

Four rights can't be wrong: why now
is the right time to implement an EHR





EHRs and small to mid-size physician practices: Finding the right fit

Why now is the right time to implement an EHR

Unprecedented financial incentives exist for today's physician practices to implement electronic health records (EHR) solutions. Under a federal government program, eligible physician practices and hospitals that implement EHRs can earn up to \$44,000 in incentives over a five-year period under Medicare, or \$63,750 in incentives over a six-year period under Medicaid. These incentives are provided under a government stimulus program known as the Health Information Technology for Economic and Clinical Health (HITECH) Act provisions within the American Recovery and Reinvestment Act (ARRA) of 2009.

Eligibility requirements for physicians to earn these incentives are dependent upon the physician's use of a "certified" EHR, and the physician must demonstrate "meaningful use" of the EHR solution by meeting 15 core meaningful use criteria and 10 menu set requirements.

The industry is eagerly awaiting to hear the finalized criteria, since providers have their first opportunity to earn a portion of the incentive by demonstrating meaningful use in 2011. In short, physician practices should be well on their way to implementing an EHR or determining the EHR that they will use. The physician practices that will thrive in this current environment will be the ones that select the:

- Right time to transition to an EHR
- Right EHR for their needs
- Right approach to implement their EHR
- Right vendor to support their clinical and business goals

The right time

Eighty-two percent of respondents to an Ingenix (now OptumInsight™) survey of 1,001 physicians and practice administrators said the possibility of being reimbursed for their EHR investment makes them more likely to adopt the technology. Although the financial incentives may motivate physician practices to adopt EHR solutions, practices should remain focused on the larger goals of streamlining operations and improving performance—from both clinical and financial perspectives.

Leading EHRs have the capability of helping practices achieve these goals by:

- Improving clinical documentation to support higher levels of coding that increase reimbursement
- Increasing efficiencies through automation and enhanced workflow
- Transitioning paper-based processes into more efficient electronic processes that increase access to information and eliminate unnecessary costs

The window of opportunity, however, is closing quickly, as system selection, implementation and training—not to mention achieving meaningful use criteria—can take upwards of a year to achieve. Web-based EHR solutions can decrease implementation time, with many of these systems having the capability to "go live" within weeks of a system selection. Traditional software-based systems can take much longer to install—often six months to a year.

EHR planning and implementation timeline

Another consideration that practices will want to evaluate is the ability of the EHR to integrate with the practice management (PM) system that is currently installed. Integration will enable PM and EHR systems to share information, such as patient registration data, and facilitate a streamlined transformation of clinical documentation into claims for billing. Many practices are currently looking to replace their practice management systems to comply with the new 5010 electronic data interchange (EDI) transaction standard, which has an implementation deadline of Jan. 1, 2012. Now is an opportune time to implement an EHR that will integrate with a practice's existing PM system, or to implement an integrated PM and EHR solution from a single vendor.

Most of all, EHRs provide physicians with tools that improve practice productivity so they can focus more on patient care. Improving care quality is more important than ever as Medicare and commercial payers continue to create programs that tie a percentage of reimbursement to the reporting of care quality and patient outcome indicators. Furthermore, ARRA provisions have set penalties for providers who claim payment for Medicare and Medicaid services and are not a "meaningful user" of an EHR by 2015.

EHRs better document the care process so physicians can more easily produce the reports that payers require under their care quality indicator programs. In addition, the clinical documentation improvements that EHRs facilitate, combined with the improved access to that information, provide the tools that physicians need to manage patients with chronic conditions and the overall care delivery process.

