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THIRD PARTY PAYER DAY IS GOING VIRTUAL

FRIDAY, NOVEMBER 13, 2020

REGISTRATION IS NOW OPEN



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Practice Focus

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MiMGMA welcomes the submission of articles for publication in Practice Focus. Submit article proposals to Debra O'Shea at

INFO@MIMGMA.ORG

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President's Message



By Susan Lupo

Dear MiMGMA Members,
I hope you are doing just as well as possible. Several months ago, as I was writing my summer President's Message, none of us had any idea how this pandemic would continue to affect our lives. At that time, MiMGMA was still

planning to hold our annual Fall Conference and Third Party Payer Day as in-person events. Given the circumstances, we are unable to hold any in-person events this fall. The MiMGMA Board made the difficult decision to cancel the Fall Conference and move our Third Party Payer Day (TPPD) to a virtual platform. We are so excited to host TPPD as our first virtual conference! We are hoping that you and your Billing, Accounts Receivable, and/or Revenue Cycle Management staff will be virtually joining us on Friday, November 13. You will see more info about TPPD soon!

During this challenging period, it is important to remember that according to all of you, the most valuable components of our organization are the networking and educational opportunities we offer. Having to cancel both our Spring and Fall Conferences this year has hampered the networking component, but despite this setback, MiMGMA has been working hard to continue to provide resources, tools, and educational webinars to provide value to your membership. We would love to hear from you regarding information you would like to see us cover. Please contact our office at info@mimgma.org to make your suggestions.

No one could have anticipated the challenges we are facing today in our practices. Despite social distancing, wearing masks all day, and dealing with the challenges of virtual schooling in many communities, we continue to adjust to the circumstances and work with each other to make things happen and move forward. MiMGMA will continue to work with you and be here with you every step of the way.

Take care and have a great fall! ■

Executive Director Update

By Debra O'Shea,
Executive Director MiMGMA



Dear Members,
Can you believe it's already September? As autumn approaches, we are looking ahead not only to the remainder of 2020, but also to what next year may bring.

We know that your practice's COVID troubles are not over, and we will continue to provide information and support through our COVID-19 Resource Center. There you will find a variety of links and webinar recordings that may be useful to you and your practice.

Our 2020 Third Party Payer Day has been converted into a virtual event on November 13, 2020. Our virtual platform will offer the same valuable content, CEUs and vendor networking opportunities that you are used to experiencing at our in-person TPPD. Registration is now open, so tell your fellow practice managers, billers and coders! We are looking forward to a successful first ever virtual conference.

REGISTER HERE FOR THIRD PARTY PAYER DAY

Last month, our friends at Illinois MGMA, ICAHN, Greater St. Louis MGMA, and Southern Illinois HFMA invited us to participate in their Clinical Innovation & Collaboration webinar series. The webinar series included 8 sessions filled with useful, practical information from experts in a variety of disciplines. If you missed the chance to attend

any of the webinars in this series, they can be found in our On Demand Webinar Library, which is in the Online Education section of your Member Center on WWW.MIMGMA.ORG.

Our Business Partner Committee is working hard behind the scenes to develop new opportunities that will provide added value for our affiliate members in 2021. The committee is also looking at rolling out new & improved corporate sponsorships to enhance our affiliate sponsorship program. More details will be coming from our Business Partner Committee in the coming weeks.

As always, I would love to connect with you and I encourage you to reach out to us at INFO@MIMGMA.ORG or 1-800-314-7602 if you have any questions or concerns. ■

SAVE THE DATE FOR OUR 2021 CONFERENCES

Spring Conference:

April 29-30, 2021
Soaring Eagle Casino
Mt. Pleasant, MI

Fall Conference:

September 30-October 1, 2021
Shanty Creek Resort
Bellaire, MI

Third Party Payer Day:

November 5, 2021
Soaring Eagle Casino
Mt. Pleasant, MI

Third Party Payer Day

Our 2020 Third Party Payer Day is going virtual on Friday, November 13th. This means that you can get all of the usual benefits of TPPD from the comfort of your own home or office! Third Party Payer Day, or TPPD, is a great educational opportunity for billers, coders, administrators, and anyone involved in the revenue cycle in a medical office.

