Toward the Electronic Patient Record:
A Review of the 23rd Annual TEPR Conference & Exhibition
May 19-23, 2007

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The TEPR (Toward the Electronic Patient Record) conference held by the Medical Records Institute (MRI) was well attended and highly informative. There were an estimated 2500+ attendees and about 175 vendors offering EMRs and a variety of ancillary services and products. There were a range of educational sessions, covering the basics of electronic medical records (EMRs), and others reflecting physician, hospital, health plan and the government perspectives. Below is a summary of viewpoints shared concerning EMRs, from each of these key players.

**Physician perspectives**

There appeared to be a very high level of physician participation at the conference. Most physicians seemed to be shopping for EMR solutions while others seemed to be looking for ways to utilize their tools to increase revenues, work more efficiently and for some, to support clinical trials.

A few physician attendees verbalized their frustrations with the pressure they feel from payers and the government to purchase EMRs. These physicians anticipated negative ROIs for their practices and felt strongly that despite pay for performance plans, the payers would be the primary benefactors and should therefore bear the cost for physician EMRs through increased reimbursement. Others were fearful of the impact EMRs would have on their practices and expected major disruptions, as a result of horror stories from their colleagues.

ROI concerns were not unfounded as conference speakers projected a range of 18-36 months to see a return on EMR investments. This range can change drastically based upon the quality and length of implementation and the extent to which the tool is used post-implementation. Even with a well planned and executed implementation, physicians were told they could realistically expect about a 20% productivity loss during the first two weeks of implementation and a 10% productivity loss for two additional months thereafter. Nevertheless, veteran EMR users definitely experienced positive impacts to their practices as outlined below:

- **Financial performance**
  Financial performance improved as a result of cost reduction as well as revenue improvement. A few areas where reductions were experienced included the costs of transcription services, and staff costs associated with chart management and the handling of prescription refills.

  Increased revenues from EMR use were realized through improved billing capture and a decrease in billing errors. Practices experienced further revenue enhancement by the effective implementation and use of a well integrated practice management processes and technologies.

  Physicians also found that as they became more proficient with the use of their EMRs, they were able to further increase revenues through practice growth. For example, specialists experienced increases in their referral volume because they were able to provide patient notes back to the referring physicians much faster.

- **Quality of patient care**
  The quality of patient care was enhanced by improved access to patient information, built-in clinical decision support, wellness reminders, drug interaction databases, and other valuable clinical support tools.
**Quality of life for physicians**

Physicians who actively utilized their EMRs experienced significant improvements in the quality of their lives. They were able to work fewer hours because they completed all of their documentation during patient visits. Diverse technologies allowed them to maximize their productivity using touch screens, handwriting detection, speech recognition and keyboards. In addition, critical information such as patient allergies, history, etc., was more readily available for quick reference while drug modules assisted physicians with prescription writing.

Physicians who decide to move forward with their purchases were given some key success factors for planning an EMR implementation including the following:

1. Clearly define how the EMR purchase will support overall practice goals and strategies.
2. Identify an EMR that best supports the current practice operation, integrates well with the practice management solution and provides the ability to report discrete data.
3. Develop a written implementation plan that drives a change at pace that is comfortable for the practice.
4. Gain a high degree of commitment to initial and ongoing training, especially from physicians.
5. Plan to review and redesign current workflows and processes prior to implementation of the technology.

**Hospital perspectives**

Hospitals seem to have adopted EMRs at a faster rate than physicians; however, the degree of actual use varies widely depending upon the roll-out strategy and level of physician participation. Some hospitals are forcing compliance among physicians by charging for transcription services and chart-pulls or even eliminating paper charts altogether.

Though limited ROI information exists for hospital-based EMRs, investments are made in anticipation of:

- Improved emergency care resulting from the availability of patient information
- Reductions in medical and drug errors
- Improved transcription accuracy and reduced transcription costs
- Cost reductions through the elimination of paper charts
- Improved patient care through, among other things, reduced turnaround times for radiology and medication and the availability of clinician’s notes
- Improved administrative efficiencies

Hospital investments in IT are expected to continue to grow. The next progression is for hospitals to work collaboratively in the development of regional health information organizations (RHIOs) which will allow the exchange of patient health information for members of the RHIOs. This will likely require further investment in the establishment of interoperability standards. The success of RHIOs remains controversial as financial returns are difficult to capture and measure, especially in highly competitive markets.

**Health plan perspectives**

Health plans see tremendous advantages from the use of EMR systems through cost reduction, cost avoidance and quality management. The benefits they experience are so significant that many are
making them a key factor in pay for performance programs, placing increased pressure on physicians to purchase systems. Without the ability to report discrete data, physicians will be unable to meet the requirements of these programs.

