

## EHR REPORT

## A Few Simple Steps to Finding a Usable and Affordable System

BY JONATHAN BERTMAN, M.D., AND NEIL SKOLNIK, M.D.

We would all like to believe that physicians and vendors work as partners to promote successful electronic health record adoptions in which everybody ends up satisfied. Unfortunately, this is often not the case, and it is the unwary physician who all too often gets the short end of the stick.

Proof of this is the astounding percentage of practices that have paid thousands of dollars for an EHR, only to have it sit underutilized or unused on their computers. It is estimated that more than one-third of all attempted EHR implementations fail.

Using common sense can decrease your chances of suffering the buyer's remorse that a good number of your colleagues already experience. Asking yourself the following two questions will save you hours of frustration and thousands of dollars:

- ▶ Has the system proved to be **USABLE**?
- ▶ Is the system truly **AFFORDABLE**?

As an overworked physician in a practice where reimbursements are low and money is tight, you'll find that these two points are the most important aspects of any EHR system that you might consider purchasing.

Vendors are adept at demonstrating their products to prospective buyers, and as they walk you through the software, they often highlight the newest and most impressive features. It is easy to forget that most of these bells and whistles don't actually improve the speed with which a note can be written, and some may actually hamper quick documentation.

Recently, as more and more physicians found that dozens of clicks to document a brief visit just aren't practical, their collective frustration has

led to user-satisfaction surveys and closer analyses of what makes an EHR usable.

Reviewing this actual user experience before choosing an EHR is imperative. Excluding vendors who don't have a high user rating (or those without enough active clients to be included in these studies) is a practical first step to weed out the EHRs that have not proved to be usable in a busy practice setting.

One interesting finding of these user-satisfaction studies is that there is often an inverse relationship between the cost of an EHR and its user ratings.

In addition to usability, affordability is an obviously important – yet frequently ignored – factor. As you look at comparisons of EHR pricing, it will quickly become apparent that there is a huge variation, from free open-source programs to those costing \$40,000 or more per physician.

As demonstrated by user-satisfaction surveys, EHR pricing is unrelated to usability. Similarly, pricing is not based on certification status; many lower-priced systems have the same certification level as do higher-priced systems. Eventually, the cost of EHRs will drop as competition in price and usability becomes the driving force in the market, and vendors will either provide better solutions at a lower cost or will lose out to their competitors.

In the meantime, the physician-consumer must be careful when selecting an EHR. Some EHR vendors won't even provide a price unless you agree to allow them to demonstrate their system. For those who provide more transparent pricing, many will hide "extras" until they are actually asked about them, usually after the prospec-

tive buyer has already spent a lot of time and energy investigating the system.

Many vendors charge fees – not quoted in the software cost – for "additional functionality" that is required to practice medicine, such as e-prescribing, evaluation/management coding, laboratory interfaces, and sometimes even the training to use the software. Another technique for making the comparison of actual prices difficult is to quote a monthly lease price, as is done for most ASP-type products. Finding a way to compare costs is essential for making an informed decision and avoiding overpayment for software that may be difficult to use.

The following are ways to increase the odds that you'll be satisfied with your EHR choice:

▶ **Start by selecting only EHR vendors who have high user-satisfaction ratings at third-party Web sites.** Check out the Center for Health Information Technology run by the American Academy of Family Physicians ([www.centerforhit.org/online/chit/home/tools/reviews.html](http://www.centerforhit.org/online/chit/home/tools/reviews.html)), or visit the Web site for American EHR ([www.americanehr.com](http://www.americanehr.com)).

▶ **Of those you want to evaluate further, select vendors who provide clearly documented pricing on their Web sites.** The site should tell you what's included in the price – but if not, be sure to ask specifically about features that are obviously required (such as e-prescribing), or additional fees for training.

▶ **Of the remaining vendors, consider the value of a free trial or full-money-back guarantee.** You want to be sure that their software is actually usable in your practice.

▶ **Finally, get a written refund guarantee from the vendor.** Because it is likely that pricing will decrease once EHR adoption incentives and stimulus monies dry up, get the vendor to guarantee in writing that if their EHR price drops over a defined period of time, they will refund the difference back to you. Why should you be penalized for purchasing their software now?

In summary, using the key points of usability and affordability along with a bit of common sense, you can protect yourself and your money while ensuring that you'll end up in the group of physicians who love their EHRs, and not on the ever-growing list of physicians who picked the wrong EHR system.



DR. BERTMAN is affiliated with the department of family medicine at Brown University in Providence, R.I., and is physician editor-in-chief of MDNG/MD Net Guide. He is the founder and president of AmazingCharts.com, a leading developer of EHR software, and AfraidToAsk.com, a consumer health information Web site. He has a private practice in Hope Valley, R.I. This column has been adapted with permission from DR. SKOLNIK'S new book, *Electronic Medical Records: A Practical Guide for Primary Care*, published by Humana Press, a division of Springer Publishing.

## Congress Clarifies 'Creditor' Definition for Red Flags Rule

BY MARY ELLEN SCHNEIDER

Congress passed legislation clarifying its definition of a "creditor" under the Red Flags rule, a move that could help bolster the case that physicians should not have to abide by the new identity theft safeguards.

Physicians currently have until Dec. 31 before the Federal Trade Commission is set to begin enforcing the Red Flags rule. The rule was written to implement provisions of the Fair and Accurate Credit Transactions Act, which calls on creditors and financial institutions to address the risk of identity theft. The rule requires creditors to develop formal identity theft-prevention programs that would allow an organization to identify, detect, and respond to any suspicious practices ("red flags") that

could indicate identity theft. However, physician groups have long asserted that they are not creditors and should be exempt from the requirements, which they consider overly burdensome.

Under the new legislation (S. 3987), which was passed by the House on Dec. 7 and by the Senate on Nov. 30, Congress clarifies that a creditor is not someone who simply "advances funds on behalf of a person for expenses" related to a service. The American Medical Association and other physician groups are hopeful that the clarification will be enough to convince officials at the Federal Trade Commission to exempt physicians from the Red Flags rule.

"The AMA is pleased that this legislation supports AMA's long-standing argument to the FTC that physicians are not creditors. This bill will help eliminate the current confusion

about the rule's application to physicians," AMA President Cecil B. Wilson said in a statement. "We hope that the FTC will now withdraw its assertion that the red flags rule applies to physicians."

The Red Flags rule became effective on Jan. 1, 2008, with an original enforcement deadline of Nov. 1, 2008. However, the FTC has delayed enforcement of the rule five times, first to give organizations more time to become familiar with the requirements, and later at the request of members of Congress. The most recent enforcement delay is set to expire on Dec. 31.

In May 2010, the AMA joined the American Osteopathic Association and the Medical Society of the District of Columbia in a federal lawsuit that seeks to prevent the FTC from applying the Red Flags rule to physicians. ■

## PAIN RELIEVERS



"I guess the green eggs were more than you bargained for."