

## “VDT Listening Session”

Robert Barker

Vice President, Community Connectivity Solutions

NextGen Healthcare

NextGen Healthcare Information Systems, Inc. provides electronic health record (EHR), financial, and health information exchange (HIE) solutions for hospitals, health systems, physician practices, and other healthcare organizations. The company offers ambulatory product suite that integrates patient care with clinical and administrative workflow applications; financial and clinical management solutions; community connectivity solutions that include HIE and patient portals; and electronic dental records.

Holistically integrated with our EHR and PM solutions, the Patient Portal is instrumental in improving a practice’s administrative efficiency by reducing phone calls and paperwork while cutting costs. Concurrent with meeting and surpassing patient engagement objectives, functionality included in a Patient Portal is now a requirement for successfully attesting for Meaningful Use Stage 2 (MU2).

In my experience with the NextGen clients and in general discussions with other people in the field, there are some common issues surround the VDT objective:

- The transmit piece has been challenging to an extent, due to the need to comply with the required Direct transports and the potential need for HISP’s. Combine this with a lack of production ready Healthcare Provider Directories for the patient to be able to search for their intended recipient, as well as their need to know a Direct address at the user interface and we have a road bump. The certification was not an issue, only the production implementation for the transmit. Due to the fact that a patient can view the CCDA to meet the numerator we don’t believe the issue with HPD will affect any providers from meeting the measures for the VDT based on meeting the view aspect of the measure.
- One of the market requirements is the need to have an automated solution for delivery of the CCDA to the Patient. Changing workflows in a practice to accommodate this would be heavy lifting for our clients, so the automated availability of the CCDA was seen as a must. Because there is no standard required for transmitting the CCDA to the patient, it is easy for a tethered PHR solution to accommodate, but not so much for untethered solutions. We see this lack of a transport requirement as a necessary non-requirement, but it has caused some issues for external Inpatient and Ambulatory systems trying to meet MU2 with some non-tethered systems.

- We have not had issues with the training aspect from the Provider Organizations as the generation of the CCDAs is triggered by the patient request, and the generation and response by the NG EHR is automated. The training for the Patients is documented, and the steps to request, view and download were already functions supported. The main issues are with the Patient needing to know Direct addresses to send their CCDAs to due to the lack of a Patient centric Provider Directory lookup.
- We have had successes with testing the transmit, however have not had much feedback from Provider Organizations whose patients were looking for this functionality.

In summary:

- For the patient to have timely access to their Health Record from a recent Hospital visit or Healthcare Provider visit is a necessary step to engage the patient in participating in their Healthcare. With MU3 around the corner, additional patient engagement in their own health becomes paramount to assisting reduce their overall Healthcare costs.