

## EMR systems fail federal reimbursement test

by Claude Solnik

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For years, there's been a push for physicians and hospitals to switch to electronic medical records, which would improve their practices.

But now that the federal government has announced requirements to obtain stimulus money to help pay for EMR installation, many health care practices are finding they've installed systems that don't qualify.

Hundreds of EMR systems, including those created by [Henry Schein Medical Systems](#) and earlier versions by giants such as Allscripts, haven't yet qualified.

"It's a concern. I hear it from doctors all the time. The ones I use are not certified. Not at this point," said Nancy Rowe, CEO of Garden City-based [Practice Provider](#), which helped install records that haven't yet been approved. "The software vendors I turn to keep reassuring me they're diligently working towards (certification). But they didn't make the first wave."

The federal government in July set what's known as "meaningful use" standards for EMRs to be eligible for billions in reimbursement. Meaningful use certification means records must pass a wide range of tests, indicating they can improve health care rather than simply transferring data from paper to computer.

Doctors can qualify for up to \$44,000 through Medicare and almost \$64,000 through Medicaid. Hospitals can receive millions.

The problem is many doctors and systems have already implemented records, many of which don't meet all standards.

"Any doctor or hospital that wants to qualify as a meaningful user has to use a certified product to get the reimbursement money," said Elizabeth West, a spokeswoman for the Healthcare Information and Management Systems Society Electronic Health Record Association. "If you don't get certified, your customers won't get any money."

So far only about 30 complete electronic medical records systems have passed, leaving a huge question mark over hundreds more.

"There's still time, but for a doctor already using an EMR to jump to another one is cost-prohibitive," Rowe said. "[Replacing a system] would be a huge upheaval."

The clock is ticking with providers required to show meaningful use by next spring in order to obtain the first funds.

"It's the early adopters that are going to get the most money back in the program," Rowe said. "So if you're delayed six months or so, and your office doesn't grasp the technology and it takes you a long time to use that EMR fully, you could lose money from the stimulus if you can't prove meaningful use in a timely manner."

Dr. Louis Cornacchia, founder of Garden City-based DocPatient Network, which produces a certified EMR, expects some software will never qualify.

"There are a lot of different electronic medical record companies in the country. In all likelihood, only a small percentage will achieve meaningful use," he said. "I think the number will increase over the next year by double, but not much beyond that."

Many EMRs passed some tests, but not all. Great River-based [Netsmart Technologies'](#) Avatar 2011 electronic health record software passed 31 of 45 certification tests and hopes to pass others by the end of the year.

Netsmart CEO James L. Conway said his company wants to provide a single behavioral health software package, "helping providers avoid the need to spend dollars and staff resources" integrating different products.

"It is important that providers understand the importance of their vendor testing on all of the certification criteria, so they have a complete solution," he said.

The problem of software that doesn't meet all standards is taking physicians by surprise, since they were often assured records would comply.

"Back in 2008 and 2009, vendors were saying we're [Certification Commission for Health Information Technology] certified," Rowe said. "That had nothing to do with meaningful use, with what's going on today."

In addition to physicians in private practice, systems that implemented records on a large scale are finding they must update systems.

The North Shore-Long Island Jewish Health System expects to spend a few million dollars to upgrade to the latest version of its Allscripts EMR software. "When it comes to the cost of going to the new version, there's typically no charge for the newest release," [North Shore-LIJ](#) CIO John Bosco said. "The issue is you need internal IT resources, clinicians who are helping you to test before you can roll it out for live use."

As EMR developers adapt their products for certification, many hospitals will be hit by the upgrade simultaneously, according to Bosco.

"The implementation costs money, mostly in terms of people on the vendor and customer side," he said. "Not only am I going to use a lot of resources, I'm going to need help from the vendor. The vendor's not going to give that to me for free."

North Shore-LIJ is offering to help doctors pay for and implement AllScripts' electronic medical records.

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