Whitepaper

SMALL PRACTICE EMRs
(Focused towards <10 physician group practices)
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1. Introduction
Most physicians will soon have electronic medical records, given the $19 billion tagged for a big rollout of the long-touted paperless systems in the economic stimulus plan. Does that sound music to your ears? Healthcare experts say EMRs will make medicine safer, more efficient and more cost-effective and three quarters of the public say they’re all for it. But will the electronic records really be better than the chaotic paper-based system we've got now? The bottom line: Electronic medical records are essential, but they’re far from simple. Here’s what they can do now, if implemented correctly:

- Skip trips to the doctor’s office
- Track your chart wherever you are worldwide
- Get Lab Test results without playing phone tag with the doctor’s office
- Will never have to pick up your X-rays
- Use your cell phone to tap into your medical records
- Simplify Billing and Reimbursements
- Significantly reduce medical malpractice
- Overall reduce healthcare costs in the long run

For many physicians, the paperless, fully computerized office is a dream that always seems a few years away. However, despite multiple standards, incompatible software and fly-by-night vendors, physicians in small practices are increasingly investing in electronic medical record (EMR) systems. Often physicians have no choice but to adopt an EMR if they want to be competitive in the marketplace. However, blindly investing $5000 to $15,000 in a system that doesn't fit the practice can result in financial ruin. This article explores some of the major factors that you should consider when evaluating an EMR for your small practice.

2. Differentiators
In the early generation of computerized practices, Practice Billing & Reimbursement was considered the primary reason for adopting sophisticated billing systems. Clinical data or patient safety came a distant second and third. Physicians in small practices first experimented with computers to streamline their back office. Clinical information was nice, but cash flow was a necessity. Today, there are hundreds of companies scampering for physician's dollars, offering systems that cater to clinical needs as well as cash flow. Because no vendor can fill every niche, vendors tend to focus on particular areas in which they have a perceived or real advantage. The result has been a differentiation of “medical computer systems” into computerized patient record (CPR) systems, physician practice management (PPM) systems, computerized physician order entry (CPOE) systems and a plethora of decoupled products, such as scheduling and voicerecognition data entry systems.

Although the capabilities and features of these systems often overlap, most vendors in the EMR (CPR) space provide products that aid in clinical documentation, with a secondary focus on scheduling, physician order entry, decision support and management reporting. For the purpose of this article, small-practice EMRs are considered to be systems that are designed for or marketed to groups of less than 10 physicians.
3. Benefits

The US IOM report, key capabilities of an Electronic Health Record System, identified as a set of 8 core care delivery functions that electronic health records systems should be capable of performing in order to promote greater safety, quality and efficiency in healthcare delivery:

The eight core capabilities that EHRs should possess are:

- **Health information and data:** Having immediate access to key information - such as patients’ diagnoses, allergies, lab test results, and medications - would improve caregivers’ ability to make sound clinical decisions in a timely manner.

- **Result management:** The ability for all providers participating in the care of a patient in multiple settings to quickly access new and past test results would increase patient safety and the effectiveness of care.

- **Order management:** The ability to enter and store orders for prescriptions, tests and other services in a computer-based system should enhance legibility, reduce duplication, and improve the speed with which orders are executed.

- **Decision support:** Using reminders prompts and alerts, computerized decision-support systems would help improve compliance with best clinical practices, ensure regular screenings and other preventive practices, identify possible drug interactions and facilitate diagnoses and treatments.

- **Electronic communication and connectivity:** Efficient, secure and readily accessible communication among providers and patients would improve the continuity of care, increase the timeliness of diagnoses and treatments and reduce the frequency of adverse events.

- **Patient support:** Tools that give patients access to their health records, provide interactive patient education and help them carry out home-monitoring and self-testing, can improve control of chronic conditions, such as diabetes.

- **Administrative processes:** Computerized administrative tools, such as scheduling systems, would greatly improve physicians, hospitals’ and clinics’ efficiency and provide more timely service to patients.

- **Reporting:** Electronic data storage that employs uniform data standards will enable healthcare organizations to respond more quickly to federal, state and private reporting requirements, including those that support patient safety and disease surveillance.

4. Costs

Regardless of the feature set, the bottom line typically revolves around initial and ongoing cost. These in turn depend on the basic architecture of the EMR — whether it’s local or web-based. A local EMR is a software package that sits on your PC or, more frequently, a dedicated PC (server) in your office. In addition to the cost of the software, which typically ranges from $2000 to $20,000 (purchase or license) for a small practice system, there is the cost of PCs, maintenance of the hardware and a maintenance contract for the software (about 30% of the purchase price per year).

A big advantage of a local system is that you're in charge. Want faster response time? Buy faster PCs. Internet connection down? No problem. If you want customized additions, these can usually be had — for a price — from consultants or the original vendor. Note that a local system can be web-enabled, which means that it can access resources from the web, such as an online Physicians' Desk Reference. However, the main program runs locally, using local computer resources.