This year's agenda is packed with informative presentations. The morning will be filled with general sessions from some of the larger payers, then we will move on to payer panels in the afternoon. During lunch, the highly qualified Joe Rivet will be presenting, "Navigate Appeals Successfully: Details Makes a Difference." Throughout the day, we plan to have speakers from Medicare, Blue Cross Blue Shield, Medicare Plus Blue, United Healthcare, and more! After listening to your feedback from the past couple years, we have also modified the schedule to include additional time for Q&A with payers.

Though a virtual platform isn't ideal, we want to bring you as much normalcy as possible. All attendees who register by Friday, October 30th will receive a swag bag in the mail from us. These will be filled with all sorts of fun freebies and vendor

promotional items that you would typically receive at an in-person conference.

We will have a virtual vendor hall where you can visit booths, learn about our vendors, have live conversations with representatives, and even schedule a time to speak with representatives later. We are excited to connect you all with some wonderful vendors after several months with limited opportunities to do so.

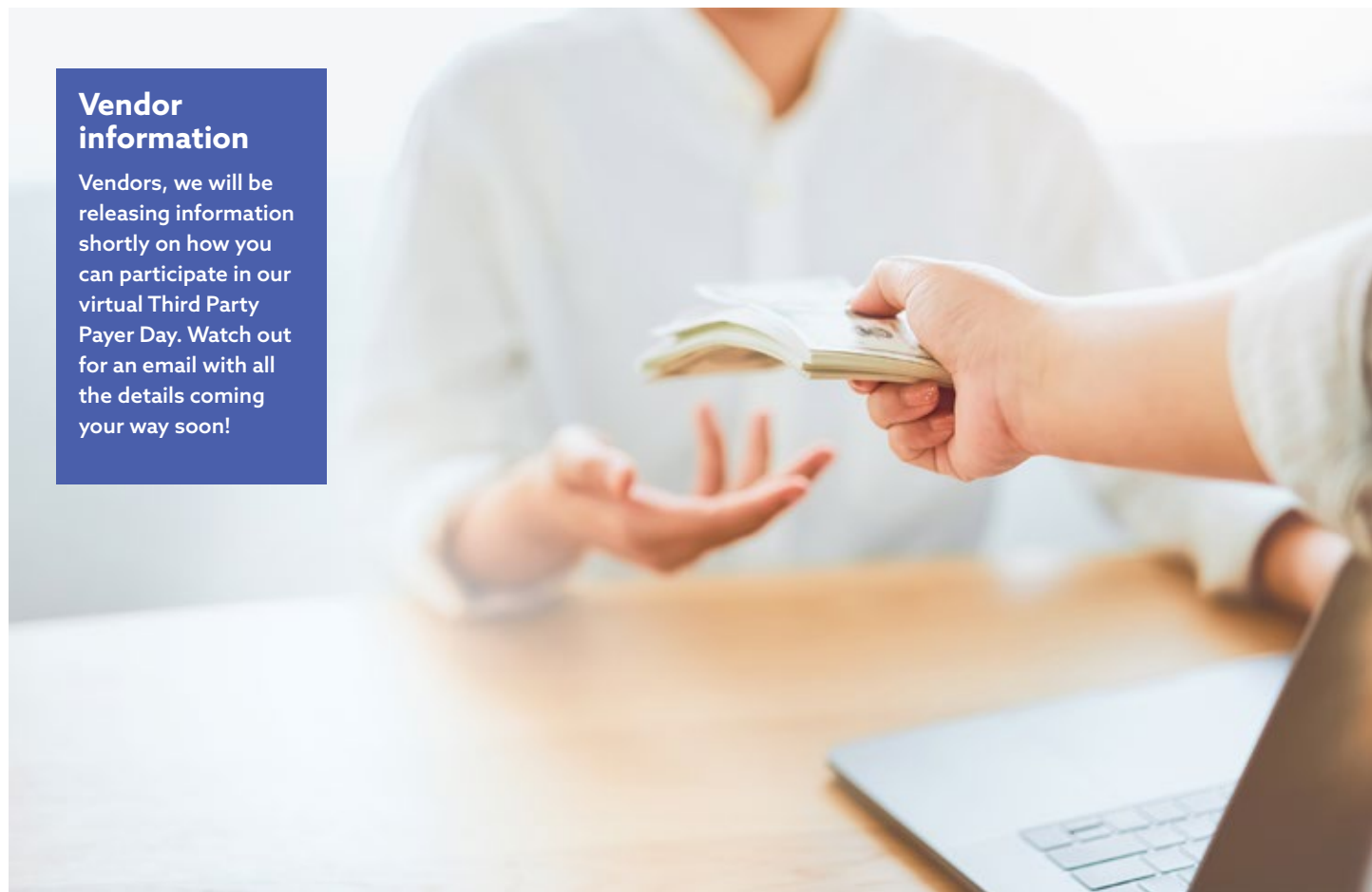
Attendees will have the opportunity to earn both ACMPE & AAPC CEUs. There will be 6 hours available. Each registered individual will receive a personalized certificate after the conference that verifies their attendance.

