

Testimony for the Implementation Experiences Panel before the HIT Standards Committee Implementation Workgroup at the Hearing on Implementation Starter Kit: Lessons & Resources to Accelerate Adoption

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I appreciate the opportunity to provide information to this group on my implementation experience and current work to achieve meaningful use. I am a solo family medicine physician in rural northwest Kansas and collaborated with two other family medicine physicians to purchase and implement an EHR in 2008. We were very successful in our implementation, retaining all staff through the transition and converting to a paperless system within a year of initiating the process. We utilized a step-wise implementation that allowed staff to learn at their own pace and did not require a drop in patient volume in our office. We have recouped our start up costs and seen an increase in revenue since 2008.

In addition to having a CCHIT-certified EHR, we have done quality work in the areas of diabetes and hypertension for 6 years using a separate registry program and recently started a quality project with our state QIO measuring rates of pneumonia and influenza vaccination, mammography and colorectal cancer screening using our EHR. We use a web-based state immunization registry that does not currently exchange data with our EHR. We have connected two satellite clinics successfully and do rounds at the local nursing homes with laptops using a secure VPN connection. We do have e-prescribing, but only 20% of our pharmacies utilize SureScripts, so we utilize faxing to communicate with the remaining 80% of pharmacies. We have activated a patient portal very recently and are still in the process of testing. We are a progressive group and not afraid of entering the electronic age. Our staff are delighted to use an EHR, and everyone agrees we would not want to return to the days of paper charts.

I do not foresee any barriers within my office that will prevent meaningful use, however, I am very concerned about challenges that lie outside of my control. In Kansas, we do not have an operating HIE, making data exchange at the state level impossible at this time. Many pharmacies in my area are small, independent businesses that have not seen the benefits of purchasing SureScripts, so we have no way to electronically connect with them to send prescriptions. We have purchased and are implementing a lab interface with our local hospital, which will help us achieve about 75% of lab values transmitted as discreet values, but to achieve higher percentages will require connecting with three other lab sites at a cost of \$3,000 per site.

My EHR vendor was supportive during our implementation process. They have very solid ongoing support staff. They are progressive and continually updating their product to improve functionality. I was initially attracted to the company because they had a "one price" product structure, but as more requirements for ARRA have been announced, we are now needing to purchase "add ons" to work toward meaningful use. Although the additional costs have not been bank-breaking, they do decrease the bottom line.

Moving forward, my next step is to purchase and implement RX Hub so that I have a true bi-directional interface with the pharmacies which have that capability. I serve on my state's e-Health Advisory Council in an effort to affect progress towards a statewide HIE. I will continue to monitor the ARRA requirements as they become more solidified and move toward fulfilling those requirements. Today I hope to advocate for providers, who are fairly dependent on their vendors (EHR, labs, immunization registries, HIEs) to obtain certification. I am concerned that providers may be penalized due to circumstances beyond their control, and I hope that the comments regarding this issue are carefully considered before the final ruling on meaningful use requirements is published.

Thank you for the time you have spent in considering my testimony. I am happy to answer any further questions you may have.