

Integrating Technology to Enhance Patient and Practice Management

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The Connected Physician[®]

Electronic Medical Record Acquisition Strategies

Mark Anderson, FHIMSS, CPHIMSS

Healthcare IT Futurist

33+ Years In Healthcare IT

CIO Position at Three Multi Facility Regional IDN's

- Executive Team Member at 5 Different IDN's
- Worked In 158 Hospitals and 21 Payer Organizations

Assisting Physician Practices

- Advisor to DOQ-IT and State QIOs
- Advisor to many Medical Societies
- Advisor to National IPA Association
- Managed 50 Physician Practices in the Late 1980's
- CIO of a 2,300+ physician (500+ Practices) IPA

Disclosure

Speaking at numerous professional associations and at vendor meetings (**over 100/Year**)

White Papers on the use of technology

Serve on numerous conference boards

EHR Search and Selections (**> 100 Practices**)

DOQ-IT and CMS EHR Selection Tool

NO Revenue from any vendor based on any Sales or increase in Revenues

Vision

“Technology is simply a catalyst that will empower providers to drive meaningful changes in care.”

“ People love progress ... but hate change”



The Thing About the Future...



...You Hate Getting It Wrong!



And Big Surprises Aren't Much Better!



With Only the Past for a Compass...
Who will guide you?

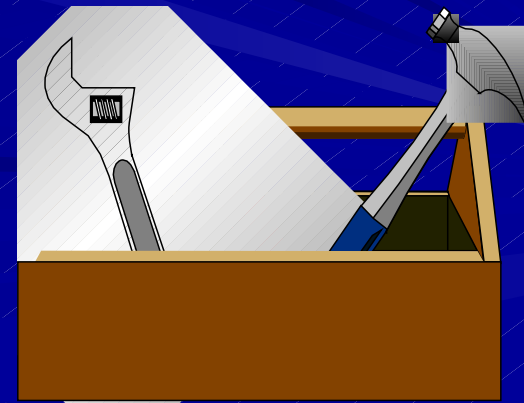


Patterns Must Lead to Action Success = Teamwork



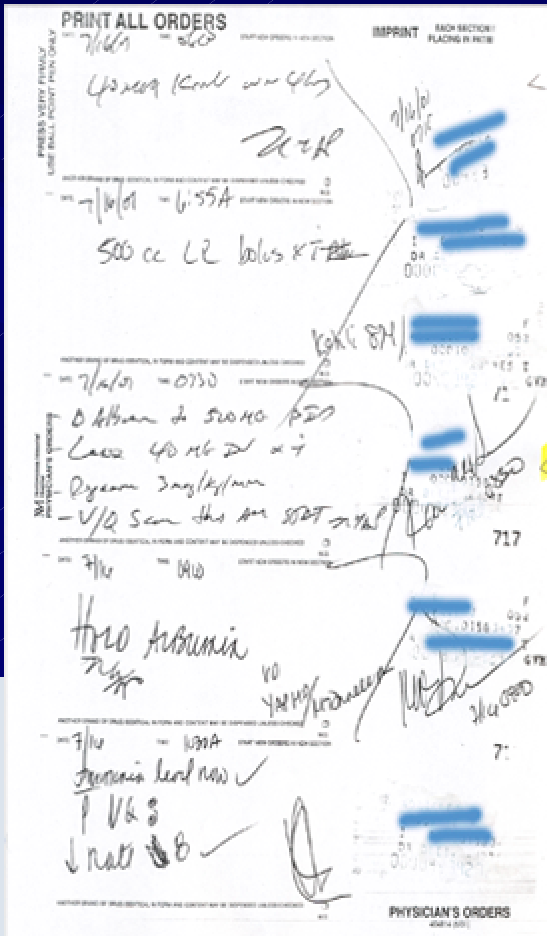
Breznikar's Law of Computer Technology

“Applying computer technology is simply the act of finding the right wrench to pound in the correct screw.”

