

EHRs: Making Any Practice 'State of the Art'

When you think of a small-town family practice in a rural setting, you probably don't connect it with the words "state of the art." However, for Steven Shay, DO, and his colleagues at Schaefferstown Family Practice Incorporated, "state of the art" is exactly what their patients think of when they come in for a visit.

"Patients often think that if an office is located in a rural setting, it can't be state of the art," Shay said. "But with the technology that we've implemented, our patients are usually very impressed."

The office, located in Schaefferstown, Lebanon County, has been using an electronic health record (EHR) and prescribing medicines through a computer system since January 2007. Their scheduling and billing systems went electronic almost three years prior and eventually the doctors decided to follow suit and implement an EHR system.

"There were numerous cost-saving factors in switching to an EHR, and with the evolution of medicine and quality improvement measures, we felt it was the wave of the future," Shay said.

With 12 staff members in all, including three physicians and three nurses, and a patient load of about 300 per week, the office was ready for the change, but at the same time a bit hesitant. The practice management elements, such as scheduling and billing, had been converted electronically following their release from a larger health system that had previously owned the practice. The staff had become comfortable using the practice management system that was in place with software called Medent, but when the doctors decided it was time to convert everything to electronic, they were met with some resistance.

Although things were going smoothly with their electronic practice management system, not all staff members were ready to learn the software and possibly have their job description changed again.

"With change, there will always be some resistance," Shay said. "Although the staff wasn't totally



against it, the discussion and eventual training did lead to some very long days at the office."

Despite some staff hesitation, the doctors decided to move full-speed ahead in their conversion to an EHR. They hoped that their staff would embrace it rather than get left behind.

"The entire staff doesn't always look at the business side of what we are doing," Shay said. "They only may have seen it as 'why are you making my job different,' but since the learning curve has passed, the staff really appreciates it."

For Schaefferstown Family Practice, the most significant benefits of the electronic system have been efficiency, portability, and accessibility. On the practice management side of things, scheduling appointments and keeping track of billing electronically has made the office staff much more efficient. When an office is managed efficiently, in regards to keeping patients' appointments and answering and returning phone calls in a timely manner, the more satisfied patients will be.

However, some patients will always be more comfortable keeping things the way they were. "Some patients are very leery of technology and would like to have their paper prescriptions in their hand when they leave the office," Shay said.

Having an EHR in place also makes things much more portable. Physicians are not limited to only being able to access a patient's record while at the office. They can take their laptops on vacation and still be able to look at a patient's information. Shay and

his colleagues agree that the accessibility that the system allows is very significant in making the practice that much more efficient. Prescribing electronically also allows physicians to view patients' allergies and assists them in prescribing medicines that will not interact dangerously with others.

The feedback from patients at Schaefferstown Family Practice has been very positive, although there were some concerns in the beginning stages of implementation. "When we first started, visits might not have flowed as well as before, when we could discuss issues with patients and write down notes in their charts," Shay said. "Visits took a little longer because at the same time we were entering information electronically, we were also learning the system. As time went on though, things pretty much went back to normal."

With the advent of technology and the evolution of modern medicine, using an EHR and performing other in-office tasks electronically seems to be the direction that most physicians are taking. Not only does it make an office more efficient and allow more accessibility, it also can improve the quality of care from a patient's point of view.

Despite all the positives of an electronic system, Shay says they may not be for everyone. Make sure that you take a good look at your practice, in terms of size, and decide if it's for you. However, if you are thinking about converting, Shay says that it's not a system to be afraid of. "Remember it's only a computer. It takes a little time to learn the software but in the end it's well worth it." ☺

Physician Insights Goes Electronic!

Quality Insights of Pennsylvania has enjoyed producing a printed version of *Physician Insights* for the past six years. However, in an effort to use the funds we receive from the Centers for Medicare & Medicaid Services (CMS) in the best way possible, and to be good stewards of our environment, *Physician Insights* will become *Prevention Insights*, a fully-electronic newsletter.

If you would like to sign up to receive *Prevention Insights* via e-mail, please visit our Web site at www.qipa.org/pa/trad_newsletter_sub.aspx. We look forward to continuing to provide you with the latest quality improvement information. ☺

The NPI is here. The NPI is now. Are you using it?

In an effort to ensure that the data submitted to the National Plan and Provider Enumeration System (NPPES) for organization health care providers is accurate, CMS initiated an NPPES-IRS data match to ensure that the legal business name (LBN) and employer identification number (EIN) in NPPES are consistent with IRS data. If health care providers can not furnish data that are consistent with the IRS, CMS will deactivate the NPI in NPPES.

Need More Information? Still not sure what an NPI is and how you can get it, share it and use it? Visit the CMS NPI page www.cms.hhs.gov/NationalProvIdentStand on the CMS Web site. Providers can apply for an NPI online at <https://nppes.cms.hhs.gov>, or call the NPI enumerator to request a paper application at 1.800.465.3203. ☺



CMS Offers Educational Resources

CMS has developed a variety of educational products and resources to help health care professionals and their staff become familiar with coverage, coding, billing, and reimbursement for all preventive services covered by Medicare.

The MLN Preventive Services Educational Products Web site provides descriptions and ordering information for Medicare Learning Network (MLN) preventive services educational products and resources for health care professionals and their staff at www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp#TopOfPage

CMS' Cancer Screenings Brochure provides health care professionals with an overview of cancer screenings covered by Medicare, including colorectal cancer screening services. www.cms.hhs.gov/MLNProducts/downloads/Cancer_Screening.pdf.