At an attendee rate of only \$99, TPPD will truly be worthwhile. We hope you will consider joining us virtually on November 13th!

[REGISTER HERE](#)

Vendor information

Vendors, we will be releasing information shortly on how you can participate in our virtual Third Party Payer Day. Watch out for an email with all the details coming your way soon!



September Webinar

Title: Show Me the Money: Revenue Recovery and the Front Office/Back Office Relationship



Speaker: Trae Christian, National Director of Sales & Marketing, Merchants' Credit Guide Company

Date/Time: Tuesday, Sept 22 at 1 p.m. EST

Learning Objectives:

1. Identify and discuss ways that revenue recovery is affected by the actions of both front office and back office personnel
2. Share best practices surrounding:
 - a. Office procedures
 - b. Well-designed documents
 - c. Roles and responsibilities
3. Discuss various times at which revenue is recovered
 - a. Pre-visit
 - b. Point of service
 - c. Post visit
 - d. Bad debt
4. Explore the consumers' role in the care process and how that effects revenue recovery
 - a. What does the consumer know?
 - b. How do we educate and train the consumer?
 - c. How do we treat the consumer?

To Register: Visit the Online Education section of your Member Center. ■

New Affiliate Directory

We recently updated our Affiliate Member Directory to include a function that allows you to search by organization type. We hope this will make it easier for you (and other website visitors) to find a Michigan MGMA affiliate that offers the services you need.

CLICK HERE TO ACCESS THE DIRECTORY



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ACMPE Update



By Sandy Sprague, FAcMPE

With our Spring and Fall MiMGMA Conferences cancelled for 2020, we are encouraged to explore other opportunities to earn credits to maintain our CMPE or FAcMPE status. This year's Third Party Payer Day will be a virtual event on November 13, 2020 and will provide attendees the opportunity to earn ACMPE and AAPC CEUs. The information listed below provides additional avenues for consideration in addition to (or in place of for 2020) the face to face conferences.

ACMPE Continuing Education Requirements

MGMA requires 50 hours to maintain your ACMPE credentials and to complete your CMPE.

Once you have advanced to CMPE or Fellow status, you must earn and submit 50 hours of qualifying credit hours every three years to maintain your designation. All members are on the same three-year cycle; the current cycle began Jan. 1, 2019, and concludes Dec. 31, 2021.

Of the 50 hours:

- **30 hours must be from MGMA National, state or local.**

Examples:

1. Webinars (free as long as not certificate bearing, 25-45 per year)
2. Survey participation
3. Lunch and learns / meetings with professional development (presentation on a topic)
4. Article assessments (free, 10 per year)

- **Of the 30 hours, 12 must be from LIVE learning from MGMA National, state or local.**

Examples:

1. Live Webinars
2. Live teleconferences
3. Face to Face Events

- **20 hours must also come from qualified sources that pertain to the medical practice management field or MGMA.**

Examples:

1. Recognized professional associations and organizations
2. College and university coursework
3. Formal presentations
4. Distance learning with interactivity

For additional information, please visit MGMA.ORG; there is a wealth of information available regarding ACMPE certification and continuing education requirements. Please contact Sandy Sprague, MiMGMA ACMPE Forum Rep, at ssprague@GREATLAKESEYEINST.COM with questions. ■

Are you hiring?

Michigan MGMA members can post job opportunities in our Career Center for free. To post a job opening, first sign in to your account at WWW.MIMGMA.ORG, then proceed to the Career Center section of your Member Center. Members may also view resumes that have been submitted to our Resume Board by visiting the Resume Board section of your Member Center.

Are you looking for a job opportunity?

Visit our Job Board to view current openings and submit your resume to our Resume Board. To submit your resume, sign in to your account at WWW.MIMGMA.ORG and go to the "Resume Board" section of your Member Center. After approval, resumes will be viewable by Michigan MGMA members. For more information about the above services, visit our Job Board or email us at INFO@MIMGMA.ORG.

