PAPERLESS PRACTICE

Electronic health records are setting the new standard for office organization. *Mentor* explores how sales reps can help clients jettison traditional practice management models for a paper-free system

By Christopher Paquette

Some of the most organized and efficient dental offices have placed paper on the list of endangered species by implementing an electronic health record (EHR) system to manage the practice. As the dental profession continues to be swept up in digital technology, it's not difficult to see why EHRs are moving up the food chain of practice management. An infographic recently issued by the Office of the National Coordinator for Health Information Technology (ONC), part of the U.S. Department of Health and Human Services, states that use of EHR systems has increased from 18% in 2001 to 57% in 2011.

Amy Helwig, MD, an ONC medical officer, states that when an EHR is fully functional (i.e., when information can be electronically exchanged between providers), the benefits greatly surpass a paper-record approach. Above all, EHRs improve the quality of patient care. They also boost practice efficiencies and cost savings, in part by automating previously time-consuming, paper-driven tasks. In addition, the ONC reports that two out of three patients would consider switching to a provider who offers access to medical or dental records through a secure Internet connection, and this capability encourages patients to become more involved in their own care.

So, when an office decides to adopt an initial EHR system, soup-up its existing digital capabilities, or move to an entirely paperless practice management model, knowledgeable sales professionals can offer valued insights that will help smooth the transition.

HUGE UPSIDE

If a practice is either uncertain or needs convincing about the potential advantages of switching to an electronic office organization system, sales pros might wish to share what our experts have to say. "Implementing EHRs can reduce the amount of time and resources needed for manual charge entry, resulting in more accurate billing and fewer lost charges," reports Helwig. "It can also reduce charge lag days and vendor/insurance denials associated with late filing, and cut chart-pull, storage and refiling costs."

"An EHR system allows multiple people in the office to have access to significantly more data, which makes for greater efficiency," observes Lorne Lavine, DMD, founder of The Digital Dentist, a Burbank, California-based technology consulting group. Expanding on the thought, Mike Uretz, founder and executive director of *DentalSoftwareAdvisor.com*,

NAVIGATING MEANINGFUL USE

As it turns out, meeting the criteria for financial incentives for implementing an electronic health record (EHR) system is daunting. Practices that seek federal incentive payments must jump through three overriding hoops. The first is showing that at least 30% of their patients are Medicaid beneficiaries. The second is that the practice must utilize an EHR system that's been approved by the federal Office of the National Coordinator for Health Information Technology (ONC). Third, the practice must meet "meaningful use" requirements set forth by the Centers for Medicare & Medicaid Service.

Trouble is, meeting the 30% threshold is out of reach for many dental offices. "Most practices are not seeing anywhere near this level," states Lorne Lavine, DMD, of The Digital Dentist consulting group. "Before the practice even thinks about meaningful use or using certified software, if it's not seeing at least 30% Medicaid patients, do not pass go; do not collect $200."

In spite of these hurdles, we turned to our experts to see how sales reps might assist with reimbursement eligibility. Amy Helwig, MD, a medical officer with the ONC, points to free resources at *HealthIT.gov* that present lessons learned and resources used in the field by the Regional Extension Centers (REC) and EHR providers nationwide. Funded by the ONC, the RECs offer unbiased EHR implementation support from start to finish.

Although sales reps can easily point their clients toward federally certified EHR software, addressing the meaningful use requirement is complex, notes Lavine. "You've got 15 core objectives you have to meet, and five others you have to choose," he adds. Perhaps the best approach for sales reps, he adds, is to connect the client with experts at the practice management software company who are familiar with this particular requirement.

And if reps are helping offices qualify for federal EHR incentives, Mike Uretz of *DentalSoftwareAdvisor.com* notes, "It is extremely important that they understand all of the rules and regulations of the program, and how to properly attest to receive reimbursement."

Uretz adds, "It is important to realize that the meaningful use program is ever-changing and involves different stages and rules. It is not an area to delve into without proper guidance and education."

tells *Mentor* that EHR systems bring more of a team approach to patient care, incorporate accurate real-time medical information, and reduce liability and the complexity of audits.

This speaks to one of the main care advantages of EHRs, which is the ability to electronically and instantly share patient information, either between operatories or during consultations and referrals. It also allows dental and other health care teams to more easily collaborate in patient care. In fact, the ability to share data on what's known as "health information exchanges" lies at the core of efforts to improve health care quality, safety and efficiency across all health care disciplines.

If the office is still not convinced, then it's time to talk natural disasters, the perks of being eco-friendly, and everyone's favorite: free money. Look no further than the recent devastating events of Superstorm Sandy and Oklahoma City to imagine the repercussions of practices in these areas that relied on a paper record system. By comparison, EHRs are often backed up in offsite locations — and, increasingly, on cloud-based servers.

