

Choosing a System

Chapter FastFACTS

- 1. EHR software that is “certified” meets minimum federal requirements for meaningful use.**
- 2. Use of certified software does not guarantee that it is useable or secure, or that it will comply with future HITECH standards.**
- 3. EHR information and purchasing support are available from many professional societies, vendors, and your local hospital.**
- 4. EHR software can be hosted either on a practice's own computers or accessed via the Internet. Some vendors offer both options.**
- 5. In-house EHR systems cost a minimum of \$30,000 per physician. Internet-based subscription systems cost \$250 to \$500 per physician per month; some offer practice management systems as part of the subscription.**

The federal government has made itself responsible for a significant chunk of the nation's EHR bill. Consequently, it has taken steps to ensure that the money is well spent. HITECH specifies that physicians must use a “certified” EHR to qualify for incentive payments. The good news is that it's getting easier to find the right product. Many vendors—themselves motivated to meet federal standards to ensure their survival—have been able to get previous versions of their programs certified or have released an upgraded “meaningful use” version that

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meets government criteria.

Any vendor whose products aren't yet certified is probably working diligently to make the necessary modifications. Once a practice has decided to purchase a qualifying EHR, it should peruse the federal list of certified EHR products. If your practice already has an EHR, make sure your system is on the list—not merely the vendor and the product, but the specific version. This chapter will show you how to better understand certification, how to sort through available certified EHR systems and modules, how to find the right system for your practice, and how to avoid pitfalls.

What Certification Is

The HITECH certification requirement is meant to ensure that once a practice has spent the money and taken the time to implement an EHR, that system will be able to help the practice achieve the meaningful use objectives described in the next chapter. That doesn't mean that the practice *will* achieve meaningful use—just that it will be able to do so with its certified system. “Certification doesn't set a ceiling on what an EHR can do—it's just raising the floor, and saying here's what all the products have to be able to do,” says Kyle Meadors, director of EHR testing at the Drummond Group, Austin, Tex., one of six organizations currently federally authorized to certify EHRs for meaningful use.

To understand certification, it may help to think of the EHR as a car, says Jacob Reider, MD, chief medical information officer for Allscripts, a Chicago-based EHR vendor. Certification is like the inspection sticker on your car, and meaningful use is like passing your driving test. “No one is looking to General Motors to help them pass their driving test,” he says, but drivers can assume that cars have certain basic equipment, such as an accelerator and brakes, a steering wheel, turn signals, windshield wipers, and tires.

Indian Health Service officials drew another useful parallel in a presentation to their clinics. A photo showed a pumpkin, labeled “Pumpkin.” Next to it, labeled “Meaningful Use of a Pumpkin,” was a pumpkin pie. There are many steps between the two, and some of them are complicated and difficult, but the

pumpkin is the necessary starting point.

The Office of the National Coordinator for Health Information Technology (ONC) named the first authorized testing and certification body (ATCB) in September 2010: the Chicago-based Commission for the Certification of Health Information Technology (CCHIT), which has existed since 2006. Before



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Karen M. Bell, MD
Chair

Commission for the Certification of
Health Information Technology
Chicago

HITECH, CCHIT’s main business was certifying that EHRs communicate in standard ways with one another and with other medical computing systems. That program is still around and co-exists with CCHIT’s meaningful use certification program. CCHIT chair Karen M. Bell, MD, says that while meaningful-use certification is the only one needed to qualify for the HITECH incentive program, the organization’s other certification will also have value, and smart practices will look for products that have both. (While the second certification shouldn’t be your main criterion for system selection, it doesn’t cost anything to check the list at <http://www.cchit.org/> to see which products are listed.)

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“ONC-ATCB certification is designed to certify software to the barest minimal federal requirements necessary to meet meaningful use, but there’s a disconnect between meaningful use and what you need to take care of patients,” says Dr. Bell, an internist who has used a number of different EHR products in her practice and has some personal experience with the types of IT problems clinicians can encounter. She was the one of the developers of an earlier federal EHR adoption program called Doctor’s Office Quality-Information Technology (DOQ-IT) that ended in 2008. (Some of the organizations involved in DOQ-IT are now funded by HITECH as Regional Extension Centers to help physicians with EHR adoption—see chapter 5 for more details.) “Physicians who already have other kinds of software installed may get an EHR that doesn’t integrate with what they have even though it technically qualifies them for the money. It’s really a buyer beware situation,” she says.

The government has so far authorized five additional companies to certify software for meaningful use. Like CCHIT, some offer extra services that go beyond the bare bones, federal meaningful-use certification.

