

The EMR Landscape: A Review of the ASCO 2010 EHR Lab

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The EMR and EHR Vendors

At the 2010 ASCO annual meeting, I had the opportunity to visit the 4th ASCO Electronic Health Record (EHR) Lab to learn about different EHR and Electronic Medical Record (EMR) systems. Over the course of my time spent in the Lab, I met with many (but admittedly not all) of the vendors as well as with several sales teams at their display booths—no sales efforts were allowed in the Lab itself. Once inside, I was genuinely surprised at the sheer number of participating vendors.

I understand how this is a booming market—only about 30% of the possible customer base has thus far been penetrated—but how many of these vendors will survive once the stimulus money starts evaporating and the customer base begins to shrink? Along with reduced reimbursement, such factors will, undoubtedly, result in the demise of some of these companies, thus leaving customers with many ongoing expenses to contend with long after their American Recovery and Reinvestment Act (ARRA) money is spent. But I digress.

in which to sell, select, install, implement and integrate (possibly with other systems external to the customer system), vendors have much to accomplish. Their reach is toward an estimated 70% of practices that are not currently using an EMR or EHR system (and that does not include customers changing from one system to another).

With the overwhelming amount of information available, the ASCO Lab provided potential customers the opportunity to realize perhaps how much they have yet to learn about these systems. In the interest of transparency, all the vendors had the opportunity to respond to a standard set of questions. Examples of the information requested included:

- What is considered a licensed user?
- Hosting environment (ASP or Client Server)
- Pricing and related costs for implementation, interfaces & licensing
- Company-specific information (public/private, years in business)
- Patient portal inclusion

Some, but not all, of the vendors shared their responses to all questions, because not all of the vendors were oncology specific—some products were designed for use in a wide variety of medical settings and specialties. But all of the vendors willing-

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ASCO performed a valuable service for its members by organizing many of the vendors' details into a coherent format. The Vendor Evaluation Form, the standard case-study approach, and the no-selling mandate provided an educational environment conducive to focusing on the products and less on making a sale. This actually allowed for the opportunity to visit with vendors and become somewhat articulate with the variety of EMR and EHR products and their configurations.

Interestingly, with so much information to absorb about these systems, and so many variables impacting each customer in varying degrees, the Lab could be considered just the tip of the proverbial iceberg. With a short time frame with-

Participating vendors for this year's EHR Lab included:

Altos Solutions
Elekta Impac Software
GeniusDoc, Inc.
Integrated Clinical Care
MDLand International
mdTablet
MedSym, Inc.
Rabbit Healthcare Systems
Smart ID Works
US Oncology
Varian Medical Systems

ly shared factual, current information on their product's capabilities, with most stating that their systems were customizable and could be built to a purchaser's specifications. Vendors were also open about their fees and ongoing costs, which is certainly helpful when preparing a medical group's RFP and budget.

In one form or configuration, all the products were able to meet the core functions of an EMR or EHR system. In addition, all the systems on display were able to design interfaces for connectivity to other systems, including to/from drug inventory technology, laboratory, billing or other sources of data input. For certain products, systems require a client-server model if the buyer obtains both radiation and medical oncology software. This can result in significant up front and ongoing costs.

Although the vendors were there to aid in the selection of the proper system, physicians would be wise to engage in dialogue with competent advisors and previous purchasers of EMR or EHR systems when selecting the most appropriate one for their practice setting. As each purchaser brings to the table his or her own special needs, plans, processes, constraints and other characteristics, even the most thorough checklists are only marginally useful.

Meaningful Use Final Rules and Resources

Under the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, providers can qualify for incentive payments by adopting an EMR or EHR system that is certified. With the recent



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announcement by the U.S. Department of Health and Human Services (DHHS) on the final rules establishing "meaningful use", vendors can now ensure that their systems are delivering the required capabilities to become certified. By implementing one of these systems, practices may receive as much as \$44,000 under Medicare and as much as \$63,750 under Medicaid; hospitals may receive millions of dollars for implementation under both agencies.

A two-track approach has been established for eligible professionals to meet the incentive requirements to ensure that the most basic elements of meaningful use criteria are met. However, the key to receiving the incentives lies beyond just the purchasing of one of these systems. Practices must be able to demonstrate meaningful use, which means meeting the goals established in the HITECH Act. The goals are:

- To improve the quality of patient care
- To engage patients and their families in their care

- To promote public and population health
- To improve care coordination

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