WHITEPAPER

6 EHR TRENDS
to Watch in
2015
INTRODUCTION

Since the passage of the HITECH Act in 2009, the healthcare industry has undergone rapid changes in technology. The adoption of electronic health records (EHR) among healthcare providers has been one of the most transformative changes to occur, and fluctuations in both the market and in EHR systems show no signs of slowing down.

In the past year, numerous surveys and studies about EHR adoption, EHR satisfaction, and the EHR market have shown that the only thing certain about EHRs is change. While the Centers for Medicaid Services (CMS) Meaningful Use (MU) program has catalyzed the adoption of EHRs, issues of cost, certification, usability and interoperability remain significant barriers to the broader goals of reducing healthcare costs and improving public health.

For providers, these challenges have manifested as user frustration and dissatisfaction. The inability to meet more stringent MU requirements through their EHRs has led to “provider flight,” and those who can afford it have switched EHR systems or have plans to in the near future. This, in turn, has spawned an EHR replacement market, in which only the EHRs with advanced and flexible capabilities are expected to survive.

As user expectations and industry demands evolve, healthcare IT stakeholders in general and EHR developers in particular will need to remain tuned into the drivers of change and be ready to adjust accordingly. The trends presented in this whitepaper provide a blueprint for significant trends expected to unfold in 2015 and beyond.
The EHR market is expanding – and contracting.

By all accounts, the EHR market is shaping up to be one of the biggest revenue-generating markets in healthcare.

Recent projections by Accenture at the HIMSS14 conference place the EHR market near the $23 billion mark by the end of 2015. According to HealthData Management, North America will account for 47 percent of the EHR market. The U.S. alone is expected to see more than a 7 percent growth rate, representing the largest EHR market worldwide.

Yet, even as the EHR market expands, it is also expected to contract. With more than 400 EHR vendors currently on the market, healthcare providers have had the luxury of choice, but in many cases, the choices have not lived up to expectations: A recent KLAS survey showed that 27 percent of medical practices are planning to replace their current EHR system, and another 12 percent want to but can't, due to financial constraints.

Factors driving consolidation of the EHR market vary. Usability is a major factor in EHR selection – and replacement. An HDS survey of over 1 million Physicians revealed that user-friendliness was the most important feature of an EHR system. An EHR’s ability to improve patient care and meet Meaningful Use requirements, such as e-prescribing, health information exchanges and interoperability, are also major considerations driving all EHR investment decisions.

Another significant driver of EHR consolidation is “software hegemony.” When medical practices are acquired by or become affiliated with hospitals, those practices are often forced to abandon their EHR system in favor of the one used by the dominant organization.

The cumulative effect of these changes will be felt most strongly by small- to mid-sized EHR vendors, which are expected to be squeezed out from the EHR market. As more partnerships, affiliations and acquisitions occur, the market will lean more favorably toward EHR giants like Epic and Cerner. And as user needs expand, the EHR systems that can’t keep pace with advanced capabilities may soon phase out.
EHR access is becoming increasingly mobile.

Challenges with usability, productivity levels, interference with patient face time and interoperability are now well-known drivers of user dissatisfaction with EHR. But research shows that another factor plays a huge role in user satisfaction: the ability to access EHR through a mobile device. A survey by Software Advice, a web-based evaluation group, revealed that 58 percent of users who access their EHR through a tablet or smartphone are “very satisfied,” compared to 28 percent of non-mobile users.

These findings align with previous discoveries about Physician behavior. In a 2013 Black Book Ranking survey, 89 percent of Physicians and Internal Medicine Physicians reported that they use smartphones and tablets to communicate with staff. By integrating EHR systems with mobile devices, EHR vendors are maximizing the familiarity with mobile devices and enabling clinical staff to be productive in and out of the office. Functions that provide the ability to view schedules and patient charts, prescribe medications and document patient encounters on a mobile device are quickly becoming invaluable to healthcare providers and organizations alike.

Despite the advantages of a mobile-integrated EHR, a 2014 Epocrates Mobile Trends report showed that one-third of providers currently do not have integrated EHR – a huge opportunity signal for vendors.

The fact that developers of three of the top 10 mobile apps, including athenahealth’s “most popular” Epocrates medical app, are best known for their EHR systems is also telling. In addition to optimizing its mobile apps for various operating systems, mobile devices and Web browsers, the Epic EHR also gives clinicians access to their EHR.

As more and more clinicians move away from using desktops and laptops to using tablets and mobile devices, EHR developers will have to follow suit. The ability to build mobile apps and link to other developers’ apps are necessary for EHR developers, said Allscripts president Rich Brenner in a recent Modern Healthcare article.
Successful ICD-10 transition relies on capable EHRs.

EHRs play an integral role in the ICD-10 transition, a challenge that providers may be unable to meet if their EHR systems aren’t equipped with a module that accurately maps ICD-9 codes to the new ICD-10 code set.

As the primary point of diagnosis and the system that captures diagnoses during a clinician’s workflow, EHRs that guide users to the new ICD-10 diagnosis or that automate the conversion will be in high demand.

Practices that are able to efficiently and accurately convert ICD-10 codes are less likely to experience delays in insurance payments.