Telehealth Services: Where? When? Why? How long?



By Janice E. Robinson, FACMPE,
CPC, CMRS

The COVID-19 pandemic has accelerated the need and adoption of virtual services. The federal government quickly changed regulatory policy to expand telehealth access. Commercial payers were quick to follow Medicare's lead. The Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020 was enacted on March 6, 2020. The provisions of this act allow for the exception of several rules governing Medicare telehealth services in response to the public health emergency. The flexibilities were offered through a series of waivers. These waivers prevent gaps in access to care for patients that are impacted by the emergency. Providers don't need to apply for an individual waiver when blanket waivers are issued. Under these blanket waivers:

- Beneficiaries can be at any location
- Providers may perform telehealth services from their homes
- Telephones may be used for these services, however, audio-video technology is required for most services
- HIPAA rules are relaxed for certain technology platforms

The above flexibilities are contingent upon the continued declaration of a public health emergency (PHE). The PHE decision can only be made by the Secretary of the Department of Health and Human Services (DHHS). On March 13th, DHHS Secretary, Alex Azar authorized waivers and modifications under Section 1135 of the Social Security Act retroactive to March 1, 2020. On July 23rd, Secretary Azar renewed the declaration that a national PHE exists due to Covid-19. The renewal is effective July 25, 2020 until October 23, 2020, unless the Secretary terminates it earlier. The PHE

declaration must be renewed every 90 days to remain active. This renewed PHE declaration authorizes HHS to continue implementing telehealth flexibilities.

Things To Do

1. Continue to follow the PHE declaration timeline to determine if and when telehealth services can be reimbursed by Medicare. Currently, blanket waivers will expire on October 23rd unless the PHE declaration is renewed or there is a change in legislation.
2. Review commercial payer telehealth restrictions and billing requirements. Payers may require different places of service, modifiers and member cost sharing responsibilities. Reimbursement rates could be effected by your choice of modifier and/or place of service.
3. Review payments and denials. Monitor you're A/R for telehealth services.

Payer Resources for telehealth services

1. [List of services payable under the Medicare Physician Fee Schedule when furnished via telehealth.](#)
2. [Blue Cross Blue Shield temporary changes due to the COVID-19 pandemic.](#)
3. [Blue Cross Blue Shield telehealth procedure codes for COVID-19](#)
4. [HAP coverage updates for providers and Coronavirus \(COVID-19\).](#)
5. [Humana Telehealth.](#)
6. [Priority Health Virtual Visits and telehealth.](#) ■

Dual Membership Option

Michigan MGMA has teamed up with National MGMA to offer the opportunity to participate in a new Dual Membership program. Through a single enrollment (via national MGMA) and one low cost, you can bundle the value of your local medical practice community via your state with the perspective that you can only receive when you join more than 55,000 national members.

Sign up today to double your benefits, save money and grow your network with a membership that combines the best of practice management solutions, advocacy and professional development resources at a state and national level. If purchased separately, these memberships would cost \$524.00 a year. As a dual member you get all the same benefits for \$461.88 per year, plus you get the ease and convenience of renewing your membership in one place.



[CLICK HERE TO LEARN MORE AND START SAVING!](#)

Bridging the Digital Divide: Creating a Personalized Telehealth Experience

Laura M. Cascella, MA, CPHRM

Technology advances over the past decades have taken telehealth from a novel concept to a widespread reality. In the several years prior to 2020, the adoption of telehealth was growing steadily — but not staggeringly — in healthcare practices and hospitals.ⁱ

Within months of the turn of the new decade, telehealth received a sudden, albeit somber, boost. The coronavirus disease 2019 (COVID-19) pandemic magnified the importance of telehealth as a vital component of patient care when many healthcare practices and facilities closed their doors to nonemergency treatment in an effort to stem the disease outbreak. In the wake of COVID-19, many healthcare experts and leaders speculate that telehealth will continue to flourish and offer viable options for receiving and delivering remote care and treatment.

Looking to the future, it is important to consider how telehealth might benefit patients, but also how it might create challenges. One persistent concern with telehealth has been the effect of technology on the provider–patient relationship, and whether the digital divide will be detrimental to providing personalized care. To address this issue, numerous organizations have offered guidance on incorporating telehealth, communicating during telehealth appointments, and implementing “telehealth etiquette” standards to improve quality of care and the patient experience.

