

SPECIAL REPORT

MIEC Claims Alert

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Technological Surfing: How to use an EHR to catch a monster wave

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**Special Report
Claims Alert**

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According to surfinghandbook.com, a surfer’s paddling technique is one of the most important skills to become proficient in the sport. Expertvillage.com advises readers that balance is paramount when riding the waves. Centering the feet, knowing the currents, “reading the ocean,” and anticipating the wave (which direction it’s heading) are vital skills to becoming an expert surfer.

Paddling, balance, being centered, understanding the currents, and anticipating the waves are certainly analogous skills to those needed by physicians as they sharpen their healthcare system surfing proficiency, and tsunami-sized waves loom: National healthcare, HIPAA/HITECH implementation, shrinking Medicare and Medicaid reimbursements, Never Events, malpractice lawsuits, and ever-evolving standards of care.

All are enormous undertakings; however, physicians have a tremendous resource at their disposal that can make it possible for them to surf the current environ-

ment and stay on top of the breaking wave: the certified electronic health record (EHR).

Meet MIEC policyholder and Board member Steven Una, MD:

Dr. Steven Una, Board-certified internist and infectious disease specialist and member of MIEC’s Board of Governors, is a staunch proponent of EHRs. He is in solo practice and continuously faces all of the challenges that individual practitioners encounter as they try to manage medicine today. Dr. Una first converted to an EHR in 2008.

Dr. Una: I studied medicine at the University of Hawaii, School of Medicine in Honolulu, Hawaii. During my time in the islands, I watched many a surfer negotiate those waves. It’s a perfect analogy to what physicians must do to be successful in this age of medicine. I’m a solo practitioner and, from my perspective, it’s the solo practitioners or 2-5 group practices that we need to reach. They need the help and they will benefit the most from the technology. Only by helping them can we improve the distributions of healthcare providers.

MIEC: Dr. Una, why did you invest in an EHR?

Dr. Una: I experienced a number of pivotal events in my practice that helped me realize acquisition of an EHR was mandatory for me. I worked day in

and day out without successfully affecting my bottom line; I wanted to tap into those P4P quality monies, but gathering aggregate information to prove quality performance was impossible with paper charts; I went through a malpractice suit

that made it clear to me that I needed to change my record-keeping practices; and I talked with my colleagues who were experiencing the same types of challenges as I was. We all needed to make a change.

Growth in the middle

Mid-sized physician practices saw the greatest increase in EMR adoption from January to October 2009. Solo practices saw virtually no movement.

Size of practice	Adoption as of January	Adoption as of October
1 physician	28.5%	29.0%
2 physicians	36.8%	40.1%
3 to 5 physicians	42.7%	47.0%
6 to 10 physicians	54.4%	60.8%
11 to 25 physicians	65.2%	69.6%
26 or more	71.0%	72.8%

Source: "Physician Office Usage of Electronic Healthcare Records Software," SK&A, October 2009

("EMR adoption rates up, with small practices left behind: A survey finds the most growth among midsize and hospital-owned practices," *Amednews*, November 22, 2010")

MIEC: What are some of the benefits that physicians derive from purchasing an EHR and using it to its full potential?

Dr. Una: There are a host of benefits. Here are just a few ways EHRs can help my fellow surfers of healthcare:

EHRs help physicians provide preventive care.

- ☑ Chronic conditions can be managed in a standardized manner. EHRs support consistent documentation practices and facilitate timely care. They highlight what's important to consider in the care and treatment of patients and help physicians rethink treatment interventions. For example, I've made significant improvements to my anticoagulation management process.
- ☑ Electronic problem lists help physicians document resolution of clinical issues that they manage over time. For example, computerized physician order entry matches a diagnosis to an intervention and alerts a physician to inconsistencies.
- ☑ Medication lists assist physicians to effectively manage prescriptions and other over-the-counter drugs, herbal

remedies, and dietary supplements patients may be taking. This type of information management leads to consistency in the pharmaceutical record. Some systems “risk adjust” drug interactions by prioritizing the severity of the interaction with color warnings (e.g., green, yellow, red).

