

EHR Now! – Summary Report

by Dennis Saver, MD; Ray Lowe, Project Director; and Tad Fisher, Executive Vice President

It is hard to believe that the **EHR Now!** project is completed. The project, which began with discussions in 2005 and officially began providing consulting services in August 2006, ended in July 2008. The FAFP is proud of the vision and entrepreneurial attitude exhibited by Dr. Dennis Saver (formerly FAFP Board chair) and Tad Fisher (FAFP executive vice president), who were responsible for making the **EHR Now!** program a reality. The program was the first of its kind in the country; it was developed in cooperation with the Florida QIO (FMQAI) and was designed to help family physicians select and implement an electronic health record system for their offices. What a terrific way to assist physician members of the Florida Academy of Family Physicians!

Dr. Saver and Mr. Fisher began a dialogue with FMQAI (a federal quality improvement organization, formerly Florida Medical Quality Assurance, Inc.) in early 2005 around the potential to subcontract with FMQAI as part of FMQAI’s participation in the CMS 8th Scope of Work (SOW). The contract was completed and signed on March 31, 2006. The program was designed to support Florida family physicians’ efforts to select and “go live” with an electronic health records system. This report will provide a complete overview of the project, including:

- FMQAI/QIO and 8th SOW – Overview
- **EHR Now!** Begins
- Recruiting Process and Results
- Consultants
- **EHR Now!** Process – Overview
- **EHR Now!** – Results and Progress
- Survey Results
- Successes, Challenges/Barriers and Outcomes

QIOs – FMQAI – 8th SOW

To provide a better overall understanding of **EHR Now!**, it is useful to convey some basic information about QIOs.

“The Centers for Medicare and Medicaid Services (CMS), the Federal agency that administers the Medicare program, contracts with a national network of 53 Quality Improvement Organizations (QIOs) — one in

each state, the District of Columbia, Puerto Rico and the Virgin Islands. FMQAI is the QIO for the state of Florida. QIOs seek to 1) improve the quality of care that Medicare beneficiaries receive by collaborating with providers to help them meet evidence-based standards of care; 2) protect beneficiaries by responding to and investigating claims and evidence of substandard care; and 3) protect the Medicare Trust Funds by reviewing claims patterns and suspicious cases for the inappropriate use of services or incorrect billing codes. QIOs engage physician and other providers in quality improvement projects and offer technical assistance across four major health care settings — hospitals, home health agencies, nursing homes, and physician offices.”

“CMS states that QIOs are expected to provide assistance to healthcare providers which enables them to develop the capacity for, and to achieve the vision of the program, which is that every person receives the right care every time. QIOs are to accomplish this by working with providers, practitioners, Medicare Advantage organizations, beneficiaries, and other stakeholders in support of quality im-

provement. Assistance will typically involve seeking to promote improvements in organizational culture, systems adoption and use, and redesign of care processes.”

“In 2005, the eighth round of contracting by CMS with QIOs began — hence the term 8th SOW. The 8th SOW, required QIOs to engage in four major sets of tasks. Under Task 1 of the 8th SOW, QIOs are responsible for providing technical assistance to providers across four major health care settings — nursing homes, home health agencies, hospitals, and physician offices — in order to improve providers’ performance across multiple clinical outcomes and processes of care measurers.”

Therefore, supporting efforts of family physicians to select and implement electronic health records was a perfect objective for the collaboration between the FMQAI and the Florida Academy of Family Physicians within the intent of the 8th SOW.

EHR Now! Begins

After five months of negotiations with CMS through FMQAI, the contract was executed with FMQAI, and the initial physician and

Chart 1



- Recruit = contract signed, consultants not assigned
- Assess = Consultants assigned and process started (Step 3)
- Plan = Workflow analysis (Step 4)
- Select = Vendor demos and selection
- Implement = Practice in process of implementing system
- Evaluate = implementation complete, review of EHR system

administration consultants were selected. Dr. Dennis Saver, along with QIO staff members, led an initial two-day training session in January 2006 with FAFP staff members and consultants and FMQAI consultants. During this initial meeting, the group reviewed information around requirements accumulated and provided by FMQAI, electronic records processes and programs provided by Louis Spikol, MD, consultant to the AAFP Center for Health Information Technology, as well as information from consultants present who had firsthand knowledge/experience with selecting and implementing electronic record systems in physician offices. The group of staff members and consultants spent two days reviewing information and developed a process/program that incorporated the group's best thinking. This was translated into a Program Schedule that included (at a high level) all of the actions/tasks and events for the consultants working with a specific physician practice as well as the actions/tasks required for the practice physicians and staff. The Program Schedule also included the maximum number of hours each consultant would allocate for each action, plus an estimate of the time the physician practice should devote to the actions/tasks required. Each practice would be allocated 26 hours from each consultant assigned to the practice, plus another six hours were available

should unusual and/or unforeseen circumstances occur. These consulting hours were provided free of charge to the physician practice, paid for by FAFP via its contract with FMQAI.

