

DIGITAL
MEDICAL OFFICE
OF THE FUTURE



7.01 Physicians and Physician Organizations: Making the Purchasing Decision Developing Your Requirements and Making Your Selection

MARK ANDERSON, CPHIMS, FHIMSS

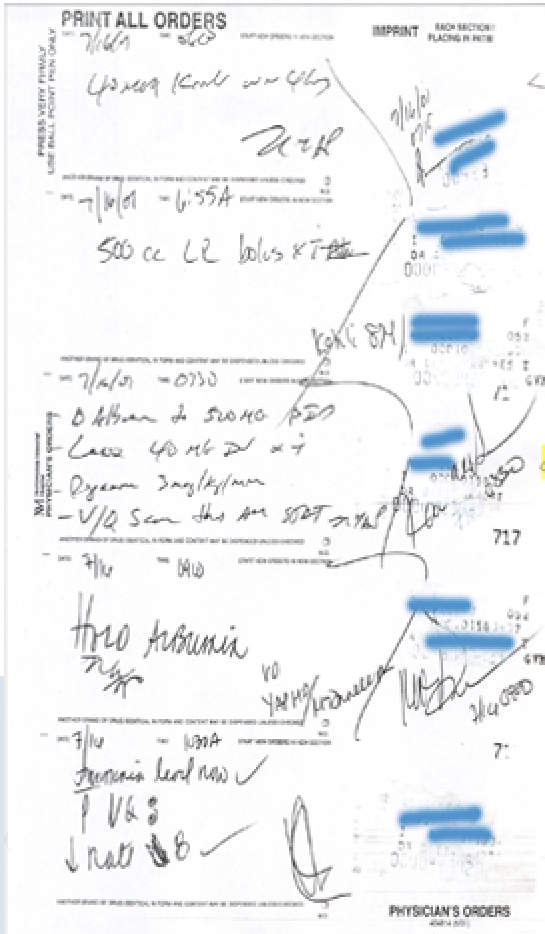
- Nationally recognized expert in ambulatory EMRs
- More than 30 years of professional experience in healthcare management and information technology
 - ▶ Integrated Delivery Networks (IDNs)
 - ▶ Hospitals
 - ▶ Payer organizations
 - ▶ Physician practices / organizations
- National speaker >over 350 sessions since 2000
- Taconic IPA Chief Information Officer (CIO)

ELECTRONIC HEALTH RECORDS

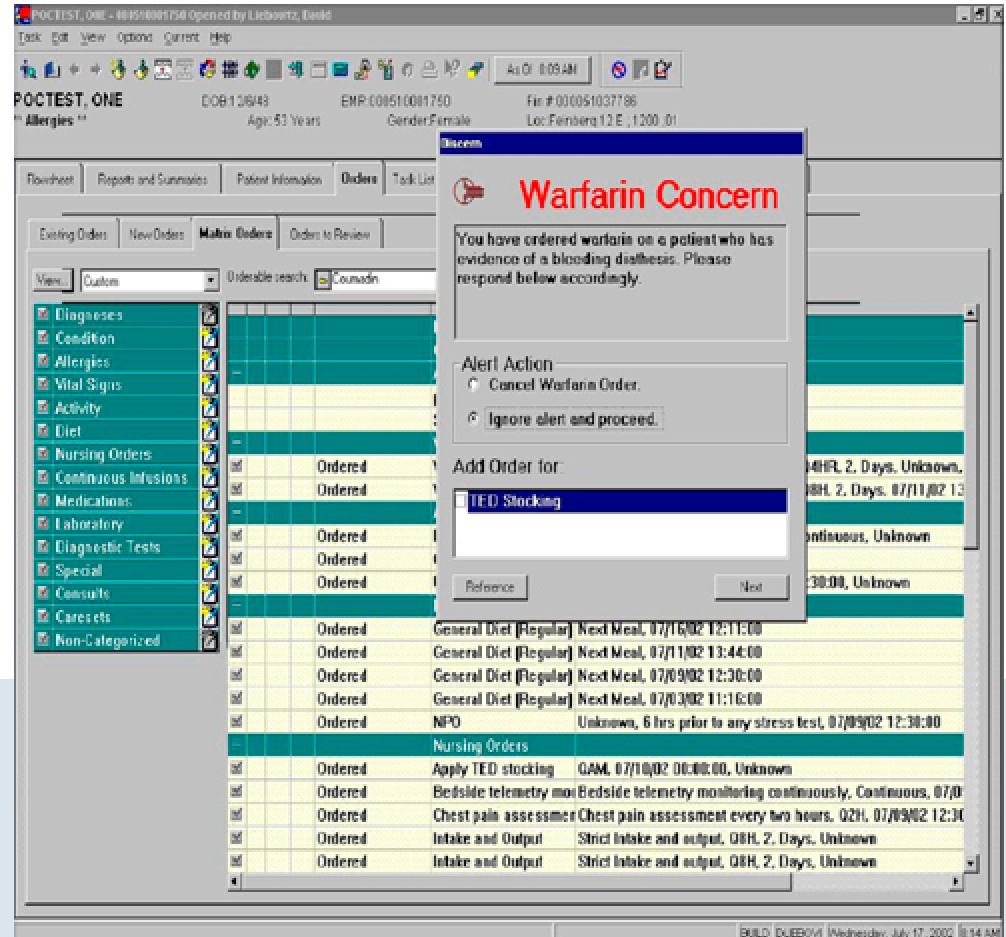
- Institute of Medicine - Vision of EHR -
 - ▶ To document all episodes of healthcare where ever they take place.
 - ▶ To provide immediate access to data.
 - ▶ To process data in a variety of ways to support better decision making for patient care and clinical and health services research.
 - ▶ To increase efficiency of healthcare organizations and decrease the costs of services.
 - ▶ To ensure confidentiality of data.
 - ▶ To improve the quality of care and promote wellness of the population.