To order copies of the brochure, go to the MLN Product Ordering Page located at: http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5



EHRs Advancing 21st Century Medicine

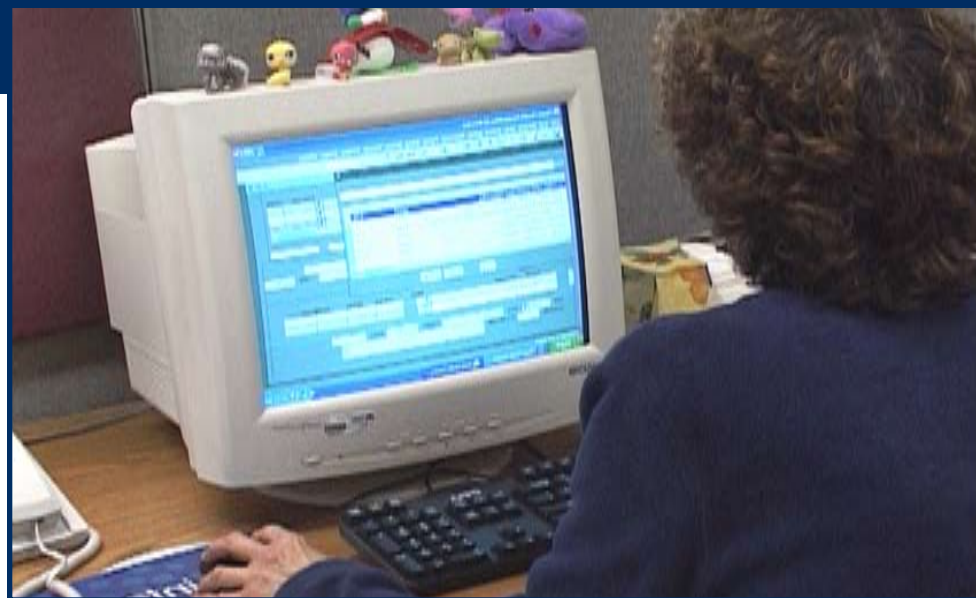
New Medicare Demonstration Project to Provide Incentives for Using EHRs to Improve Quality of Care

At the direction of U.S. Department of Health and Human Services (HHS) Secretary Mike Leavitt, the Centers for Medicare & Medicaid Services (CMS) is implementing a five-year demonstration project that will encourage small- to medium-sized primary care physician practices to use electronic health records (EHR) to improve the quality of patient care. The goal is to revolutionize the way health care information is managed, producing better health outcomes and greater patient satisfaction. This project is a major step toward the President's goal of most Americans having access to a secure, interoperable EHR by 2014.

Demonstration Project Design

The demonstration is designed to show that widespread adoption and use of interoperable EHRs will reduce medical errors and improve the quality of care for an estimated 3.6 million consumers. Over a five-year period, the project will provide financial incentives to as many as 1,200 physician practices that use certified EHRs to improve quality as measured by their performance on specific clinical quality measures. Additional bonus payments will be available, based on a standardized survey measuring the number of EHR functionalities a physician practice has incorporated. To further amplify the effect of this demonstration project, CMS is encouraging private and public payers to offer similar financial incentives consistent with applicable law.

All participating practices will be required to have implemented a Certification Commission for Healthcare Information Technology (CCHIT)-certified EHR by the end of the second year in order for the physician practice to remain eligible for the demonstration. Physician practices must be utilizing the EHR by that time to perform specific minimum core functionalities that can positively impact patient care



processes. These include clinical documentation, ordering and recording lab tests, and recording prescriptions. However, the core incentive payment will be based on performance on the quality measures, with an additional incentive payment based on the degree of EHR functionality used to manage care.

In early June, HHS announced the 12 communities selected to participate in this project. The communities selected range from county- and state- level to multi-state collaborations. They include Alabama, Delaware, Jacksonville, FL (multi-county), Georgia, Maine, Louisiana, Maryland/Washington, DC, Oklahoma, Pittsburgh, PA (multi-county), South Dakota (multi-state), Virginia and Madison, WI (multi-county).

These 12 communities were selected through a competitive process from a field of more than 30 applicants. They demonstrated active collaboration among stakeholders, including physicians and other providers, health plans, employers, government and consumers; existing or planned private sector initiatives related to health information technology and quality reporting; and adequate size to recruit a sufficient number of primary care physician practices. They also demonstrated close ties to the medical community and ability to work closely with CMS to recruit physician practices to participate in the demonstration.

Over the five-year demonstration project, financial incentives will be provided to as many as 1,200 primary care physician practices in the selected communities that use certified EHRs to improve quality as measured by their performance on specific clinical quality measures. In addition to

the incentive payments, bonus payments may be awarded based on a standardized survey measuring the number of EHR functionalities a physician group has incorporated into its practice. Total payments under the demonstration for all five years may be up to \$58,000 per physician or \$290,000 per practice.

Findings from the demonstration will help determine the role of EHRs in delivering high-quality care and reducing errors. The demonstration will also assess the role of incentive payments in encouraging adoption and use of EHRs.

The project will be implemented in two phases. CMS will begin working with partners in four Phase I communities over the coming months to develop site-specific recruitment strategies, and recruitment of physician practices will start in the fall. For Phase II sites, these activities will begin in 2009.

This initiative is part of HHS' bold vision for health care reform built on the four cornerstones of value-driven health care. These include: adopting interoperable health information technology; measuring and publishing quality information to enable consumers to make better decisions about their providers and treatment options; measuring and publishing price information to give consumers information they need to make decisions on purchasing health care; and promoting incentives for high-quality, efficient delivery of care. For more information, visit www.hhs.gov/secretary/connecthealthcare or www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/2008_Electronic_Health_Records_Demonstration.pdf.