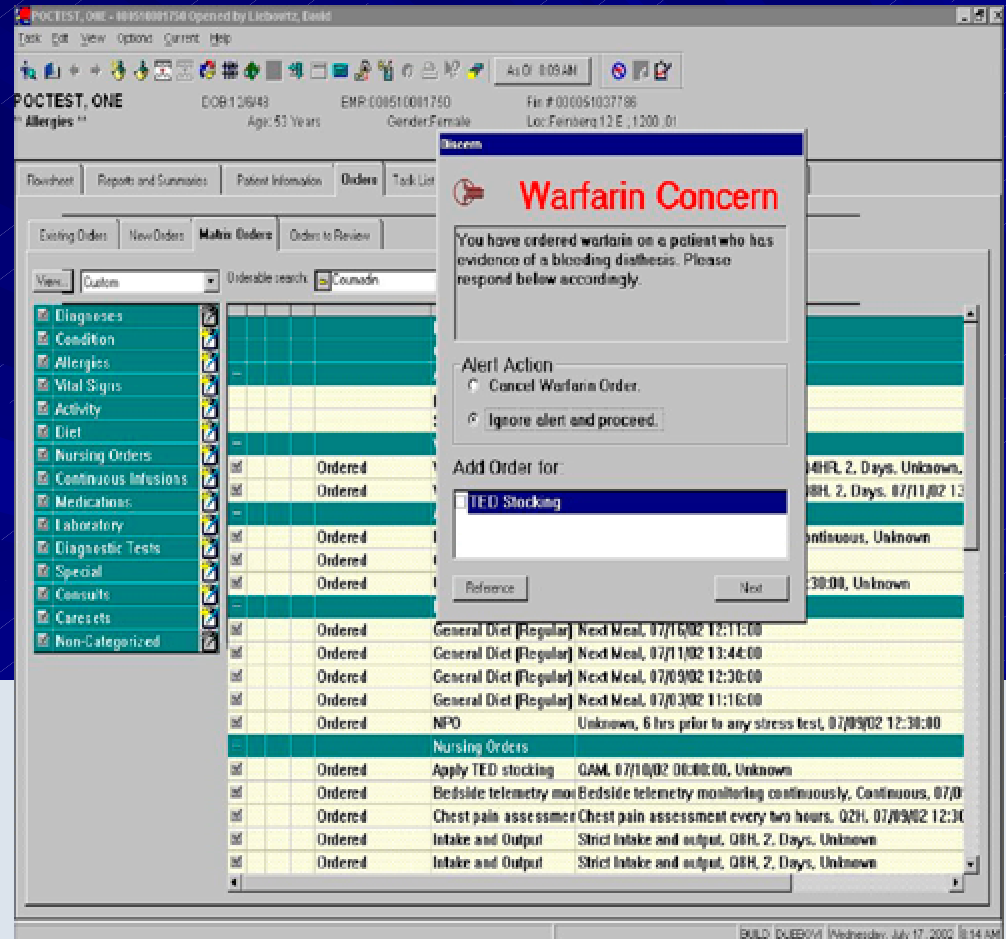


Transitioning from Paper to Digital Electronic Medical Records

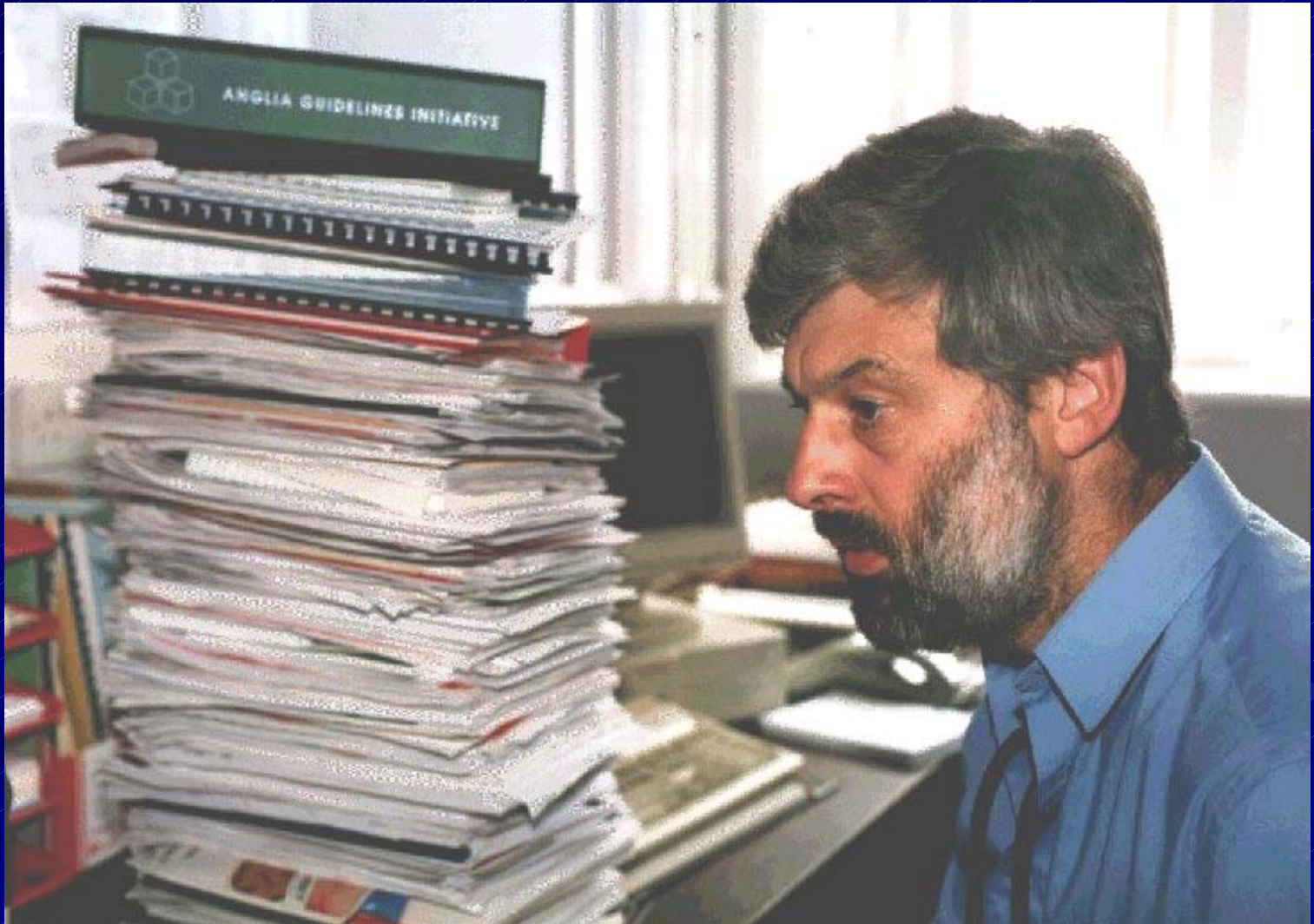
PAPER



DIGITAL



Information Overload