Transitioning from Paper to Digital Electronic Medical Records

PAPER



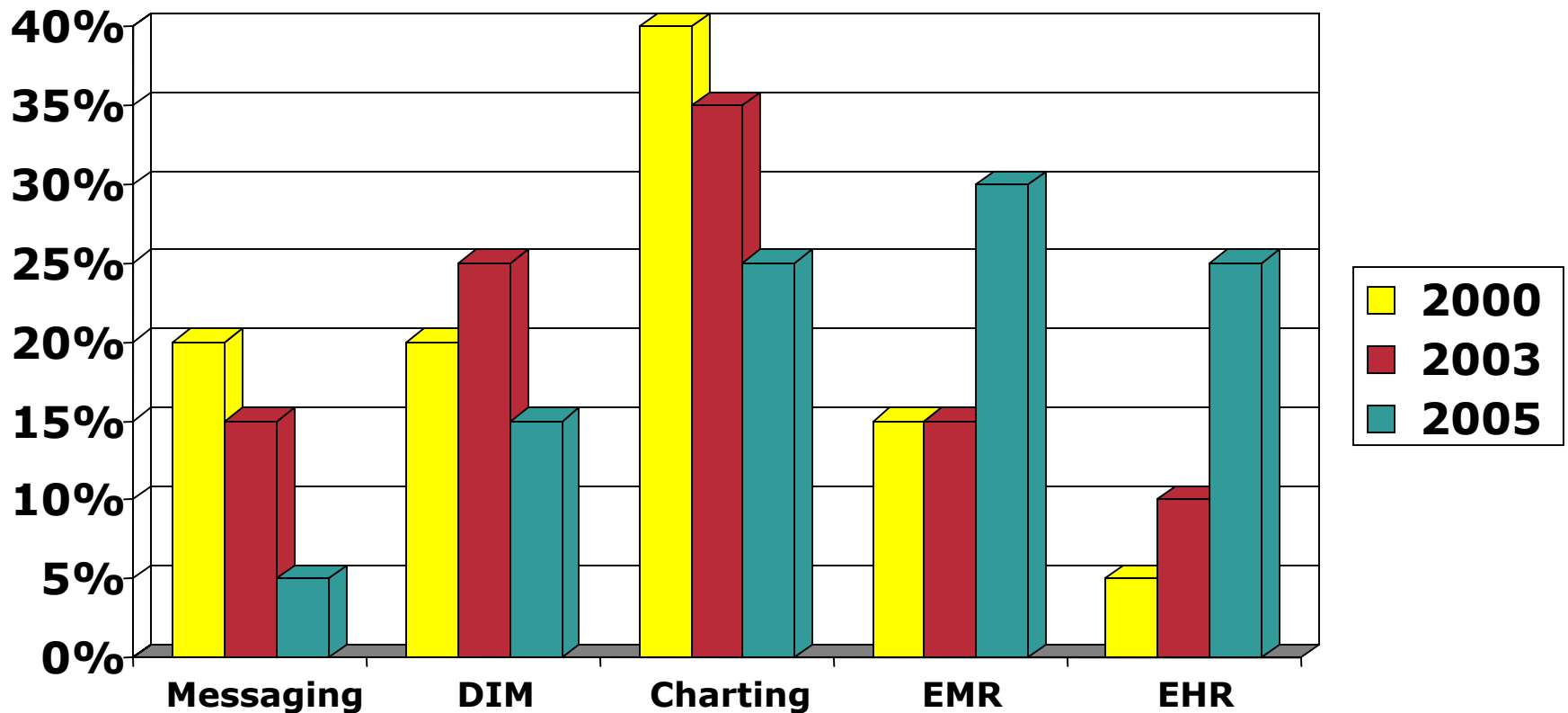
DIGITAL



EMR ISSUES

- Too many vendors selling EMRs
- Not many financially viable companies
- How do you decide what functions are important?
- How do you decide which vendors to look at?
- How do the vendors rate in functionality?
- Are all products the same?

Over 260 vendors claiming to sell EMRs



Function	PMS	Secured Message	DIM	Charting	EMR Lite	EMR	EHR
Billing	X						
Scheduling	X	X	X	X	X	X	X
Labs		X	X	X	X	X	X
Transcription		X	X	X	X	X	X
Paper Doc			X	X	X	X	X
E-Prescribe				X	X	X	X
E & M Coding					X	X	X
Standards/CCR						X	X
National Alerts						X	X
Chief Complaint						X	X
Health Maint.							X
PHR							X

- Coding improvements
- Payment improvements including dropping the bill faster and avoiding “lost” charges
- Reduction in malpractice
- Reduction in transcription costs
- Reduction in paper, forms, and supply costs
- Recover storage space
- Reallocation and retention of staff – NOT staff reduction
- Physicians save 4 hours per week – NOT patient time
- Nurses save an average 6 hours per week
- Staff save an average of 6 hours per week per physician

Documented savings of
\$12.50 to \$20.00 per
patient visit

Being paid for enhancing patient care is becoming the norm;
clinical benefit is provable now

