

HIT Standards Committee

Real World Experiences Working with Meaningful Use

Panel 1. Implementation Support – Regional Extension Centers (REC)

Written Testimony provided by

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Desert Ridge Family Physicians (DRFP) is a small medical practice comprised of six physicians, five medical assistants, five receptionists/billers (front office staff), and one practice administrator. We are a lean and efficient organization and are appropriately staffed to meet the demands of a busy family practice. Outside of our responsibilities for patient care, there is little additional time to expend on additional projects and initiatives.

For instance, in a typical week within our practice, we have one hour in which all of our physicians are able to share lunch together and discuss matters concerning the practice. Fortunately, we have found that we are particularly adept in project management. We routinely use our weekly meeting to discuss initiatives for improvement, and assign tasks to physicians and staff to support these initiatives, and we have the drive needed to carry these improvements forward. This is a skill set that is not commonly found within the small practice setting, and we have benefitted from it greatly.

Neither the desire to improve patient care nor the lack of free time is unique to Desert Ridge Family Physicians. In our community, we collaborate with many other practices. All wish to improve their care, gain efficiencies, reduce waste, etc but these efforts are hampered primarily by two things, lack of available time and lack of expertise in project management.

I am greatly in favor of modernizing the medical system through the conversion to Electronic Health Records (EHRs). We have seen firsthand the benefits that EHRs can provide, and we credit our EHR (the NextGen Healthcare suite of solutions) as the backbone of many of the quality improvements and initiatives that we have implemented. However, we also realize how difficult it is for neighboring medical practices to implement and succeed with a new EHR system. The average small practice has little downtime and many do not have prearranged, organized meetings, thereby making it difficult to share information, collect feedback and plan. Small practices also have a heightened concern for short term financial repercussions of any change. For this reason, small practices have a need to maintain existing patient volumes and physicians are rightfully unwilling to compromise patient care during a transition to EHR. For the average small practice, there is simply too much information to learn and additional work to be performed for them to tackle this project alone.

The creation of the Health Information Technology Act (HITECH) and the requirements of the Meaningful Use legislature are precisely the type of incentive needed to spur EHR adoption. The incentive money will help offset the costs of implementation. The Meaningful Use requirements help to define what an EHR should be capable of, and sets the direction and long term goals for the American healthcare industry. Still, the challenge at the small practice level is significant.

Question 1. Identify our challenges, barriers, and successes when using the implementation support from our Regional Extension Center.

The benefits of using an EHR to its fullest capacity are well known throughout the medical community, but few small medical practices have gone through the conversion of paper to EHR. In my view, the primary reason for delay has been the transition period from paper charts to a fully implemented EHR.

The purpose of the Regional Extension Centers is to serve as the experts that assist medical practices as they migrate from paper to achieve meaningful use of an EHR. In theory, the RECs should be staffed by knowledgeable individuals who can inform medical practices of the changes coming to American healthcare (electronic exchange of information, care coordination and collaboration, measurement of quality, to name a few). The RECs should have expertise in the capabilities and use of EHRs, with firsthand experience. They should also be well versed in project management, EHR conversions and application and workflow training.

In Arizona, we are particularly fortunate in the formation of our Regional Extension Center (REC). Our REC is comprised of four separate institutions which have come together to fulfill different purposes for the common good.

- AzHeC - The REC is headed by the Arizona Health-e Connection (AzHeC) who serves as the organizing body, as well as the chief communicator for REC efforts within the state.
- HSAG - The Health Services Advisory Group (HSAG) is also the Quality Improvement Organization (QIO) for CMS and has a long history of working with CMS to improve quality and outcomes among Arizona and California medical providers.
- ASU-BMI – Arizona State University’s Department of Biomedical Informatics is supporting the educational mission of the REC, and is providing education to individuals who will support the modernization of healthcare at the local level.
- PACeHR – The Purchasing & Assistance Collaborative for Electronic Health Records is an organization established to assist Arizona practices in the conversion to a qualified EHR.

At Desert Ridge Family Physicians, we have benefitted from many of the services that these organizations provide.