- ☑ Aggregate data collected by most EHRs help physicians monitor diagnostic test results, lab information, and medications prescribed. For example, patient notification of a medication recall can be facilitated far more efficiently with the help of the EHR database.

EHRs ensure 24/7 access to medical records. With access to patients’ medical information, physicians are more able to address their concerns at any time of the day and provide sound advice. A significant benefit of EHR accessibility is physicians’ ability to document telephone conversations with patients while on-call for a colleague. Failure to document these types of conversations is a remarkable area of liability for physicians.

EHRs, if used effectively, can promote a cooperative physician-patient relationship. Some examples:

- ☑ Give patients EHR-produced educational materials for them to read and share with their family members. In my practice, my

staff reviews patients’ problem lists before their scheduled appointments. When the patients arrive, they are given a handout discussing one condition for which I’m treating the patient. This gives my patients an opportunity to read about the condition and to ask me questions during their visit.

- ☑ At the conclusion of the office visit, offer patients copies of the progress notes for the current visits and lab reports completed since the last visit. I invite my patients to review and discuss the information. I encourage them to draw my attention to possible inaccuracies of my notes.

EHRs can boost a physician’s financial performance. Some concrete examples:

- ☑ During 2011, physicians can collect an additional 2% from allowable Medicare Part B charges when they e-prescribe.
- ☑ EHRs can help physicians improve their Hierarchical Condition Coding (HCC) / risk adjustment coding for Medicare Advantage and other healthcare plans. As a result, physicians experience increased reimbursement for services they render. Severity adjusted payment processes are in place with Medicare Advantage plans, and will eventually be

adopted by Medicare fee-for-service and commercial payers.

- ☑ Medicare “eligible professionals” (EP) (i.e., individual physicians), who can demonstrate that they comply with EHR “meaningful use” requirements will be able to collect up to \$44,000 of stimulus dollars (approximately \$63,000 for Medicaid EP providers whose practice is at least 30% Medicaid and 20% Medicaid for pediatricians).
- ☑ Ultimately EHRs can help physicians decrease their overhead. I’ve lowered my overhead from 55-60% to 35% by working more efficiently, saving money on personnel costs, and entering my own ICD-9 and CPT codes to submit my claims more quickly. Electronic claims submission promotes timely reimbursement from third-party payers.

Physicians should be aware that by 2015 “eligible professionals,” who are not meaningful users of EHR technology, will experience a decrease in their Medicare reimbursement; this includes paper chart users. Now is the time to invest.

For more information about how EHRs can boost a practice’s financial performance, consider reviewing the Medical Group Management Association’s (MGMA’s) report *Electronic Health Records Impacts on*

Revenue, Costs and Staffing: 2010 Report based on 2009 data.

According to the report, practices that were not owned by a hospital or integrated delivery system (IDS) and that had an EHR reported \$49,916 greater total medical revenue after operating costs per full-time-equivalent (FTE) physician than practices with paper medical records. (*Medical Economics InfoTech Bulletin, October 28, 2010*)

In the interest of full disclosure, physicians should know (as I'm certain most do), investing in an EHR can be a costly venture and revenue can be lost initially when implementing. But once they've acquired some of those technological surfing skills, the benefits are real.

MIEC: What do you see as the main challenges that impact physicians' adoption of an EHR?

Dr. Una: There are a number of challenges that physicians face when adopting an EHR. To name two:

- ☑ *The learning curve is steep and time-consuming* for physicians and staff. I met that challenge by engaging my staff in the learning process. Honestly, I spent a good amount of personal time learning the intricacies of my EHR, but the benefits are tremendous. In small group practices, physicians should identify a "champion" (most

likely, the young, tech-savvy doctors, or staff members) to learn the system, ensure that it meets the needs of the group, and educate its members.

