

What Physician Practices Need to Know About Hospital-Sponsored Information Technology

A hospital partner is offering your physician practice web-based access to their patient information – or better yet, an electronic health record (EHR). What are the key factors you need to consider in weighing these options? Is the offer “too good to be true?” Depending on your own practice’s starting point and its relationship with the hospital, the options and consequences can be considerably different.

Community connectivity initiatives are certainly heating up. While the promise of true, community-wide data exchange is likely to prove elusive, more and more hospitals are looking to take advantage of the relaxation in the Stark laws (*see sidebar*) to connect with the physicians in their communities. Four approaches are emerging – each with its own advantages and challenges for the physician practices.

- 1. *Community Portals.*** A community portal is often the easiest approach for hospitals to implement among the four. Offering physicians web-based access to the electronic patient information that already exists at the hospital can make doing business with that hospital much easier. Access is often free or at minimal cost to the physician. But the capabilities of these portals and the information that’s available can vary widely. Because few hospitals are fully computerized, test results and a limited number of transcribed reports often represent the only patient information that’s available via these portals. Whether this limited information will be useful to the practice depends on the type of clinical relationship that the practice has with the medical center. For example, consultants seeking the results of a specialized diagnostic procedure would find more value from a portal that’s focused on test results than would an internist who wishes to see the treatment plan and list of active medications for his newly-discharged patient. More robust web portals offer capabilities such as electronic physician-to-physician communication and referral management.

The Stark Realities of Hospital-Sponsored Information Technology

Recent changes in the Stark Exception and Anti-Kickback Safe Harbor have prompted many hospitals to consider supporting EHRs for community physicians. The original focus of the exemption promoted the expanded adoption of electronic prescribing – hence the requirement that hospital-sponsored EHRs must either provide e-prescribing or integrate with a standalone e-prescribing product. Several other caveats are important to understand:

- The EHR being sponsored by the hospital may include a single, integrated practice management/billing system but it cannot support a separate practice management product that is *interfaced* with the EHR.
- The hospital cannot pay for or support an EHR product that replaces one already installed in a practice – unless the new offering is an integrated EHR/billing product that replaces a practice’s standalone EHR.

In addition, any subsidies that the hospital offers for the EHR product can’t cover hardware installed at the practice, can’t exceed 85% of the EHR’s cost (including implementation), and must expire at the end of 2013.

EHR Readiness and Success Factors

Experience from organizations that have implemented an EHR points to several crucial considerations that contributed to their success:

- *IT readiness* – Evaluating the level of IT infrastructure and support available at the practice.
- *Workflow evaluation and optimization* – Determining the practice’s current and ideal workflow for key processes such as patient visits, telephone calls and prescription refills.
- *Change management* – Understanding the extent to which physicians and other staff are ready for the level of large-scale change inherent in implementing an EHR.
- *Clinical content and decision support* – Agreeing on the common treatment protocols, templates and order sets for the practice’s patient population.
- *Mitigating the risks of decreased productivity* – Understanding the extent to which the EHR is expected to affect physicians’ productivity, and developing approaches to minimize potential revenue loss.

Key questions a practice should ask about the medical center’s portal include:

- What patient information will be available and how important is that information to our practice?
- To what extent will the portal serve as a single point of contact for our practice in interacting with the hospital – or will we still need to figure out how best to conduct our hospital business depending on the specific situation (phone, fax, mail, e-mail, portal)?

Astute hospitals know that it’s in their best interest to make it easier for community physicians to manage patients seen in their facility – and many are even using web portals to offer guaranteed levels of service to its community physicians.

2. Hospital-Based EHRs. One significant drawback of web-based portals is that these solutions fall short of a true EHR. Physicians looking to address the challenges of a busy clinical practice soon find that a community portal won’t meet their needs. The next most common approach that hospitals are considering is to encourage community physicians to use the ambulatory EHR that’s installed across the medical center campus.

Unfortunately not all hospital-based vendors provide a true ambulatory EHR, and others that do aren’t always “known commodities” in the ambulatory EHR vendor market (*see sidebar*). While this approach offers the best and perhaps *only* way to achieve a truly integrated community patient record that spans the inpatient and ambulatory settings, there are a number of important questions that physician practices need to understand before agreeing to sign on.

