

# Preparing for Meaningful Use: EMR Vendor Selection Guide

EIGHT IMPORTANT BENCHMARKS FOR  
COMMUNITY AND CRITICAL ACCESS HOSPITALS

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# Introduction

## TIME TO MOVE TO AN IMPROVED EMR SOLUTION

According to the American Recovery and Reinvestment Act (ARRA) of 2009, you must be a meaningful user of a certified EMR system by 2011, 2012, or 2013 to earn full Medicare incentive payments. These bonus amounts decrease beginning in 2014, with further reductions in 2015. By 2015, those who are not yet meaningful users will begin to incur Medicare reimbursement penalties.

Considering the time restraints of the Act and ever shrinking budgets, it has never been more important for community and critical access hospitals to ensure that they have the best EMR solution possible. In addition, the ARRA provides financial incentives for implementing EMR technology through bonus payments beginning in FY 2011. This funding provides an opportune moment for community and critical access hospitals to enhance their EMR capabilities by moving to a certified EMR solution.

Stimulus Act aside, improving your hospital's EMR technology makes sense, both from the provider and patient perspective. "The potential of health information technology to improve people's health and the healthcare system is enormous," states an online article published by the Centers for Medicare & Medicaid Services (CMS).

Indeed, the wide-ranging benefits of upgrading EMR and other health information technologies are well documented. Some of the most noted benefits include: strengthened quality of care, enhanced patient safety and reduced operational costs.

For a community or critical access hospital, there are additional compelling reasons to implement a certified EMR solution, including:

- An improved perception in the community of the hospital's high-tech capabilities, which may motivate consumers to seek care close to home
- An advantage for recruiting employees and physicians, especially those who are "tech savvy"
- Lays the foundation for facility involvement in regional health information organizations (RHIO), which are created to improve health and care in rural communities.

Due to the limited timeframe to demonstrate meaningful use of certified EMR technology in order to receive full incentive benefits and avoid reimbursement penalties, community and critical access hospitals must strike a balance between getting off the dime as quickly as possible and making sound decisions about their choice of an EMR solution.

As this guide will show, not every EMR solution is the right match for community and critical access hospitals, despite marketing claims to the contrary.

Specifically, you'll find eight important benchmarks for evaluating potential EMR solutions. This information is intended to help you move prudently forward through planning and implementation while satisfying the expectations of all your organization's stakeholders, from employees and physicians to patients and government oversight agencies.

# Eight Benchmarks for Evaluating Your Choices

## SELECTING THE BEST EMR SOLUTION FOR YOUR NEEDS:

In a community or critical access hospital, you probably only have one opportunity to choose the right EMR solution, not just because time is of the essence (think 2015), but because resources are precious.

As you evaluate potential EMR solutions, the following benchmarks can help you arrive at a decision that makes the most sense for your organization.

### **BENCHMARK #1: DESIGNED FOR YOUR TYPE AND SIZE OF HOSPITAL**

Beware of vendors who claim to offer an EMR solution designed to fit any size or type of facility. Instead, narrow your search to those with a proven track record of specializing in solutions and support for critical access and community hospitals. Be particularly cautious of vendors who have just entered the community and critical access hospital market with no prior experience.

Here's why: In theory, it's true that a high-end solution (i.e., built for larger hospitals) can be "downsized" for critical access or community hospitals. In reality, however, these complex systems may be difficult to deploy on a smaller scale. Moreover, all of the extraneous features and the complicated screens may hinder acceptance by your employees and clinicians which could lead to adoption failure – if it is not easy, it will not get used.

A "right-sized" EMR solution with a strong track record, by contrast, stands a better chance of being well received, especially if it offers an intuitive user interface and incorporates input from clinicians during the software design process.

Support is another important consideration. Vendors who deal primarily with large hospitals may not give priority to their critical access and community hospital customers — a definite disadvantage should you happen to have an urgent question or service need.

### **BENCHMARK #2: A ONE-STOP EMR RESOURCE**

Some hospitals possess the information technology (IT) expertise and resources to manage the full spectrum of an EMR deployment, encompassing planning, installation, data migration, training, support, and more- allowing them the opportunity to choose best-of-breed products for their information system and components.

This is not generally a luxury afforded to community and critical access hospitals.

Most likely, you'll be better served by choosing a vendor who can supply a complete product and service package, including a single phone number to call for any support need 24 hours a day, 7 days a week.

Besides lightening the burden on your IT staff, this one-stop approach will prevent finger pointing or passing the buck should there be a problem with application interfaces.

### **BENCHMARK #3: SOFTWARE AND VENDOR FLEXIBILITY**

Some EMR vendors impose rigid terms and conditions which may be undesirable for community and critical access hospitals.

Seek out flexibility, especially at three key levels:

- **Implementation**— Does the vendor dictate the implementation of a complete solution all at once? For many critical access and community hospitals, this can be prohibitively expensive. Other vendors will allow you to implement their software module by module, as your budget allows. In addition to easing the financial impact, a phased implementation can yield practical advantages. Specifically, it will allow your organization to adjust gradually to a new system and new improved workflows, while minimizing disruptions to clinical and financial operations.
- **Workflows** — Ideally, an EMR solution will encourage workflow improvements, helping to add more efficiency to your processes. Moreover, the solution should contain features that are specifically designed to enhance workflow, such as:
  - electronic results sign-off;
  - real-time access to patient charts and data; and
  - a clinician messaging/communication tool.
- **Documentation** — Some physicians have been particularly slow to embrace EMR technology. Flexibility in how the solution captures documentation can go a long way toward winning them over. Besides intuitive templates, advanced solutions will permit documentation via free texting on a keyboard and/or voice capture of dictation.

