

## THE REST OF YOUR LIFE

## Search and Rescue With a K-9 Nose

Five years ago, Dr. Eva Briggs became a search and rescue volunteer in Tompkins County, N.Y., a hilly region in the central part of the state marked by gorges, hardwoods, farmland, and a population of more than 101,000.

At the same time, she began to train her dog, Dizzy, a German shepherd, in search and rescue.

"I've always liked being outdoors, plus I've always liked dogs, so once my kids started getting older, I thought, 'This might be an interesting thing to try,'" said Dr. Briggs, a family physician who lives in Marcellus, N.Y., and has a master's degree in environmental forestry from the State University of New York College of Environmental Science and Forestry in Syracuse.

Early on, however, Dizzy struggled to grasp the tasks at hand. "She was a great dog as far as being happy and friendly and having all those other attributes you'd want in a search dog, but she would much rather lay on her back and have her belly rubbed than have to work for her reward," said Dr. Briggs, who works at two urgent care centers operated by Cayuga Medical Center in nearby Ithaca, N.Y.

Dr. Briggs eventually made Dizzy a family pet and acquired Boomer, a black and white border collie puppy, to train for search and rescue work. Now almost 3 years old, Boomer has not participated in formal search and rescue operations, but he did earn certification in wilderness air scent from the International Police Working Dog Association in October of 2009.



Dr. Eva Briggs trained Boomer, a border collie, in search and rescue.

"In an actual search, the canine team would be assigned a specific area, say 40 acres," Dr. Briggs explained. "The wilderness air scent handler would receive a map or a description of the boundaries and would figure out the best way to walk through the area to search it. The dog works off leash. The dog will find any person whose scent he detects. When the dog finds the subject, he comes back to me and gives his trained indication, which in the case of my dog is a bark, and then he leads me back to the subject."

Dr. Briggs is currently training Boomer in tracking and trailing skills

with the goal of having him earn certification. She described tracking and trailing as a scent-specific job, "where the dog sniffs a scent article and follows the way the person walked, leading the handler to the subject. Every dog works for whatever motivates him. Boomer's reward is tugging with a toy. So in training, whenever he locates a subject, he gets a big party of praise and tugging," said Dr. Briggs.

Boomer may be relatively new to search and rescue, but Dr. Briggs has long been acquainted. She began her volunteer post armed with the know-how of map reading and compass navigation, thanks to her graduate work in environmental science and forestry and her love of the outdoors, which she traces back to her days as a Girl Scout.

"You're out in the woods, so you're going to have to know basic first aid and CPR," she said. "It's helpful to have a medical background because the searchers are out there, they're exposed to the elements, they have their adrenaline pumped and they're being physically pushed, so there is the chance of illness or injury."

As one of about 15 volunteers for Tompkins County search and rescue, Dr. Briggs has participated in several searches as a "ground pounder," a person who combs through terrain searching for people who are lost or injured. "Usually we have a line of people combing the area for subjects," she said. "One time we went looking for a man who became lost exploring some property he planned to buy."

Another time she helped a group of rescuers look for a person who had gone missing in the late fall. "When things started to melt and thaw they had searchers out," she recalled. "Unfortunately both subjects were not alive when they were found by the search team."

In addition to being available to assist on the ground, her commitment as a search and rescue volunteer involves attending monthly training sessions and business meetings. She is a member of the committee that plans and carries out the training sessions. "We also do public relations and teaching and interacting with the public, which can be really nice," she said. "I've even written some book reviews for the National Search Dog Alliance."

As for working with Boomer, "I do that on my own time," Dr. Briggs said. "I probably do something training-wise every day, and something specific to search and rescue 2-3 times a week. It makes me go outdoors no matter what the weather is." ■

By Doug Brunk

## E-MAIL US YOUR STORIES

The purpose of "The Rest of Your Life" is to celebrate the interests and passions of physicians outside of medicine. If you have an idea for this column or would like to tell your story, send an e-mail to [d.brunk@elsevier.com](mailto:d.brunk@elsevier.com).

## HHS Issues 'Meaningful Use' Criteria for EHR Systems

BY JOYCE FRIEDEN

The Health and Human Services Department has released long-awaited, proposed "meaningful use" criteria for providers interested in receiving bonuses of up to \$64,000 for installing or upgrading electronic health information systems.

"We've tried to build in flexibility in these standards and certification criteria as well as providing necessary guidance," Dr. David Blumenthal, HHS's national coordinator for health information technology, said in a conference call. "We hope we've provided a pathway toward more uniform standards over time, while at the same time making it possible in 2011 for well-intended providers and health professionals who want to become meaningful users to become so, and for the industry to create technology that will support that."

Under the Health Information Technology for Economic and Clinical Health Act (HITECH), a part of 2009's federal stimulus law, physicians who treat Medicare patients can get up to \$44,000 over 5 years for the meaningful use of a certified health information system. Physicians whose patient populations are made up of at least 30% Medicaid patients can earn up to \$64,000 in incentive payments for their use of the technology.

The regulations include a definition of meaningful use and outline other criteria for obtaining the full incentive payments.

HHS issued two rules: one that outlines proposed

provisions governing the incentive programs and an interim final regulation that sets initial standards, implementation specifications, and certification criteria for electronic health record (EHR) technology. Both regulations are open for 60 days of public comment.

The criteria for achieving meaningful use start with certain minimum requirements in 2011 and build gradually, with more requirements added each year. For stage 1, which begins in 2011, meaningful-use requirements include:

- ▶ Use of computerized entry for 80% of all patient orders.
- ▶ Use of electronic prescribing for 75% of all permissible prescriptions.
- ▶ Maintenance of active medication and medication-allergy lists as part of the EHR for at least 80% of patients.
- ▶ Inclusion of demographic data (language, gender, ethnicity, insurance type, and date of birth) in the EHR of at least 80% of patients.
- ▶ Inclusion in the EHR of at least 50% of the lab results that can be recorded as either positive or negative or can be recorded with numerical data.

There are also requirements dealing with reporting quality data, filing claims electronically, encouraging patients to be more active in their care, improving care coordination, and ensuring privacy of health records.

In 2012, the rules tighten for submitting quality data. While providers are allowed to report quality data to

the Centers for Medicare and Medicaid Services (CMS) through attestation in stage 1, data must be reported directly through certified EHR technology in stage 2.

"CMS recognizes that for clinical quality reporting to become routine, the administrative burden of reporting must be reduced," according to an agency statement. "By using certified EHR technology to report information on clinical quality measures electronically to a health information network, a state, CMS, or a registry, the burden on providers that are gathering the data and transmitting them will be greatly reduced."

Dr. Blumenthal emphasized that the regulations were still awaiting public comment.

"These standards are intended to be iterative," he said. "They are subject to comment, and we'll carefully consider any comments about them and change the rule if we think it's required, based on those comments."

The American Medical Association responded cautiously to the proposed regulations. "We want physicians in all practice sizes and specialties to be able to take advantage of the stimulus incentives and adopt new technologies that can improve patient care and physician workflow," Dr. Steven Stack, a member of the association's board of directors, said in a statement. "We have provided ongoing input this year on standards for the use of EHRs and have stressed the importance of realistic timeframes for adoption, the removal of extraneous requirements that would delay successful adoption, and reasonable reporting requirements." ■