability, and puts in place the necessary protections across the healthcare enterprise to ensure America's "meaningful data utilization" is entrusted through the sacred intake and protected relationship between the physician and patient through certified scribe attestations.

Moving Toward Precision Medicine

When I was taking those first few steps on my path back to wellness, I began by looking for a practitioner who was committed to working with the patient as a team, focused on wellness, prevention and disease reversal. This would entail significant research on services, offerings, philosophy, and creating a "true" wellness paradigm through preventive medicine. Through my research I became acquainted with many terms that describe this concept, but often it is referred to as integrative medicine, functional medicine and precision medicine. It is important to understand these terms, if only to see their similarities, because I believe they are the future of wellness for individuals and our nation.

In his 2015 State of the Union Address, President Barack Obama announced the launch of the Precision Medicine initiative. The whitehouse.gov website explains precision medicine in this way:

"The future of precision medicine will enable healthcare providers to tailor treatment and prevention strategies to people's unique characteristics, including their genome sequence, microbiome composition, health history, lifestyle and diet. To get there, we need to incorporate many different types of data, from metabolomics (the chemicals in the body at a certain point in time), the microbiome (the collection of microorganisms in or on the body), and data about the patient collected by healthcare providers and the patients themselves. Success will require that health data is portable, that it can be easily shared between providers, researchers, and most importantly, patients and research participants."

The mission statement of the Precision Medicine Initiative explains the purpose behind it:

"To enable a new era of medicine through research, technology, and policies that empower patients, researchers, and providers to work together toward development of individualized treatments."

Whatever we want to call it—integrative medicine, functional medicine or precision medicine—we are talking about current systems here. The healthcare of the future should:

- be tailored to and individualized for each patient
- rely on a partnership between patients and medical practitioners
- require a complete picture of the patient, including health history, environment, lifestyle, genetic make-up, diet and host of other factors
- focus on the entire patient, not just on disease, symptoms and illness or injury
- involve patients and providers spending much more time together focused on wellness, prevention and disease reversal

Precision medicine is evolving. It means individualized medical care and treatment plans involving the physician and patient working as a team toward wellness and prevention in an environment of *trust*. It means integrating evidence-based alternative forms of care. In order to effectively customize care, all of the team members need to have the full picture, and that means patients need to have full access to working electronic versions of their medical records.

I have been a national advocate for patients and increasing their roles in their own care for most of my healthcare career. As consumers, we are in one of two systems: evolving and innovating public healthcare system or integrative medical system. For myself, in order to come back fully to wellness, I remained personally involved advocating for myself, clinically or non-clinically, where deemed appropriate. The key for me was seeing myself as a client, rather than a patient, in a wellness-driven system and choosing to work with a physician who sees himself as a partner. I selected a care provider based on credentials – a rarity to find dual credentials in preventive wellness. Given the significant constraints and debilitation endured as an airbag survivor, I selected a research institute as one of its own kind, Integrative Medical Institute of Orange County, led by Gary Ruelas, DO, PhD, recognizing the DO may be essential given my uncertain debilitation. As I journeyed toward “complete” wellness care, I knew whatever I was facing, I was ready if something came up on the journey, unaware exactly what was causing variable immobilities of debilitation, with visible show through the years, given the sudden injuries and effects sustained by the airbags. It is not that I was ever unhealthy; it is that I became excessively injured on sudden impact from the airbags at such a young age, in which my sustained passions in health and wellness would carry important lifeworks through pivotal wings of change.

A thorough intake would begin my initial and regimented course back to wellness. Following key compliance, I would additionally utilize my clinical informatics skill sets to precisely measure 3 (three) comparative advanced lab tests, over time, bringing myself back to complete balance, with zero nutrient deficiencies, tested over time, through my individualized wellness plan, complete with a physical show of reversal, into transformative wellness, in specialized regimen, tailored just for me. This occurred throughout my course of care. Wellness is ongoing, maintained care.

