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Medical Information Technology

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How Do You Find A User-Friendly Electronic Health Record?

The Meaningful Use And EHR Certification Quagmire

The push for Electronic Health Record (EHR) implementation is gaining momentum and speed. The Health Information Technology (HIT) Extension Program, included in the American Recovery and Reinvestment Act of 2009, contains an economic stimulus package to offset costly EHR implementation and will provide financial incentives for those physicians who demonstrate meaningful use of a certified EHR program in their practice by January 2011. Therefore, physicians' offices are being bombarded with offers by EHR vendors promising to meet all of those demands, guaranteeing increased reimbursement by the set deadline. As a veteran EHR user, I caution my fellow colleagues not to fall prey to those offers but to sit down and consider the following.

There is a big difference between EHR functionality and usability! What's the difference? Functionality is what a system can do. Usability is how easily you and your staff can apply and implement all those capabilities. According to an article posted on amednews.com we should "pay less attention to the bells and whistles and more to whether physicians and support staff can figure out how to make them work. Determining what usability means to you will require a hard look at not only the system but also your practice — how it works now, how you want it to work, and how ready and able employees are to adapt to technology." Furthermore, we should be aware that if "all of the EHR's functionalities aren't being used by the majority of people in the office, the practice is not realizing the system's full potential." I always advise my clients to avoid searching for the PERFECT system but to focus on the essential functionalities, which can be applied in the daily practice. In addition, we have to pay close attention to definitions contained in the "meaningful use" matrix and the upcoming changes in the EHR certification process.

Meaningful use describes the electronic documentation required to enhance quality/efficiency and actual data exchange among payers, providers and patients. The definition of meaningful use will be codified in a December 2009 Notice of Proposed Rulemaking. We will not have the final meaningful use criteria until Spring 2010 after a period of comment. The August 2009 recommendations for meaningful use describe 9 data exchanges, multiple sending and receiving modalities all parties need to participate. They include: ePrescribing, sending reminders to patients, checking insurance eligibility, submitting claims, providing patients with an electronic copy of their record, providing patients electronic access to their records, capability to exchange key clinical information (e.g., problem list, medication list, allergies, test results) among care providers and patient authorized entities, capability to submit data to immunization registries, and the capability to provide syndromic surveillance data to public health agencies.

Given the extensive scope, limited time, and resources, it is hard to fathom that all EHR providers will meet the 2011 deadline to implement all 9 data

exchanges among payers, providers and patients in time for Stimulus funding. I expect an incremental approach to introduce all of the described features over the course of 2-3 years. The EHR selection and purchase decision should take this into consideration and I highly recommend involving your entire staff in this process to assess and test the usability of the complex functionality features. Remember, that certification only describes the features of a product and NOT its practical application!

EHR vendors always point out that they are CCHIT (Certification Commission for Health Information Technology) certified but it means nothing if those features are hard to find, difficult to learn, and too time-consuming in their application. Meaningful use implementation exceeds the current EHR vendor's service capability and as physicians we must collaborate to meet those challenging goals.

With the establishment of Regional Extension Centers (RECs) health care providers will be supported with direct, individualized and on-site technical assistance in selecting a certified EHR product that offers best value for the providers' needs; achieving effective implementation of a certified EHR product; enhancing clinical and administrative workflows to optimally leverage an EHR system's potential to improve quality and value of care, including patient experience as well as outcome of care; and, observing and complying with applicable legal, regulatory, professional and ethical requirements to protect the integrity, privacy and security of patients' health information. The Extension Program expects all Regional Centers to be operating at full capacity by the end of December 2010. In addition, it is expected that by the end of December 2012, the Regional Centers will be largely self-sustaining and their need for continued federal support in the remaining two years of the program will be minimal. Your DCMA is supporting the establishment of a South Florida REC and by December 11, 2009 we will know if the South Florida REC Collaborative will receive the grant funding necessary to start such a service in our community, too. I will keep you posted.

I look forward to reading your comments and suggestions on our blog at <http://miamimedblog.blogspot.com/> or send me a tweet at <http://twitter.com/dadedoc>.

Next month: Practical EHR Solutions for your office.

Disclosure: The author is a practicing family physician, addiction specialist and computer consultant. In addition, he is a founder and managing partner of VirtualMed, LLC (www.virtualmed.com)