The FAFP believes that electronic health records are necessary tools that will help family physicians improve their efforts to manage patient care, as well as improve the quality of the care provided. Therefore, the Academy wanted to ensure all FAFP family physicians who participated in **EHR Now!** had the best opportunity for success as they selected and implemented an electronic health record system in their offices. The goal for **EHR Now!** was to ensure that each participating family physician had an opportunity to select the electronic health record system that was best for the physician's practice, as well as meet expectations and improve office work flow and efficiency.

One major component of the **EHR Now!** project that we believed enhanced the participating family physicians' chances of success was to ensure that each consulting team included a family physician consultant who had implemented electronic health records in their own offices. Therefore, the consulting team for each participating family physician

Geographic Locations of Family Physician sites Selected for **EHR Now!**

Area of State	Physician Sites
Tallahassee/Panhandle	9
Jacksonville area	11
Tampa/west coast	16
Orlando/east coast	1
South Florida	13
Central Florida	8

included both a family physician consultant who had "gone live" with electronic health records and an administrative/IT consultant with good knowledge of electronic health records and physician office work flow. Another major goal of **EHR Now!** was to offer consulting to the family physicians at **no cost to the physicians.**

Recruitment of FAFP Family Physician Practices

Immediately after the initial meeting with FMQAI in January 2006, we began developing tools, resources and materials necessary to recruit FAFP family physicians to participate in the program, as well as to manage the **EHR Now!** program. FMQAI had been recruiting practices since September 2005, and the subcontract to allow the FAFP to do the consulting work for up to 84 of the 250 Florida practices was eventually approved in March

