GE Healthcare

Regret-free EMR Replacement

Over the last five years, Electronic Medical Records (EMR) have garnered increasing interest. There is a growing consensus that the ability to capture structured data, enable clinical decision support, and facilitate the sharing of health information outside of an individual practice environment will be integral to driving better health outcomes. The passage of the 2009 Health Information Technology for Economic and Clinical Health Act (HITECH), which allocated billons in incentives for providers to adopt an EMR, has reinvigorated the push for EMR adoption and with promising results. The National Center for Health Statistics reports that, in 2012, 72% of survey respondents in ambulatory practices used an EMR – up from 48% in 2009 (the percentage of practices reporting a more robust EMR deployment including problem lists, patient histories, electronic prescribing was 39.6%).

Though adoption is rising and the market is seeded at the practice level, more can be done to effectively deploy EMRs. A 2011 study by the Centers for Disease Control and Prevention found that only 38% of office-based physician respondents reported being "very satisfied" with their systems (Figure 1).[1] These data were echoed by a recent KLAS study which found that 35% of practices surveyed wanted to replace their EMRs: 43% of large practices (100 or more physicians) are seeking to replace their EMR according to the KLAS study. Regardless of the actual numbers, practices looking to replace their legacy EMRs share a common goal: Selecting a system and vendor that will position them to manage the future needs of their patients smoothly.

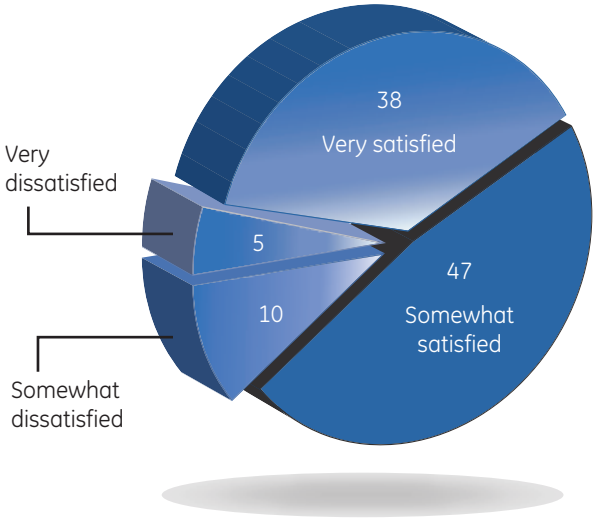

Figure 1 *(Shown to the right)*

With only 38% of office-based physicians being very satisfied with their EMR systems, and the Affordable Care Act raising the stakes on making it work, there are likely to be many practices seeking new solutions in the coming months.
(Source: http://www.cdc.gov/nchs/data/databriefs/db98.htm)

(1) http://www.cdc.gov/nchs/data/databriefs/db98.htm

How satisfied are office-based U.S. physicians with their EMRs?

RE-evaluation Implementation

While replacing an EMR may be viewed as an imperative, the notion of replacement can be daunting. It presents challenges that may lead some practices to delay, or avoid altogether, replacing an inferior EMR. There can be any number of reasons that contribute to a sub-optimal EMR deployment, and with the exception of a product that is sunsetted or not certified, there is not typically one single point of failure, but rather a confluence of events that lead to a failure. The following figure highlights the elements of an equation that must be examined when replacing an EMR.

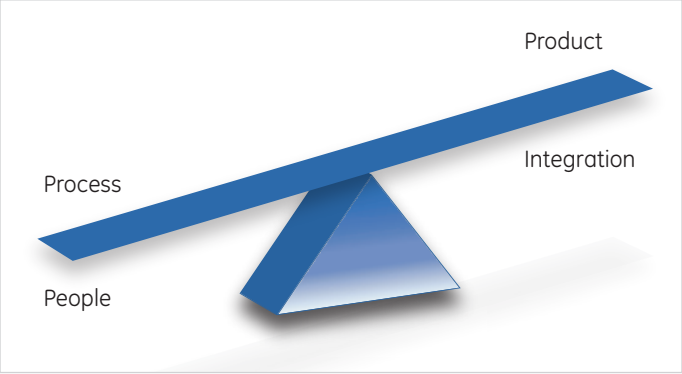

Figure 2

This equation differs for every organization. In the cases where the technology was weak and integration was lacking, the scales could easily be tipped in one direction. With the hundreds of EMR vendors that have flooded the market, there is a growing concern about corporate and product stability. As the Health Information Technology (HIT) Policy Committee is already beginning to discuss Stage IV of Meaningful Use, it is clear that the push towards advanced, interactive HIT is here to say. As such, purchasers need to be confident in their vendor's ability to navigate the changes now and in the future.

