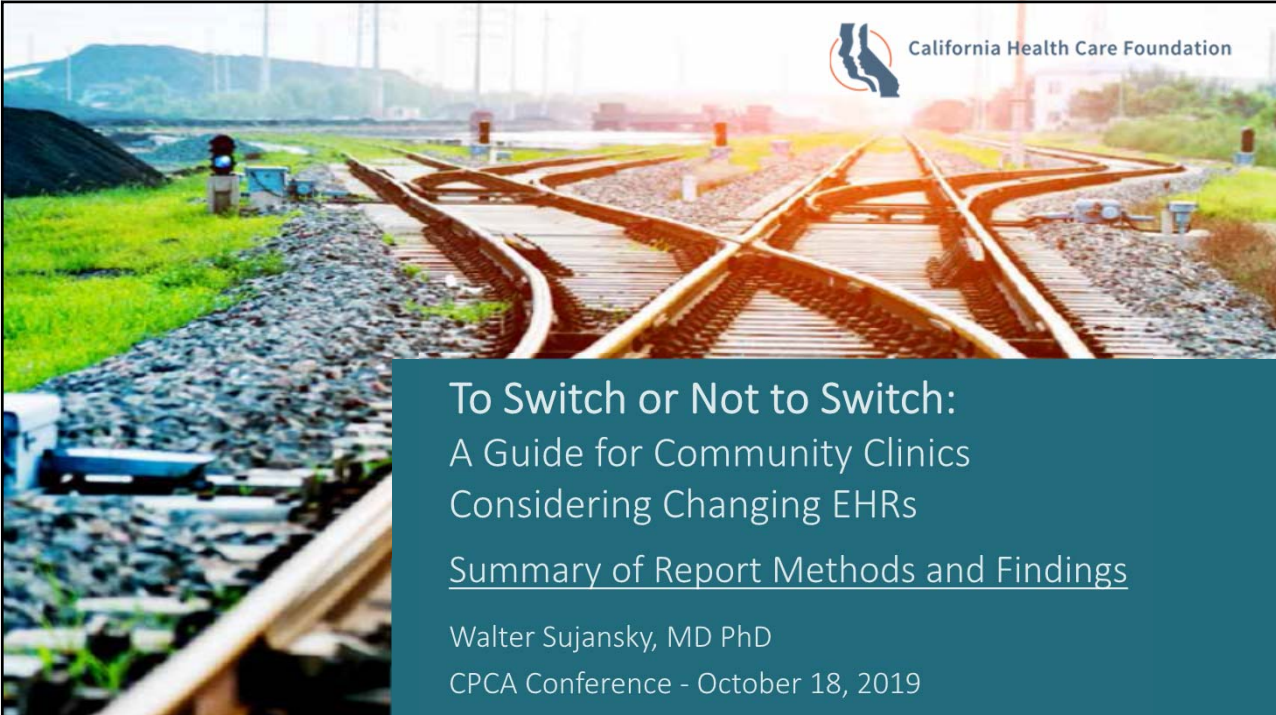


California Health Care Foundation



**To Switch or Not to Switch:**  
A Guide for Community Clinics  
Considering Changing EHRs  
Summary of Report Methods and Findings

Walter Sujansky, MD PhD  
CPCA Conference - October 18, 2019

## Motivation

- **Many CHCs are considering changing their EHR.**
  - 1/3 of CHC respondents to 2018 CPCA survey
  - Reasons vary:
    - Desire to improve interoperability with key partners
    - Desire to outsource and simplify EHR hosting and/or operations
    - Desire to consolidate EHR data with other CHCs to support collective risk-based contracting
    - Physician preferences
    - Significant changes in EHR market over the past 5-10 years
- **The decision to switch can be complex.**
- **Peer experience and market knowledge can help guide the decision.**

## Data Gathering

### Structured interviews with a variety of CHCs

- Experience with current EHR and rationale for considering a switch
- Use of / experience with third-party hosting and support
- Primary barriers or concerns
  - Advice to others considering/making an EHR switch
  - Experiences of those who have switched
- Role of consortia in managing the EHR
- EHR/PMS requirements for participating in risk-based contracting

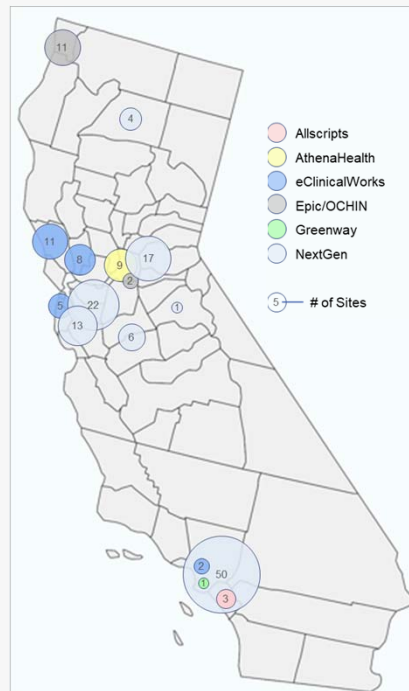
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## Community Health Centers Interviewed

- N = 16
- Mostly FQHCs
- 1-hour structured interviews
- C-level executives and IT directors

CHC interview list available in appendix



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## Data Gathering

### Formal survey of 6 leading EHR vendors for CHCs

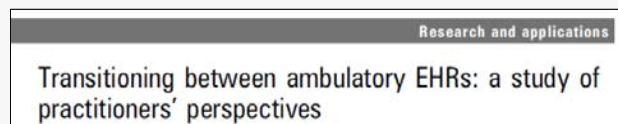
- Clinical functionality (including dental, vision, etc.)
- Interoperability features
- Hosting and support options
- Billing and reporting features
- Licensing models

(NextGen, eClinicalWorks, Epic, Allscripts, Greenway, AthenaHealth)

## Data Gathering

### Literature review – Peer-reviewed and trade press

- Migrating EHRs
- Vendor contracting
- Hosting/support options



### How Strong EHR Contracts Can Improve EHR Replacement Projects

ONC discusses how strong EHR contracts improve EHR replacement projects by mitigating data transfer risks.

