Neurologists Must Chart a New Course in EHR Era

BY AMY ROTHMAN SCHONFELD
Contributing Writer

SAN DIEGO — A consulting group enlisted by the American Academy of Neurology evaluated more than 100 different vendors of electronic health records for their suitability for neurology practices and has provided detailed ratings of the strengths and weaknesses of the top eight performers.

"By 2009, if you don't install [an] EHR [system], you might be out of business," warned consultant Mark R. Anderson of the AC Group Inc. of Montgomery, Tex. Anderson cited several reasons for this prediction, including government and health plan pay-for-performance subsidization of EHR use, the expectation that providing quality medicine according to standards of care will depend upon information generated through EHRs, and reduced malpractice rates for clinicians who use the systems.

Mr. Anderson's group provides third-party independent evaluations of EHR systems and has done so for other medical associations.

For the current evaluation, Mr. Anderson collaborated with the academy's EHR Search and Selection Committee, a group of eight neurologists experienced with EHRs. The first step in the evaluation process was asking approximately 100 EHR vendors to answer 2,700 questions about the capabilities of their systems, and these claims were validated by the committee. To allow head-to-head comparisons, eight of the top-performing companies were then asked to follow a predetermined series of challenges, which was broadcast via Webcasts to the judges.

The EHR systems were assessed on a spectrum of neurology-related practice needs, ranging from first contact to billing. The criteria included the following capabilities:

► **E-prescribing.** The systems should be capable of handling prescription requests and pharmacy orders.

► **Incorporating laboratory and test data.** This should include radiology reports and images, and the system should assure that the data are collected, alerts responded to, and patients informed. Consideration must be given to who will input the data and how.

► **Charting.** Ideally, a system should accept handwritten, typed, or dictated input.

► **Data access.** Each physician should be able to readily access his daily schedule and individual patient records, including summary sheets and compilations.

► **Document management.** This should include both current data and old records, which must be quickly and easily accessible and must adhere to legal guidelines.

► **Security.** The system needs to adhere to HIPAA requirements and provide confidentiality, privacy, and audit trails.

► **Networking.** The ability to communicate both within and outside the practice should be available.

► **Reporting.** Systems should be capable of reporting to insurance providers and government agencies.

► **Information access.** The ability to access practice guidelines, clinical alerts, published materials, and Internet sources of information should be available.

The neurologists' ranking of the selected EHR vendors is shown below. For more information, see www.acgroup.org. The AAN has not endorsed these vendors, and neurologists should consult with other suppliers, according to Mr. Anderson, who suggested that physicians should use the list as a starting point but evaluate other companies on their capacity to fulfill the needs identified by the AAN.

One of the biggest mistakes a physician can make when choosing an EHR system, Mr. Anderson said, is to allow the vendor to demonstrate the product, showing you what they can do—and omitting what they can't do. Another mistake is failing to insist that the vendor configure the system for your practice, train your personnel adequately, and follow up on how well the system is working for you. But the biggest mistake, said Mr. Anderson, is purchasing the cheapest system. "You will not get the clinical and financial return that some more expensive systems have," he said.

Neurologists have been slow to adopt EHR systems, according to Mr. Anderson. The top eight vendors reported that they have supplied systems to 100 neurology practices, representing about 200 neurologists. He estimates that due to shortages in skilled labor, vendors will be able to add only about 8% more practices per year in the next few years, so physicians may experience delays in obtaining systems once they are ordered, and the delays may worsen temporarily as demand grows.

At a symposium held at the AAN annual meeting, Dr. Michael A. Lobatz and Dr. Jack D. Schim of The Neurology Center, Oceanside, Calif., shared their experiences of having an electronic, paperless office for the past 4 years. They found that EHRs increased the quality of services, increased efficiency, contained costs, improved continuity of care, and increased the complexity of medical care that could be provided to patients.

For instance, Dr. Lobatz said that having an EHR system saves an average of $9 to $30 in costs just to retrieve, replace, and locate misplaced charts. Transcription costs are reduced by typing consultation notes into a laptop computer during the patient visit, and off-site access to patient records is available through a PDA.

