

NEXTGEN®

Electronic Health
Records

Navigating the HIT maze:

Essential features to require
in your EHR selection



The focus on HIT, especially Electronic Health Records (EHRs), in the American Recovery and Reinvestment Act (ARRA) offers Health Centers an unprecedented opportunity to upgrade their software solutions. Hand in hand with this opportunity comes the responsibility to select a CCHIT-certified EHR with the capability to demonstrate “meaningful use” while also helping you easily and accurately chart for the complex patients that represent the majority of your patient base.

This is not an easy task and navigating the maze of available products can be daunting. There are, however, a few considerations that are essential in order to best meet your needs as well as the government’s requirements. Using the following points as a basis when starting your search will quickly help you reduce the products on your list, allowing you to focus on how well those products address your needs, and helping you determine what potential products offer above and beyond the basics.

1. Integrated solutions vs Interfaced solutions: There is a difference and don’t let anyone tell you there isn’t!

Make sure the system that you select is integrated and not just interfaced. At a simplified level, an integrated solution uses a single database on a single server for an entire suite of products. An interfaced solution links different products that reside on separate databases and often separate servers. Why does this make a difference? Systems that are interfaced are limited in what data can flow back and forth across the interface and, in most instances, outcomes and measures reporting requires a combination of administrative and clinical data that are not normally shared via an interface. Further, the systems on either end of the interface must be on equal technological footing for the data to flow successfully between them. An upgrade on either end could require remapping of the interface. Additionally, interfaces require additional coding and support. This can significantly increase the overall cost of maintaining your solution. An integrated solution enables combined reporting of administrative and clinical data because both data categories reside in the same database. This way, you can avoid issues resulting from any inequality of technology. Also, data mapping issues are removed because no mapping is required with a single database. Finally, the additional costs incurred due to interface maintenance are lessened when interfaces are removed.

2. Data Extraction: The best reporting solution in the world can’t give you the data if it’s not stored appropriately

For years, Health Centers have focused on the Medical Home and reducing health disparities. Primary to the successful monitoring and treatment of chronic disease at the individual level and across a population is the ability to retrieve documented symptoms, orders, treatment plans, and laboratory and diagnostic results. To properly analyze and aggregate your data, it must be collected and saved as the appropriate data type. It is critical to recognize this cannot easily occur if data is saved as text. Don’t allow deficiencies in this area to be masked by statements of “ease of use.” Make it a requirement that a vendor show you how easily data is entered, and whether you can immediately extract data in a report in real time. This will be an essential requirement for you to prove “meaningful use,” whatever the final definition.

3. Customization is not always the answer

While small content customizations (such as altering pick list options or adding a data field) that allow flexibility may be desirable, major functional customizations on a large scale should be avoided, particularly if they are reliant on the vendor to build and maintain. Ask yourself these questions when a vendor tells you “we can add that for you”:

1. Can I add the customization myself?
2. If it’s custom, will the trainers know how to train it?
3. If it’s custom, will support staff know how to help?
4. If it’s custom, what will happen when I want to upgrade?

Additionally and perhaps most importantly, if it’s a customization, will you be able to report on that data? Don’t take the vendor’s word on this. Ask for references that have similar customizations and then contact them to verify.





4. Electronic Prescribing: Make sure it's the real thing—and fully integrated

Don't be lured by inexpensive stand-alone electronic prescribing solutions. When you implement an EHR, you will still have a stand-alone product not an integrated one. Stand-alone products often require separate data entry of patient demographic information which means two products to keep updated and in sync. While some stand-alone electronic prescribing systems provide an interface to the patient demographic information, it's still an interface. (see point #1 above for interface challenges.) Neither version of the stand-alone prescribing solutions will adequately link the medication to a specific patient chart, visit, or chronic condition. This essential functionality only comes with an integrated solution and is only achieved with stand-alone products by an interface or data conversion. Finally, true electronic prescribing is not simply electronically faxing a prescription. True electronic prescribing means transmitting medication information in the appropriate HIPAA defined electronic format.

