A

MDA's Education Committee asked me to develop a webinar for the membership on the use of electronic health records (EHRs) by post-acute and long-term care medical groups. The committee's suggested title for the talk — “The Pitfalls of EHRs” — fairly accurately reflects the opinion of most physicians. Providers of all types consider the typical EHR to be a handicap at best, and occasionally an adversary.

I develop EHRs, so I’m used to hearing this complaint from LTC medical groups in the first phases of evaluating our software. It usually comes from one or more bad experiences with an EHR. Those bad experiences can come from multiple causes, including poor training, mismatched technology, bad product design, or antiquated technology.

As reform policies shaped by the Centers for Medicare & Medicaid increase the demand for quality management, cost controls, and collaboration, the importance of proper EHR selection and use will escalate. The AMDA webinar we created addressed the following topics:

- Which statutory requirements are satisfied by using an ambulatory EHR?
- What shortcomings an EHR designed for office-based medicine may present for PA/LTC medical groups?
- What shortcomings an EHR designed for PA/LTC facilities may present for a PA/LTC medical group?
- Contracting considerations when licensing an EHR for the LTC setting.
- The importance of integration/connectivity when using a PA/LTC physician’s EHR.

Readers who would like to hear the entire program can buy access to a recording at http://bit.ly/1HqtwMx.

This column reprises a section of that webinar about understanding contracting considerations when licensing an ambulatory EHR for use in the LTC setting. PA/LTC medical groups face complex issues that are not familiar to many EHR vendors, resellers, or regional extension consultants (RECs). This lack of familiarity can lead to flawed contracts that severely affect the LTC medical group. This isn’t necessarily the intention of the vendor, but instead, it is the result of neither party understanding the actual issues at hand.

LTC Group EHR Contracting

There are several points to consider in the contracting process. Before you start, consult the Office of the National Coordinator for Health Information Technology’s (ONC) contracting guidance for an EHR purchase (www.healthit.gov/providers-professionals/ehr-implementation-steps/step-3-select-or-upgrade-certified-ehr). These are the key issues:

- Know the hardware requirements (cloud-based, server purchase, user hardware, operating system limitations, support availability, printing capabilities, etc.).
- Know the software features. Does the EHR manage patient lists based on multiple locations? Can completed encounters be delivered based on the capabilities of each facility you visit? Keep in mind that sister facilities sometimes have different requirements or preferences. Is this best to request a demonstration of the vendor’s strategies?
- What is the EHR’s capability to track and record Physician Quality Reporting System (PQRS) measures? Does it include a specific strategy for LTC medical groups? Many EHRs default to the adult core electronic clinical quality measures (eCQM) requirements; these measures are not well suited to PA/LTC patient populations.
- How does the protocol who is using the EHR actually capture data for eCQMs? Each certified EHR must have at least nine eCQMs installed, but they may not be intuitive to use. List the installed measures. Does the EHR vendor support registry reporting for quality measures? Can they combine eCQMs and PQRS measures? Do they support PQRS measures groups? Is there a cost?

Connectivity

- Internet. PA/LTC clinicians usually have to connect to their EHR via the internet using cellular or Wi-Fi access, or a local network at the facility. It should be known how this is managed, and if the EHR is prone to lose data if the signal is interrupted, which is a problem with some types of connections.
- Cloud-based. All of your software and data is stored and managed in the cloud. The software vendor usually allows you to lease their product for a monthly fee. You typically use a wireless laptop or tablet computer to connect to the cloud. This is the model of EHR that has predominated in the ambulatory physician market for the past several years.
- Client/server. When practices purchase their own EHR software, it is installed on a server they manage. Clinicians connect to the server via a virtual private network (VPN) or similarly secure method. This is the way most hospitals and older office-based systems operate.

Local software. Standalone programs are installed on each provider’s laptop computer. A central server maintains a master patient file that is synchronized with the provider’s computer on a scheduled basis. No internet connection is required while making notes during patient rounds.