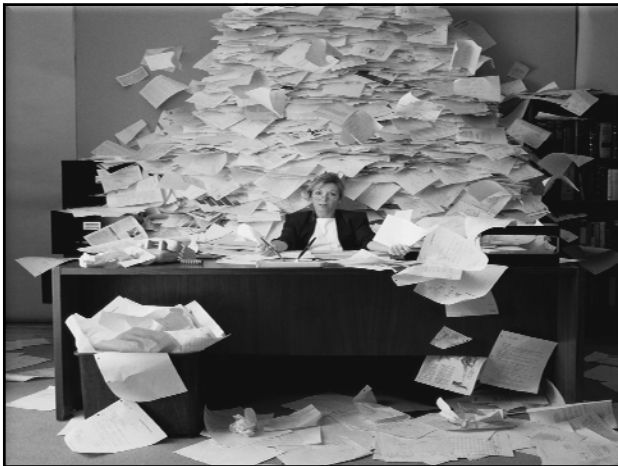## 2011 State of the Union EHR, ARRA and HITECH

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

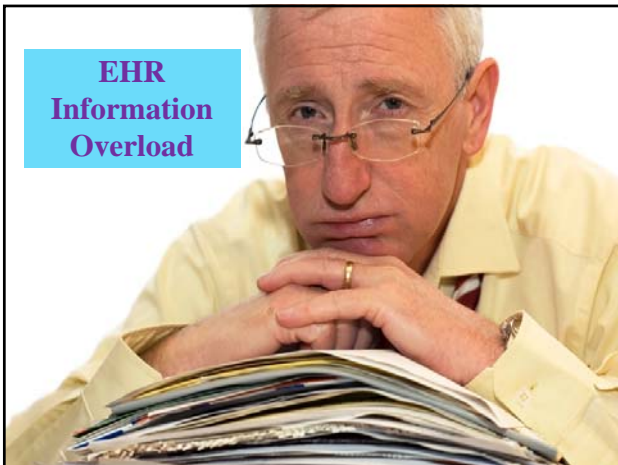Mark Anderson, FHIMSS, CPHIMSS
Healthcare IT Futurist

- 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.
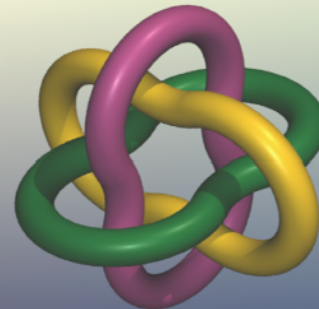 - Former CIO of a 2,300+ physician (500+ Practices) IPA

The Focus is People
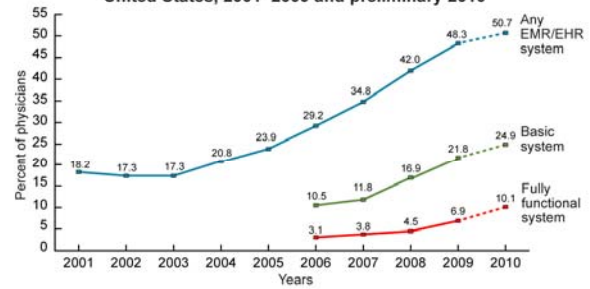

EHR Information Overload

Separate, but united

Electronic Health Record (EHR) Marketplace

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.

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.

So why are physicians not embracing EHR?

- 43% have some type of EHR in their Practice, but less than 7% fully use the product
- EHRs cost too much
- EHRs will slow me down
- EHRs have failed in other communities
- EHRs make me change the way I practice Medicine
- EHRs make me change the way I interact with my patients
- EHRs = less patients
- EHRs make the provider a "data entry clerk"

Value of EHRs

- EHRs save you time
  - EHRs have proven to save nursing and clerical time
  - but it takes much longer to enter the information
  - On average – 9 times longer to enter the data
- The information is readable
  - True, but the clinical note as expanded from 1 page to 5 pages
  - The critical information is lost in the extensive detail
- You have more discrete data
  - yes, over 700 data elements
  - but you only use about 3% of these data elements

Value of EHRs

- E & M coding improves
  - In theory, but many EHR vendors have no 3rd party validation studies.
  - For many specialists, less than 20% of their actual revenues comes from the Basic E & M codes
- EHRs provide orders and alerts
  - You can get the same results with a DRT enabled EHR.
- EHRs reduce errors and improve Quality of Care
  - We assume this is true, but with a 4% adoption rate, the actual results are still pending.

