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RECOMMENDATIONS FOR SPURRING THE RAPID ADOPTION OF ELECTRONIC MEDICAL RECORDS

Our new administration and legislature have recently taken bold steps to infuse our healthcare system with liquidity in order to spur the adoption of Electronic Medical Records (EHR). This has been a strong response to the lamentable problem of low adoption rates of EHRs; a technology that is broadly accepted as a pivotal component in improving our healthcare system.

This is a great first step in the process of improving our nation's Healthcare Information Technology (HIT) system. However, the manner in which these new funds are distributed within the system will determine in large part if the monies are effectively spent.

This series of analyses and recommendations, based on our daily communications with physicians in the marketplace, are aimed at creating the most effective policies to enhance the adoption of Electronic Health Records (EHRs) while maximizing the use of public funding and keeping the impact on the workings of the private marketplace low.

The three HIT policy recommendations that we offer to the regulatory bodies with authority and influence over this subject matter are:

1. Disburse a sizable portion of the first year's incentive payment to eligible providers at the beginning of FY 2011 to encourage other providers to adopt EHRs.

2. Establish a well-regulated website that allows physicians who have purchased EHRs to rate and evaluate the EHR and its implementation and support on an ongoing basis.

3. If NIST utilizes CCHIT to certify EHRs for federal funding, require that CCHIT provide a sliding scale fee structure for EHR companies grossing less than $1M per year.

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A. Combating Skepticism Regarding Incentives

Many physicians are excited about the prospects of earning $44,000 over five years by using an EHR, however many are skeptical that it will actually happen. They are getting conflicting messages, on the one hand from vendors to move quickly in adopting an HER and on the other hand from organizations, like the MGMA (Medical Group Management Association) to move slowly.

They are legitimately concerned that they might spend tens-of-thousands of dollars on an EHR, which may or may not help them, and then for unknown reasons they may not get the incentive payments that they expect to reimburse their costs.

We recommend that a sizable portion of the first year's disbursement to eligible providers is done at the beginning of FY 2011 in order to encourage other providers to adopt EHRs.

This sizable disbursement need only occur one time at the beginning of the first year and other providers will see this payment as solid proof that they have an opportunity to collect their incentive payments and thus purchase an EHR.

B. Getting to Yes – How to help Providers Purchase an EHR

The prevalent attitude in the provider marketplace is that EHRs often don't work. This is easy to prove when 20% of all EHRs are removed from practices (Study conducted by Towards the Electronic Patient Record (TEPR) organization). This does not take into account the hundreds of EHRs that have been purchased and are only partially used if at all. Anecdotally, we have replaced ineffective EHRs with The AMCIS Network® and we know of several groups that have purchased other EHRs for several hundreds of thousands of dollars and use them only as schedulers, accounting systems and scanned document repositories.

Along with this generally negative attitude towards EHRs comes a great deal of mistrust regarding the usefulness of EHRs. The fact that providers mistrust EHRs in general and EHR salespeople in particular is understandable. Not only have they heard 'horror' stories about EHRs but there are so many to choose from and each salesperson tells the providers that their system is the best. So, the task of sorting through the options is exhausting and often left to an unqualified office manager. They are overwhelmed and rarely look beyond those companies with the biggest marketing budgets; the same companies that price their EHRs at $40,000 per provider. It's no wonder that EHR adoption has been abysmal.

In an attempt to help providers sort through the morass of options, one predominant EHR certification body, the Certification Commission for Healthcare Information Technology (CCHIT),

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has been fostered by public dollars through the Health and Human Services Department of the last administration. Unfortunately, the CCHIT seal of approval has not proven itself to equate with effective EHRs for reasons described in the section devoted to CCHIT below.

The use of public dollars to facilitate the adoption of EHRs will be well spent in developing a tried-and-true model of seller ratings perfected through the private sector on sites such as Ebay and Amazon.com. These sites facilitate the purchase of sometimes very expensive items from complete strangers through the use of a ratings system that allows purchasers to evaluate sellers publicly online. This rating system will inform a purchaser if a seller has a high rating in many transactions and therefore has been a reliable and trustworthy seller in the past and thus is likely to have those same qualities in the next transaction.

Building on this proven model, another recommendation we put forward is to establish a well-regulated website that allows physicians who have purchased EHRs to rate and evaluate the EHR and its implementation and support on an ongoing basis.

This solution will be a boon for providers seeking EHRs and will be relatively inexpensive to implement and maintain. This site alone holds the promise of jumpstarting the purchase of effective EHR solutions while building trust nationwide in EHRs.