Regarding the influence of people, it is rarely about one individual in the organization, but rather the collective approach of the practice including the clinical, financial, and administrative staff. Additionally, process is key. EMRs represent significant change management, which extends beyond just the project management mentality. Successful EMR implementations absolutely need the right technology and vendor partner, but they also require an honest examination of all disciplines. The following provides key elements of the blue print for implementation:

- **Conduct a "gut check:"** Did the practice commit enough resources? EMR is not a plug-and-play-socket technology. Early on, even when replacing, it may require additional staff to ramp up properly.
- **Examine Workflow:** Physicians are at the core of an EMR, unlike other practice applications. Practices with failed EMR installations consistently state that "physicians need their time back to engage patients." The workflow, if done efficiently, can engage allied health professionals and other clinical members, such as medical assistants and nurses, to contribute to data gathering. For practices seguing from one EMR to another, there is less of a learning curve; however, one cannot assume the system just plugs in.
- **Address Training and Implementation:** Account for vendor approach and practice needs. There is a movement to web-based/online training versus an in person, train-the trainer-model. While this may have a place in the training process, a strategy that defaults to virtual training can limit successful adoption.
- **Productivity:** There may be some productivity gaps, but this can be mitigated through advanced planning. For example, avoid implementing during peak seasons such as flu or school physical season. Even if there are not many quiet corridors for implementation, a proper implementation and adoption can create substantial returns. A 2010 MGMA study found that non hospital/IDS-owned practices and that had an EHR *reported $49,916 greater total medical revenue after operating cost per full-time-equivalent (FTE) physician (operating margin)* than practices with paper medical records. While these data compared electronic–to paper-based practices, inefficient EMR practices may be practicing similar to practices with paper charts.
- **Vendor:** Vendor sustainability is critical. As the market becomes more complex, your vendor needs not only to possess corporate viability but also to be a beacon of support to practices as the healthcare market swirls with activity. A vendor's healthcare roots, their product road map, research and development investments, and support are key success factors. In its optimal form, the vendor practice relationship is a collaboration from sales though long-term support.
- **Meaningful Use (MU):** For providers currently utilizing a certified EMR that they want to replace, there are several options to ensure that provider readiness for MU incentives and reporting are not jeopardized. If the replacement occurs during a reporting period that requires a full year, it is possible to combine the data from the legacy certified system and the new certified system. Additionally, for 2014 only, according to CMS "All providers regardless of their stage of meaningful use are only required to demonstrate meaningful use for a three-month EHR reporting period.[2]" This presents a window of opportunity for practices to wind down the old system and implement the new one while still meeting the MU requirements in 2014. Doing so will reduce the potential challenge of reporting from two systems.

Replacing with an eye toward the horizon

When selecting the ideal replacement EMR solution, the second-time buyer has a huge advantage shaped by experience. Where cost considerations were once the top decision points, experience has demonstrated that there are variables with a greater impact on user satisfaction – variables that become apparent only after experiencing an EMR on a day-to-day basis within the context of each practice's unique workflows.

Vendors and EMR buyers alike are taking a more comprehensive view of the EMR and as consumers' expectations are maturing what is expected out of this core system is growing too. Whether that is through direct capabilities within the system or through partners that can build native interfaces right into the application, second-time buyers are more likely to be motivated by attributes affecting clinical performance and profitability than they were the first time around when their decision was primarily driven by cost. Users who are willing to make the investment in a next generation EMR fundamentally view EMR technology as core to the current and future delivery of care. Several trends are worth noting

- **Clinical and financial data are converging:** As we approach spending nearly 20 percentent of the US GDP on healthcare, the pressure to reform, both through regulation and market forces, is real. The days of siloed clinical and financial data are numbered. Single database EMR and PM systems can help to position practices for success in the changing market.

(2) http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2Overview_Tipsheet.pdf

- **Reporting:** MU continues to be a top-of-mind concern. MU will play an important role in coordinating efforts to baseline data and eventually move toward a more outcomes-based system. However, MU, though it may present initial challenges, is not the final destination of reporting. Growth in new delivery system models, such as Patient Centered Medical Homes and Accountable Care Organizations (ones that will be risk-bearing), and the sophistication needs for reporting will continue to grow. Being able to track the progress and benchmark the health status of a population will continue to be important, and the EMR should help facilitate that process.
- **Patient engagement:** Financially, patients are becoming more engaged. High deductible plan growth, higher co-pays, etc. are driving up the amount of out of pocket spending. Patients are becoming more savvy as they have to pay directly, and they are requiring more and more interaction with the practice, through portals, secure messaging, etc. EMRs will need to be consumer-facing in new ways, and this consumer focus, if done well, will help to create stickiness for practices.
- **ICD-10:** Though ICD-10 is not a total departure from other format and coding changes experienced previously, the conversion should be proactive. The right combination of planning and technology will help to increase success. An advanced PM/EMR can help to alleviate many challenges associated with this transition. Due to the greater complexity of ICD-10, users will need intuitive and efficient tools to help drive productivity.

