

EHR REPORT

Finding the Right EHR for Your Practice

Knowing which EHR to choose can be daunting at best. There are hundreds of products out there, and the list seems to be growing all the time. With the market explosion of gadgets like smartphones and tablet PCs, even EHR vendors have followed suit. One product, Caretool's iChart (www.caretools.com), is an EHR application exclusively available on the iPhone.

Ultimately, no vendor's sales pitch or flashy demonstration can compete with real-world experiences shared by fellow physicians actually using these products in the field. One doesn't have to look far to find colleagues willing to share their thoughts about a particular EHR product, but to get a more objective perspective, several well-organized resources are available where these reviews and ratings have been compiled and summarized.

Recently, for example, a health care market research firm known as KLAS (www.klasresearch.com) published its 2009 "Best in KLAS" top 20 report that ranks software and services used in clinical practice, organized by practice size and implementation type. KLAS surveys physicians about the quality of the software products, as well as the quality of support and training provided by the vendors. It also asked physicians whether the EHR was worth the money they paid for it. Topping the list were a few products that have repeatedly been ranked favorably over the past few years.

Physicians looking for an EHR should also investigate their specialty organization. Most academies have some EHR resources available to their members, and one really useful example is the American Academy of Family Physicians' Center for Health Information Technology (www.centerforhit.org). On this extensive site, AAFP members can find resources to help evaluate EHR readiness, prepare for the electronic transition, and read candid reviews by their colleagues of dozens of EHRs. A five-star rating system assesses each product on quality, value, usability, productivity, and support.

Such resources can be particularly helpful because a product that fits well in one clinical setting may not perform well in another. Some EHRs, such as Wellsoft's EDIS (www.wellsoft.com), are written for a specific field of medicine. EDIS is designed exclusively for emergency department use, and it frequently appears at the top of the list of preferred products among ED physicians.

The reality is that no single EHR product will work for every practice. Even among the most highly rated products, there are vast differences in how much they cost, how they are implemented, and how they function—from the way in which data is collected and notes are generated to the way they manage the scheduling and coding of office visits. Here are a few well-regarded EHRs and some of the differences among them:

► eClinicalWorks ([\[works.com\]\(http://www.eclinical-works.com\)\) is a widely used product that is more than just an EHR. It has a complete electronic practice management \(EPM\) suite for scheduling, coding, and billing, and it offers a well-designed Web-based patient interface. Many users appreciate that it is a powerful and robust program, though some admit it has a moderate-to-steep learning curve. Physicians can save time by creating custom](http://www.eclinical-</p>
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templates that are reusable for common office visits and even make use of "digital ink," which allows providers to hand write, draw on, or hand sign their notes. eClinicalWorks EHR is popular in small-to-moderate-sized practices, but has even been employed in very large-scale applications such as the Primary Care Information Project, linking thousands of physicians across New York City.

► EpicCare (www.epic.com) is frequently cited as one of the best EHRs because it is well established and extremely robust. The largest overall EHR vendor, Epic claims to serve about 150,000 U.S. physicians who care for some 70 million patients. Epic is well known for its customer support, and while fully scalable, EpicCare tends to be implemented in moderate-to-large prac-

People who have had chicken pox are at risk for shingles and postherpetic neuralgia (PHN) pain^{1,2}
This year, ~1 million Americans will develop shingles.^{1,2}
1 in 5 of them will go on to develop PHN pain¹



Indication

LIDODERM (lidocaine patch 5%) is indicated for relief of pain associated with post-herpetic neuralgia. Apply only to **intact skin**.

Important Safety Information

LIDODERM is contraindicated in patients with a history of sensitivity to local anesthetics (amide type) or any product component.

Even a *used* LIDODERM patch contains a large amount of lidocaine (at least 665 mg). The potential exists for a small child or a pet to suffer serious adverse effects from chewing or ingesting a new or used LIDODERM patch, although the risk with this formulation has not been evaluated. It is important to **store and dispose of LIDODERM out of the reach of children, pets, and others**.

Excessive dosing, such as applying LIDODERM to larger areas or for longer than the recommended wearing time, could result in increased absorption of lidocaine and high blood concentrations leading to serious adverse effects.

Avoid contact of LIDODERM with the eye. If contact occurs, immediately

wash the eye with water or saline and protect it until sensation returns.

