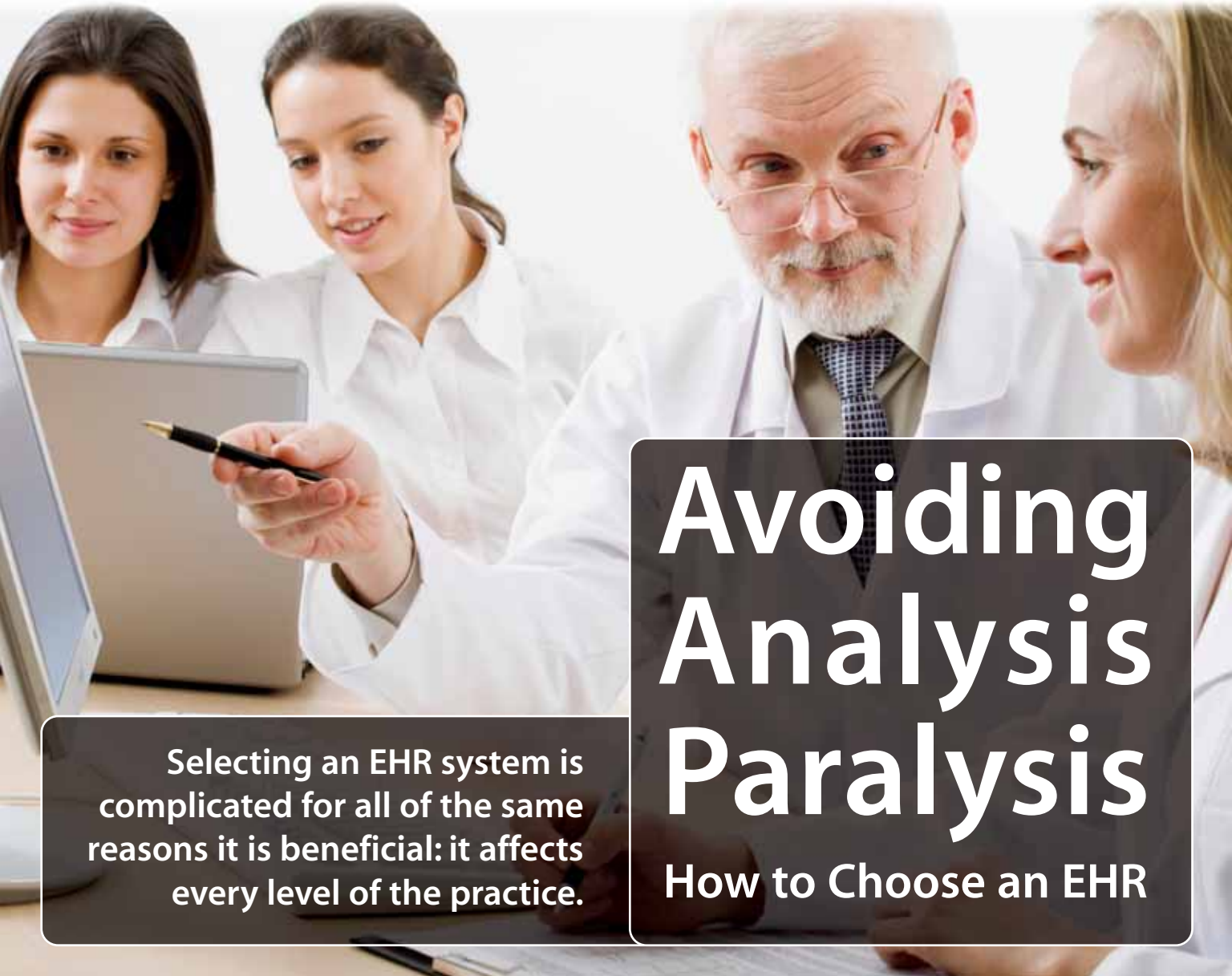


PREMIUM PRACTICE

August 2011
Volume 2, No. 8

TODAY



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Avoiding Analysis Paralysis

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Avoiding Analysis Paralysis: How to Choose an EHR System

Selecting an EHR system is complicated for all of the same reasons it is beneficial: it affects every level of the practice.

BY ROCHELLE NATALONI, CONTRIBUTING EDITOR

For far too long, the health care industry has found itself exempt from the norms of customer service that are found across most other businesses. Electronic health records (EHRs) have the potential to help medical practices close the gap in this area by converting their paper records to digital charts. This month's Premium Practice Today highlights several offices that have made the switch and offers their perspectives. I have had the privilege of visiting one of them—the Eye Center of Central PA—which is the first ophthalmic practice in the country to achieve meaningful-use status. The office can attest first hand that a properly implemented EHR system can have a meaningful impact on the patient's experience (disclosure: I consult for Medflow, Inc., the maker of the platform used by this practice).