RESULTS

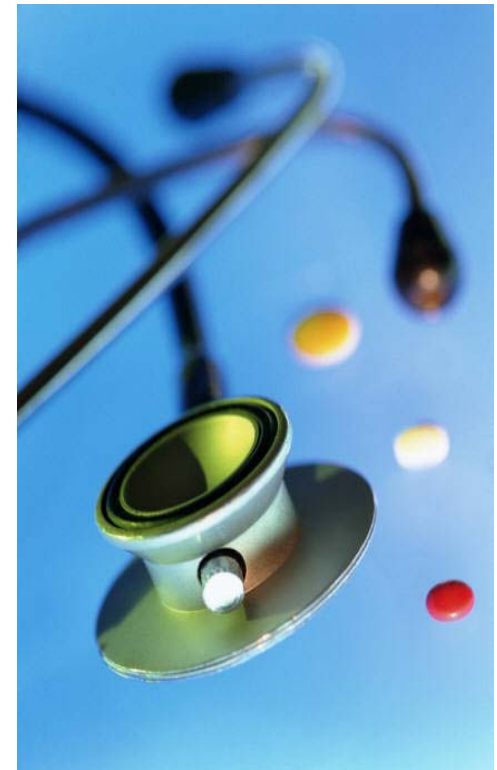
- 74% of discarded EMRs were because the software did not meet the actual needs of the physicians.
- Spending too much for the software.
- 80% of the vendors implementing the software do not help the practice determine “how” to use the product to improve operations.
- The wrong EMR decision could cost the average physician more than \$50,000 per year.

WHAT NOT TO DO

- Research the products by yourself.
- Rely on your friends or associates.
- Rely on hearsay.
- Rely on vendor advertising claims.
- Rely on vendor claims of functionality and company viability.
- Try to implement the product by yourself.
- Assume the software installation includes implementation and configuration.

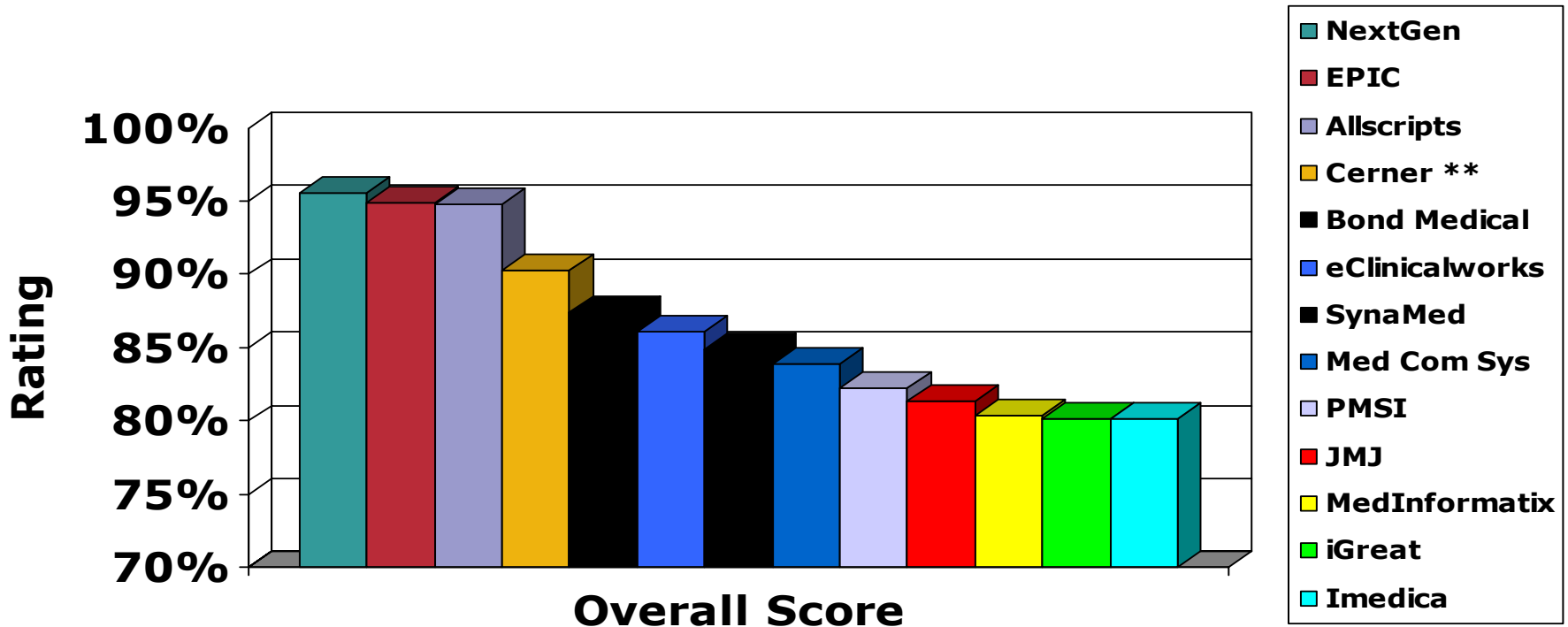
EMR Functional Evaluations

- **AC Group conducted extensive evaluation of the EMR marketplace**
 - ✓ 4th report
 - ✓ Completed in October 2004
 - ✓ Included over 5,455 functional questions
 - ✓ 27 categories of functionality
 - ✓ 26 subcategories of charting functionality
 - ✓ 4 delivery methods (desktop, remote, wireless, and PDA)