Regional Extension Centers (RECs)
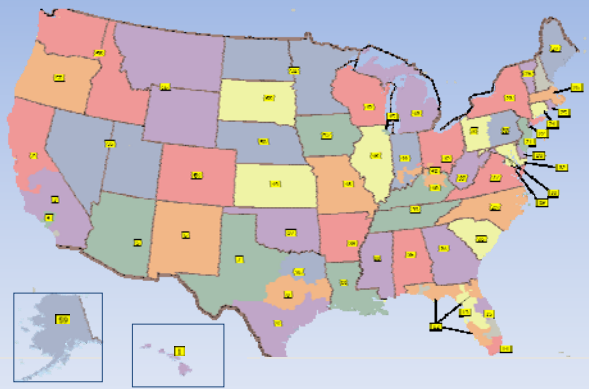
Regional Extension Centers (RECs)

- Goal: Assist at least 100,000 providers in achieving Meaningful Use by 2012

- Establish RECs nationwide to support providers in adopting and becoming Meaningful Users of HIT through comprehensive, "on-the-ground" services:
  - Outreach and education
  - EHR vendor selection support
  - Project management assistance
  - Workflow redesign support
  - Help with achieving Meaningful Use

RECs

Focus on supporting primary care providers that are least likely to achieve Meaningful Use on their own:
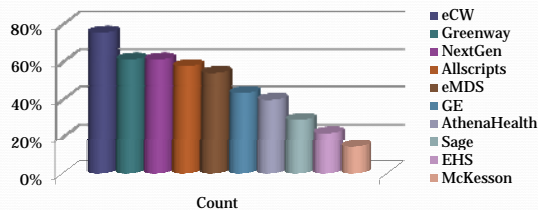
- Small practices with less then 10 providers
- Public and critical access hospitals
- Community health centers and rural health clinics

United States Regional Extension Centers

*Note: applicable regions across the nation may also be supported by the Indian Health Board Regional Extension Center, headquartered in Washington DC.

Most REC Wins

Legend: eCW, Greenway, NextGen, Allscripts, eMDS, GE, AthenaHealth, Sage, EHS, McKesson

Total of 28 Vendors have been selected by RECs

11 vendors have been selected by more than 3 REC

17 other vendors have been selected by 1 or 2 RECs

17

State Health Information Exchange

State Health Information Exchange

- Goal: Give every provider options for meeting health information exchange (HIE) Meaningful Use requirements
- 4-year program to support state programs to ensure the development of HIE within and across their jurisdictions
- 56 states and territories awarded funding for HIE planning and implementation
- States need an ONC-approved State Plan before federal funding can be used for implementation
- Exchange must meet national standards

For More Information

Visit the ONC Web site: healthit.hhs.gov

Top 10 vendors dominate New EHR sales

- Leading Companies
  - eClinicalworks
  - NextGen
  - Allscripts (7 EHR Products)
  - Greenway
  - Epic

- Next Grouping
  - eMDS
  - Sage
  - EHS
  - GE Healthcare

- Third Grouping
  - Athenahealth
  - Pulse
  - Ingenix
  - MCS
  - Cerner

  - McKesson
  - Amazing Charts (4,000)
  - PraxisEHR (5,500)

21

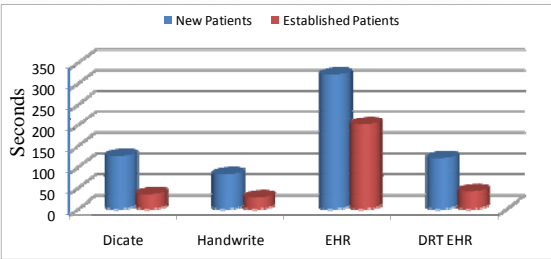## So How does an DRT enabled EHR Help a Physician?

