

Physician CONNECTION



Know Your Options Before You Switch *A Practical Guide to EHR Replacement*

By Christopher Bell

What's New Is Old Again

For several years, physician practices have invested in and have adapted to using electronic health records (EHR). In the beginning, the switch to an EHR was all about moving from paper to electronic charts. That was a big transition, but the incentive was there. According to the Centers for Medicare & Medicaid Services (CMS), more than \$24 billion in Medicare EHR incentive program payments were made between May 2011 and February 2017.¹

Today the use of EHRs continues to be critical to participating in CMS incentive programs like the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). But some physicians are discovering their EHRs are not meeting MACRA standards, which include being certified by the Office of the National Coordinator for Health IT (ONC). ONC defines a certified EHR as one that meets the functionality and security requirements set by the Department of Health & Human Services (HHS) to qualify for incentive payments.

To remain ONC-certified, EHRs must adopt extensive standards-

based interoperability features. Interoperability is defined as the ability for two or more disparate health technologies to communicate with each other and exchange or share patient information.

This clinical information is to be used under a standard set of guidelines to coordinate patient care, ultimately improving patient outcomes. This EHR interoperability is expected by 2019. Both the 2014 and 2015 editions of certified EHR technology (CERT) require extensive standards-based interoperability, and current EHRs must be certified for these editions.

Certification requirements have some practices reevaluating their EHR solutions. Here are some considerations when evaluating a new EHR.

Why Practices Switch

As of 2015, according to the ONC nearly 87 percent of office-based physicians had adopted an EHR;² 78 percent had adopted a certified EHR³; and 54 percent adopted a "basic EHR."⁴

But many physicians and staff members at these practices are not happy with the EHRs they are using.



According to technology consultant Software Advice, 59 percent of their 2015 buyers were existing users looking to replace their old EHR systems. Of this, 24 percent said their EHR was too cumbersome or faulty.⁵ Reasons physicians are seeking a new EHR include:

- The current EHR didn't meet their expectations
- The EHR doesn't interface well with other systems such as practice management software, local health information exchanges or laboratories
- The product lacked specific functionality
- The EHR was too expensive
- The solution was not embraced by the office staff
- The product is not user friendly
- The EHR is not compliant with CMS programs, such as MACRA

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- The staff desired a fully integrated system
- Customer support is lacking from the vendor
- The EHR vendor is going out of business

What Practices Should Look For

Switching EHRs can be a big investment in both time and resources. You need to do your homework and to be prepared. First, evaluate your current situation and your long-term objectives. Does your current system capture the data you need? What would a new system do differently? Request live demonstrations, search publicized ratings, talk to other practitioners and compare capabilities.

Additionally, consider the following before replacing your current EHR:

Vendor Stability

- Learn how many EHRs are available, and how many are currently used.
- Talk to an EHR's current clients to confirm the vendor provides consistent product updates and communications.
- Confirm that customer support is strong.
- Verify the vendor's commitment to certify their products for MACRA and that the product meets or will meet all of the current technical and certification requirements for participation in CMS initiatives at the vendor's cost.
- Look for outside verification of a company's strength. Check for a listing on the Fortune 500, recent investments in the company or even the organization's financial reports if the vendor is a publicly traded company. You want evidence of reliability and longevity. Will they still be around in 20 years?
- Trust your instincts. If something doesn't seem right, don't move forward.

Ease of Use

- Establish a leadership team to evaluate the solution and include input from physicians, nurses, administrative staff and technical experts. Invite all staff to review and test the product.
- View product demos and videos. Do the screens make sense?
- Visit client offices or ask for references. Observe how the product fits into their workflow and ask questions.
- Ask your sales representative if they will let you test the product, hands-on, during demonstrations.
- Does it have the features you need? Will long-term use of the EHR significantly impact your productivity?
- Ascertain whether the product requires workflow changes that will negatively affect your office.