We initially began collaborating with AzHeC in 2007. As an early adopter of e-prescribing, we were often frustrated by the lack of pharmacy support for this prescription delivery method. AzHeC was charged with assisting Arizona medical providers and pharmacies to adopt e-prescribing. Strategies, successes and frustrations were shared between us, and substantial improvement in the process of e-prescribing has been seen.

In early 2010, AzHeC and their coalition were charged with creating Arizona’s Regional Extension Center. Since then, AzHeC has developed the website for the REC, which includes extensive information about the REC, Meaningful Use, ARRA stimulus, and more. AzHeC has also developed a monthly newsletter to increase awareness regarding ARRA, Meaningful Use requirements, assistance available from the REC,

and a variety of other topics. The newsletter has been useful in informing the medical community of any recent developments and upcoming events.

Furthermore, AzHeC has developed a series of forums, whereby medical providers are invited to hear panel discussions on topics related to EHRs and get their own questions answered. Our practice has both attended these forums and participated on the panels. The forums have been well attended and offer a unique opportunity for physicians to hear viewpoints from other physicians who are much further along. AzHeC has also attended other medical gatherings (such as MGMA meetings), to inform them of their efforts as an REC. The information disseminated by AzHeC has served as one of our primary resources for updates on Meaningful Use.

Our history with HSAG also goes back several years. In 2008, Desert Ridge Family Physicians began voluntary participation in a quality reporting program aimed at improving preventive care and we continue to participate today. Through their work as a QIO, HSAG has gained an expertise in measuring quality of care, improving processes, and project management. Their assistance to medical practices in these areas is invaluable.

On behalf of the Arizona REC, HSAG offers a range of services. For medical practices that still utilize paper charts, HSAG has a formal planning process to take them from paper, through implementation of an EHR, and then to Meaningful Use. The plan begins with a Readiness Assessment and Workflow Analysis, which provide insight into the practice's strengths, weaknesses, personality and goals. From this analysis, HSAG is able to guide the practice through EHR selection and implementation. From their extensive experience, HSAG knows well that each medical practice is different and, therefore, any implementation plan must be configured to the practice. Each practice's customized implementation plan includes the estimated timeline, major milestones, required resources, configuration and testing, and much more. As the practices proceed with their implementation, HSAG is present throughout offering assistance and guidance. This partnership is crucial to enable small practices to quickly and effectively implement EHRs and get to Meaningful Use.

For medical practices that are already using an EHR, such as ours, there is still much work to do to fully meet the requirements of Meaningful Use (MU). HSAG has a formal program to assist these practices as well. The process begins with a MU Gap Analysis, to determine which aspects of the Meaningful Use requirements are not currently met. For any deficiencies, HSAG offers their experience and assistance to help the practice meet the requirements. Desert Ridge Family Physicians has undergone the Gap Analysis and learned that we are well situated to meet the Meaningful Use requirements, yet we have substantial work to perform in the interim. For instance, we do not currently collect race and ethnicity data on our patients. The collection of this information is not difficult, but it does require a degree of sensitivity. HSAG was able to share insight gleaned from other practices and suggested a process that we will likely employ.

Meaningful Use also requires that we conduct a Privacy and Security Assessment, yet does not adequately describe what that should entail. HSAG has a Privacy and Security Assessment that

examines our EHR, our network and our policies and procedures to ensure that we are fully compliant. Without this resource, I am doubtful that we could adequately meet this requirement on our own.

The inclusion of Arizona State University's Department of Biomedical Informatics is unique to Arizona's Regional Extension Center. ASU-BMI is heading up the REC's education and workforce development initiative. Through this initiative and in collaboration with several community colleges, ASU has built the curriculums to appropriately educate members of the community to meet the needs of our modernizing healthcare industry. Some of the individuals in training come from within the healthcare industry, and are returning to school to learn the new skills that are becoming necessary. In addition, professionals from outside industries are learning the particular requirements within healthcare. The trainees from these programs will be vitally important to the long-term success of the modernization of healthcare.

At Desert Ridge Family Physicians, we are particularly excited to be working with ASU-BMI. We were approached by them with the opportunity to have an intern placed within our organization to assist in our quest to meet Meaningful Use. ASU-BMI requires that the intern gain knowledge from the experience, that will be useful outside of our practice. Obviously, we have the goal of accomplishing something that we could not have accomplished otherwise.