Chart 2

EHR Now! - Practice Status July 2007

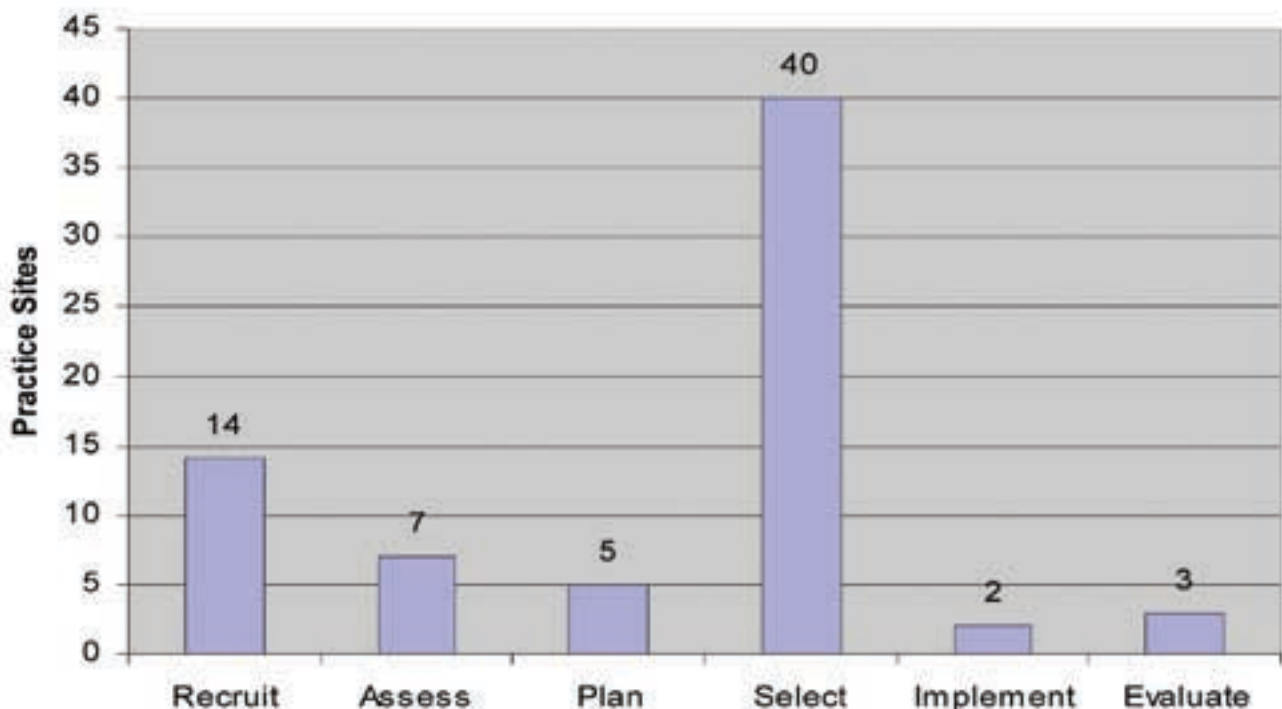
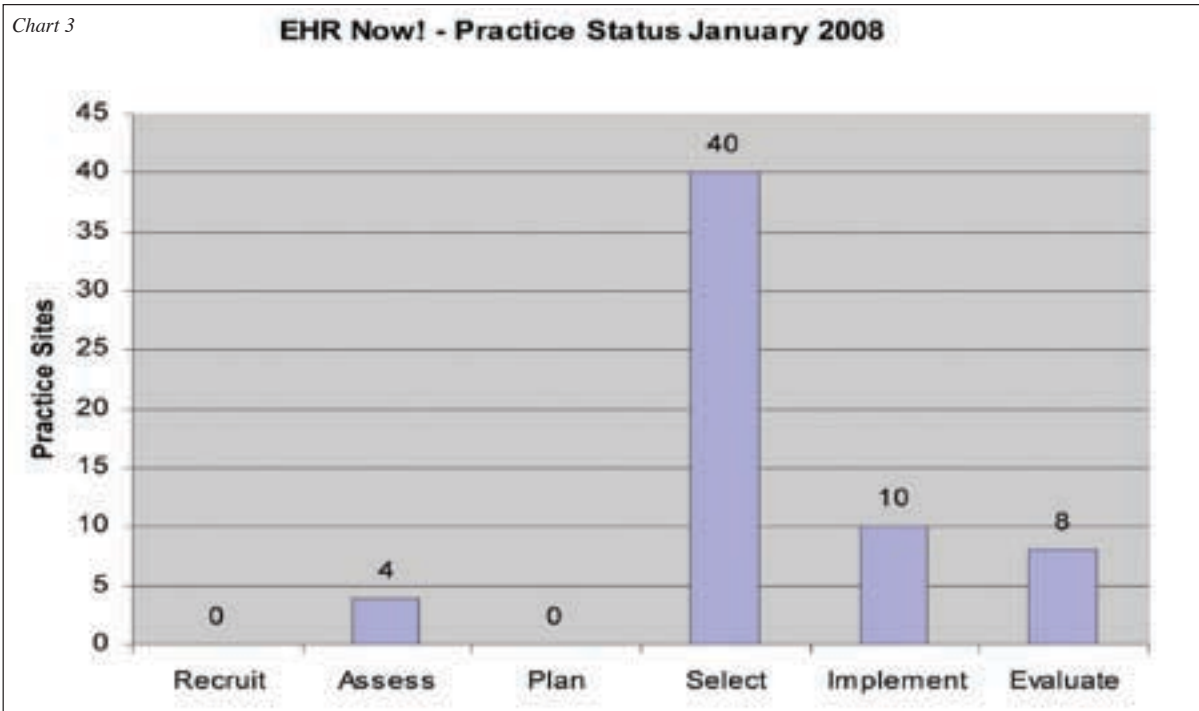


Chart 3



2006. The agreement with CMS/FMQAI required the FAFP to have a signed agreement for consulting services with all physicians no later than July 31, 2006, even though the FAFP had until mid-2008 to complete all consulting services. Thus, the recruiting effort time frame was short, but intense.

The recruitment process had many aspects:

- Presentations at three FAFP conferences to explain the **EHR Now!** program and distribution of brochures
- Presentation at the FAFP EHR conferences and vendor fair in spring 2006
- Telephone contact with FAFP physicians by FAFP Board members and Mr. Fisher
- Letters, cyber communications and faxes to all FAFP members

The FAFP contract with FMQAI allowed the FAFP to provide consulting services to a maximum of 84 physician practice sites that had at least one practicing family physician who was an active member of the FAFP. The FAFP's agreement with FMQAI would not allow us to provide consulting services to practice settings other than family physicians. Therefore, our primary recruiting focus was solo or small-group family physician practices.

