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P2E, LLC  
216 River Street  
Haverhill, MA 01832  
[www.P2EScan.com](http://www.P2EScan.com)



# **[PREPARING YOURSELF FOR THE EHR MANDATE IN MASSACHUSETTS]**

[A doctor's guide for how the EHR bill in Massachusetts will affect administrative procedures and practices statewide.]

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## Introduction:

In a climate of economic crisis, federal and state governments are examining ways to effectively evolve the healthcare system. Many in the health industry and in the government have proposed that one method for combating the problem may be to have healthcare providers entirely forgo the traditional paper method of medical documentation in lieu of adopting an electronic health record (EHR) system. On the first of this year, a Massachusetts bill was put into effect that utilizes just such technological solutions to promote cost containment, improve access and to insure efficiency in the delivery of quality healthcare- effectively thrusting the state into the forefront of 21<sup>st</sup> century healthcare management. With an over \$300 million dollar budget, the Massachusetts health reform bill aims to facilitate the total implementation of EHR in all doctors' offices and hospitals throughout the Commonwealth by 2015.

As a physician, there are bound to be a myriad of questions and concerns that will inevitably arise when considering how to make the transition from paper charts and documents to a digital system. With an impending state mandate looming, it can seem a heavy task to sort out what options are out there and which choices will best suit your individual needs when the time comes to convert to EHR. Knowing that the decision will soon have to be made, it is crucial to properly prepare in making it as informed as possible. Perhaps the best place to start is to try and get a basic understanding of what this new legislation entails, and what it means for Massachusetts' doctors.

## The Bill:

In August 2008, Massachusetts enacted health reform legislation with a section devoted to information technology, requiring hospitals and community health centers to implement Computerized Physician Order Entry systems (CPOE) by October 1<sup>st</sup> of 2012. The bill also aims to help doctors with the adoption of EHR by providing \$25 million of the approved State budget per year, starting on the first of this year, until 2015 when EHR will be mandatory in healthcare facilities throughout the state.

Under the act, the Massachusetts e-Health Institute will expand the dissemination of health information technology by creating a statewide interoperable EHR network that will allow individual health care providers to exchange patient health information with other providers in the Bay State. The approach in implementing the new system will focus on small practices, who have been the lowest adopters (1 in 10) of EHR- systematically moving through the state section by section, producing mass, interconnected implementation. The state plans to continually advance the system, further developing regulations and requirements down the line.

This new interconnected system falls under yet another provision, which requires the reporting and collection of quality and expenditure information by doctors and insurers for distribution to the public by means of a state-sponsored web portal. The goal of transparency works in tandem with these new internet capabilities, providing the public

with greater methods of evaluating their healthcare services and making for a true interconnected healthcare system.

### *For Doctors*

The funding for doctors to implement EHR is through the E-Health Institute Fund, who will offer these funds in the form of grants. Each recipient will be expected to fully convert to the new system and make complete use of the full range of its features by no later than the second year of the grant. It has also been stated that meeting these terms will qualify physicians for the Bridges to Excellence incentives program.

The state will provide a list of certified EHR vendors and hope to have it down to 5 – 6 choices for doctors and office managers to choose from. This will enable a consistency throughout the Commonwealth and allow easy integration from one office to the next.

### Why change? :

“There are advanced technologies that can dramatically lower health care costs and improve quality. The technologies are proven. The associated benefits are known. But there are barriers in the system which impedes their implementation. We can change that.”

*Mitchell Adams, Massachusetts Technology Collaborative, and  
Wendy Everett, New England Healthcare Institute*

The EHR topic has proven a hot button issue among physicians over the last few years. Enter “electronic health record” into an online search engine and, between the many vendor company websites and newspaper articles, you find a slew of health blogs, discussion boards, and talkbacks indulging in the unfettered debate over whether switching to an electronic system is the most constructive thing a doctor can do. The truth is, when considering the sheer number of both financial and clinical benefits, it is easy to understand Massachusetts’ motivation behind the bill.

### *Financial Benefits of EHR*

What the state hopes to get out of the health bill is a system that is more financially efficient and safer for patients. As a result of implementing EHR, doctors will be able to enjoy reduced labor costs and increased productivity.

According to a five year international performance study by Coopers & Lybrand, managers spend up to four hours a day looking for information, and 40% of an office worker’s time is spent searching for misfiled, misplaced, or lost documents. EHR allows health care organizations to shift toward a paperless environment, where health information can be instantly accessed by any authorized staff member. The task of scouring through file cabinets for the purpose of pulling or filing is replaced with simply clicking a patient’s name on a computer screen. This elimination of paper handling frees

up areas of much needed physical storage space and avoids costs like stationary expenses and, by minimizing the risk of liability due to paper loss, high malpractice premiums.

