

EHRs and Other Tech Trends

Chapter FastFACTS

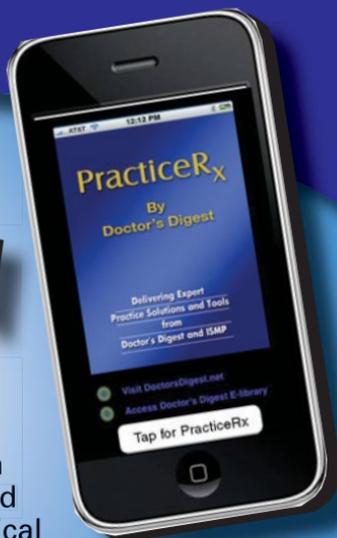
- 1. Practices that lack EHR systems in 2015 will incur penalties from Medicare.**
- 2. All EHR systems will need to be updated; this can cost thousands of dollars unless upgrades are part of the purchase contract.**
- 3. EHRs do not mean that physician offices will be entirely paperless.**
- 4. You should brainstorm with staff about office workflow before selecting an EHR system.**
- 5. Smartphones in the future may be key to your ability to manage patients' healthcare, especially those with chronic conditions.**

A patient who hadn't been feeling well for several months went through a series of tests. Even after the tests, Dr. Cutler hadn't figured out the problem. When her condition worsened, she went to the ER in a nearby community. But because the doctors there didn't have access to the results from her previous tests, they had to repeat the chest X-ray and blood tests, creating an enormous delay and expense. "Had there been an electronic system in place to communicate the patient's recent history and test results, [my] patient wouldn't have had to go through all the duplicate testing just because she fell ill in the middle of the night," says Dr. Cutler, chair of ACP's Board of Governors and a practicing internist in Norristown, Pa.

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In short, the healthcare industry has been late to the electronic age. While patients can book their next flight to Bermuda or check their stocks on their iPhones while in a waiting room, they must recount their recent medical visits to a new physician each time



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John R. Thomas
President and CEO
MedSynergies
Irving, Tex.

they get a referral. But such technology-related issues that impact both patients’ and physicians’ experiences are likely to change over the next few years primarily because of one tool: EHRs.

“What medical practice will be like in 2015 will be such a dramatic improvement for doctors, staffs, and most importantly patients. A lot of it ... hinges on the EHR because it is such a powerful tool in improving medical care,” Dr. Cutler says. “I think medical care will be so much more advanced than most of us are thinking about.”

While an EHR will help, Mr. Thomas cautions that it is not a cure-all and can’t save an unorganized practice or replace strategic thinking. Instead it may require you to reconsider not only the way you interact with patients, but also how you’ve set up your practice in the first place.

Get Started Now

Even the most technology-averse physician needs to begin now to research, buy, and implement an EHR system. Practices that don’t have systems will start incurring penalties from Medicare in 2015, the deadline set by the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. “You may not believe that you have to change; but everybody else in your marketplace, in your geography ... [is] going

to be changing, and those changes will affect you whether you like it or not,” Mr. Thomas says.

One of those changes for smaller practices may mean working with similar practices to achieve economies of scale by sharing information technology (IT) staff and systems. Doing so addresses the issue of interoperability—i.e., how your system interacts with others. “Sometimes [problems are] due to software limitations, and other times the full capabilities of the record are not understood,” Dr. Ralston explains.

Now that federal rules have been finalized, physicians need to get started by working with a medical practice IT expert, Ms. Capko says. This professional can help in a number of ways, according to Ms. Capko: defining your needs and practice style to help you make the right system choice, enhancing your understanding of how to comply with reporting requirements, showing you how to remake your present system, and motivating your staff to treat the execution and transition with enthusiasm.

Realistic Expectations

Although there is a lot to be gained from having an EHR system, it’s important to be realistic about what it means to go electronic:

Costs. Starting in 2011, physicians who acquire a certified EHR and meet the meaningful-use requirements will be able to get up to \$44,000 per physician in the practice. Mr. Doherty notes, “If you have three physicians in your practice, it’ll be three times \$44,000 [each year] over four years.” Payments will be reduced over five years; so the earlier you start, the better. By 2015 there will be payment penalties if you don’t have an EHR in place. Other financial incentives may be available. “While still in the planning stages, commercial private-sector insurers such as Aetna Highmark, UnitedHealth Group, and WellPoint have announced financial incentive programs for meaningful users of EHRs,” Dr. Martin says.



