Upgrading and Replacing Your EMR and Practice Management System
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EXECUTIVE SUMMARY

Since their first use over 30 years ago, electronic health records (EMR) have become commonplace in both healthcare policy and practice. Since the 2009 adoption of the Health Information Technology for Economic and Clinical Health (HITECH) Act — an initiative designed to increase the use of EMR systems — their use has become widespread. In recent years, new certification timelines and “meaningful use” requirements have prompted many practices to reevaluate their current EMR systems with long-term goals in mind.

It’s possible that your organization has already gone through the laborious and painstaking process of selecting, implementing and learning an electronic health record system for your practice, but now the system may no longer meet your needs. Perhaps the functionality is not quite right, or the system is failing to do enough to help you meet your business goals. In many ways, purchasing an EMR requires a high degree of commitment, as it is a significant financial investment and often drastically changes the way daily tasks get done. However, if your practice has invested in an EMR system that is not working the way it should, there’s no reason to feel tied to it.

If you are thinking of switching EMR systems, you are not alone. According to an April 2014 Buyers Report by Software Advice, 40% of new EMR purchases are by buyers replacing their current systems. The main reason cited has been the desire for better integration between applications. The good news for practices seeking better integration is that the process of switching to new and enhanced systems is easier and less costly than in years past.

This white paper serves as a guide for identifying an insufficient or mismatched EMR system and replacing it with a program that better suits your practice’s evolving needs. In this paper, the term “EMR” will be used to describe all electronic health record/practice management systems (EHR/PMS), or all other software used to support a practice’s clinical charting, administrative and billing tasks.
WHY PRACTICES CHANGE

A growing number of healthcare organizations are choosing to switch their EMRs. Separately or combined, there are many valid reasons for replacing an EMR. For some, the switch is due to fear that their current system will not measure up to the standards established for Meaningful Use. Many physicians complain that their EMR systems do not provide a good fit for their practice’s needs and are no longer producing the expected clinical and financial results.

In addition, many organizations have begun to express a preference for web-based EMRs, which store information in the cloud rather than locally installed software. This offers portability of charting and practice management from virtually anywhere in the world.

So, the question remains…Why continue laboring with poorly designed or poorly matched software when switching to a new EMR could make such a big difference?

Why do healthcare practices switch EMR systems?

In a 2014 EHR Software BuyerView survey, the most commonly identified reasons why practices decided to switch EMRs included the following:

- Current system was slow and cumbersome
- Practice was seeking integration
- Practice needed to comply with external regulations
- Current system was outdated
- Current system was faulty
- Current system was lacking important features
- Current system was too expensive
- Physician was opening a new practice
- Practice was striving to improve its organization and efficiency
- Practice wanted to eliminate paper recordkeeping
- Current system had poor customer support
- Practice wanted a system with specialty-specific features
Widespread Physician Dissatisfaction with Current EMR Systems

Despite the myriad of potential advantages to adopting an EMR system, the full benefits have yet to be realized by many doctors and clinics. Newly released data (Software Advice, 2014) shows that nearly two-thirds of doctors surveyed said they would not make the choice to purchase their current EMR system again due to their existing program’s high cost and poor functionality.

Because EMR software is generally priced on a per-physician basis, the cost increases dramatically for larger practices. In a national survey conducted by the MPI Group/Medical Economics, nearly half of all physicians reported spending more than $100,000 on an EMR, with more than 75 percent of the largest practices spending almost $200,000.

Government Incentive Funds: A Quandary

While physicians have the ability to receive federal funding through both the Medicare and Medicaid EHR Meaningful Use Incentive Programs, some practices have claimed that the funding is still not enough to cover the costs of implementation, licensing fees, hardware, training and other requirements. Surprisingly, physicians also reported that some of their largest unanticipated costs came from a loss in productivity paired with a need to increase staff.

The HITECH Act, with its federal incentives, has encouraged thousands of practices to adopt EMRs. In some cases, this has prompted some to rush to choose an EMR system without evaluating the pros and cons of the arrangement.

While it’s true that governments can establish societal priorities, create incentives and set important standards, they are not necessarily focused on the of running your medical office. For that reason, governmental requirements and mandates can seem irrelevant to your practice. The monetary incentives that the government offers in exchange for adopting its standards may be significantly diminished by the lack of productivity your practice subsequently realizes.

In addition, many observers have commented that the infusion of federal funding into the HITECH program may only be providing artificial and unnecessary life support to outdated software systems. Presently, no amount of federal stimulus money is able to remedy the flawed economics of many EMRs found on the market today.

Transitioning Your EMR/PMS

According to the most recent Electronic Health Records BuyerView Report by Software Advice, more than 40 percent of practices that are adopting new EMR systems are transitioning from a previous system. However, while aligning with government standards for data portability
(or Clinical Document Architecture -- CDA) is highly beneficial for many practices; it is often the case that they are of little practical use, leaving healthcare organizations to deal with complicated data and system connectivity problems during an EMR transition.

