When urologist John C. Lin of Gilbert, AZ, was shopping for an EHR last year, he wanted a product that had the Certification Commission for Healthcare Information Technology (CCHIT)’s stamp of approval. Because certification costs a lot and “takes a commitment,” he says, it implies that a software company will be around for a while. It also means that the product has a set of functions that experts deem desirable in an electronic health system.

Still, certification is only one of a number of criteria he used to evaluate EHRs, stresses Lin, who’s happy with the certified Allscripts HealthMatics system he bought in September 2006. For example, he wouldn’t look at any company that hadn’t been in business for at least six or seven years.

George G. Ellis Jr., an internist in Youngstown, OH, also looked only at certified products when he was searching for an EHR last year. But, unlike Lin,

CCHIT’s stamp of approval is just the beginning. To find the best EHR, physicians need to know what it means and what else to look for.

By Ken Terry
TECHNOLOGY EDITOR
Ellis is very dissatisfied with the integrated EHR and practice management system he purchased. He’s been unable to send out any bills since the system was installed in June, and the visit-note templates are so generic that they’re practically unusable, he says. To make matters worse, it’s hard to customize the templates, so he has to have the vendor do it for him—an extremely time-consuming process.

The low-priced, basic EHR/PM system he formerly used is much better than the new one, Ellis says, although it isn’t certified. “You can’t tell from the certification whether these systems are of value or not,” he says.

In fact, CCHIT’s imprimatur should be seen as only the first step on the long road to finding the right product—a fact that many doctors may not realize. Indeed, EHR certification is so new that most physicians don’t know what it means, say observers, yet many of them want certified products because they’ve been told that it’s important. (For more information on what certification means, visit the CCHIT website at www.cchit.org/physicians/buy/Physician+Guide+to+CCHIT+Certification.htm).

As CCHIT raises the bar for certification and branches out into specialty areas, as well as hospital and network certification, its importance will continue to grow. So if you’re planning to buy an EHR or upgrade to a better system, you’ll need to be familiar with what the Commission is doing and how your peers are reacting to those moves. You’ll also need to be aware of other key factors, such as the reputation and integrity of the vendor, the utility of the EHR in a practice of your size and specialty, and the EHR’s ability to help with P4P and quality data reporting.

High number of certified vendors raises questions

A private, not-for-profit organization formed by three health IT trade and advocacy associations, CCHIT certified EHRs from 81 vendors in its first certification year, which extended from May 1, 2006 to April 30, 2007. (Certification is good for three years, but vendors have the option of applying for recertification annually.) Overall, the Commission certified products from about 40 percent of the 200 vendors it estimates are in the ambulatory care market.

To Mark Anderson, a Montgomery, TX-based health IT consultant whose firm publishes an annual EHR survey, the large number of certified products indicates that CCHIT’s criteria weren’t very rigorous. Now, however, CCHIT has made it tougher. Among its new criteria for certification are the ability to send prescriptions and refills to pharmacies electronically and to receive lab results online. As a result, Anderson and other observers doubt that more than 40 vendors will have their products certified during the current certification year.

But that will still leave physicians with a lot of choices. Don Schoen, president of Medinotes and chair of the EHR Vendors Association (EHRVA), advises physicians to look carefully at the track records of start-up vendors that may have programmed their software for certification in order to get a foothold in the market. “When a company has three sites installed and it’s certified, ask yourself, ‘Is it workable at the point of care?’ ”

Internist Mark Leavitt, chair of CCHIT, is gratified that so many small vendors achieved certification, because critics had warned that EHR certification would stifle innovative, smaller companies. Nonetheless, some commissioners are concerned that certification may mislead physicians into thinking that all certified products are equally viable, Leavitt says. So they’re discussing the possibility of surveying the vendors about such issues as how long they’ve been in business, how long the certified EHR has been on the market, their number of customers, and their sales volume. This data would then be published on the CCHIT website.