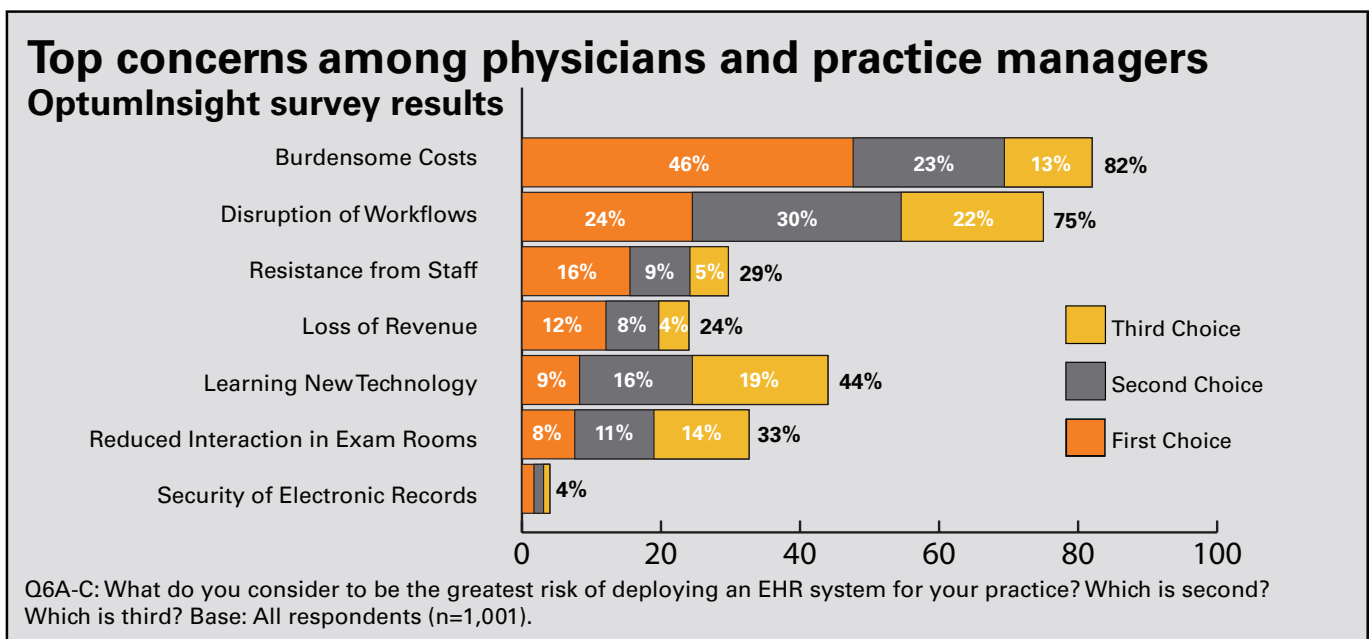
The right EHR

Practices need to select the EHR that best fits their business requirements, in terms of features, functionality, and workflow. Although leading EHR solutions offer the flexibility to adapt to the practice's needs, practices need to keep in mind that they will need to adapt some of their processes to maximize an EHR's capabilities.

Along with features, functionality, and workflow, other factors needing consideration include EHR costs and how disruptive the EHR implementation and training processes will be to the practice. An OptumInsight survey showed that these are the two top concerns among physicians and practice managers:

- 82 percent of respondents said that burdensome cost was one of the top three risks of deploying an EHR system, including 46 percent who said that it was the biggest risk
- 24 percent of respondents said that disruption of practice workflows is the top risk of implementing an EHR, and 75 percent of respondents placed workflow disruption among the top three risk factors

In terms of up-front costs and deployment, many web-based EHR solutions can minimize these concerns. Web-based solutions offer the functionality of traditional software-based solutions, but do not require software licensing or system maintenance. Instead, web-based systems are provided through a subscription model. Practices subscribe to the solution on a monthly basis—typically priced per physician—and pay a predictable monthly fee. Up-front costs are typically minimal and implementation headaches are decreased because the vendor hosts the solution and the practice accesses the EHR via the web, instead of maintaining the solution in house.



Web-based solutions provide the additional benefit of improved access to patient records. With a web-based solution, clinicians can securely access the system from any computer in the world that has Internet access. This remote access allows clinicians to view patient records, as well as prescription and refill information, lab results, and more. This remote access capability is ideal for on-call clinicians who need to view patient information after hours from home or any other location. In addition, the remote access capabilities are particularly useful when clinicians are traveling for business or when they're on vacation and need to check the status of a patient.

Basic features within EHRs include clinical notes capture, user-configured alerts and reminders, and clinical decision support. Advanced features that practices should look for in an EHR include:

