

Electronic Health Records: Is now the time for your practice?

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Over the past decade, more and more medical practices have implemented electronic health records (EHR). Now even holdouts have a tempting reason to take the plunge.

Under changes authorized by the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, part of the American Recovery and Reinvestment Act (ARRA), physicians and certain other practitioners may receive financial incentives for using electronic health records (EHR). Eligible practitioners may qualify for up to \$44,000 over five years in incentive payments from Medicare, or they may receive up to \$63,750 over six years from Medicaid. Practitioners may participate in one incentive program; enrollment in both programs is not permitted. Incentive payments for eligible practitioners will start sometime in 2011.

The U.S. Department of Health and Human Services (DHHS) released two final rules on July 13, 2010. One rule, issued by the Centers for Medicare & Medicaid Services (CMS), defines the minimum requirements that providers must meet in order to qualify for EHR incentive payments. The second rule, issued by the Office of the National Coordinator for Health Information Technology (ONC), identifies the standards and criteria for the certification of EHR technology.

EHR vendors have seen medical practices lining up for both new product implementations and product upgrades needed to meet incentive requirements. Is your practice among them? Should it be?

What can you do to ensure that your implementation is a success, and not the disaster that occurs in so many medical practices? The physicians in one Philadelphia internal medicine practice compared their conversion from paper to electronic health records to flying an airplane without a pilot! You can have a positive experience through careful planning.

Here are a dozen practical suggestions.

1 Be honest about your technology readiness and receptivity

In most practices, physicians' attitudes toward technology vary greatly. Some love it, and others hope they will never have to fiddle with it. Structure your software selection, staff training and implementation to accommodate your workforce. The primary purpose for introducing EHR into your practice is to provide better patient care and enhance outcomes; it's not simply to claim incentive payments or buy the hottest new gizmo. Make enhancement of practice value the goal. New associates who have recently completed their training seek environments with EHR and the ability to exchange information within referral networks. Physicians who plan to retire within a few years can enhance the attractiveness of their practices by adding these capabilities.

2 Designate the right leader(s)

Identify the appropriate individual(s) to lead the decision and implementation processes. The leader should have both an interest in IT and the ability to manage people and change. In some situations, a physician can do the job—provided that

he or she is given adequate time to accomplish the task. In other situations, an administrative person may be better suited to the role. Or, a physician/administrator team may work best.

3 Involve employees at all levels of the practice

Your EHR will impact staff at all levels of your practice, so physicians and other clinicians, as well as administrative and clerical staff, should be part of your implementation team. People who are involved from the outset are more likely to support your ultimate decision and make it work. Be sure to include IT skeptics in the mix. The speed of your success as an organization will be measured by the progress of its slowest learners. You may be surprised to find your skeptic transformed into an IT advocate.

4 Identify your needs

Clarify your own mission and goals before investing in expensive technology. A small practice with one location has different needs than a large practice with multiple sites and aggressive growth plans. Do you receive or send large images and files? What are your communication needs? Reach

consensus on your future direction and choose technology that supports you.

5 **Fix problems in your current workflow**
If you assume that automating specific aspects of your practice operations will correct current problems in your workflow, think again. You cannot computerize chaos. Transitioning from paper to electronic health records won't fix human resource problems or poor financial management. If you automate malfunctioning processes, you'll compound the problems. Fix what doesn't work before you automate.

6 **Consider EHR as part of your total IT strategy**
For maximum benefit, your EHR should interface with the other major components of your practice's IT system, such as the practice management system (PMS) and patient Web portal, if you have one. Select an EHR vendor with the total picture in mind. Here's an example from a family practice physician who wants to purchase EHR and replace his current PMS. The physician likes the software from two different vendors, and if he decides on this option, he must pay for a two-way interface of several data sets both at the outset and on an ongoing basis. From a financial perspective, a better option is to select a single vendor that can provide an integrated solution, where software for two or more applications is built off the same operating platform. With the integrated solution, there are no cost add-ons and there's no question about where to seek technical assistance when it's needed. E-prescribe is another good example. If you select an EHR that includes an e-prescribe feature (as opposed to buying a separate e-prescribing application) prescription information automatically links to your EHR without your having to take extra steps to enter it into the patient record. Taking the time to make EHR work harmoniously with all your systems from the outset will save your practice headaches—and money—over the long haul.

7 **Educate yourself about recent legislative changes**
To qualify for incentive payments from Medicare or Medicaid, a practice must use EHR, meet requirements for submitting information on clinical and health information quality measures, and be able to demonstrate interoperability with other healthcare facilities. Practices will also be required to demonstrate they meet requirements for "meaningful use" of EHR in the practice. That may sound

Q & A

Term to know: Interoperability A quick conversation with Holt Anderson

In order to fully realize the promise of electronic health records, medical practices must be able to exchange patient records with other practitioners and care settings treating a common patient. It's a concept known as interoperability. *Forum* Editor Jean Fisher Brinkley asked Holt Anderson, executive director of the NC Healthcare Information and Communications Alliance in RTP, to explain it in plain terms.