Through brainstorming with ASU-BMI, we devised a plan to have an intern conduct EHR testing on our behalf. In order to meet the requirements of Meaningful Use, we will need to update our EHR to its latest version. NextGen Healthcare, our EHR vendor, strongly recommends that we test all aspects of the new version prior to deployment. Unfortunately, with the time constraints that any small practice faces, it is difficult to find the time to adequately test all functionality. An intern, on the other hand, is serving a dual purpose in performing the testing. The intern will test all functionality, while also learning all aspects of an EHR. The intern can construct a formal testing procedure (a rarity in a small practice environment) to ensure that adequate testing of all system functionality is attained. In addition, s/he can contribute the knowledge learned to a centralized knowledgebase which can be shared among any other practices using the same EHR. This will greatly aid those practices in conducting their update testing. Furthermore, if this intern is still available, s/he can help other practices with their testing, and dramatically decrease the time needed to perform the required testing. We anticipate that we will be ready to begin work with our intern by the end of January.

To date, I have been impressed by the coalition formed to serve as Arizona's Regional Extension Center. The breadth of knowledge and depth of experience within the contributing organizations is considerable, and they are well positioned to offer the necessary assistance. Other RECs would be well served to follow their example.

However, the challenge to modernize the small practices of Arizona is still overwhelming. One of the key barriers is the confusion that exists in the medical community. On the political side, the passage of health insurance reform, followed by the vows of some to repeal it, has certainly obscured the medical community's view of the future of healthcare. Over the past year, we have seen several temporary patches to the Medicare Suggested Growth Rate payment schedule, but still do not have a permanent fix. And certainly there is the problem of the deficit, and what effects it may have. All of this confusion

has led many medical practices to adopt a “wait and see” approach regarding the transformation of their practices. Questions such as “will the incentives be paid,” “will the penalties be enforced,” “will a practice continue to accept Medicare insurance,” and many more are being asked repeatedly throughout the country.

Another barrier that I have seen is the focus on Stage 1 of Meaningful Use by the EHR vendors, the certification process and the Regional Extension Centers. The technical bar to meet Stage 1 of Meaningful Use is really quite low for most EHR vendors. In fact, as of Jan 2, 2011 there are over 150 EHRs that have been certified to meet the requirements of Stage 1 Meaningful Use, with more expected to pass certification in the months to come. How many of these EHRs will also meet the goals of Stages 2 and 3 of Meaningful Use?

At Desert Ridge Family Physicians, we use a top tier Electronic Health Record from NextGen Healthcare. It captures information as discrete data, is interoperable with a wide range of other systems and health information exchanges, relies on common standards, etc. We are particularly excited about MU Stages 2 and 3 because of the improvements in quality of care that we expect to see within the medical community, and the effect that they will have on our practice. The ability to receive data on our patients from our community hospitals and specialists will greatly improve patient care, while decreasing costs and eliminating waste. This goal however requires our community medical practices to also adopt capable and interoperable EHR systems.

There are many under-qualified EHRs in existence. For the purposes of Meaningful Use certification herein, I would simply qualify EHRs on their ability to meet the goals of Stages 2 and 3 of Meaningful Use. Abilities such as participating in the exchange of discrete clinical information, medical decision support, and population management should all be present.

My fear is that too many under-qualified EHRs are getting certified, which adds false legitimacy to their products. For practices that are evaluating EHRs, they may see a low price tag, a simplistic system, a certification star, and perhaps a money back guarantee, as all of the justification needed to adopt. But down the road, if the vendor is unable to meet Stage 2 or 3, a money back guarantee will be useless to reclaim the lost time and effort for implementation. Rarely is there an easy path to migrate from one EHR system to another. Unfortunately, there will be some practices that are caught in this situation.

What I am more fearful of, however, is the effect on the requirements of Stage 2 and 3 if low end systems are widely deployed. If low end systems begin to dominate the medical landscape, the requirements of Stages 2 and 3 will need to be lowered if they are to be attainable. In my view, watered down requirements will undermine the goals of the entire program.