5 - Star EHR Vendor Applications

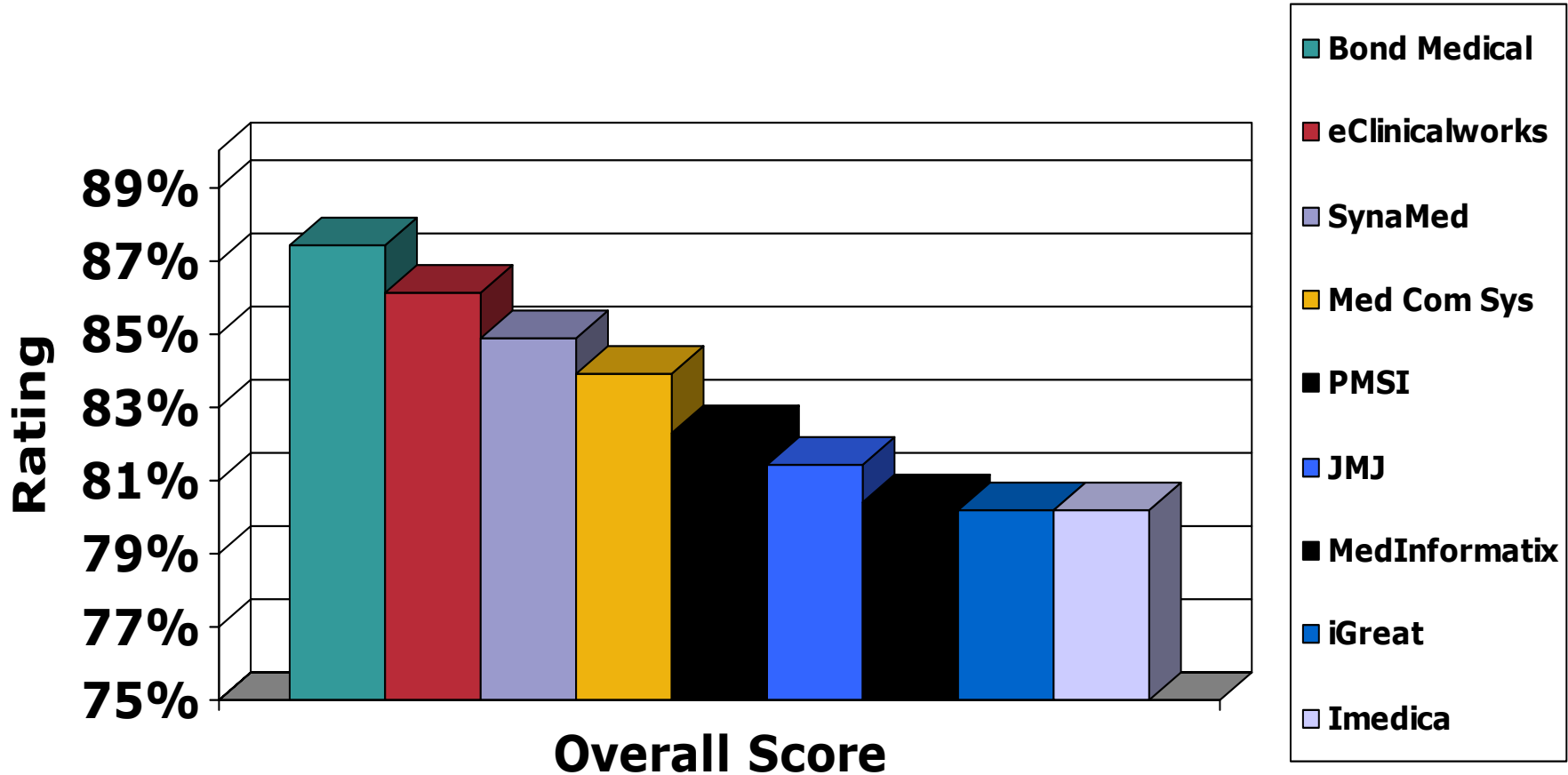
Vendors Meeting a Minimum of 80% of Required Functionality



Based on 4,583 Functional Questions Divided Between 27 Categories

5-Star EMR Vendor Applications

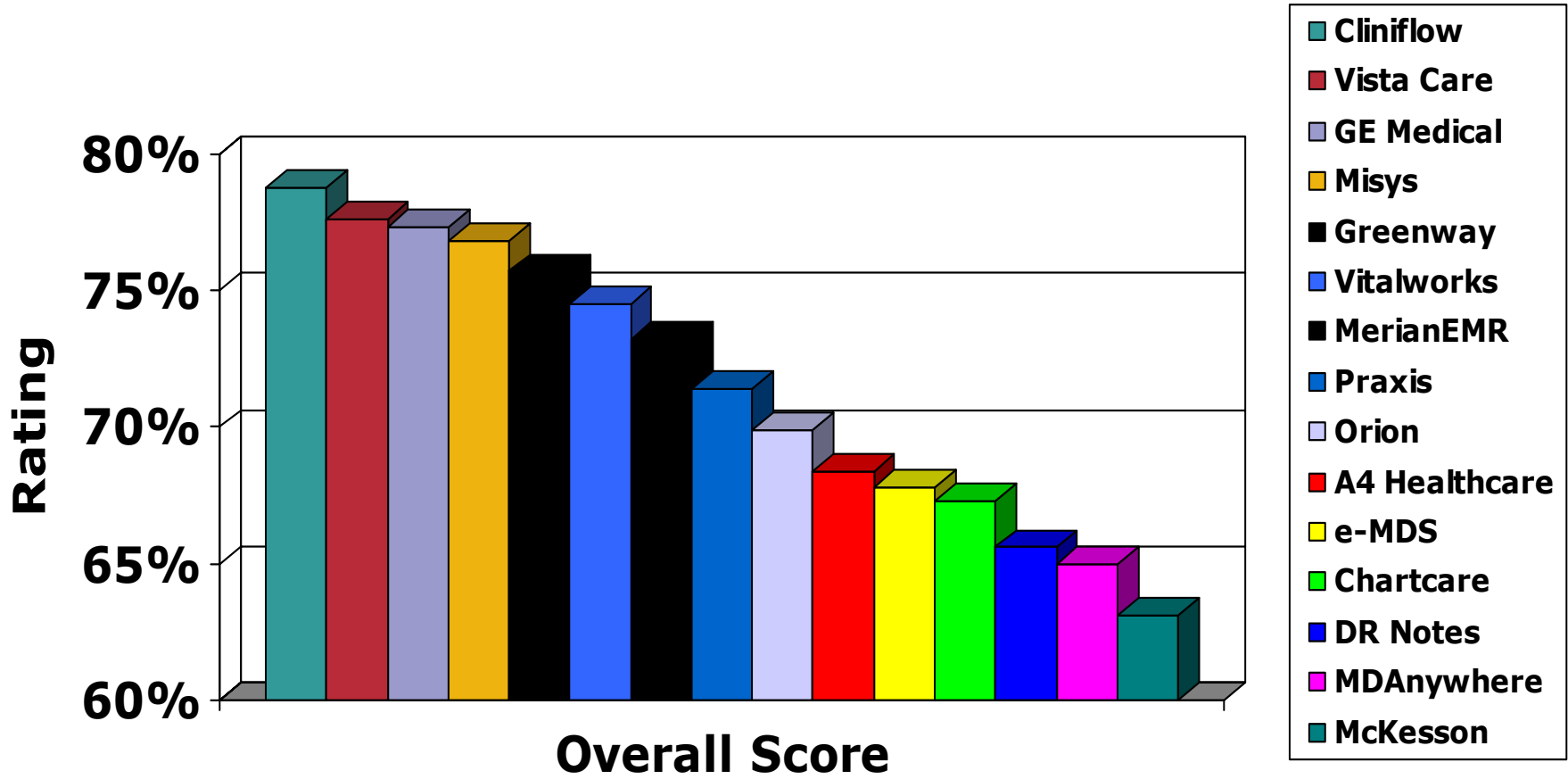
Vendors Meeting a Minimum of 80% of Required Functionality