If you are a healthcare provider who plans to use telehealth services to address current barriers to care and/or as a long-term care solution, consider reviewing your current telehealth practices for potential improvement opportunities. Examples of recommendations include guidance in the areas presented below.

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Standardization

Like other aspects of healthcare, standardization is important when implementing telehealth to ensure a consistent, fair, and well-reasoned approach. To that end, consider adopting an algorithm or decision tree to help determine when, and for what services, telehealth visits are appropriate. Apply the algorithm consistently within your practice, and develop workflows that help facilitate telehealth encounters.

To ensure further consistency in approach, develop patient selection criteria for the different types of telehealth services offered. Although certain services might be appropriate to

conduct via telehealth for some patients, other patients might require a physical office visit. For example, telehealth might not be suitable for patients who have difficulty with technology, patients who have cognitive disabilities, or patients who have multiple diagnoses that require in-person assessment.ⁱⁱⁱ

Technology

A digital experience is only as good as the technology on which it relies. When investing in telehealth technology, evaluate the quality of the equipment (e.g., cameras and microphones) and the ease of the user interface. Poor quality or overly complex equipment can lead to distractions, glitches, and miscommunication — all of which can negatively affect the provider–patient encounter and could potentially increase the risk of adverse outcomes.

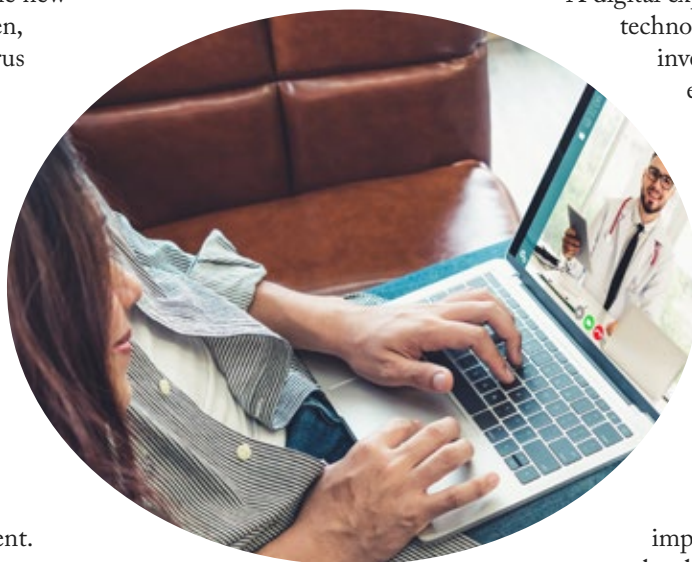
Privacy and security also are important considerations with technology, as research has identified privacy concerns as a barrier to telehealth adoption.^{iv} To address these concerns, select HIPAA-compliant technology and explain to patients the safeguards that have been put in place to protect them and their health information. (Note: Although telehealth regulations were eased during the COVID-19 pandemic, providers should anticipate that stricter guidelines will return.)

Education/Training

Technology can be intimidating, frightening, or confusing for some patients. Thus, investing effort in educating patients about these services and setting realistic expectations is prudent. For example, in some instances, patients might want telehealth appointments for situations that warrant in-person visits. Other times, patients might be reluctant to use telehealth even though it would be beneficial.

Discuss with patients which services and types of appointments are available through telehealth (based on the aforementioned algorithm or decision tree and selection criteria), and assure them that the practice is dedicated to providing high-quality care during telehealth encounters.

Like any new technology introduced into practice, telehealth presents risks if it's not used appropriately. Hence, education and training on telehealth also are critical for the healthcare team involved in facilitating and conducting telehealth services. Consider participating in training in preparation for handling



both the technical and human aspects of telehealth encounters. For example, running mock patient appointments can help the entire team become comfortable with communicating digitally.

Physical Space and Appearance

Physical space might seem like a less critical aspect of telehealth than other factors, such as workflows and technology training. However, the physical space that the patient sees can set a lasting impression of the entire telehealth encounter and might shape the patient's view of the value and credibility of telehealth services.

To reinforce that telehealth doesn't diminish professionalism or the quality of care, evaluate the space in which you conduct telehealth visits to ensure it reflects a professional environment and is neat, clean, and devoid of distracting items.

Take care to ensure that no confidential or proprietary information is visible to patients (e.g., on a white board in the background). Dress in professional attire that reflects the style of dress that patients would see if they visited the office in person.