Meanwhile, CCHIT is broadening its reach. With the help of specialty societies, it’s working on certification criteria for EHRs that are partly or wholly focused on children’s health and cardiovascular health, and will add other specialty, disease, and population categories in the future. Pursuant to its three-year contract with the Department of Health
and Human Services, CCHIT has begun certifying EHRs designed for acute care hospitals, and it hopes to certify products from a dozen of the 30-odd hospital IT vendors by next year. It’s also exploring how to certify health information networks.

All of this is aimed at accelerating the standardization of health IT. That’s also a major goal of the government, which has declared that CCHIT certification satisfies its interoperability requirement under the new Stark and antikickback rules allowing hospitals to donate software to physician practices.

**Effect of certification on EHR purchasing**

Partly because so many products have received the CCHIT nod, certification hasn’t had much impact on sales, vendors say. While certification is included in most physician RFPs nowadays, Justin Barnes, vice president of marketing and government affairs for Greenway—which makes a certified EHR—estimates that only about 40 percent of doctors ever ask about it. The buyers who are most interested in it generally represent medium-sized and larger groups.

“My clients don’t even want to talk to the vendors that aren’t certified,” says consultant Mark Anderson, who tends to work with good-sized groups and IPAs. At the same time, he’s aware that low-priced, noncertified products from vendors like AmazingCharts.com and SOAPware are still doing well. And e-MDs, a vendor that sells a certified, medium-priced product, is about to launch a remotely hosted, noncertified product at a lower price to appeal to the many physicians in small practices who don’t believe they can afford an EHR, says e-MDs’ President and CEO David Winn.

Leavitt thinks this is fine. “It was never reasonable to suggest that there’d be no market for non-certified EHR products,” he says. “You simply want to allow people to make informed decisions.”

But the CCHIT leader believes that gradually, more and more physicians will conclude that they need a certified product to be ready for P4P and to hook into the information networks that are expected in the future.

Anderson agrees. “Once CMS or other payers say their P4P bonus is only for certified products, it’s going to knock those [low-priced] products out.”

Internist Michael Barr, vice president for practice advocacy and improvement at the ACP, sees a more complex picture. While the society strongly supports certification and is trying to educate its members about it, he notes, the ACP has received little feedback from physicians, partly because EHR penetration remains low. Among the doctors who have EHRs, he says, simple electronic charting programs are still popular because physicians buy them mainly for the sake of efficiency.

“You’re not seeing a lot of use of EHRs for quality improvement,” he points out. “Mostly, it’s for documentation and to assist in coding and tracking certain clinical items. Many of the noncertified products probably deal with those kinds of functions fairly well. As we move towards paying for quality and sharing records with patients through portals, the functionality and interoperability that we’re hoping to see in the CCHIT-certified records will get recognized for the value it provides to the system and to the patient.”

How soon will that happen? Internist Sarah Corley, chief medical officer of NextGen and a CCHIT work group member, says some NextGen customers are already participating in P4P programs that provide incentives to physicians who use EHRs that have been certified within the past 12 months. That was one reason, she says, why NextGen applied for recertification this year. (So far, Community Computer, eClinicalWorks, eMDs, Greenway, McKesson, NextGen, and Purkinje have been certified for meeting 2007 criteria.)

But if the requirements become so stringent that fewer and fewer products qualify, smaller practices may be discouraged from buying certified EHRs. Anderson points out, for example, that products from vendors like Allscripts, GE, and NextGen aren’t de-signed for solo or two-doctor practices. “The only way for them to handle robust products like this is if a network of some kind could deliver
Physicians may not be able to afford the latest
Although vendors deny that certification is pushing up prices, some physicians believe it is raising the cost of owning an up-to-date EHR. FP Annie Skaggs of Lexington, KY, says, “I think it is outrageous how much it costs for an EHR to get certified. The cost is much more than the benefit.”

Skaggs bought her A4 HealthMatics EHR in 2002, long before it was certified. At the time, she says, she verified its features and its utility by visiting other practices. She also called the vendor’s support number at odd times to check on its service, which was and continues to be “fabulous.”

