

*Session 10*

*EMR: How to Make the Switch  
From Pen to Paper*

Mark R. Anderson, FHIMSS, CPHIMS  
CEO of AC Group, Inc.

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Mark Anderson, FHIMSS, CPHIMSS  
Healthcare IT Futurist



- CEO of AC Group
- National Speaker on EHR > 800 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
  - Provided EHR information to over 25,000 Physicians
  - Over 400 EHR Search and Selection Projects and 12 community HIE projects.
  - Former CIO of a 2,300+ physician (500+ Practices) IPA

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The Genesis

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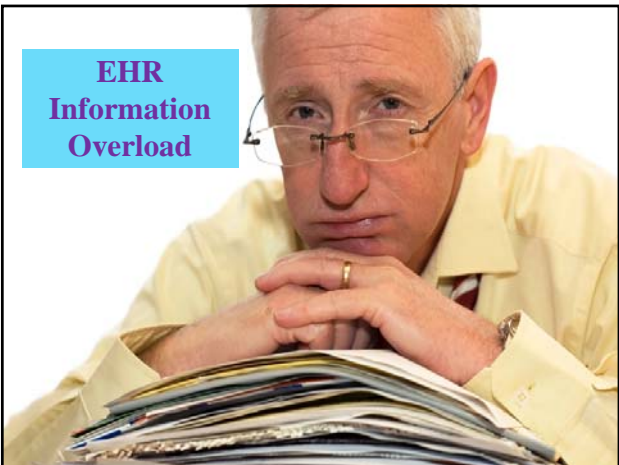
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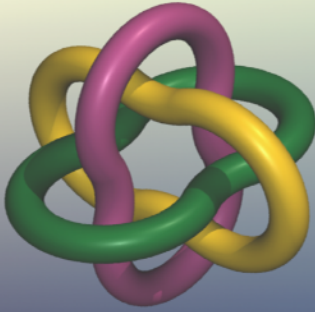
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Separate, but united



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Electronic Health  
Record (EHR)  
Marketplace

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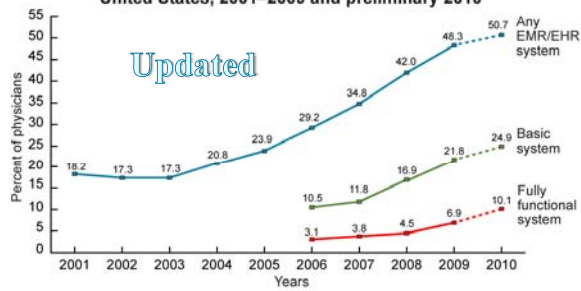
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**Figure 1. Percentage of office-based physicians with electronic medical records/electronic health records (EMRs/EHRs): United States, 2001–2009 and preliminary 2010**



NOTES: Any EMR/EHR is a medical or health record system that is either all or partially electronic (excluding systems solely for billing). The 2010 data are preliminary estimates (as shown by dashed lines), based only on the mail survey. Estimates through 2009 include additional physicians sampled from community health centers; prior 2008 combined estimates were revised to include those physicians (4). Estimates of basic and fully functional systems prior to 2006 could not be computed because some items were not collected in the survey. Fully functional systems are a subset of basic systems. Some of the increase in fully functional systems between 2009 and 2010 may be related to a change in survey instruments and definitions of fully functional systems between 2009 and 2010 (see Table for more details). Includes nonfederal, office-based physicians. Excludes radiologists, anesthesiologists, and pathologists.  
SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

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## The Problem Today

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

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

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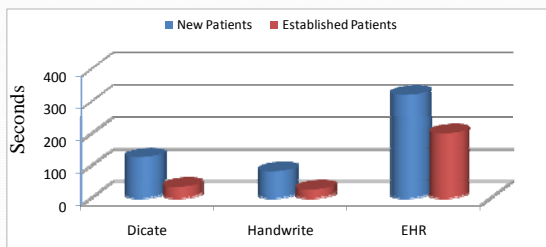
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## Data Entry Time



Number of seconds for data entry of discrete clinical data

Source: 573 Patient charts

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# What do Physicians need to do to begin preparing for EHR?

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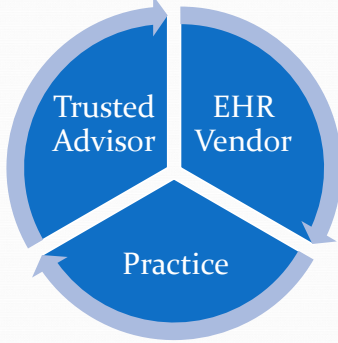
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## Three way interaction



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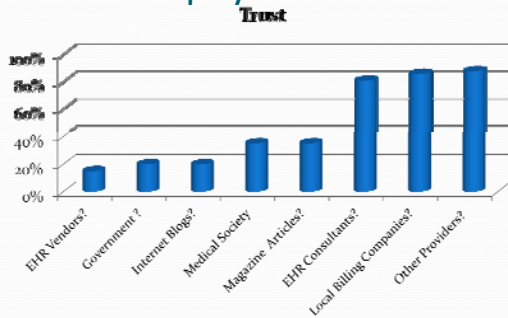
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## Who do physician's Trust?