### **BENCHMARK #4: ADAPTABLE TECHNOLOGY**

Perhaps surprisingly, some “state-of-the-art” EMR applications are hampered by a rigid or outdated underlying architecture. These solutions typically do not adapt well to change. For example, as new reimbursement procedures and regulatory requirements are instituted (an inevitable fact of life), the vendor may be unable to deliver software updates which reflect these changes. Moreover, the EMR installation may require costly redundant databases, and the EMR software may be difficult to integrate with other applications.

Make sure you consider only solutions with a flexible architecture, adaptable to the constantly evolving realm of healthcare. Specific must-have characteristics include:

- Allows direct access to data housed in a relational database
- Enables users to view and interact with data in a way that fits their needs
- Presents a consistent interface for all users in the organization
- Has capabilities to capture and report measures required to demonstrate “meaningful use”

## **BENCHMARK #5: CCHIT CERTIFIED® DESIGNATION**

In 2005 the U.S. Department of Health and Human Services recognized the Certification Commission for Healthcare Information Technology (CCHIT®) as the official certification body in the United States for health information technology, including electronic health record (EHR) products, personal health record (PHR) products, and the health information exchanges (HIEs) over which they share information.

Encompassing both ambulatory and inpatient care settings, CCHIT certification means that the tested EMR software meets industry standards for functionality, security and compatibility with other clinical systems. The CCHIT testing process uses real-world medical scenarios, helping to ensure the software will meet the documentation needs of providers and quality care standards for patients.

## **BENCHMARK #6: THIRD-PARTY VALIDATION**

Virtually all EMR software vendors claim to offer “superior” products and service. But what’s their verifiable track record?

One of the most effective and reputable measures of vendor and software performance is the KLAS rating system. KLAS independently monitors performance through feedback from thousands of healthcare organizations. Participants provide scores in 40 categories related to software and vendor performance. KLAS uses these scores to come up with a composite rating. Quite simply, the higher the KLAS rating, the more satisfied healthcare organizations are with their vendor and solution. To further assist you, KLAS now offers a specialized report of EMR solutions for hospitals with 50 beds or less.

Visit [www.klasresearch.com](http://www.klasresearch.com) for more information. Also, ask prospective vendors for their current KLAS performance report and rating. Or see the results for yourself. Participate in a brief evaluation regarding your current software vendor and solution and in return, you will receive a free subscription to KLAS ONLINE where you can have access to other peer reviews and performance rating trends of medical equipment, professional services, and software.

The CCHIT Certified® seal ensures that an EHR product meets basic requirements for:

- **Functionality** — allows you to create and manage electronic records for all your patients and to automate office workflow.
  - **Interoperability** —can exchange electronic health data with other entities, such as pharmacies, laboratories and other providers.
  - **Security and Privacy** —includes features to protect patients’ personal health information.
- Source: CCHIT Physician’s Guide to Certification for o8 EHRS, ©2008

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## **BENCHMARK #7: POSITIVE PEER REVIEWS**

While KLAS ratings may be very valuable in helping you with your selection process, there's no substitute for getting appraisals directly from your peers in community and critical access hospitals. In checking out references provided by the vendor, keep the following in mind:

- Site visits are preferable to phone calls or e-mail exchanges. Request the opportunity to see the software in action and get feedback from frontline users in various departments.
- Verify that your contacts do not have a vested interest in the product beyond a client-vendor relationship (i.e. are not stakeholders or resellers).
- Ask very specific questions about the vendor and software; you may wish to use questions from the KLAS research methodology as a basis for your inquiries.

## **BENCHMARK #8: A DETAILED PROJECTION OF ROI**

Every hospital will realize a different return on investment (ROI) based on a number of factors. However, you should request from vendors a picture of average ROI, including approximately how many years it will take to fully recover your investment.

Ask for specific metrics within their ROI formulas. For example, what are the revenue implications of eliminating lost charge slips? How much can you reduce labor costs by automating the entry and tracking of charges and insurance verification?

The bottom line should show a positive financial outcome in five years or less. In addition to traditional ROI calculations, the vendor should also be able to show the projected incentive payments for demonstrating meaningful use prior to FY 2015.

## **Summary**

In choosing an EMR solution, community and critical access hospitals need to carefully consider the following:

**Timing** — FY 2015 is not very far off, especially when you realize that a phased implementation can take time from planning through full-scale deployment and ultimately meaningful use.

**Benefits**— Beyond the often mentioned benefits related to patient care and operational efficiencies, critical access and community hospitals stand to realize additional benefits from a complete EMR solution, such as improved retention of local patients and increased leverage in attracting new physicians. Additionally, having the right EMR system in place prior to FY 2015 enables your hospital to receive ARRA incentive payments and avoid reimbursement penalties.

**Benchmarks**— As this document showed, community and critical access hospitals possess a significantly different set of needs compared with larger organizations. Some vendors push “one-size-fits-all” labels on their solutions, while others cater to narrow subsets within the hospital universe. By applying key benchmarks to your decision process, you can ultimately arrive at the choice that aligns with your immediate and long-term best interests.



Since 1980, Healthland has served the healthcare market, growing into a leading nationwide provider of comprehensive information systems for community and critical access hospitals.

For more information and to request a demonstration of the Healthland EMR software, visit [www.healthland.com/guidecontactus](http://www.healthland.com/guidecontactus).