The recruitment phase of the program was completed on July 31, 2006. At that time, 74 practices that met the initial qualifications for participation signed agreements for the **EHR Now!** program. The practice sites represented nearly every geographic area of the state.

Within a few months of the close of the recruitment process, three practice sites dropped out of the program. The reasons for dropping the program were:

- One physician changed his plans and decided not to enter private practice
- One physician decided to close his practice and join a large group
- One physician hired a private consultant (who had previously worked with FAFP)

Therefore, the total number of practice sites engaged in the program was 71.

Consultants

After the initial training and development of the consulting process, it became evident that there would be a need to contract with additional physician and administrative consultants in order to ensure that the program could meet its commitments with selected physician practices and FMQAI. The FAFP recruited and selected several additional physician and administrative consultants and held another training session in May 2006. Please see below the list of consultants who provided valuable services to the FAFP as part of the **EHR Now!** program.

- David Bright, MD – internist/ER physician consultant
- Leslie Emhof, MD – family physician consultant
- John Fehling, MD – family physician consultant

- Thomas Lang – administrative consultant
- Mandel B. Miller, MD – family physician consultant
- Stephane Naoumoff, MD – family physician consultant
- Alec H. Schmidt, MD – family physician consultant
- Sabina Stone – administrative consultant
- Leslie D. Wilson, MD – family physician consultant
- Vickie Erwin-Wilson, MD – family physician consultant
- Bernd Wollschlaeger, MD – family physician consultant

The FAFP and the **EHR Now!** program owe tremendous gratitude to these consultants, who devoted so much of their time and exhibited outstanding professionalism, which enabled the FAFP to provide a valuable service to Academy members participating in the program.

Overview of EHR Now! Process

After a physician practice signed an agreement to participate in **EHR Now!**, consultants worked with them to begin the sequential step process described earlier. Since most of the FAFP consultants had other employment responsibilities, it was important to ensure they would be available when the member physician and staff were available.

The **EHR Now!** consulting process consisted of 11 steps and provided the family physician practice with up to 52 hours of free consulting, 26 hours with the physician consultant and 26 hours with the administrative/IT consultant — as well as an option for another 12 hours where appropriate. A lengthy list of practical issues, scheduling and so forth required a part-time **EHR Now!** project director, which was very ably performed by Mr. Ray Lowe. The length of consulting was determined by the urgency of the practice to adopt EHR systems, but it generally occurred over a period of a few months. The EHR knowledge level of the physician and staff members, as well as physician and staff members' availability, influenced the time from start to completion. Consulting support began with an initial assessment of the practice staff's knowledge and understanding of EHR and their EHR goals, and ended with the process required for selection of an EHR vendor and implementation of the EHR system. Consultants provided education and guidance with is-