- ☑ *The lack of interoperability* is the physicians' biggest challenge when trying to decide what system to purchase. Attempts are being made to form regional networks to facilitate connectivity between physicians, hospitals, insurance companies, etc. Right now there's a real disconnect between all of these entities.

Physicians ignore electronic alerts:

A study from the *Archives of Internal Medicine*, September 28, 2009, determined that ordering physicians failed to acknowledge nearly one in five alerts and 7.7% of the alerts were not acted upon within a month. All of the alerts were affiliated with abnormal imaging tests of which two-thirds were suspected cancers.

MIEC: What resources do physicians have to purchase an EHR?

Dr. Una: There are definitely monies and resources available for physicians to make this important investment. Organized medicine (state and county medical societies) is working diligently to help doctors access monies. Physicians should contact these societies to learn more

about Government-funded Health Information Technology Regional Extension Centers (REC), which offer technical assistance, resources, guidance and information to support and accelerate health care providers' efforts to acquire appropriate systems compliant with federal guidelines. RECs won't help physicians purchase the EHRs, but the technical assistance and support is invaluable.

These RECs serve physicians insured by MIEC:

Alaska eHealth Network
<http://www.ak-ehealth.com>

CALHIPSO (California, except Los Angeles and Orange County)
<http://www.calhipso.org>

HITEC-LA (Los Angeles County)
<http://hitec-la.org>

Cal Optima Foundation (Orange County)
<http://www.caloptima.org>

Honolulu Health Information Exchange
<http://www.hhie.org>

Hawai'i Health Information Exchange with Hawai'i Pacific REC
<http://www.hawaiihie.org>

Washington and Idaho Regional Extension Center
www.wirecqh.org

Physicians should also participate (or plan to participate) in a health information exchange (HIE) within the community to ultimately qualify for federal

Too many alerts are torturing physicians: The study titled, "Overrides of Medication Alerts in Ambulatory Care," *Archives of Internal Medicine*, February 9, 2010, found that physicians ignore electronic drug-safety alerts more than 90% of the time and the rate does not vary much based upon how the systems classify the severity of the potential drug interaction. Co-author of the study, Saul N. Weingart, MD, PhD, found that the results do not indicate that physicians recklessly ignore the warnings. Rather, too many the electronic alerts are irrelevant to the clinical circumstances doctors face and the patients they treat. ("Doctors override most e-Rx safety alerts," *Amednews*, March 9, 2009)

stimulus subsidies. Check with local county medical or state societies for more information.

MIEC: You purchased an EHR in the days when there weren't federal resources available. How did you do it?

Dr. Una: I helped form a physician run and owned IPA and through that affiliation was able to invest in IT. The group spent four years consulting and vetting various systems prior to purchase and adoption. The group underwrites our EHR so that it costs me approximately \$500 per month to have this resource. Participating in such an organization is another way for small practices to make the investment. Utilization quality monies generated through usage of the EHR has subsidized the purchase of the electronic record and practice management systems.

Some general advice when considering which EHR to buy:

- Make certain that the system will be around for the duration.

- Make certain that you are investing in a user-friendly, intuitive system; and
- Consider investing in an Alternate Site Provider (ASP) (web based) EHR. I did that and my upfront costs dropped by more than 50%, and chose a company used and vetted by many physicians.

MIEC: If you wanted to leave our readers with a "take home" message, what would it be?

Dr. Una: I would like our readers to seriously consider this: changes in physician behavior, not our legal colleagues, have affected patient safety and contributed to a decrease in malpractice litigation. The 2010 RAND study, "Is Better Patient Safety Associated with Less Malpractice Activity?" upholds my position. How did we accomplish, and continue to accomplish this goal? With safety programs and quality measures such as: timeouts; the use of

checklists; implementation of EHRs; and patient-centered communication styles that influence patient satisfaction, compliance, and trust. Implementation of an EHR is a vital piece of our efforts to improve patient safety and drive down malpractice litigation costs.

