

A paperless prescription

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CHERRY HILL — Four down, 68 to go.

Advocare, the region’s largest independent physician group with 217 doctors at 72 practice sites, has started converting its offices to electronic medical records.

The project is being led by Continuum Health Alliance, a Marlton, N.J., health-care management company that, like Advocare, was founded by South Jersey pediatrician **Dr. John M. Tedeschi**.



Electronic medical records — or EMRs — are a hallmark of President Obama’s health-care reform efforts. In the American Recovery and Reinvestment Act, \$19 billion was earmarked in stimulus funding to help physician offices make the switch from paper records.

With that carrot comes a stick.

Doctor offices that are not “meaningful users” of EMRs by 2015 will face penalties in the form of lower Medicaid and Medicare rates.

Dr. Cyriac George, 32, a physician with Advocare South Jersey Pediatrics in Cherry Hill, said the conversion process has required adjustments.

“It’s hard to let go of old habits,” said George. “I’m a young doctor and I still like paper records — being able to hold a patient’s file in my hand. But the world is changing, and we have to change with it. In the long run this is going to make us faster and better.”

Advocare started its conversion from paper to electronic medical records back in November when Continuum selected GE’s centricity electronic medical record system for the Advocare offices.

“We looked at all of the major EHR vendors,” said **Joe Coyne**, Continuum’s president of information technology. “Each had pluses and minuses. ... The GE system has been around since the mid-’90s. It’s well-tested and has grown and matured through the years.”

Coyne said over the last three years, Continuum has invested close to \$10 million in new technology including electronic medical record systems. “Health care is a battleground right now, and technology is a key weapon,” he said. “Without adequate technology, physicians don’t stand a chance.”

After the centrality product was selected, Advocare physicians were split into a half dozen “working teams” to tackle different tasks related to content, quality, ergonomics and data conversion.

“We saw early on we needed to engage the physicians in the process as much as possible,” said **Colleen Purcell**, director of EMR implementation for Continuum. “We needed them to champion the project.”

Purcell said the advantages of electronic medical records include: reducing medical errors caused by transcribing mistakes, providing doctors with remote access records, and increasing the ability to submit prescriptions electronically to a patient’s pharmacy. Mining the data collected through electronic records can also help medical groups establish standards of treatment that produce the best outcomes for various illnesses.

To entice physician practices to adopt health information technology such as electronic medical records, the ARRA stimulus package is dangling tens of thousands of dollars — per doctors — in incentive payments, through enhanced Medicare or Medicaid payments, through 2016.

Medicare-participating physicians who become “meaningful” users of certified electronic health records (see chart) starting in 2011 stand to receive up to \$44,000 over five years. Doctors with patient mixes that are at least 30 percent Medicaid, who meet the same health IT use standards, are eligible for nearly \$64,000 in support over the same time period. Doctors can apply for Medicare or Medicaid funding, but not both.

Dr. **Michael S. Barr**, a senior vice president with the Philadelphia-based American College of Physicians, said the stimulus money is giving a push to doctors who were debating whether to invest in electronic health records (EHRs). He said cost is a barrier for some practices to implement electronic record systems.

“The practices that were thinking about it, taking a wait-and-see attitude, now realize they have a limited window for selecting, implementing and optimizing a EHR,” Barr said. “Otherwise, they are leaving money on the table. I think everybody understands the stimulus dollars won’t cover the full costs, and I don’t think it was ever meant to, but it will help.”

He noted early adopters of EMR systems now need to determine whether the system they already have in place will let them comply with the meaningful use requirements, while other are struggling to decided which vendor to use.

The ACP, in a partnership with Cientis Technologies, created a website, www.americanEHR.com, to help its 129,000 physician members compare and evaluate health IT vendors and determine what practices needs to do to become “meaningful users” of electronic health records.

Purcell believes the standards for stimulus funding penalize pediatricians, who make up the bulk of Advocare practice, because they have no patients in the government Medicare program for the elderly. “You have a large group of physicians who are being cut out the program and won’t be able to avail themselves of the stimulus dollars,” she said. “We hope that changes.”

Pediatricians can only qualify if 30 percent of their patients are Medicaid. They can also get a two-thirds payments if at least 20 percent of their patients are covered by Medicaid.

Advocare has 157 pediatricians among its 217 physicians in 51 practices. The group also has about three dozen family practitioners, 12 internists and more than a dozen other specialists.

George admitted to some apprehension about moving to a largely paperless work environment. He said the first challenge for doctors was getting patients in-and-out in a timely manner as they got accustomed to using the system. He said patients were understanding and quickly embraced e-prescribing that made it easier and faster for them to get their medicine. He noted that it wasn’t until doctors began using the EMRs system, that they realized it was easier to use a mouse to navigate the system than a touch pad.

Lisa Engelbart, an assistant practice manager at Advocare’s South Jersey Pediatrics in Cherry Hill, said it wasn’t until after the implementation that the doctors and staff found it was easier to work with desktop computers than the high-priced mobile handheld devices.

Engelbart said with a little practice everybody has gotten “a whole lot better” at using the EMR system. “And we don’t have to interpret the doctors’ handwriting anymore,” she said.

Purcell said Continuum plans to set up electronic medical record systems at two to three Advocare practices per month. She said their goal is to get all the practices where doctors are eligible for stimulus dollars up and running before next October, because to qualify for the 2011 funding a doctor has to be a “meaningful user” for three consecutive months by year’s end.

To qualify for health information technology stimulus dollars in 2011, doctors must meet 20 “meaningful use” standards for electronic medical records that include: Recording, electronically, patient demographics (sex, race, ethnicity, date of birth, preferred language) and vital signs and chart changes (for height, weight, blood pressure, body mass index) for more than 50 percent of patients; Maintaining an up-to-date record of current and active diagnoses, activate medication and active medication allergy list (with at least one entry each) for a minimum of 80 percent of patients; Recording smoking status for 50 percent of patients 13 years old and older; Providing patients with clinical summaries for each office visit, within three business days, for at least 50 percent of all office visits; and providing patients with an electronic copy of their health information — including diagnostic test results, problem list, medication list, and medication allergies — for more than 50 percent of patients within three business days; Generating and transmitting at least 40 percent of permissible prescriptions electronically; Implementing drug-drug and drug-allergy interaction checks; Performing at least one test of electronic health record capacity to electronically exchange information among provider and patient-authorized entities; Implementing at least one clinical-decision support rule, and demonstrating the ability to track compliance with those rules; Conducting a security risk analysis, implementing security updates as necessary, and correcting identified security deficiencies; and Reporting clinical quality measures to the state or federal government. Source: Pennsylvania Medical Society