Skaggs would like to have some of the interoperability features that are now required for certification, like e-prescribing. But she’s passed on the e-prescribing module, she says, “because that’s another $50 a month. I have a solo office, and I don’t need anything that adds another chunk of price.”

The new version of the HealthMatics EHR (now owned by Allscripts) also features the ability to report quality data to CMS for its Physician Quality Reporting Initiative (PQRI). But Skaggs figures she’d make only $47 a month from CMS’ 1.5 percent bonus for providing the data. To upgrade her program to do that and to add a billing module, she’d have to buy a new server for $15,000. She’ll eventually do that, but right now she’s still paying off her original system, Skaggs says.

In contrast, urologist John Lin, who started his solo practice with the certified version of HealthMatics, is pleased by his ability to automatically send data to CMS, using billing codes generated by the system. “In one click, I can report on the three measures specific to urology,” says Lin, who believes the EHR has improved both his quality and his efficiency.

Salvatore Volpe, a med-peds specialist in Staten Island, NY, was also looking for a certified product when he bought his eClinicalWorks EHR last year. Volpe says he saw no advantage to buying a noncertified product, and certification gave him a “comfort level” about the functionality of the EHR. But he expects his vendor to keep getting recertified each year to meet payer requirements.

“If these people are willing to invest the money and the R&D to meet the criteria of an organization that has the pulse of the government and the health plans, I’m on a good track,” says Volpe. “Two years from now, when the P4P criteria are set, I’ll be ready.”

Asking about certification, adds Volpe, is just the first step in a physician’s EHR search. “Then the question becomes, ‘how usable is the product?’ Okay, so it keeps a problem list, but you have to go through 14 steps to get to it. It doesn’t accept handwriting recognition; you have to type in it. It doesn’t do voice recognition, you have to change the size of the fonts, you can’t add things on the fly. I’ve seen products where just adding new terms required going through three extra windows. That’s okay when you have time to do it; but when I’m sitting here in front of a patient, it doesn’t work for me.”

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Now that Arlene Brown, a solo FP in Ruidoso, NM, uses an electronic health record system, she eats supper with her family at a reasonable hour. She even has time to cook it herself.

“I’m usually out of the office by 5:30 p.m., or 6:00 at the latest, with all my charts reviewed, phone calls returned, and prescriptions refilled,” says Brown, who bought her EHR in 2004. “My system has trimmed two hours off the work day without cutting down the number of patients I see.”

If a normal home life strikes you as a compelling reason to buy an EHR, we can give you 50 more good business reasons. We collected them from EHR users like Arlene Brown as well as a few IT experts. We asked them to go beyond the generalities of “saves time” and “improves patient care” and identify how the technology makes a specific difference in a medical practice. You might be surprised by what you read.

“Many doctors are vaguely aware of the advantages
of the EHR,” notes Rosemarie Nelson, a computer consultant with the Medical Group Management Association in Syracuse, NY. “However, they don’t know how the technology connects to their day-to-day life.”

To be sure, buying an EHR means overcoming some fear factors. One is the price tag. The cost of software, hardware, implementation, training, and support can easily come to $30,000 per doctor over five years. The national push for seamless data exchange—my EHR can talk to yours—gives pause, too. Will the program that I buy today meet tomorrow’s technical standards for interoperability?

Despite these concerns, doctors are finding enough positives to create a bull market for EHRs. Allscripts Healthcare Solutions, one of the companies that sells these programs, reported a 61 percent jump in revenue from software and related services in the first quarter of 2005 over the same period in 2004. Overall, the EHR field is growing at a 30-40 percent clip, says research analyst Sean Wieland, who’s with the securities firm of Piper Jaffray in San Francisco.

As our readers told us, EHRs come with impressive capabilities, and we’ve ticked off 50 common ones. However, all products aren’t created equal, says Nelson, so don’t assume every EHR program will do everything on our list. But “most of the market-leading products will easily include 40 out of 50.”

So check out these reasons to go paperless. Someday you can tick off your own when you sit down with the family for an early supper.