Dr. Lobatz and Dr. Schim offered the following advice for physicians making the transition to electronic health record keeping:

► Avoid systems that rely on "point-and-click" data entry, because this is cumbersome for physicians who prefer to dictate notes more in prose.

► Make sure the system can interface with the outside laboratory or testing facilities you work with.

► Select a strong in-house advocate for the system.

► Avoid being the first neurology customer of a vendor.

► Visit two or more sites where the system is used, without the presence of the vendor's representative.

► Begin by inputting data from current patients.

► Use outside help to input data, lab results, and scans.

► Proofread data after entry.

► Create a real-time, reliable backup system located at least 100 miles from the office.

► Anticipate that initial costs will be higher than expected and unanticipated issues will arise.

► Consider implementing changes in phases (e-prescribing is a good place to start).

► Start planning early. ■

Eight EHR Systems That Are Worth a Look for Neurologists

► eClinicalWorks (www.eclinicalworks.com)
► e-MDs Inc. (www.e-mds.com)
► GE Healthcare (www.gehealthcare.com)
► Greenway Medical Technologies (www.greenwaymedical.com)
► Medical Communication Systems Inc. (www.medcomsys.com)
► Misys Healthcare Systems (www.misyshealthcare.com)
► NextGen Healthcare Information Systems Inc. (www.nextgen.com)
► Practice Partner (www.practicepartner.com)

Source: AC Group Inc.

Medicare Proposal Would Hike Pay for Cognitive Services

BY MARY ELLEN SCHNEIDER
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A new proposal from the Centers for Medicare and Medicaid Services could result in a better bottom line next year for physicians who spend a lot of time on evaluation and management services.

CMS officials are seeking to increase the work component for relative value units (RVUs) for a number of evaluation and management service codes. For example, Medicare is proposing to increase the work RVUs for the commonly used established office visit codes 99213 and 99214. The proposed changes, which are the result of a mandatory 5-year review by the CMS, would take effect in January 2007.

The proposed rule, issued on June 29, also calls for changes in the practice expense methodology that would involve the use of practice expense survey data from eight specialties—including cardiology, dermatology, and gastroenterology—to better calculate the costs incurred by physicians. These changes would begin in January but would be phased in over 4 years.

To pay for the proposed increases in reimbursement, the CMS is required to impose across-the-board cuts in work RVUs. This could mean payment cuts for physicians who provide fewer evaluation and management services.

Moreover, the expected increase for primary care physicians could be offset by the end of the year if physicians are unable to get a temporary fix to the sustainable growth rate formula, which is expected to cut physician payments under Medicare by nearly 5%. "The CMS proposal reinforces the urgent need for Congress to act to stop the Medicare physician payment cuts and ensure that payments keep up to practice costs," Dr. Cecil Wilson, AMA board chair, said in a statement.

For neurologists, the CMS estimates that there will be a 2% increase in allowed Medicare charges in 2007 based on the combined impact of the work and practice expense RVU changes. This is a substantial economic win for neurologists and a better recognition of the importance of evaluation and management services, according to Dr. Bruce Sigsbee, a member of the medical economics and management committee of the American Academy of Neurology. AAN estimates that Medicare will pay approximately $75 million more each year for neurology services under this proposal, which will add thousands of dollars to the bottom line of most neurologists.

Other big winners under the CMS proposal were endocrinologists and primary care physicians. For endocrinologists, CMS estimates that there will be a 6% increase in allowed Medicare charges in 2007 based on the combined impact of the work and practice expense RVU changes.

Surgeons also will see some benefit because of increases for surgical postoperative care, as well as physicians in cognitive specialties such as neurology, he said.

Although the increased payments for evaluation and management services and surgical postoperative care are needed, they are accompanied by an average 5% across-the-board cut in payments, according to the AMA. That cut is the result of the budget neutrality adjustment that the CMS is required by law to make whenever changes in RVUs cause an increase or decrease in overall physician fee schedule outlays of more than $20 million. The proposed work RVU changes are estimated to increase expenditures by about $4 billion, according to the CMS.

The proposal was published in the June 29 issue of the Federal Register. The CMS is accepting comments until Aug. 21. ■

The proposed rule is available online at www.cms.hhs.gov/PhysicianFeeSched.