

EMR – The Time is NOW... Right?



Presented by:

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Objectives

- Provide you with an overview of EMR market trends and direction
- Offer you guidelines for evaluating an EMR solution
- Review the current incentive packages
 - PQRI (P4P)
 - E-prescribing
 - “Stimulus”



EMR – Trends and Market Direction



Large & Troubled . . .

Our U.S. Healthcare Scorecard

\$2.2 Trillion Spent in Healthcare

\$700 Billion in Waste

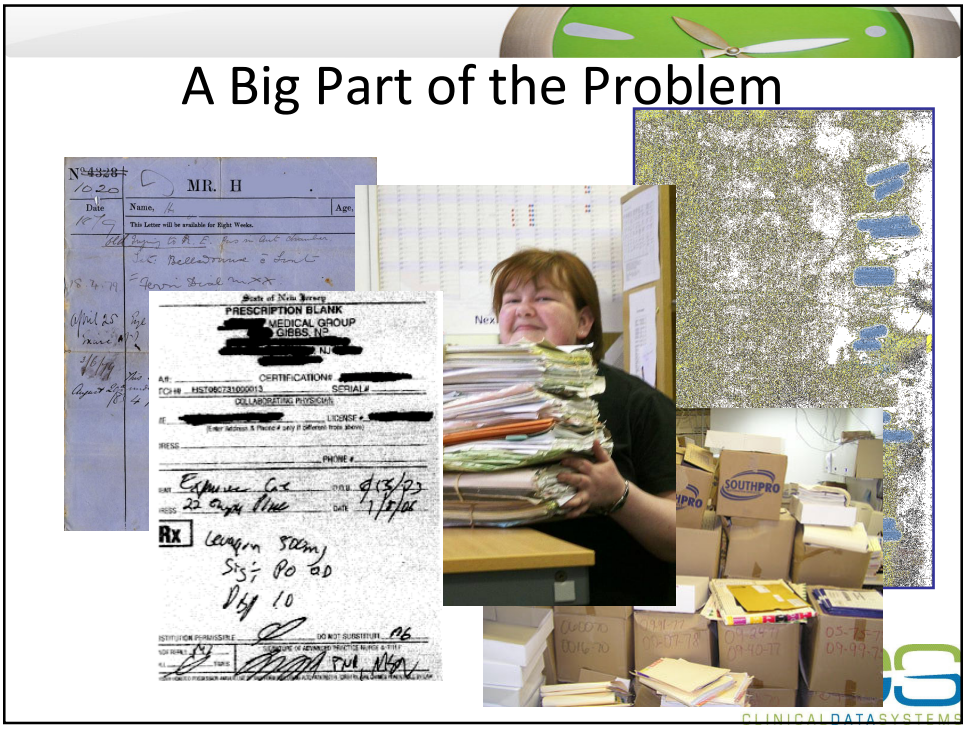
98,000 Deaths from Medical Errors

1.5 Million Injuries

7,000 Deaths from Medication Errors

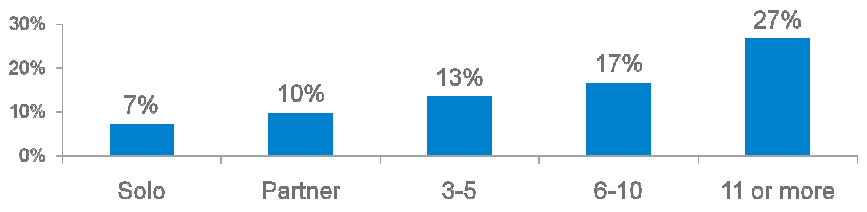


A Big Part of the Problem



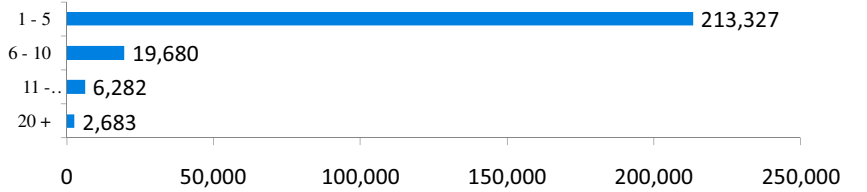
Market Adoption

Physicians using comprehensive electronic medical records



Source: CDC, 2006*

Practices by Number of Providers



Source: SK&A

*Hing ES, Burt CW, Woodwell DA. Electronic medical record use by office-based physicians and their practices: United States, 2006. Advance data from vital and health statistics; no 393. Hyattsville, Maryland: National Center for Health Statistics. 2007



Before you Buy...



