



AMERICAN  
COLLEGE *of*  
CARDIOLOGY

**QualityFirst**

Transforming Health Care from the Inside Out

## Choosing the Right Electronic Health Record for your Cardiovascular Practice



## Choosing the right electronic health record (EHR) for

your cardiovascular practice is dependant on a variety of factors. These include: practice goals, office size, technological capabilities and expertise, and cost, among others. With so many office-dependent issues to take into consideration, it is no wonder that most practices consider the process to be daunting.

While there is no “ideal” EHR that will work for every cardiovascular practice, the potential benefits of EHR use outweigh any concerns about the selection process. By carefully considering practice needs in the selection process, practices can maximize the benefits of an EHR. Benefits of EHRs include improving quality while meeting patients’ needs more quickly and at lower cost. EHRs can also alert physicians to needed services. Those with electronic prescribing (e-prescribing) functionality can reduce prescription drug errors.<sup>1</sup> In addition, EHRs can speed the dissemination of “best practices” and clinical documents.

In addition, under new Medicare law, physicians can receive higher reimbursement for e-prescribing. Physicians who successfully e-prescribe as of Jan. 1, 2009, will receive incentive payments of 2 percent of Medicare-allowed charges. The size of the payment will decrease to 1 percent in 2011-2012 and 0.5 percent in 2013. Those who have not adopted e-prescribing by 2012 will be penalized by 1 percent of Medicare-allowed charges, with the penalty size growing in 2013 and beyond. By choosing an EHR that contains an e-prescribing functionality, physicians can more easily meet the requirements for higher reimbursement.

Given the many benefits of the technology, the ACC highly encourages its members to adopt an EHR in their practice. Inside are several suggestions to assist members in choosing an EHR that will best meet their practice’s needs.

## The Many Benefits of Health IT

A 2006 report funded by the Robert Wood Johnson Foundation estimates that 17 to 24 percent of office-based physicians use some type of EHR.<sup>2</sup> However, the number of physicians using EHRs is likely to grow, in part because of the federal government’s focus on increasing utilization, but also because of the many benefits that a practice can reap from the technology.

A recent paper by the Congressional Budget Office (CBO) outlined the potential benefits of health information technology (IT).<sup>3</sup> According to the CBO, health IT has the potential to improve both efficiency and quality of care provided. Health IT has the ability to:

- Reduce the number of duplicative tests
- Reduce medical errors by providing physicians with more accurate and complete patient data
- Lower administrative costs through the automated transfer of information
- Remind providers to order necessary tests, assist in the diagnoses of complex conditions, and inform and implement existing guidelines through the use of clinical decision support tools
- Potentially provide data on comparative effectiveness

# Questions to Consider When Choosing an EHR

*Does the EHR allow you to meet your goals for adopting an EHR?* In choosing an EHR, a practice should first define the specific goals it is trying to meet. Are you adopting an EHR to improve workflow? Track lab results? Participate in the Medicare e-prescribing program? Once you've outlined what you are trying to achieve, you'll be better able to select one that fully meets your needs.

*Is the EHR certified by the Certification Commission for Healthcare Information Technology (CCHIT)?* CCHIT has developed a set of testing criteria for ambulatory EHRs that focus on the functionality desired for the primary setting. The testing criteria include functionality, security and interoperability measures. The benefit of CCHIT-certified systems is that you know the application will meet certain standards.

*What will be the total cost of the EHR?* The cost of the EHR software alone is not the only cost to consider when choosing an EHR. Just as important are the installation costs — including hardware, training, and implementation consulting — and maintenance and support. In addition, some practices report experiencing a loss of productivity for a few months while staff adjusts to using the system.<sup>4</sup> These costs must all be factored into the total cost. Practices should also consider if the cost of the software includes future versions and for how long a time period.

*Does the software have the ability to interface with local laboratories and hospitals?* To decrease the amount of time spent duplicating order forms and other paperwork, practices should look for software that can interface with the labs and hospitals that they most often use. If an EHR cannot be found that interfaces with all, practices should consider purchasing separate interfaces to make the interconnectivity possible.

*Does the software work with your technology infrastructure?* Think about how the requirements of the EHR software fit with your current and future technological capabilities. For example, many practices with remote offices opt to use a “thin-client environment,” where the EHR is loaded onto a central server, which can be accessed from any computer by logging on to the server. Practices can then choose whether to install computers in every room, or use laptops or tablets.

*Is the EHR an application service provider (ASP)?* Unless you have very specific needs, choosing a vendor with an EHR as an ASP is easiest. The ASP vendor hosts the servers, maintains the software and takes care of all the IT issues that occur with the operation of a large software application.

*Have other cardiovascular practices used the EHR you are considering?* Given the cardiology-specific metrics that need to be recorded, it's important that any EHR you choose be able to meet these needs. This can be achieved by buying software that comes with some cardiology-specific modules, or by customizing the EHR's templates to suit your needs. Also, practices should ask other practices that use the software about their experiences. Check the company's references!

*How easy is it to customize the software?* No matter what software you buy, some degree of customization will almost certainly be necessary. Customization will allow you to change the templates to ask for normalized data rather than text, cardiology-specific data or data important only to the practice.

## More Information

The ACC highly encourages practices to implement robust EHR systems that include both e-prescribing and clinical decision support functionalities. To assist in the choice, implementation and use of such technology, the ACC makes tools and resources available to practices on a variety of topics. These include more information on how to choose an EHR, ACC's e-prescribing initiative and federal health IT mandates, as well as overviews of health IT organizations.

To learn more, visit <http://www.acc.org/healthIT>.

For more assistance choosing an EHR or e-prescribing system, please visit the following outside resources:

- Agency for Healthcare Research and Quality's "Health IT Adoption Toolbox," available at: <http://healthit.ahrq.gov>
- eHealth Initiative's "A Clinicians Guide to Electronic Prescribing," available at: <http://www.ehealthinitiative.org>
- CCHIT's "EHR Decisions" Web site: <http://ehrdecisions.com>
- Healthcare Information and Management Systems Society Web site: <http://www.himss.org>
- American Medical Association's health IT Web site: <http://www.ama-assn.org/ama/pub/category/16195.html>



### Notes

1. Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington: National Academies Press. 2001.
2. *Health Information Technology in the United States: The Information Base for Progress*. Robert Wood Johnson Foundation, The George Washington University School of Public Health and Health Services and Massachusetts General Hospital Institute for Health Policy. 2006 <<http://rwjf.org/files/publications/other/EHRRreport0609.pdf>>
3. Congressional Budget Office. *Evidence of the Costs and Benefits of Health Information Technology*. May 2008 <<http://www.cbo.gov/ftpdocs/91xx/doc9168/05-20-HealthIT.pdf>>
4. *EHR Implementation in Ambulatory Care: A White Paper by the HIMSS Ambulatory Paperless Clinics Work Group*. Healthcare Information and Management Systems Society (HIMSS). 2007 <[http://www.himss.org/content/files/Amb\\_EHR\\_Implementation081507.pdf](http://www.himss.org/content/files/Amb_EHR_Implementation081507.pdf)>