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FOR IMMEDIATE RELEASE

Electronic Medical Records, now or later?

Electronic Medical Records have moved to the forefront of the minds of many Physicians and Practice Managers. What was once considered an option only for the technology savvy is about to become a reality and a solution for all of us. Our government, in an effort to facilitate the transition from paper to digital medical records, is planning to infuse funds into Physician and Group Practices for the purposes of procuring and implementing individual Electronic Medical/Health Record (EMR/EHR) solutions. There are, however, strings attached – strings that, while they have been defined in final draft form, have not yet been formally adopted and have met with some resistance throughout development.

How is it possible then, to begin the process of selecting and implementing an EMR/EHR solution when there is an element of ambiguity in the expectations? Additionally, the pool of health care Information Technology talent is lean today. As an enormous number of practices begin transitioning their records and processes, that pool will only become more diluted. Since the largest portions of the reimbursement funds are available between 2011 and 2012, practices cannot afford to wait.

The silver lining that exists, however, is that while we wait for final adoption of the criteria, enough information is available today to begin the EMR/EHR evaluation and selection process. Centers for Medicare and Medicaid Services (CMS) and the U.S. Department of Health and Human Services (HHS) have spent the majority of 2009 developing the regulations that will govern the incentive programs. They are as follows:

Meaningful Use

Not only is it required to have an EMR/EHR solution installed within a practice to receive the proposed incentives, but how and to what degree it is used determines eligibility. The HHS Health IT Policy Council has defined Meaningful Use using three, milestone-based measures.

First, practices will be expected to electronically capture, in coded format, and report health information for the purpose of tracking key clinical conditions by 2011. The second milestone, in 2013, includes the 2011 criteria as well as the ability to electronically share patient information among all health care entities and provide patient decision support information at the time of the encounter. Lastly, by 2015, the measures require the Electronic Medical Records to be functioning in such a way that they enable performance improvement and support care processes for key health system outcomes.

HIPAA Compliance

The Health IT Policy Committee has recommended that CMS and state Medicaid organizations withhold incentive payment for any entity until appropriate HIPAA compliance is achieved. Unlike paper records, electronic medical records present varying and elevated levels of risk and vulnerability. Specifically, control of user access and information portability, recovery from loss of data, and the ability to demonstrate a secure computing infrastructure will be highly scrutinized throughout this process.

CCHIT Certification

The Certification Commission for Health Information Technology (CCHIT), founded in 2004, was awarded a contract by HHS to develop and evaluate the rigorous certification criteria and inspection process for ambulatory Electronic Medical Record solutions. In order to receive the expected incentive payments, a CCHIT certified solution must be purchased. Of the nearly 800 ambulatory EMR products available today, only 135 are CCHIT certified.

Quickly Proceed with Caution

Begin the process of evaluating your needs and selecting an appropriate software solution today. While the guidelines are still awaiting approval, there is enough of a foundation to raise the priority and begin considering the initial steps. By delaying, practices run the risk of losing access to an Information Technology talent pool that is shrinking. Additionally, the length of time, on average, to define requirements, select a software vendor, and install the solution historically runs between 6 and 12 months.

Don't underestimate the complexities of adherence to the incentive criteria. Within the software solution, there are three components of the installation; the software licenses, the computing infrastructure, and the business process identification. Clear understanding and definition all three are vital to the success of the EMR/EHR installation and meeting the Meaningful Use requirements.

Ensure that the clinical and business requirements and vision dictate which software and technology your practice chooses. Do not allow the software or technology to dictate the requirements and vision of the practice. At present, this is the top reason why EMR/EHR software purchases are failing at a staggering rate. By understanding that the intention of the EMR initiative is not only to propagate Information Technology usage within Private and Group Practices, but also to improve on the clinical and business process currently in place, Physicians will have taken large steps towards a successful software purchase.

Set realistic investment and budget expectations. Historically, the software license accounts for only 13% of the total software implementation budget. The remaining 87% is invested in computing infrastructure, software to software interfaces, training, paper to electronic record migration, and software maintenance contracts. Proper management of the remaining 87% of the budget is imperative.

Choose your Information Technology advisors carefully. There are many credible resources that can help you install your computers, network, and infrastructure. Additionally, there are many outstanding software providers. Very few, however, are able to effectively govern all of the components in a cost-conscious manner. Identify an advocate, internal or external to your practice, who can help you understand your vision and requirements; translate them into the relevant technical solution that adheres to Meaningful Use, HIPAA, and CCHIT criteria; and act as a steward of your investment dollars.

Once you've made the investment, continue to leverage and feed the competency. We have only begun to see the transformation that will be taking place in Health Care Information Technology. Over the next 3 years, the Health Care Private and Group Practice environment will see a surge of effort similar to what was experienced in the years leading up to year 2000. Beyond that, there are planned and anticipated changes from ICD-9 to ICD-10 standards. Position your EMR/EHR solution and Information Technology today to accommodate the evolution we will see over the next decade.

One certainty is that we can no longer avoid Information Technology within the Private and Group Practice setting. As HHS works through the final stages of defining Meaningful Use and adopting it as standard, our process of understanding the Information Technology vision and requirements of our clinical and business practices is just starting. The result is that we will all become more Information Technology savvy, by choice or otherwise.

Principal with ATMP Consulting Group

Joe Dylewski has been involved in Information Technology Leadership for more than 25 years. He is the President of ATMP Consulting Group and has advised executives of small and large companies on developing and implementing Information Technology strategies. Mr. Dylewski is the former Director of Compuware's Health Care Professional Services business vertical and also serves as an Assistant Professor at Madonna University. He has written articles for industry publications and has accepted multiple speaking engagements.