The existence of the Regional Extension Centers can serve as a formidable buffer to these under qualified EHR systems. As I understand it, the RECs have the freedom to make recommendations for EHRs as they deem most appropriate for their communities. Anecdotally, I have heard that some RECs are recommending only 3-5 EHR systems, and only assisting practices that follow that recommendation. Other RECs are supporting a larger number of EHR systems as many as 10 or more and providing little or no assistance for systems outside of their recommendation. While I can appreciate the frustration of

some EHR systems that fall outside of the recommendations, I believe the RECs serve the best interests of the community as a whole in making these determinations, and ensure that the providers that they assist will be utilizing qualified systems that will take them beyond Stage 1.

The Arizona Regional Extension Center, like some others, has adopted an agnostic viewpoint on the quality of any certified EHR system. As long as an EHR can meet the requirements of Stage 1 of Meaningful Use, the Arizona REC will assist the practice. I can understand the rationale for the Arizona REC to adopt this philosophy, as I imagine it could be very difficult to determine the rightful awardees of their recommendation. Certainly, users of systems that are not recommended may feel insulted and alienated from the process. Yet, personally, I disagree with this philosophy, as I believe it has the potential to further isolate medical practices from each other. The coordination of healthcare within our community will suffer if each practice is using a different EHR system. Any health information exchange that could be built will find it very difficult to communicate effectively with such a vast number of EHR systems.

At a minimum, I would prefer to see RECs assemble a list of their recommended EHR systems, based on the best interests, technical standards, and long term goals of their communities. If a practice is determined to use an EHR system that is not recommended, the REC can determine what assistance is appropriate to provide, but should not be obligated to provide its services. My hope is that the Arizona Regional Extension Center will increase their mandate beyond assisting providers to meet the requirements of Stage 1 Meaningful Use, and will use their considerable knowledge and experience to position Arizona for success in Stages 2 and 3, and thereafter.

The Regional Extension Centers have an overwhelming challenge. Whether or not they can complete their goals remains to be seen. However, for every practice that they convert, the benefits are felt far beyond it. When we, as a community of providers, can communicate efficiently, can coordinate care effectively, and improve the medical process for our patients, the rewards will justify the efforts.

Question 2: Outline the implementation support and methodologies you used that worked and didn't work. Include any real-world user stories, illustrations, or examples.

Desert Ridge Family Physicians opened in 2004. There were many motivations in deciding to open a small, independent medical practice. Our founding physicians were frustrated by the direction of medicine in general, and primary care specifically. We had seen the rise of aesthetic services, the emergence of concierge practices, and the fragmentation and devaluation of primary care. Our physicians were determined to not follow this trend, and would command their own destiny. Our physicians knew that they could do it better, and knew they would need to deliver results.

Prior to our opening, it was determined that an Electronic Health Record would be needed. It was not an easy financial decision to make, particularly since there was no revenue at the time, and an extensive

list of expenses. But only a qualified EHR had the tools necessary to deliver the care that we promised. Our physicians researched EHRs to determine a short list of qualified systems. We arranged demos, where the vendors would show how the systems worked and could highlight their strengths. All along the way, our physicians actively sought feedback from the physician community on EHRs, asking about the benefits, drawbacks, support, scalability, etc. From this process, a favorite emerged. Our physicians then visited an established practice that was using the software, and got to see the EHR in a live environment, as well as receive unbiased feedback regarding the product. From this process, we were able to choose our EHR, and have never regretted our choice.

We largely credit the physician community with their assistance in choosing our EHR. In fact, throughout the planning stages, we were overwhelmed by the help and assistance provided by other medical practices. This advice was highly instrumental in the development of our practice. Since that time, we have maintained a similar attitude toward others, and graciously offer our assistance wherever we can. We have hosted countless site visits for practices considering or evaluating EHRs. Likewise, we collaborate with other users of our EHR system and share improvements, innovations, reports, and the like. This exchange of information has continued with our cooperation with the Arizona REC, through our participation in their forums.

We were fortunate that we could undergo our EHR implementation prior to opening. Our physicians and staff had sufficient time to undergo thorough training provided by NextGen Healthcare. Our “go live” was very smooth as our trainer was on-site during our first few days to make sure our staff was comfortable using the system. While our situation was unique, it was a very positive experience for us. We were also impressed by the high level of support that was present both before and after our implementation. While aspects of our implementation were easier due to our situation, we are confident that similar results can be obtained by other practices as well.