As an increasing number of practices have faced these problems, an entire industry of “data brokers” has emerged to help navigate the connectivity and data-related challenges commonly associated with EMR transitions. A company may specialize in converting data from one EMR system to the practice’s new platforms, but that doesn’t mean it is more efficient than a full-service company, that includes the same transition service as part of its EMR and practice management service.

Don’t make the same mistake twice.

Before choosing an EMR, it is best to ask your vendor for references from clients who have left. Ask those clients whether it was difficult or costly to leave the system you are considering. Be forward thinking with respect to data migration. Make sure your new EMR vendor will be as attentive to your needs upon exit as they were when you first became a client.
Safe and Successful Exit - How One Practice did It

In 2010, Dr. Diana Fischer founded a single-site psychiatric practice in southern Florida and was in practice for a number of years.

During this period Dr. Fisher installed the WRS Health EMR and Practice Management platform for Psychiatry. Dr. Fischer’s practice had unique needs and the WRS Health EMR and Practice Management platform for Psychiatry provided all the essential content and tools, as well as the functionality important to her psychiatric practice.

Due to personal circumstances, Dr. Fisher decided to leave her individual practice and join a larger behavioral health practice in the area. This meant transferring her patient and practice data to a new EMR. During this transition and thereafter, WRS Health provided Dr. Fisher unfettered access to all her patient records as well as access to her practice management system allowing a seamless transition from her old practice to her new one.

“I cannot say enough good things about how WRS Health helped me transition to the new practice. All the records were formatted in such a way that made the transition easy. I was sad when I had to move to a new system, but was glad to have WRS Health there by my side,” Dr. Fischer said of her experience with WRS Health.

1. **Don’t put it off.** While the process of switching EMRs may be stressful and frustrating, making the upgrade to a system that works better for you could be the best decision you’ve ever made for your practice. However, be prepared to invest in an option that you’ll want to keep around for a long time, as the longer you stick with a new system, the more likely that it will pay for itself.

2. **Make a plan.** Once you’ve made the decision to switch, it’s time to make a move. Call a meeting of the key decision-makers at your practice, come to an agreement on which features will be necessary in a new EMR and select a new one together. When selecting a new EMR, consider things like your average caseload, the optimum switching dates, your budget and issues with your current system.

3. **Don’t sacrifice good customer service.** When you’re buying, installing and learning how to use a new EMR, having good
customer service is crucial. Before you make the switch, make sure to check your vendor’s references. Ask those references questions about the vendor’s customer service availability, helpfulness and attitude.

4 Negotiate your contract carefully. Chances are, you’ve learned some valuable lessons from your current EMR experience. Put that knowledge to use by including any criteria you feel are important in your new contract. If your new vendor has promised that your EMR will be able to interface with another piece of equipment or program, add that requirement to the contract, including an “out” clause if the vendor does not live up to its promise.

5 Keep it flexible. Often, physicians who abandon their current EMR systems do so because they are unhappy with the system’s lack of flexibility. Before you adopt a new EMR, make sure it offers interfaces and templates that may be customized according to your preferences.

6 Don’t sacrifice training. While the training process may seem overwhelming, it’s one of the most important parts of implementing a new EMR. With the right vendor partner, the process may be carried out efficiently and effectively. Keep in mind that the earlier the training occurs, the more successful your EMR investment will likely be.

7 Do your research. Be sure to check the reputation of your product or vendor. If you cannot get in touch with any references, look up the vendor and visit social media sites to find reviews of its products and services. Remember to take negative reviews with a grain of salt, but don’t dismiss recurring reports of bad service or faulty software.

8 All Inclusive Approach. It may be the case that some members of your practice are less technically skilled than others. Regardless, it’s important that they are on board with the new EMR system and feel a sense of ownership over the process. Give as many opportunities as possible for them to express their concerns before you make the choice to implement a new EMR.
Logistics of Change: What Data Do I Need?

When it’s time to transition to a new system, you’ll find that there are core sets of data that will facilitate the transition. Other data sets may be easily accessible, but not quite as necessary to make the transition happen.

Generally, the types of data sets you’ll encounter include the following:

**DEMOGRAPHIC DATA**
This type of data includes patient names, addresses, phone numbers, email addresses and other unique identifiers. Most often, this information can be found in the form of a standardized and easily generated file from your previous EMR.

**CHART NOTES**
The way in which an EMR system generates a chart note may be unique to your system, but regardless, all systems should be able to produce a representation of those notes in the form of a .pdf or .txt file. To properly import this file into your new system, the old system will need to attach each patient’s identifier (the unique code or number associated with that patient) and preferably, the date of each encounter.