The capabilities of an EHR system lets doctors run their practices, financially, more like a business. Many vendors provide options that allow patients to schedule their appointments and view their medical records directly on the organization's website, a feature which allows for better communication and may attract more business. It is also possible to convert paper invoices directly into data. Extracted data can then be automatically fed directly to either the companies' accounting system or to workflow systems for speedy, efficient payment approval. This better patient-doctor communication, along with advanced billing procedures can enhance insurance reimbursement and boost revenue.

### *Clinical Benefits of EHR*

Well-organized coordination of priorities across the work place is always of primary benefit, and when the top priority is patient care, it is all the more important.

EHR supplies doctors with valuable tools that will allow for far better, more informed decision making. These come in many forms, from maintenance reminders to drug choices and proper dosages to, based off patient diagnosis, treatment plan recommendations. With an office EHR system being connected to the state's network, doctors will have access to medication dictionaries that will allow for programmable alerts for adverse drug events (ADR), one of the leading causes of patient injury and death in the industry.

Shifting over to the new system will put an end to so many of the horror stories that people have been hearing about the healthcare system for so long. Statewide implementation could put patients' entire medical histories into a computer database, enabling caregivers to securely and easily access health records from any hospital without needing to wait for paper records. Anyone who has suffered the misfortune of dealing with their medical files not being available at crucial times would understand how helpful EHR can be.

### Options for Doctors:

No practice is the same. Each has different specialties, different ways of operating, and different needs. Before plugging in and logging on, it's important to analyze the different methods that exist for converting to EHR. In an effort to better guide doctors, several options for consideration are listed below.

*(These are not hard-and-fast rules for EHR implementation. They can be mixed and matched to suit individual needs)*

1. The first method involves a staff member scanning all patient charts individually. If a lack of space is a major issue in the office, this option can be very productive. However, there is a heavy cost of labor in scanning each chart into an EMR. Many Doctors will look at the cost and decide "There must be a better option. Maybe I can just scan parts of the information in."
2. This leads to option 2; partial scanning of patient charts. The staff will pull all the charts that are due for the coming week, as they normally do, and pull the relevant information for the upcoming appointment and scan only that data into the EMR. Whether that is the last few lab results or the last few office visit notes, depends on the specialty and patient.
3. Many practices have a patient summary page or have begun to establish a summary page for all of their patient charts. Option number 3 is scanning all of the patient summary pages and integrating them into an EMR. This is useful if a patient does not have an appointment but instead calls up to ask a question about their prescription or lab results. Hopefully this information would have been on the patient summary page and already in the EMR and could be pulled up on the computer in a matter of seconds. Other information can be filled in as time goes on but the vital information is already integrated.
4. Option 4 can be confusing but can also prove to be the most affordable. It involves taking all new patient information and typing it into the EMR and leaving all previous data in the paper chart. If a question about older lab results should arise, the answer can be found in the paper charts. The goal is to slowly over time become fully integrated into the EMR.
5. This option gives the greatest integration into an EMR system and involves hiring an outside firm or service company to come on-site and scan and organize each chart. The third-party vendors can scan files while at the same time create a database of important information that can help make scanned files more valuable in terms of searching for patient information. This method can also prove to cost less in the long run when factoring in time spent by staff scanning patient information.

*These options were developed by Mark Anderson, CEO of the AC Group.*

### **Bottom-line: Being EHR Ready:**

In a few years time, EHR will be a ubiquitous mainstay in the Massachusetts healthcare industry. Being apprehensive and hesitating over the conversion isn't going to make it any easier in the long run. Each time a patient walks through the door, more paper is added to the scanning pile in the future. Adequate preparedness can be an administrator's best friend when creating a plan for EHR development in the office. When the time comes, it will be good to remember a few key tips.

After locating a suitable vendor, be sure to contact a previous account that they installed, a great deal of information can be garnered about the implementer from a simple phone call. Consult the head of the vendor's implementation team regularly. Inquire about the amount of time they estimate the process will take and schedule around that accordingly.

The vendor should train office staff in operating the system, and should certainly be willing to answer any questions that may arise. It is also important to get all staff members on board; make sure every one has some level of computer literacy. If someone might not be comfortable with the new system, work with them. All that is needed is a basic understanding of the functionality of the technology, not everyone needs to be a tech-savvy IT wiz. However, all participating staff members should recognize how this will impact each individual's daily work lives.

### Conclusion:

No doubt, the health bill is ambitious. For doctors undertaking the big switch, a lot of decisions will have to be made. But Massachusetts is not asking their physicians to break the bank; to the contrary, the primary focus is on how this information technology, and its powerful capabilities, can drastically improve everyday life for both physicians and the patients under their care. This is not for some distant future, but now; a reality that is already here. The benefits of EHR are real and proven, and they can be achieved by every doctor, in every practice.

By Conor Howley and Kyle Fugere

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**Contact:** *Kyle Fugere*  
**Tel:** 877-977-6636 x707  
**Email:** [kfugere@p2escan.com](mailto:kfugere@p2escan.com)  
[www.P2EScan.com](http://www.P2EScan.com)