From a logistical standpoint, make sure the physical space has appropriate equipment in place and adequate lighting for clinical assessments.



Preparation

Taking time to prepare for each telehealth appointment can help set the stage for effective and personalized communication. To properly prepare, review each patient's record in advance to familiarize yourself with the patient's history, problem list, and chief complaint. Make an effort to be on time or a few minutes early to get settled. If you are running behind schedule, have a staff member notify the patient so he/she is not left wondering if a technology failure has occurred.

Keep the patient's contact information on hand during the telehealth appointment in case the audio fails or the entire system goes down. A quick call to the patient can alleviate confusion and frustration as well as provide a follow-up plan for continuing the appointment.

Verbal and Nonverbal Communication

Communication is important in every aspect of patient care, but particularly when the provider and patient are not face to face. A study on human factors in telehealth noted that, "In a telemedicine encounter, psychological and technical 'filters' may provide additional challenges to the development of effective communication."¹ Various verbal and nonverbal communication strategies can help address these challenges.

For example, during telehealth appointments, maintain eye contact with patients as much as possible to establish a

connection and reinforce that you are paying attention. Limit interruptions and possible disruptions, and ask each patient if he/she can see and hear clearly before proceeding with the appointment. Be aware of transmission or "lag" time, and pause briefly to allow patients to respond.

Additionally, general standards for courteous and effective communication apply in telehealth just as they do for in-person care. For example:

- Greet patients and introduce yourself if you have not previously met; ask patients how they would prefer to be addressed.
 - To help focus visits, ask patients what they are most concerned about, and allow them to speak without interruption. Repeat their concerns back to them to validate your understanding.
 - Use clear and concise language, and avoid medical jargon and complex terminology.
 - Use nonverbal cues — such as nodding your head — to show you are listening.
- As the appointment progresses, explain to patients what you're doing, particularly if you have to break eye contact. Patients might not have the same field of view as they would during an in-person visit, so routine tasks (such as documentation) might be misconstrued as distraction.

Before the appointment ends, provide a clear course of action and "next steps" (e.g., treatment instructions, prescriptions, and follow-up consultation). Ask the patient if he/she has any questions or needs any further clarification.

Quality Improvement

Measuring success is no less important for telehealth services than for other aspects of clinical care. Following telehealth appointments, request patient feedback and measure satisfaction related to various aspects of the telehealth encounter, such as ease of technology, quality of the platform, effective communication, etc. Review the results with staff members and incorporate telehealth metrics into your practice's quality improvement initiatives.

In Summary

The trajectory of postpandemic telehealth remains unknown; yet, its upward climb prior to COVID-19 and its preeminent status during the outbreak suggest that telehealth will likely not fade away as the pandemic recedes. Rather, telehealth will continue to serve as a solution for addressing issues related to public health safety and access to care.

Careful planning in relation to implementing telehealth services, educating patients and staff members, and developing communication strategies can help create a positive experience for both patients and providers. ■

Timing Your Next Real Estate Transaction

By Fred Schaad
CARR Healthcare Realty

Every commercial real estate transaction has an ideal timeframe to begin the process. Most healthcare professionals understand that opening a new office or relocating an office doesn't happen overnight, but the majority of professionals are not aware of the ideal timeframes for each type of transaction. Different types of problems arise when starting a transaction too early or too late, and both need to be avoided.

Too Early

If you start the process too early, it creates a scenario where you spend your valuable time looking at properties and evaluating options, working with lenders and other members of your team, only to find out the landlords or sellers won't negotiate with you yet. Many landlords and sellers won't take their spaces off the market for extended periods of time while waiting for the tenant or buyer to be ready to transact, because there is too much time before the transaction will actually take place.

Or if they do negotiate, they won't be willing to offer you even close to their best terms since they are going to lose income on holding a space vacant for an extended period of time. On the other hand, if they will put forth reasonable terms, it is predicated upon you moving forward immediately, which can leave you stuck paying for a space you can't occupy for a period of time or paying unnecessary rent on your former space if you leave early.

Too Late

When starting a transaction too late, an entirely new set of problems arise. To start, most people underestimate how long a commercial lease or purchase transaction takes. They imagine it is similar to buying a home or leasing an apartment, which unfortunately is not the same as a commercial transaction timeline.