Six Levels of Technology for Physician Offices

Level 6
Clinical Trials

Level 5
**Practice based EMR w/
CDS and KBS**

Level 4
Mobile and Real Time Adjudication

Level 3
Document Management

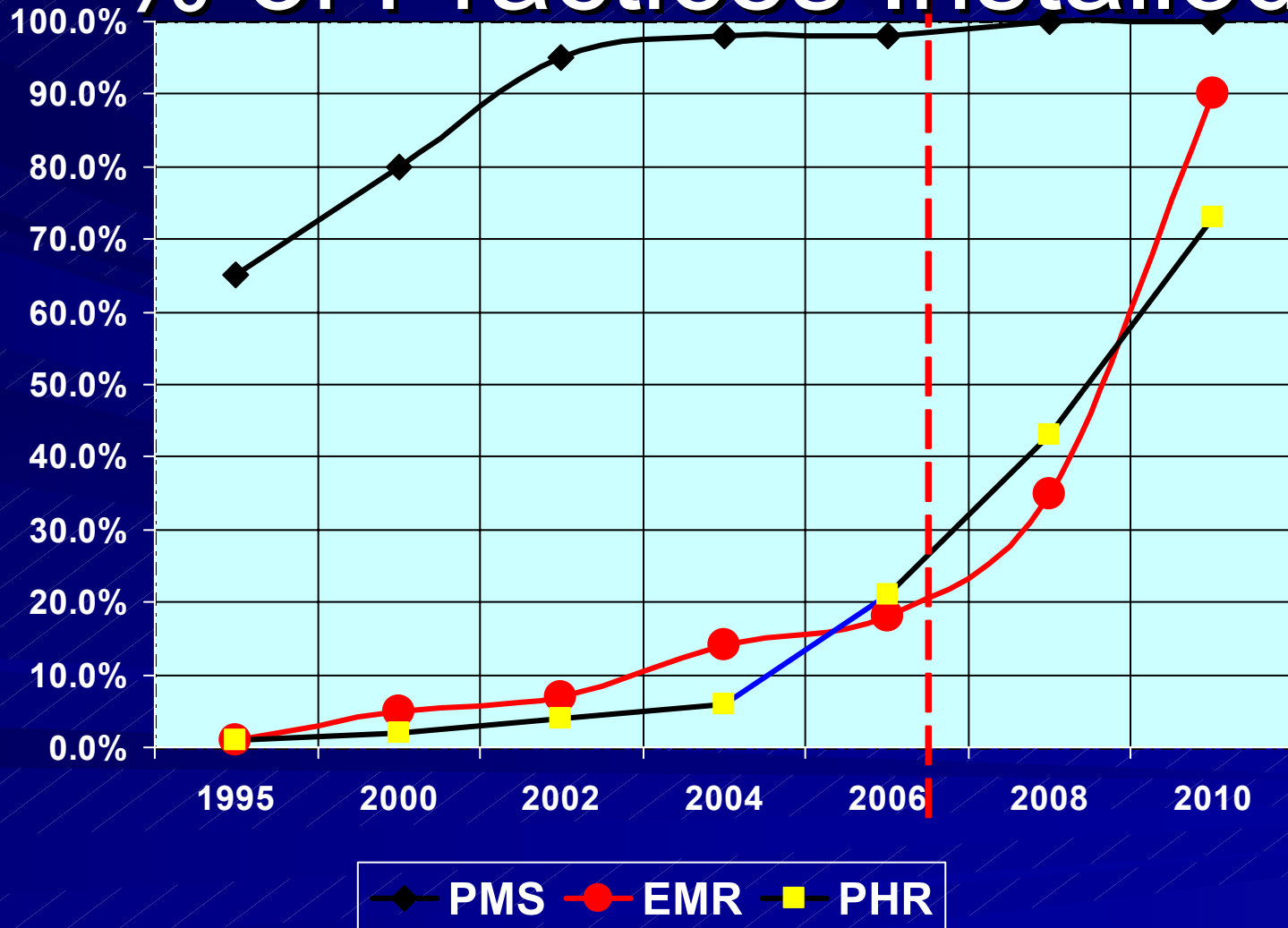
Level 2
Secured Internet Connectivity

Level 1
Practice Management

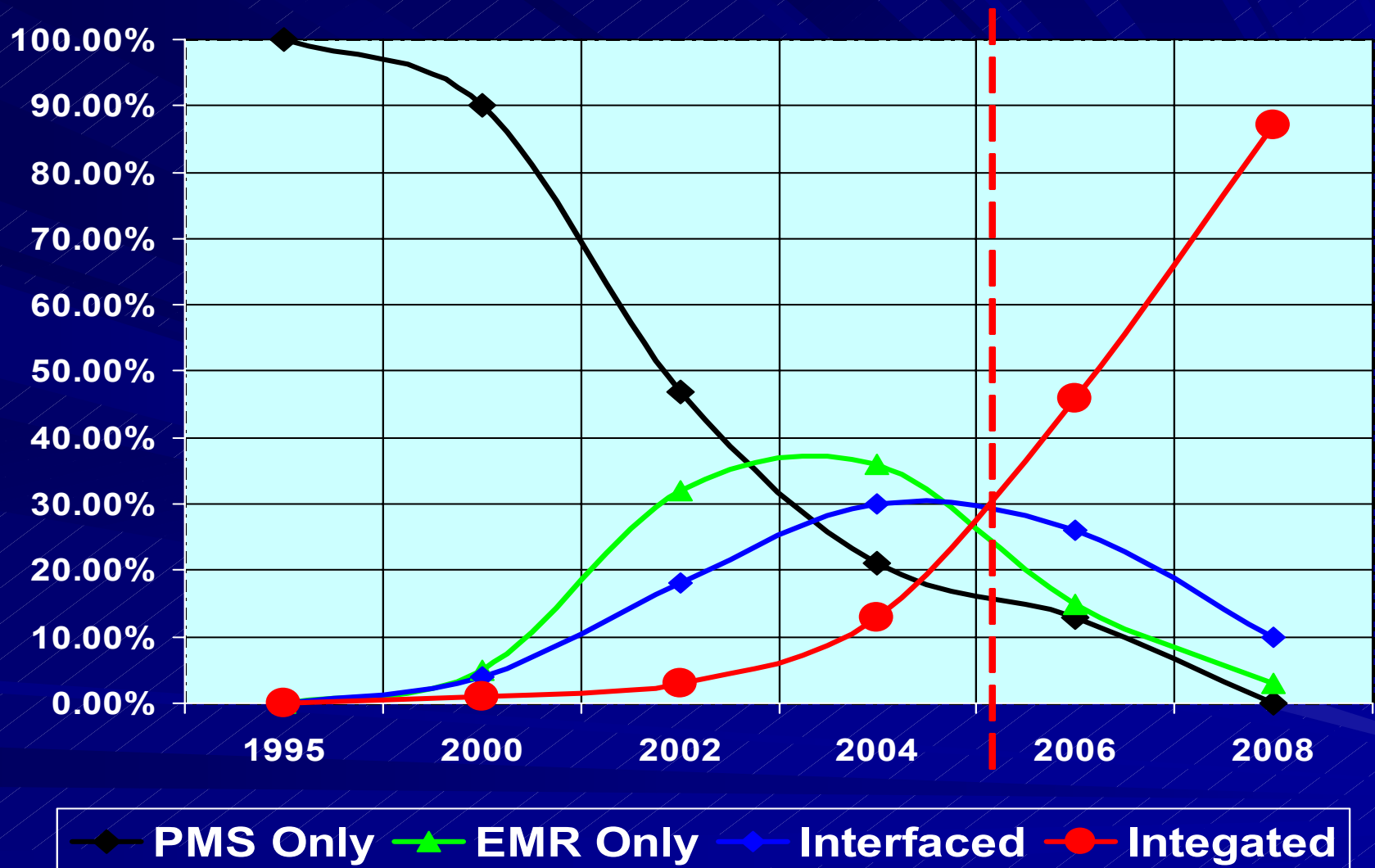
What will it take to gain adoption?