For example, Infogard, San Luis Obispo, Calif., specializes in certifying software for federal information security standards and can test EHRs to make sure their security complies with Health Insurance Portability and Accountability Act (HIPAA) requirements. It also offers a training program to help health-care providers analyze their EHRs for security gaps, a process that’s one of the core meaningful use requirements.

From a HITECH standpoint, five of the certification bodies do exactly the same thing: They use a set of testing tools developed at the National Institute for Standards and Technology (NIST), an arm of the federal government, and put EHR products through a standard set of operations. If the products perform correctly, they receive a certification number that their users must include when they apply for HITECH incentive payments. It’s generally the vendor’s responsibility to get products certified at a cost that varies among the certification companies. The sixth certification company, Surescripts, Arlington, Va., is authorized to certify only e-prescribing modules using the same NIST testing tools as the other certifying bodies.

What Certification Is Not

While meaningful use certification ensures that your new EHR will be able to do everything on the Stage 1 meaningful use list, here is what it does not do:

- **Guarantee usability.** An EHR could meet every government specification and still be difficult to learn and use.

- **Guarantee security.** Practices are responsible for doing their own security audit, or hiring someone to do one, to make sure they use their EHR in compliance with HIPAA standards and fulfill the security requirement for meaningful use. The security audit doesn't require removing all possible security risks, but it does require practices to show that they've analyzed possible risks and taken steps to minimize them.

- **Guarantee continuing compliance** with HITECH standards as they change over the next four years, although vendors who want to stay in business will make sure their products continue to be certified through Stages 2 and 3 of the incentive program to enable their clients to collect the maximum payment. Picking a vendor that's been around for awhile gives some assurance that you won't be abandoned as requirements get more stringent, but experts urge practices to demand that their vendors guarantee ongoing meaningful use compliance as part of their EHR contract.

Starting Points

It takes a year or more to get an EHR system fully operational, says Robert Tennant, MD, senior policy advisor for the Medical Group Management Association (MGMA). "This is a complete transformation," he warns. The process begins with "the same due diligence that you would have if there were no incentive payments," he says. "We don't want practices to get a product that may be certified for meaningful use but doesn't meet their clinical or business needs." (If you already have a system, see "What If My Practice Already Has An EHR?")

At this writing, the list of certified EHRs and EHR modules includes almost 300 products, and more are being added regularly. How can you best sort through the many phone calls, brochures, and e-mails from vendors who'd like to help you qualify for HITECH incentive payments? Experts say there are three logical places to start:

1. Your local hospital or health system. If you have a strong relationship with a hospital that already has an EHR or is in the process of getting one, you may be able to piggyback, Dr. Zaroukian says. “Why not stand on the shoulders of another party that has to maintain an EHR 24/7, and for whom the marginal cost [of adding another user] is low?” he asks. Even if you acquire an EHR through your hospital, you can stick with your current practice management system for your business functions, but you should check with both vendors to make sure the two systems can communicate.

A hospital may also be able to provide financial aid to its physicians. Under federal regulations that are in effect until 2013 and may be extended, hospitals are allowed to pay up to 85% of an affiliated physician’s software and implementation costs for putting in an EHR without incurring penalties under antitrust or anti-kickback laws. (These regulations are referred to collectively as the “Stark Relaxation.”) That hospital subsidy is based only on the cost of the EHR and not on the value or volume of business the physician does with the hospital (which would violate the law); so physicians can collect it in addition to any EHR incentives they receive under HITECH.

Subsidy or not, teaming up with a hospital can offer several advantages, says Mitch Morris, MD, health IT leader for the national consulting firm Deloitte. For example, the hospital may maintain an internal help desk so that you don’t have to call the vendor for every problem. In addition, you may be able to connect to the hospital’s inpatient EHR and to other physicians in the community, enhancing communication and patient care. “If I primarily admit to one hospital and can link to it and to other doctors, that’s pretty cool,” Dr. Morris says.

2. Your professional society. Virtually all professional societies offer some guidance for EHR shoppers.

■ **The ACP** has AmericanEHR Partners (<http://www.americanehr.com>), a Web-based resource for EHR system selection and implementation that was developed in collaboration with Cientis Technologies.

■ **The AAFP’s** Center for Health Information Technology has many resources for assessing your needs and identifying possi-

ble vendors, including a list of products that have been reviewed by AAFFPmembers(<http://www.centerforhit.org/online/chit/home/tools/reviews.html>).

■ **The American Academy of Pediatrics** also has a review site (<http://www.aapcocit.org/emr/>) with ratings and comments from users, available publicly without registering.