**DISCRETE CLINICAL DATA**
Although it may seem obvious that patient data, such as allergies, smoking status and medication lists, should be easily transferrable, this proves to be problematic in many cases. To transfer or map the data from one system to another, it should have a uniformly agreed-upon nomenclature or data libraries to represent the idea.
For example, only recently did standards require the National Library of Medicine representation of patient drug allergies to be included in the RxNorm Concept Unique Identifier to promote interoperability. For the most part, however, most allergy data sets are proprietary to third-party medication vendors, such as First Data Bank or LexiComp. While these vendors filled a critical data and system need before there was an accepted standard, the current disparity of data representation frequently makes mapping between systems a difficult process. To make matters worse, in order to make items like drug allergies meaningful, it is necessary to understand the reactions and their severity. These types of data elements, again, have no standardized nomenclature.

To help normalize the data between systems, third-party vendors specializing in extracting, analyzing and converting clinical data from one EMR system to another have entered the market. This process is often expensive, adding a significant amount to the cost of change. However, since there is a greater convergence of data representation, data export and data transitioning, the information will become more fluid and easily achievable.

**Questioning what data is necessary**

If your new or prior system has difficulty with this transition process, you may question whether the data is needed in its discrete format instead of being referenced by viewing prior chart notes from the old system. Some data is unlikely to be needed in the context of routine patient care, and can be stored in an offline archive that is accessible when needed. Conversely, the data can be added again to the new system as patients visit the practice.

While the data conversion process may be challenging at times, it does not have to be the primary concern in your EMR selection process. Data conversation is just one of many considerations in the world of EMR choices, and when it comes time to begin the process, your new vendor will be able to help you with any issues that arise from this particular aspect.

When engaging in this process, it’s particularly important to work with a vendor that allows your organization to easily migrate specific patient information like allergies, medications, lab results and immunizations without losing any key data in the process. This involves discrete data analysis and extraction, as well as specialized tools that enable you to map, cross-reference and test different types of data.
The Benefits of Change

There are many benefits that come with replacing an underperforming EMR. A well-designed EMR can increase your practice’s efficiency through improved clinical and practice management processes giving you more time to do the things you want to do instead of the things you have to do. Cloud-based fully integrated EMR and practice management platforms like WRS Health, allows your transitioning practice to realize tremendous implementation and maintenance savings.

The EMR transition process will also provide an opportunity for your practice to deploy what you have learned from your prior EMR/PMS experience. Finally, and most importantly, making the switch to a new EMR will ultimately provides an opportunity to find the right system to achieve your practice’s long-term goals.

CASE STUDY

Integrated EMR, Practice Management and Billing System Streamlines Neurosurgery Practice

Dr. Victor Kareh, owner of Brain & Spine Surgery Associates, was spending a great deal of time worrying about the business of running his practice. The pressures of his Texas-based neurosurgery medical office were mounting each day. This was largely due to separate EMR and billing software systems that were wreaking havoc in his life. He didn’t want his practice, or his quality of life, to suffer.

“Both systems were software and computer based. Every time I had an upgrade, I had to buy new computers and install them. Every time I installed an upgrade, there were problems with the installation. The computers wouldn’t communicate. It was a big problem for me until I finally decided that I needed an integrated Neurosurgery EMR and practice management system,” said Dr. Kareh.

Marriage of EMR and Billing Systems

Dr. Kareh conducted two months of extensive research to find the right solution for his practice. He interviewed people at several software companies and looked at numerous EMR software demos. “I checked everything and I liked the WRS Health system. I only do neurosurgery – it’s a very
specialized practice. They could customize my software for my practice the way that I wanted it without any problems,” said Dr. Kareh.

Customized Neurosurgery Templates Make the Difference

Dr. Kareh said that WRS Health has accommodated all of his requests so that his notes are customized to his neurosurgical practice. Many features were ideal for a neurosurgery specialty. “It was tailor-made for my solo neurosurgery practice. The other software I researched wasn’t able to do the simple things that I do in my office. Their systems were too much for me.”

Billing in a Blink of an Eye

Dr. Kareh’s billing staff is reaping the rewards from using the WRS Health EMR billing module. “I can do any type of billing right away. When I do an operation and I finish my surgery in the operating room, I can dictate my case for the hospital. In the same computer that I use to do my hospital charting, I open another window and I enter the surgery codes,” he said.

The ease with which WRS Health enables his front desk staff to get surgery orders while the patient is in the office is another Neurosurgery EMR software perk that Dr. Kareh liked. “I saw a patient today who is going for surgery. I go to the orders part of the system and I just click and get all of the prewritten orders for surgery. The patient goes to the front desk and the staff books the patient for surgery in the hospital and gives the patient the surgical order,” said Dr. Kareh.

Getting to Know all About You

Dr. Kareh said, “I have more time to deal with my patients. I don’t have to be writing things. I don’t have to make short notes on my patient’s past medical history. Everything is already in my patient portal so that when my patient comes in, he or she has already filled out everything.”

Lightening the Workload

“With the old software systems I needed to do three office days a week. With WRS Health I see the same number of patients in two days that I used to see in three days.” Dr. Kareh claimed.

Dr. Kareh said his staff is also happy that he selected WRS Health to replace two outdated software solutions. “Now that they use WRS Health they don’t want to look back to the old systems,” he said.