

Demystifying EHR

The medical community is in the midst of wide spread Electronic Health Records (EHR) adoption, spurred by influx of federal funds through the “HITEC” act. The act delivers each Provider serving the Medicare population with potential reimbursement of up to \$44,000. Unfortunately it also brought along widespread skepticism. The skepticism stemmed from:

- Limited trust in the reimbursement process
- Confusion on the Meaningful Use guidelines
- Challenges in actual adoption of the EHR

This article seeks to address these skepticisms. The distrust in the reimbursements has been largely addressed through actual evidence of reimbursements. The first disbursements from Medicaid went out in January 2011 and the first disbursements from Medicare went out in April 2011. Medicare and Medicaid electronic health record payments are approaching \$7 billion since its inception, with \$6.9 billion paid out to 143,800 physicians and hospitals in total program estimates through the end of August 2012.

However, there still remains much confusion about the Meaningful Use guidelines for certain specialties that results from the manner the rules were laid out, several of which did not apply to the specific specialties. Since the publication of those rules, there has been explicit confirmation from both Medicare and Medicaid that the provisions by which a practitioner would be judged on the Meaningful Use would be only those that apply to the practitioner. (e.g., the provisions such as e-prescription would not apply to the Chiropractor community).

While the confusion on the reimbursement process and Meaningful Use guidelines are due to lack of knowledge and clarification, addressing the challenges in actual adoption of EHR are relatively harder to address. A recent study showed that almost 45%-60% of EHR implementations do not succeed. With the magnitude of dollars involved in implementation of EHR, failure is not an option. Typical challenges in EHR implementation are driven by:

- Investing in a wrong system
- Limited and inflexible training and customization

Being diligent about the system is absolutely critical while evaluating the success over the long term. EHR systems can be evaluated on:

- Certified by ONC as well as CCHIT
- Proven track record of CCHIT certifications
- Financial strength of the company providing the EHR

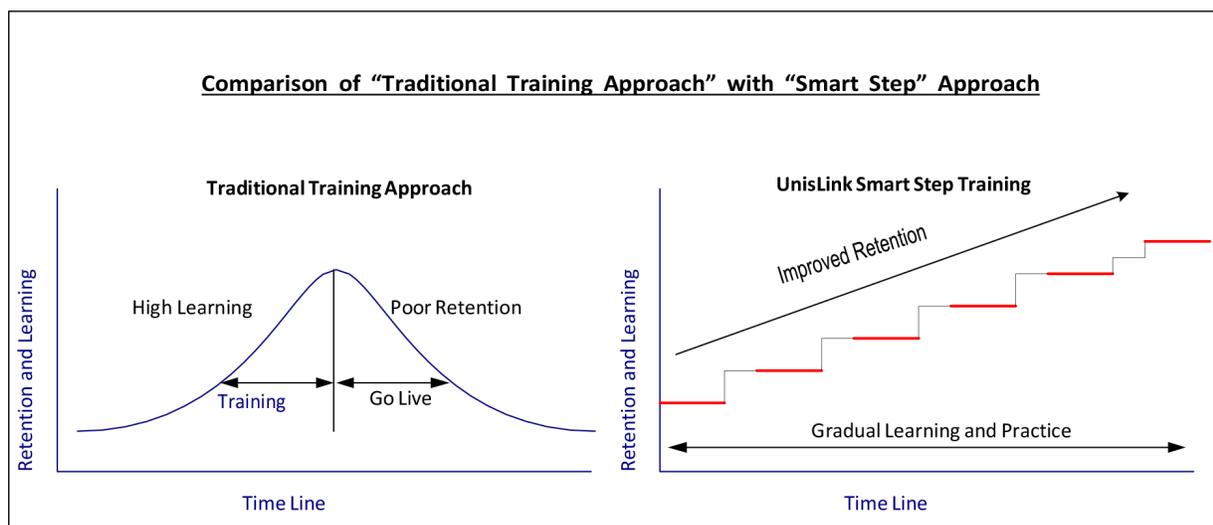
- Ability of the EHR to provide practice specific content (e.g., customized templates)
- Ability of the solution to incorporate practice specific workflow (e.g., Therapy logs)
- Confidence that the company providing the EHR is willing and capable to make significant future investments to meet additional MU criteria.

Practitioners that do not evaluate the system on these criteria typically end up shelving their system either due to inability of the system and/or company to meet the Meaningful Use (today and in future) or due to dissatisfaction in the work flow leading to a frustrating experience. Limited and/ or improper customization and training have often proven to be the demise of many implementations. Frustrations faced by physicians in this process include:

- Limited amount of training – 40 hours
- Reduction in office collections during training
- Inadequate EHR practice prior to “Go Live”
- Reduction in office collections and patient care post “Go Live”

A non-traditional but a more effective way to address these challenges is through a “Smart Step” approach. The “Smart Step Training” approach seeks to address the implementation challenges by adopting a modular/step approach to training. Typical training programs inculcate a 40 hour approach and seek to incorporate the entire curriculum of training in that time frame. Such an approach leads to comprehensive coverage during training but limited retention thereafter. The “Smart Step Training” is done in steps with emphasis on limited coverage in each step but focus on high practice leading to better retention.

The following diagram illustrates the differences between the two approaches:





With the demystification of the EHR reimbursement process and the criteria, the Physician community is poised to adopt EHR in greater numbers. The success of their implementation would depend on their choice of system and approach to customization and training. Will they take the traditional route or adopt the “smart step approach”?

The author of the article has worked with a vast array of practices and specialties in their successful EHR implementation. Fully certified EHR solutions are available through a partnership with McKesson and OPTUM, both leaders in the EHR field. Providers seeking to benefit from learning about their recommended approach or seeking to address any skepticism or confusion they may have over the reimbursement process and/or the Meaningful Use criteria could contact Larry Steins at UnisLink (602) 457-7311.