Beyond the wrath of Mother Nature, many practices are drawn toward paperless systems because they're simply better for the environment. Monetary incentives funded by federal programs are also motivating some practices to make the switch.

Under the Health Information Technology for Economic and Clinical Health Act — part of the American Recovery and Reinvestment Act that President Obama signed into law in 2009 — federal incentives are available to encourage the adoption of EHRs. (See sidebar.)

THIRD-PARTY BRIDGING

Patient charting functionality is at the heart of the EHR model. Additional digital records joined with the chart might include digital radiography, intra- or extraoral camera image data and electronic perio-probe charting.

Speaking of the possible hurdles clinicians may face when adding features to an EHR system, Lavine observes, "We're finding that practices must more or less bridge their EHR software with third-party programs that increase the functionality of what the core software can do." And while adding third-party programs to an EHR system poses its own set of challenges, so does dovetailing a system with existing in-office hardware. As a result, he reports that helping an established dental office go paperless typically takes between 12 and 18 months.

"One of the first things I do is evaluate the office's current practice management software because that's the glue that holds everything together," Lavine states. "Then I ask myself if I can get the practice to a paperless environment with the system that's in place." If the office is using an outdated program that's no longer supported, for example, he says it's nearly mission impossible. "I'll study one of the office's charts and ask what's in it that needs a digital counterpart. Then I'll check if that feature exists in their current practice management software," he explains. "If it does, great, but if it doesn't, then it's off to explore third-party add-ons."

THE DEVIL'S IN THE DETAILS

Helwig emphasizes the heavy lifting that needs to happen on the front end of an EHR implementation project, noting, "The practice's clinical workflows should be efficient, clearly mapped out and understood by all staff members. The data collection and reporting processes also need to be well established and documented." She adds that the EHR implementation strategy should include a:

- Chart abstraction and other data migration plan
- Training plan that addresses practice-specific goals and needs — and, if warranted, complies with federal "meaningful use" objectives (see sidebar on page 14)
- Privacy and security risk management mitigation plan

Uretz suggests that the responsibility of implementing an EHR system sits jointly on the EHR vendor and practice. A common mistake among practices, he says, "is not holding EHR vendors accountable for a tight project plan and associated activities that are based on a distinct timeline."

"It takes time," Lavine reaffirms. "At my firm, the biggest problem we see are offices that are in a rush. Especially when there's a false sense of doom that an office needs to go paperless by 2014, which is baloney." Lavine is referring to confusion over a widely held, but misinformed belief that federal law will require offices to maintain patient records electronically starting in 2014. No such law exists. (Ironically, the rumor is based on the federal incentive program to implement EHR technology; for more, see "Set the Record Straight" in the February 2013 issue, available at *MentorIsSalesPower.com*.) "The other challenge for existing

practices," notes Lavine, "is figuring out what to do with the old charts that have 50 to 60 pages worth of forms." Due to the time required to digitize these records, he says that most offices simply archive existing materials for the period dictated by state law (typically five to seven years). Offices that choose to scan and transfer patient records, however, will then typically shred the paper files in a secure manner.

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MUST-HAVE FEATURES

Clearly, the individual needs of the practice are a critical consideration when shopping for an electronic health record (EHR) system. Apart from helping their clients choose a system that's been certified by the U.S. Department of Health and Human Services' Office of the National Coordinator for Health Information Technology (ONC), sales reps might point to some of these must-have EHR capabilities.

"The system must be able to handle progress notes and electronic signatures," states Lorne Lavine, DMD, founder of The Digital Dentist consulting group. "The goal is to find software that will minimize the amount of third-party software needed."

Mike Uretz, founder and executive director of *DentalSoftwareAdvisor.com*, looks for user-friendly, customizable documentation and progress notes. Other helpful features include clinical templates that can be easily edited, e-prescription functionality, and the ability to integrate with health information exchanges that allow the e-sharing of health-related data.

SERVE IT UP

Of course, every practice is unique, and EHR technology choices will hinge on many factors. One key decision, however, is whether to go with a cloud-based server, client-based server or a hybrid server.