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Updating. No matter how good your system may be, and regardless of its being stand-alone or Web-based, you should expect it, like other technology, to become outdated in a few years. The initial cost can be \$25,000 to \$45,000 per practice. Updates for software purchased in 2010 or 2011 range from about \$5,000 to over \$10,000 depending on the extent of the upgrade for such items as database changes, broader interoperability demands, communication upgrades, meaningful-use criteria/objectives, and pay-for-performance programs, unless these upgrades were included in the initial purchase contract, according to Dr. Martin.

Transitioning to digital. The digitizing process can be cumbersome; but products like MediKiosk, MotionTablet PCs, and Phreesia make it easier. Phreesia, for example, creates high-tech tablets to enable patients to enter information. You don't pay for the hardware, and for now the Phreesia tablets are free to physicians offices. In the future, scanners and other multi-function devices may be able to glean key information from a variety of print records, store it in appropriate places, and generate reports to improve practice management, according to Dr. Bauer.

A paperless office? Be realistic about how automated your practice will be. "This is not going to be the move to the infamous paperless office," Dr. Bauer says. "A typical doctor's office today is almost all paper at the patient contact, and a lot of things get keyed in. What we need to find is that magic sweet spot in between where some things are done on paper and [others] electronically." How do physicians become more efficient to survive the challenges ahead? "The only way to improve the productivity of that back office worker or the doctor himself or herself is to start automating some of the processes. You get rid of the necessary bottlenecks ... [by] digitizing anything that can be digitized, but using paper where appropriate," he says.

Forecasting needs. Medical futurists are excited about technology's potential to forecast a community's medical needs. Ms. Macy sees an information gold mine already beginning. "Pharmaceutical companies and medical device companies already collect an enormous amount of data regarding disease states, fre-

quency of prescriptions, etc., to perform predictive modeling analysis,” says Ms. Macy. In addition, she sees social media platforms like Twitter and Facebook adding new data fields like “sentiment” and “popularity” to the mix. Although predictive



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Bob Doherty

Senior Vice President
Governmental Affairs and Public Policy
American College of Physicians

modeling is not new in healthcare, by 2015 more doctors will be able to connect the dots. “You can see doctor offices installing some kind of back-end algorithm that manages their population,” she says. Practices will be able to use that data—for example, a lot of patients with diabetes in a given area—to inform their medical outreach programs.

Report cards. It’s likely that patients ultimately will have Web access to a report card on physician outcomes to see how well they managed particular conditions based on the measures that will be used, Mr. Doherty says. “There are requirements in the law to make sure that any of those report cards be risk adjusted so that physicians aren’t being unfairly penalized or given a black eye. Though liberals and conservatives [in Congress] don’t agree on much, they do believe that the patient should be empowered and be able to get information about the quality of care that the

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hospitals ... or physicians in the community provide.”

Privacy. Patient record confidentiality will continue to be a concern, Ms. Murphy says. “I think if [physicians] are not private about their patient records, they could be ... sued. It will be a real hot issue,” she says. For more information on privacy, see



“Conducting e-visits can give you more time to take care of your sicker patients” in the office.

John W. Bachman, MD
Professor, Family Medicine
Mayo Clinic
Rochester, Minn.

“Becoming a 5-Star Practice,” *Doctor’s Digest’s* May/June 2010 issue, at <http://www.doctorsdigest.net/issue/0603.php>, and “Health Information Technology,” in the March/April 2010 issue, at <http://www.doctorsdigest.net/issue/0602.php>.

Before You Buy

Even if your expectations are realistic, you may feel pressured to rush into a purchase given healthcare reform and the specter of looming reimbursement penalties. But Mr. Thomas strongly advises taking time to first brainstorm with staff about your practice’s workflow; the results will help steer you to the most appropriate system for your practice. “I would take half a day a week, go to Starbucks, and ... think about certain scenarios about your business,” Mr. Thomas advises. He suggests starting with these possibilities:

- If you’re a Medicare clinic, how will your business be affected if your rates are reduced by 10%?
- What’s going to happen to your bottom line if your self-pay patients leave your practice?

Next he suggests performing specific research over four weeks (see “Your Pre-EHR Week-by-week Guide”). The answers to those questions will create procedural, compensation,

and debt challenges. Once you've addressed those and made an EHR purchase based on the results, prepare to wait at least a year after your new system is operational before seeing positive results in your practice's bottom line and office functions.