5. Certification: What does it really mean?

Currently, the standard for a "certified product" is CCHIT certification—any year's certification. But did you know the requirements for 2008 certification are vastly different and more extensive than the requirements for 2006 and 2007 certification? Did you also know that 2006 certification expires this year and is no longer valid? Did you know that products listed on the CCHIT web site with "pre-market" and "pending electronic prescribing" are not fully certified? They won't achieve full certification until those listed requirements are met. Each subsequent year, CCHIT has expanded the functionality it requires to achieve certification based on what the industry considers basic to providing quality healthcare. Look for a solution that is not only certified, but one that achieves certification every year. Annual certification is not only an excellent measure of how committed a company is to providing a quality product that keeps pace with industry standards but is also an important indicator that the company will continue to provide and support a solution that meets these standards in the future.

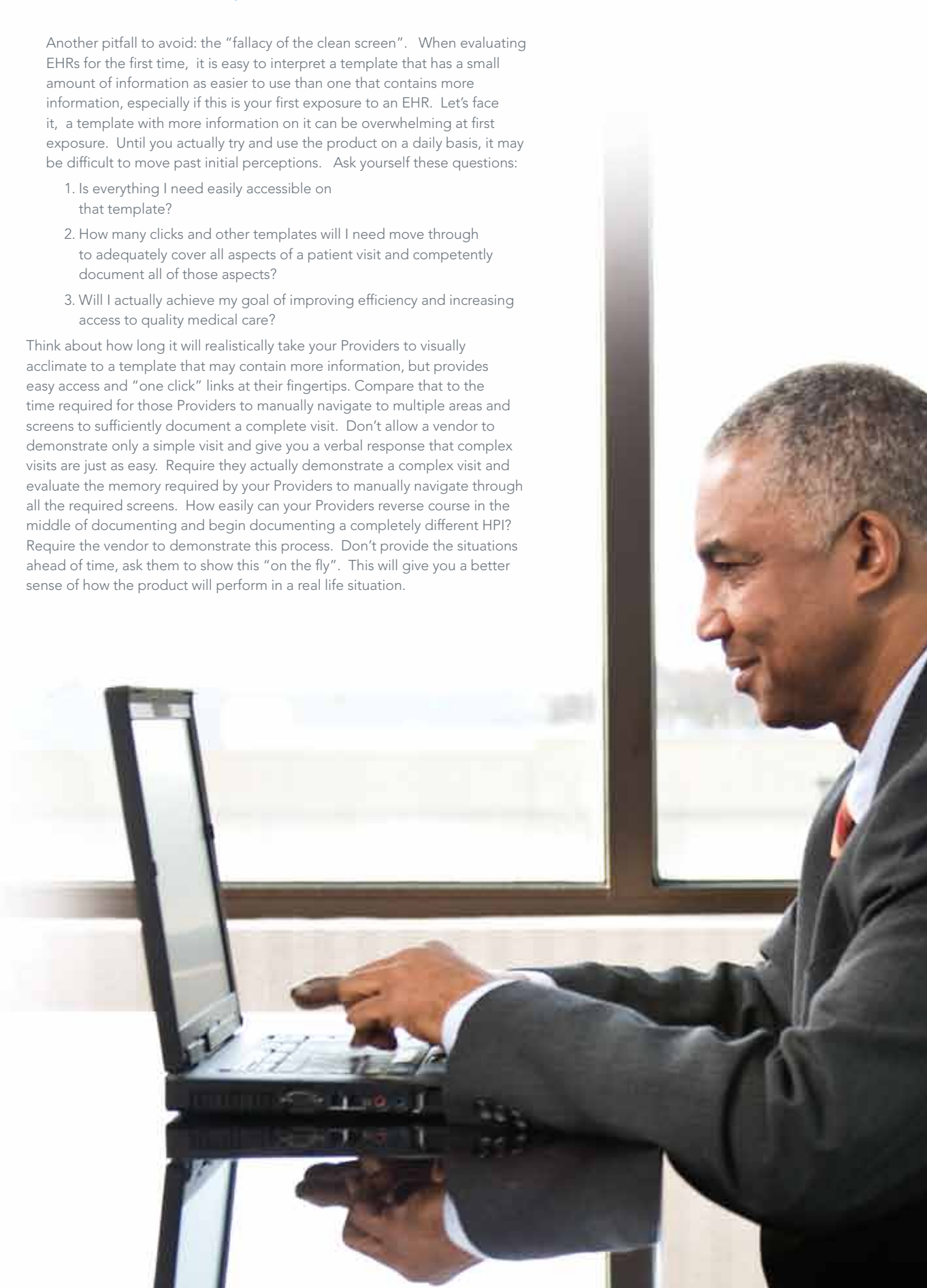


6. Ease of Use: The fallacy of the "clean screen"

Another pitfall to avoid: the "fallacy of the clean screen". When evaluating EHRs for the first time, it is easy to interpret a template that has a small amount of information as easier to use than one that contains more information, especially if this is your first exposure to an EHR. Let's face it, a template with more information on it can be overwhelming at first exposure. Until you actually try and use the product on a daily basis, it may be difficult to move past initial perceptions. Ask yourself these questions:

1. Is everything I need easily accessible on that template?
2. How many clicks and other templates will I need move through to adequately cover all aspects of a patient visit and competently document all of those aspects?
3. Will I actually achieve my goal of improving efficiency and increasing access to quality medical care?

Think about how long it will realistically take your Providers to visually acclimate to a template that may contain more information, but provides easy access and "one click" links at their fingertips. Compare that to the time required for those Providers to manually navigate to multiple areas and screens to sufficiently document a complete visit. Don't allow a vendor to demonstrate only a simple visit and give