Just eight months into a faithful move, in my care plan, as fate would have it, a night-time theme park ride would jolt my original injuries back to the forefront, truly overnight, with an immediate need to work through the sustained injuries directly on my frame, ongoing, but this time to *reverse long-term visible and chronic effects* through unique, sustained and individualized care back to *full mobility with wholeness and wellness*. Through my precise and tailored care, alongside faithful treatment and compliance, it is through precision medicine: integrative/functional medicine that I have overcome, and continue overcoming, “back to me” today. Health and wellness is one of my natural passions, and is found again today through uptake and utilization of integrative medicine and serving ACMSS with an exciting meaningful purpose, found through MACRA, redefining care. Through ACMSS, I enjoy innovating, helping others achieve, believe, plan, and prepare new levels of care, and workflow, in meeting national goals, and look forward daily to advancing clinical medicine together, reuniting, in commonalities of patient-centric care, creating our bright future.

It is important for our nation to hear this if only to inspire, encourage, and understand that from the moment of injury or illness, there are defined paths back to wellness, here today and evolving, working with physicians that we as consumers may turn treatment options into sustainable outcomes, whatever we are faced with along our journey. Wellness care is not once and done, it is daily ongoing self-care in regimented routine, keeping oneself well, and maintaining effective outcomes ongoing.

Our nation has many people needing assistance. Time is essential. We need to take America’s investment to heart and apply the necessary implementations to not only get on board with *what* meaningful use is, but *prepare alongside ACMSS* for MACRA implementation and assistance, aiding our patients resourcefully. MACRA is not the last word of meaningful use, but the continuation of present and “true” meaningful utilization through enhanced and effectively charted clinical documentation throughout our nation, streamlined into one comprehensive program. ACMSS assists physicians across the disciplines. Sometimes all it takes is one physician, one patient, one certified scribe team working together to hear in innovative practice models to create and enable key breakthroughs on the road to wellness – something we may all look forward to.

As such, ACMSS enables physicians real-time certifications for enhanced workflows, improved clinical medicine, and real-time skilled personnel assisting practices through customizations. ACMSS enables individual consulting per practice, per specialty, and per non-profit, throughout the greater healthcare enterprise, creating sustained innovations for our most valuable asset—*the patient*.

Until recently, our health system has been focused on a very narrow view of health reacting to disease, injury and/or illness, rather than making people well and keeping them that way. Preventive medicine/wellness is America's future.

Like other ongoing improvements, awareness, and advancements, airbag redesign must also be considered in patient/client safety to include such advanced patient safety features, wherever deemed. These might include review and analysis of technology sensors in the seat and steering wheel adjusted to individualized occupants weight and frame, decelerating the force, and perhaps number of airbags, to accommodate small-framed women, in particular, among other improvements available in the driver's seat. Other components and compounds should additionally be reviewed, where necessary. Being an advocate for yourself and others, ongoing, is imperative in building out our 21st century patient-centric system, protecting our "people." Our country, governance, and leadership are hard at work for us, and as such, ACMSS Board and leadership will continue to be responsive to the needs of an evolving, innovating American healthcare system.

While my story may or may not resonate with you today, it is very important to be the patient's advocate, or your own, with whatever one is facing. Healthcare should be about making people well, and not just nursing them back to health, but bringing them to wellness and keeping them there. Healthcare is slowly moving toward the people it serves, and that is the way it is supposed to be. Today we are moving to a system that is increasingly geared toward the whole person, but consumers additionally need to use it as such to keep that momentum charging forward.

Revolutionizing America's Innovative Public Healthcare System

Implementation of MACRA is a few months away. CMS recognizes CMSS certified and credentialed medical scribes and requires any staff members who will be entering electronic data up to, and including advanced skill sets of computerized provider order entry information for medication, laboratory and radiology orders, and documentation, must attest for meaningful use and must use appropriately certified and credentialed personnel ([CMS FAQ 9058](#)). ACMSS makes available its plug-and-play "crosswalk," outlining the approved CMS skill sets available working with licensed clinician. Eligible providers who do not successfully demonstrate meaningful use are subject to provider payment adjustments, annually from CMS.

ACMSS is closely watching the progress of MACRA and we are excited of our future. ACMSS understands MACRA coming, proposed January 1, 2017, through the two systems (public health/precision medicine) in respect of the patient, client, and healthcare practitioner viewpoints. ACMSS simplifies and makes available ongoing resources into secure systems design through online access per paid membership. The time is *now*, and *upcoming*. ACMSS leadership are ready...*ready for the patient*. We believe eligible providers should move beyond the minimums for avoiding payment reductions, and together, through ACMSS plan strategically in how together we may

advance the regulations and national goals intended to provide better care and greater value for our nation's patients and clients.