Based on 4,583 Functional Questions Divided Between 27 Categories

5-Star Charting Vendor Applications

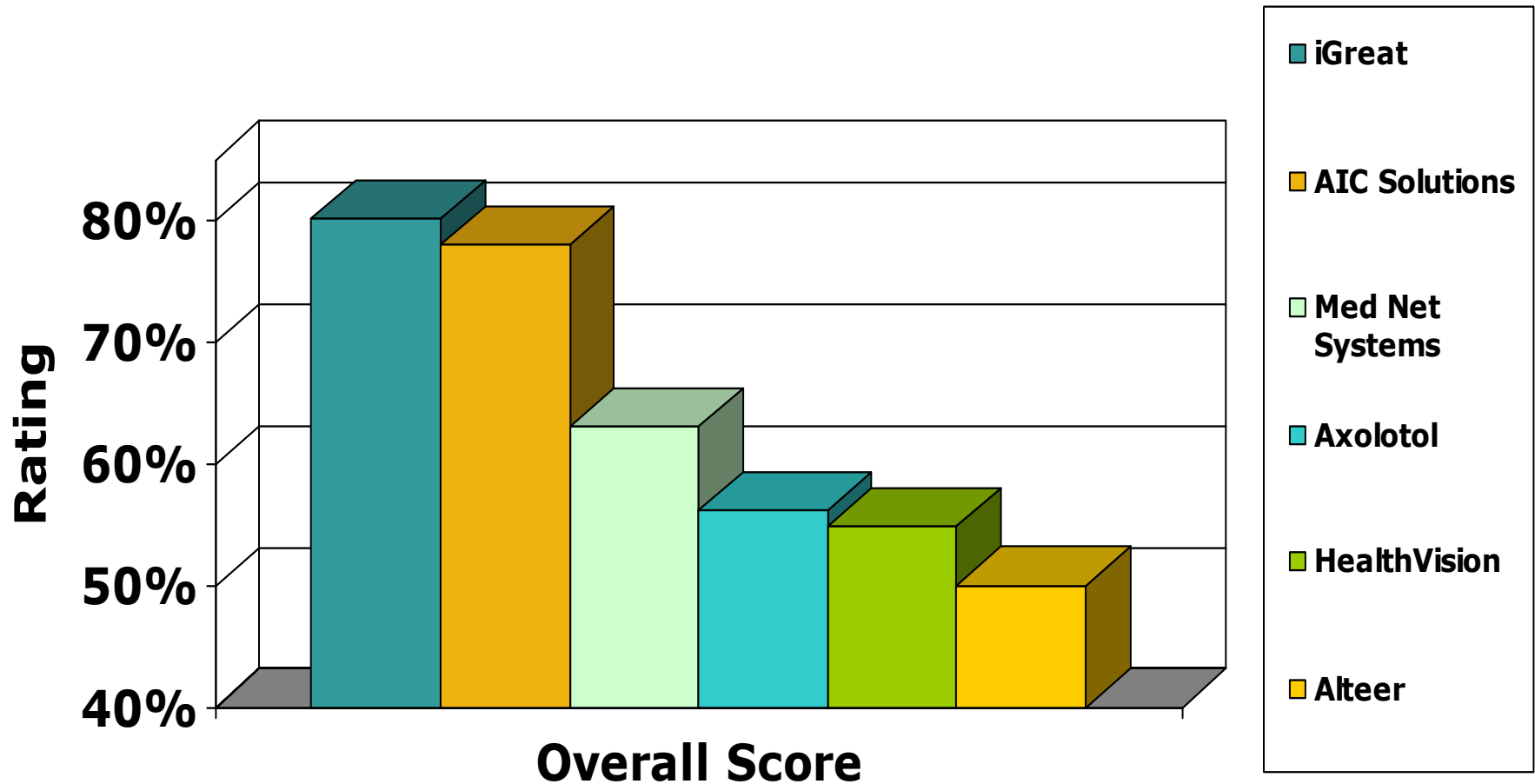
Vendors Meeting a Minimum of 60% of Required Functionality