KBS = Knowledge Based Systems
CDS = Clinical Decision Support

Physician Adoption Rates % of Practices Installed



What are Practices Purchasing

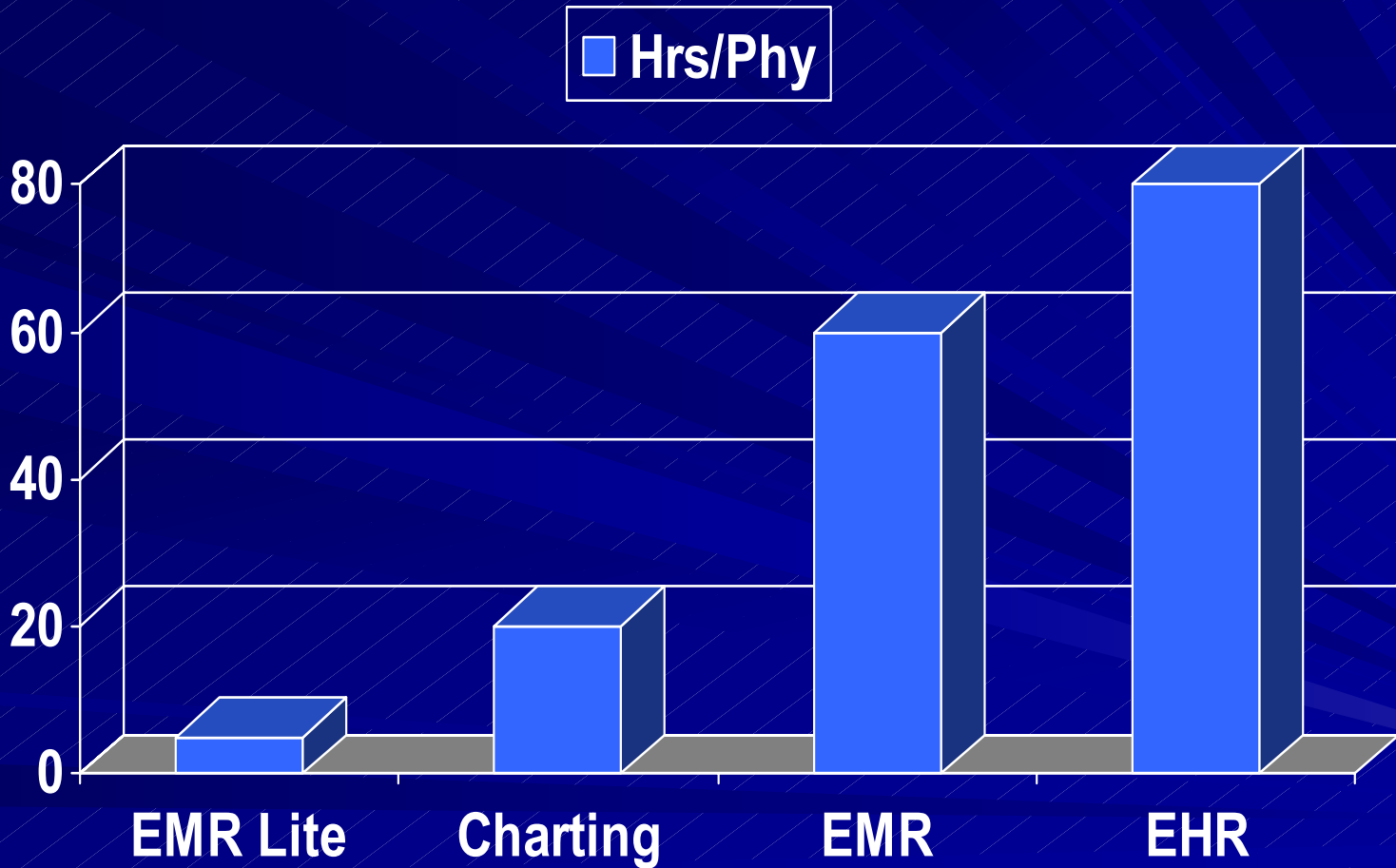


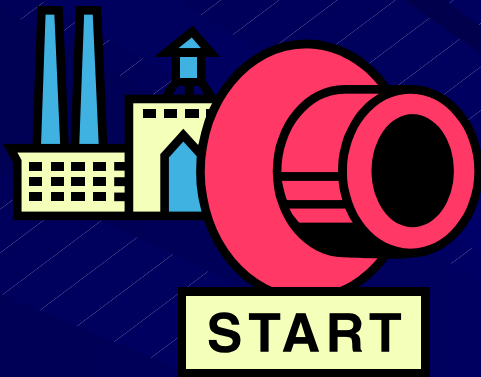
Source: AC Group 2005 annual survey of buying patterns

DIGITAL MEDICAL OFFICE FUNCTIONALITY

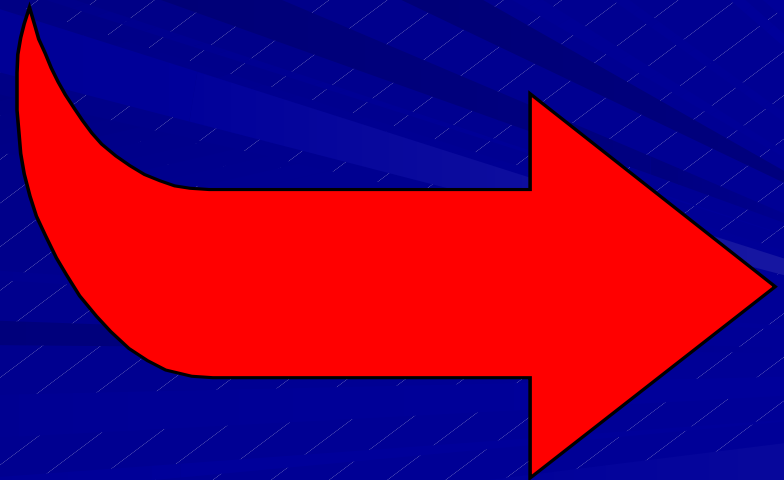
Function	PMS	Secured Message	DIM	Charting	EMR Lite	EMR	EHR
Billing	X						
Scheduling	X	X	X	X	X	X	X
Labs		X	X	X	X	X	X
Transcription		X	X	X	X	X	X
Paper Doc			X	X	X	X	X
E-Prescribe				X	X	X	X
E & M Coding					X	X	X
Standards/CCR						X	X
National Alerts						X	X
Chief Complaint						X	X
Health Maint.	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

Installation, Training, and Configuration





Ready to look for an EMR/EHR
Where do you start?



Questions:

- How do you determine if you are ready to “leap” into the EMR?
- Can you always believe what the vendor tells you?
- Where does a group go to find third-party independent evaluations of vendor’s functionality, financial viability, customer support, and overall best price?
- How can you determine if there is a quantified return on investment (ROI)?
- How can you leverage the use of an EMR to improve reimbursement, improve quantified clinical quality, and reduce malpractice costs?
- Who can you turn to for third-party independent advice?

CCHIT Standards

Recognition of recent governmental leadership in this area—particularly at the federal level and encouragement of expanded leadership at the state level

Role of standard-setting in assuring baseline quality in products (measure of protection to nervous HIT buyers)

Selecting An EHR

Create a Comprehensive Committee

Establish a Realistic Requirements List

Verify the EHR Strategy of PMS

Conduct Demonstrations

Check References and Visit Sites

Evaluate EHR Candidates



Selecting An EHR

Create a Realistic Budget

- Project Management
- Non-Vendor Assistance
- Data Conversion
- Adequate Hardware
- Training and Support



Contracting

1st – What do you want to contract for?

2nd – Get a quote

3rd – Review the quote and the Contract

4th – Negotiate

5th – Get everything in writing

6th – Get HELP!!!!

7th – Sign the Contract

8th – Now is where the real work starts !!

EMR/EHR Selection Tool

AC Group conducted extensive evaluation of the EHR marketplace

- 8th report
- Completed in May 2006
- Included over 3,000 functional questions
- 38 categories of functionality
- 26 subcategories of charting functionality