Patients with severe hepatic disease are at greater risk of developing toxic blood concentrations of lidocaine, because of their inability to metabolize lidocaine normally. LIDODERM should be used with caution in patients receiving Class I antiarrhythmic drugs (such as tocainide and mexiletine) since the toxic effects are additive and potentially synergistic. LIDODERM should also be used with caution in pregnant (including labor and delivery) or nursing mothers.

Allergic reactions, although rare, can occur.

During or immediately after LIDODERM treatment, the skin at the site of application may develop blisters, bruising, burning sensation, depigmentation, dermatitis, discoloration, edema, erythema, exfoliation, irritation, papules, petechia, pruritus, vesicles, or may be the locus of abnormal sensation. These reactions are generally mild and transient, resolving spontaneously within a few minutes to hours. Other reactions may include dizziness, headache, and nausea.

When LIDODERM is used concomitantly with local anesthetic products, the amount absorbed from all formulations must be considered.

tices and health networks. Users appreciate its ease and decision-support integration, but it would likely be an expensive choice for small practices on a limited budget.

► **AmazingCharts** (www.amazingcharts.com) is a highly rated product designed with small practices in mind. It is relatively easy to install and use and is affordable, at a one-time charge of about \$1,000 per provider. Hardware requirements are minimal, and the company allows interested consumers to download and install a fully functional version of

the software for free to try for 90 days. Certain features may be limited compared with larger, more expensive EHRs, but full integration is provided with external practice management suites, e-prescribing tools, and commercial labs.

It is important to note that all of these EHRs have been approved by the Certification Commission for Health Information Technology (CCHIT) and claim to meet the requirements needed to take advantage of increased Medicare reimbursements. No matter which you

choose, these criteria can be helpful in affirming you've made the right decision. ■

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For the many places patients may experience PHN pain LIDODERM® fits

Proven efficacy in 2 randomized, placebo-controlled clinical trials³⁻⁶

- In a 12-hour study, patients experienced pain relief at 30 minutes after the first dose vs observation cohort ($P=0.0001$; $N=35$)^{4,a}
 - Significant reduction in pain intensity vs placebo at hours 4-12 ($P<0.001$ to $P=0.038$)
- In a 2-week study, 84% of patients had moderate to complete pain relief at 2 weeks vs placebo ($P<0.001$; $N=32$)^{5,b,c}

Favorable safety profile³

- Nonnarcotic, nonsedating, nonscheduled
- May be used in patients who have comorbidities or are taking concomitant medications

Immediately discard used patches or remaining unused portions of cut patches in household trash in a manner that prevents accidental application or ingestion by children, pets, or others.

Before prescribing LIDODERM, please refer to the accompanying brief summary of full Prescribing Information.

^a A randomized, double-blind, placebo-controlled, 4-way crossover trial ($N=35$) assessed safety and efficacy of LIDODERM. Patients were allodynic with a mean age of 75 years and mean PHN duration of 48 months. Pain intensity measured with horizontal 100-mm Visual Analogue Scale: 0=no pain and 100=worst pain imaginable. Measurements were recorded before patch application, at 30 minutes, and hours 1, 2, 4, 6, 9, and 12. Least-squares means were used as the best unbiased estimate of patients' mean values.

^b Demonstrated over 14 days in a post hoc analysis of a randomized, enriched-enrollment, double-blind, placebo-controlled, crossover trial. Patients enrolled in the study had been using LIDODERM for ≥ 1 month (ie, enriched enrollment); mean age of 77.4 years and mean PHN duration of 7.3 years. Pain relief measured using 6-item verbal scale: 0 (worse), 1 (no relief), 2 (slight relief), 3 (moderate relief), 4 (a lot of relief), and 5 (complete relief). Patients exited the study if their verbal pain relief rating decreased more than 2 categories for any 2 consecutive days from baseline.

^c Results of enriched-enrollment studies can't be generalized to the entire population; subjects in such studies may be able to distinguish the active drug from placebo based on nontherapeutic features of the treatments.

References: 1. Cluff RS, Rowbotham MC. *Neural Clin.* 1998;16(4):813-832. 2. Weaver BA. *J Am Osteopath Assoc.* 2007;107(3 suppl 1):S2-S7. 3. Lidoderm Prescribing Information. Chadds Ford, PA: Endo Pharmaceuticals Inc; 2008. 4. Rowbotham MC et al. *Pain.* 1996;65(1):39-44. 5. Data on file, DOF-LD-02, Endo Pharmaceuticals Inc. 6. Galer BS et al. *Pain.* 1999;80(3):533-538.

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YEARS
OF USE

Lidoderm®
LIDOCAINE PATCH 5%