Clinical Practice Improvement Activities are vital to the patient and the practice, in addition to Advancing Care Information, and the other outlined core elements of MACRA, including Quality and Resource Use. ACMSS understands these are what sets your practice apart from other organizations. In the outpatient specialties, this may translate to disease reversal. In urgent care, family practice/primary care settings it may be prevention and patient education.

Additionally, precision medicine/integrative medicine gives patients, and/or clients of the healthcare system, choices in their care, enables new referral bases, and new ways of thinking. This may include advanced laboratory testing that is offered for the population health of that practice, or referral to a D.O., based on a patient's symptoms in preventive care and medicine.

Preventive medicine/wellness is often working with the patient to identify solutions that are non-medication-based, and that involve patient education and innovative referral, and ACMSS may assist. These may be integrative by design, based on patient's symptoms, wellbeing and considered needs for maintained healthiness.

ACMSS is prepared to help guide and instruct providers, practices, academic institutions, scribe corporations, and individuals with the information and educational resources they need for not only certification and regulatory requirements, but for directional wellness, improving outcomes and communication for population health of the people. These goals can be met today by using the tools provided by ACMSS and the full scope of the Certified Medical Scribe Specialist (CMSS) credential under the physician's license. Physicians and practices should be using this juncture in time to meet Meaningful Use, strategize and prepare for MACRA with ACMSS. ACMSS is ready for the proposed launch; success is enabled through certified uptake, adoption, and utilization of appropriately credentialed scribes. *Together*, we enable our bright future, working in unison day by day!

Beyond Documentation to Meaningful Use, into Streamlined MACRA

A lot is currently happening with MACRA, with talk of delaying its implementation and, possibly, watering it down. We believe MACRA is on target and will enable sustainable outcomes with the certified scribe, the patient, and the care team working together. Time is a priority for the patient and family, and each day it is delayed affects that patients' care. The time is now. We, as a nation, need to utilize the resources to their full extent, collaborate together in policy, advocacy, and shared non-profit to non-profit resources to implement to the best of our abilities, *daily*, and through customary innovation.

Again, meaningful use of clinical documentation goes deeper for us at ACMSS. Meaningful use means that ***it is the patient's story*** we are entering, and building, into

the medical record and repositories. Structured text boxes alone do not tell and build that full story in *one* day. Meaningful Use is not once and done, rather a compilation that may be abstracted, reused, and repurposed onsite at the facility or long-term guidance offered through CMS as an innovative wellness-driven driver to create wellness-driven paradigms. Together, we are building our high-technology clinical care medicine and systems (public/precision). It is only found in the ***rich narrative fields*** that will give patients and providers the outline detail they need to find *meaningful* breakthroughs, both in the present day for the patient, and for future research and improved outcomes, in short- or long-term vision, goals, care coordination, and planning. Breakthroughs can happen at a moment's notice with just the right conditions. Often breakthroughs need additional work, research, and refinements to get that outcome.

Meaningful use ***is not*** just completing a record. It is not just entering minimum requirements of core regulatory measures. It is not based solely on patients per hour, or how quickly we can see a patient. It is not revenue-driven. Those are ancillary benefits towards building our patient-centric, patient/client-safe healthcare systems. Appropriate data analysis must be applied and put into action for sustainable wellness and outcomes.

Meaningful use ***is*** recognizing that the document is a living, breathing evolving story that encompasses and houses the *art* and *science* of *meaningful utilization* of clinical documentation and getting that patient well. We believe the intent of MACRA is *meaningful* and is not care as usual. MACRA revolutionizes clinical care and takes it one step further, making the ordinary "extraordinary" for the patient. Together with ACMSS, and CMS guidance, America will revolutionize its care

That is innovation. That is a bright future for us all. We can all look forward to uniting a common mission, vision, purpose and unity around the patient in patient-centric care. The time to standardize, innovate, and credential is now. The question is how will we collaborate with ACMSS to achieve this common vision? This affects you, your family, your care, your practice, America's dreams and ideals and ultimately our people served.

On behalf of the board of ACMSS, I thank all of our valued partners and members ACMSS resourcefully guides and serves daily with.

Sincerely,

Kristin Hagen, CMSS
ACMSS, Executive Director
Clinical Informatics/Wellness

ACMSS Customized Suite of Services; What Does ACMSS Offer?

