

TECHNOLOGY ALERT

A quarterly publication of the California Medical Association • David Roth, Editor • Tel. 916/444-5532 • Fax 916/444-5689

Electronic Health Records: *Prepare Now, Buy Later*

When the federal government announced in 2004 its 10-year plan to create a national electronic health information infrastructure, it promised nothing less than the “transformation of health care in America.”

Since then, considerable time, energy, and money have been expended to move from the basic electronic medical record (EMR) to a more robust and interoperable electronic health record (EHR). Unlike basic EMRs, which allow doctors to create electronic medical records for their own internal use, more robust and “interoperable” EHRs will allow clinicians to exchange medical information with patients and other clinicians electronically. This revolutionary development is now at the forefront of U.S. health care policy, and the subject of several pieces of proposed federal legislation.

Efforts to create data and interoperability standards have shifted into high gear. Vendors have stepped up their marketing efforts. And physicians in every specialty and practice mode are discussing in earnest the challenge of moving medical records from paper to an electronic format. Insurers are also increasing pressure on physicians, as more are requiring doctors to submit data electronically.

CMA is taking a leadership role in shaping this emerging medical information infrastructure. We participate as a key adviser with government, business, and professional policy-making entities that have a stake in this historic transition. As a result, CMA is in the unique position of being able to offer members sound intelligence on the legal, operational, and financial issues associated with the move to EHRs.

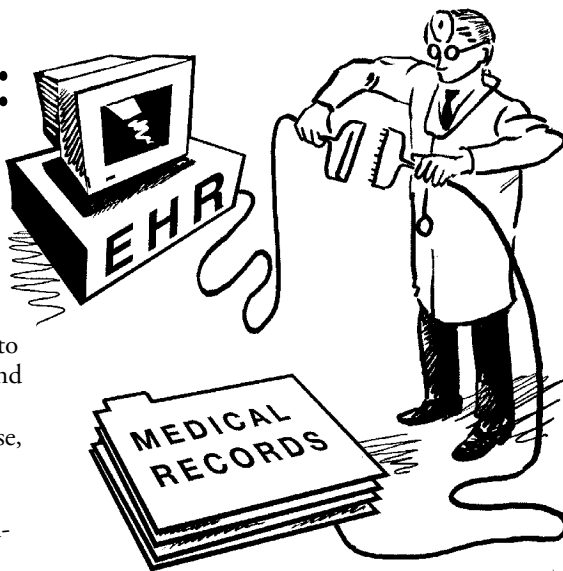
CMA’s challenge is twofold. “We must provide first-class consumer information to physicians and also, on a policy level, ensure that control of data does not become another tyranny imposed on physicians by government, insurers, or other corporate forces,” says CMA CEO Jack Lewin, M.D.

“We recognize how complex a proposition EHRs are for most physicians,” he adds. “We know that today’s EHRs are an emerging technology. Their predecessors, EMRs, are hard to buy, hard to master, and difficult to cost-justify. At the same time we are absolutely certain that every medical practice, regardless of size, will have to implement an EHR system to remain economically viable.”

Key Drivers

By far, the biggest force driving the move to EHRs is patient safety—reducing the number of people who die or have poor outcomes because of medical errors. The U.S. has the best physicians in the world and the best diagnostic and therapeutic tools available. But the infrastructure needed to put these tools to optimal use lags far behind our passion to implement them. Physicians operate in a health care system that is not organized to help them deliver the level of care that they recognize as both achievable and appropriate. But with faster access to complete, patient-centric information, we can reduce unnecessary deaths and improve treatment outcomes in all environments.

A second force behind the move to EHRs is the payor- and insurer-driven rise of pay-for-performance (P4P) programs, which reward physicians for following specified treatment guidelines in providing chronic and preventive care to patients. Another force behind the move to EHRs comes from patients, who will be able to view their personal health records (PHRs)



Preparing for the Transition to EHRs

- 1 Take inventory of your practice needs.**
Not all systems work for all practices. If you don’t really know your needs, take inventory now. Otherwise you run the risk of being dazzled by a demo, only to be disappointed when a system doesn’t support the services you provide.
- 2 Learn from the mistakes of others.** Understand how work flows will have to be redesigned to accommodate EHRs. Solicit input from all physicians and staff members in the practice. Align clinical and managerial interests. Think about how to connect EHR technology with quality-of-care goals. And have reasonable performance expectations. For a useful report on how small practices have dealt with these issues, visit <http://www.chcf.org> and search “EMR.”
- 3 Investigate the potential return on investment.** Think of the money you can save if your staff spends less time chasing charts, ordering prescriptions, and scrambling for test results. An EHR system might save you more than you think.
- 4 Collect reliable information.**
Some good sources:
 - AAFP’s Center for Health IT, www.centerforhit.org
 - AC Group, www.acgroup.org
 - EMR Update, www.emrupdate.com
 - Healthcare Information and Management Systems Society, www.himss.org
- 5 Shop around.** eHealth Initiative, a non-profit organization, offers a free “Master Quotation Guide.” It allows you to solicit and easily compare bids from competing vendors. It also highlights potential problem areas. Download it at <http://ccbh.ehealthinitiative.org> (search “Master Quotation Guide”). §

online. Some experts predict that patients will become addicted to this kind of access in the same way they are hooked on accessing information on the Internet. If so, “wired” medical practices will have a distinct competitive advantage as a result of patient choice and higher reimbursements.