Based on 4,583 Functional Questions Divided Between 27 Categories

5-Star EMR Lite Applications

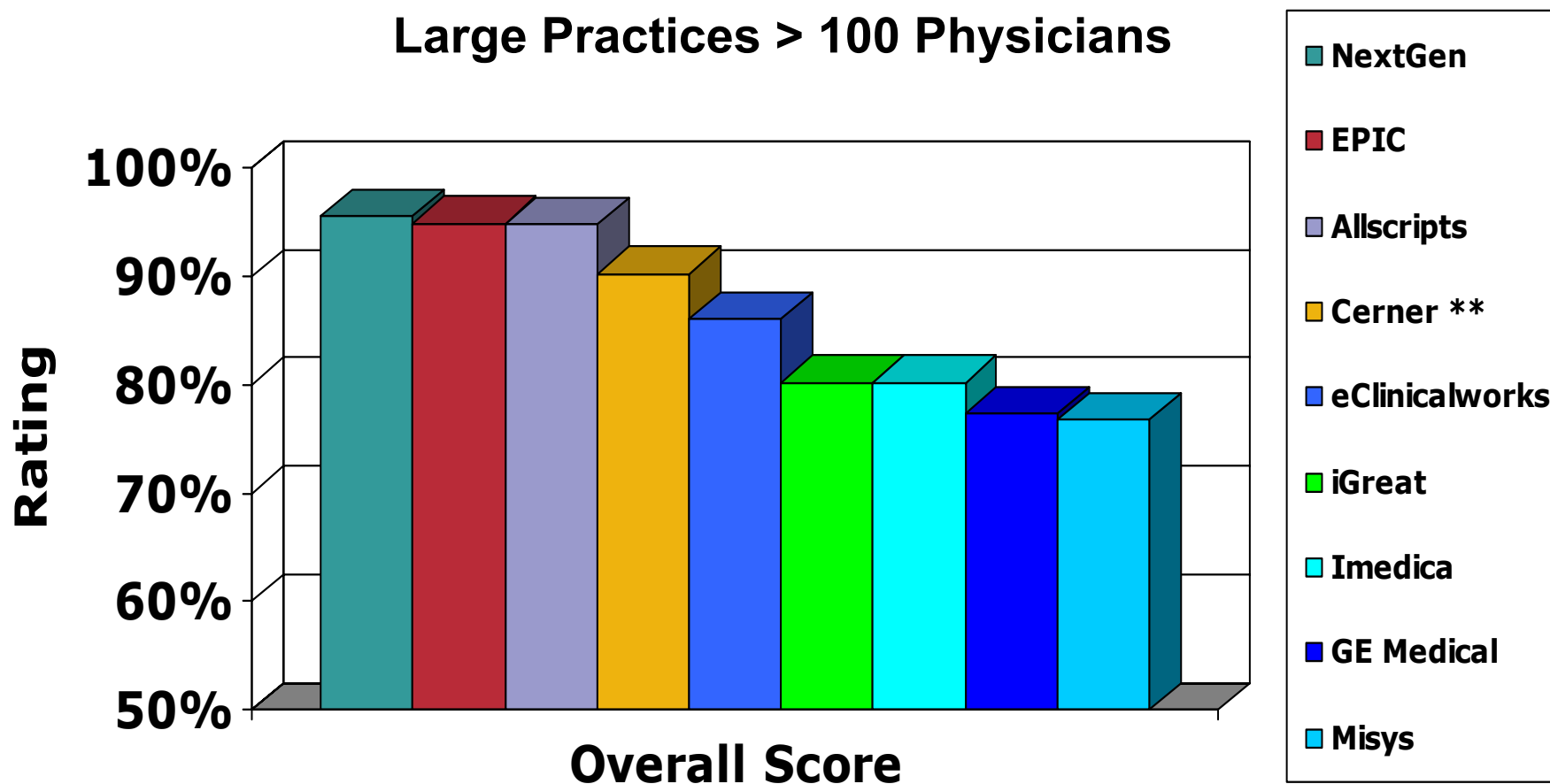
Vendors Meeting a Minimum of 80% of Required Functionality



