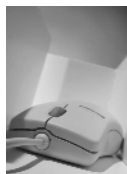


The Digital Medical Office of the Future Marketplace



Agenda



- Stimulus Package – HR 1
- Marketplace Review –
Welcome to the ICE Age
- Vendor Selection
- Organizational Readiness
- Implementation
Considerations

Mark Anderson, FHIMSS, CPHIMSS Healthcare IT Futurist

- CEO of AC Group
 - Conducted > 300 Technology Software Searches for Hospital and Physician Organizations
 - National Speaker on EHR > 380 sessions since 2001
 - Semi annual report on Vendor product functionality and company viability
- 36+ Years In Healthcare IT
 - CIO Position at Three Multi Facility Regional IDN's
 - Installed over \$1B in technologies since 1972
 - Former CIO of a 2,300+ physician (500+ Practices) IPA



Federal IT Stimulus Bill

- \$3 billion for the Office of the National Coordinator
- \$16 billion in incentives through the Medicare and Medicaid reimbursement systems to assist providers in adopting EHRs
- \$100 million for direct loans and grants for distance learning and telemedicine activities in rural areas
- \$7 million for the "Broadband Technology Opportunities Program"
- \$85 million for health IT and telehealth services through the Indian Health Services



Federal IT Stimulus Bill

- \$1.870 billion for grants for construction, renovation, and equipment for health centers
- \$400 million for comparative clinical effectiveness research through clinical data registries, clinical data networks, and other forms of electronic health data
- \$140 million for the Social Security Administration for information technology acquisitions and research
- \$145 million for the Veterans' Benefits Administration's development of paperless claims processing



Federal IT Stimulus Bill

- To computerize their medical records, physicians and their practices stand to get \$44,000 to \$64,000 in incentives
- An eligible professional will receive incentive payments as specified in the legislation, for the first five years (FY11 – FY15) for demonstrating a meaningful use of EHR technology and demonstrated performance during the reporting period for each payment year.
- \$15,000 in 2010, \$12,000 in 2011, \$10,000 in 2012, \$8,000 in 2013, etc



Will the Stimulus Package Help?

- As of August 2008, only 4% of providers are using full EHR
- An additional 13% are using a partial EHR product.
- Traditional EHRs require 7X more time to capture information
- Requires provider to change the way they provide care
- Allows documentation of 1,000's of data elements, although less than 30 are used today.
- Does not reduce duplicate data entry – Silos of Info

The Problem Today

- Referral tracking is paper based
- Patient's must register each time they see a new patient
- Patients must provide each provider duplicate information:
 - Social History, Medical History, Family History
 - What Medications are you on?
- Physicians do not have adequate and timing information about the patient

What the community needs is a new way of connecting and sharing timely patient information.

Welcome to the Ice Age

Integrated Community EHR (ICE)



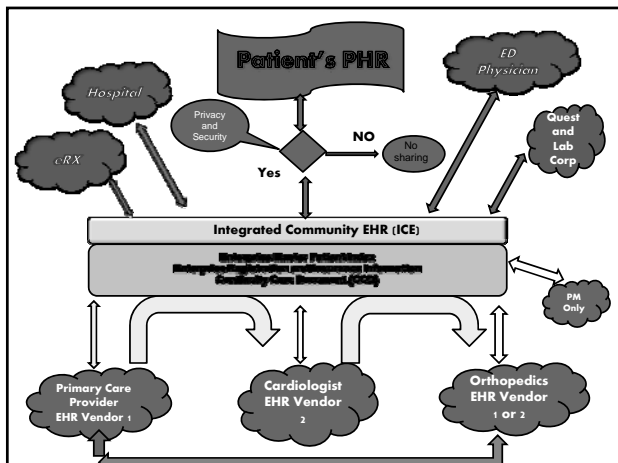
The ICE Age

- Providers must be part of the community
- Governed by community Privacy and HIPAA Guidelines
- One integrated, connected, but separate community of independent providers
- Each providers has their own database
- Pre-Populated Enterprise Database
 - 2 years of pre-populated lab results
 - Pre-populated database of member medications
 - Providers have access to the entire community patient demographics and insurance information
- Summary information about the patient is sent to the physician via the national CCD standard.
- Reduces duplicate data entry by 92% and reduces overall data entry charting time by 74%.
- Reduces clinical testing by 19% since all prior results are available to all treating physicians.