The other major option is to use a web-based EMR, with prices that start at about $100 per-month-per-physician. Another price model is per transaction, with costs starting at less than $5 per patient encounter. An advantage of the web-based EMR is very low start-up costs. All you need is a PC capable of running a standard web browser and a high-speed connection to the internet. The internet speed, not PC performance, is usually the limiting factor. Another advantage of web-based EMR systems is that the data are available from virtually anywhere — another clinic, another hospital, at home, or even at your local Starbucks (if you have wireless Internet access). However, response time will be a function of your internet connection, which can be slow at times of peak Internet use.

You have to have a higher level of trust in a web-based EMR vendor than you would if you purchased or leased a software package that you would be using locally. If your EMR vendor goes into Chapter 11, then patient data on a web-based system might be unavailable for some time — maybe months — until the system is re-established online. However, if you have the software and hardware running in your office, you can probably keep it...
5. Components of the model of EMR adoption
- Health Focus on small practice level adoption behavior
- Small practices are driven by considerations of costs and benefits associated with a new technology
- Decision Timing and Uncertainty – there is uncertainty regarding costs and benefits of new technology that influence the timing of a decision
- Uncertainty Regarding Obsolescence – in addition to uncertainty regarding the valuation of a currently available technology, there is uncertainty regarding the development and arrival of new technology
- Risk Preferences - how one handles uncertainty and thresholds of comfort in the face of uncertainty varies among individual practices
- The role of information in altering uncertainty is critical

6. The best EMR System
There is no ONE best system. It depends on your practice, your budget and your level of risk aversion. It also depends on your personal style. It’s not enough that a vendor provides, say, decision support in its EMR. The decision support feature has to be useful to you — available when you need it, in the context that you need and it has to be easy to use. More check boxes in the functional component list don’t make for a better EMR system. Sometimes what’s best for a particular small practice is a system that’s simple, easy to use and provides only the core features. Just as you don’t have time to learn to use every feature in a complex system, your office staff won’t appreciate being forced to navigate through dozens of features that simply get in the way of their work.

7. Internal factors
- Assess Change Readiness
- Map out Workflow
- Set realistic expectations
- Get Physicians involved
- Avoid Training Shortcuts
- Show Early Wins
- Work out the RO

8. Selecting a vendor
One of the most frustrating aspects of shopping for an EMR is that vendors long ago realized that word of mouth is worth infinitely more than an expensive glossy ad in a magazine or a gigantic booth at a trade show. As such, most have a program of identifying high-profile practices staffed by “thought-leaders” Vendors pour unlimited resources into getting high-profile systems up and running and keeping them running — often at no additional cost to the practice. These practices then become highly publicized references for other physicians.

Often the physicians in these practices aren’t even aware of the extra attention afforded them by vendors and that’s part of the game. A sincere referral from a high-visibility physician can be worth millions in future sales. The point is, when shopping for an EMR, don’t limit your search to what’s being used by physicians affiliated with the Mayo Clinic or Stanford, or by the head of your specialty board. Check out how the relatively obscure physician from Oshkosh has been treated by the vendor.

- What is the cost per physician license?
- Do you have any existing clients in our specialty?
- Does your system come pre-loaded with templates for my specialty?
- Is your company the developers of the software or is it re-branded from another vendor?
- Is your system client/server based or ASP based?
- Does your system include practice management software?
- How many clients does your company have?
- Is your system HL7 compliant?
- How long has your company been in business?
- Is your development done overseas?
- Is support done overseas?
- How often is the software updated?

As you meet more vendors you will learn more. Most importantly if the EMR vendor promises customization or enhancements to features that will suit your needs, get it in writing beforehand and add it to the contract. Remember, if it is not in writing, it doesn’t exist.
9. Hexaware BPS differentiators

Hexaware BPSr Point has been working on EMR conversions since the last couple of years. It has its own in-house technology team backed by a strong IT company, in Hexaware Technologies, as its parent. This enables it to leverage its strength both as a technology as well as a process company, thus giving clients the benefit of having two vendors under one roof. Hexaware BPS also brings in a significant amount of consulting and transition experience that helps clients with a comprehensive solution for its EMR selection, implementation and conversion requirements.

Some of the major benefits that clients get due to this approach are:

- Dedicated Consulting and Transition team
- Seamless conversion without affecting the day-to-day business operations
- 24 to 48 hour turnaround for record conversion
- Cost savings ranging from 30% to 50%
- Improved productivity for physicians and other clinical staff
- Enabling business growth without adding administrative manpower
- Historical conversions of records

10. Conclusion

If you're serious about finding an EMR system for your practice, a good place to start is the annual Healthcare Informatics Resource Guide. It provides a compendium of vendors and products for clinical practice. Although comprehensive, the functional components and prices are all self-reported, with no independent validation. Another source is Medical Software Reviews, which provides an independent review of EMR systems, among other medical software systems. The downside of this resource is that it's limited to a handful of EMR systems. It is also important to talk to your colleagues within the same specialty who have been using the system for some time and to work out the COST BENEFIT analysis. The vendor may also be able to give you additional references.

About Hexaware BPS

Hexaware BPS, the independent BPO arm of Hexaware Technologies, providing high caliber business solutions across Human Resources, Finance & Accounting, Core Operations and Customer Support among others. We facilitate transformational changes in our customers’ businesses and in gaining competitive advantage. We are a strong quality and process focused company and are certified for ISO 9001:2008 and ISO 27001 with SAS 70 Type II compliance.