E-visits and Other Trends

Dr. Bauer says that technology is already equalizing the playing field but that e-visits will fundamentally change the practice landscape in the next few years. "There is no reason why rural practices [in 2015] would be any different from urban [practices]," he says. "There isn't any rural health as I look ahead. All you have to have is bandwidth. Your challenge is to just make sure you get the bandwidth. Beyond that, your patients can be sending in pictures from their iPhone."

John W. Bachman, MD, professor of family medicine at the Mayo Clinic, Rochester, Minn., who spearheaded a pilot study on providing online care in a primary care setting, believes that

Your Pre-EHR Week-by-week Guide

Mr. Thomas suggests taking time to research factors that can influence your EHR purchase. You should include your staff in this process. Here's his week-by-week guide:

Week 1. Take at least four hours to develop a detailed description of your patient base. Inventory your payer mix (Medicare, commercial, etc.), typical patient conditions (e.g., diabetes), number of staff, procedures you perform, places you send patients, and places they actually go.

Week 2. Spend at least four hours with a physician to whom you send business and another physician who sends business to you. Ask them about the EHR system they have or are buying.

Week 3. Ask your area's hospital about its EHR system. If you know someone in the human resources department of one of your area's major employers, take an hour to meet and discuss his or her concerns about healthcare for his or her company's employees. The responses could affect you, especially if health insurance exchanges are under consideration.

Week 4. Create an action plan to explore, buy, and install an EHR. Meet with your staff to discuss it.

as e-visits become standard—possibly by 2015—patients will gravitate towards physicians who offer this convenience for relatively minor conditions such as sinusitis. “Conducting e-visits can give you more time to take care of your sicker patients” in the office, he says. The pilot study was particularly popular



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Charles Cutler, MD, FACP

Chair, Board of Governors
American College of Physicians
Internist, Norristown, Pa.

among working women, many of whom were busy moms.

Those doctors who balk at performing e-visits may get a nudge from patients, Dr. Bachman says. “Clinicians don’t realize that patients will pay money not to come to you,” he says. In turn, you should consider that an e-visit saves you on overhead costs, he says. Even though some worry that e-visits may interfere with the physician-patient relationship, they may actually improve those relationships by increasing physicians’ accessibility. Convenience will be a key asset: Patients can go online when they want and contact the physician directly for feedback. Mr. Gusmano notes that e-visits and online consults raise concerns about the ability to diagnose accurately. “As the use of this technology spreads, it will be increasingly important for physicians, professional societies, and state regulators to develop standards that will protect patients and physicians,” he says.

Other tech trends that will affect how physicians interact with their patients are these:

- **E-mail:** By 2015, most physicians, whether in private practice or employed, are going to be using e-mails frequently to exchange information with patients, Dr. Bauer says.
- **Smartphones:** The ability for physicians to manage health-care from their phones excites many medical futurists because

of its potential in helping those with chronic health issues. Ms. Macy says doctors are already finding that sending text message reminders to diabetic patients to get blood sugar levels or coaching has been proven beneficial. “We’ll be able to use the Blackberry as a healthcare managing device, and I think that’s very exciting,” she says.

- **The Internet:** The Web will not only continue to be an information resource for patients; it will more precisely deliver the information you want. “Google taught us that there is a huge world out there of data and information, but it’s not specialized to me,” Ms. Macy says. She says companies are already starting to develop better ways to respond to such queries. “Doctors and patients will be able to zoom in more closely,” she says.

Maintaining the Connection

It may seem that younger doctors take more naturally to incorporating technology into practice—medical students are already writing iPhone apps—but age isn’t necessarily a dividing point. “Contrary to what seems to be the perception that the older doctor is going to resist this, I don’t find it to be the case,” Dr. Bauer says. “My sixty-something and fifty-something medical friends are all getting pretty turned on to technology.” The ones who don’t seem to be into the technology? Those between 35 and 55 years old. “I am finding them the most resistant to technology,” he says.

Some physicians may fear that technology will interfere with rather than enhance the physician-patient relationship. Dr. Cutler says that doesn’t have to be the case. He says eliminating unnecessary testing and advancing telemedicine doesn’t mean the end of the face-to-face doctor-patient connection. “For me, no matter how many hassles I have, what keeps me coming back is the human interaction—sitting across from a patient. It’s hard for me to imagine that patients want to give up that opportunity to talk to a physician and talk about personal health issues,” he says.