114 Vendors have participated

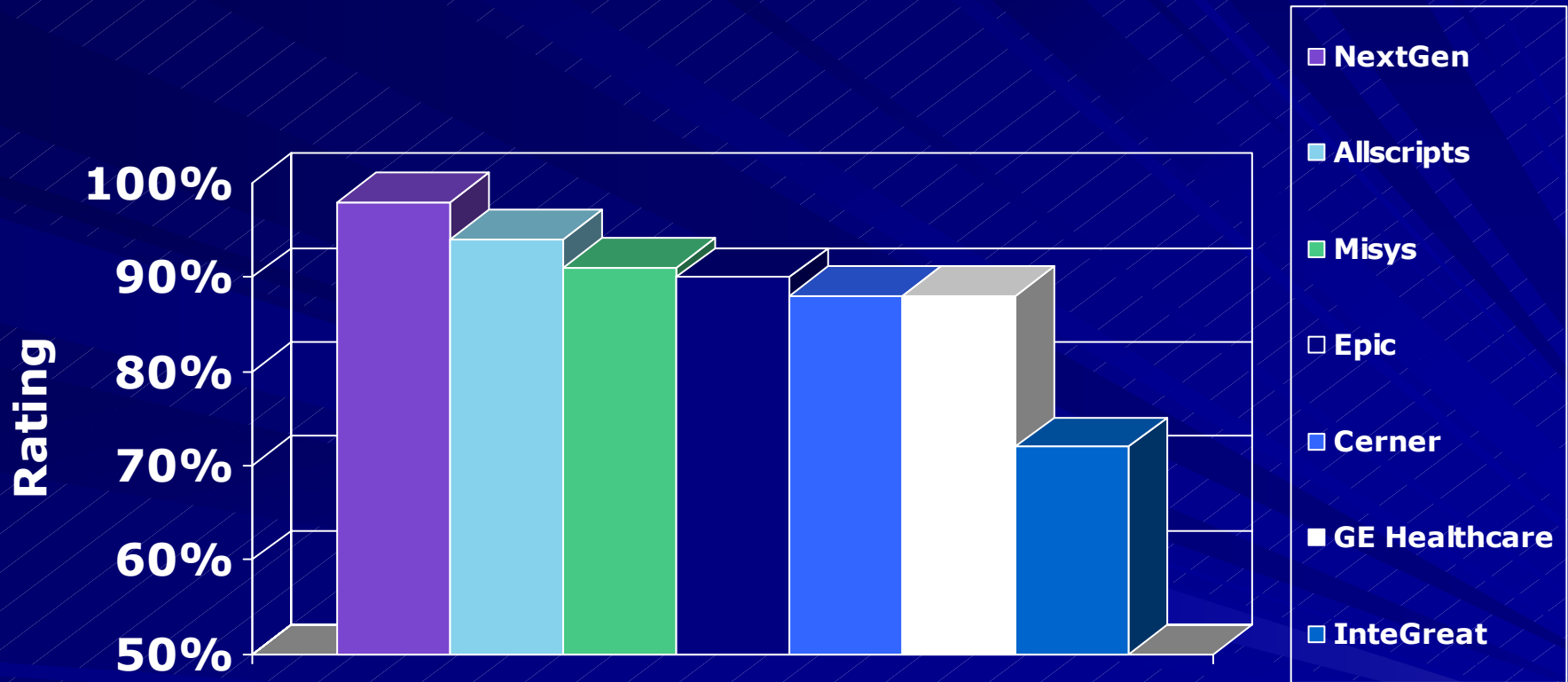


EMR/EHR Selection Tool

Charting Vendors
EMR Light Vendors
EMR Vendors
EHR Vendors
CHR Vendors
Combined PMS/EHR
FQHC
Mental Health



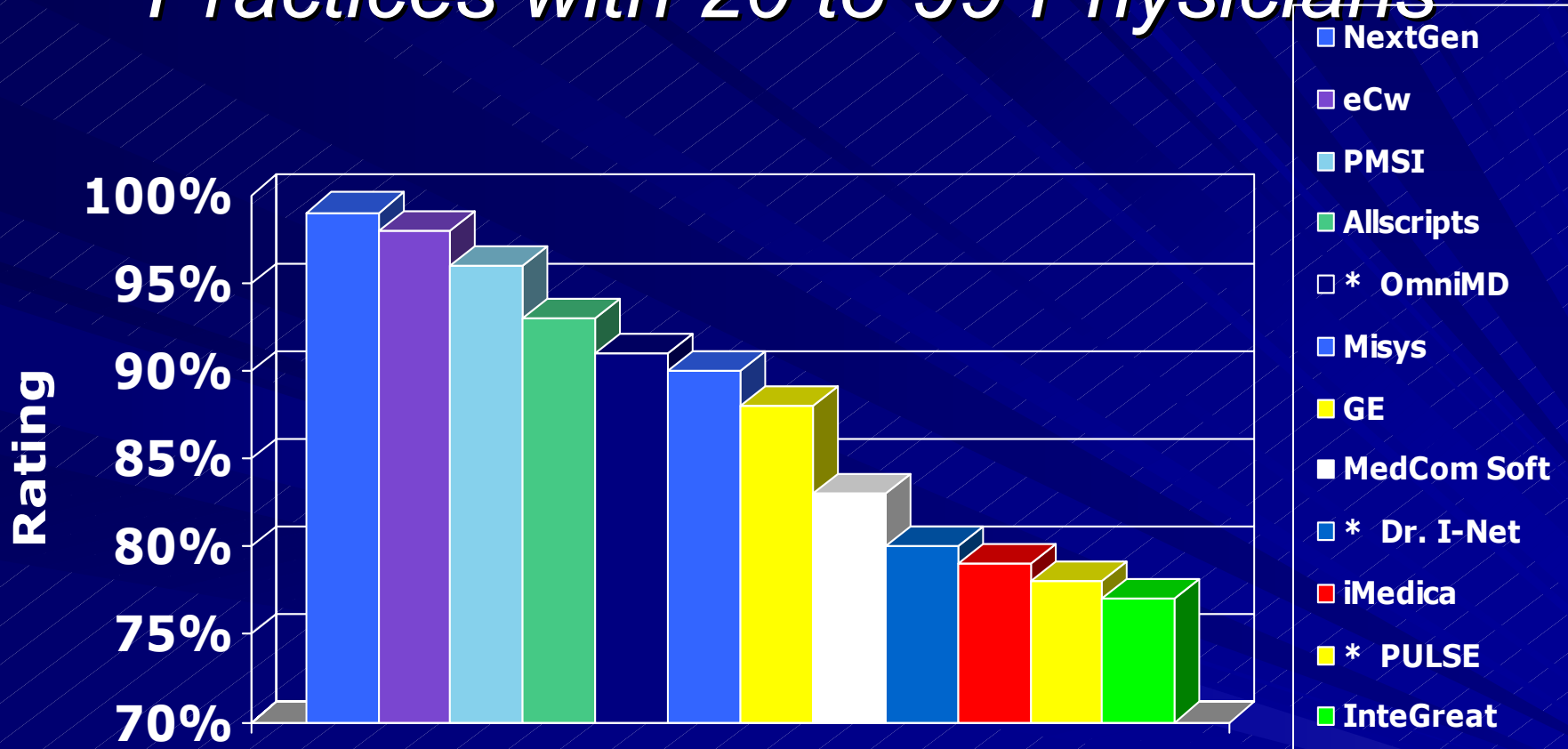
Top EMR/EHR Vendor Applications Practices with > 100 Physicians



