



## Medical Information Technology Your Monthly IT Guide since 1995!

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Many doctors are still debating passionately the merits of an Electronic Health Record (EHR). Some claim that the government has no right to mandate its use, others are suspicious that such systems provide government with the tool to peek into their practice and that “big brother” should stay out of their office.

The majority of doctors I have spoken with are mostly concerned about the costs of the switch from paper to an electronic record system. With the average traditional EHR system running about \$50,000 per physician, not including monthly maintenance costs, many docs are hesitant to sign-off on such an expense, especially in these challenging economic times.

Furthermore, doctors have been fed horror stories of EHR implementation failures and the fact that thirty percent of medical practices that adopt a full-fledged EHR system uninstall it later!

It's also of interest to consider the detrimental short term impact of the stimulus package upon adoption of Electronic Health Records systems. Some have attributed an almost Kafkaesque quality to the stimulus package because it will probably serve as a speed bump to EHR adoption until the details of the act have been spelled out. Up until the passage of the stimulus package, adoption of EHR systems was proceeding slowly but steadily. However, the vaguely defined promise of \$17 billion in reimbursements for EHR if unknown criteria are met, could result in gridlock among purchasers, i.e. doctors and hospitals, in the short term while they wait for finalization of the provisions of the stimulus package's Health Information Technology for Economic and Clinical Health Act (HITECH Act). At this point I can state with a high likelihood of certainty that our government will NOT provide financial support to doctors to purchase hardware and software but will incentivize their use. In plain English: you will get paid MORE for demonstrating and proving the “meaningful” use of an EHR system in your practice. This undefined description will likely deter healthcare organizations from rushing to purchase an EHR system.

Another speed bump of the HITECH Act pertains to the reimbursement modality which would only be provided if a certified EHR is implemented. However, the certification standard is to be developed by an office (ONCHIT) that has not been staffed yet, with a coordinator that has not been named yet and by the Secretary of HHS, who has just been appointed.

So what do I advise you to do?

- 1) Start preparing your practice for the switch toward an EHR. That requires thorough workflow assessment and the careful parsing of essential information out of your existing paper record. This will achieve two goals: a) that your future EHR will model your current workflow, b) that you can transfer the extracted patient information quickly into your new EHR system.
- 2) Do NOT focus on the big number (\$50,000/per physician). This number pertains to the OLD legacy system on which most current EHR software is based. These systems require costly installation, maintenance, updates and can not be adjusted to your practice. Focus instead on the new technologies. The Web 2.0, or second generation of web development and design, aims to facilitate communication, secure information sharing, interoperability and collaboration on the Internet. Web 2.0 websites allow users to do more than just retrieve information. They can build on the interactive facilities of “Web 1.0” to provide the Internet as computing platform, allowing users to run software-applications entirely through a browser. Users can own the data on a Web 2.0 site and exercise control over that data. These sites may have an architecture of participation that encourages users to add value to the application as they use it. This will dramatically cut costs to – \$6000/year/physician.
- 3) The new Web 2.0 technologies offer interactive web-based software applications with modular design components. For example, you can use an appointment scheduler, a patient registry and lab module to manage your information flow and allow patients to choose their doctors appointment whenever and wherever they want to do it. I am successfully applying such a module for over 2 years and my patients love it.

Jumping on the EHR bandwagon NOW gives you a competitive edge and allows you to benefit from the multitude of additional reimbursement opportunities including e-prescribing, quality of care reporting and chronic disease management.

Don't wait – be proactive. Change does not offer only financial opportunities but will provide greater job satisfaction.

We will help you along the way!

**Disclosure:** The author is a practicing family physician, addiction specialist and computer consultant. In addition, he is a founder and managing partner of a medical IT company.