Assess Needs, Readiness When Choosing an EHR

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BOSTON — Choosing an electronic health record for your practice involves a comprehensive readiness and needs assessment, according to participants in a congress sponsored by the American Medical Informatics Association.

A group of about 100 physicians, nurse "informaticians," clinical informaticians, pharmacists, consultants, and others met during AMIA's spring congress to brainstorm ideas about how best to select an EHR.

Participants in the work group, who had a range of experience with electronic health records, contributed their advice, which was then condensed into a short presentation given at the close of the AMIA meeting.

The work group made recommendations in several areas.

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Readiness Assessment

Develop an information strategy. The first step is to figure out the organization's information strategy by determining goals, the information needed to achieve those goals, and how the information needs to be accessed.

"If you don't have an information strategy, first and foremost, you're really not ready," said Eric Rose, M.D., a physician consultant for IDX Systems in Seattle, who presented the recommendations from the AMIA workshop on selecting an EHR.

Develop an education strategy. Once an information strategy is in place, the practice needs an education strategy for getting everyone up to speed on the EHR product selection process.

Let everyone in the organization know this is a business transformation process, not an IT project.

Don't try to nail down costs too precisely. While it's important to have a budget, practices also need to recognize that some of the costs will be unpredictable, the group advised.

Determine the capabilities, willingness, and expectations of everyone in the practice.

Needs Assessment

Next, practices should assess their needs in terms of features and functions, the work group concluded.

Focus on "pain points" to uncover functional requirements. "Don't ask people what you want the EHR to do for you, ask people where does it hurt," Dr. Rose suggested.

Figure out the organization-wide goals and objectives to determine its EHR needs.

Assess your in-house IT expertise to determine desirable features. If the practice employs a skilled database analyst, it may not need an EHR with built-in reporting functionality, Dr. Rose said.

Use available resources on successful needs assessment processes. For example, the Healthcare Information and Management Systems Society has an online selector for electronic health records at www.ehrselector.com.

How to Write an RFP

Once the practice has taken stock of its needs, they can begin to write a request for proposals (RFP).

Keep it simple. "The more complex your RFP is, the more complex the responses will be," Dr. Rose said.

Address all aspects of the practice's relationship with the vendor in the RFP. An RFP should ask: What training options are available? How much will training cost? How do software upgrades work? How will the vendor work with third-party vendors?

Ask vendors to differentiate themselves from the competition. The RFP is one way to get vendors to tell you what they can offer that is different or better than other companies.

Involve all clinical disciplines in RFP development.

Establish a straightforward, replicable assessment process before sending out the RFP. Practices should be able to redo the RFP in case the procurement process is derailed or one of the key staff members leaves the practice.

Site Visits and Demos

When a practice has narrowed down its choice of vendors, the physicians and administrators may want to begin demonstrations and site visits to test the products.

Consider site visit locations other than those suggested by the vendor. The AMIA group recommended that physicians do their own research to find out who is using a vendor's software. Don't just call the references on a vendor's list, seek out independent sources, the work group reported.

Call ahead when conducting site visits. Practices should try to make the most of the visit by calling ahead and making sure they are visiting a similar organization. The site visit team should collect contact information to bring back for those staff members who couldn't attend the site visit but may want to ask follow-up questions over the phone.

In scripted demonstrations, hold back some portion to be revealed at the time of the demo. The AMIA group suggested that practice representatives ask a few unplanned questions to get around some the lack of transparency in the scripted process.

Make scoring simple and explicit. ■

POLICY & PRACTICE

Grant Funds Focus on Women

The Women's Health Career Development Award is being offered for the first time in 2006 by the Dermatology Foundation. This grant funds research into a range of disorders that primarily affect women, from lupus and scleroderma to the effects of hormones and environmental factors on the skin. The grant provides a $55,000 annual stipend effective July 1, 2006. Applications for the grant are due Oct. 17. The grant is open to both men and women. Details are available online at www.dermatologyfoundation.org. And the Women's Dermatologic Society is inviting female medical students to learn more about dermatology. They are offering grants of up to $2,000 for medical students to work with a leading dermatologist in private practice or at a university. The deadline for the 2006 awards is Dec. 31, 2005. Application information is available online at www.womensderm.org.