Simply identifying the top options and then negotiating a mutually agreeable deal can take several months. The legal process of reviewing contracts and finalizing details with lenders, architects, contractors, and equipment and technology providers comes next; this portion can also take months.

This is followed by the build out process if renovations are required. While you can build out a new space in 6 to 10 weeks depending on the size and scope of the project, you first have to design the space, then get construction documents and engineered plans created, then submit for and receive permits to start the build out. After construction, you need to leave time for installing furniture, fixtures, equipment and technology, final permitting and approvals, while also leaving room for uncontrollable delays, and change orders.



If you are relocating from a previous office and you don't vacate your former space prior to the lease expiring, you'll likely pay between 125 to 200% of your last month's rent based on a provision found in most leases called "Holdover." This allows the landlord to charge you a higher month-to-month lease rate as a penalty for not vacating or signing a new lease.

Just Right

If you only had two choices, starting too early is definitely better than starting too late but it is by no means your top option. Fortunately, there is an ideal timeframe to start each type of transaction and you don't have to choose between the lesser of two mistakes. You can set yourself up for success by understanding the requirements of each type of transaction and how long each process takes.

Although there are many additional details needed to ensure each type of transaction is handled properly, let's start with the correct timing for the primary types of transactions that Healthcare Professionals will engage in:

- Start-up or new office: 10 – 12 months in advance
- Relocation: 10 – 12 months in advance
- Purchasing an existing building or condo: 10 – 12 months in advance
- Buying land to develop a new building: 18 – 24 months in advance
- Buying a practice and getting a new lease or purchasing the building: 60 – 90 days in advance

Every type of transaction starts with a specific approach and detailed game plan that is aimed at maximizing the opportunity. Getting the best possible deal and terms is extremely important, but so is making sure you don't waste valuable time that could have been spent in your practice. If you lose the equivalent of twenty to thirty hours of your time—which is what an average commercial real estate



transaction requires to be handled properly—how much money would that cost you in lost production?

Equally as important as saving time and money is avoiding costly mistakes that people make all too often when they don't understand the nuances of healthcare real estate. The old adage, "if I knew then what I know now..." can easily be avoided by hiring licensed professionals that specialize in real estate for healthcare practices. The reason patients come to see you is because you are trained in a specific skillset that offers skill and expertise that they require and that few people have. The same is true for real estate professionals that can help you identify your top options, negotiate the most favorable terms, save you a substantial amount of time, and avoid common pitfalls.

The first step to maximizing any commercial real estate transaction: Start the process at the right time. ■

CARR Healthcare Realty is the nation's leading provider of commercial real estate services for healthcare tenants and buyers. Every year, thousands of healthcare practices trust CARR to achieve the most favorable terms on their lease and purchase negotiations. CARR's team of experts assist with start-ups, lease renewals, expansions, relocations, additional offices, purchases, and practice transitions. Healthcare practices choose CARR to save them a substantial amount of time and money; while ensuring their interests are always first.

Visit CARR.US to learn more and find an expert agent representing healthcare practices in your area.

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Letter to Medical Professionals on EDRS

By Jeff Duncan, PhD

State Registrar and Director, Division for Vital Records and Health Statistics, Michigan Department of Health and Human Services

As members of a profession dedicated to preserving life, medical professionals may at times view the death certificate as a bureaucratic burden that detracts from time spent caring for the living. In fact, a thoughtful and detailed death certification represents a final act of care for a deceased patient, provides valuable information to surviving family members, informs public health, and supports biomedical research.

Michigan law requires the medical section of a death certificate to be certified by an attending physician within 48 hours after the death of a person (MCL333.2843(1)(a)). The cause of death information provided by physicians as text on a death certificate is coded to the International Classification of Disease, 10th Revision (ICD-10). These coded data are used to compile information on national and state leading causes of death (www.cdc.gov/nchs/fastats/leading-causes-of-death.htm) and Burden of Disease (jamanetwork.com/journals/jama/fullarticle/2678018) that are used to inform public policy and direct public health intervention efforts to reduce premature mortality due to preventable causes.

In addition, death certificates are an important source

of information for researchers conducting epidemiological studies, particularly those focusing on chronic diseases such as cancer or heart disease. Each year, staff in the Division for Vital Records and Health Statistics (DVRHS) work with researchers from Michigan and across the nation to provide high quality mortality data to support population-based studies. Death data are often linked to other data sets including cancer and other chronic disease registries, hospital discharge data, notifiable diseases, and other public health data to extend the breadth of research questions that may be asked and answered. A search for “death certificates” in PubMed reveals the incredible utility, and unfortunately the limitations, of this data.