you a verbal response that complex visits are just as easy. Require they actually demonstrate a complex visit and evaluate the memory required by your Providers to manually navigate through all the required screens. How easily can your Providers reverse course in the middle of documenting and begin documenting a completely different HPI? Require the vendor to demonstrate this process. Don't provide the situations ahead of time, ask them to show this "on the fly". This will give you a better sense of how the product will perform in a real life situation.



7. Require Health Center experience

Finally, look at the experience a vendor has with Health Centers. At first glance this may not seem so important to you. Here are some important considerations why:

1. How long have they had Health Center customers?
2. How many Health Center customers have successfully implemented their products (not just how many Health Center customers they have)?

While basic clinical functionality may be the same for Health Centers as private practices, Health Center requirements can actually be very different:

1. Is the vendor familiar with—
 - a. HDC measures and requirements?
 - b. Different state outcome and measures reporting requirements?
2. Does the vendor know what HRSA required for UDS clinical measures last year and do they know what has been published so far for 2009 requirements?
3. Does the vendor know what unduplicated users and encounters are and how they are defined?
4. Can the vendor participate in a knowledgeable discussion of Health Centers' missions, complexities and requirements?
5. Are the complex billing requirements of Health Centers fully automated in the vendor's practice management system?
6. Can the vendor's practice management system produce every type of claim needed by Health Centers (Medicare Part A/B split, roll-up, wrap claims, managed care claims)?

A vendor's level of knowledge of current Health Center requirements and their experience working with Health Centers is an important indicator of how well that company will continue to provide needed functionality unique to Health Centers as well as the level of importance and focus that company directs toward its Health Center customers.





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NextGen Healthcare Information Systems, Inc.

795 Horsham Road, Horsham, PA 19044

p: 215.657.7010 | f: 215.657.7011

sales@nextgen.com | nextgen.com

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HEALTHCARE INFORMATION SYSTEMS