Our office was established with a unique philosophy. We offered “open access” scheduling, also known as “Same day/Next day” scheduling, whereby patients are always able to schedule their appointment for either the same or next day, regardless of reason for visit. For patient telephone calls, if we are unable to assist them during their initial call, we return their call no later than the end of the same day. We strive to ensure that patients consistently see their PCP, and are successful in approximately 94% of our appointments. Each physician has a dedicated medical assistant, and the two work as a team to meet the various needs of their patient panel. Our physicians continue to adhere to the evidence based medicine focus that was taught in residency. Little did we know it at the time, but we were delivering care consistent with the principles of the Patient Centered Medical Home, a model for improvement of Primary Care which continues to gain momentum and awareness.

Our practice has embraced change and quality improvement from the beginning, and has become quite adept in project management. As new employees have often found out, we are continually searching for ways to improve our care and the delivery of our services.

In early 2007, we transitioned from faxing prescription to e-prescribing. According to Surescripts, at the end of 2006, less than 0.5% of prescriptions were e-prescribed in Arizona, and only 4% of Arizona

physicians had the capability to e-prescribe. At the time we began e-prescribing, very few other offices had even heard of it. Many of the pharmacies that we work with had the capability, but were not aware of its existence, or failed to regularly use the systems. Early e-prescribing was very frustrating for our office and for our patients. The delivery of the prescriptions worked flawlessly, but the pharmacists had to learn to use the new system. We designed educational tear off sheets for our patients to present to the pharmacists, which greatly improved our success. However, the biggest contributor to sustained improvement was the medical community's transition to e-prescribing. The Arizona Health-e Connection (AzHeC), who was later charged to head Arizona's REC, had an early mandate to assist Arizona providers transition to e-prescribing. Largely through their efforts to increase awareness, e-prescribing has become more common among Arizona providers and pharmacies. Because of this, our satisfaction and that of our patients has increased dramatically. This experience serves as an example of what the RECs are able to accomplish, and how they can benefit the community as a whole.

In 2008, Desert Ridge Family Physicians cooperated in our first Pay for Outcomes pilot project. We participated with two other practices, one of which had a low-end EHR, and the other was entirely paper-based. The goals of the project were threefold.

First, the program sponsor supplied us with Evidence Based Medical Opportunities to improve care, which were individual recommendations of care determined by analyzing each patient's medical claims data. Second, our physicians were encouraged to collaborate with the sponsor's care coordination team, and use them to reinforce the goals and methods suggested by the physicians. And third, the sponsor would pay a small incentive for each improvement that was measured within the patient panel. The project was very successful, and the sponsor was highly encouraged by its results. As a participant, we learned many important lessons that have affected our outlook on the modernization of healthcare.

Of the three participants in the pilot project, our office had the best results while investing the fewest man-hours in its oversight. We were able to accomplish this feat through integration of each of the initiatives with our EHR. The Evidence Based Medical Opportunities (EBMs) were supplied to each of the practices either electronically or on paper. We customized our EHR so that these EBMs were viewable within the patient's chart. If the patient had unresolved EBMs, an alert was generated upon access of the chart to inform the physician of their presence. It was the preference of our physicians to act on these EBMs when the patient was present, which was the most effective and efficient method. The other offices struggled to find their preferred method for handling the EBMs, primarily because it was not integrated into their workflow.

In order to collaborate with the care coordination team, the program sponsor created a form to be faxed from the provider to the nursing support team. Within the form, the practice needed to identify various patient demographics and describe the care coordination support needed. While well-intentioned, the time needed to fill out the form was cumbersome and created a barrier. In our practice, we integrated the form into our EHR. The physician could fill out the care instructions, the EHR automatically filled in patient demographic info, and the physician could electronically fax the form all within seconds and without leaving the exam room. The burden faced by other offices was eliminated in ours.

Lastly, each physician would receive a small incentive payment for each improvement seen within their patient panel, measured across several chronic disease management indicators. To determine whether the criteria had been met, an analysis of each visit was required to show improvement as compared to their baseline measurement. In the other two practices, this analysis was manual, where staff members had to shuffle through paper charts or individually review their electronic charts to determine the successes. The reporting was so difficult that it was determined that it would be prohibitive on a large scale. In our practice, a report was created to summarize the results of all of the measures. Our reporting took an hour to review three month's worth of data. In comparison, the other practices worked for days, and included after-hours overtime pay for staff members to conduct their reviews.