For this site to be effective, the following issues need to be addressed:

1. While the site should not endorse or guarantee any sellers performance, it should clearly distinguish itself as the approved ratings site managed and maintained by the appropriate government institution. This is vital for the site's credibility.
2. Providers who submit ratings must identify themselves securely on the site and the system should not allow multiple submissions in a given time period. We recommend providers use their NPI for this purpose if allowable by law.
3. The criteria for evaluating an EHR should be developed by consensus with stakeholders with added weight being given to physicians currently using EHRs. These criteria should be reassessed on an ongoing basis to take into account new technology.
4. Providers using an EHR should be incentivized to submit periodic ratings which will allow for the evaluation of ongoing support and maintenance by EHR vendors. This will ensure that EHR vendors are 'on the hook' to provide continuous good customer service in order to continue to get strong ratings.
5. A thorough marketing campaign should be held to inform and involve providers in the use of this EHR ratings site.

C. CCHIT's role in the marketplace

<u>The Danger of an Inaccurate Certification</u>

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Although it may initially seem counter-intuitive, the emphasis on CCHIT certification is likely to exacerbate the ongoing problem of mistrust of EHRs. The reason for this is that certification does not ensure that a system is usable or effective in a provider's practice. It only evaluates if an EHR has a list of required functions. For example, many poorly designed EHRs require a user to go through three to four different screens to create a new medication. These EHRs will pass CCHIT certification on the basis of having the function to prescribe a medication. However, providers are hard pressed to take the extra 2-3 minutes required to write each prescription 50 times per day. This is only a small example of the pervasive lack of usability that is often found in EHRs.

While certification holds the promise of validating the usefulness of an EHR, it is another cause for the loss of credibility in EHRs. As providers learn more from their colleagues about their CCHIT EHR implementation that did not work out or as they struggle to implement their own CCHIT EHR system they recognize that CCHIT certification is not correlated to how well an EHR works.

The potential long term consequence is to drive providers deeper into their caves and set back EHR adoption for another number of years. The short term consequences are also severe.

CCHIT certification for an ambulatory care (provider practice) EHR is up to $50,000 per year including specialty certification. Certification is required at least every two years. If a system does not pass certification the fee is lost. If certification requires additional time, the fee is $2,000/hour. These costs are unduly difficult on new entrants into the EHR vendor arena. Referring back to our first recommendation above, this high price burden creates a barrier-to-entry for the most innovative and progressive EHR vendors in the marketplace; precisely the opposite effect that is wanted for the healthcare market.

Thus, CCHIT actually jeopardizes the EHR marketplace through a "double whammy" of diminishing trust in EHRs, thereby reducing EHR purchases by providers, and eliminating the most innovative and least expensive EHRs, once again reducing the likelihood of purchases by providers.

The EHR rating site recommended above will do a far better job of increasing EHR adoption than CCHIT ever could and the cost will be significantly less. Of most importance, the EHR rating site will evaluate EHRs on the basis of usefulness in addition to feature sets.

One final note: if CCHIT certification continues to be the mainstay for approval of public dollars towards the adoption of EHR, which we believe it should not be, then a provision ought to be made to assist young innovative EHR companies in meeting the high burden of cost to get certification. ***We recommend that if a federal body continues to fund CCHIT, or ties federal subsidies to CCHIT certification for EHRs, that it require that CCHIT provide a sliding scale fee structure for EHR companies grossing less than $1M per year.*** This will ensure that young companies have a chance to compete in the EHR marketplace to bring providers and their patient's better solutions.

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E. Conclusion

In conclusion, we have put forth three HIT policy recommendations which we believe will significantly bolster the adoption of EHRs in an affordable and least intrusive manner. Those recommendations are:

1. Disburse a sizable portion of the first year's incentive payment to eligible providers at the beginning of FY 2011 to encourage other providers to adopt EHRs.
   - This will convince skeptical providers that they will receive incentive payments if they purchase an EHR.

2. Establish a well-regulated website that allows physicians who have purchased EHRs to rate and evaluate the EHR and its implementation and support on an ongoing basis.
   - This will increase the speed of purchasing EHRs by prospective providers and prop up EHRs that function well thereby improving provider trust in EHRs.

3. If NIST utilizes CCHIT to certify EHRs for federal funding, require that CCHIT provide a sliding scale fee structure for EHR companies grossing less than $1M per year.
   - This will prevent the largest vendors, which often have the most expensive EHRs, from obtaining an unfair advantage over newer more innovative companies.

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