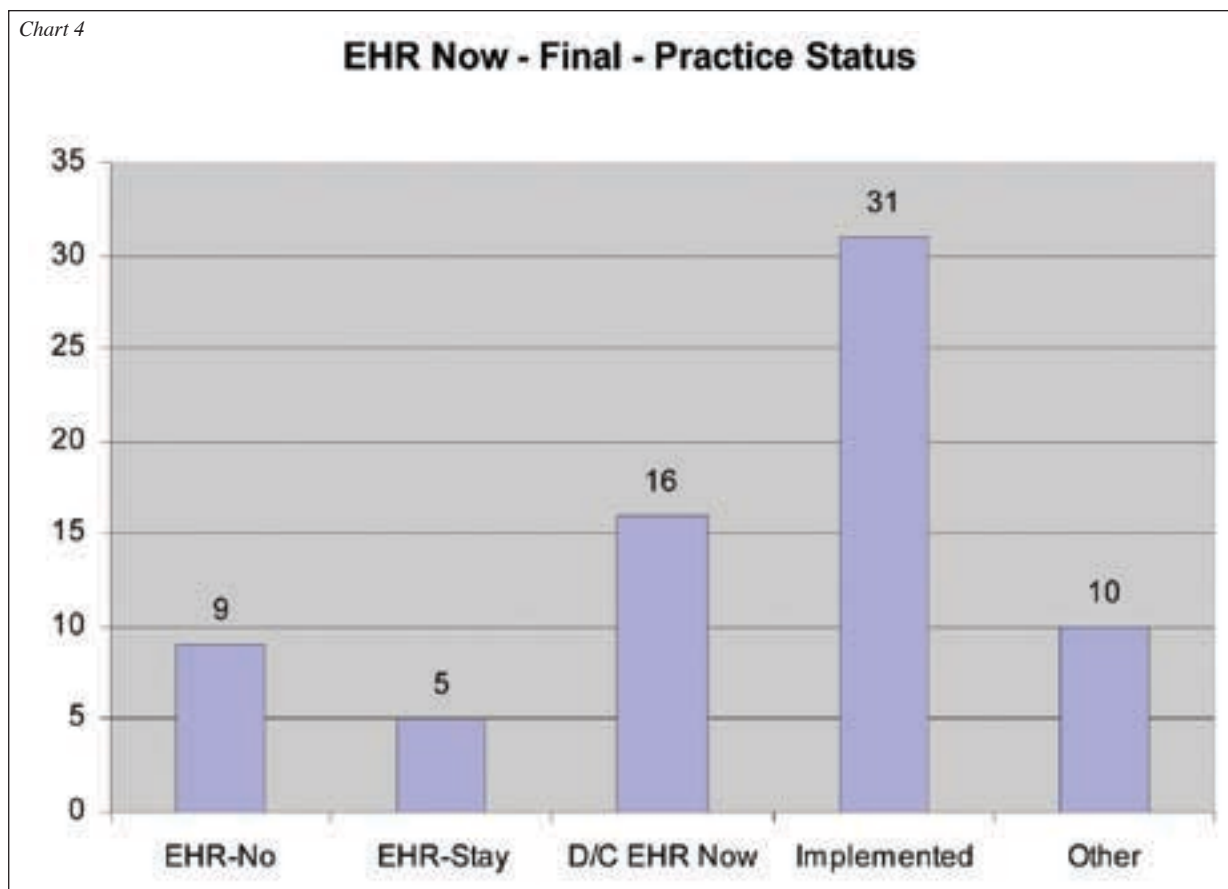
suess including office workflow and contracting with EHR vendors. Most steps required thorough vetting of practice procedures and operations and then action steps to be taken by physician and/or staff addressing each step of the process. Once the action items were achieved, the practice assessment moved on to the next step.

EHR Now! – Process Steps

1. Application completed
2. Application approved and Agreement received
3. First meeting on-site at physician office – four hours (both consultants)
 - Consultants review physician and staff EHR knowledge/understanding
 - Consultants ensures Readiness Assessment paperwork completed by practice and review Assessment Phase checklist items
 - Discuss with practice actions/activ-

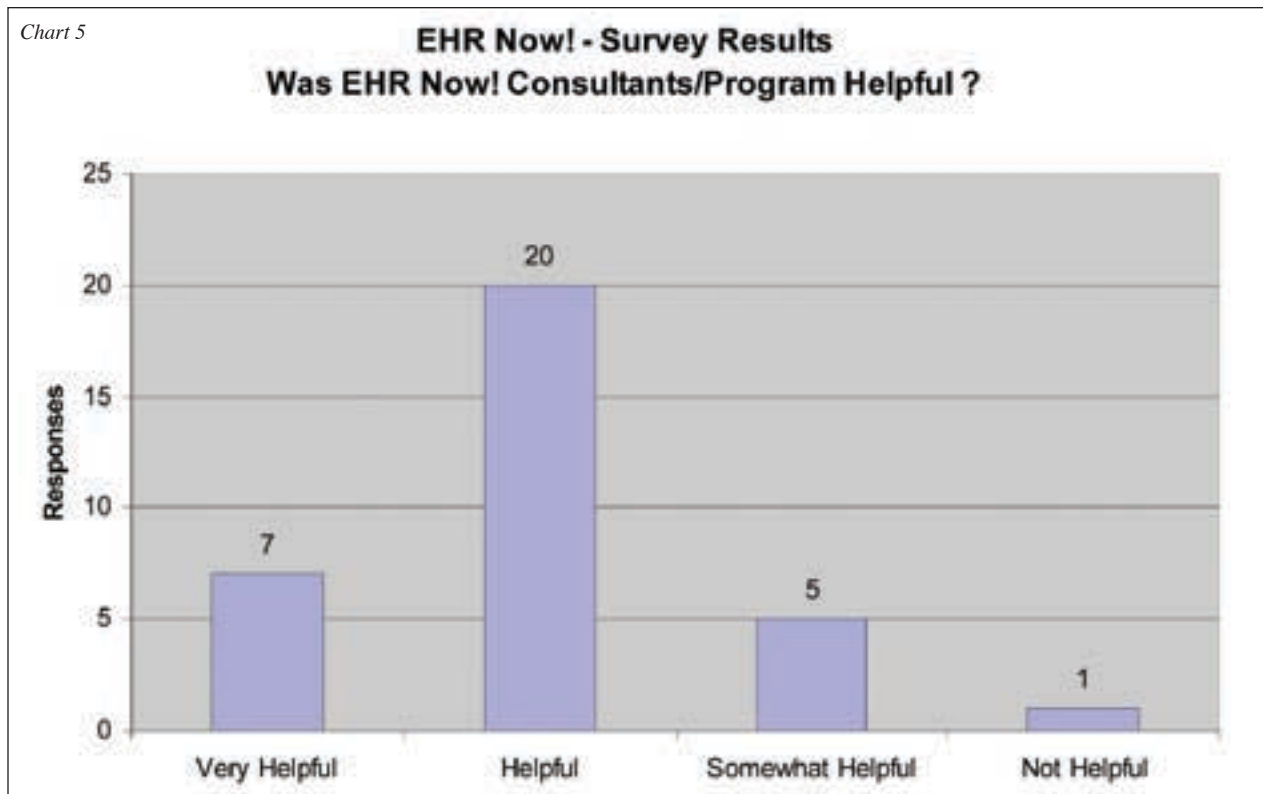
- ity they have completed and need to complete prior to next meeting with consultant
 - Schedule time for next meeting – eight-hour meeting at physician office
 - Practice to participate with consultants and begin process of enhancing EHR knowledge and understanding, using tools/resources provided by consultants
4. Second meeting on-site at physician office – eight hours (both consultants)
 - Consultants perform workflow analysis with input from physician/staff
 - Review/discuss Plan Phase checklist
 - Ensure physician/practice completes appropriate /necessary information
 5. Workflow report and conference call – two hours (both consultants)
 - Consultants complete workflow analysis and provide to practice
 - Consultants review/discuss Select Phase checklist and workflow analysis with practice