ARE YOU READY FOR THE ICE AGE?

Connecting Physicians Delivers the Connected Community





Provider Connectivity Strategy Multi-Tier Solution

- **Clinical Portal**
 - Leverages Organization's size & scope in Region
 - Connects and binds disparate participants
- **PM/EMR full practice solutions**
 - Multi PM and EHR vendors in the same community
 - Full featured practice systems, qualifies for stimulus package
- **eRX, PM-Lite & Data Sharing**
 - Easy up, minimal cost, training and support
 - Community Lab orders and results
 - Community sharing of active medications
 - Get providers on-line & connected, drives "connectivity %" "

Community Portal Services

- **Master Patient Index**
 - Links multiple provider/vendor member ID's across the community
- **Shared Patient Information between Providers, Vendors & Labs**
 - Community Portal provides shared "read only" information:
 - Patient Demographics, Insurance & Eligibility
 - Problems, Allergies, Immunizations, Recent Vitals
 - Social History (brief), Family History (brief)
 - Medications, Lab/Test/Diagnostic Imaging results (brief, text)
 - Encounters and Procedures performed
- **Electronic Health Summary**
 - Implements CCHIT Continuity of Care Document (CCD) Standards for data sharing
- **Referrals & Authorizations**
 - Directed between PCPs & SCPs and to EMR
- **Community P4P Reporting**
 - Software can extract directly from providers group databases

Vision

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

" People love progress ... but hate change"



What issues are physicians interested in?

- Maintain or improve Quality
- More timely and accurate payments from carriers.
- Save time and money.
- Allow them to see more patients per day.
- More productive organization's.
- Provide information about their organization's.



The Genesis



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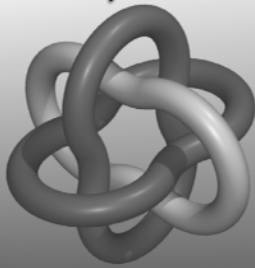


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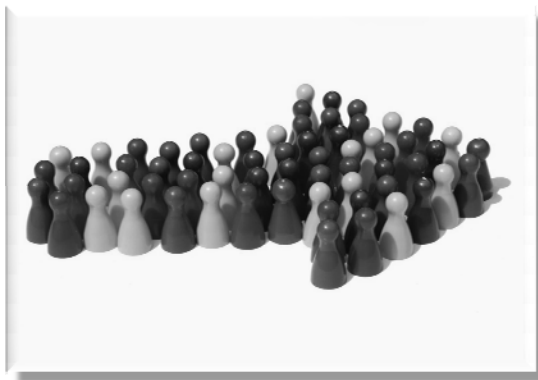
The Focus is People

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Separate, but united



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The Challenge

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Information Overload



There are too many vendors in the marketplace today

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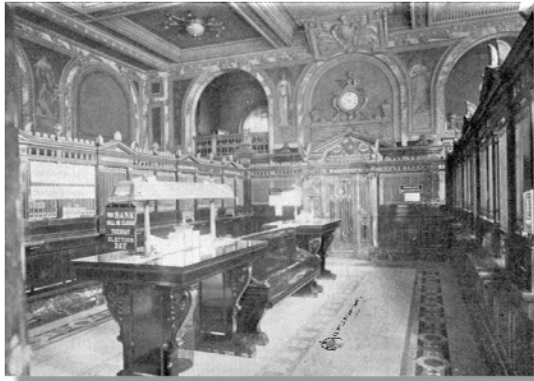
Many Vendors Pretend to be part of the Marketplace