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Physicians are slow to adopt e-prescribing: A Center for Studying Health System Change (HSC) study published in July 2010 determined that less than 60% of physicians with e-prescribing capabilities had access to advanced features included as part of the Medicare and Medicaid incentive programs and designed to identify potential drug interactions, obtain formulary information, and transmit prescriptions to pharmacies electronically. Less than 25% of those who had these features routinely used all three of them. Adoption of e-prescribing remains low among physicians who work in solo or two to five-physician practices according to Joy Grossman, PhD, the study's author. Many physicians with e-prescribing capabilities don't use the technology routinely and even fewer use advanced features. ("Advanced features of e-prescribing often overlooked by physicians," *Medical Economics*, August 13, 2010)

E-Prescribing Resources

Medicare currently offers physicians a bonus in Medicare Part B reimbursement (2% in 2010; 1% 2011-12; .5% in 2013) if the physician can demonstrate an acceptable level of e-prescribing. This incentive will be replaced with a penalty in Medicare Part B reimbursement (1% in 2012; 1.5% in 2013; 2% in 2014 and beyond) for physicians who have not started to e-prescribe. Note that physicians are not eligible for these bonus payments if they qualify for the Federal EHR adoption incentive payments offered under the Federal "HITECH" provisions passed by Congress in 2010 as part of the "stimulus" legislation. Here are resources to assist interested physicians with adoption of e-prescribing:

<http://www.ehealthinitiative.org/electronic-prescribing-resources.html> - Resources on e-prescribing, including "A Physician's Guide to Electronic Prescribing," sponsored by the AMA, the American Academy of Family Physicians, the American College of Physicians, and the Medical Group Management Association, may be downloaded here. Other information on IT implementation is available on the website www.ehealthinitiative.org.

www.getrxconnected.com - Five major physician organizations (American Academy of Family Physicians, American Academy of Pediatrics, American College of Cardiology, American College of Obstetricians and Gynecologists, and the Medical Group Management Association) have launched a website to help physicians adopt e-prescribing programs. The site takes physicians through the steps necessary to successfully switch from paper-based to e-prescribing. If you already use electronic health records, the website can also tell you if your software meets Medicare Part D standards for e-prescribing. The website also allows you to calculate estimated savings in time and resources by switching from manual to electronic prescribing.

<http://www.nationalerx.com/> - A coalition of technology companies, health insurers and pharmaceutical companies have announced a national initiative to provide free electronic prescribing for every physician in America. The goal of the National ePrescribing Patient Safety Initiative (NEPSI) is to reduce medical errors and improve quality, efficiency, and productivity of care. NEPSI features eRx NOW™, the Web-based software from [Allscripts](http://Allscripts.com), available free to any physician or other health care professional with legal authority to prescribe medications. It requires no download, no new hardware, and minimal training. Physicians can sign up, learn the system in 10-15 minutes, and begin using it immediately.

<http://www.surescripts.com/> - An organization founded by the pharmacy industry in 2001 to create a secure exchange of prescription information. Surescripts also has established criteria for certification of e-prescribing programs. Guidance on adoption of e-prescribing systems and a list of certified e-prescribing programs is available on the website.

www.ama-assn.org/go/eprescribing - AMA website providing physicians with resources for considering e-prescribing solutions.

Additional reference sources on IT adoption, programs and policies

American Health Information Management Association (AHIMA) - www.ahima.org - is an association of approximately 50,000 health information management (HIM) professionals.

California (The State of) - <http://www.ehealth.ca.gov/> - Information regarding programs the State of California is engaged in to promote HIT adoption.

California e-health Collaborative - <http://caehc.org/> - A coalition of stakeholders interested in promoting health information exchange.