DRT Enabled EHR

- Allows the physician to continue their current process for charting
- Allows the practice to collect
  - family history,
  - social history,
  - medical history,
  - Current Meds
  - Allergies
  - Vital Signs

DRT is Discrete Reportable Transcription

Dictate — Certified Medical Transcription — Next Day Notes

- Allows the provider to use the EHR for viewing of patient clinical information.
- After the physical exam, the provider dictates their note like they have the past 20+ years.
- The dictated report is sent to a transcription service for transcription or via Dragon
- The Software takes the dictation, creates a clearly defined patient note and then automatically populates the EHR with practice specific discrete recordable and reportable data directly into the practice's EHR.

Data Entry Time

Number of seconds for data entry of discrete clinical data

Source: 573 Patient charts
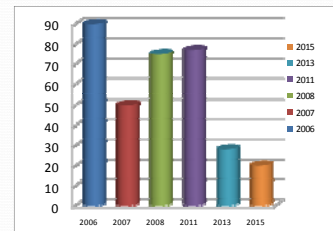

Certified complete EHR or EHR Module

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
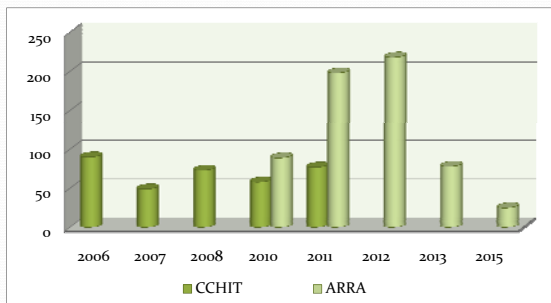- Web Site Surveys – are they really honest?

CCHIT Certified EHR Vendors
Certification is good for 2 years – but!!!!!

As of March 1, 2011, only 77 EHR products have been
2011 CCHIT Certification

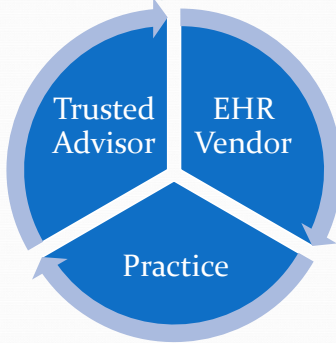## CCHIT vs 2011 ARRA

ONC 2011

VS

ONC 2015 or CCHIT 2011

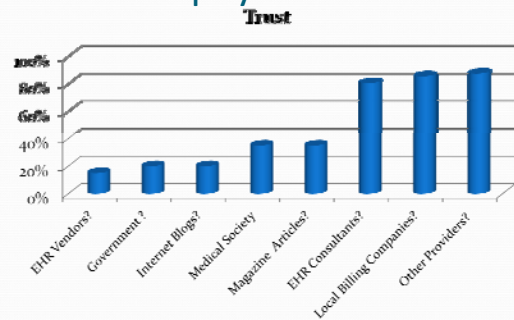## What do Physicians need to do to begin preparing for EHR?

How to Succeed

- Locate a "Trusted Advisor"
- Do your research on usability
- Partner with local IPAs and MSOs
- Partner with Hospitals
- Partner with local HIEs
- Partner with State RECs
- Don't buy "Technology"
- Don't try to make a decision on your own
- Don't always believe what the vendors tell you

Three way interaction

Trusted Advisor — EHR Vendor — Practice

Who do physician's Trust?

Sample of 3,215 Physicians

Why Systems FAIL!

➢ **Poor planning**
➢ **Unrealistic expectations**