We learned many things because of our participation in this pilot project. Most applicable to the Meaningful Use discussion was the importance of having a high-functioning Electronic Health Record, and what its effect can be on the health of our patients and the community. As an isolated island, a medical practice can only see what is in front of them. However, beyond their sight, there is an immense amount of resources that could be available to assist these practices. Insurance companies are massive aggregators of health information, but struggle to find effective ways to provide this data to physicians. Care coordination teams could be vastly improved if they could collaborate with physicians. Disease and vaccination registries could help to coordinate care across multiple practices. Hospitals could coordinate care after discharge. The list goes on and on. All of these efforts would improve care, eliminate waste, and decrease costs, but they all rely on efficient communication and coordination, and this is only possible with qualified EHRs.

We have also learned the effects that low-end systems can have on community wide communication. Within the last several years, we have seen the rise of web-based portals used to share information. In fact we connect with so many portals, the management of login names and passwords became a necessary office improvement project. In any given day, we access most of the following web portals: lab vendor, radiology, immunization registry, claims clearinghouse and hospital records, as well as all of our insurance portals such as United Healthcare, Aetna, Blue Cross, Cigna, Humana, HealthNet, Medicare, Tricare, Pacificare and many others. While portals are an improvement over telephone calls, they are not integrated into our EHR system. The ultimate goal for all of this information should be integration within EHR systems, so that physicians have access to these resources embedded within their workflow.

In 2008, Desert Ridge Family Physicians was approached by a local hospital system with a plan to integrate access to their medical records through our EHR. They were in their early planning stages, but had selected a vendor to serve as both a web portal and would be capable of interfacing with capable systems.

In early 2010, the infrastructure had been laid, and we were invited to begin the interfacing setup. However, within our initial discussions, we learned of a major drawback to the system. We would have to determine which of three categories of records that would be provided to us, either labs, in-patient

records, or out-patient records. We were interested in seeing subsets of each category, but this was not possible. For example, from in-patient records, we would certainly want discharge notes, but would find little benefit from operative reports, EEGs, and various consults performed prior to discharge. But the system did not allow filtering of content, and in fact, did not support the descriptive naming of documents. If we were to adopt this interface, we would receive up to fifty or more distinct documents, all named “transcription” for our physicians to review while looking for the proverbial needle within the haystack. We were most surprised at the reaction from the vendor when we had asked if we could filter by document type. The response was that no one had ever requested that before, and why would we want such functionality? This is an example of a “data dump”, where uncategorized information is simply dumped, all to be manually deciphered later.

The experience with the medical records interface has bolstered our view that qualified EHRs will be vital to efficient communication and coordination. Physicians need easy access to the appropriate information for the task at hand. If a physician is caring for a patient just released from a hospital, they will need to review the discharge instructions. If a physician is considering ordering labs, they should have access to the patient’s recent lab results. If this information is difficult to access, the physician will bypass it.

The key to making this information accessible and appropriate is discrete data. Discrete data can be exchanged between different systems and retain its usefulness. Whereas word blobs, pdf documents, scanned images and the like must all be manually reviewed to determine their appropriateness. In busy medical practices, there is not sufficient time to conduct these manual reviews of unqualified information from various sources.

In an effort to improve our communication, Desert Ridge Family Physicians began exchanging secure email with our patients in early 2010. We adopted NextMD, another product from NextGen Healthcare that integrates with our EHR.

Our initial goal with NextMD was to improve efficiency in how we communicate with patients. Telephone calls are inefficient and frustrating for patients and providers alike. Now, through the use of secure email, patients are able to communicate directly with their physician to seek advice or clarification, inform them of any changes in their condition, and improve coordination as they navigate the medical landscape. Our providers have been unanimously supportive of this new capability, and all agree that it has improved their care and management of their patients. Yet we are in our infancy with our use of email messaging. We have begun using email as a method to track compliance on medications, as well as monitoring a patient’s well being. We have much loftier goals of population management for chronic conditions and preventive care, which we plan to implement in the coming year.