Based on 4,583 Functional Questions Divided Between 27 Categories

Top EMR/EHR Vendor Applications

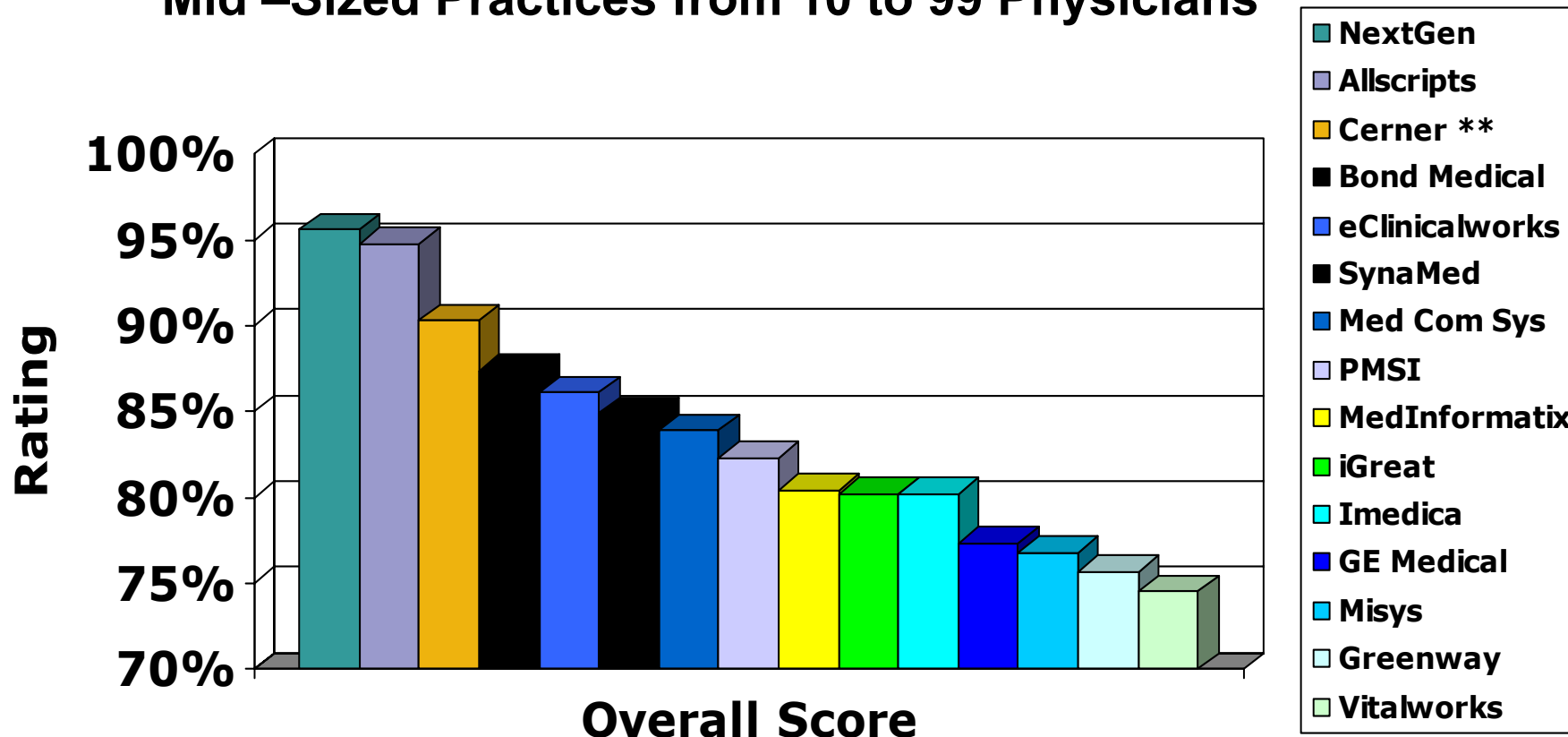
Large Practices > 100 Physicians



Based on 4,583 Functional Questions Divided Between 27 Categories

Top EMR/EHR Vendor Applications

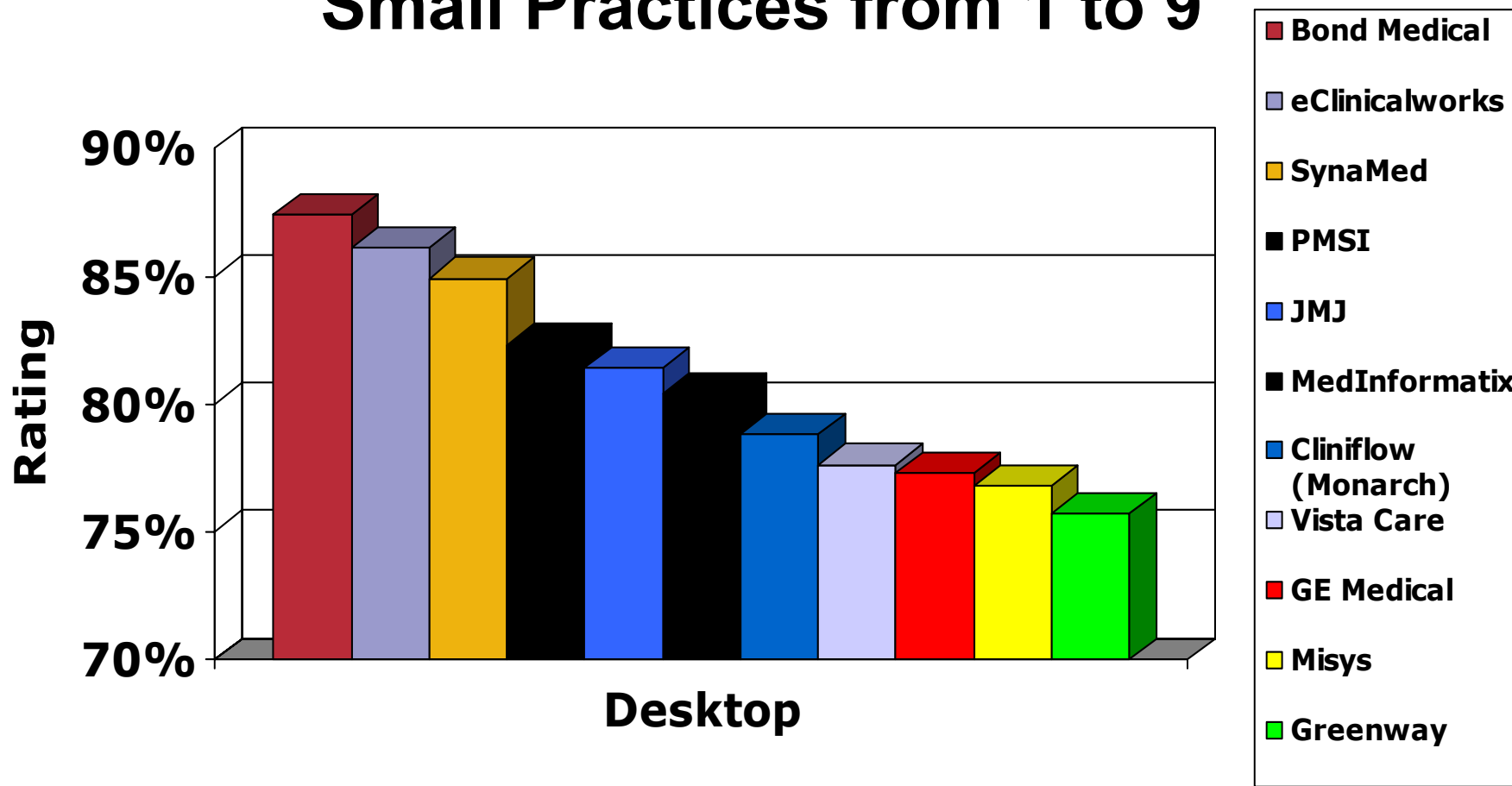
Mid –Sized Practices from 10 to 99 Physicians