In spite of governmental mandates, EHRs make a lot of sense for today's premium practices. Improving patients' care and outcomes has long been a hallmark of the ophthalmic community, and improving the flow of information represents another opportunity for the specialty. The AAO recently issued standards for the storage of medical images (known as DICOM), representing a major step forward in the standardization of the processes for ophthalmology, and it has offered practices criteria to help in choosing a system. Unlike previous failed attempts at the modernization of health care, EHRs are here to stay and will only increase in their importance to running a practice efficiently and effectively.

—Section Editor Shareef Mahdavi

Long before governmental mandates and incentives made the implementation of electronic health records (EHRs) a must, efficient cataract and refractive surgery practices were going paperless with automated practice management systems. There are surgeons who bristle at being told by Uncle Sam how and when to make capital investments in their offices (see *Meaningful Use*). Plenty of their counterparts, however, are embracing the growing array of software and smartphone applications that keep them connected to their patients, practices, prescriptions, and peers 24/7.

A KEY INVESTMENT FOR THE PRACTICE

Ophthalmic surgeon Michael K. Tran, a solo practitioner in Orange County, California, is among those who are accentuating the positive aspects of the conversion to EHRs. When Dr. Tran launched his practice, he knew that purchasing an EHR system would be one of the most important investments of both time and financial resources that he would make. His top priority was to find an ophthalmology-specific method with screens that had

the look and feel that he wanted for his examinations. He opted for Ophthalmology Advantage (Compulink Business Systems, Inc., Westlake Village, CA).

"I chose this system because it is almost infinitely customizable, so I don't have to fit into a 'cookie-cutter' mold," Dr. Tran says. "I also felt that Compulink was a stable business partner that could support my EHR needs over the long term. [The company] offered good value for the price." He says that, among other things, the system helps him to better document patients' health statuses, relevant tests, and postexamination discussions. "It also means that I can respond to patients' questions any time of the day, from wherever I am. I can quickly graph out trends in a patient's IOP or refraction over time, and I never lose important information because it is buried deep in the chart. The fact that EHR also helps reduce my overhead expenses and run my practice more efficiently is really an added bonus."

Dr. Tran recommends that physicians put as much thought into choosing an EHR system as they would into selecting a new diagnostic device. He suggests that physicians do their due diligence to find a method that fits their

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practice type and style. Dr. Tran cautions against over-delegating when it comes to EHR implementation. “I think physicians need to be personally involved to make sure the electronic records accurately reflect the way they practice and the way they want to document exams,” he says.

The Kraff Eye Institute in Chicago was ready for the benefits to patients’ care that the organization knew it could gain through implementing an EHR system. Yet the physicians realized that they needed a system specific to ophthalmology. “We also had another concern,” says the practice’s William Lissner, MD. “We felt that as we were getting serious about EHRs we had to update our practice management system first. Once we knew where we wanted to go with EHRs, we had to ensure that the practice management system could work with them.”

With its two locations, five surgeons, one optometrist, and a daily patient volume of 150 to 200, the Kraff Eye Institute selected the system from Medflow, Inc. (Charlotte, NC). The platform is designed specifically to meet the needs of ophthalmic practices, Dr. Lissner says.

“The Achilles heel of some EHR systems is that once they are customized to a specific practice, if an upgrade comes through, you will need professional [information technology] support to make them update across all of the templates. This is not a problem with Medflow, which allows frequent, effortless updates and upgrades.”

Medflow’s EHR platform also has Digital Imaging and Communications in Medicine (DICOM) integration that allows digital images, such as visual fields and optical coherence tomography scans, to be input directly into the system. “Systems not using DICOM require third-party software and devices to integrate images,” he adds.

A GROUP DECISION

The Cincinnati Eye Institute is a perfect example of encouraging input from all of the involved physicians when evaluating the suitability of an automated record-keeping solution. It is a large multicenter practice with a 25% conversion rate to premium IOLs. It is currently using

an electronic scanning system from Allscripts Healthcare Solutions, Inc., (formerly Impact.MD; Chicago, IL), but is in the process of changing over to an EHR platform from NextGen Healthcare Information Systems, Inc. (Atlanta, GA). According to Cincinnati Eye Institute’s Gary A. Varley, MD, NextGen was selected democratically based on input from more than 40 physicians at 20 locations who weighed in after a significant review of the available systems. (*Editor’s note: For a discussion of the difference between EHR and EMR, see www.healthit.gov/buzzblog/electronic-health-and-medical-records/emr-vs-ehr-difference.*)

“The size of our practice limited our options because many EHR systems cannot handle our needs,” said Dr. Varley. One of the primary reasons that the practice opted for NextGen is because it offers an ophthalmology-specific program. NextGen’s software includes an ophthalmic knowledge base, designed with input from hundreds of ophthalmic and optometric practices, Dr. Varley points out.

