

# Selecting Electronic Health Records and Other Technology Solutions to Support Your Practice

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**I**f you practice medicine in Georgia, you know about that ambiguous phrase “*Bless his heart.*” Used in conjunction with electronic health records (EHR), it might mean “Bless his (or her) heart, he made a hasty decision, paid through the nose and alienated his entire workforce.” On a more positive note, it might mean “Bless his heart, he took his time, paid attention to work flow analysis, selected a vendor carefully, negotiated a good price, and took time to train the staff so that the practice can’t imagine operating with paper records.”

So bless your heart, take these six steps and learn from physicians who have addressed the EHR challenge before you.

## 1. Start with your practice, not the technology.

Agree on your mission and goals before investing in expensive technology. If you are a small practice with a single location and no plans to expand, your needs will be different from those of a larger practice with multiple sites. Decide your direction first and let EHRs help you get there.

## 2. Assess your technology readiness.

In most practices, there’s great variation in physicians’ comfort level with technology. Younger physicians are likely to be more comfortable with technology than physicians who are nearing retirement. A third group of physicians fall between these two groups with respect to both age and experience with technology. Structure the software selection, staff training, and implementation to accommodate everybody’s needs.

## 3. Assess your current operations and fix the problems.

Recently, I conducted a practice assessment for a cardiology practice. All eight physicians agreed that the practice needs an EHR system that will solve myriad operational problems related to access and financial management. Unless this practice identifies and corrects its operational problems first, the decision to transition from paper to electronic records will automate and exacerbate the deficiencies, not cure them.

## 4. Do your homework on the EHR big picture.

Before you talk to any vendors, take the time to learn about the potential advantages of EHRs, the evolution of the technology, and the functions that most systems provide. EHRs have four potential advantages:

- First, you can improve the quality of care that you provide to patients. For example, better access to information on previous visits and procedures, medical allergies and test results can enhance your ability to diagnose and treat.
- Second, EHRs can assist in solving operational problems, provided you fix the problems first and use the automation to support your solutions.
- Third, EHRs can result in a financial gain to your practice, albeit not right away. The 2009 economic stimulus package offers financial incentives to Medicare providers that implement EHRs, provided that they meet specific requirements. The law also penalizes Medicare providers that don’t adopt EHR. There is also a financial incentive for Medicaid providers. The incentive for Medicare participants is related to gross revenue, while the incentive for Medicaid participants is an up-front payment.
- The fourth potential advantage of the EHR is better quality of life. Allen Wenner, M.D., a South Carolina family physician, explains the benefit this way: “I would much rather spend my evenings and weekends with family and friends than with patient charts.”

The technology of automating medical records continues to evolve. A decade ago, the common term was CPR (computerized patient record). CPRs were longitudinal records that captured paper records for later use. EMRs (electronic medical records) go one step further and capture structured and unstructured data from both paper and disparate computer systems. Most EMRs are owned by a single organization such as a medical practice or hospital. A majority of the information is entered into EMRs at the point of the patient encounter. Just as CPRs evolved to EMRs, EMRs have evolved into electronic health records (EHR) that capture information from multiple health care providers, from a

variety of other databases, and from patients themselves. Eventually patients will be able to control their own document, called an Electronic Patient Record (EPR).

Most EHR systems provide the same menu of functions. These allow the physician to:

- View information such as problem lists, medications and adverse reactions;
- Document what happens during a patient visit or hospital consult;
- Decide clinical issues using comprehensive, up-to-date, and reliable databases and references that are linked to the EHR software;
- Manage prescriptions by accessing formularies and routing prescription orders and renewals directly to pharmacies;
- Order tests, imaging and other studies;
- Communicate securely with medical colleagues within and outside of the practice;
- Code more effectively by matching IDC and CPT codes with details in visit notes;
- Comply with privacy and security rules;
- Aggregate data on individual patients into longitudinal records;
- Manage chronic disease/conditions of individual patients
- Standardize disease management goals for groups of patients;
- Query the system for reports on clinical issues for individuals and groups;
- Conduct research; and
- Incorporate information that comes directly from patients.

#### **5. Select a vendor that is appropriate for your practice.**

Be methodical in your vendor selection. You may have already had the opportunity to talk with a vendor who spoke or exhibited at a professional society meeting. Take advantage of several independent and reliable resources that can help you identify vendors with products that are suitable for a practice of your size and specialty. I rely on a company that regularly tests and ranks EHRs, practice management systems, e-prescribing, and other applications according to practice size. What's right and affordable for one practice may be totally unsuitable for another.

In the EHR world, the Certification Commission for Healthcare Information Technology, better known as CCHIT, sets standards that EHR vendors may or may not choose to meet. The requirements change annually, and there's a possibility that the financial incentives from the stimulus bill will be tied to use of CCHIT-certified vendors.

Ask vendors to make on-site demonstrations at your practice. Make sure they load into their demonstrations software information that is appropriate for your specialty. View and test each and every function that you expect to use. When you check vendor references, ask how the functions worked. Last but not least, distinguish between functions that actually exist and functions that are under development.

Price is important, but it's not the only factor in vendor selection. In my experience, the vendor's reputation for responsive and timely client service and willingness to customize are more important than price. No vendor has a perfect system. After you make your decision, the company's responsiveness to your needs will count for a great deal.

Be careful in your review of the vendor contract. You may be able to negotiate on price. Pay attention to the fine print. Although you want a long and a good relationship, protect yourself against the eventuality that things don't work out to your satisfaction.

#### **6. Manage the selection and implementation processes.**

A Philadelphia family medicine practice likened its quick adoption of EHR to flying an airplane without a pilot! That's a scary thought. Concentrate on managing the selection and implementation processes, and you are more likely to have a positive experience. Identify a physician champion and a team that includes clinical and administrative staff. Seek help from two types of outside consultants, a practice management consultant who has helped other practices through the process and an information technology consultant who can assist in hardware issues.

EHR are very much the latest buzz in American medicine, but they do not represent the fuller impact that information technology has and will have on most medical practices. They are, in fact, only one of what I call "The Big Five."

1. Web site
2. E-prescriptions
3. Practice management system
4. Electronic health records
5. Relationship among all the above: Integration

Each one of these areas is worth another article, which I hope to provide in forthcoming issues. For now, it is safe for us to assume that IT will continue to transform the medical practice in this country and to agree with the noted expert on EHR, who repeatedly reminds his fellow physicians about "P4P." It used to mean "pay for performance." In the coming years, it may well mean "penalty for paper."

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