



Switching EHRs in 2015

By John Netti

Medical practices are breathing a sigh of relief now that Meaningful Use in 2014 is over. It was a turbulent year that involved problems with products and vendors, rule changes, and a constant fear of Meaningful Use audits. At the end of the list of worries were potential Medicare payment adjustments looming in 2015. Although some practices toughed out Stage 2 and are on good footing heading into 2015, many are left very dissatisfied with their electronic health record (EHR) system provider. As a result of a distressful 2014 experience, we are likely to see large numbers of practices change EHRs in 2015.

In 2014 EHR companies were put through the ringer trying to meet product regulatory challenges. The Centers for Medicare and Medicaid Services (CMS) and the Office of National Coordinator (ONC), the two government agencies responsible for managing Meaningful Use rules and product certification, seemed to be playing catch up when it came to providing vendors guidance on interpreting the Stage 2 rules. There were also complaints that these agencies did not provide the system testing support that was needed in a timely manner. The government shutdown and sequestration were sometimes given as reasons for a lack of available resources. In the end, vendors were left scrambling to deliver their products and some companies did not get their 2014 EHR to customers until several months into the year. Also, in many instances, products were released with numerous software problems.

Most practices found themselves in a serious time crunch as they tried to implement the 2014 release of software. Some EHR companies did very well in meeting challenges and were able to survive the ordeal unscathed, keeping their customers happy. Others however, had a great deal of difficulty rolling out bug-free products. In some cases multiple software updates were required to fix issues, causing practices to waste precious time and staff resources unraveling vendor problems.

The industry-wide vendor delays in delivering 2014 certified software was acknowledged by CMS when it released the Flexibility Rule. This allowed participants in the program to use older product versions and Stage 1 Meaningful Use measures. Many medical groups however, remained unforgiving of their EHR vendors if they were not responsive and provided poor service during that very stressful period. For these practices, 2014 became a tipping point. Although some have decided to pull out of the Meaningful Use program entirely and suffer Medicare payment cuts, others have chosen the frightful leap into switching EHRs.

After the 2014 experience, CMS seems to have recognized that future physician participation in the Meaningful Use program might be in jeopardy. Meaningful Use is one of the cornerstones of its transformational vision to a new healthcare system. Consequently, fear about the unraveling of the program is likely one of the factors driving growing support in congress to allow all eligible professionals to use a 90-day reporting period in 2015 instead of a full year.

Unfortunately for practices choosing to switch systems, changing EHRs is complicated business. Unlike any other computer software that a medical practice uses, the EHR is in the center of all clinical operations. It touches every critical component of patient care and staff workflow and directly impacts the practice's financial stability. When embarking on such a change, some of the traditional challenges a practice faces involve repopulating clinical information in the new system, changing accounts receivable management systems, the cost involved in reestablishing interfaces to labs and office based medical equipment, staff training and reengineering office workflows to accommodate the new software.

Meaningful Use has also added a new layer of issues to be dealt with when switching EHRs. It requires engaging patients by giving them access to their health information via a portal. Consequently changing EHRs not only involves changes for practice staff and operations, but managing a change in how the practice interacts with its patient population. Other Meaningful Use factors may include reestablishing connectivity to a regional health information exchange and a possible change in how transitions of care are handled.

Ironically, dealing with the Meaningful Use measures themselves are probably the least difficult aspect of changing EHRs. Practice's need to be sure they are using a certified EHR for the entire reporting period. There can be no gaps. They are also allowed to combine numerators and denominators for measures from old and new systems for attestation. There may be other nuances involved depending on the practice's circumstance, and therefore a complete review pertinent rules should take place before embarking on an EHR change.

Probably the best advice for a practice that is considering changing EHR systems in 2015, is to be forward-thinking. Changing EHRs can provide a real opportunity. The healthcare world is changing rapidly and the quality of data a practice is able to produce, more than ever before, is a strategic asset. We are moving beyond simply collecting and communicating information. Practices will need to understand their clinical performance intimately to survive in the outcomes-based reimbursement system that is already upon us. A good EHR decision in 2015 can prove to be a vital factor in future medical practice success.

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