Idaho State Office of Rural Health and Primary Care - <http://www.healthandwelfare.idaho.gov/Health/RuralHealthandPrimary-Care/RuralHealthIT/tabid/1473/Default.aspx> - has compiled a list of online resources that provide information regarding Health Information Technology (HIT) issues and updates.

Certification Commission for Healthcare Information Technology (CCHIT) - www.cchit.org - CCHIT is a private organization that has been awarded a contract by the Federal Department of Health and Human Services to develop certification criteria and an inspection process for health information technology. In early July 2006, CCHIT began publishing a list of CCHIT-certified products.

eHealth Initiative - www.ehealthinitiative.org - An organization whose membership is comprised of physician organizations, health plans, patient advocacy groups, business coalitions, health IT organizations, and others, the eHealth Initiative's mission is to promote interoperable information technology. It has information on the development of health information exchange.

Healthcare Informatics - <http://www.healthcare-informatics.com/> - A monthly magazine for executives and managers involved in IT. An annual issue on vendors and products is available for about \$50.00.

Healthcare Information and Management Systems Society (HIMSS) - www.himss.org - is a health care industry membership organization focused on development of health care information technology.

Additional resources for adopting Health Information Technology

Listing of Federally-Certified Electronic Health Record Products: <http://onc-chpl.force.com/ehrcert> - to qualify for Federal subsidies for HIT implementation physicians must adopt a certified system

Alameda-Contra Costa Medical Association (ACCMA) – www.accma.org - The ACCMA has articles, guidebooks, and webinars on file and conducts periodic educational programs on HIT adoption. Call the ACCMA for assistance with this and other practice management issues at (510) 654-5383.

American Academy of Family Physicians (AAFP) - <http://www.centerforhit.org/> AAFP's Center for Health Information Technology offers helpful articles, tutorials and tools for choosing IT, assessment services, information on IT vendors and resource listings.

American Medical Association (AMA) - www.ama-assn.org/go/hit - provides extensive guidance in IT adoption, including articles, webinars, checklists, guidebooks, and links to other resources.

California Medical Association (CMA) - www.cmanet.org/hit - The CMA's "IT Resource Center" has many resources on IT adoption and implementation, e-prescribing, information on Federal assistance and subsidy of IT adoption, and links to other valuable resources. CMA will have a listing of EHR vendors with which it has vetted and negotiated package deals. Also, the CMA's recently published "Best Practices" guide provides an overview of the considerations involved in IT adoption. Go to www.cmanet.org/bestpractices to obtain this guide free of charge.

Federal Government Resources:

www.hhs.gov/healthit/healthnetwork - is the pivot point for all federal HIT programs and initiatives
<http://www.cms.gov/EHRIncentiveprograms> - provides information on the Federal incentive programs for EHR adoption

<http://healthit.hhs.gov> - The Federal Office of the National Coordinator website that provides information on Federally certified EHR systems that qualify for Federal incentive programs, and all other aspects of funding and policy activities to promote HIT adoption

Medical Group Management Association (MGMA) - <http://www.mgma.com> - An association representing medical group managers and leaders, offers publications on a wide array of practice management issues, including healthcare technology management and purchasing. A catalog may be requested by calling 877-ASK-MGMA.

Medicare - www.palmettogba.com/J1B - This is the website for the Medicare fiscal intermediary in California. In the "Electronic Data Interchange" (EDI) section under "Enrollment" you can find a listing of software programs that have been approved for billing the Medicare program, at:

<http://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~Jurisdiction%201%20Part%20B~EDI~Enrollment~7HVLV81438?open&navmenu=EDI>

The Physicians Foundation - www.physiciansfoundation.org - Supported by settlement funds from organized medicine's class action lawsuit against commercial health plans for unfair business practices, The Physicians Foundation has developed tools for HIT adoption, including an extensive EMR implementation guide.

Our thanks to Alameda Contra Costa County Medical Society Executive Director Donald Waters for this comprehensive list of resources.