Assessing Plastic Surgery

About 85% of participants in a telephone survey who said they had considered plastic surgery reported that the benefits far outweighed the risks, according to a study published in the Sept. 1 issue of Plastic and Reconstructive Surgery. The results are based on 60 in-depth telephone interviews with individuals actively considering plastic surgery. The researchers also conducted an online survey of 644 individuals who reported actively considering surgery. Interviewees said they thought they could minimize their risks by researching the procedure and the surgeons who specialize in that area. Two-thirds of the interview participants said the potential risks would not deter them from seeking surgery, while one-third said they would need to weigh the risks and benefits carefully. The research was funded by the American Society of Plastic Surgeons.

Walter Reed to Close

Walter Reed Army Medical Center in Washington, which has cared for hundreds of thousands of soldiers and dignitaries for the past 96 years, is slated to close as part of the base realignment and closure process. The medical center was tapped by the Department of Defense to be closed and that recommendation was recently approved by members of the Defense Base Realignment and Closure Commission. The commission sent its final report to President Bush on Sept. 8. If the president agrees with the recommendations, he will send the entire list to Congress for a vote. Congress must accept or reject the list in full, but cannot amend it. If the closure is approved, most of the staff and services from the army hospital will be combined with services at the National Naval Medical Center in Bethesda, Md., and renamed the Walter Reed National Military Medical Center. Other services will be moved to Fort Belvoir, Va. Closures and realignments must begin within 2 years of congressional approval and must be completed within 6 years, according to the base realignment and closure statute.

Census Finds Rise in Uninsured

The Census Bureau reports that 45.8 million Americans were without health insurance in 2004, up from 45 million in 2003. While the increase is statistically small, it means that "an additional 860,000 Americans live without the safety net of health insurance," J. Edward Hill, M.D., president of the American Medical Association, said in a statement. "As the decrease in employment-based health insurance continues, the AMA renews its call for health insurance solutions that put patients in the driver's seat, along with their physicians," Dr. Hill said. Some of these solutions may include refundable tax credits inversely related to income and individually selected and owned health insurance, he said. In other statistics, the number of people with health insurance increased by 2 million to 245.3 million between 2003 and 2004. Those covered by government health insurance rose from 76.8 million in 2003 to 79 million—driven by increases in the percentage and number of people covered by Medicaid.

Seniors Split on Drug Benefit

Patients' optimism about Medicare's new prescription drug benefit has improved over the last few months, although beneficiaries remain split on their support, an August poll conducted by the Kaiser Family Foundation indicated. About one in three (32%) seniors have a favorable impression of the benefit and an equal amount (32%) have a negative one. In April, only one in five (21%) said they had a favorable impression. Comprehension of the benefit has improved: Overall, 37% of seniors now say they understand the new benefit "very" or "somewhat" well, which is up from 29% in April. Six in 10 seniors (60%) say they don't understand the benefit well or at all. The poll represented 1,205 adults 18 years and older, including 300 respondents 65 and older, interviewed by telephone by Princeton Survey Research Associates, on behalf of Kaiser.

Chronic Care Projects Launched

Medicare is launching chronic care pilot projects this year aimed at improving care for people with heart failure and diabetes. The program, called Medicare Health Support, will provide free, voluntary services to about 160,000 Medicare fee-for-service beneficiaries for 3 years. Participating patients will get access to nurse coaches, reminders about preventive care needs, prescription drug counseling, home visits and intensive care management when needed, and home monitoring equipment to track health status. At press time, eight areas had been selected for the program: Maryland, Oklahoma, Western Pennsylvania, Mississippi, Northwest Georgia, Chicago, Central Florida, and Washington, D.C.

—Mary Ellen Schneider