- Check for accessibility by multiple devices—laptops, desktops, tablets and smartphones. How significantly does the experience vary between desktop and mobile formats? Does the product offer staff the flexibility to work in the manner they are most comfortable?

Financial Impact

- Determine the cost to abandon your current solution. This can include any office downtime during implementation, as well as additional hardware or software costs. Depending on your contract, you may have an early termination fee, and there may be

- costs to export patient data or to continue to access the old charts.
 - Office downtime usually occurs during implementation while the staff is training on the new solution. Plan ahead to minimize decreased productivity.
 - Additional hardware or software costs are less likely if you choose a web-based product or software as a service model with no software to download or hardware to install.
- Consider a cloud-based solution, which offers rapid deployment, minimal hardware costs and easy access via any internet-connected device.
- Determine whether switching affects your participation in the CMS EHR Incentive Program, certification or other programs. With a new solution, are you more likely to collect money you're not currently eligible to receive?
- Determine if you need to reduce patient volume, hire additional staff to help with the transition or hire an independent contractor to handle the transition and implementation while you stay focused on patient care.

Features and Functionality

- Ask vendors to demonstrate the product's features and functionality. Ask what additional changes may delay installation. For example, an interface to your laboratory may be available from day one, or you may have to wait for an interface to be built.
- Consider what other services you need besides EHR functions. Do you need practice management functionalities or e-prescribing? Look for an EHR that can integrate with other systems, including the ones you already have. Pay special attention to billing systems so that the practice's cash flow is not negatively affected.

- Determine how the data transfer will be managed. Typically, transitioning between the two systems is done in increments. Establish a plan to manage the merging or addition of patient records. If the EHR system being replaced can export data in a consumable format and the organization has sufficient expertise to handle the task, the migration can remain an in-house activity. If not, a third party should be brought in. Allow adequate time and budget for this scenario.
- Know the complete integration picture. You want to be able to integrate with your existing patient scheduling and medical billing software. The CMS EHR incentive program requires interoperability with your lab vendors, imaging companies, other EHR systems and public registries. Will the EHR be able to meet all of those requirements?
- Allow for connections to new care models. Accountable Care Organizations (ACO), Patient Centered Medical Homes (PCMH), health information exchanges and evolving care coordination models will require technology that enables connectivity between multiple systems, whether in a physician office or in a hospital. Look for a vendor that has the ability to make those connections and to enable care coordination in your community.
- Don't forget the training. Find out if there are any additional costs for training and support. Adjusting to a new workflow takes time and may require extra staff hours. Ensure that EHR experts are on hand to answer questions or give extra lessons where needed. Effective training is your key to success.
- Clear your administrative backlogs before going live. This will give billing, scheduling and coding staff a clean slate.
- Know your purchasing model. Pay attention to whether you are purchasing or leasing the system from the vendor and consider any cost differences.

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Woodhaven Family Medicine Demonstrates Meaningful Use

Laurie Ohayan is the office manager for Woodhaven Family Medicine. The office has seven employees and sees 40 patients each day, many of whom are on Medicare or Medicaid.

Challenge

In 2011, CMS established the Medicare and Medicaid Electronic Health Record Incentive Program to encourage eligible professionals to implement and demonstrate meaningful use of certified EHR technology. Using EHR technology in a meaningful manner, such as electronic prescribing, can improve the quality of care, better engage patients, improve care coordination, and ensure privacy and security for personal health information.

The office sought an EHR that would both document the full clinical encounter and qualify for meaningful use incentives. An EHR could help the practice meet new requirements for submitting quality of care measures and help avoid Medicare penalties.

"The regulations were coming fast and furious," said Ohayan. Knowing we needed to understand and participate in meaningful use compelled us to act quickly to find the right software."

Outcome

The practice added a new EHR that met its CMS reporting requirements. Since 2011, the practice has used the data collected from its EHR to attest to meaningful use. "The EHR implementation process went very well—our employees embraced the system and we were able to meet the criteria the first time we applied for meaningful use," said Ohayan.