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The Predecessor

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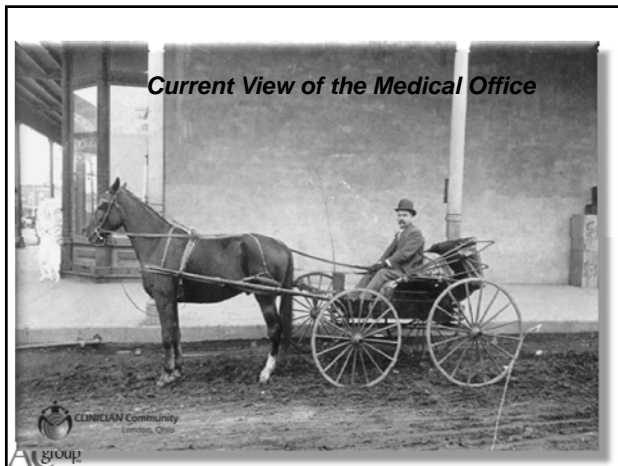
AG

The Power to Change

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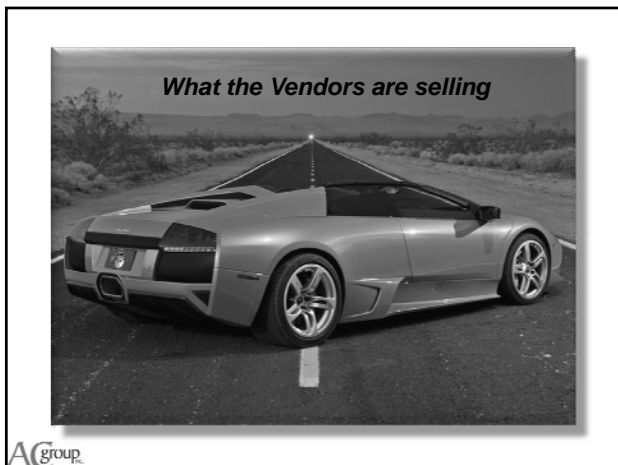


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Current View of the Medical Office

CLINICIAN Community
Lansing, Ohio
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What the Vendors are selling

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What Physicians Want



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How do you select the best choice for your organization?

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Start with Definitions

- EHR Products (EMR + Health)
- EMR Products
- EMR Lite Products
- Charting Products
- Document Imaging Products
- eRX Products

- Fully Integrated PM and EMR Products
- Interfaced PM and EMR Products
- Best of Breed PM or EMR products

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Level 1 - EHR

- Scan documents into a file or a series of sub -folders by patient name and/or number.
- Record patient related clinical information via voice dictation, typing, and hand writing following either a template design or a blank e-form by clinical category.
- No data integration with outside laboratories.
- No provider order entry and no auto results reporting.
- Software allows recording of E & M codes, but the E & M code is not suggested based on the data entered.
- Patient prescriptions can be printed, but there is no knowledge base for drug alerts and formulary compliance.
- No point of care clinical decision support



Level 2 - EHR

- Ability to capture patient family, social, and medical history.
- Base-line tracking of orders and health maintenance alerts.
- Lab ordering and results plus 2-way orders and results reporting with specific laboratories.
- No national alerts or guidelines .
- Medical necessity Checking
- ABN requirements and prints ABN if required.
- View lab results in a flow sheet over time and the ability to graph labs results over a period of time.
- eRX charting of prior medication ordered by the health service provider, ability to order new medications, ability to print prescription in the office.
- No drug alerts are provided.
- Software provides base line alerts and clinical support based on the EHR vendor's clinical databases



Level 3 - EHR

- An EHR that meets all of the requirements of level 1 and 2 plus:
- Base line charting with practice specific clinical alerts.
- No national alerts or guidelines .
- Simple documentation following templates that can be modified by the practice and by the individual provider.
- Base-line Orders and results reporting capability.
- Patient Summary page including the ability to review prior visit reasons, active medications, active lab results, next appointments, etc.
- Advanced eRX documentation, drug alerts that are updated by the EHR vendor (no national standard alerts), ability to electronically send prescriptions to specific pharmacies.
- Medication history of client ordered by service provider AND other medical providers outside the clinic.
- Advanced clinical orders capability based on national guidelines and follows medical necessity checking.
- System tracks all orders and indicates when an order result is past due.
- Alerts and CDS plus advanced features based on my specific customizable guidelines.
- Advanced E & M, coding guidelines designed to insure that the actual charges match the clinical charting.



