

“Peel the Onion” to Avoid Common Mistakes With a Hospital’s Offer of an Electronic Medical Records System

Cheryl L. Toth

Many hospitals are enticing specialists with the promise of electronic medical records (EMR) systems. Some hospitals use these systems as “bait” to lure physicians into employment. Others offer EMRs as the only way to access patients’ full records.

Most physicians succumb to these offers too quickly, and without knowing all the facts.

“There is a lot of confusion when a hospital offers an EMR” system, according to Cheryl Wergin, MA, a consultant with Chicago-based practice management firm Karen Zupko & Associates. “Physicians don’t know the right questions to ask, and then realize only in hindsight that the EMR [system] may not be the right fit for their practice.” Indeed, electronic access to an integrated patient record, clinical reporting capabilities, and paperless workflow are features that can improve efficiency and care. However, understanding whether the hospital’s EMR system meets your needs is key to your digital conversion success.

Wergin points to a classic scenario: “The hospital evaluates and selects an EMR system with little physician input and then says, ‘We chose this system because we think it’s best for the community, so get on board.’ In many cases, the system is suited to managing medical, not specialty, practices—and certainly not orthopedics.”

Others use seemingly collaborative tactics with physicians, “but these can still end up benefiting the hospital more than the doctors,” according to John Brewer, president of V-1 Solutions, a firm that provides physicians with information technology support and intelligence.

Brewer cites the example of a hospital that charged a 50-doctor, community multispecialty group with the task of selecting the group’s EMR system—the only requirement being that the system had to be compatible with the

hospital’s existing, older system. “The chief technology officer [CTO] of the hospital did a masterful job letting the physicians think they made the decision,” says Brewer, “but this requirement limited their choices.” Further, once the decision was made, the CTO announced that there would be no opportunity to customize the system; the hospital would offer only the system’s stock functionality. “He referred to the physicians as ‘his’ employees and said that they would have to be happy with whatever the hospital gave them.”

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In some cases, what the hospital offers is overkill for the average practice. “I listened to the EMR sales presentation alongside one of my clients and thought to myself, ‘They are trying to sell you a Cadillac, but you don’t really need it.’ The physician, on the other hand, was swayed by the pitch and took the system hook, line, and sinker.”

PEELING THE ONION

Wergin and Brewer recommend peeling off the layers of the hospital’s offer and asking detailed questions before saying yes. Mistakes can be avoided when the following guidance is followed.

Take Answers Only From the Top

Critical to understanding the details of the EMR offer is getting the right people in the room. “Don’t just accept what the vendor tells you,” says Wergin. “Ask to speak with the senior executives or the head of the EMR project. Make sure you have the ear of the people with clout.” For example, who will pay for the integration of the EMR system with your billing system? “I have clients who didn’t ask,” Wergin says, “and learned later that this was a big expense. They confused HL7 compliance with integration. Big difference.” Wergin also has found that many times the sales representative does not fully understand the com-

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pany’s software and ends up promising features it does not have—disappointing the practice in the end.

Get Everything in Writing

Put all details about the hospital’s offer, EMR features, service contracts, implementation, and integration in writing. “If the hospital or vendor won’t put things down on paper, you are taking a big risk,” according to Brewer. “Initially everything sounds great, but, if it’s not written down, it’s too easy for the hospital or the sales rep to ‘refine’ what you think you heard.”

“Although tedious, writing everything down is the only way to be sure an EMR project gets done right.”

Brewer likens EMR implementation to having your kitchen remodeled. “If you say to the contractor, ‘Let’s offset that window by 3 inches,’ but no one writes the change down, your verbal explanation can get misinterpreted by someone else on the job. A week later, you find yourself saying, ‘Why in the world is the window way over there?’”

Although tedious, writing everything down is the only way to be sure an EMR project gets done right. “If the office, the vendor, and the hospital discuss changes over the phone, but no one documents what is decided along the way, ultimately someone is going to blow up because a screen is pink and not yellow,” Brewer says. “And no one will remember who said the screen should be yellow in the first place.” Brewer uses a low-tech, 3-ringed binder for such documentation, and it works. Every change is recorded, so there is a paper trail of all discussions and decisions.

Particularly important is the total cost. Says Wergin, “A surgical practice was verbally told by the vendor that the monthly usage fee included eligibility verification and claims processing fees. The physicians took it as fact, but it was not true, and they were left paying clearinghouse fees on top of this.”