Based on 4,583 Functional Questions Divided Between 27 Categories

Top EMR/EHR Vendor Applications

Small Practices from 1 to 9



Based on 4,583 Functional Questions Divided Between 27 Categories

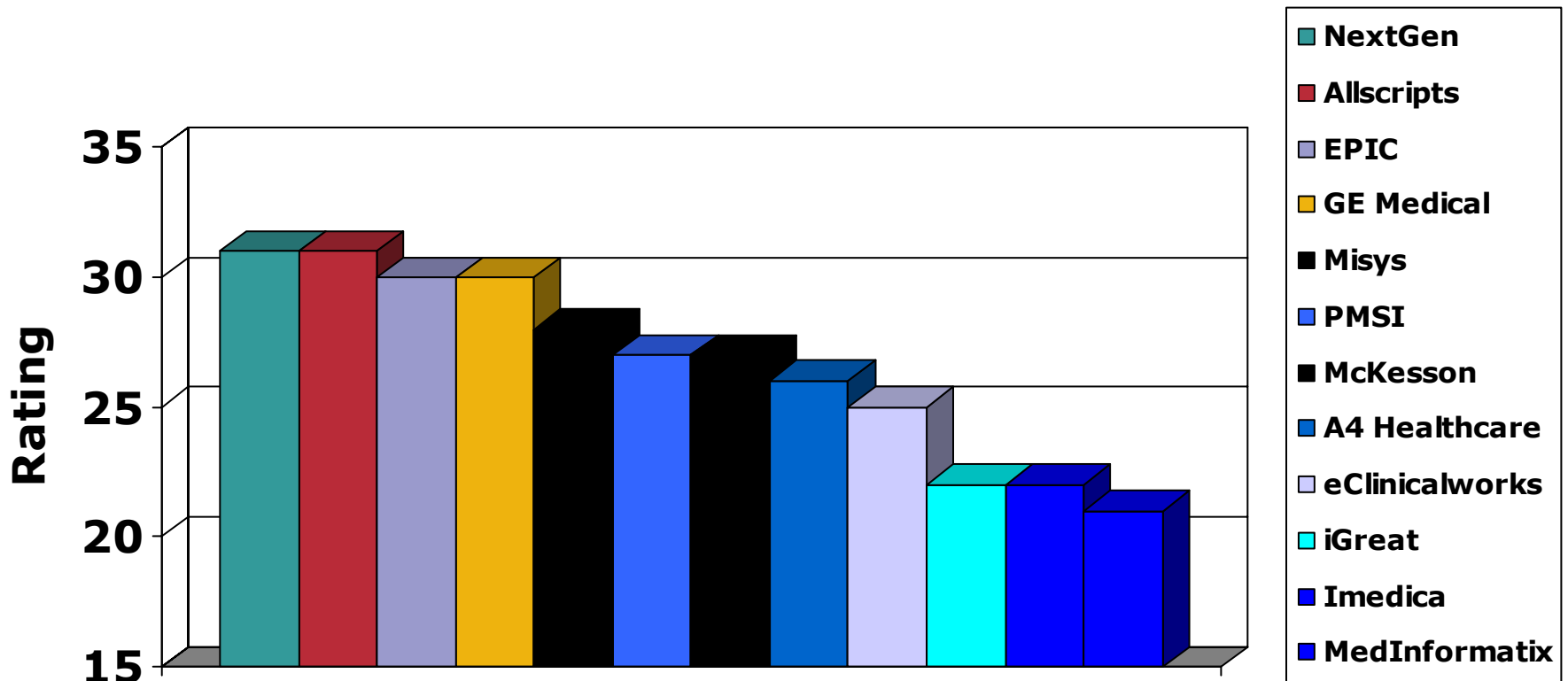
Other Factors

- **Company Viability**
 - Years in the EMR Market
 - EMR Revenues and % of Revenues
 - Cash flow
 - Staff size
- **Experience with large MSO/IPAs**
- **Interoperability**
- **5-Rights**
 - Access Anywhere, Anytime, on Any Device, from Any Location, by Anyone that is a clinician of record**



Top EMR/EHR Vendor Applications

Based on Functionality, Company Viability and end-user satisfaction



Based on 4,583 Functional Questions Divided Between 27 Categories

BOTTOM LINE

- Every vendor is NOT the same
- Recommend starting incrementally
- EMR changes the way physicians work
- Does NOT reduce time in front of patients
- Save time retrieving results, refilling medications, etc.
- Start thinking “How can a afford NOT to have an EMR/EHR”
- Health plans starting to pay more to practices with EMRs
- Malpractice rates will decrease with EMRs

For More Information

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