Level 4 - EHR

- An EHR that meets all of the requirements of levels 1 through 3
- Pre-built templates that can be customized by either the vendor or the practice based on specific practice requirements.
- Follows national guidelines like CCD, SNOMED, and CCHIT.
- Patient Summary page plus strong health maintenance alerts
- Customized 2-way laboratory interfaces with order guidelines based on practice preference lists and patient condition.
- Results are automatically posting in patient chart and a note/message is sent to the provider/nurse based on practice alerts guidelines.
- Software provides advanced eRX with nationally updated drug alerts based on multi parameters, insurance specific formulary compliance following companies like RXHub, pre-authorization alerts, and personalized eRX preference lists by provider.
- Ability to transmit eRX via SureScripts to the patient's preferred pharmacy.



Level 4 - EHR

- Software provides advanced orders and results based on practice guidelines and national best practices based on the patient's condition.
- Health Maintenance alerts are automatically provided based on patient conditions and orders are pre-identified based on national guidelines.
- Software provides advanced alerts and CDS based on national recognized sources that are updated on a routine basis.
- The alerts must include drug alerts, clinical best practices, health maintenance alerts, and disease management guidelines. Software provides advanced charge capture for both nurses and physicians following the 1997 E & M coding requirements.
- System tracks the number of points per E & M coding category and provides the provider with a one page summary of the appropriate E & M code.



Level 5 - EHR

- An EHR that meets all of the requirements of levels 1 through 4 plus:
- Software provides advanced documentation; nationally recognize templates based on best practices, clinical guidelines, customizable to physicians practicing patterns.
- Product provides hyperlinks to outside clinical knowledge databases, problems are linked to orders.
- Ability to view summary information regarding the patient's conditions on one customizable screen.
- Documentation follows national guidelines like CCR, SNOMED, and CCHIT. Ability for patient to enter data via a kiosk or via on-line web-based personal health record.
- Patient Summary page plus the ability to customize the page based on the physician's and practice unique needs.
- Lab orders based on best practices and national guidelines.
- Receiving lab orders electronically, ability to have the data automatically posted in a flow sheet, ability to graph data results over time.
- Can visually compare labs results to eRX. Ability to combine results from different labs using the same format.

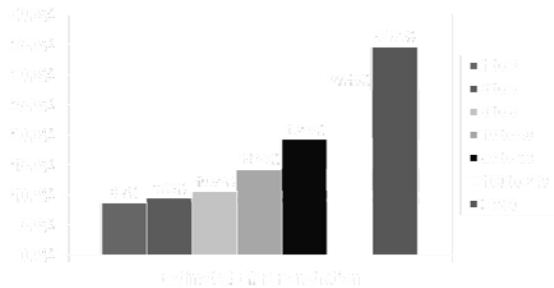


Level 5 - EHR

- Software provides advanced, nationally recognized, practice customized eRX with the ability to create customized preference lists based on the clinical findings of the patient. Ability for the patient to request eRX refills via secured web site.
- Ability to track when a patient does NOT pick up their medication from the pharmacy. Software provides advanced, nationally recognized, practice customized advanced clinical orders and results reporting that are based on national best practices and national accepted standards.
- Orders are driven off of patient's condition, personal preference lists, and advance features. Software provides advanced, nationally recognized, practice customized alerts and CDS that can met all current and future guidelines via simplified advanced reporting or building of a new alert template.
- Software provides advanced, nationally recognized, practice customized E and M coding tied to the patient's specific healthcare plan for maximizing charge capture via pre-authorization alerts and guidelines.
- System provide advice in charge capture based on best practices, practice guidelines and reports variances from guidelines.
- Software provides advanced, nationally recognized, practice customized clinical reference content with clear labeling of the levels of evidence for facts/assertions and grades of recommendation for recommendations made, and these levels and grades are clearly and transparently based on the quality of the underlying evidence using reproducible processes.