Lavine maintains that most software (not just dental) is headed toward cloud-based functionality. He lays out some of the advantages, stating that cloud apps don't require high-end hardware, and the office staff doesn't need to worry about upgrading or backing up the software because that's all handled automatically. Another advantage is that you can access the data from anywhere, as long as there's a solid Internet connection.
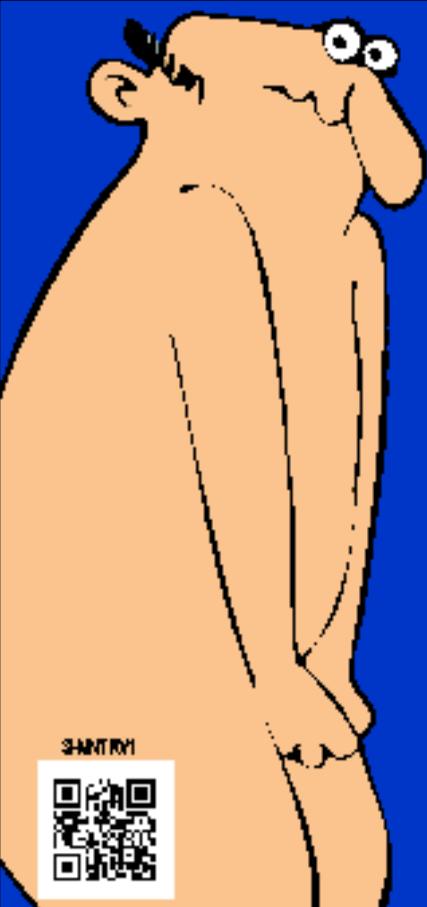
"Small practices may prefer cloud-based systems, as they require less infrastructure to be maintained within the practice. This means they typically don't face the same hardware costs as client-based server systems," explains Helwig. And to soothe those who are leery of putting patient health records on some cloud floating inside the Internet, she notes that "vendors offering cloud-based products also generally provide privacy and security services for the practice, such as encryption." This speaks to the need for practices to verify that the program meets Health Insurance Portability and Accountability Act (better known as HIPAA) patient-confidentiality requirements.

According to Uretz, cloud-based systems tend to be more affordable because their rates are usually predicated on monthly subscription services. Uretz does, however, emphasize the importance of negotiating a solid, eyes-wide-open contract with the cloud-based EHR vendor who will be in control of the practice's data, as well as the operations of the system.

Then there is the question of whether software or hardware should be the driving factor in EHR purchase decisions. "With hardware prices dropping dramatically over the last few years, evaluation and selection of EHR technology should be software driven," Uretz emphasizes. "A practice should select the best software system for its needs and not let hardware drive this decision."

Though EHR technology has significantly raised the bar for office organization, today's technology leaves room for improvement. "I'd like to see EHR technology head toward standardization, as right now there is very little," opines Lavine. "And it would be nice if the feds lightened up the requirements for funding." Full of optimism, Uretz is convinced that dentistry will experience an EHR revolution similar to the one that's taken place in the medical field in the last decade.

Regardless of when or if these developments come to fruition, sales reps can bet that the continual evolution of EHRs will set new records in office organization and paperless return on investment that clinicians, patients and reps will all benefit from.

ADVICE FROM EHR SPECIALISTS

Our experts also passed along some general points to remember when helping clients make electronic health record (EHR) system purchasing decisions. Lorne Lavine, DMD, of The Digital Dentist submits a classic first handed down from mom: Don't lie. "We are seeing sales reps going into offices saying, 'You have to be chartless by 2014,' when nothing could be further from the truth," he reports.

Amy Helwig, MD, a medical officer with the federal Office of the National Coordinator for Health Information Technology (ONC), implores salespeople to take advantage of the tools provided by the ONC when purchasing and implementing a system (check out *HealthIT.gov*). "These include guidelines and checklists for EHR vendor selection, a reference-checking worksheet, request for proposal templates, and vendor evaluation tools," she says.

And Mike Uretz of *DentalSoftwareAdvisor.com* cautions against working with a vendor who (1) utilizes proprietary technology; (2) who refuses to be interoperable with other vendors; and (3) who refuses to negotiate a contract with the provider.

TERMS TO LEARN

Client-Based Server: A central database server, usually inside the dental office, that backs up all of the data on the computers. The data is secured within the walls of the office.

Cloud-Based Server: A server system that allows the user to save and access data via the Internet.

Electronic Health Record System: An evolving software record system that may include medical and dental histories, notes and other health information.

Hybrid Server: Instead of backing up patient data on the Internet or an a drive that's sitting in the office, providers have the option of using space on servers from companies that provide electronic health record systems.

Meaningful Use: Standards defined by the Centers for Medicare & Medicaid Services incentive programs that govern the use of electronic health record systems. When these standards are met, dental health providers may become eligible to receive federal incentive payments.

Software as a Service: Perhaps more commonly known by the acronym SAAS, this is a software delivery model where users access software from the Internet. The software is hosted remotely, and removes the need for additional hardware, installation and set up.