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Justifying an Ambulatory EMR

And selecting the right one

By: Ward Keever, CTG HealthCare Solutions Executive Director of Executive Services

In last November's *Insights*, I offered a few thoughts about pursuing meaningful use and cautioned against simply acquiring and installing automated systems in hopes that your organization can qualify for federal funds to help defray the cost of implementing those systems. Reflecting upon this insight, it occurred to me that I have left unanswered the question "OK, then why *should* we do it?" So, this month, I offer a few suggestions to help you justify an ambulatory system for your physicians beyond the fact that the federal government may help defray some of the costs.

Benefits

Physicians have generally done all they can within the current reimbursement environment to reduce expenses and streamline operations. Staffing costs are high, space is tight, and physician time and productivity are limited by heavy demands on time and unending paperwork. These factors are primary in limiting the potential for growth, profitability, and improved care. The only remaining way to improve operations is by adopting technology that can assist physicians by doing the tasks best suited to computers (collecting, organizing, sorting, storing, and collating data for reporting) and freeing physicians and their staff to provide high quality care to their patients in an efficient and effective manner.

Successful implementation of a clinical EMR system can reduce stress levels and improve productivity. Moreover, patients are expecting computerized applications in healthcare. Thus, it is appropriate for physicians to give serious consideration to working with healthcare organizations and take advantage of the opportunity before them. The potential benefits are many:

- Improved productivity and quality of care, with complete information organized and immediately accessible during patient visits and phone calls
- Thorough documentation of clinical services, increased clinical measurement and enhanced reporting
- Increased coding accuracy, which improves the practice management revenue stream by reducing claim denials and ensuring accurate reimbursement
- Expanded health promotion, prevention, and maintenance activities; increased adherence to health maintenance protocols



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- Elimination of duplicate writing
- Better controlled patient care costs by reducing redundancy and duplication of clinical services
- Increased ease and effectiveness of chart audits
- Enhanced ability to achieve HIPAA compliance
- Significantly reduced physician time spent searching through charts for most current tests, medications, etc.
- Elimination of staff time spent pulling, preparing, filing, maintaining, and searching for lost paper charts
- Fewer telephone calls for prescriptions with follow-up calls from the pharmacy virtually eliminated via legible, error-free scripts sent directly to a pharmacy
- Charts completed in real time as a physician finishes seeing the patient, significantly reducing or eliminating transcription time and costs
- Fewer liability risks and increased professional satisfaction
- Optimized staff support, potentially reducing extra support needs for additional physicians
- Improved management of appointment scheduling
- Preparation for pay-for-performance and other provider incentive programs.

Cost justification

Perhaps most important to a physician is the ability to cost justify the acquisition and investment of time for the software to become operational. Here are a few ideas and benefits that may be helpful to you in your conversations with physicians:

Benefit	Estimated Savings
Reduced chart pulls	\$5/chart x 10 charts/day x 260 days = \$13,000/year
Reduced dictation	\$25,000/physician/year
Fewer pharmacy calls	5 minutes/call x 3 calls/day x 260 days/year = 5 hours x \$20/hour = \$1,300/year
Reduced chart supplies and paper	\$10,000/year
Lower malpractice insurance premium	5–10% reduction



As a CIO, you want to help physicians by choosing the application/vendor that provides the best fit to their practice and desired level of funding. As in many other aspects of life, the most expensive choice does not necessarily equate to the best choice.

By way of comparison, the monthly costs of an ASP model are:

- Less than the monthly cost of providing benefits to one employee
- About equal to the Medicare reimbursement for one additional level 3 established patient visit per week
- Approximately equal to the cost of one staff person spending 35 minutes per day looking for lost charts.

Selection criteria

If these benefits and cost justification seem reasonable, then the challenge is to come up with a basis for comparing the myriad of vendors and software choices available. As a CIO, you want to help physicians by choosing the application/vendor that provides the best fit to their practice and desired level of funding. As in many other aspects of life, the most expensive choice does not necessarily equate to the best choice. To help you and your physicians make that selection, I am providing a list of characteristics and features that might be helpful in comparing the many options available.