“The whole point of the change to ICD-10 is to improve clinical communication. ICD-10 codes offer greater detail and have the potential to provide better data for evaluating and improving the quality of patient care. Moreover, with more precise documentation of clinical care and more accuracy when determining services for a patient’s medical necessity available using with ICD-10 codes, there is opportunity to improve denial management. For example, if a patient presents with a left leg injury but was previously treated for a right leg injury, using ICD-10 codes will identify these as different encounters and potentially limit the chance for the claims to be denied,” said Ana Croxton, Vice President of Electronic Data Interchange (EDI) Products and Services at NextGen Healthcare.

According to athenahealth’s website, there are two ICD-10 implementation edicts that every EHR vendor should be working toward: 1) Don’t slow down physicians; and 2) Don’t interrupt revenue flow.

HIMSS warns healthcare providers and organizations not to think of their EHRs as the magic bullet solution, however. Careful planning, training and education are recommended in addition to selecting an EHR that is ICD-10 ready.
More EHR vendors will move to the cloud.

A recent KLAS report, Ambulatory EMR Perception 2014, cites poor usability, poor technical support and cost as the top reasons for the burgeoning ambulatory EHR replacement market. Athenahealth’s cloud-based solution was named by 34 percent of those surveyed as a possible replacement, signaling a preference for cloud-based EHRs not only among ambulatory centers but also other types of healthcare organizations.

Cloud-based EHRs offer attractive benefits, particularly to smaller and mid-sized providers. With cloud-based EHRs, there are little to no investments needed for infrastructure and maintenance; all that is needed is an internet connection. By eliminating the significant startup costs of a client-server solution, which can cost upwards of $40,000, more medical groups and smaller hospitals are likely to turn to a cloud-based alternative that is both flexible and cost-effective.

The ability to access an EHR from outside the office through a mobile device also requires a cloud solution. Remote EHR access not only has the potential to increase productivity among Physicians and other clinicians, but it can also improve continuity of care and have a positive impact on patient outcomes.

Another benefit of cloud-based EHRs is scalability. The standard ID growing pains caused by expansion and new users are eliminated with cloud EHRs. As Shawn McKee of CareCloud says, cloud EHRs allow “small practices to think big and grow without breaking the bank.”
More pharmacies and health systems are affiliating.

Unique partnerships among hospitals, health systems, specialty care centers and other healthcare organizations continue to evolve, but CVS Health’s recent EHR integration with three regional health systems – Baptist Health System, Community Health Systems and Premier Health – signals a trend toward more advanced integration among pharmacies and healthcare organizations.

Under this affiliation, CVS Health has committed to providing the health systems with prescription and visit information and sharing medication non-adherence warnings with patient Physicians. The recent affiliation is not the first time CVS Health has partnered with health systems – the pharmacy has more than 40 similar partnerships across the U.S.

These types of agreements are evolving amid the growing involvement of Pharmacists in patient care, particularly through the integration of retail healthcare clinics, such as CVS' MinuteClinic, where Pharmacists provide medication counseling, chronic disease monitoring and wellness services.

This transition also represents a growing acceptance among patients, who are increasingly seeking healthcare services from pharmacy clinics. A Walgreens study found that annual visits to its Healthcare Clinic grew about 87 percent between 2007-2013, and return visits grew 14.5 percent to 50.6 percent during the same timeframe. The study showed that visits for preventive services, disease screenings and chronic disease management all increased.
Trend 6: REGULATORY CHANGES

Expect more rules, more oversight and more audits.

The Office of the National Coordinator (ONC) recently released the 2015 Edition of EHR certification criteria, a move the industry hasn’t seen for about two years. Industry analysts project that the release is a sign of a new approach by the ONC, which has confirmed that it will release new certification criteria updates every 12-18 months.

Part of the ONC’s new approach aims to avoid the “peaks and valleys” that health IT experiences when the agency issues rules on a less frequent basis. Additionally, in an effort to give EHR developers more time to plan, develop and implement updates, the 2015 Edition EHR certification criteria, as well as future incremental rules, will be voluntary.

Just prior to the ONC’s release, the Office of Inspector General (OIG) released its 2015 Work Plan, which outlines various oversight measures the agency plans to implement in order to “protect programs and patients from existing and new vulnerabilities,” said OIG Inspector General Daniel R. Levinson.

Investigating fraud within the EHR incentive program will be one of the OIG’s main focus areas. In particular, the OIG is planning to perform audits of covered entities under the EHR incentive program. It will be looking to identify EHR system fraud and to determine “how certified EHR systems address these vulnerabilities.” Medicaid and Medicare EHR incentive payments, security controls at HRSA-funded community health centers, CMS and of cloud service providers will also be under review.
CONCLUSION

The rapid growth of health IT in general and EHR adoption in particular has led to numerous “growing pains” for providers, organizations and developers. Amid this dynamic landscape, healthcare stakeholders must take every precaution possible not only to ensure preparedness but also agility. This will involve participation at every level, cost-effective and flexible solutions, and a greater level of standardization in order to achieve the twin goals of reducing healthcare costs and improving public health.

Healthcare Data Solutions is at the forefront of these changes, providing support to healthcare entities through high-quality marketing databases that provide up-to-date business intelligence on providers, organizations and their affiliations; verification solutions that provide 100 percent coverage of federally reportable covered recipients; and validation solutions that provide real-time access to prescriber credentials.

To learn more about how Healthcare Data Solutions can prepare you for a successful 2015, visit www.HealthcareDataSolutions.com, or call 1-877-238-4949.