Darrell White, an ophthalmologist and business-savvy entrepreneur, chose the SRS system (Montvale, NJ) for his Cleveland-based practice Skyvision Centers. SRS allows users to scan paper records so that they can be read electronically.

“The criteria used to choose the system were based on our core belief that the most important individual in the practice is the patient. SRS is the most patient friendly of all of the options. SRS does not impose any program-related issues on the doctor-patient interaction. The patient and doctor are eye-to-eye, not the doctor facing the screen and typing or going through an interminable list of drop-downs. There is no time or efficiency penalty with SRS in its present form so [our practice continues to] run on time,” he explains.

That said, if he had his druthers, Dr. White would like it if his system enabled him to electronically enter data so that he could query the system about what was entered. “For example, if prescription data are entered electronically, I could ask for cumulative refractive outcome data by simply mining postoperative refractions,” he says. “I could

MEANINGFUL USE

Research suggests that the effective use of electronic health records (EHRs) improves the quality of patients' care, minimizes errors, increases productivity, and reduces costs. The federal government's Health Information Technology for Economic and Clinical Health (HITECH) Act establishes a process for the development of standards that will allow for the nationwide electronic exchange of information among doctors, hospitals, patients, health plans, the government, and others.

The HITECH Act includes incentives that enable medical practices to receive \$44,000 per provider for the successful integration of EHRs. The installation must meet the federal guidelines for meaningful use, a set of 15 rules that qualify successful usage, prior to receiving reimbursement. Despite the government's incentives to encourage adoption, surveys estimate that only 20% of ophthalmic practices have implemented EHRs into their practices. Concerns over a loss of efficiency, difficulty of customization, and overall cost are the primary reasons that surgeons and administrators have held back on digitizing their medical charts.

According to a survey of specialist practices conducted by ChartLogic, Inc. (Salt Lake City, UT), a provider of EHR systems, the two most difficult requirements to qualify for the federal government's meaningful use incentives are the distribution of patients' summaries and the collection of patients' vital signs. Brad Melis, the executive vice president of ChartLogic says, "If the practice has installed a Web-based patient portal as part of the EHR system, it is simple to upload the summary to the site where the patient can retrieve it. There is no requirement that the patient download the information from the portal. It just has to be available. If a practice does not have a patient portal, this requirement is difficult to meet because of the time and cost involved in printing and mailing the summaries."

The Eye Center of Central PA (ECCPA) implemented a system from Medflow, Inc. (Charlotte, NC), into its practice last year. ECCPA overcame the challenges described by



ChartLogic's Brad Melis, as well as many others, and is reportedly the first ophthalmic practice in the nation to receive reimbursement under the meaningful use guidelines. ECCPA is a 10-location eye care practice with three surgeons, seven optometrists, and more than 100 staff members. The practice's physicians see 1,300 patients per week and perform approximately 3,800 cataract surgery procedures per year.

"We are pleased with how smoothly the integration of Medflow went in our practice," says ECCPA's CEO Robert Lamont. "We can measure that we are significantly more productive and are delivering even better patient care. Our technicians,

nurses, and doctors have fully embraced Medflow and declared they would not return to paper if given the choice."

Another benefit of the Medflow system is that it meets all of the criteria the AAO outlines in a journal report on EHRs in the August issue of *Ophthalmology*. "We believe at this point Medflow is the only system that achieves this," says Joanna Chmiel, administrator at Chicago's Kraff Eye Institute. The practice is getting ready to report and attest for meaningful use in 2011. "We have registered all of our physicians on the Centers for Medicare & Medicaid Web site (<https://ehrincentives.cms.gov>) and upgraded our EHR system to Medflow's meaningful use version 7.06.1189. Our goal is to initiate reporting on August 15th and attest for meaningful use at the end of a 90-day period following that. At this point we are reviewing details of governmental requirements, selecting reporting criteria, analyzing our current workflow, and training staff to include additional steps in patient workups."

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ON-THE-GO CONNECTIVITY

If the connectivity provided by an electronic health record (EHR) system is not enough to keep surgeons looped in around the clock, new smartphone applications designed to help them access practice and patient information and interface with pharmacies and other parties are always emerging.

For instance, Emdat, Inc. (Fitchburg, WI), a transcription software company, offers Emdat Mobile, which allows physicians to dictate patient notes into their mobile phone. The voice file is then uploaded to Emdat's servers. Once the notes are transcribed, the company's software is capable of electronically tagging pertinent information and automatically sending it to the appropriate fields of the EHR. The Emdat Mobile application is available on a variety of Apple- (Cupertino, CA) and Windows-based (Microsoft, Redmond, WA) devices, and the EHR-

integration tool (which Emdat calls *DaRT*) works with virtually any EHR platform.