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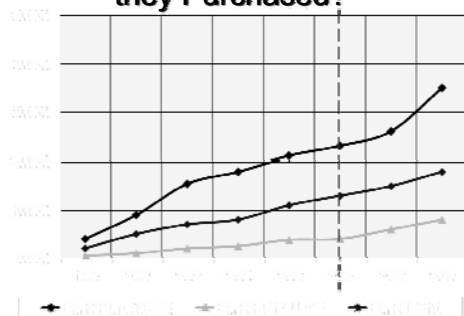
Estimated EHR Penetration



Source: AC Group Annual Survey, February 2009

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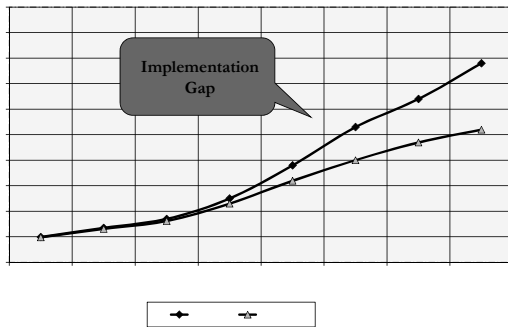
Why are Practices not using what they Purchased?



Source: AC Group Annual Survey of buying patterns
New England Journal of Medicine

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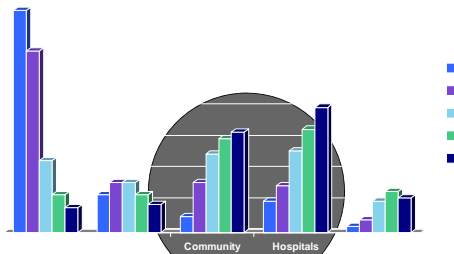
When will Physicians Purchase



Source: AC Group annual survey of buying patterns

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Who will be purchasing % of Sales by Service



AC Group annual survey of buying patterns

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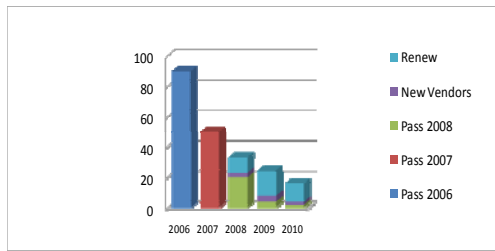
Funding Sources

- Stark Anti-kickback Legislation
- 2009 HR.1 Stimulus Act
- P4P
- IPA Clinical Integration Projects
- All of these usually require a
“certified” product with proven
interoperability

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CCHIT Certified EHR Vendors

Certification is good for 3 years – but!!!!



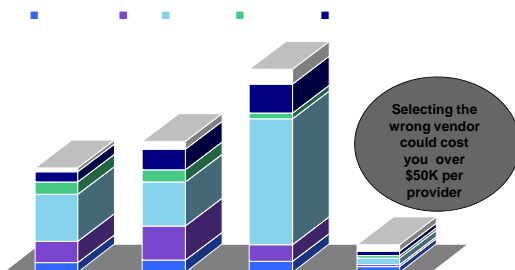
As of October 1, 2008 only 50 products have passed the 2007 CCHIT
And 20 have passed the 2008 CCHIT Requirements

Top CCHIT Vendors

Company	CCHIT 2006	CCHIT 2007	CCHIT 2008
NextGen	07/01/2006	6/1/2007	09/30/08
EPIC	07/01/2006	11/1/2007	09/30/08
McKesson PP	12/01/2006	7/1/2007	09/30/08
Greenway	04/01/2007	NO	09/30/08
Allscripts Professional	07/01/2006	4/8/2008	01/08/09
eCW	07/18/2006	8/1/2007	09/30/08
GE	07/16/2006	6/1/2008	NO
Allscripts Enterprise	07/01/2006	4/8/2008	NO
Peak Practice	10/01/2006	NO	01/22/09
e-MDs	07/18/2006	7/18/2007	02/03/09
Pulse	01/01/2007	NO	09/30/08
Sage	10/01/2006	1/8/2008	NO