- To what extent will my own practice’s information be accessible to other physicians? In some cases, access can be restricted to shared patients being seen by a referring or consulting physician using the system.
- Does the sponsored product include an integrated practice management/billing system, or will I need to register patients in both the EHR and my own billing system, and then manually enter billing information from the EHR into that system as well? Integrating these systems may incur additional costs but can minimize some of this rework.

- What services does the hospital offer to help implement and support the EHR product at the physician practice, and what experience do they have in providing these services? Ambulatory EHRs are not always an expertise of the hospital and many either underestimate the effort it takes to install and maintain them or delegate this work to a third party.
- What options and protections does the practice have if it chooses to terminate its EHR arrangement with the hospital?

Practices interested in an EHR and that have a significant clinical relationship with the hospital can benefit from a hospital-sponsored EHR solution that includes access to the critical hospital-based information they need to jointly care for patients – provided that the practice is comfortable with the configuration and support of the product.

3. Practice-Based EHRs. While the ambulatory EHR vendor market has consolidated considerably in the past several years, there are still well over a hundred products from which physicians can choose (*see sidebar*). Many of the practices considering an EHR do not include hospital-based products on their short lists. As a result, hospitals have also begun considering whether hosting a standalone EHR solution would win over more physicians. The same questions previously raised about hospital-centric EHRs still apply (namely, shared patient data, integration with the practice’s billing system, support of the product and termination of the contract). And while physicians may hope to end up with the EHR product they’d prefer, getting community consensus about the product choice and the challenges of creating a truly integrated community record with a standalone EHR solution will likely make this approach rare.

4. Integration Tools. Unfortunately, none of these approaches will be of interest to physicians who have already installed an EHR in their practice. Unless they’re interested in “trading up” to a new, integrated EHR/billing solution that offers expanded functionality and an integrated inpatient/ambulatory patient record, hospitals are starting to take advantage of emerging solutions that link the hospital’s core information system with the EHR systems that physician practices have already

Differentiating EHRs

Knowing which EHR product to choose can be a significant challenge for many physician practices. It’s important to select a product that supports many of the care processes in a practice, that can integrate with other products, and that is likely to be around in 5-10 years.

One of the best ways to understand whether an EHR meets a minimum set of requirements is to determine whether it has been certified by the Certification Commission for Health Care IT (www.cchit.org). Products receiving certification must meet a long list of technical and functional requirements – a list that expands each year as new capabilities are determined to be essential. While many products were certified to meet 2006 requirements, far fewer to date have met the more rigorous requirements put forth for 2007.

Several professional organizations also a source of resources for practices interested in EHRs:

- The Medical Group Management Association (www.mgma.com/)
- The Health Information and Management Systems Society (www.himss.org/ASP/topics_ehr.asp)
- American Academy of Family Physicians (www.centerforhit.org/)

installed. Integrating multiple EHRs with a hospital's inpatient system is not easily accomplished, however – and this approach raises important questions for physician practices:

- Who will pay for the integration? Because these solutions don't qualify as EHRs, hospitals can't legally pay physician practices to connect their EHRs to the hospital.
- What information can be exchanged? Standards for exchanging clinical data haven't been developed so most EHR solutions find it difficult to import information from hospital systems.

While these solutions have only begun to be tested in the marketplace over the past few years, they offer hospitals and physician practices a reasonable approach for electronically exchanging patient information.

Challenges – and Opportunities. While all four of these options may not be offered in a practice's community, it would not be unusual to see competing hospitals racing to offer one or more of these options in order to increase its alignment with community physicians. The challenges associated with these solutions also lead to unique opportunities for physician practices:

- Physician practices can gain access to a more robust EHR that they may not have been able to afford or independently support without the help of a hospital partner;
- Access to patient information can be greatly improved – particularly if a practice has extensive interaction with the hospital partner;
- Practice workflow can become much more streamlined for office staff who handle telephone calls, track down external paperwork and manage prescriptions;
- Practices are likely to experience a competitive advantage in terms of patient service and support – especially when compared to practices that lack electronic systems; and
- Emerging requirements associated with pay-for-performance and quality reporting will be greatly facilitated with an EHR. Physician practices will still need to assess their readiness to adopt an EHR, but partnering with a trusted local hospital can ease some of the early challenges associated with the selection, implementation and support of advanced clinical information

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