Meanwhile, in the absence of wide-spread adoption by physicians, some plans are creating their own “lite” versions using member claims data. These records do not contain important information like complete patient histories, allergies, or lab results, but will house valuable information about the care that has already been provided. Access to this information is made available to plan providers by swiping member cards through magnetic card readers supplied by the health plans. Likewise, members are provided internet access. The EMR-lite definitely fills a void, but gaining full benefit from them would require cooperation among payers to share member information through special networks when members change health plans.

Some of the EMR benefits that will accrue to payers are below:

- Cost reductions through the elimination of duplicate tests
- Cost reductions through physician adherence to plan formularies and generic drug substitutions
- Improved quality of care through the elimination of preventable drug reactions
- Improved patient health maintenance
- Improved data collection to support quality initiatives

Health plans are also working to promote the development and use of personal health records (PHRs) owned by consumers for their use. They believe that PHRs, like EMRs, will decrease unnecessary costs. PHRs contain summary clinical information, are episode-focused and contain a combination of claims data (provided by payers) as well as data entered by patients themselves. Some health plans provide Internet-based PHRs for their members and are employing strategies, including cash incentives, to encourage their use.

**Government perspectives**

CMS has established a “value-based purchasing” program where physicians who meet certain reporting requirements will be able to earn a bonus of up to 1.5% of their allowable charged for covered Medicare services. Value is defined in mathematical terms as:

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\text{Value} = \frac{\text{Quality}}{\text{Cost}}
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The goal of the program is to increase overall value by increasing quality and also decreasing health-care costs. However, at this time, rather than measuring the quality of performance, CMS is measuring physicians’ adherence to established quality measures.

The program, officially titled Physician Quality Reporting Initiative (PQRI), begins on July 1, 2007 and is entirely voluntary; however, in order to earn the bonus, physicians will be required to report on 80% of the cases where they have opportunities to report for a minimum of three of the potential 74 identified performance categories, between July 1, 2007 and December 31, 2007 and submit claims before February 29, 2008. The use of an EMR, that allows the retrieval of data, will greatly assist physicians in meeting the reporting requirements of the program.
Key steps physicians must take in preparing themselves for participation in PQRI are as follows:

1. Identify the measures they want to capture and report.
2. Develop a process to systematically capturing the data, ideally using an EMR.
3. Review billing systems and processes and take appropriate action to assure the proper handling of $0.00 charges and denials related to CPT Category II codes and modifiers used for quality performance reporting.
4. Include their NPI numbers on all claim forms.

The PQRI program is a bottom-up strategy that will drive EMR adoption, but the federal government, also has a top down strategy for the development of a National Health Information Network. According to the Department of Health and Human Services Website, the Office of the National Coordinator for Health Information Technology (ONC) exists to “provide counsel to the Secretary of HHS and Departmental leadership for the development and nationwide implementation of an interoperable health information technology infrastructure.”

**Conclusion**

Although, each of the healthcare players profiled above have different perspectives regarding the benefits and drawbacks of EMRs, all of them focused on cost reduction and improvement in the quality of patient care as their main objectives. Each recognizes the need for ongoing discussion and collaboration to allow patient information to be easily shared while also being mindful of HIPAA security and privacy requirements.
Denise Henderson has gained unique insight into the needs and challenges in healthcare through her experience running and consulting to healthcare organizations. As director of consulting with MedSynergies, Inc., she utilizes her expertise in strategic planning, organizational development and operations management to help clients optimize revenue cycle management performance in physician practices and billing offices. Her work encompasses strategic planning, practice assessments, financial analyses, benchmarking, process re-design, system selection and more.

In her prior experience as the owner and principal consultant with Equanimity Consulting, Denise tackled a variety of exciting projects including conducting a competitive market analysis for a Chicago-based hospital system as well as developing a private-sector business development plan for a Washington D.C. based healthcare communications company. Prior to entering the consulting field Denise, serving as president and chief operations officer, built and sold ProvidaCare, LLC, a nurse triage and disease management company which served physicians, hospitals and health plan clients. She also served as senior vice president with The Beryl Companies, a healthcare call center outsourcing company, where she had responsibility for Operations, Human Resources, Client and Clinical Services.

About MedSynergies, Inc.

Now serving 1,000 healthcare providers in 23 states, MedSynergies provides revenue cycle services and integrates leading software programs into the daily operations of healthcare organizations. Founded in 1996, MedSynergies serves physicians in hospitals, specialty medical groups, ambulatory surgical centers, rehabilitation centers, and independent practice associations (IPAs). Based in Irving, Texas, the company has regional offices across the United States. For more information, please visit www.medsynergies.com.