Electronic Health Record Conversion Plans

Why is HBHS preparing to incur the inconvenience and expense of a major software conversion?

Dr. Bill Morehouse – June 2014

EHR Definitions

- EHR – Electronic Health Record
- EMR – Electronic Medical Record (alone)
- PMP or Practice Management Program – handles billing and scheduling but not medical records
- All-In-One or Integrated System – handles PMP and EMR in one system = EHR
- MU or "Meaningful Use" – a Federal stimulus program to reward practices progressively for demonstrating EHR proficiency
- PCMH or Patient Centered Medical Home – a way of managing comprehensive patient care that relies heavily on EHR reporting
- Dashboard – an EHR program that displays reports graphically

Current Players

- AHP – Accountable Health Partners, an association of primary care and specialty providers affiliated with URMC that is negotiating increased reimbursement based on quality of ambulatory care
- CMMI – Center for Medicare & Medicaid Innovation, our generous "practice improvement" grant source
- HST – Health Systems Technology, our current EHR provider, developed and supported locally with a relatively small user base
- Medent – an EHR system with a much more substantial user base, developed and supported out of Auburn, NY,
- URMC – The University of Rochester Medical Center, a consortium of affiliated teaching hospitals and practices most recently known as "Strong Health"

Medical Records History

- 1977 – Practice opened with "advanced" Family Practice paper chart system, including family folders with individual patient charts, each with separate Problem, Medication, and Progress Note templates
- 1985 – Electronic patient billing/bookkeeping added
- 1987 – Electronic patient scheduling added
- 1990 – Paper family folders sorted and separated into individual patient charts, each reorganized internally with inactive old charts archived to basement
- 2001 – Paper medical records transitioned to new EMR system in an inexpensive "do-it-yourself program called SOAPware
- 2004 – Patient bookkeeping, billing, scheduling, and medical records all converted over to HST integrated suite
- 2014 – Plans underway to convert entire system over to Medent

Environmental Dynamics

- Billing – has become exponentially more complex and demanding, and HBHS is now on verge of converting to clinic billing
- Practice Management – needs much more detailed analysis of patient scheduling and cash flow as health center grows
- Patient Management – MU and PCMH require more flexible, detailed, and accessible dashboard data
- Quality of care based reimbursement models, modeled by Accountable Health Partners, require access to data
- Sharing medical records with hospital systems, specialists, and other providers is becoming essential
- Conversion from ICD 9 to ICD 10 is coming up in 2015

Weighed in the Balance

HST Negatives

- PMP has old technology base and is unable to provide needed management reports
- Missing features (ACOG) with spotty support history
- Relatively steep learning curve, no training
- Small user base
- Concern about ability to keep up, become compatible
- No clinic billing experience

Medent Positives

- Excellent reporting capacity
- Fully featured with exemplary user support
- Very user friendly, extensive training
- Large user base
- Committed to being locally and nationally compatible
- Supports several licensed clinics, including Buffalo's large Jericho Road Christian CHC

Bonus Influences

- Sponsored by AHP with upgrade and licensing costs underwritten 85% by URMC for first 15 months
- Agreement between Medent and AHP/URMC to fully integrate with URMC eRecord EHR, data, and dashboards
- Billing conversion from "private practice" to "clinic" billing facilitated by closing out old Accounts Receivable on current system, initiating clinic billing on new system
- CMMI funding available through grant, as well as IT support for conversion and ongoing PCMH activities
- Savings anticipated with diminishing monthly HST support – also MU stimulus funds available if needed

Costs Anticipated

Human Resources

- Migration of data from old to new systems – very tricky but good team
- Training staff this summer will take time and effort
- Getting used to new system, working out "bugs" this fall

Financial – 15 months

- Initial licensing/support - $13K HBI - $76K URMC
- Hardware buy/install - $22K HBI
- Hardware support, online backup - $4K HBI
- HST close out monthly support for 6-9 months - est. $5K? HBI

Bottom Line

- Consensus has been reached unanimously among staff that conversion is needed and that this is the time
- Total cost to HBI for first 15 months will be $39K, of which about $14 K will come from HST support savings, $20K from CMMI grant, and $5K from either cash flow or MU funds
- Improvements in reimbursement, billing, practice efficiency, and practice management should more than make up for expense over the next 2 years

Questions?

hst

our current system

our new system

MEDENT EMR/EHR

All-In-One