

Certified Technology Comparison Task Force

Virtual Hearing

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How did we get here?

- **MU created a significant shift in EHR purchasing almost immediately**
 - Driven by program's financial incentives and desire to avoid penalties
 - Created a compressed timeframe for early adopters to purchase and implement
 - Focused on meeting the specific program measures
- **Physicians were “forced” to adopt technology that they might not have chosen for their specific needs; especially clinically outcomes**
- **In larger organizations, the buyers were not users and often users had little representation during the purchasing decision**
- **A shift from user-focused solutions (specialty/best-of breed) was exaggerated**
- **Consistently, a major complaint from end users is the impact to their workflow and the physician-patient relationship (usability)**
- **The program's ultimate outcomes – connected care, patient engagement and others – were only a vision**



Consider leveraging existing private sector tools and augmenting CHPL

Presuming that a comparison tool would focus on improving likelihood of choosing an EHR that would provide greatest clinical, financial and business outcomes and increase adoption

- **Comparing certification measures only provides little value**
 - Identically certified solutions can have significantly different adoption rates, impact to workflow and provider satisfaction
- **Some incremental product information may be useful**
 - Applicable clinical settings/specialties, best-fit patient volumes or provider group size, additional feature/functionality, number of deployments
 - Technology/Deployment – client/server, hosted, cloud, web-based
- **Several EHR comparison tools exist and should be leveraged**
 - Regularly used by purchasers
 - Complex to develop and maintain – vetting responses, normalizing data, evolving with changing environments/products/features



Creating value may not be realistic

The highest value items for comparison are largely subjective; and some will generate concern from vendors

- **Usability, satisfaction**
 - Highly subjective; is not reflected by adherence to development standards
 - Leverage end-user feedback
 - May be able to quantify certain elements (system interaction time per patient)
- **Pricing**
 - The larger the group or more complex the environment the greater variability in total cost of ownership
 - Unlikely to represent actual cost to prospective buyer through the tool, even with large margins of error
- **Interoperability**
 - Proof points do not imply usable or effective solutions
 - Requires two willing participants
- **A comparison tool will not fuel innovation. An informed, empowered market will.**



THANK YOU