ACMSS understands Meaningful Use and MACRA, and has been on the forefront of the revolution in our healthcare system toward value-based, individualized medical care and treatment, which is the focus of the proposed rule and its Merit-Based Payment Incentive System (MIPS), following President Bush's American vision for electronic

health records for our nation (2004-2014), followed by the HITECH Act put into motion by President Obama. ACMSS now provides consulting services to help with all performance categories of MIPS, including Quality Reporting, Resource Use, Clinical Practice Improvement Activities (CPIA), and Advancing Care Information (ACI). These services are in addition to the growing suite of certification services for medical scribes offered by ACMSS.

ACMSS provides consulting services in the following areas:

- Custom Consulting
- Scribe Company Consulting: Business Development
- Standards Development
- Workflow Development
- Meeting CMS Meaningful Use (MU)/MACRA: MIPS/APM
- Innovating Practice: CMS MACRA: MIPS/APM
- Research-driven initiatives: Aligning clinical documentation to sustainable wellness and outcomes using governance regulations
- Research-driven initiatives: Creating wellness and outcomes through the art and science of clinical documentation using governance regulations
- Implementing full scope of "real-time, onsite" credentialed Certified Medical Scribe Specialists (CMSS) personnel to meet national goals
- Understanding innovative Systems Design; putting the CMSS/CMSA credentials to work
- Preparing, planning, and strategizing for the future
- Requirements of CMS certified personnel; why we do what we do, why it matters
- Requirements of CMS "CMSS" Certified Medical Scribe Specialists.
- Value of the doctor/certified scribe/patient model
- Creating resourceful value in healthcare
- Precision Medicine: Integrative/Functional Medicine: *A Different Kind of Care*
- *Healthcare as Unique as the Individual*: Understanding the difference between our evolutionary public healthcare system through MACRA: MIPS/APM, and, Customized Precision Medicine: Integrative Medicine/Functional Medicine
- Creating our 21st-century patient-centric healthcare systems

All of our programs are evolving in order to streamline the process for individuals, educational companies, academic institutions and providers to get their scribes certified, and provide greater value for their students and employees. Some of those frustrations clinicians have expressed with increasing data capture and CPOE can be alleviated through the uptake and use of Certified Medical Scribe Specialists (CMSS). ACMSS provides practices, physicians, academic institutions, and healthcare enterprise with minimum standardized bundles to ensure all are operating off the same communication pathway to meet, navigate, and stay aligned to national standards with ACMSS, in real time, ongoing. Certified scribes not only help providers meet requirements for meaningful use, but they also give clinicians more time with their patients and meeting their individual patient care needs, working to assist patients in disease reversal and prevention toward wellness and complete wellness.

The ACMSS certification program meets current and proposed CMS certification requirements toward *meaningful utilization* of electronic health records. ACMSS serves through a talented and diverse board, is autonomous, yet closely aligned to Physicians/Practices, Corporate Members, Corporate Partners, Academic Institutions, Individuals, and Insurers committed to success through nationally aligned initiatives and regulations, implementation, vision, and certified scribe utilization to fill America's great needs in patient-centric care. Organizations work in compliance with CMS to meet national goals and initiatives of Meaningful Use, toward streamlined MACRA: MIPS/APM. Certified Medical Scribe Specialists (CMSS) also meet the "qualified people" CMS Personnel Measure in Certified Electronic Health Record Technology (CEHRT) of Meaningful Use. All personnel entering electronic data must be certified if not the licensed clinicians themselves entering data.

The American College of Medical Scribe Specialists offers individualized and customized consulting for practices, and scribe corporations, across the healthcare enterprise offering five separate pathways for Certifying Medical Scribe Specialists. All personnel certifying with ACMSS need to purchase a [minimum Standardized Volume Scribe Certification Package](#), preparing both the individual and the practice for real-time resource and assistance, ongoing and into the future, enabling ongoing communication. Minimum Standardized Certification Bundles include: Annual Membership, MSCAT Training/Resource Manual, HIPAA for Scribes Training/Operational video/certificate, and *Medical Scribe Certification & Aptitude Test* (MSCAT) Certification. Upon successfully passing of MSCAT psychometric examination, of 80% or greater, each certified scribe is given a certificate and eligible credential (CMSS/CMSA), in which Practice Administrators/Clinicians retain for Meaningful Use attestations to customize and innovate workflow for patient-centric care. Additionally, Practice Administrators and Physicians have access to ACMSS Secure Systems Design.