- **Electronic prescribing**—E-prescribing allows physicians to send their prescriptions to pharmacies electronically, which eliminates legibility issues to improve patient safety, and reduces the risk of unauthorized use of prescriptions. This capability allows practices to quickly process prescription refill requests from pharmacies and patients. Beyond these benefits, e-prescribing is expected to be one of the criteria that practices need to meet if they are to achieve meaningful use. In addition, Medicare and Medicaid offer financial incentives to practices that use e-prescribing. Practices should look for EHR solutions from vendors that have access to national electronic prescribing networks, such as Surescripts, to ensure access to pharmacies within their service areas. Access to prescribing networks allows physicians to select specific drug formularies based upon insurance coverage so they know the patient's out-of-pocket cost before the prescription is filled. Also, the e-prescribing network allows physicians to view a patient's prescription history, including prescriptions from other providers.
- **Progress notes**—The use of templates to capture and send information from patient records to referring physicians can greatly reduce clinician workloads and increase efficiency. This capability is also an efficient way for clinicians to produce patient chart notes or other documentation that patients require for workers' compensation claims and other insurance needs. When selecting an EHR, practices should look for solutions that provide physicians with the flexibility to capture and record information in the manner that they prefer, such as direct entry, dictation, speech recognition, quick text, or point-and-click methods.
- **Interfaces**—Choosing an EHR with interfaces to major reference laboratories, radiology imaging centers, and hospitals enables clinicians to electronically order tests and receive results that are automatically placed within the correct patient's record. This improves order accuracy and reduces the labor-intensive administrative tasks needed to collect, file, and report results. These interfaces provide physicians with 24/7 access to real-time information, enabling physicians and patients to receive results faster, which can improve patient care and satisfaction.
- **PM integration**—As mentioned previously, having an EHR that integrates with PM systems substantially reduces duplicate data entry, and streamlines the process of transforming clinical documentation into claims for billing.

These features provide the tools that practices need to earn a positive return on their EHR investments. For example:

- One medium-sized practice with 17 physicians reduced its cost of supplies (paper, files and related charting supplies) by \$40,000 per year once it switched to an EHR.
- A four-physician practice reduced its annual transcription costs by \$32,000 to \$48,000 per year once it switched to an EHR.
- A single-physician practice posted a cumulative five-year net gain of \$224,655 by switching to an integrated PM and EHR solution. Gains were realized through the use of reduced licensing costs, higher collection rates, and increased reimbursement received per patient due to improved clinical documentation and billing practices.¹

In order to qualify for HITECH stimulus funding, practices need to use an EHR that is certified. To date, two groups serve as the Office of the National Coordinator for Health Information Technology (ONC) Authorized Testing and Certification Body (ATCB) certifying bodies overseeing EHR solutions: the Certification Commission for Health Information Technology (CCHIT®) and KLAS. Therefore, practices should focus their system selection efforts on solutions that have obtained ONC-ATCB certification.

The right implementation approach

Practices can minimize workflow disruption and better acclimate users to a new EHR by taking an incremental approach to implementation. Phasing in components of the EHR gradually will allow users to get accustomed to one area of functionality before introducing other capabilities that may result in confusion.

E-prescribing is an ideal component to initiate users to an EHR because it offers substantial benefits, while minimally impacting workflow. Within a few hours, most users can complete basic e-prescribing training on a web-based system and begin using the solution. This initial usage of the EHR helps the practice

¹. OptumInsight customer experience.

build medication lists for patients and tracks patient prescription usage in the EHR. The convenience of electronic prescriptions and refill authorizations allows users to see immediate benefits from the solution.

Messaging is another feature that is a great way to introduce users to the EHR. Most systems offer some type of messaging capabilities, which are essentially internal ways to electronically communicate with others in the practice. Inquiries can be sent to other users of the EHR, and tasks can be electronically assigned to staff who are using the system.

Introducing electronic lab ordering is another component that can be introduced gradually and provide a high value to clinicians. Eliminating the search for lab results, since they are already in the EHR, will allow users to further see the value of transitioning to electronic processes.

As users become comfortable using initial components of the system, practices should transition to having clinicians enter their clinical notes into the EHR. Some clinicians may feel comfortable entering information into records while they are in the exam rooms with patients, while others may prefer to enter the information following the patient visit. To ease clinicians into the transition, practices can divide the introduction of electronic visit capture into components, such as:

- Having clinicians begin entering electronic notes for only one subset of patients, such as new patients.
- Gradually building electronic note volume as comfort levels allow. For example, once clinicians are comfortable with using electronic notes for new patients, have them use electronic notes for annual physicals, then sick visits, and so on.
- Scanning incoming paper-based documents (e.g., reports and other documents) into the EHR to transition the office to a paperless system.

Having providers use the electronic visit capture within the EHR will reduce administrative tasks within the practice, as clinicians will be able to select CPT® and ICD-9/ICD-10 codes based on the services they provided and the procedures they performed. In addition, many EHRs keep track of patient visits and send reminders to clinicians when notes are not completed for individual encounters. This helps reduce lost charges and keeps clinical notes up to date.