Holt Anderson,
Executive director,
NCHICA

Q: What is interoperability?

A: In the healthcare context, interoperability is when you have the ability to share information about a patient between different care settings so that the data that is sent, is received and interpreted as it was originally intended. There is no loss in translation between systems.

Q: Why should physicians and other practitioners care about interoperability?

A: Physicians are driven professionally to provide the best care possible. In today's world, where information is dispersed among different care settings, making a clinical decision without complete information is not giving the best care possible. The only way clinical decisions can be informed is if they can get the information from other systems. And unless these other systems have the ability to talk to each other the information is not going to be there when it's needed.

Q: How close is that to being reality?

A: I think we've made great progress over the last few years with the establishment of the Office of the National Coordinator for Health Information

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simple, but practices must meet very specific criteria set by the federal government in order to qualify. Look at the new CMS website that contains current information on the EHR incentives —www.cms.gov/EHRIncentivePrograms/.

8 Seek outside help when you need it
Most practices don't select and implement IT solutions on a regular basis, so they are less experienced in the process than they are in other aspects of practice management. Independent practice management consultants without financial ties to vendors can guide you, introduce you to vendors, set up site visits to practices that use different products, provide criteria for vendor selection, and review proposed vendor contracts. The Carolinas Center for Medical Excellence in Cary offers an excellent series of webinars on ARRA and the stimulus package. The North Carolina AHEC Program recently received federal funding to provide on-site consulting to primary care practices that need to prepare for, select and implement certified electronic health records. The NC AHEC Program will also assist primary care practices using electronic health records and ensure that they meet criteria to qualify for the financial incentives. For information on AHEC services in your community, go to www.ncahec.net and click on the county in which your practice is located. Finally, the High Performance Physician Institute (HPPI) offers multi-day CME seminars throughout the country on information technology for practicing physicians. HPPI also provides programs that are customized for communities and medical associations. For more information, visit www.highperformancephysician.com

9 Do your homework before bringing in vendors
Research the big picture about EHR systems you are interested in before talking with specific vendors. Then specify exactly what you want each vendor to tell you so you can easily compare. Give the vendors background information on your practice, a list of questions about the software, the company, training and technical support, and the criteria that you will use to make your selection. Having guided many practices in their selection of various IT solutions, I put training and technical support—not cost—at the top of my list. Avoid vendors that want to provide a quote without taking the time to listen to and understand your needs.

10 Select a vendor(s) appropriate for your practice's needs
Independent national organizations such as the AC Group or KLAS regularly test and rank EHR vendors according to specific criteria. Professional associations can be good resources too. For example, the website of the American Academy of Family Practice (www.aafp.org) includes a section with feedback from practitioners who have shared their experiences, both positive and negative, using EHR and other IT systems.

11 Make the most of site visits
Ask each vendor to provide the names of three practices that match your size and specialty. Contact each practice and offer a stipend of a few hundred dollars (they are likely to refuse) to observe their workflow for a few hours. Visit the practice without the vendor present, and be willing to travel as far as you need to go. Ask both the lead champion and most vocal skeptic physicians to participate in your visit. Bring examples of common scenarios in your practice and ask your hosts to show you how the equivalent situation is handled in a digital environment. "The site visit is absolutely the most important part of the vendor selection," says Allen Wenner, MD, of West Columbia Family Medicine and a principal with High Performance Physician Institute, a group that trains physicians on the use of EHR.

12 Don't skimp on training
My clients' experiences with EHR have taught me an important lesson regarding training. Many vendors offer Web-based training as a way of reducing costs. But remote learning doesn't work for everybody. If you need on-site training for both the super-users and everybody else in your practice, buy it—even if you have to pay a premium. You are already spending a significant amount of money on the software, so learn how to make it work for you. Don't be like a surgical practice I know that was one of the first to purchase EHR so it could be ahead of its competitors. When I asked this group how it uses data, the physicians confided to me that they had no idea how to use the software and, in fact, continued to use paper records!

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RESOURCES

Centers for Medicare and Medicaid Services

CMS has created a Web page on its Internet site to help healthcare professionals interested in receiving financial incentives for using certified EHR systems.

www.cms.gov/EHRIncentivePrograms/

Carolinas Center for Medical Excellence

Offering a series of webinars on the federal stimulus package as it pertains to healthcare professionals.

www.thecarolinascenter.org

NC Area Health Education Centers

NC AHEC received grant funding to provide on-site consulting to primary care practices preparing for, selecting and implementing certified electronic health records.

NC AHEC will also help primary care practices already using EHR ensure that they meet criteria for incentive payments. www.ncahec.net

High Performance Physician Institute

Offers multi-day CME seminars nationwide on information technology for practicing physicians; also provides customized programs for communities and medical societies. www.highperformancephysician.com

American Academy of Family Physicians

AAFP's website includes feedback from physician practices already using EHR systems, and other information technology. www.aafp.org



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Technology (ONC). Its role is to establish standards that can be adopted by companies that develop and sell electronic health records and by companies that focus on exchanging information between systems. Those standards are now established and they are beginning to emerge. The ability to exchange information is based on being built on the same standards. In order to receive stimulus money for EHR, physicians must purchase a system that is certified to be interoperable. The government is now beginning to certify certifying entities so that physicians making decisions can be assured that they are purchasing a system that is interoperable.

