

Implementing electronic health records in physician offices: Lessons learned

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A recent survey by the National Ambulatory Medical Care Survey (NAMCS) found that a quarter of office-based physicians reported using an electronic health record (EHR) in 2005.¹ While this is a 31% increase from its 2001 survey results, it is a far cry from the rate of adoption that experts think is needed for optimal information access and documentation. With the national push to adopt electronic health records (EHRs) and benefits such as increased efficiency, patient safety, security, and quality of care, adoption rates are sure to increase in the coming years.

MetaStar, the Wisconsin Quality Improvement Organization, is currently working with approximately 50 physician offices in Wisconsin to help them adopt EHRs and other health information technology (HIT) through the Doctor's Office Quality - Information Technology (DOQ-IT) initiative. DOQ-IT is a national initiative that is supported by the Centers for Medicare & Medicaid Services (CMS), the

American Medical Association, the American Academy of Family Physicians, the American College of Physicians, and Bridges to Excellence, a multi-state, multi-employer coalition. DOQ-IT was created by CMS to assist small- to medium-sized physician offices to implement and use EHRs. The free consultation is being provided to primary care physician offices, and is being deployed by the Medicare quality improvement organizations for each state. Besides assisting in adoption of EHRs, DOQ-IT also assists offices in electronically submitting clinical measure data for the Physician Quality Reporting Initiative (PQRI).

Each state is allowed to create its own process to assist its physician offices. MetaStar offers a 4-stage roadmap for EHR adoption that was created with national consultants and a statewide advisory committee. The stages are planning, selecting, implementing, and improving with an EHR. While working with practices to move through these stages, MetaStar has observed what facilitates a small physician office in implementing an EHR and what barriers still exist. The objective of this article is to share these lessons learned in the hope that other practices will be helped by them as they move toward EHR and HIT adoption.

Wisconsin's health care system is primarily composed of integrated

health care systems and large group practices. Many of these systems have already implemented EHR systems, and many others have begun the implementation process. Not only have such systems paved the way for smaller practices to begin exploring EHR implementation, but larger systems now are able to offer their EHR systems to independent practices at a fraction of software costs. This is thanks to a change in the Stark Law that allows hospitals and certain other organizations to donate most of software costs of an EHR to physicians. (To see if you qualify, please consult your attorney.) Hospitals and health care organizations are assisting small practices by eliminating some cost barriers, as well as by providing IT expertise to practices that would not otherwise have IT support.

Another large driver for selecting and implementing an EHR is the recently released Certification Commission for Health Information Technology (CCHIT) certifications for ambulatory and inpatient EHR products. CCHIT is an independent certification authority for electronic health records. CCHIT certifications have provided physician offices with a standard set of functionality, interoperability, and security criteria to look for in EHR products. CCHIT has certified 98 products at this writing, and will continue to certify products each quarter. They will also

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continue to improve the certification standards annually. Many physician offices are using the CCHIT certification to narrow their vendor list from the 350+ vendors currently available. Furthermore, as a result of the CCHIT certification, many clinics feel more confident in the ability of their systems to be interoperable with other systems in the future. The CCHIT certification has provided a confidence in the EHR market that clinics were lacking previously.

National reimbursement programs are also driving physician offices to begin to adopt health information technology. Many payers are beginning to offer incentives to providers based on quality measures. In order to participate in these types of initiatives, an EHR is a necessity. It may be too cost-prohibitive and too time-consuming to abstract the data by manually auditing charts. Bridges to Excellence and Blue Cross/Blue Shield have begun providing incentives to clinics in several states. Wisconsin is not currently included, but many payers are beginning to follow suit. Pay for Performance/Pay for Quality is becoming more of a reality, and clinics are beginning to prepare by implementing electronic systems.

As all of these factors are moving clinics towards EHRs, there remain many barriers to adoption of these systems. The biggest barrier still for many physician offices remains the cost related to implementation and adoption of EHRs. The recent Stark Law change mentioned above, along with quality incentive programs, is assisting with this barrier. However, for small practices, such assistance may not adequately offset the cost. Not only are systems expensive to purchase, but the amount of time needed to implement and to learn a system can be costly to the practice. The more that clinics can plan in advance, the fewer resources EHR implementation will consume.

However, clinics need to decrease their patient load during implementation to provide enough time to learn the product. Typically, it takes the practice a longer time to return to its normal workload if inadequate training is provided.

Lack of physician buy-in is also often cited as a major reason for not implementing an EHR. Many physicians still question the return on investment and the benefits to the practice. Also, many physicians are not entirely comfortable using a computer, and hence resist the use of an EHR within the practice. As physicians acquire experience with computers they are more apt to see the value. Providing a tiered approach to implementation and allowing physicians to gradually increase their use of the computer helps to bring them along. Most physicians acknowledge they will have to implement an electronic health record at some point, but many are unfamiliar with EHR benefits. Education is the best solution to many of their concerns.

The time necessary to implement a record can be a big hurdle to HIT adoption. Physician offices have many competing priorities, and they may be overloaded with daily tasks within the practice. Finding the time to plan, select and implement an EHR adequately can be daunting; and many practices don't know where to start. However, there are many resources available today to

assist practices with implementation. There are sample project plans, best practices, and tools available on the Internet that can save practices the time of having to recreate them. Not only do such resources save time, but they have been tested by other practices that have already implemented. Lessons other similar practices already have learned can provide a clinic insight into planning for a successful implementation.

Adoption of electronic systems is inevitable, but there are many barriers that remain. The question has changed from "why should we implement" to "when should we implement" an EHR. The best first step a physician office can take is to talk with other practices that have implemented. Listen to colleagues within your practice who are reluctant, so that you may understand their concerns and begin addressing them. The process can be difficult, but the results can be very beneficial. To optimize efficiency, patient safety, and quality, before long EHRs will be a staple of all medical practices.

Reference

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