Sample of 3,215 Physicians

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# Selecting the Right EHR for your Practice

## National Survey

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- ### National Survey's and Certification
- CCHIT National Certification
  - ONC ARRA Certification
  - Regional Extension Centers
  - KLAS End-user Satisfaction
  - AC Group PM and EHR 2011 Report
  - Web Site Surveys – are they really honest?
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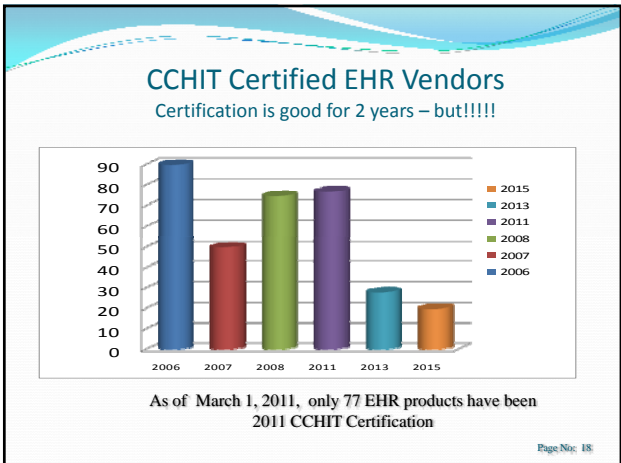
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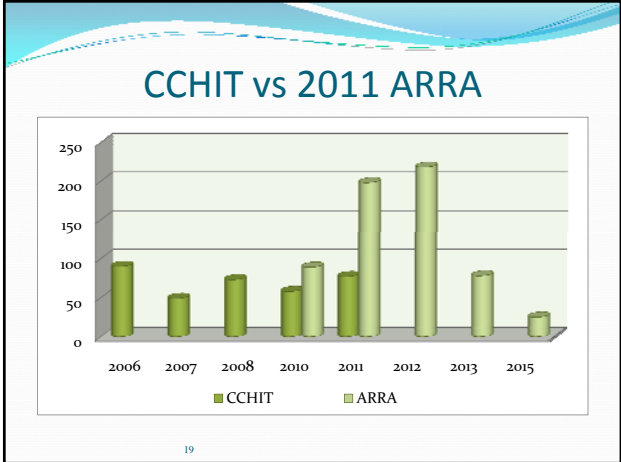
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### ONC 2011

**VS**

**ONC 2015  
OF  
CCHIT 2011**

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## Why Systems FAIL!

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## Why do Implementations Fail?

- **Poor planning**
- **Unrealistic expectations**
- **Lack of physician and provider support**
- **Flawed selection process**
- **Mismanagement of workflow and staffing changes**

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## Role of the EHR Vendor

- The vendor sells you a car and teaches you how to turn it on.
  - The vendor does not teach you to drive.
  - The vendor does not show you how to get where you want to go.
- You could end up wasting your time and money

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# eRX

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## What Is E-Prescribing?

- Computer-based electronic generation, transmission and filling of a prescription, taking the place of paper and faxed prescriptions.
- E-prescribing allows a physician, nurse practitioner, or physician assistant to electronically transmit a new prescription or renewal authorization to a community or mail-order pharmacy.

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## E-Prescribing Volumes

- Of the 1.47 billion new and renewal prescriptions eligible for electronic routing, only about 2% or 35 million were transmitted electronically in 2007, with 35,000 clinicians using this technology.
- These figures nearly triple in 2008, with e-prescriptions rising to 100 million, and the number of e-prescribers increasing to 85,000, or about 14% of office-based prescribers.
- In 2011 the number of eRX is expected to rise to 500M and the number of e-prescribers increasing to 365,000, or about 50% of office-based prescribers.

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## eRX Program

- In 2009 Medicare will begin a program for clinicians, offering a financial incentive for those prescribers using a “qualified” e-prescribing system.
- Be sure the e-prescribing system you select meets ALL Medicare Part D e-prescribing standards which will be in effect as of April 1, 2009.
- These standards can be found at:  
<http://www.cms.hhs.gov/EPrescribing>.

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## eRX Requirements

- Generating a complete active medication list incorporating electronic data received from applicable pharmacy drug plan(s) if available
- Selecting medications, printing prescriptions, electronically transmitting prescriptions, and conducting all safety checks
- Safety checks include: automated prompts that offer information on the drug being prescribed, potential inappropriate dose or route of administration, drug-drug interactions, allergy concerns, or warnings or cautions)
- Providing information related to the availability of lower cost, therapeutically appropriate alternatives (if any)
- Providing information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient's drug plan

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## eRX Benefits

1. Improving patient safety and quality of care.
2. Reducing time spent on phone calls and call-backs to pharmacies.
3. Reducing time spent faxing prescriptions to pharmacies.
4. Automating the prescription renewal request and authorization process.
5. Increasing patient convenience and medication compliance.
6. Improving formulary adherence permits lower cost drug substitutions.
7. Allowing greater prescriber mobility.
8. Improving drug surveillance/recall ability.

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## What's in it for me?

- Beginning January 1, 2009, Medicare will offer physician payment incentives of up to 2% for using e-prescribing in 2009 and 2010.
- The payments will decline slightly over the next three years.
- Payments for 2009 will be received by practices in 2010. This bonus is in addition to the separate 2% bonus which can be earned under Medicare's Physician
- Those physicians who do not adopt eRX for Medicare by 2012, will start seeing their Medicare payments incrementally reduced, up to 2% annually beginning in 2014.

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## Take Home Message

- EHRs Can Improve Patient Service and Provide Financial Benefits.
- Physicians need help
- Physicians need a “trusted advisor”
- EHR Implementation is a “Bet the Practice” Proposition That Requires Adequate Resources and Investments to Achieve Success.
- Don't try to implement an EHR on your own! ☺



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## For More Information

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## Q & A Session



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