2020 Eyecare's Cary Silverman, MD, says that the two smartphone applications that he finds most useful are Doximity, Inc. (www.doximity.com), for its pharmacy database and iMag magnifying glass (www.macobserver.com/tmo/article/turn_your_iphone_4_into_a_magnifying_glass) for a quick ocular inspection when he is not in the office and does not have access to a portable slit lamp. For a peek into Dr. Silverman's view on other eye care-related smartphone applications, see his blog (www.eyecare2020.com/blog/2011/06/eyephone-cell-phone-apps-for-your-eyes).

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ask for postoperative corneal edema or IOP data and do an analysis without any additional steps. Entering historical data electronically would allow key word searches of patients' history to group [them]. Multiple data points, such as [patients' results from] the Ocular Surface Disease Index and tear osmolarity [tests], for example, could be evaluated directly from the entered data for patients [taking] a particular medication. This could be accomplished most easily via voice-recognition software built into the system, allowing the inherent advantages of ease, speed, efficiency, and visual vector to remain unchanged."

CONNECTIVITY IS IMPORTANT

Jonathan Buka, MD, of The Eye Specialists Center also uses SRS. This four-site Chicago-area practice opted for the system after conferring with other ophthalmologists who were using it successfully. "Our criteria were ease of use, price, and its ability to do letters," Dr. Buka says. "We have been using it for almost

6 years, and with a few updates over that time it has worked out well for our practice. It saves us hundreds of hours doing letters, and with four different office locations, it is wonderful to be able to pull up patients' records at any of those sites."

His practice also uses a separate electronic billing system. Having two separate processes is somewhat costly and cumbersome. "We would have liked to have one system that did both EHR and billing. We bought the EHR [system] over 5 years ago, and at that time we had difficulty finding an integrated system that wasn't very expensive. Now we have to pay two different companies for [technical] support."

Connectivity among offices is great, but becoming temporarily disconnected can paralyze a practice. For instance, Dr. Buka describes a recent scenario when a power outage at the practice's main location in Chicago Ridge meant that no charts could be called up at any of the sites. They had to close all of the offices for the day,

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which cost the practice an estimated \$5,000 to \$10,000. “Even though the three other offices had power, we couldn’t pull up any charts at any of our offices, because our main office was down,” he explains. To prevent a similar recurrence, he and his partners are considering moving on to a cloud-based system. The EHR system from Health PostBox Express (Darena Solutions LLC, St. Louis, MO) is an example of one that is built around Microsoft’s (Redmond, WA) cloud services. Experts say cloud computing is cost effective, flexible, and scalable.

Connecticut-based private practice ophthalmologist and Compulink Advantage/EHR (Compulink Business Systems, Inc., Westlake Village, CA) user Joseph L. Sokol, MD, says that devising a wish list before evaluating systems helped him make the right choice for his practice. “When you start researching EHRs, you might not even know which features you really need, so start with a broad wish list of what you’d like to have,” he says. “For me, the wish list included finding a system that was part of an integrated, overall practice management system, that could be modified or customized, would interface with my examination equipment, had mail-merge and word-processing capabilities for generating letters, and had e-prescribing capabilities. As you educate yourself, the list of features you absolutely must have at any cost will likely evolve.”

Here is the list that Dr. Sokol came up with:

- EHR that is part of an integrated, overall practice management system. “I needed the whole package and wanted it to all work together.”
- Easy to learn and use. “No matter how impressive its capabilities, if a system seemed overly complex to me or other users reported that it was tricky to learn, I crossed it off my list.”
 - Able to access remotely.
 - Forwards data easily from previous examinations.
 - Can create and save scripted blocks of text for common assessments of symptoms, treatment plans, and recitation of risks and benefits.

- A scalable system and a stable vendor that could grow with my practice.

EHRs AFFECT THE ENTIRE PRACTICE

Whether it is a democratic decision made by several managing partners or a dictatorial edict handed down by the administrator of a surgicenter, choosing an EHR system is complicated for all of the same reasons that users say it is beneficial: it affects every level of the practice. Cary Silverman, MD, of EyeCare2020 in East Hanover, New Jersey, made a premature decision with his EHR purchase and is now in the market for something better. “We actually went the EHR route 11 years ago, which was probably too soon,” he says. “We chose a very expensive, very cumbersome, and very labor-intensive system. After 6 months I had a mutiny on my hands [among staff who were unhappy with the program], and I was forced to scrap the project.

“Given my prior history, I have been a little gun shy about taking the EHR plunge again. I have reviewed several EHR systems over the last few years and have yet to move forward,” says Dr. Silverman. He adds that at this point, MD Office (MD Office, Inc., Edison, NJ), which he uses for billing and scheduling, is the leading candidate. “I will probably make the move this year.” ■

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