



MedStar Health  
*e-Health Initiative*

# Healthcare Information Technology for Physicians and other Clinicians:

## *The Basics for Small and Medium-Size Practices*

**Peter Basch, MD**  
Medical Director, MeHI  
Co-Chair, PEHRC  
Co-Chair, eHI Working Group on  
HIT in Small Practices

# Overview

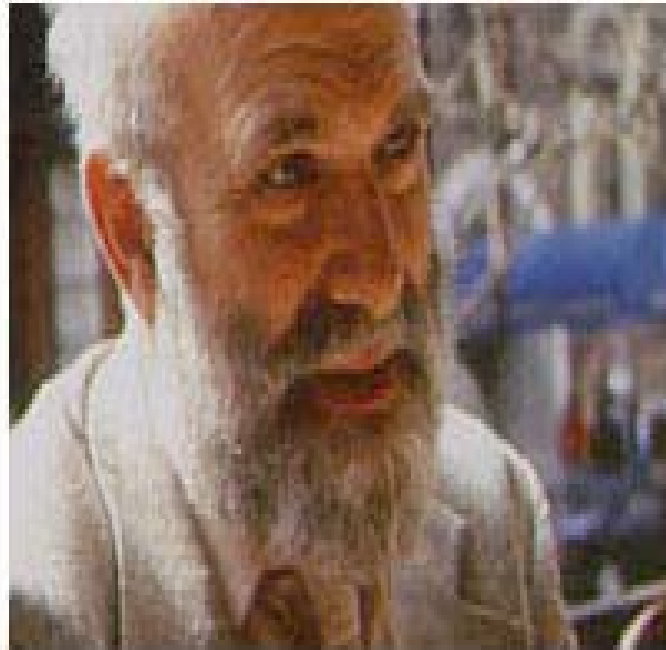
- **HIT – why now?**
- **Small and medium-size practices – why bother; how are their needs different?**
- **HIT or EHR?**
- **PEHRC (Physicians' EHR Coalition): mission and goals**
- **An EHR agenda for small and medium-size practices**

**“Mass adoption of the EMR/CPR/EHR/HIT is just around the corner...”**



# A confluence of unstoppable forces...

- **Consumers / patients**
  - Consumerism
  - IOM reports
- **Technology advances**
  - Affordable hardware
  - Ready availability of reliable / inexpensive broadband
  - Choices in excellent software
- **Political will / pressure**
- **Physicians are “e-ready”**







# Quality, safety, efficiency & alignment



- **Better**
- **Safer**
- **More efficient**
  
- **Less time on paper-work**
- **More time with patients**
- **Aligned costs & benefits**



# Small practices – why bother?

- **> 50% of all healthcare expenditures in the US (2003) were spent on ambulatory care (rate of increase is greater for outpatient than inpatient services)**
- **~80% of the nearly 1 billion annual outpatient visits take place in practices of 10 or fewer clinicians (and ~50% in practices with fewer than 5)**
- **Use of advanced HIT (EHRs) in small and medium-sized practices in only 5-15%**
  - Higher risk of failure of HIT implementations
  - Lower potential for ROI

# Higher risk of failure

- **Lack of IT expertise**
- **Lack of IT support**
- **Lack of legal expertise**
- **Lack of capital**

# Without intervention, failure is likely...

**According to David Brailer:**

***“Unless substantial support is given, physicians will not be able to configure their systems, train for their use, integrate them into their workflow, and support the transition of their staff. In other words, if left alone, most physicians will fail at EHR implementation.”***

***(CHCF, 2003)***

# ROI from EHRs?

- **Clinician productivity?**
- **Staff efficiency?**
- **Global savings from doing the right thing?**
  - **89% of the value of ACPOE accrues to payers (CITL, 5/03)**
    - Assumes 11% global capitation
    - Assumes 100% of savings from not ordering duplicative tests or expensive meds is returned to the ordering provider
- **Average small PCP practice will lose**  
**~\$20,000/MD/yr from EHR adoption (CFH 9/04)**



# HIT or EHR?

## “Sliver” applications (eRx, registries)

- **Pros**
  - Less Expensive
  - Easier to learn
  - Lower risk of failure
- **Cons**
  - Far lower potential for benefit
  - Never really fit neatly into workflow

## Electronic health record (EHR)

- **Cons**
  - More expensive
  - Harder to learn
  - Higher risk of failure
  - Also doesn't fit neatly into workflow – but forces necessary changes
- **Pros**
  - With practice redesign – far better workflow for clinicians and staff
  - Transformative potential for all parties

# Physicians' EHR Coalition (PEHRC)

- **Founded July 2004 by 14 physician professional and specialty organizations (now 19) – dedicated to “assisting physicians, particularly those in small and medium-sized ambulatory care medical practice, to acquire and use affordable, standards-based EHRs and other HIT, to improve quality, enhance patient safety, and increase efficiency.”**

# PEHRC membership

- American Academy of Family Physicians
- American Academy of Neurology
- American Academy of Ophthalmology
- American Academy of Pediatrics
- American College of Cardiology
- American College of Emergency Physicians
- American College of Obstetricians and Gynecologists
- American College of Osteopathic Family Physicians
- American College of Osteopathic Internists
- American College of Physicians
- American College of Rheumatology
- American Gastroenterology Association
- American Geriatrics Association
- American Medical Association
- American Osteopathic Association
- American Psychiatric Association
- American Urological Association
- Medical Group Management Association
- National Medical Association



# The PEHRC is driven by “QUALITY”

- Quality – first and foremost, the focus of HIT adoption is quality improvement
- Usability – HIT must be highly usable
- Affordability – not just focused on price, but value
- Long-term commitment – this is not a “next new thing” for us, but the future of quality healthcare
- Interoperability – HIT products must be interoperable and lead to system interconnectedness
- Trust – data stewardship, privacy and security
- Yield – better care, fewer errors; alignment of costs and benefits for HIT purchasers

# HIT agenda for small / medium-sized practices

- **Lowering risks / barriers to EHR adoption**
- **Lowering barriers to optimal EHR use**
- **Creating a sustainable business case**

# Lowering barriers to EHR adoption

- **EHR certification**
- **Specialty-specific EHR guidance**
- **Standard contract and contracting templates**
- **Buying cooperatives**
- **Implementation advise / support**
- **Partnerships with enterprises / hospitals**
- **Standards-based (and free) interfaces with labs, imaging centers, other needed sources of data**

# Lowering barriers to optimal EHR use

- **New clinical protocols for interconnectivity**
- **New understanding of risk and liability in an interconnected world**

# Creating a sustainable business case

- **Pay-for-use (technology)**
- **Pay-for-performance**
  - Performance measures
  - Process measures
- **Pay-for-activities of information management**
  - Care coordination / management
  - Chronic disease / population management
  - Non-visit based care

# Summary

- **Vision =  $\uparrow$ (quality/safety/efficiency) + alignment**
- **Small and medium size practices**
  - Where most of medicine is practiced
  - Where most of information management will be practiced
  - Need expertise
  - Need start-up / ongoing financial assistance
- **EHR is the right HIT tool for most doctors**
- **PEHRC will help organized medicine to speak with one voice on:**
  - Lowering risks / barriers to EHR adoption
  - Lowering risks / barriers to optimal use of EHRs
  - Creating a sustainable / aligned business case