■ **The MGMA** (<http://www.mgma.com/ehr/>) has a number of members-only tools, including a readiness assessment, a request-for-proposals developer, an EHR evaluation checklist, and video demos of several EHR systems.

3. Your practice management software vendor. “Good linkage between the EHR and the practice management system is absolutely critical,” Dr. Tennant says. “If you buy them from the same vendor, it can mean a more seamless integration.” It doesn’t always, however, especially if your software vendor acquired either the EHR or the practice management system from another company—a common phenomenon in health IT.

Initial Choices

To help narrow your EHR options to a manageable number, decide whether you prefer to host your EHR at your practice—which involves purchasing and maintaining a server to hold the software and your patient data, as well as arranging to update the software periodically—or to pay a monthly fee per clinician to use the software through the Internet and have it hosted by your vendor (sometimes called “software as a service” or “cloud computing”). Hosting it yourself requires a larger upfront investment and access to at least a little IT expertise, either in your office or nearby. A Web-based system requires less money up front, and the vendor takes care of all the details of maintaining the software. However, either option will probably take the

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What If Your Practice Already Has An EHR?

Half of all practices have some kind of electronic record technology in place, whether it's a simple patient registry, e-prescribing software, or something more comprehensive, according to a recent survey from the National Center for Health Statistics. Those survey results showed that about one in five physicians were using at least a basic EHR, and about one in ten had a fully functional one, as defined in a 2008 report on health IT from the Robert Wood Johnson Foundation. However, even some supposedly fully functional systems lacked features that would qualify them for federal payments—for example, the ability to submit information to a public immunization registry.

■ **If your practice has the specific version** of an EHR that's certified for meaningful use, or if you can easily upgrade to that version, then all you need is the system's ONC identification number to fulfill the certification requirement. (A complete current list of certified products and their ID numbers is at <http://onc-chpl.force.com/ehrcert>.)

■ **If you have developed your system in house**, or modified it from the vendor's original version to such an extent that you can no longer incorporate the vendor's upgrades, your task is more complicated. You will need either to replace your existing system with one that's certified or to get a certification for the system you have. At this writing, the authorized certification bodies were concentrating on developing "in-place" certification for hospitals, which are much more likely to confront this issue; but Mr. Meadors says medical practices can arrange to have in-place certification as well. Practices must pay the test fee, which varies among the certifying bodies but is in the \$20,000-to-\$30,000 range, and must work with the certifying body to make sure no actual patient data is revealed during the test. "It's a hassle for the physician, but this service is out there, and if you've pieced together a system, it may be simpler to have it certified than to start over," Mr. Meadors says.

■ **If your system lacks a few required features** (see ONCHIT's Certified Health IT Product List at <http://onc-chpl.force.com/ehrcert>), you may be able to add modules to fulfill those requirements. The ONC's list of certified products includes both complete EHRs and modules that have been certified for specific functions. However, keep in mind that your EHR will probably have to fulfill more advanced criteria to comply with the later stages of the HITECH program. If you've been thinking about replacing it anyway, now is a good time to explore that option.

same amount of time to incorporate into your practice, and that time represents your biggest single cost for any EHR.

Using a cloud solution doesn't eliminate all the headaches of an in-house system, or even the main ones. "All it means is that you don't need a server," which is a comparatively reliable piece of hardware that can run trouble-free for years, says Micky Tripathi, president and CEO of the Massachusetts eHealth Collaborative, which has helped wire a number of practices in Massachusetts and is providing government-funded HITECH consulting services to practices in New York and New Hampshire. "You still need laptops and printers, and those are the things that break all the time."

Successful use of the software-as-a-service model depends on reliable Internet connections—which not everyone has. "One of our clinics believes they lose their connection every time a large truck goes by," says Paul Kleeberg, MD, clinical director of REACH, Minneapolis, which provides government-funded health IT extension center services to practices in Minnesota and North Dakota. Practices with such connectivity issues may prefer to avoid the cloud method and host their EHR within the practice.

Words of Caution

No amount of money is worth the pain of going through an EHR implementation that's doomed to fail. So even though the HITECH incentive program may make you feel you have to make an EHR decision soon, and even though there are plenty of certified products to choose from, experts advise proceeding cautiously to ensure you get a system that suits your needs from a vendor that's stable. Expect to pay a minimum of \$30,000 per physician for an in-house system, or \$250 to \$500 per physician per month for an Internet-based subscription model, which at the high end of the range could also include a Web-based practice management system, Mr. Tripathi says.

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