Completing death certificates is easy with Michigan’s Electronic Death Registration System (EDRS). EDRS allows certifying physicians to log in and complete death certificates in a secure, online system that may be accessed in a web browser. Medical staff can assist with entering and saving data. EDRS allows for easy referral of cases to medical examiners when required, or when there are questions. Death certificates completed in EDRS are registered and coded more quickly, providing convenience to family members and added value for public health surveillance, especially for deaths due to emerging threats and pandemics, such as COVID-19. We at DVRHS are working with the CDC, national standards



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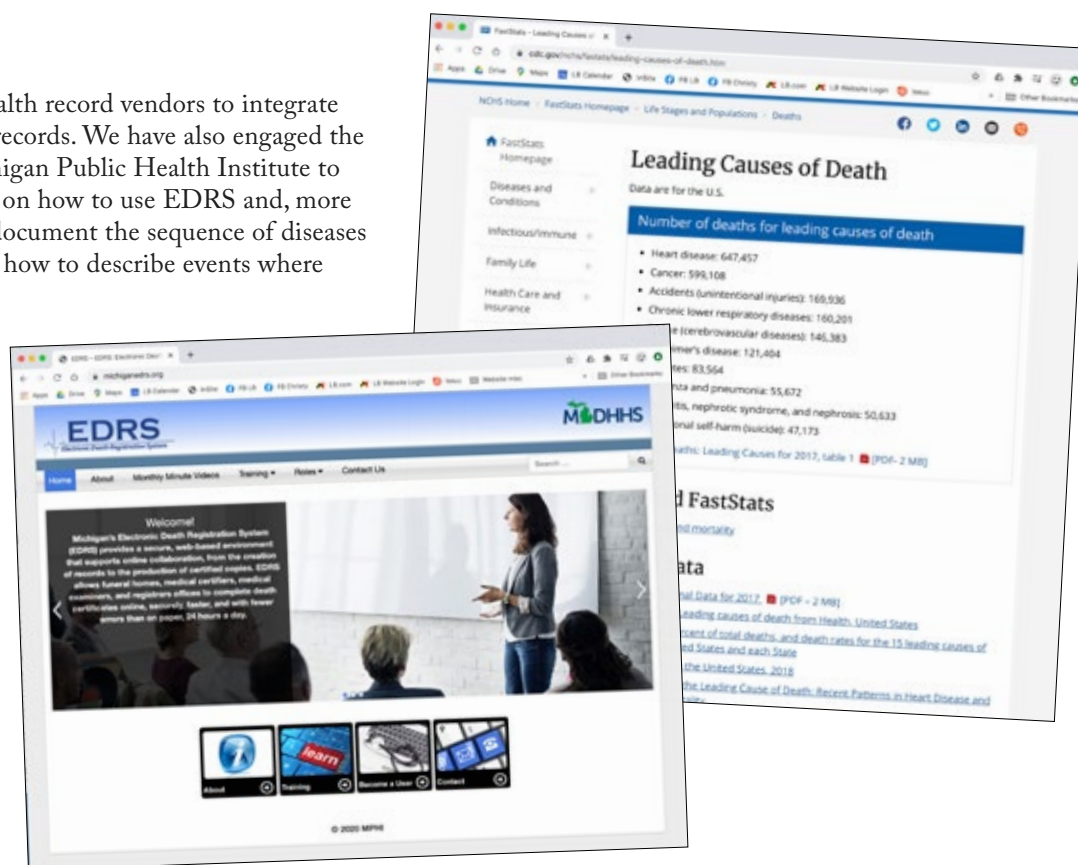
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organizations, and electronic health record vendors to integrate EDRS with electronic medical records. We have also engaged the help of our partners at the Michigan Public Health Institute to help train medical professionals on how to use EDRS and, more importantly, how to effectively document the sequence of diseases and events leading to death and how to describe events where that information is limited or unavailable.

Writing accurate and effective death certifications directly contributes to society's knowledge of the prevention and epidemiology of disease. Using EDRS can help make that easier.

Please feel free to email me (DUNCANJ11@MICHIGAN.GOV) or visit WWW.MICHIGANEDRS.ORG if you would like more information on EDRS or on the death certificate process in general. ■



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