(*) indicates that the product has not been tested yet

Based on 2,750 Functional Questions Divided Between 38 Categories

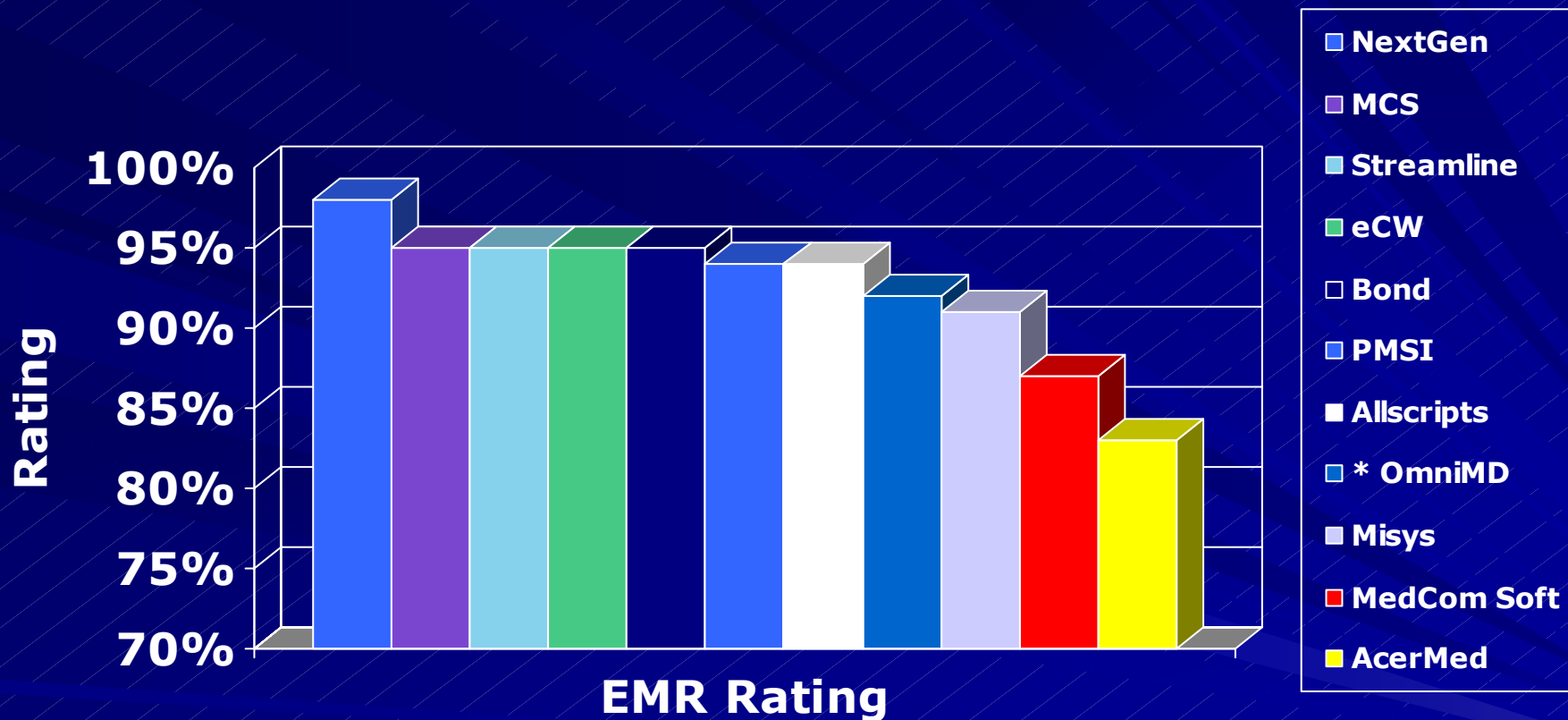
Top EMR/EHR Vendor Applications Practices with 20 to 99 Physicians



(* indicates that the product has not been tested yet)