Insist on a Structured Implementation Time Line and Activity Schedule

“The IT [information technology] department will give you a work list focused on hardware and software,” explains Wergin, “but who is responsible for implementation logistics, process changes, and change management? Someone from the hospital, or your manager?” For example, you will need to rethink your paper-based system, such as the daily close process (now that the encounter form is digital) and patient arrival procedures.

Wergin also says that most physicians are not prepared for the amount of time their manager will need to dedicate to getting the practice live on the hospital’s EMR system.

“This can sometimes take 25%, 50%, or more of his or her time, depending on practice size and number of locations,” Wergin says. “Most practices are unaware of this. Find out what is expected of your manager before you sign up.”

And what about the communications plan? Does the hospital have one, or are you on your own? “Frequently, I find that medical records staff are wondering, ‘How does this EMR system affect my job?’ because no one has told them anything.”

Never Accept the Vendor’s Generic Demo

“It will never show you what you really want to know,” Wergin says. Instead, provide a list of your requirements and ask that they be demonstrated. Got a physical therapy department, an MRI department, or an ambulatory surgery center? Make sure you ask about how the EMR system can accommodate the documentation, billing, and workflow issues of these orthopedic departments. Orthopedic subspecialty groups should have everyone weigh in to make sure that the EMR system can accommodate the needs of joint, hand, spine, and foot and ankle.

Wergin cautions about the potential problems generated by EMR coding calculators and cloning (pulling forward visit notes from previous encounters). “We are finding inaccurate documentation and overcoding in more and more of our chart audits of practices with an EMR system.” Wergin suggests bringing in several de-identified chart notes and asking the vendor to code and document them in the EMR system. For example, you could ask the vendor to customize a visit template for a rotator cuff injury or a hammertoe and run it through the system. “You must be crystal clear about what the system will, and will not, accommodate for orthopedics,” Wergin says.

Spend Several Days in a Real Practice, With Real Users, Who Are Really Using the EMR System

This is essential to making 100% sure that the EMR system has the features you need. Although this may seem like a lot of time away from patient care, Wergin and Brewer both point out that understanding how the system works from another physician in your specialty is a great way to avoid misunderstandings and confusion around what the system does and

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does not do. Several days spent on the front end of the process will save you weeks or months on the back end in problems avoided. You will quickly recognize whether the system can meet your workflow needs, whether additional staff are needed, and where further levels of customization will be needed.

“If you were buying a business franchise, you’d spend time understanding how it works, and you’d ask a lot of questions of other franchisees,” Brewer says. “You have to do that with an EMR system if you really want to see how it will work in your specialty.”

Ask to be paired with someone in the practice who has an intimate understanding about what can and cannot be customized. “That person also must understand practice operations,” Brewer advises, “and allow you to ask questions of doctors, nurses, and staff.”

Stay in the Implementation Phase Until You Are Really Ready to Launch

“The number 1 complaint of every disgruntled physician I work with is that the vendor never finished the customization,” Brewer laments. “Don’t let them get you out of start-up and into standard support until they have satisfied all your customization needs. That way, you get the best service possible.”

Once you go “live,” you have to call the customer service 800 number or submit a ticket online for each problem or question. In many cases, response time and personal attention decrease significantly after you leave the implementation phase. The reason is the EMR company’s business metrics. “The company is trying to meet its business plan goals and metrics, to show a larger number of practices ‘live’ on the system, so it pushes practices to go live before they’re ready. The company’s mantra is, ‘We’ll fix it after we go live,’ but that is easier said than done. After launch, you lose the one-on-one support. You have to submit tickets, or leave voice mail messages. Often fixes never get done at all.”

Engage a Health Care Attorney to Review the Hospital’s EMR Offer

Hospital EMR arrangements have many potential Stark law implications. Get a health care attorney involved in negotiating or contracting. Do not use a general practice attorney. You must engage counsel that understands both health care regulations and the law.

Insist on On-Site Training for Everyone

“There is such a push to get EMR sales that many vendors aren’t well organized when it comes to implementation,” Wergin says. “They often provide virtual instead of live training, and it’s ineffective. You want on-site training for all physicians and staff.” A spine practice Wergin advises was guaranteed on-site training in writing, but then the vendor got busy and said some of the training would have to be delivered online. “I told the practice to stay firm and make the vendor honor its commitment.”

And do not forget about retraining and ongoing support. Even the smartest and most technologically literate do not retain 100% of what they learn during initial training. Who will be available to retrain and coach staff after going live? “This level of support is critical to adoption,” Wergin says.

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