Challenges

Interoperability standards are being rapidly developed, but they are not established. Even when data standards are set, it will take time for vendors to adapt their proprietary technologies to accommodate those standards. Inevitably, there will be a shakeout among vendors. Experts predict that as many as 80 percent of the current EMR vendors will not survive the shakeout because they will not be able to make their proprietary systems interoperable.

Early adopters of this nascent technology are paving the road to the future, but they are exploring expensive, risk-filled territory. The greatest hurdle for small practices is reengineering work flows to accommodate the transition from paper to digital systems. The potential for lost productivity—regardless of when you make the transition to EHR—is a very real risk: Today’s systems are high-priced and require large investments to remain fully functional. It takes considerable time and effort to implement EHRs properly, and if the system you choose is among those that don’t measure up, you’ll have to repeat the process and incur additional expense.

CMA’s Advice

CMA recommends a prepare-now, buy-later strategy—recognize that EHRs are the wave of the future and begin assessing your EHR needs. Evaluate your practice, research EHR systems, and, above all, proceed cautiously. That way, when standards solidify, prices drop, and reliable vendors are identified, you’ll be ready to purchase a truly interoperable system that meets your needs.

“Unless you operate a large practice and have plenty of computer experience under your belt, you need to be aware that EHR systems are still in a state of tremendous flux,” cautions Dr. Lewin. “But everyone should recognize that this is not an issue physicians can avoid. Doctors need to start thinking immediately about how they will integrate EHRs into their practices.” To guide physicians through this complex decision-making process, CMA is committing considerable resources to analyzing market trends and to providing physicians with the best possible purchasing advice.

Need Help Evaluating EHR Technology?

If you are ready to take the EHR plunge, CMA can help. CMA has partnered with a company, KLAS Enterprises, to provide members with customer satisfaction data on a variety of commercially available EHR systems. KLAS compiles comprehensive data on EHR systems, and rates them according to how physician users respond to a 40-question survey.

“We encourage physicians to access KLAS’s unbiased and constantly updated information to see for themselves what other physicians are saying about the technology,” says Nileen Verbeten, vice president of CMA’s Center for Economic Services.

KLAS has agreed to provide this consumer data to CMA members at a significant discount and, in some cases, for free. All that’s required is that you share with KLAS your practice’s experience with at least one of your current software vendors.

For more information on KLAS, visit CMA’s Health IT Resource Center at <http://www.cmanet.org>.

Free Secure Digital Certificates for CMA Members

With the health care world about to make the digital leap, it’s more important than ever that physicians be able to conduct secure, confidential health care business on the Internet. MEDePass, a CMA subsidiary, provides licensed health care professionals with secure online identities recognized and honored by a broad array of health plans, trading partners, physicians, and patients. MEDePass digital certificates are available at no charge to all members. To get your own MEDePass, call the MEDePass administrator at 415/882-3375. §

Is That a Cutting-Edge Clinical Reference Library in Your Pocket?

While you’re doing your EHR homework, here’s one inexpensive step you can take to immediately improve quality of care: subscribe to Epocrates. It’s a PDA-based service that delivers up-to-the-minute, point-of-care information on drugs, diseases, and diagnostics. With Epocrates you can make better clinical decisions, save time and money, and give your patients better health care.

CMA members receive 30 percent off one-year subscriptions and 35 percent off two-year subscriptions. Students and residents get 50 percent off.

To receive your discount, visit CMA’s members-only website, <http://www.cmanet.org>.

Recent Developments in the Field of Health Information Technology

The Certification Commission on Health Information Technology (CCHIT), a consortium of health information technology organizations and clinicians, will issue a second set of draft standards for EHR functionality and interoperability in July. It expects to issue final standards in September. In October, CCHIT will begin pilot testing its certification procedures to ensure that systems provide the functionality and interoperability physicians need. CCHIT will also begin pilot testing commercial EHR systems. In the future, look for the CCHIT certification on any system that you are considering for purchase.

The Centers for Medicare & Medicaid Services will in August make the Veterans Health Administration EHR system (VistA Office) available free to physicians. While its utility in practice settings is unknown, the expectation is, at the very least, that the availability of a free system will encourage commercial vendors to reevaluate the functionality and prices of their systems.

The Physicians’ Foundations (which were created and funded by the RICO settlements) have established a consulting team to help identify and evaluate public-domain, open-source, and commercial systems aimed at small practices. The reports are expected this fall. §

For More Information

For more information about what CMA is doing to help physicians with health care information technology visit CMA’s Health IT Resource Center at <http://www.cmanet.org> or contact Nileen Verbeten at 916/444-5532 or nverbeten@cmanet.org.