EMR Selection in the ASC

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The terms electronic medical record (EMR) and electronic health record (EHR) are often used interchangeably. However, these terms describe different concepts. EHRs rely on EMRs being in place, and EMRs will never reach their full potential without having interoperable EHRs in place.

It is important to understand the differences. The EMR is the legal record created in the healthcare environments that is the source of data for the EHR. The EHR represents the ability to easily share medical information among stakeholders and to have a patient's information follow him or her through the continuum of care.

Along with other healthcare providers, the ASC is experiencing increasing pressure to transition to EMR as the precursor to a larger nationwide EHR strategy. In its broadest sense, this strategy promises higher quality, reduced errors, lower administrative costs, and higher margins for providers.

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Making the Leap: Issues

The key elements to EMR are: (1) they contain clinical information, and (2) they are electronic/digitized. At first glance, the ASC's narrow scope of care and relatively small and straightforward organizational structure appear to make ASCs an ideal candidate for a transition to EMR. So why have so few ASCs made the leap?

Standards and compatibility. One of the biggest obstacles to EMR for any provider is the lack of "standards" to facilitate the ease with which patient information can be transferred, shared, and interpreted. Without standards, different EMR systems cannot share and exchange data efficiently and effectively. For instance, a hospital EMR may use different terminology from a medical practice EMR. The EHR is the composite of all the patient clinical experiences and information. How will those differences be reconciled to create a comprehensive and integrated record if they are in "different languages"? The lack of standards may make EHR unattainable or unaffordable. The more the healthcare industry integrates EMR into its system, the more onerous the task will be to "merge and consolidate" clinical data from various providers when universal "standards" are adopted.

EMR products have two main components: (1) the medical content, which is highly specialized and provider specific; and (2) the presenta-

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tion, or to use computer terminology, the user interface, which defines the user experience with the product. As EMR products evolve, they become more feature rich. It is inevitable that digitized medical images will become an increasingly important component of EMR. Making increasingly feature-rich EMR products compatible with each other so that they can "talk to each other" and reside in the same EHR is a huge issue—not to mention their integration with already existing administrative software products.

And there is the rub. The ASC operating environment is increasingly competitive, costly, regulated, and challenging. To manage an ASC today without administrative software is a huge disadvantage—it's like driving a car without a speedometer and indicator lights. Just as a medical practice would not attempt to manage its business without a practice management system, an administrative system is becoming a business standard in the ASC environment. Some vendors are trying to provide an integrated administrative system and EMR product. Others have opted for a "best of breed" approach focusing only on the administrative system and partnering to develop an interface with an established EMR vendor.

Market size and requirements. One of the most daunting problems in evaluating EMR options in ASCs is the lack of programs with ASC placements in the market. There are only 5,000 ASCs nationwide, and relatively few have transitioned to EMR. The ASC market is too small to support a variety of dedicated EMR products.

Many practice management applications market EMR components for the ASC. The tendency, in a practice-owned ASC, is to view expansion of the practice management application to your ASC as an economy of scale. In this scenario, the practice is driving the decision for the ASC rather than considering the unique needs of the ASC environment. Buyer beware! These practice-based EMR systems don't always translate well in the ASC and what appeared at the beginning to be an attractive option can ultimately result in a compromised outcome for the ASC. A word to the wise: Get references of ASCs that have used an application and talk to them before you commit.

Redundancies. If the ASC has an administrative application, it houses the patient demographics, surgeon preference cards, inventory, claims and billing, etc. A separate EMR application demands duplicative effort to enter data already in the system, or program an interface, which allows the EMR application to extract data from the administrative system. Either way, it can represent an additional expense and layer of complexity to the process.

Considerations for EMR Adoption

EMR products and technology are expensive. Older ASCs may not have the infrastructure needed to adopt EMR without significant physical plant renovation. Additionally, a commitment to EMR mandates great care. Planning must go into making sure the system operates in a "high availability" and "high redundancy" environment. This requires expensive servers and hardware to ensure that your operation never goes down.

Thoughtful planning includes a "manual" back-up plan. (The alternative is to cease operations, which is obviously unacceptable.) Scrupulous attention to security and HIPAA compliance is crucial. Managing network security can be challenging for an ASC. Unlike hospitals and even large practice environments, ASCs do not typically have dedicated IT personnel who can facilitate the process. Tapping that expertise adds to the expense.

Clearly, EMR selection in an ASC is a challenge. You must do your homework well. Seek clarification regarding interface capabilities, upgrades, and support. Scrutinize the purchase contract and license agreement carefully. Investigate the company thoroughly for financial stability and market share. Insist on visiting an existing client and talking to at least three ASC users. Ensure adequate support and training during implementation and plan for perpetual retraining.

Evaluating ROI

It is difficult to document a return on investment (ROI) today for EMR adoption and use in an ASC. To date, most providers have justified the cost of EMR based on cost savings through efficiencies such as decreased personnel or elimination of expenses associated with coding and transcription.

Perhaps this will change since passage of the American Recovery and Reinvestment Act of 2009. This bill includes incentives in 2011 for provider adoption of health information technology and penalties for providers who are not "meaningful EHR users" by 2015 (see feature article, p. 54).

The transition to EMR in an ASC is an enormous commitment, and defining the process for selecting a system is just the first step. ASC-specific EMR options are limited and many presume the ideal solution is yet to be seen. ASCs need to ask if they truly want to implement EMR or just become paperless, which can be accomplished through scanning of medical records. Few question the inevitability of EMR as the standard in the ASC environment. The debate is in the timing. AE

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