Chart 4



- EHR-No = decided not to purchase EHR, primary reason was cost
- EHR-Stay = already had EHR system and made decision not to change systems
- D/C **EHR Now!** = practice discontinued participation in **EHR Now!** or did not start program
- Implemented = EHR implemented or will be implemented by mid-2009
- Other = 2 transferred to FMQAI, 2 no long in private practice, 1 duplicate agreement, 5 unable to complete process by 7/31/08

Chart 5



- Provide practice with information/ tools/resources to help in evaluation of vendors and developing short list of preferred vendors
- Practice reviews/discusses workflow analysis with consultants and continues EHR educational process
- 6. Conference call – one hour (both consultants)
 - Encourage/assist practice to arrange for site visits and/or demonstrations from preferred vendors
 - Practice arranges demonstrations and continues review of tools/resources provided around evaluation of vendors and demonstration hints
- 7. Third on-site meeting at physician office – four hours (both consultants)
 - Consultants to ensure practice makes final decision on vendor
 - Discuss contract issues, budget and items on Implementation Checklist
 - Practice to make final decision, ensure all tools/resources completed and begin working on implementation items
- 8. Conference Call – one hour (both consultants)
 - Consultants to ensure practice working on implementation
 - Practice to work with key staff members around implementation
- 9. Fourth/final on-site meeting at physician office – four hours (both consultants)
 - Consultant to review implementation plan/schedule, training and any workflow issues and address last-minute issues/questions
 - Practice to ensure Implementation Checklist is completed and to review tools/resources provided around implementation problems/issues
- 10. Conference call – one hour (both consultants)
 - Consultants to assist with problem-solving as needed and reemphasize FAFP limitation regarding scope of consulting (does not include on-site help at time of implementation)
- 11. Conference call – one hour (both consultants)
 - Follow-up call after implementation to obtain feedback and discuss data reporting

EHR Now! – Progress and Results

EHR Now! is considered a success, because each practice was provided a pathway for determining how to select and implement an electronic health record system to best suit their individual needs. The graphs

show that 31 practice sites selected and implemented a new electronic health record system in their offices, and the FAFP consultants also provided valuable support and service for 14 practice sites that eventually made the decision not to purchase an EHR system or to stay with the EHR they were currently utilizing. In other words, it was just as important in the program to assist practices with a process for making the right decision as it was to achieve a specific implementation. Additionally, consultants provided services to six practice sites whose consultation could not be completed due to delays in the practice’s corporate decision timeframes or that started the **EHR Now!** program too late to complete it by July 31, 2008 — the CMS/FMQAI deadline. However, consultants report that these practice sites are committed to continuing the steps necessary to move forward and ultimately purchase an EHR system. Unfortunately, 16 practice sites either discontinued the **EHR Now!** program before completion (would not set up additional meeting with consultants) or did not begin the program (would not respond to requests to schedule consultant meetings).

