You have little choice but to implement an electronic health record (EHR) system in your practice—and only slightly more latitude in how to install one. With more than 1300 complete EHRs or EHR modules already certified for ambulatory or in-patient practice use by the Office of the National Coordinator-authorized testing and certification body, you may be asking a lot of questions, including, “How do we choose an EHR? Which one is the best for our practice? How long will it take to implement an EHR system? What will it cost? Will it get us to meaningful use? How will we get our e-prescribing and Physician Quality Reporting System incentives? How will it affect productivity? How do we prepare our staff? How do we prepare our office?”

Working with local regional extension centers (REC) is one possibility—if one is available in your area (please see “PCPs, meet RECs” beginning on page 30 of this issue). The majority of primary care physicians (PCPs) in America, however, are located outside of REC regions and cannot take advantage of their services. If you practice in a location without an REC, you may need to make these decisions without much assistance, causing a delay in implementing an EHR.

That’s why Medical Economics is launching the Medical Economics EHR Study.

Beginning next year, 12 select EHR vendors will provide more than 40 handpicked primary care practices with fully functional EHRs to test and use for 2 years. The PCPs will receive installation, training, and support necessary for them to adopt the technology into their practices—and to attest to meaningful use—free of charge.

In exchange, these physician-pioneers have agreed to detail their experiences, which Medical Economics will convey via our magazine and Web site. You’ll obtain vital information from the Medical Economics EHR study that you can put into immediate action in your own practice.
MEETING OF THE MINDS

Medical Economics is part of the Advanstar Medical Communications Group. At the 2011 Health Information Management and Information Systems Society (HIMSS) meeting, Advanstar met with physicians on the editorial board of Medical Economics to discuss the state of EHR implementation in America.

This group agreed that not enough “real world” data existed to properly inform PCPs about EHR systems implementation, or the best practices for getting systems up and running and fully functional in their practices. Nine months later, the Medical Economics EHR Study was born.

MOST COMPREHENSIVE EHR STUDY OF ITS KIND

“The purpose of the EHR study is to take a dozen EHRs—some server-based, some Web-based, and some stand-alone—and sort out all their details for you,” says George G. Ellis Jr., MD, FACP, clinical assistant professor of medicine at the Northeast Ohio Medical University, Rootstown, and a founding member of the EHR Study Group. “Our goal is to help take the guesswork out of buying/leasing an EHR.”

Ellis has more than 20 years experience using EHRs and practice management software.

“My biggest dilemma is the lack of support,” he says. “As physicians, if we buy an electrocardiogram machine or laboratory equipment, we have an opportunity to try the equipment for 3 or 4 weeks to see if it’s what we want or need. In contrast, when purchasing an EHR, in-house demos aren’t really a possibility.”

Some of the questions Ellis believes should be of high concern to you if you are intent on implementing EHRs:

- What is the cost for the hardware?
- What is the cost of maintenance of the hardware and network?
- If purchasing a server-based EHR, how big is the server, what does it cost, and how long will it be functional?

“Implementing EHR/practice management software is a long and tedious undertaking,” he says. “It’s also user-sensitive and depends a great deal on the training provided by the vendor. What seems easy for the trainer may not be straightforward for the physician and staff.”

“Implementing EHR/practice management software is a long and tedious undertaking,” he says. “It’s also user-sensitive and depends a great deal on the training provided by the vendor. What seems easy for the trainer may not be straightforward for the physician and staff.”

But when do you have the time to do this research while practicing medicine and treating patients? And without prior EHR experience, how can you even know if you’re asking the correct questions?

That’s exactly why the Medical Economics EHR Study is so important. No amount of preliminary research can compete with real-world trial-and-error

Continued on page 58

What the study will measure

Here’s a sample of what the Medical Economics EHR Study will measure at participating primary care practices. This information will become available to our readers early next year.

Before EHR:
- getting the office ready and
- prepping for technology.

During EHR installation:
- system set-up and testing,
- training, and
- practicing for go-live.

After EHR installation impact of EHR on key practice metrics (comparing pre-EHR with post-EHR):
- productivity,
- staff resource allocation,
- office process changes required for EHR implementation and their affect on short- and long-term productivity,
- office workflow changes,
- technology changes required for EHR system implementation,
- evaluation of ease of EHR system set-up,
- ease of converting patient paper records into digital data, preparation, import and upload to EHR, and
- much more.

Continued on page 58
metrics, and that’s what Medical Economics will provide to all of our readers—at no cost to you.

“Productivity is dramatically affected when initiating an EHR,” Ellis adds, “since all the demographics, history, medications, and insurance information have to be entered into the system. Additionally, there are delays at first in completing records because of user uncertainty and user error. Eventually, after several weeks to several months of using the software, productivity improves in a dramatic fashion, and the ability to see more patients increases substantially.”

VISIONARY APPROACH

Salvatore Volpe, MD, a Staten Island-based PCP, HIMSS New York chapter president, and Medical Economics editorial board member, is part of the advisory group that suggested the Medical Economics EHR Study.

According to Volpe, when first approached about participating in the EHR Study, vendors’ reactions were mixed.

“They were split between, ‘You want something free from us? You have to be kidding!’ to ‘We have to see how this fits into our long-range business model,’” he says. “Not everyone was warm to the idea of giving away $10,000 to $20,000 in software and service.”

Once the EHR vendors realized the study was an opportunity to reach the community of medical practices that have not yet implemented EHRs, however, they quickly signed on.

“They realized that when accountable care organizations (ACOs) are being formed, they first study the penetration of EHRs in their community and then figure out which EHRs the different practices are using, so they’ll know which EHRs to pursue,” Volpe says. “It’s a huge opportunity for them to get their names out there and to get their software in operation in these practices prior to large-scale consolidations like ACOs.”

For many practices, there’s a lot of uncertainty and lack of knowledge about what it takes to implement an EHR, how it will affect a practice, how it affects a physician’s quality of life, and how it affects interactions with patients.

“This study gives practices a way to look inside the black box and see how an implementation goes, and then make objective decisions,” Volpe adds. “It’s not just a one-paragraph testimonial. It’s looking at how the EHR implementation affects different practices.

“The information we’re going to provide through this study will permit doctors and their practices, their business and office managers, and their spouses, to make informed decisions on whether it makes sense to implement an EHR now or later,” he says.

Given the requirement under the new healthcare law for practices to implement EHRs or suffer financial penalties—including losing the ability to bill Medicare and Medicaid—electing to not install an EHR is not an option for most practices.

“It’s not a question of yes or no. If you’re not going to implement an EHR, then you’re probably going to retire with no hope of selling your practice,” Volpe says. “But for practices that are still sitting on the fence due to uncertainty—or fear—this study will open things up for them. Information is power, and communication is very valuable.”

Volpe has been using an EHR for more than 7 years and says his patients are highly satisfied with the system. “Their lives have been improved, and so has mine.”

Given the push toward accountable care organizations and Primary Care Medical Homes across the healthcare continuum, EHR adoption soon will be the preferred method by which primary care practices obtain reimbursement.

Whether your practice is approaching its own EHR implementation—or whether it already has an EHR installed and you’re considering replacing it with another—you’ll want to closely monitor the Medical Economics EHR Study as it unfolds in the days ahead.

Send your feedback to medec@advanstar.com.