Market Change over time

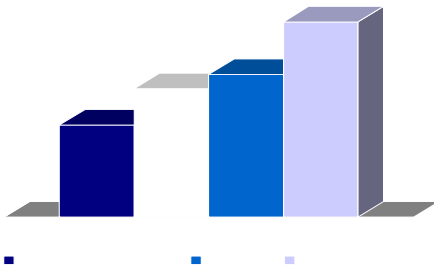
Over 380 vendors claiming to sell EHRs



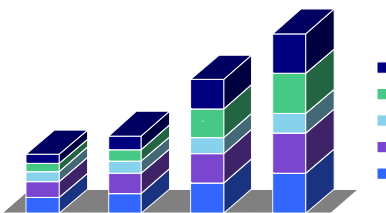
What about the costs?



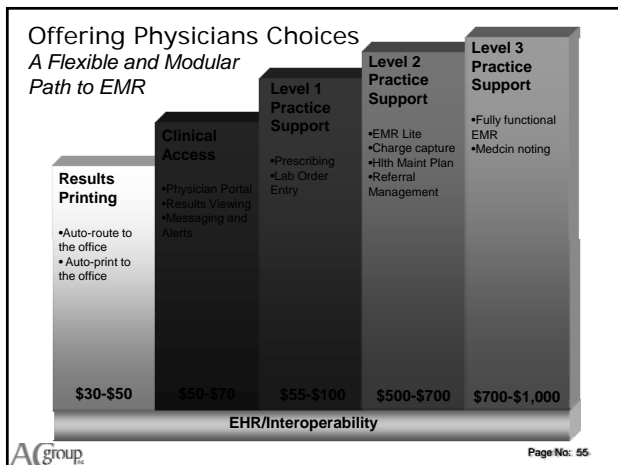
**Physician based EHR costs
over a 36 month contract**



COSTS PER PHYSICIAN




AC Group 2009 Functionality Report



EMR/EHR Selection Tool

- AC Group conducted extensive evaluation of the EHR marketplace
 - 14th report
 - Completed in February 2009
 - Included over 3,000 functional questions
 - 48 categories of functionality
 - 26 subcategories of charting functionality
- 114 Vendors have participated



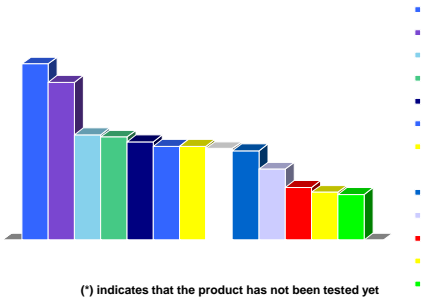
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AC Group 5 Star Rating

- EMR Functionality
- PM Functionality
- PHR Functionality
- Management
- Long-Term Support
- End User Satisfaction
- Initial First Year Costs
- Second Year Costs
- Contracting Terms
- Negotiated Contracting Terms
- Performance Guarantees
- PM Ease of Use
- EHR Ease of Use
- KLAS Rating - PM
- KLAS Rating - EHR
- ACG End User
- Community Hub Pricing
- Community Hub Functionality
- Initial Installation, Training, and Configuration
- Total PM/EMR/PHR plus Company
- Total PM/EHR Plus Company
- Total EMR Plus Company
- Community EHR
- Total Company Rating

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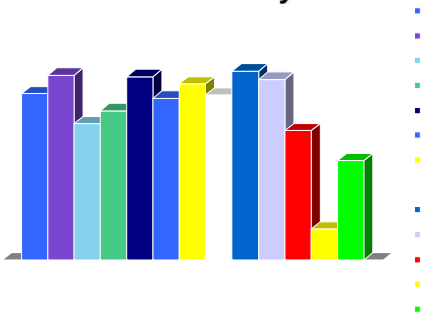
Top Vendor Applications PM, EHR, PHR, and Company