"The software helped us accomplish this, and the support we received was appreciated. In the beginning we would call our EHR vendor often for assistance, and their team would guide us through

the best way to capture our data, or explain how to run the reports that were required. As time went on, we needed access to even more data, and the fact that so much of it was available through our EHR made things that much easier."

When the practice was becoming a PCMH, its patient care model was evolving and the practice needed to provide additional documentation of their Clinical Quality Measures. "Becoming a PCMH took things to a whole new level," said Ohayan. "But our EHR support helped us with our needs, and the process went smoothly."

Woodhaven Family Medicine has applied for Track 1 of comprehensive Primary Care Plus (CPC+), a national advanced PCMH model that aims to strengthen primary care through a regionally based multipayer payment reform and care delivery transformation. "Not all EHRs can provide practices with the information they need for CPC+," said Ohayan.

Achieving PCMH recognition also helped the practice prepare for ACO participation, which required even more data to demonstrate that the practice met quality performance standards. "Having the EHR in place helps us move forward every day with new features to meet ever-evolving reporting requirements," said Ohayan. "It has made office workflow and patient communication that much easier."

To find out if an EHR will meet requirements, such as those required for an ACO, ask:

1. Does your EHR integrate with ACO patient population applications?
2. Does your EHR share information between affiliated physician practices and healthcare organizations?
3. Does your EHR offer robust, flexible reporting to meet the unique needs of your practice and that of your ACO?

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- Request a full demonstration. Run a few sample cases to see how the system works. Make sure that the interface has a clean design and easy navigation.
- Evaluate security. Is there a strong and proven security system? Systems should be kept secure with reliable antivirus software and a strong password.
- Understand the transition and how you will be accessing your existing data. Will it be available in the new system (requires the previous vendor to export the data and the new vendor to import it)? Or will you need to access two systems for a while? Most EHRs allow records to be scanned in, but manual interaction will be needed.
- Be aware of downtime procedures. Ask about software updates and how they happen. If the system is cloud-based they will push to you automatically. Otherwise, you'll need to watch for any changes needed.
- Understand the contract before you sign it. Know what is included and what will cost extra.
- Have all required hardware and software in place before implementation. If you have questions about the requirements, ask the vendor.
- Identify one or more EHR super users to quickly learn as much as possible about the software. These super users can help your office staff embrace the solution.
- Make sure the office is adequately trained. Don't skimp on training costs.
- Ask your vendor for an implementation timeline. Be sure everyone in your office is familiar with the timeline and meets the milestones to keep on schedule.
- Be upfront with patients. Let them know at the beginning of the appointment that you are implementing a new system and it may take a few extra minutes.

During an EHR adoption process, it is easy to focus on the more immediate gains and lose sight of healthcare information technology's far-reaching impact. EHR technology can support you in making quality improvements. With available incentives, now is the perfect time to find the right technology to meet these goals.

Successfully Make the Transition

You've made the decision to move forward and replace your EHR. Here are a few final tips for a smooth transition:

- Get consensus from the office's key players about which solution to select.

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¹ Data & Program Reports, Centers for Medicare & Medicaid Services, <https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/dataandreports.html>

² Quick Stats, The Office of the National Coordinator for Health Information Technology, Health IT Dashboard, January 12, 2017, <https://dashboard.healthit.gov/quickstats/quickstats.php>

³ Quick Stats, The Office of the National Coordinator for Health Information Technology, Health IT Dashboard, January 12, 2017, <https://dashboard.healthit.gov/quickstats/quickstats.php>

⁴ Quick Stats, The Office of the National Coordinator for Health Information Technology, Health IT Dashboard, January 12, 2017, <https://dashboard.healthit.gov/quickstats/quickstats.php>

⁵ William Bateman, "Planning for an EHR implementation can save money and stress," Diederich Healthcare, March 4, 2016, <http://www.diederichhealthcare.com/the-standard/planning-for-an-ehr-implementation-can-save-money-and-stress/>



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