**Better access to data**

1. Pull a patient chart within seconds rather than minutes.
2. Never waste time looking for a chart.
3. Open a patient’s chart on any computer in the office.
4. Have two or more people work with a chart at the same time.
5. Have clinical data at your fingertips when a consulting or referring physician calls.
6. Open the patient’s chart on a wireless computer when you see him in the hospital.
7. Access a patient’s chart online when he calls you at home at 2 a.m.

**Better charting**

8. Never worry about illegible handwriting (your malpractice carrier and local pharmacists will be happy).
9. Have patients complete a computer-guided medical history at home or in your office that downloads into the EHR.
10. Update medication and problem lists with every visit.
11. Import lab results, diagnostic images, and hospital discharge summaries into the patient’s record.
12. Create flow sheets and graphs for any kind of data—blood pressure, HbA1c, pediatric height and weight, etc.
13. Tap thousands of procedure and diagnosis codes—far more than a paper charge ticket can display.

**Better care management**

14. Track pending orders for lab tests and diagnostic imaging—those that are long overdue may signal lost reports or patient non-compliance.
15. Receive automatic reminders in the exam room when a patient is due for preventive or disease-management services.
16. Link to evidence-based guidelines for diagnosing and treating conditions as you talk to the patient.
17. Quickly produce a list of all female patients over 21 who haven’t had a Pap test in the past three years (or any time frame you choose, based on age and type of Pap test). Then ask these patients to make an appointment.
18. Print patient handouts in the exam room.
19. Print a copy of the progress note and give it to the patient at the end of the visit. Or put his entire record on a mini “thumb” drive that he can take home.
20. Provide consulting physicians with a list of lab results and current medications by e-mailing or faxing the data directly from the computer.
**Better prescribing**

21. Spend less time talking to pharmacists with questions about what you’ve written.
22. Fax prescriptions from your computer to the pharmacy instead of handing them to patients, who might lose or alter them.
23. Reissue prescriptions with a few mouse clicks.
24. Reduce the number of prescribing mistakes by receiving electronic alerts on drug interactions, allergies, and other situations where you should exercise caution.
25. Identify all your patients who are taking a recalled drug within minutes.
26. Verify compliance with insurance-company formularies incorporated into the EHR.

**Lower costs**

36. Save $10,000 or more per doctor per year on dictation and transcription costs.
37. Eliminate positions for file clerks and transcriptionists.
38. Save several thousand dollars a year on paper-chart supplies.
39. Download ECG readings directly into the patient chart and save even more on paper.
40. Spend less on postage by transmitting charts electronically.
41. Build a satellite office without a file room.

**Greater efficiency**

27. Review a summary of the patient’s health information at a glance instead of flipping through pages.
28. Stay on top of your work with an electronic to-do list that includes incoming lab, radiology, and pathology reports as well as in-office messages and telephone calls.
29. Reduce phone tag: When patients call, answer their questions immediately instead of pulling the paper chart and calling them back.
30. Produce referral letters, school and work excuses, and other documents with a few clicks.
31. Send messages to your nurse without leaving the exam room or hollering down the hallway.
32. Reduce staff downtime at the copy machine: When you need to share records with someone, transmit them electronically.
33. Automate the way you report childhood immunizations to state-mandated registries.
34. Order lab tests and diagnostic imaging with a few mouse clicks.
35. Get claims out the door faster by sending encounter information, including diagnostic and CPT codes, straight to your practice-management software.

**Higher income**

42. Qualify for “pay for performance” bonuses by tracking the care you provide and the outcomes you achieve for various groups of patients.
43. Capture all your charges automatically as you record what you do.
44. Reassign your transcriptionist and file clerk to help collect accounts receivable.
45. Confidently code for higher levels of service based on thorough documentation.
46. Get automatic suggestions for E&M coding based on your documentation.

**A more robust practice**

47. Convert your file room into an extra exam room.
48. Gain an edge in recruiting doctors fresh out of residency who’ve grown up using computers.
49. Retain topnotch staffers who otherwise would be burned out by the chaos of paper charts.
50. Impress patients by demonstrating that you run a modern, cutting-edge practice.

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