The “**EHR Now!** – Practice Status January 2007” chart on page 10 reflects the

program's quick start, with consultants providing services to 45 practice sites after only six months, and 22 of the sites moved rapidly to the selection phase.

The “**EHR Now!** – Practice Status July 2007” chart on page 11 reflects the program was proceeding smoothly, with only 14 practice sites that had not yet agreed to a start date for **EHR Now!**. Concern was growing about the amount of time it was taking to move some of the practices through the Selection Phase toward implementation.

Between July 2007 and January 2008, **EHR Now!** identified nine additional practice sites that were placed in an “Other” category (three sites had been put in the “Other” category shortly after the start of program). These were sites that, for various reasons, would not participate in the **EHR Now!** program (one was a duplicate agreement, two transferred to FMQAI, one joined a larger group, and one left private practice). At this point in time, only 62 sites were considered viable to reach the selection and implementation phase for an EHR adoption. Also, prior to January 2008, one and a half years after the program began, **EHR Now!** had addressed practice barriers and begun programs to try to improve the time and effort it took to move practice sites through the selection process.

The chart on page 13 reflects the final results of the **EHR Now!** program. Clearly, not all participating practices achieved implementation. However, 50 percent of the practices did adopt EHR systems, which is significant. More importantly, the remaining practices received superb consultation educating them on the process required for determining practice workflow and vetting of system vendors so that a good decision can be made when appropriate. One of the key barriers to adoption is practice *inertia* for fear of making an incorrect decision. **EHR Now!** provided a process that practices can utilize to overcome inertia and make good decisions in the future.

Note: At this writing, no FMQAI data is available for comparing their experience with the **EHR Now!** experience.

Survey Results

An important question that has not been answered in this report — **Do the practice participants who participated in EHR Now! believe they received helpful and/or beneficial services from FAFP/Consultants as part of this program?**

In an effort to answer this remaining question, the **EHR Now!** program staff developed a survey for participating physicians. Approximately 46.5 percent of participating physi-

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cians completed and submitted the survey. This by itself is an extraordinary return. The results are provided in Chart 5.

As the survey chart indicates, FAFP can be proud of the results. Approximately 82 percent of those responding indicated that the **EHR Now!** program process was very helpful or helpful to their practice. This is an indication that the program was well-received and beneficial to those involved. The following are many of the comments received from survey respondents.

Survey – Comments/Information

(From physician practice sites that responded to various surveys from FAFP)

- Consultants were very helpful – would not have even thought about purchasing software or an EHR without their assistance.
- Consultants were extremely helpful – they checked in with physician periodically and discussed situation at length. Physician was happy with level of assistance and communication and found process to be very educational.
- Consultants were energetic and helpful.
- Could have used more help in the Selection Process – selecting from a vendor list of 50 was a bit cumbersome and overwhelming.
- After second meeting, consultants were not responsive.

- Consultants were very helpful during interviewing process, especially providing education regarding difference between EHR and EMR.
- Consultants helped to better understand the process and plan for transition to EHR.
- Would have been helpful if provided a final short list of EHR systems for my practice.
- Consultants were very knowledgeable and helped to bring this complex issue to the table in an organized fashion.

- Would have been helpful if narrowed down a priority checklist to 10 areas practice needs, so process was not so overwhelming.
- Yes, consultants were helpful – offered insight into medical software availability
- Yes, consultants were helpful – they were helpful in organizing the key parts of implementation, contract review and negotiation points.
- Yes, consultants were helpful – excellent.
- Project was very helpful – there are so many EHR vendors claiming to be the best – this consultation was helpful in streamlining all of this information.
- Consultants were readily available for questions and provided valuable insight in to type of EHR is best for my practice.
- Consultants were not very helpful – especially at the end – could not contact them.

Opportunities – Challenges/Barriers

The preceding pages have addressed the success of the program; however, no report would be complete without addressing problems, challenges and/or barriers.

