Expert Advice on Preparing for EHR

BY MARY ELLEN SCHNEIDER

In less than 6 months, doctors can begin to qualify for tens of thousands of dollars in incentive payments from the federal government for using electronic health record technology. Many physicians are asking: How do I get ready?

The first step, experts agree, is to prepare your practice. Implementing an electronic health record (EHR) effectively is only partially about the technology, said Mary Griskewicz, senior director for ambulatory information systems at Healthcare Information and Management Systems Society (HIMSS), a nonprofit organization.

Most of the work is about reengineering the practice, assessing and changing processes and workflows. "This is not a small task, in particular for small practices," she said.

And before practices jump into an implementation, Dr. Steven Waldren, director of the Center for Health IT at the American Academy of Family Physicians, suggests that they examine their motivation for using an EHR. He cautioned physicians not to do it just to take advantage of the new federal incentives.

Physicians who qualify as "meaningful users" of EHR technology through the Medicare program can receive up to $44,000 over 5 years, and those who qualify through the Medicaid program can earn about $64,000. But that may not cover the costs of a new system, Dr. Waldren said, so physicians should have other reasons for making the switch.

"They shouldn't be doing this for the $44,000," Dr. Waldren said. "They should be doing it because they believe it's the right thing to do for them, their practice, and their patients. Without that, you don't have the commitment to make it actually happen."

Once a practice has decided to purchase an EHR and laid the groundwork with the staff, there are still a number of

Don't Wait, but Don't Rush

Dr. David Blumenthal, the national coordinator for health information technology, has been making the rounds, getting the word out to physicians about the new meaningful use requirements and how to qualify for incentive payments for using EHRs.

During recent Webinars offered by professional medical societies, Dr. Blumenthal told physicians that they should get started on EHR implementation, but that they don't have to rush to be using the system by Jan. 1, when the new incentive program begins. At that point, physicians can begin to apply to the Centers for Medicare and Medicaid Services to become meaningful users.

Those who qualify could begin receiving incentive payments as early as May 2011, according to Dr. Blumenthal. However, under the Medicare program, physicians can take advantage of the full amount of incentive payments, just at a later date, as long as they can become meaningful users by Oct. 1, 2012.

"You have time to learn to be a meaningful user," Dr. Blumenthal said during a Webinar sponsored by the Medical Group Management Association.

For physicians who need assistance selecting or implementing EHR technology, Dr. Blumenthal recommended that they contact their local regional extension centers. The Office of the National Coordinator for Health Information Technology has awarded grant money to set up 60 of these centers around the country. The centers are focused on assisting primary care physicians in small practices and in underserved areas, but no practices will be turned away, Dr. Blumenthal said. For more information about the regional extension program, go to healthit.hhs.gov/extensionprogram.

challenges. For example, under the HITECH Act, which established the EHR incentive program, physicians can qualify only if they are meaningful users of certified EHR technology. While the government has released regulations defining meaningful use requirements, as well as requirements for certification, there are currently no certified products on the market. The first products are expected to gain certification sometime this fall, according to the Office of the National Coordinator for Health Information Technology, which is shepherding this effort.

But the current lack of certified products shouldn't keep physicians from shopping for a system now, experts said. One way to deal with it is to build a guarantee of certification into the contract with the vendor. Physicians just need to be sure to get any assurances in writing, said Dr. Waldren. And they need to be clear on the terms of the guarantee. For example, will the guarantee allow you to get your money back if the vendor fails to become certified or does it allow you to withhold payments until the vendor becomes certified?

Physicians also should look to include service level agreements in their contracts with vendors, Dr. Waldren said. This ensures that the practice will get specific levels of support within certain time frames. If the company fails to deliver on the promised level of service, the practice may be able to make reduced payments or hold payments until that service level is met. These agreements could become important, Dr. Waldren said, since vendors are likely to be very busy as more practices adopt EHRs over the next few years.

When choosing an EHR product, there are several factors to consider, Ms. Griskewicz said, such as whether the software will fit in with the workflow of the practice and whether it is usable by everyone in the office.

One way to answer some of those questions is to talk to clinicians at other practices who have already implemented the product. It's best to try to find practices that are similar to your own, Ms. Griskewicz said. And ask about integration issues such as how the system will work with existing billing software or how it can help the practice to handle future regulatory changes such as the switch from ICD-9 to ICD-10, she said.

Physicians should consider future meaningful use requirements when choosing a product, Dr. Waldren advised. Right now, physicians have to meet stage 1 criteria for meaningful use, but the requirements will get more difficult in stages 2 and 3 and require different functionality from the EHR technology, he said.

For now, physicians may be able to meet many of the early requirements through the implementation of e-prescribing and registry programs. Since the law does not require that physicians implement a full EHR system to qualify for incentive payments, physicians who are buying an EHR product for the first time may want to consider purchasing individual EHR modules, Dr. Waldren said.

The modules are significantly less expensive than traditional full systems. However, physicians who are considering a modular approach need to find out how the vendor would support stages 2 and 3 of meaningful use. And they would need a plan for how to move their data if they decided to switch to a different system later, he said.

For those practices that have already implemented an EHR system, the work is not over. They now have to ensure that they can meet the meaningful use requirements and that their system will be certified under the new federal rules. Many vendors will be offering upgrades to meet the certification requirements at varying costs.

If you're satisfied with your current system, it makes sense to stay with that vendor even if certification requirements can't be met right away, Dr. Waldren said. Although physicians can begin to qualify for meaningful use on Jan. 1, 2011, they can start submitting information to the government as late as October 2012 and still be eligible for the full incentive payments under Medicare.

Physicians who are not satisfied with their current system and who want to switch to a new product should consider that it may take some time to migrate the data from one product to another, Dr. Waldren added. Since vendors will be focused on trying to add as many new users as possible, getting the support and service for data migration may be challenging, he said.

As physicians consider their options, the key is to get educated, Ms. Griskewicz said. She recommends that physicians seek out trusted sources such as the Centers for Medicare and Medicaid Services and their medical professional societies, many of which are offering free Webinars and other online information. "The big thing right now is that they educate themselves as to what are the requirements" and what they need to do and what is the best fit for their practice, she said. ■