A Fully Standardized & Certified Industry: "6" Standardized Pathways to Certification:

Non-Profit Partner Pathway: ACMSS serves as an ongoing resource to provide the licensed clinicians with the real-time communication and tools they need to effectively innovate care practices through Certified Medical Scribe Specialists (CMSS) through complementary [Non-Profit Partnerships](#), eligible to 501(c)3 and 501(c)6. Non-profits, per specialty, professional societies are encouraged to non-profit partner with ACMSS, keeping governance in unison. In turn, it is ACMSS's belief that America has the opportunity to reunite with exciting, 21st century breakthroughs in scientific advancements, discoveries, and clinical care, patient-safe, patient-centric, to our nation, enabling patients and clients, ongoing, freedom of choice in their care.

ACMSS serves as an ongoing resource to provide the licensed clinicians with the real-time communication and tools they need to effectively innovate care practices through Certified Medical Scribe Specialists (CMSS). Non-profits are partnering with ACMSS,

disseminating customized communication to membership, informing of ACMSS as go-to resource for all things scribe, governance, advocacy, and certification.

CAAHEP Accredited Academic Institution Pathway: Commission on Accreditation of Allied Health Education Programs (CAAHEP) is the premiere “gold” standard in leading academic allied health education professions through third-party programmatic accreditation. Prospective students are trained meeting minimum of *certificate* award up to *hybrid innovation degree design*, based on accredited institutions standards implementation, enabling array of innovation, onsite or remote, certificate to degree. Scribe students are rigorously educated with clinical and non-clinical education and training, in alignment with the needs of the industry.

Applications are being accepted across the nation, see CAAHEP: *Medical Scribe Specialist* standards: CAAHEP.org/MSSRB.

Physician/Practice Pathway: Physicians and practices may also self-certify their existing staff personnel through [minimum Standardized Bundles](#). ACMSS provides specialty certifications to all through general certification, in addition to specialty certifications available through vascular medicine, dermatology, primary care, internal medicine, oncology, and emergency medicine. Clinicians and practices are enabled through minimum Standardized Certification Packages, and are awarded for volume discount 5+, ensuring minimum proficiency standards are available. Additional customized MSCATs available, ongoing, in non-profit partnership through allied professional societies.

CMSS 1-Step Direct Pathway for Clinical Training Institutions: The [CMSS Direct 1-Step Clinical Partner Certification](#) Pathway is an eligibility pathway onsite clinical training corporations may qualify through to become corporate partners. The annual corporate membership, and programmatic review, allows approved clinical corporate partners to directly attest eligible scribes through CMSS 1-Step affidavit pathway, enabling a direct qualifier to certify scribes as CMSS via the Medical Scribe Certification & Aptitude Test (MSCAT), bypassing requisite 2-step CMSA 200 hours. Standardized volume bundles institute innovative practice procedures and provides minimum standardized educational materials for each. To become a corporate partner and participate in the CMSS Direct 1-Step Certification Pathway, a company must attest in an affidavit that its education programs meet all of the core objectives and curriculum content requirements, and submit the curriculum to the ACMSS board for approval.

Individual Pathway: [Individuals](#) who work in clinical settings as medical scribes may sign an eligibility affidavit attesting that they have completed a minimum of 200 hours of “unassisted clinician workload documentation,” followed by successfully passing the *Medical Scribe Certification & Aptitude Test* (MSCAT) administered through ACMSS. Currently Certified Medical Assistants (CMA), Registered Medical Assistants (RMA), Licensed Practical Nurses (LPN/LVN), Registered Nurses (RN), and Paramedics (EMT-P) are recognized for clinical hours, certified or licensed, and may sit for the MSCAT with 50 hours unassisted physician-clinician documentation.

Retooling Pathway: Individuals who work in related fields such as medical transcription and/or coding, or other non-clinical pathways, may use the Retooling Pathway, which require retooling of education in ancillary workflow, clinical and non-clinical, in addition to appropriate onsite externship. Prospective students may inquire prospective universities and accredited institutions, additionally seeking CAAHEP-accredited programmatic institutions.

Regulatory Guidance: What You Need to Know, All Things “CMSS”

Credentials set apart the minimum competencies, skill sets, and scope of professionals. Certified Medical Scribe Specialists have a distinct knowledge base, setting themselves apart from other profession. Each respected profession is unique and distinct. Physicians appreciate the intricate in-depth knowledge necessary to assist, customize, document, navigate regulations together, and advance Certified Medical Scribe Specialists (CMSS) in their practice and specialty.

