

EHR

Hidden Costs - Be sure to ask . . .

Health care providers are being bombarded with electronic health record (EHR) vendor messages advising that early adoption is key to success. They assert that we will not only gain all the federal financial incentives possible, but we'll also be up and running before a rush to implement that is assumed will begin later in 2010 or 2011. Plus, we'll receive all of the "benefits" of having an EHR sooner. However, it's important to remember that implementing the right EHR is far more important than implementing soon.

Over five years ago, the University of California San Francisco (UCSF) Medical Center decided to implement an EHR at a cost of \$50 million. This summer, having spent over a third of the money, with the system still not running, they terminated the contract and started over. Their setback illustrates just one of the dangers large and small health care providers' face.

Our strategy to implement EHRs is well founded. For every UCSF Medical Center failure story, there is one who is realizing the benefits of a successful implementation (like the University of Pittsburgh Medical Center).

Smaller health care providers can face the same setbacks—and realize the same successes. One key to success is to select the right EHR from the right provider. The product should meet all defined standards, and the provider should be willing to work with you to ensure successful implementation.

Be sure to ask questions that will expose any hidden cost. One big supplier of EHRs was recently asked by one of our providers for an interface between their registry and the EHR in order to minimize required manual input. The EHR provider wanted \$12,000. This behavior is not unique. Another of our physicians wanted to interface her EKG machine with her EMR and the EHR Company (a different company) wanted \$8,000 for the interface plus \$100/month for maintenance of the interface. Now this physician has to scan the results of the EKGs she performs in the office to get them into her EMR. These are both examples of what the practice needs to investigate before they commit. If you don't want this kind of big surprise, be sure to get details squared away before signing on the dotted line.

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