The right vendor

Perhaps the most important choice that physician practices need to make is selecting the right vendor—one that can adapt to, and help practices achieve, their goals. In light of the new ARRA stimulus funding opportunities, practices need to partner

with a vendor that will work with them to earn every available dollar of funding. This may include having the vendor work directly with customers to help submit the reporting required to earn stimulus funding. In addition, a carefully selected vendor will be one that is actively striving to deliver solutions that will meet certification guidelines. In fact, some vendors are offering financial guarantees that their solutions will meet or exceed future certification guidelines.

Vendors need to provide flexible solutions that allow for growth and variance within the practice. For example, one user within a practice may want to exclusively use structured templates to enter notes, while another provider at the same practice might prefer to use voice recognition or dictation. Also, vendors need to provide implementation options that accommodate the needs of the practice, rather than simply offering “one-size-fits-all” implementations.

Training is another important consideration. Vendors need to offer multiple training programs that fit the needs of the practice and individuals within the practice. While some EHR users may prefer to use pre-recorded training, others may respond better to instructor-led webinars or onsite personalized training. On-demand access to recorded web-based training provides users with the flexibility to train at their own pace, and at the time that best accommodates their schedules.

How the vendor approaches integration with its EHR and PM solutions can either limit efficiency gains or create new opportunities to streamline operations. Does the vendor’s EHR only integrate with its own PM solution or can it be integrated with PM solutions from other vendors? Does it freely exchange information to reduce duplicate data entry? Can the PM system pass along coding questions to the EHR so that the clinician can be queried for a response? Can the EHR populate the medication list in the PM system for billing?

In addition, practices need to seek out vendors that have established relationships with third-party organizations, which will enable the EHR to:

- Connect to a nationwide network of pharmacies for e-prescribing
- Add interfaces to reference laboratories and radiology imaging centers for electronic ordering and results reporting
- Interface with various hospital systems
- Incorporate clinical decision-support tools
- Include analytic capabilities, such as compiling information and reporting on Physician Quality Reporting Initiative (PQRI) programs

OptumInsight: The right choice for comprehensive EHR solutions

OptumInsight offers an array of solutions and services that help physician groups enhance revenue. These capabilities are complemented with extensive regulatory compliance tools, as well as comprehensive consulting and implementation services.

Ingenix CareTracker™ is a ONC-ATCB and CCHIT-certified² fully integrated EHR solution that physician practices can use to speed clinical tasks, such as writing prescriptions, tracking diagnostic history, entering structured text, and customizing patient notes. By combining clinical and business workflow into one web-based system, practices can save staff time, enhance practice productivity, and improve office workflow.

CareTracker is a hosted EHR solution users pay for via a predictable monthly subscription, which means practices don't have to invest resources in hardware or maintenance costs. In addition, CareTracker is maintained and co-located at redundant HIPAA-compliant data centers.

CareTracker's EHR application is fully integrated with CareTracker PM, a comprehensive practice management and revenue-cycle management solution that provides practices with a seamless view into their operations from any web-connected computer in the world.

Ingenix CareTracker is supported by an extensive network of partners maintained by OptumInsight, which include access to nationwide networks of pharmacies, EDI clearinghouses, third-party knowledgebases, and clinical applications. In addition, OptumInsight provides practices with in-depth coding and referential materials to achieve maximum efficiencies in claims creation, scrubbing, billing, and reimbursement.

It's the right time for physicians to make the move to an EHR solution, and OptumInsight is the right vendor because it can address practices' clinical and financial needs while helping physicians achieve their business goals. Ingenix CareTracker is the right EHR for practices because of its flexibility, quick implementation, and extensive capabilities. Physician practices that want to take advantage of the financial incentives that are being offered from CMS need to look no further than OptumInsight and Ingenix CareTracker for a vendor and a solution that will transform their businesses into efficient organizations.

About OptumInsight™

Ingenix is now OptumInsight™, part of Optum—a leading information and technology-enabled health services business platform serving the broad health marketplace, including care providers, life sciences companies, plan sponsors, and consumers. Its business units—OptumHealth™, OptumInsight, and OptumRx™—employ 30,000 people worldwide who are committed to delivering integrated, intelligent solutions that work to modernize the health system, improve overall population health, and build and enable Sustainable Health Communities.

2. Ingenix CareTracker Version 6.2 from Ingenix is a CCHIT Certified® product for CCHIT Ambulatory EHR 2007.



12125 Technology Drive, Eden Prairie, MN 55344

Optum and the Optum logo are registered trademarks of Optum. All other brand or product names are trademarks or registered marks of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

11-26545 07/11 © 2011 Optum. All Rights Reserved.