Occasionally language circulates that scribes are not regulated; that is a misperception and incorrect misrepresentation.

Certified Medical Scribe Specialists (CMSS) are indeed **recognized** by CMS, meeting Personnel Measure CEHRT attestations, together working to meet national goals. CMSS Crosswalk is "plug and play." ACMSS works with each non-profit to customize and specialize to physicians' needs. Non-profits in partnership with ACMSS distribute to their membership. This in turn provides succinct communication. ACMSS serves as a resource under licensed clinicians. CMS regulates across the healthcare enterprise, and most notably, the outpatient setting; it is in the *outpatient* setting that sets the stage for the greatest need for high-quality patient care, preventive care, innovation, and unlocking the data to align breakthroughs.

Additionally, hospitals and ED scribes are regulated across healthcare also through those participating in CMS Meaningful Use programs, such as hospitals and critical access hospitals, which derived from the Health Information Technology for Economic and Clinical Health (HITECH) Act implementation. Independently, The Joint Commission accredits hospitals and EDs, altogether separate from the CMS MU Program. It is sometimes referenced that scribes are mentioned as "unlicensed" personnel. Unlicensed does not mean *uncertified*, similarly distinction additionally exists between medical scribe *certified*, versus *uncertified*. Certified Medical Scribes are recognized, presently, via two credentials: Certified Medical Scribe Specialist (CMSS) or Certified Medical Scribe Apprentice (CMSA). Like other professions, certified CMSS scribes have been recognized across the healthcare enterprise and must be certified, this in turn, meeting CMS CEHRT Personnel Measure. In respect of *licensure*, Physicians, mid-levels, registered nurse/licensed practical nurse, and paramedics are considered *licensed* personnel; whereas medical scribes are *certified* personnel. It is our hope and position this clarifies any underlining statements for clarification in distinction of certified medical scribes. Following the CMS CEHRT Personnel Measure, all must be certified, serving as a resource under CMS sub-regulatory guidance. This is

a positive benefit to our nation and people, working with physicians, all must be certified or licensed to work within the auspices of the clinician license in our patient care records under CEHRT, thus protecting our greatest asset—the *patient/client*.

Physicians are implementing CMSS into their practice model, ongoing. Policies, procedures, guidelines, and appropriate training and orientations are developed per practice/facility. Physicians may utilize existing personnel to certify as CMSS/CMSA. Through ACMSS, our board and leadership will continue to assist members, be responsive to the needs of the evolving healthcare system, and assist in aiding our nation toward preventive and wellness modalities, aiding physicians, patients, and clients of the healthcare system.

Meeting Meaningful Use, into proposed MACRA Attestations, What Physicians Need to Know:

CMS recognizes “CMSS” credentials and certification. The CMSS Crosswalk may be utilized across the specialties enabling licensed clinicians to implement “plug and play” crosswalk, up to full scope of credential. CMS has requested the following, implemented into Practice Policies & Procedures: ***“CMS has asked that each provider or practice retain a copy of the crosswalk documentation in their files, just as they would retain documentation outlining their individual approach and method, as well as staffing protocols for audit purposes.”***

Each Certified Medical Scribe Specialist (CMSS) must have his or her individual user login and role assigned, up to and including CPOE, and pended e-sign through appropriate credential attestation. At the CMSS level, physicians may innovate care practice with above-referenced CMS guidelines.

Upon documentation completion, Physicians log in, review, modify, and/or approve electronic physician written documentation, execute any reviewed pended orders, and perform any other administrative tasks through physician-attested EHR signature sign-off.

Each document must include a signature line of certified “scribed by documentation, including certified scribe name, date, and time.” Appropriate permissions and roles are set within the certified scribe user profile. Practices may work with EMR vendor to ensure appropriate user logins and accessibility for certified medical scribes, based on credential, and physician utilization. ACMSS may assist as a respected resource, where needed.

Appropriately credentialed and Certified Medical Scribe Specialists (CMSS) enable the physicians the appropriated *time* and *space* they will need to innovate care models. Certified scribes also provide our nation with assurance in having the “right” people at the “right” time documenting, and assisting clinical care process, advancements, and ongoing innovations.