Selection Process

One of the first challenges was developing a **new** process to help practice sites narrow the list of potential vendors to no more than four or five. In practicality, practices really

needed to narrow the short list to two or three vendors before starting the demonstration process. The need to develop a new process came about unexpectedly. During the initial training, **EHR Now!** had relied on information that one of the administrative consultants had agreed to provide. Unfortunately, very soon after he began consulting under the **EHR Now!** program, a misunderstanding occurred regarding the role of his company, and he decided not to work with FAFP's **EHR Now!** program. This left a very large "hole" in the process that was to be utilized to help practice sites narrow the list of potential vendors that could meet their needs.

Under the direction of Dennis Saver, MD, and Ray Lowe, program manager, the consultants were convened to construct a new process that would be provided to participating practice sites to help them narrow the list of potential vendors. However, the process was not definitive and required a lot of additional work by the consultants and the project coordinator. The new process required the FAFP consultants to gain a better understanding and knowledge of vendor products and programs. However, not all FAFP consultants adapted to the new process as efficiently as others. This was probably the biggest structural weakness in our program, especially considering it was one of the biggest needs of the practice sites.

FAFP/FMQAI Process

Paperwork: The second biggest challenge with the **EHR Now!** program was the amount of paperwork required to be completed by each practice site. Much of the paperwork was dictated by requirements from FMQAI and had to be completed by the practice and/or FAFP consultants. Many, if not most, of the practice sites expressed that the paperwork to be completed by the practice was excessive.

Structured Approach: The structured approach for providing consulting to each practice site was a concern of some practices and some consultants. Adjustments were made to the process, as deemed appropriate, while ensuring completion of all requirements of the FAFP-FMQAI agreement.

Subjectivity Versus Objectivity – Input Regarding Vendors: Many of the **EHR Now!** practices asked the consultants to tell them

which vendors were the best and thus pushed consultants to make the decision for the practices. In accordance with the FMQAI contract, vendor selection by the consultants was strictly prohibited. More importantly, practices had to learn the processes they needed to be able to understand the workflow of their practice. Without a clear understanding of the practice workflow, any decision could jeopardize the adoption of EHR technology.

Physician Time and Leadership: This is an area that appeared to take some physicians by surprise. Many of the physicians were reluctant to devote the time and/or leadership necessary to obtain the best outcome from the **EHR Now!** program. In many cases, this is the reason that practices were unable to move past the Selection Phase of the program. The physician and/or staff either would not or could not provide required extra time and effort necessary to complete the program. The FAFP consultants often tried to help to resolve the situation but could only go so far without practice-site leadership and direct involvement.

The obstacle was expected but underestimated in the program plan. Each physician office had been required to sign an enrollment letter agreeing to purchase an EHR with practice funds as a condition of participation. However, the consultants did not have any options for "enforcement" of this promise. In future programs, better outcomes could occur if the barriers to change and action can be better addressed.

Survey Results – What Could the FAFP Have Done Better?

- Assisted in obtaining financial assistance/aid, grants.
- Nothing – well done.
- Better cost-benefit analysis.
- It would be very helpful if the FAFP had an "Official Recommendation" on which EHR Vendor is best for family physicians.
- Process too restrictive to help me narrow down which vendor to select.
- Have vendors help with cost and help understand the downtime.

- Vendor demonstrations.
- Provided funding/grants.
- More specific information regarding different EHR programs.
- Needed a panel of physicians who have specific experience with a program to discuss the benefits of the program they use and know well.

Conclusion

EHR Now! provided a valuable and enduring service to the family medicine practices that participated. It gave them a clear understanding of the complexities of making decisions about the electronic health record systems their practices need in order to improve efficiency and productivity. More important, it helped practices understand that they must become more aware of the workflow of the practice, the role of staff members and the importance of operating as a team in caring for the patient.

Further, the **EHR Now!** program provided collaboration between the Florida Academy of Family Physicians and the state quality improvement organization in a forum that has never been attempted. The two organizations were able to share information and ideas about their respective roles in working with members and practices to improve their ability to understand practice operations and productivity.

While not a perfect program, **EHR Now!** provided a unique opportunity for a public/private-sector partnership. Government and private health care practices learned from each other as they tried to assist primary care practices with understanding the value and need to utilize health information technology. This fact alone makes the relationship and the program a success.

References

1. *FMQAI Notebook, Physician Practice Project, FMQAI, 2006.*
2. *Toward the Evaluation of Quality Improvement Organizations, CMS, HHS, 1/29/2007.*
3. *Toward the Evaluation of Quality Improvement Organizations, CMS, HHS, 1/29/2007.*