

VA System Pilot Tests an Electronic Record

Project aims to ease data exchange for veterans who receive some care in the private sector.

BY MARY ELLEN SCHNEIDER

Diagnosing and treating patients with incomplete information is often a reality in medicine, but officials at the Department of Veterans Affairs are working to fill those gaps by exchanging information electronically with clinicians outside the VA system.

As part of a pilot program launched in 2009, physicians at the VA and Kaiser Permanente in San Diego have been exchanging data on problem lists, medications, and allergies. Although it usually takes weeks for patients to submit requests to get paper records and then bring those to another physician, the test project allows electronic information to be transmitted in seconds.

"The net effect is clearly an improvement in quality, an increase in patient safety, and a tremendous improvement in the efficiency of how we share informa-

tion and how we deliver the best possible care," said Dr. John Mattison, assistant medical director and chief medical information officer for Kaiser Permanente Southern California.

Right now, the pilot involves about 450 veterans who receive their health care at both the VA and Kaiser Permanente in San Diego and who have agreed to allow their records to be shared. In the future, VA officials want to expand the pilot to include veterans around the country by partnering with other private health care institutions.

In the first quarter of this year, the Department of Defense will join the

pilot in San Diego and begin exchanging patient data with Kaiser Permanente.

This type of information exchange is especially important for veterans, said Dr. Stephen Ondra, a senior policy adviser for health affairs at the VA and a neurosurgeon. About three out of four

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veterans receive a portion of their care in the private sector, he said, so VA physicians can't provide the best care unless they are able to see the types of treatments and

medications they are getting outside of the system. Even though the VA and DOD have been leaders in exchanging information for years, the missing link has been information on care provided in the private sector, Dr. Ondra said.

The pilot relies on standards developed as part of the Nationwide Health Information Network. Using these national

standards, clinicians can send electronic patient data securely and privately. In the pilot, the standards allowed the VA's Vista record system to connect with Kaiser Permanente's HealthConnect system.

The Web-based exchange required patients to opt in at both sites of care. Once consent was established, clinicians at both institutions were able to select a patient, see their site of care, and pull up information on their problem list, allergies, and medications.

The response from patients has been positive, Dr. Ondra said. After an initial mailing announcing the program, more than 40% of the invited patients volunteered to be part of the pilot. VA and Kaiser officials invited more than 1,100 veterans who had recently received care at both institutions to participate. Although the initial response was fairly high, officials at the two institutions plan to go back and try to get more veterans interested as the project continues in San Diego.

"While this is a major milestone along the way, there is much work ahead of us," Dr. Mattison said. ■

EHR REPORT

Choosing the Right EHR for Your Practice

BY CHRIS NOTTE, M.D., AND NEIL SKOLNIK, M.D.

Knowing which electronic health record system to choose can be daunting at best. There are hundreds of products out there, and the list seems to be growing all the time. With the market explosion of gadgets like smartphones and tablet PCs, even EHR vendors have followed suit. One product, Caretool's iChart (www.caretools.com), is an EHR application exclusively available on the iPhone.

Ultimately, no vendor's sales pitch or flashy demonstration can compete with real-world experiences shared by fellow physicians actually using these products in the field. One doesn't have to look far to find colleagues willing to share their thoughts about a particular EHR product, but to get a more objective perspective, several well-organized resources are available where these reviews and ratings have been compiled and summarized.

Recently, for example, a health care market research firm known as KLAS (www.klasresearch.com) published its 2009 "Best in KLAS" top 20 report that ranks software and services used in clinical practice, organized by practice size and implementation type. KLAS surveys physicians about the quality of the software products, as well as the quality of support and training provided by the vendors. It also asked physicians whether or not the EHR was worth the money they paid for it. Topping the list were a few products that have repeatedly been ranked favorably over the past few years.

Physicians looking for an EHR should also investigate their specialty

organization. Most academies have some EHR resources available to their members, and one really useful example is the American Academy of Family Physicians' Center for Health Information Technology (www.centerforhit.org).

On this extensive site, AAFP members can find resources to help evaluate EHR readiness, prepare for the electronic transition, and read candid reviews by their colleagues of dozens of EHRs. A five-star rating system assesses each product on quality, value, usability, productivity, and support.

Such resources can be particularly helpful because a product that fits well in one clinical setting may not perform well in another. Some EHRs, such as Wellsoft's EDIS (www.wellsoft.com), are written for a specific field of medicine. EDIS is designed exclusively for emergency department use, and it frequently appears at the top of the list of preferred products among ED physicians.

The reality is that no single EHR product will work for every practice. Even among the most highly rated products there are vast differences in how much they cost, how they are implemented, and how they function—from the way in which data are collected and notes are generated to the way they manage the scheduling and coding of office visits. Here are a few well-regarded EHRs and some of the differences among them:

► **eClinicalWorks** (www.eclinicalworks.com) is a widely used product that is more than just an EHR. It has a

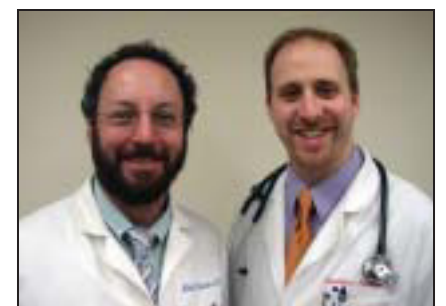
complete electronic practice management (EPM) suite for scheduling, coding, and billing, and it offers a well-designed Web-based patient interface. Many users appreciate that it is a powerful and robust program, though some admit it has a moderate to steep learning curve. Physicians can save time by creating custom templates that are reusable for common office visits and even make use of "digital ink," which allows providers to hand write, draw on, or hand sign their notes. eClinicalWorks EHR is popular in small-to-moderate-sized practices, but has even been employed in very large-scale applications such as the Primary Care Information Project, linking thousands of physicians across New York City.

► **EpicCare** (www.epic.com) is frequently cited as one of the best EHRs because it is well established and extremely robust. The largest overall EHR vendor, Epic claims to serve about 150,000 U.S. physicians who care for some 70 million patients. Epic is well known for its customer support, and while fully scalable, EpicCare tends to be implemented in moderate to large practices and health networks. Users appreciate its ease and decision-support integration, but it would likely be an expensive choice for small practices on a limited budget.

► **AmazingCharts** (www.amazingcharts.com) is a highly rated product designed with small practices in mind. It is relatively easy to install and use and is affordable, requiring a one-time charge of about \$1,000 per provider. Hardware requirements are

minimal, and the company allows interested consumers to download and install a fully functional version of the software for free to try for 90 days. Certain features may be limited compared with larger, more expensive EHRs, but full integration is provided with external practice management suites, e-prescribing tools, and commercial labs.

It is important to note that all of these EHRs have been approved by the Certification Commission for Health Information Technology (CCHIT) and claim to meet the requirements needed to take advantage of increased Medicare reimbursements. No matter which you choose, these criteria can be helpful in affirming you've made the right decision.



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