



BY JOSEPH S. EASTERN, M.D.

MANAGING YOUR DERMATOLOGY PRACTICE

ASP or Client-Server: Which Is Better for You?

Last year I discussed the basic rules to keep in mind when shopping for an electronic medical record system, and last month's column included a discussion of the advantages of adding Web-based messaging to your EMR system. (If you missed those columns, you can find them on the SKIN & ALLERGY NEWS Web site at www.skinandallergynews.com. Click on "The Archives Collection.") This month, I'll consider the pros and cons of Web-based vs. server-based EMR systems.

First, the difference: You have a choice of where you want the software hosted. If it is to be run on hardware within your office, that is a server-based, or client-server, system. If you rely on a vendor to run the software on its hardware via the Internet, that is a Web-based system, or, in industry jargon, an application service provider (ASP) system. Both options provide distinct advantages and disadvantages.

Client-server systems run and store data

on hardware you own and keep on your premises. You pay up front for hardware, software, and setup, and usually a monthly maintenance fee thereafter.

Such a system gives you greater control and fewer worries about interrupted access or breach of confidentiality, but up-front equipment costs are high and the responsibility of maintaining and securing your database is entirely yours. Obviously, regular backups are essential. You can either create backup tapes or disks yourself and physically store them elsewhere, or—a far better option, in my view—you can hire a service that regularly and automatically copies your data to off-site computers. A growing number of remote backup services are available at reasonable prices. (As always, I have no financial interest in any product or enterprise discussed in this column.)

In an ASP system, both the application and data reside on the vendor's servers, and your office accesses them through a Web browser or other specialized software. The up-front setup fee is comparatively small, and ongoing monthly payments are based on frequency of usage and the complexity of your data.

The main advantage of an ASP is that your data are maintained by computing professionals at the vendor's facility.

As one vendor explained, you would consider it foolish to keep your money under a mattress at home. Instead, you entrust it to a bank that is staffed by security professionals. So why not do the same with your medical records? You also typically get access to far more sophisticated hardware and software features than you could afford to buy yourself.

The glaring disadvantage of the ASP is the active Internet connection it requires. No Internet connection works 100% of the time; your Internet service provider or internal network may fail, or a virus, worm, Trojan horse, or hacker can wreak havoc with your records.

If you go this route, there are several essential features to ask about. These include multiple layers of security, uninterruptible power sources, instant switchover to backup hardware in case of a crash, and frequent, reliable backups. In short, you need reliable assurances that your records will always be secure and available.

So which is right for you? If you have a multiphysician practice and you are an expert with computers (or have ready access

to one), client-server may be your best option. Smaller offices with little to no computer expertise are probably better off choosing an ASP, at least to start.

An ASP has more sophisticated equipment, additional layers of security, and larger, specialized staffs than your office does. In smaller practices, the ASP is often easier to customize than an internal system. In a large practice with numerous and diverse subspecializations, client-server systems often provide more flexibility. You will pay a premium for the extra customization work, however.

In the end, it may come down to which of the potential downsides you fear more: being unable to access your records while your Internet connection is down, or losing data and time (or worse) if your hardware crashes or gets damaged in a fire or other calamity. One option to consider is starting with a hosted ASP service, then moving in-house if that becomes necessary or advantageous. ■

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REFERENCES: 1. Data on file. August C. Stiefel Research Institute, Inc. 2. Eberlein-Koenig B, Eicke C, Reinhardt H-W, Ring J. Adjuvant treatment of subjects with atopic dermatitis: assessment of Physiogel A.I. (MimyX Cream) (ATOPA). Presented at: 64th Annual Meeting of the American Academy of Dermatology; March 2006; San Francisco, CA. Poster 821. 3. Kemeny L. A comparison of S236 (MimyX Cream) to hydrocortisone 1% cream in the treatment of mild to moderate atopic dermatitis. Presented at: 63rd Annual Meeting of the American Academy of Dermatology; February 2005; New Orleans, LA. Poster 708. 4. Jorizzo JL. Lamellar preparations as adjunctive therapy in the treatment of atopic dermatitis. Presented at: 63rd Annual Meeting of the American Academy of Dermatology; February 2005; New Orleans, LA. Poster 721. 5. Zerweck C, Fraser JM, Grove GL. Efficacy of S236 Cream (MimyX Cream), a medical device cream, in promoting barrier repair of razor-induced skin trauma. Presented at: 64th Annual Meeting of the American Academy of Dermatology; March 2006; San Francisco, CA. Poster 805. 6. Llorca MA, Dorado Bris JM, Sáenz de Santamaría MC, Añeri Más V, Garay Arconada, Pérez Muñelo A. Evaluation of the activity of a moisturizing and restoring-action preparation, with lamellar structure, as adjuvant in the treatment of atopic dermatitis and xerotic skin. *Rev Intern Dermatol Dermocosm*. 2003;6:425-430. 7. MimyX Cream [package insert]. Coral Gables, FL: Stiefel Laboratories, Inc.; 2005.

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Certification Commission Lists Ambulatory EHR Products

BY MARY ELLEN SCHNEIDER
New York Bureau

The Certification Commission for Healthcare Information Technology has unveiled an initial list of 22 ambulatory electronic health record products that meet its standards for functionality, interoperability, and security.

CCHIT was formed in 2004 by three leading health IT management and technology industry associations. Since last fall, CCHIT has been under contract to the federal government to develop certification criteria for EHRs and evaluate products. The CCHIT process has also been endorsed by the American Academy of Family Physicians, the American College of Physicians, and the American Academy of Pediatrics.

In this first round, CCHIT officials gave their approval to 22 products that met all certification standards. Going forward, CCHIT officials will evaluate ambulatory EHR products on a quarterly basis, and are expected to make the next announcement about newly certified EHR systems in late October. In the meantime, the group will begin work on certification for inpatient EHRs and for the network systems that support information exchange between physicians and health care institutions.

The certified products are designed to serve the spectrum of physician practices, Dr. Mark Leavitt, CCHIT chair, said during a press conference. Vendors whose products were certified in this first round

received a CCHIT seal of approval that the product met 2006 standards, Dr. Leavitt said. That certification is good for up to 3 years or vendors can come back to CCHIT each year to be certified under the updated standards, he said.

"This certification process provides folks with a short list, if you will," Dr. Michael S. Barr, vice president of practice advocacy and improvement at the American College of Physicians, said in an interview.

Having a list of certified products reduces some of the risk for physicians buying EHR systems, Dr. Barr said. But it does not mean that physicians shouldn't do their homework when it comes to buying a system, since every practice will be looking for different types of functionality, he said.

"This is just a first step along a long, long path," Health and Human Services Secretary Mike Leavitt said during the press conference.

Eventually, interoperable systems will become a condition of doing business with the federal government, said Mr. Leavitt, who is not related to Dr. Leavitt.

In an effort to aid physician adoption of EHRs, the HHS has published a final regulation (see article on p. 66) creating safe harbors in the federal antikickback statute and physician self-referral law (Stark law) that allow hospital systems and other large provider groups to donate health IT products to physicians in certain cases. ■

The full list of certified products is available at www.cchit.org/certified/2006/CCHIT+Certified+Products+by+Product.htm.