Vendor assessments

In Healthcare IT, perhaps more than any other discipline, you need to take a long, hard look at the vendors you're considering. As too many users have found out the hard way over the last decade, you may have everything you could possibly want in terms of system functionality, but if the vendor goes belly up, or is unable to keep its commitment to keeping current, all that functionality will be useless.

Among the characteristics you'll want to assess:

- Longevity and long-term viability
- Financial stability
- Industry ratings
- Track record for helping customers stay on the cutting edge of other technologies
- Experience in meeting and addressing regulatory hurdles across disciplines
- Life expectancy of the technology being applied

Think of your replacement EMR vendor as a new business partner. After all, the right vendor and EMR solution can have a tremendous effect on the success of your practice. It would be a missed opportunity and a risk to select anything less than a trusted partner for your next EMR solution.

Ensuring Success

Selecting, purchasing, installing, and implementing an EMR system is not an overnight process. In fact, it can turn into quite a complex process, even the second time around. However, just as best practices emerge through one's experience with using a first-generation EMR, the implementation process for replacement EMRs can also be greatly streamlined by paying attention to the lessons you learned in your initial experience.

- **Selection process:** Empanel and empower a multi-disciplinary team of internal stakeholders to champion the process and to gain buy-in with other staff members along the way.
- **Certification:** As of February 2013, there are nearly 3,000 certified modular and complete EHRs.[3] While certification creates a baseline level of functionality, certification alone should not serve as the seal of approval as all systems are not created equally from the perspective of user interface, engineering, support, content, forms, workflow etc.
- **Contracts:** Examine existing contracts for out clauses. Ensure that professional services help establish a path toward self-sufficiency, i.e., the ability to manage forms, tables, and reports.
- **Conversion:** Many options exist for migrating data from one EMR to another, ranging in complexity, cost, and risk. Practices should carefully consider what information they both need and want in the new system, and the level of investment required for each scenario, and the level of investment required for each scenario. Any EMR vendor that is selling a replacement solution should be able to provide practices with this kind of cost information to.
- **Cross Over Process:** Work with your new EMR vendor and internal team to map the crossover process and implementation plan carefully. Take time along the way to ensure that all parties are aligned on project details and milestones.
- **Cost:** Although it may be a less overriding consideration than it was the first time around, cost obviously has to factor into your decision-making as well. Considering initial cost and Total Cost of Ownership (TCO) means that budget allocations must be made for everything from servers to software, from template design and training to managing ongoing issues, including those related to any potential vendor instability.

(3) For a complete, up to date list of certified products, please visit: http://oncchpl.force.com/ehrcert?q=chpl

Closing Thought

With the pace of change in healthcare accelerating, standing pat with an outmoded EMR is becoming less and less viable. Replacing an EMR may be met with an equal dose of excitement and trepidation. However, the combination of due diligence, implementation planning, and vendor support can empower practices to unlock the benefits of HIT and drive sustainable enterprises.

How can we help you?

GE Healthcare offers a fully integrated EMR and Practice Management System, Centricity Practice Solution, that can help enhance the clinical and financial productivity of your ambulatory practice – while helping you respond to today's healthcare challenges.

The newest Centricity Practice Solution release features truly progressive technology that help users do more with less rework. Predictive search, one click problem entry, easier benchmarking capabilities and intuitive ICD-9 to ICD-10 mapping highlights technology within Centricity Practice Solution that minimizes redundancies and helps care givers do more.

This means we are positioned to offer you not just an advanced EMR solution, but also complementary services and capabilities that help you build your best practice.

It starts with assessing your practice's needs to help you determine the best possible solution for your staff, your physicians, and your patients.

Also included are comprehensive data migration options to bring your existing data seamlessly over to your new system. GE Healthcare is a reliable vendor and will work with your practice to identify your data migration needs and map out an implementation process to address them.

Offering a full range of implementation services from installation to start-up and training, as well as a host of post-installation services such as remote data hosting, we are confident that GE Healthcare can provide the comprehensive EMR replacement solution that best fits your practice.

Let's sit down together soon to discuss your requirements, and how we can meet them. To schedule a meeting, please contact your GE Healthcare representative today, or visit us at http://www.gehealthcare.com/centricity-practice-solution/.

imagination at work

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