Based on 2,750 Functional Questions Divided Between 46 Categories

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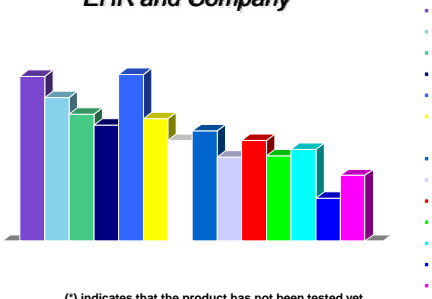
Top Vendor Applications EHR Only



Based on 2,750 Functional Questions Divided Between 46 Categories

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Top Vendor Applications 2 to 9 Provider Practices EHR and Company



Based on 2,750 Functional Questions Divided Between 46 Categories

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Why systems FAIL!





EHR Failure rate



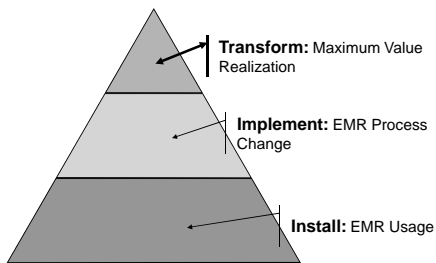
- Through 2009, the EHR failure rate continues to increase – currently at a 73% failure rate.
- When asked, “1 year of EHR installation, are you seeing 80% of your patients using the EHR for charting, ROS, HPI, Evaluation, coding, orders and results reporting”.
 - 73% of the physicians (3,245) indicated that no, they were NOT using the EHR for 80% of their patients.
 - Why, are 73% of the physicians NOT fully utilizing the EHR after 1 year?
- New England Journal of Medicine Study – August 2008
 - Only 4% of providers are fully using EHRs
 - 17% are using partial EHRs
 - 8% have replaced their EHR with another system or stopped using their initial EHR.



Organizational and Clinical Transformation



Delivery Model – Levels of Value Delivery



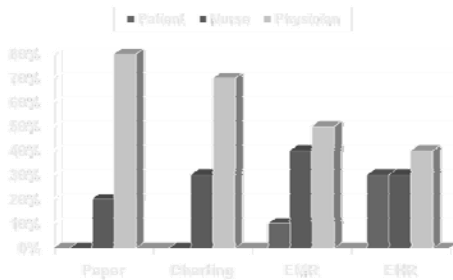
Business Rules

- Over 70 business rules to consider
- Remember, all patients are new to the EMR, even if they have been to your office 20+times.
- What are you going to do with the old paper charts?
- Who will enter PMH, ROS, and HPI?
- How will your Check-in and Check-out process change?
- How will you handle clinical messaging?
- Operational guidelines for eRX refills?
- Operational Guidelines for Lab Orders and Results?

Day 1 – There is no data

- The day you go live on the EHR, there is no data in the system
- How do you insure that clinical data is available during go live?
 - Prior Lab Results
 - Active Medications
 - Chronic and Active Diseases and ICD-9 Codes
 - Prior procedures (CPT codes)
 - Allergies
 - Immunization records for Kids
- The ICE Age can resolve this issue

Who Enters Data Depends on the System



Post Go Live

- Conduct a review right after go-live
- Conduct an additional operational review 30 days after go live and then again 90 days after go-live
- Has the average E & M code improved?
- Slow downs where identified?
- Do you need to modify templates?
- Run reports to see if you can obtain "knowledge" about the practice

Take Home Message

- EHRs Can Improve Patient Service and Provide Financial Benefits.
- EHR Products are available in 5 types. Each Type Can Impact What the Product Will Do for Your Practice.
- Key EHR Features Include Workflow Management and Clinical Charting.
- EHR Implementation is a "Bet the Practice" Proposition That Requires Adequate Resources and Investments to Achieve Success.



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For More Information

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