Based on 2,750 Functional Questions Divided Between 38 Categories

Top EMR/EHR Vendor Applications Practices with 6 to 19 Physicians

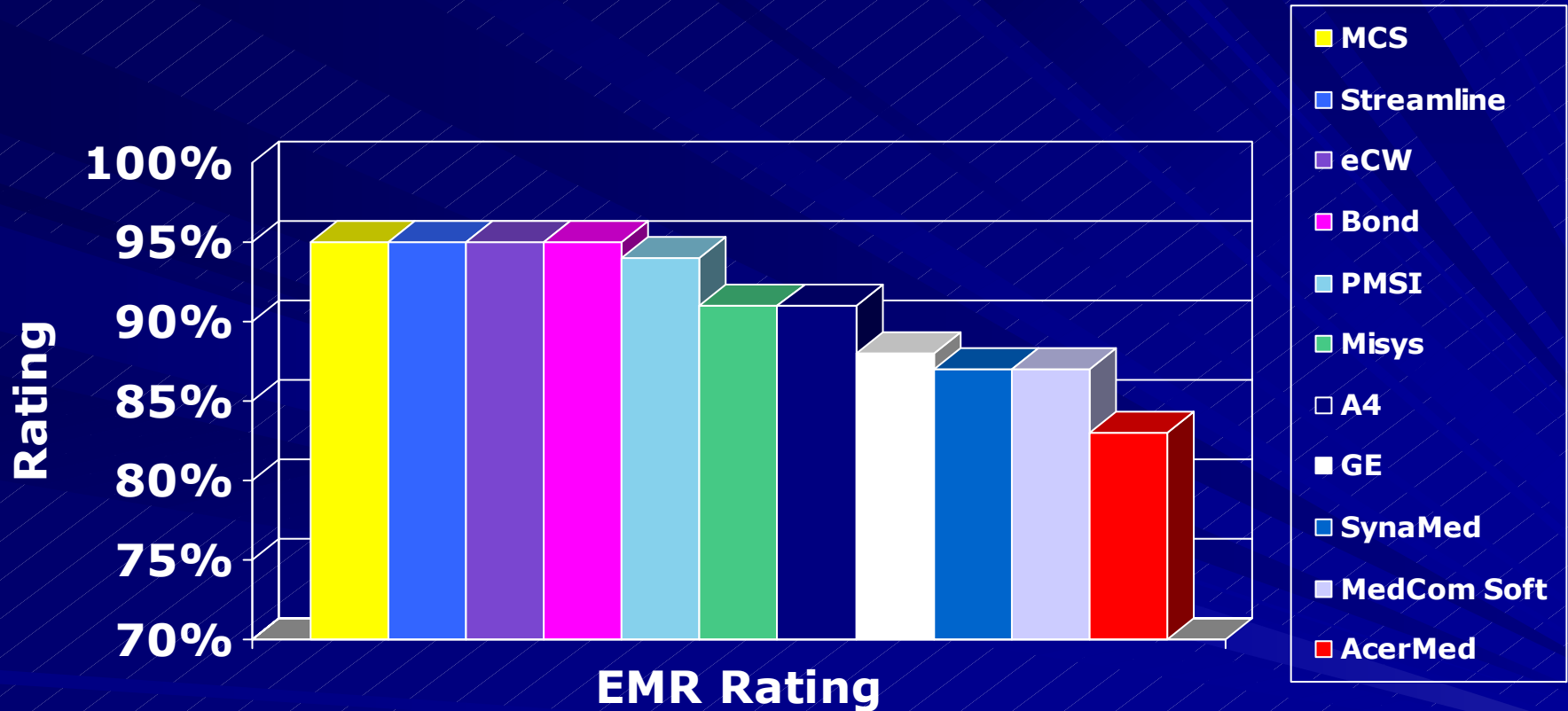


(*) indicates that the product has not been tested yet

Based on 2,750 Functional Questions Divided Between 38 Categories

Top EMR/EHR Vendor Applications

Practices with 1 to 9 Physicians



(*) indicates that the product has not been tested yet

Based on 2,750 Functional Questions Divided Between 38 Categories

AC Group Product Evaluations

EHR Functionality Only

PMS – EHR Functionality Only

Total Company Rating

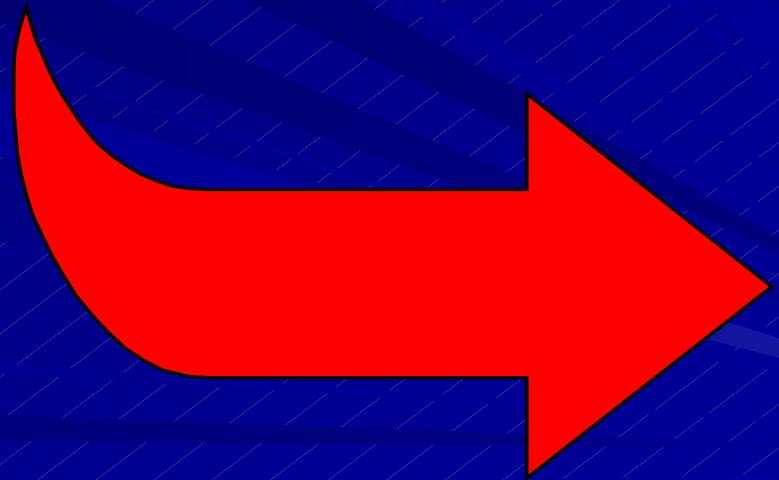
– Company Stability

- Company Revenues
- EHR Revenues
- Total Ambulatory Revenues
- Client Base
- Technology

– End-User Satisfaction

- KLAS
- AAFP
- AC Group

Potential Return on Investment



Benefits to the Physician

- Clinical Integration
- Reduce operating cost > 8%
- Improve Revenue Capture > 3%
- Lower costs = 40% reduction
- Monthly fixed costs with local support
- Contract terms and conditions
- The power “of the many”
- Pay-for-performance - \$5K-10K
- Interfaces to all sources
- Data exchange between Primary Care, Specialists, and Hospitals
- Grants to the IPA offset costs
- Local clinical support via IPA
- More service = more value



Why systems FAIL!

RESULTS

- 74% of discarded EHRs 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 EHR decision could cost the average physician more than \$50,000 per year.

Role of the EHR Vendor

The vendor sells you a car and teaches you how to turn it on.

- The vendor does not teach you to drive.
- The vendor does not show you how to get where you want to go.

You could end up wasting your time and money

Bottom Line

Technology can improve your operations

Technology can help improve reimbursement

Technology can help reduce costs

However

Technology alone does nothing

It's the staff that makes it all work

Computers are dumb – they only do what you tell them to do
– but they are thousands of times faster than we are

Don't leap into EMR until you are ready

Take an incremental approach toward automation

For More Information

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Questions

