

## TIPS FOR SELECTING AN ELECTRONIC HEALTH RECORD FOR YOUR PRACTICE 2009

It is important to understand that if you wish to participate in incentive payments offered by the federal government, you will need to consider obtaining an Electronic Health Record (EHR). The problem is, there is significant confusion over how to undertake this process.

The following is a list of features to look for when purchasing an EHR to help you begin your search. The list is by no means exhaustive, in part because the IT field is changing rapidly and some of the functionality discussed below will change with it. In addition, some of the functionality described below will not actually be available until 2010. You should make sure you establish a timeline and a commitment in your EHR purchase contract that the vendor will provide the missing functionality once it is established. It is also strongly recommended you “test drive” or “try out” any EHR you are considering. Factors called *usability* and *user interface* usually heavily influence a buyer’s selection. None of the information below should suggest that we are recommending specific EHR programs. Choosing the right EHR depends on what your practice needs, and the practice should determine its needs based on an in-depth assessment.

- **CCHIT Certification** - The Certification Commission for Health Information Technology (CCHIT), an independent certifying body, has developed a set of testing criteria for ambulatory EHRs that focus on the functionalities needed for the office setting.

You should strongly consider purchasing EHRs that have received ambulatory EHR certification. Be sure any EHR you are considering is certified for the most recent year. EHRs certified for previous years may not include many features that are necessary or helpful to run your practice efficiently and in compliance with current regulations. Current certification is good for two years.

Why should you purchase a CCHIT-Certified EHR? The benefit is you know the application will meet an exhausted list of criteria for the most important capabilities. The CCHIT ambulatory certification process focuses on EHR functionality that is both required to meet federal program objectives and desired in the office setting. Its testing requires 100% compliance in the areas of functionality, interoperability, security and privacy. CCHIT certification does not include usability testing at present; however CCHIT plans to add that feature soon. One other perk of purchasing CCHIT-Certified programs is the fact that physicians will be required to use CCHIT-Certified EHRs to qualify for the federal EHR incentive program, created under the American Recovery and Reinvestment Act (ARRA). For this

reason you must insist that your vendor commits to maintaining up-to-date CCHIT certification for your EHR.

Cognizant of the above, the Health IT Policy Committee has recommended that all of the certification process be open to competition, and that the Department of Health and Human Services accredit each organization. However, given the short timelines and until the stimulus kicks in, the committee said the established CCHIT should take the lead for now. To date no groups have come forward to indicate that they would start a competing program. Developments in the arena will need to be watched very carefully.

- **Consider Using the Application Service Providers (ASP) Solution.** Unless you have specific needs you should select a vendor that provides EHR through an ASP. Web-based email solutions provided by Yahoo, Gmail and Hot Mail follow the ASP model. All you need is a web browser and a connection to the Internet. An EHR hosted through an ASP takes care of all IT issues related to the operation of EHR, including hosting the servers and maintaining the software. With an ASP there is typically a nominal start-up charge as well as monthly maintenance fees, which are determined by usage. The alternative – the traditional “client server” solution – should be considered only if you are in a large practice with more than 12-15 physicians. The client-server approach requires substantial financial outlay as you host your own hardware, must purchase the software, and will need IT staff to maintain, update and troubleshoot the system.
- **Integrated e-Prescribing** – e-Prescribing is a foundational component of any EHR solution. Any EHR that is CCHIT-certified will contain an e-prescribing feature, including bi-directional electronic transmission of prescription data through SURESCRIPTS/RxHUB. Also it will be compliant with the Medicare Modernization Act of 2003 Part D Prescription Drug Program, which includes information on plan formularies, beneficiary enrollment and uniform standards for information sharing.
- **Compliance with IHE Profiles Specific to Your Practice** – The importance of a data exchange and interoperability amongst systems cannot be overstated, which is why members looking for an EHR should find a vendor that actively participates in the Integrating Healthcare Enterprise survey and certification process. The IHE is a non-profit organization that works to define and demonstrate information exchange between devices and healthcare IT systems. There is a number of profiles applicable to typical practice workflows, and vendors that offer these profiles have a proven commitment to interoperability. The IHE profiles can be found at [www.IHE.net](http://www.IHE.net).
- **Compliance with Information Portability and Accountability Act (HIPAA)** – As of January 2009, protected health information is no longer included in the HIPAA exemptions for treatment, payment or operations. HIPAA is central to U.S. legal

requirements regarding patient privacy, system security and transaction processing. Your EHR should allow you to create an audit trail for your use of health information to comply with HIPAA.

