

# Selecting the Right EHR Committee

Who You Include Is More Important Than You Think

With the finalization of the “Meaningful Use” provision for provider incentive payments, providers are making EHR selections. This is a great thing for Healthcare IT and the future of medicine but being a witness to many of these discussions it seems that more often than not the selection is based on the provider’s needs only. Yet when you look at the actual usage of the EHR in the office (see the study on actual EHR usage at the end of this article), the usage by the physician is typically in the 10-15% range. There are a wide range of other users whose jobs and work flow is affected by the EHR but are not included or considered in the decision process.

There are other business aspects of the EHR that also must be taken into consideration. These business aspects include your vendor’s stability, infrastructure, client support, EHR certifications, and experience in interfaces. All of these factors will play a major role in the success of the EHR in your practice.

**So how does a practice ensure that all these aspects of the EHR are taken into consideration during the EHR selection process?** The best to ensure thorough consideration is to create an EHR committee that includes personnel that understand the other operational and business aspects of the EHR. The best EHR committee will include: providers, clinical staff, office manager, the practice administrator, your IT professional, as well as a financial professional from within the practice or from the outside (i.e. accountant) on a part time basis if appropriate. (Certainly in some practices a specific person may be able to take on multiple roles, but never leave it to only physicians).

When searching for an EHR the common approach is to setup a demonstration of the software in an attempt to determine if the user (typically the provider) feels comfortable with the Graphical User Interface (GUI - the Graphical User Interface are the windows, control, and buttons that guide you through the system). **GUI’s will vary from system to system.** (Many experts agree that a GUI that is as close to a Windows/Mac GUI provides the most efficiency). A GUI that appears easy for the provider typically does not take into account what happens after the physician’s job is completed and its affect on the remaining workflow. For example, let’s look at a scenario that occurs on every patient. The provider completes the GUI for the encounter note and as part of the Plan orders a number of items that need to get done immediately and/ or scheduled for this patient.

**Does the system provide the ability to send each of these specific items to different people in the practice or does it force you to send all to one person who then selects their items and forwards the rest of the items to the next person, and so on and so on.** A system that allows

you to send specific items to specific users (based on their job in the office) will certainly provide a more efficient work flow process. This is often overlooked because it is an event occurring in the background and is not stressed by just viewing the GUI. **There are hundreds of these interactions that happen in the background of your practice that cannot be determined by just examining the GUI.** Including other staff members in the selection process should highlight the flaws or success of these specific items in each demonstration. It is very important that you come to the presentations ready to ask these questions or go to a reference site that is approximately your size and ask how the system handles important workflow tasks and follow-ups.

The second aspect of the system that is generally overlooked is related to the vendor's infrastructure and interfaces. These aspects are best handled by your IT professional. **In the area of infrastructure your IT person will understand the difference between a real process and other IT methods that will appear to the non technical person as a similar solution but are really very different.** For example, meridianEMR offers a real time backup of your critical EHR data that is instantly available if for any reason the server in your office goes down or you cannot access it for some reason. Other companies offer various solutions, like a timed backup (every hour) or log shipping to a backup server. The salesperson presenting the demo will basically say that this is exactly the same as the real time backup and unless you have an IT person there to ask the deeper questions this will get glossed over. **Until you have a major access issue (and you will at some point) you will not understand the full ramifications of the differences in this technology.**

Another great IT question is to inquire how the software and other updates are distributed. You will be very dependent on software updates as bugs are fixed, new certification requirements are made, and even the distribution of changes to your drug database, CPT codes, and ICD codes. All vendors will say they provide the updates at no charge and will leave it at that.

**The experienced IT person will ask how these items are distributed as there are multiple approaches that are very different on their impact on your staff efficiency.** For example, some vendors will send these updates to your server automatically and each of your users will automatically get these new updates on every login, this approach will not interrupt your office personnel.

Other vendors will say that it is necessary for each of your users to login to the vendor's site to get the new updates. Think about it, you might have 20 different users that need to be updated and this would require every user to login every time to get the update. This becomes a big differentiator and only becomes apparent when you go deeper into exactly how things get accomplished within your vendor's total application and network.

**The final point I would like to discuss is the inclusion of having a financial professional on your EHR committee.** This could be your practice administrator, a dedicated CFO, or your outside accountant.

You need someone that will ask the vendor pointed questions on operational or financial matters. As an example, all vendors will say that they can do most interfaces to practice management systems, lab systems, and devices such as uro-dynamic systems or urinalysis machines. A simple question will give you a clue as to what is the probability that the vendors will be able to accomplish this.

If a vendor has 10 working interfaces that may sound like a lot yet for example at meridianEMR, we have over 1,000 working interfaces that are actively running. **The amount of experience that a vendor has in this area will directly relate to the future success of any interfaces.** Interfaces are currently the largest growing area of the EHR market as every system requires at least 3 or more interfaces.

Another aspect that the “numbers” person will be interested in is company leadership and management and its effect on success. **Look at the track record of the management team to determine if they have been successful before** (hopefully in the healthcare IT market). It is proven that great leadership will be able to guide the company during the growth phases. This is a highly specialized product and one that requires serious investment in technology and talent. Ask about the experience level of the developers and again have they done this before and been successful. **Also ask how many users the vendor has as there is a big difference between 200 clients and 1,000 clients.** Each group of 100 new clients adds its own set of issues to the management process and product and infrastructure (both yours and the vendors) scalability.

Other issues that a financial professional will be sensitive to will be the proper evaluation of vendor incentives. **Some vendors offer stock in their company or large discounts on their product as an incentive to purchase their system.** This is a serious red flag and should be examined carefully. Large discounts are not in the vendor’s best interest (although you as the buyer might disagree). Remember you want your vendor to be financially sound and in business for many years to come so they can support your system. Some small vendors (less than 500 providers) are betting that they will ultimately be purchased by a larger EHR company. But from experience (having integrated 7 smaller practice management companies in the past) we can assure you that not all of the smaller vendors will be purchased by the larger vendors. **There are a tremendous number of issues associated with small user bases and future support for a different product.** Any stock you are offered may wind up having no value.

I hope that I have provided you with a number of points to consider when creating your EHR committee. This is very large decision and one that you will live with for many years to come. **To achieve a greater chance of success be sure to include people with multiple disciplines in your EHR committee.** As the committee searches for the right system it will become clear that a successful EHR selection is more than just about the provider and the GUI.

**Michael J. Custode** is currently the Chief Executive Officer and Chairman of the Board of meridianEMR. He is responsible for guiding the company in its growth and development of cutting edge EMR software as well as day to day business activities. He has over thirty years of experience in Health Information Technology.

Formerly, he co-founded Execu-Flow Systems a provider of practice management systems to the healthcare market. This company grew to \$10 million in sales, 1,000 practices, and 90 employees. Inc Magazine recognized Execu-Flow Systems for three consecutive years by naming it to the Inc List of 500 Fastest Growing Companies in the U.S. The company merged with Medic Computer Systems in 1993 and Mr. Custode served as Executive VP of Research and Development as well as Executive VP of Strategic Product Development.

Mr. Custode was the primary designer and architect of the Medic "Vision" system - the world's first relational data-base practice management system for larger practices. Misys purchased Medic Computer Systems in 1993 and the Misys "Vision" system remains to this day as a flagship product in the Misys portfolio.

Mr. Custode received a BS degree in Computer Science from St. Peter's College. He holds a patent for Internet Searching techniques.