In crafting our strategy to implement our secure email system, and to determine how to integrate it into our workflow, we relied on practices that had gone before us for insights. Following our successful implementation, we began sharing the knowledge that we had learned. This will be one of the great benefits of working with RECs. As each practice moves along to convert to EHRs, or implement new

workflows, or report new measures, they will undoubtedly encounter situations in which they are inexperienced. The network of contacts at the disposal of the RECs will be invaluable to assist each practice progress towards Meaningful Use. For almost every situation that a practice will encounter, the REC will likely know of a practice that has already surmounted the problem and can help to guide others through their experience.

One of the great challenges that the RECs will face will be the coordination of their resources. Outside of their own organizations, there is a wealth of resources to be drawn upon. Each medical practice that is progressing towards Meaningful Use has obstacles to surmount, but also has knowledge of their past successes. Furthermore, EHR vendors and IT support organizations represent substantial resources that can and should be drawn upon. If the RECs can find ways to propagate the individual successes of medical practices throughout their communities, they can greatly extend their reach and impact, without overextending their in-house resources.

Question 3: Discuss your outcomes/results. Include any surprises or unexpected outcomes and how you addressed them?

Desert Ridge Family Physicians invested heavily in our EHR system 6 years ago. We had lofty goals for our medical practice, and knew that an EHR would be central in our efforts. Primarily, we knew that an EHR would be necessary to achieve the level of efficiency that would be needed. In order to provide patients with access to their doctors within hours or even minutes of their request, we could not have staff charged with shuttling folders of charts around our office. In order to answer questions for patients at the time of their call, all staff needed to have instantaneous access to every patient's medical record. In order to have prescribed medications cross checked with a patient's allergies, other medications and conditions, we knew an EHR was essential.

The importance of all of these factors, and the countless others that have not been named, has not decreased. We have fully taken advantage of all of these capabilities within our office, and carry immense pride at the quality of patient care that our EHR system allows us to provide.

However, we did not comprehend how important our EHR would be in the future. Over the past three years, as we have become involved with outside organizations and projects, we have begun to realize the potential of a cooperative medical community.

Within our practice, we are often frustrated by the lack of coordination of medical care across multiple organizations. Poor communication is the standard, and the patients suffer for it. Patients are made to be file clerks, amassing their medical histories as they travel from provider to provider. I am careful not to point fingers in this problem, because I don't feel there are individuals to blame. Rather, it's a system-wide problem, caused by fragmentation and the inefficient tools in place used to communicate.

Paper medical charts, sticky note reminders, fax machines, month long waiting lists, answering machine voice prompts and telephone tag are all to blame.

But we have seen how the 'system' can improve. Email between providers to coordinate care will greatly improve provider collaboration. Effective communication from insurance companies or hospitals can inform community physicians of needed tests and follow up care, or alert them of suspected problems. Instant access to the full summary of a patient's medical chart across all providers will eliminate duplicate tests. Fewer patients will fall through the cracks. Disease will be caught and treated earlier, outcomes will improve. Medical care will shift to be proactive, instead of reactive. All of this can become a reality when a critical mass of qualified EHRs is reached within a community. Meaningful Use will serve as the short term goal, and the RECs will help to guide us.

The modernization of the healthcare industry is a difficult goal, but the rewards will certainly justify it.

Question 4: Describe your experience using the ONC and CMS communications regarding the meaningful use criteria, standards specifications and measurement.

Desert Ridge Family Physicians has been an indirect consumer of communications from ONC and CMS. The majority of our information regarding Meaningful Use has come from our EHR vendor, NextGen Healthcare. They have maintained a consistent effort to keep their clients informed on the development of Meaningful Use by holding monthly webinars. More importantly, NextGen has been able to utilize this information to develop the necessary enhancements to allow their clients to meet the Meaningful Use requirements.

More recently, we have also been able to rely on the efforts of the Arizona REC to spread information relating to Meaningful Use, as well as the services and assistance offered by the REC.

Throughout the construction of Meaningful Use criteria, we felt adequately informed. We were aware that additional information was available, but did not feel the need to access it.

Desert Ridge Family Physicians greatly appreciates the opportunity to share our experiences and insight with the HIT Standards Committee.