- **Eligibility of ARRA Stimulus Funds** - Full use of the EHR should allow the practice to be eligible to receive the financial incentives created by ARRA for EHR adoption. This incentive program enables physicians to receive up to \$44,000 per physician if they're EHR is implemented by 2011. To be eligible for incentive payments under ARRA, physicians will need to use a certified EHR and demonstrate that they use their EHR to reach quality and technical goals that will become progressively more stringent. Physicians must be able to show that EHR meets specific certification qualifications to validate that they are using certain health IT functions and exchanging information in approved formats. Therefore, you should require that your EHR purchase contract include a guarantee that the vendor will make the changes necessary to qualify for financial incentives under the ARRA programs through 2015.
- **Minimum of 100 Other Practices Actively Using the EHR** - The EHR should have an established presence in the marketplace, with a minimum of 100 active physician offices using the product. This helps insure that the vendor has demonstrated corporate and product viability and is large enough to provide customer support and business continuity at a level adequate for your practice. Also, ask the vendor for the sizes and specialties of the physician practices cited as references. Are they large groups, small groups, exclusively one specialty, or mixed specialty groups?
- **Integration with the Practice Management System** - The ability to exchange data with your office practice management system is essential for successful EHR implementation. The simplest approach is to use a single vendor for both the practice management and EHR systems. An alternative is to have systems from separate vendors that share the requisite data seamlessly.
- **Owning the EHR Data** - Be sure that the EHR gives your practice sole legal ownership over your data. Ownership allows you to export data from EHR to another EHR, should you decide to change vendors. The export program should be in a generalized format such as CDA (Clinical Data Architecture) that can be imported into another vendor's product. The EHR also must be able to export individual patient data reports into both paper and electronic formats for patient requests for departure.
- **Ancillary System Connectivity** - Look for an EHR that interfaces with all the different ancillary systems such as laboratory vendors, ECG systems, PACs systems and office practice management systems. You'll want an EHR that can automatically import information from those different systems into the EHR. Make

sure the ancillary systems with which your practice wants to connect are supported and included in the software contract. Also, look for EHRs that provide interoperability plug-ins for laboratories and clinical messaging, etc.

- **EHR Upgrades** - Know whether the vendor provides free upgrades needed because of changes in registry reporting and government programs, or if you will have to purchase these required upgrades. You may want to consider the costs and give greater consideration to vendors that include the upgrades.
- Make sure the **EHR vendor support hours** match your practice's hours of operation. However, consider the after-hours technical support may be more beneficial than standard business hours. Always inquire about after-hour support.
- **Quality Reporting** - An EHR should be able to export quality metrics from the EHR to a registry or data repository such as clinical quality performance measures like Beta Blocker used in congestive heart failure, etc.

#### **ADDITIONAL QUESTIONS TO ASK YOUR EHR VENDOR**

- Does your current or future EHR support "automatic" reporting for the Physician Quality Reporting Initiative (PQRI) without requiring a specific action by the provider? Recently proposed rules for 2010 PQRI reporting offer physicians the opportunity to report through their EHRs, the federal officials expect to propose additional opportunities for EHR-reporting in the future.
- When you access the EHR from a remote site or public computer, how does the vendor ensure security?
- If you have a local or Regional Health Information Organization (RHIO) or exchange with which you want to share patient information, is the EHR interoperable?

#### **OTHER THINGS TO INQUIRE ABOUT THAT YOU MAY WISH TO HAVE YOUR EHR DO**

- Interface with dictation vendors and/or speech recognition software?
- Create ad hoc reports at both the physician and practice levels for practice management, quality improvement and compliance?
- Allow for remote secure 24 hours a day access?

- Use practice specific templates for physical examinations, data review and consultations?
- Generate high quality professional consultation letters from within the EHR?
- Have the ability to scan documents and reports?
- Be capable of auto-faxing documents?

### WHERE YOU MAY GET SOME RETURN ON THE EHR INVESTMENT

Converting to an EHR system is challenging and expensive, but can result in cost cutting. Although increased efficiencies may allow some staff cuts, many practices retain and retrain staff. The following are some areas where you may anticipate some cost savings.

- **Material Costs** – The cost for stocking paper, file folders and printing materials can add up to thousands of dollars annually. A system with e-Prescribing also can eliminate the cost of subscription pads.
- **Storage** – Practices often have to pay rent to store some files off-site. Once files are scanned into the EMR, those costs will be cut. In-house storage areas can be repurposed as an exam room, creating an opportunity for increased revenue.
- **Dictation and Transcription** – Many systems will allow physicians to dictate directly into an EMR, eliminating the need for transcription services.
- **Worker's Compensation Claims** – Practices spend thousands of dollars a year preparing files for workers' compensation cases. Most EMR systems will allow the claims process to be handled through email, eliminating the price of copies, faxes, and mailings.
- **Telephone Use** – Using an EMR, especially one with e-Prescribing or online scheduling integrating into the system, can significantly reduce the volume of phone calls in and out of your practice.
- **Data Destruction** – To comply with patient privacy and security laws, many practices often hire outside companies to destroy paper files with personal health information. Eliminating the paper will eliminate this cost.

All of this is provided in the context of allowing for an intelligent decision about EHR acquisition. Numerous sources of information are available from your specialty societies as well as through various vendors. You are encouraged to look upon the

acquisition of an EHR as a significant acquisition that will impact your practice significantly for the years to come.

*Sources:*

- 1) *American College of Cardiology, Health Information Technology Committee, 2009 Report;*
- 2) *American Medical News, October 2009*
- 3) *Hospital & Health Networks, pq 12, October 2009*