Q: Where are we today in North Carolina?

A: In comparison to other states I think we're very fortunate in having five academic medical center-based integrated delivery networks with very robust physician referral networks. I'm thinking of the UNC's, the Dukes, the East Carolinas. They're very automated and they're all totally integrated. Then we have the Novants and the WakeMeds and the other health systems in the state that are also very good and very automated. We have practices and large clinics that are also very automated, so that's at one end of the spectrum. At the other end of the spectrum we have many solo practitioners and small practices, primarily in rural settings. We have pediatricians and family medicine doctors, who have very slim margins in the first place, who can't afford, necessarily, the investment that's required for getting EHR. The new stimulus funding is an opportunity to get that.

Q: What do physician practices have to do in order to be interoperable, other than buy a certified system?

A: There have to be agreements among a practice or physician's office and the organizations they want to do business with and trade records with. The expectations and responsibilities of partners who want to exchange information need to be memorialized. If I'm going to exchange records with you and you're going to make decisions based on the information I'm sending you, where is my liability and where is your liability? What is your responsibility for responding to me if I request records? Can I charge you? What can I expect from you, now that we're sharing a patient? It's actually much more complex. The technology piece is the easy piece.

Federal EHR incentives: A quick guide

President Obama signed the American Recovery and Reinvestment Act of 2009 (ARRA) in February 2009. The part of the law known as the HITECH Act promotes the meaningful use of electronic health records (EHR) by providing financial incentives to certain healthcare professionals. Below is a review of the incentive programs' key components.

What agencies are providing financial incentives?

Medicare and Medicaid will each have separate incentive programs.

What types of healthcare professionals may receive incentive payments?

For the Medicare program, physicians (whether MDs or DOs), podiatrists, optometrists and chiropractors may all claim incentives. For the Medicaid program, eligible professionals include physicians (pediatricians have special eligibility and payment rules), dentists, nurse practitioners and physician assistants who treat patients in a rural health clinic or Federally Qualified Health Center that is led by a PA.

Can I claim incentives through both programs?

No. Eligible healthcare professionals may participate in only one incentive program.

How much money can an eligible professional receive?

Participants who meet all requirements for EHR incentives can receive up to \$44,000 over five years in payments from Medicare, or they may receive up to \$63,750 over six years from Medicaid.

Can any physician receive incentive payments?

No. Hospital-based physicians who perform substantially all of their ser-

vices in an inpatient hospital setting or emergency room only do not qualify. The final meaningful use rule clarifies questions about hospital-based providers in ambulatory settings.

When will incentive payments begin?

Registration by eligible providers who wish to receive the Medicare or Medicaid payments will begin in January 2011. A registration link will be available at www.cms.gov/EHRIncentivePrograms/. Attestations for the Medicare program will start in April 2011, and Medicare incentive payments will begin in mid-May 2011. States will initiate their incentive programs on a rolling basis pending CMS approval of the State Medicaid HIT plan.

When will incentive payments stop?

Medicare will make no incentive payments for EHR use after 2016, so apply ASAP if you intend to claim the maximum incentive under Medicare. Medicaid will make incentive payments beyond 2016, but eligible professionals may not receive payments for more than six years.

What must a medical practice do to qualify for incentives, other than adopt EHR?

Practices must demonstrate "meaningful use" of EHR, meet requirements for submitting information on clinical and health information quality measures and be able to demonstrate interoperability with other healthcare facilities to receive payments. All of these criteria must be met to receive payments. The final rule on meaningful use sets up a two track approach that divides objectives into required core objectives on which all providers must report and a menu of set objectives from which providers can choose to report what is most important to them.

I'm not sure what "meaningful use" entails. How can I ensure I qualify for payments?

DHHS finalized the rules governing the EHR incentive programs on July 13, 2010. The final rule defines meaningful use and specifies the steps that healthcare professionals must take to qualify. CMS has created a fact sheet on the rules and program standards at www.cms.gov/EHRIncentivePrograms/

I can't afford to invest in EHR right now, even with incentive payments. Are there consequences for sticking with paper records?

Yes. Incentive payments are a carrot to encourage adoption of certified EHR systems, but there's also a stick for those who don't. Healthcare professionals who do not demonstrate "meaningful use" of EHR by 2015 will receive a Medicare fee cut of up to 5 percent.

Source: Centers for Medicare & Medicaid Services

DID YOU KNOW ?

The NCMB recently amended its position statements titled Medical Record Documentation and Retention of Medical Records to address electronic medical records (EMR).

The changes include language that advises licensees to be sure records accurately reflect elements of proper documentation and that confidentiality is preserved when EMRs are discarded or destroyed.

To view these statements go to www.ncmedboard.org and click on "Find a Position Statement" in the green Quick Links menu on the right.