This is an exciting time in America, looking forward to creating our bright days today, and 2017 forward, advancing clinical care systems, medicine, and wellness for our nation and people. ACMSS looks forward to growing with you in our initiatives and endeavors, uniting together.

Please let us know how we may assist you.

The ACMSS
(657) 888-2158
theacmss.org

About ACMSS

The American College of Medical Scribe Specialists is the nation's only nonprofit professional society representing more than 18,000 Medical Scribes in over 1,900 medical institutions. ACMSS partners with academic institutions, non-profit partners, and medical scribe corporations to offer both education-to-certification and employment-to-certification pathways. ACMSS advances the needs of the medical scribe industry through certification, public advocacy, secure innovative systems design, individualized and customized consulting, tailored webinars, and continuing scribe education for improved care coordination and patient-centric care toward wellness. ACMSS is available for public speaking engagements serving healthcare.

To learn more about ACMSS, please visit theacmss.org.

Pictured: "Meaningful Utilization Implementation to Outcomes: A Patient's Story, my story!" Successful outcomes created through faithful 19-year paper record compilation utilizing Precision Medicine: Integrative Medicine. "Physicians assisted my story, ACMSS assists clinicians." Thanks be to Jesus!

Together, let's revolutionize healthcare, wellness, and write our nation's stories, embarking on new and exciting frontiers in patient-centricity and safety! Bringing back the sacred doctor-patient space!



ACMSS encourages America to get involved in patient safety endeavors, including automobile safety protecting our people. Visit safercar.gov and theacmss.org/patientsafety to learn more.

All welcome to [contribute](#) and [sponsor](#) ACMSS in support of its mission, vision, and purpose, together creating effective patient safety, patient-centric care toward sustainable wellness and outcomes. In partnership, we enable precision medicine and utilize innovative integrative health systems as a conduit, for our nation and people. Contributors and Sponsors will be recognized through ACMSS website.

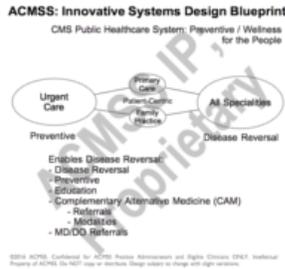
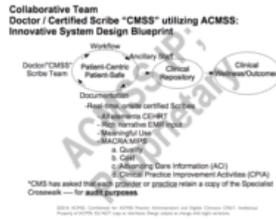
Referential Resources; Ready for MACRA:

CMS: Meeting CEHRT Personnel Measure

Physician/Certified Scribe Team

CMS Public Healthcare System

Precision Medicine Pathway: Integrative



Regulatory Compliance/Physician Utilization: CMSS/CMSA Credential (last column, needs CMSA)

American College of Medical Scribe Specialists	Innovative Outpatient Certified Scribe		Emergency Department Certified Scribe		Hospital Certified Scribe	
	CMSA	CMSA	CMSA	CMSA	CMSA	CMSA
Clinical Duties						
Entering Electronic Medical Record Information	X	X	X	X	X	X
Enter Medical History	X	X	X	X	X	X
Enter Treatment Procedures to patients and follow instructions as given by the Physician	X	X	X	X	X	X
Prepare Patients for Examination	X					
Obtain vital signs, as directed by Physician	X					
Assist Physician during exam and procedures, as directed by Physician	X					
Obtain Physician Tests, as directed by Physician	X					
Collect and Prepare Laboratory Specimens, as directed by Physician	X					
Perform basic diagnostic tests, as directed by Physician	X					
Authorize prescription changes, as directed by Physician	X					
Enter pending Computerized Provider Order Entry (CPOE), Volume Medication, Diagnosis, & Laboratory orders for Referrals, as directed by Physician	X					
Clear Sheet						
Non-Clinical Duties						
Screening and screening patients	X	X	X	X	X	X
Greeting and escorting patients to exam	X	X	X	X	X	X
Preparing and maintaining medical records, and assembling patient chart, materials and equipment	X	X	X	X	X	X
Using computer applications and assisting physician in using the EMR and transferring information in the EMR	X	X	X	X	X	X
Performing secretarial and clerical tasks	X	X	X	X	X	X
Filing and insurance related forms	X	X	X	X	X	X
Entering in a database information for patient and physician	X	X	X	X	X	X

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together everyone
TEAM
 achieves more