“Choosing an EMR is a career-defining decision,”

-Sue Hertlein, Senior Consultant
- The Coker Group



10 Things to Consider

- Take ownership of the decision.
- Determine your own requirements
- Get the right EMR for your specialty
- Integrate practice management
- Focus on ease-of-use
- Assess support and upgrades
- Consider vendor viability
- Be smart about your budget
- Consider your deployment strategy
- Don't forget the technology



Return on Investment

- The return you get from the system
 - # of chart pulls a day (including those that call in)
 - Transcription (20-100%)
 - Refill requests (15 min per)
 - Under coding (3-15%)
- The return you get from the Stimulus
 - PQRI
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CDS
CLINICAL DATA SYSTEMS

EMR – Stimulus –
What It Means to
You



CDS
CLINICAL DATA SYSTEMS

“It's an investment that will take the long overdue step of computerizing America's medical records, to reduce the duplication and waste that costs billions of healthcare dollars and medical errors that cost thousands of lives each year.

... We have done more in 30 days to advance the cause of healthcare reform than this country has done in an entire decade.”



-President Barack Obama
February 17, 2009



An Overview

- The Bill aims to accomplish four major goals:
 - Health information technology infrastructure with interoperability in place
 - Standards building upon CCHIT by 2010
 - Saving the government \$12 billion
 - Strengthening Federal privacy and security law
- Congressional Budget Office estimates that 90% of doctors and 70% of hospitals using comprehensive EHR by 2020



A Closer Look

- The *American Recovery and Reinvestment Bill* signed
- \$790 billion
- Approximately \$59 billion within the Bill is allocated towards the improvement of healthcare in some form
 - Health IT
 - Training for more primary care physicians
 - Research on chronic diseases
 - Community Health Centers
 - “Comparative Effectiveness” research
- The *Health Information Technology for Economic and Clinical Health Act (“HITECH”)* includes \$19 billion for health information technology



What is in the \$19 Billion?!

\$17 billion

Physician Incentives

Incentive Bonuses from
Medicare/Medicaid

+ \$2 billion

= \$19 billion

HHS Discretionary Funds (For Use By National Coordinator of Health IT)

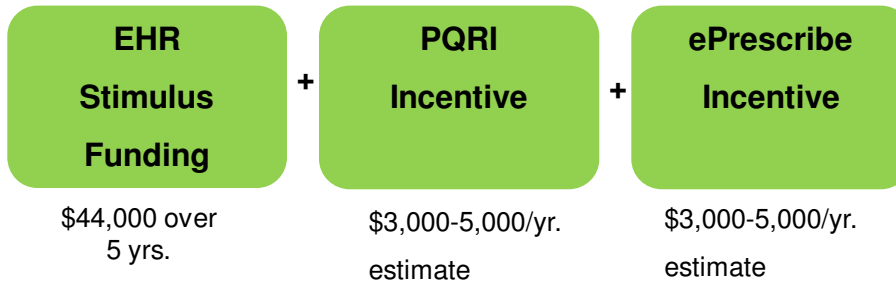
Standards Development, Grants (AHRQ,
HRSA, CMS), HIE Infrastructure, Loans to the
States for EHR, Regional HIT Resource
Centers, Telemedicine, New Community

HHS = Health and Human Services
AHRQ = Agency for Healthcare Research and Quality
HRSA = Health Resources and Services
Administration CMS = Centers for Medicare and
Medicaid Services



Understanding The Federal Incentives

If you start now...



PQRI = Physician Quality Reporting Initiative



Watch Your Timeline!

- Funding is Front Loaded
 - \$30,000 (close to 70% of the funding) comes in the first two years.
 - It decreases significantly every year thereafter.
- You Need to Demonstrate Meaningful Utilization
 - Purchase and Implementation are not enough. You must use it.
 - Steps include: evaluate your workflows, develop your selection criteria, select a vendor, develop your implementation plan, install your EHR, connect to other providers and have your MDs fully functional.
 - A lot to do in a short period of time.
- Funding is Time Stamped
 - Funding starts in 2011, decreases over time and goes away after 2016.
 - Penalties begin in 2015.





Summary

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Other Resources

- www.mgma.com/economy
- <http://www.himss.org/EconomicStimulus/>
- <http://www.cms.hhs.gov/EPrescribing>
- www.recovery.gov



Thank you!



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