#1: Affordability/value

The needs of hospital-based physicians, hospital-owned physician practices, large independent physician practices, and small physician practices vary significantly. While all practicing physicians need the fundamental components of an EMR to support their care delivery, the features, scope, ease of information exchange, support requirements, and appetite for computerization all enter into the affordability and value equation. It is important that you consider the following:

- a) Avoid buying features that are not desired or relevant within a specific practice environment or specialty.
- b) Maintenance fees, upgrades, personnel support, and file backup can be costly depending on whether they are shared with a health system or across a large physician group or absorbed by a small physician practice. Are upgrades and file backups included in annual maintenance fees?
- c) Do the physicians already have an investment in IT infrastructure and support personnel that can be leveraged?
- d) An ASP model can be a very cost-effective entry point for physicians to acquire EMRs. Can the EMR system be delivered as an ASP model with a monthly fee and no other investment or cost? Can maintenance, upgrades, and backups be included in the annual maintenance fee or the monthly ASP fee? The only infrastructure requirements for an ASP model are input devices of each physician's choice and high-speed Internet access.

#2: Learning curve and ease of use

The EMR system must be intuitive, have a short learning curve, and be adaptable to the specific physician and practice. The system should:

- a) Not require lengthy and expensive time away from office hours and responsibilities to the office staff



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- b) Be customizable to conform to the way each physician and staff practice
- c) Require minimum keyboard skills
- d) Provide multiple methods of data entry to accommodate a range of computer literacy skill levels and preference among providers
- e) Not require technical programming expertise to develop and customize the application for a specific practice
- f) Provide online user support and tutorials
- g) Be extensible, so that additional features may be added as future interest and practice requirements suggest

#3: Security and accessibility

With today's emphasis on health information exchange, security, privacy, and access are even more important than ever before. These EMR features are critical:

- a) Automatic daily backup of records, eliminating dependence on busy practice staff
- b) Password protection and multiple security levels to assure HIPAA compliance and appropriate access to different users
- c) 128-bit SSL encryption (for ASP option only)
- d) Availability of records to physicians wherever there is Internet access on a variety of devices (for ASP option only)

#4: Support for accurate and complete coding

Complete and accurate coding is a key benefit to EMRs to reduce rejected claims, enhance supporting documentation, and save time. A good EMR system should:

- a) Help determine the correct level of services for evaluation and management (E&M) coding
- b) Allow rapid and thorough documentation of visits
- c) Facilitate complete billing for services rendered
- d) Provide tools to submit clean claims with linked diagnosis and procedure codes

#5: Compatibility with hospital, patient, and other clinician applications

The ARRA legislation is putting more emphasis on clinical information exchange. As part of meeting meaningful use requirements, any EMR system implemented should provide a solid foundation for HIE by:

- a) Supporting interoperability standards such as HL7 and open EHR
- b) Providing a fully integrated patient portal and personal health record service
- c) Providing easy access to practice approved patient education materials
- d) Including decision support tools
- e) Integrating hospital ancillary services such as laboratory, pharmacy, and other clinical functions such as digitized x-ray and EKG
- f) Providing a full range of tools—e.g. prescription writing direct to a pharmacy, formulary management, drug interaction checking, document management coding



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#6: Low risk

A key point for many physicians is reducing their risk in trying something new, so ensure that any EMR system under consideration has:

- a) Minimum upfront investment
- b) Data stored in standard formats, full compatibility with interoperability standards
- c) The ability for all data to be provided on CD or printout should a physician want to discontinue using the application (for ASP option only)

Most physicians accept that the changeover to electronic medical records is coming (if not already here). Not only do the benefits make it a smart thing to do, but the demands of federal compliance will most assuredly require it.

But they also have reservations, and you'll hear them mention "cost," "disruption," "complicated," "proprietary," "requires IT maintenance" to list a few. This is a conflict of emotions that you must address if physicians are to become a fundamental part of your integrated health system or regional health information network. I hope this *Insights* provides you with a few ideas to assist you in your quest.

Tally ho,
Ward