### HEALTH CENTER EHR TRANSITION:

Tips for everything from selection to contract negotiation to implementation.

June 2019

## Outline of the Report

### A Step-Wise Approach to EHR Decision Making

1. Deciding whether to switch EHRs
  - Understand your goals and motivations.
  - Consider the available options.
  - Consider the costs versus benefits.
2. Selecting a new EHR product or outsourcing provider
  - Explore product options.
  - Explore outsourcing providers.
  - Perform due diligence and negotiate a contract.
3. Planning and executing the EHR transition
  - Plan for workflow changes, data migration, and productivity impacts.
  - Train effectively.
  - Monitor and troubleshoot post go-live.
  - Get help throughout.

*Questions to ask*

*Questions to ask*

*Details to Consider*

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## What We Learned

### Deciding Whether to Switch EHRs

**Switching might be the right answer for some clinics, but there may be other ways to improve the value of the EHR.**

- Upgrading to latest version
- Outsourcing hosting, maintenance, and/or support
- Further training internal staff
- Integrating with third-party tools for reporting and data analysis
- Leveraging existing interoperability resources

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## What We Learned

### Deciding Whether to Switch EHRs

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**The benefits of switching are long term, the costs near term.**

- Benefits
  - Streamlined clinical data sharing and aggregation with key partners
  - Improved clinician productivity and retention
  - Better utilization management and quality reporting
  - Ability to leverage the IT expertise and services of a consortium
- Costs
  - Data migration
  - Training
  - Re-implementation of EHR customizations and data interfaces
  - Temporary disruption to clinical productivity and revenue

## What We Learned

### Selecting a New Vendor or Outsourcing Provider

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**The available products seem similar...**

## What We Learned

### Selecting a New Vendor or Outsourcing Provider

	ATHENAHEALTH ATHENAONE (n=18/11)	ECLINICALWORKS EHR AND PMS (n=11)	EPIC* AMBULATORY SUITE (2018)	GREENWAY HEALTH INTERGY* (n=11/1)	NEXTGEN ENTERPRISE EHR/PM (SPRING 2018)
<b>Cloud-Based Hosting Services</b>					
EHR Hardware Hosting	✓	✓	✓	✓	✓
Networking Support	✓	✓	✓	✓	✓
EHR Version Upgrades	✓	✓	✓	✓	✓
EHR Content Upgrades (i.e., codes)	✓	✓		✓	✓
Level-1 User Support	✓	✓		✓	✓
<b>Specialty Modules</b>					
Dental	✓	✓	✓	✓	✓
Vision	✓	✓	✓		✓
Pediatrics	✓	✓	✓	✓	✓
Behavioral Health	✓	✓	✓	✓	✓
Substance Use Treatment	✓	✓	✓	✓	✓
<b>Interoperability Networks<sup>1</sup></b>					
Carequality	✓	✓	✓	✓	✓
CommonWell	✓	✓		✓	✓
Vendor-Specific Network		✓	✓		✓
Integrated EHR and PMS	✓	✓	✓	✓	✓
Meaningful Use EHR Certification	Stage 3 (2015)	Stage 3 (2015)	Stage 3 (2015)	Stage 3 (2015)	Stage 3 (2015)
Licensing Model	As a percentage of collected billings	Per number of billing providers	Per number of patient visits	Per number of billing providers	Per number of billing providers

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## What We Learned

### Selecting a New Vendor or Outsourcing Provider

The available products seem similar...  
...but important differences exist in the details.

- Review detailed survey responses.

## What We Learned Selecting a New Vendor or Outsourcing Provider

Vendor Name		NextGen Healthcare		eClinicalWorks		
Product Name		NextGen Enterprise EHR and NextGen Enterprise PM		eClinicalWorks Electronic Health Record and Practice Management		
Product Version		NextGen Healthcare Solutions Suite (NextGen Enterprise EHR and PM Spring 2018, Population Health, Mobile)		V11		
Date Survey Completed		11/29/2018		11/9/2018		
C. EHR System Interoperability	What is the latest version of Meaningful Use EHR certification to which the product is certified	<input type="checkbox"/> Stage 2 (2014 edition) <input checked="" type="checkbox"/> Stage 3 (2015 edition) <input type="checkbox"/> None <input type="checkbox"/> Other	NextGen Enterprise EHR can interface with laboratory systems, immunization registries, electronic case reporting, radiology systems, PACS, specialty medical devices, prescription drug-monitoring hospital systems, transcription software, and third-party practice management systems.	<input type="checkbox"/> 2 (2014 Edition) <input checked="" type="checkbox"/> 3 (2015 Edition)		
	Re: HL7 interfacing	How does the EHR provide support for HL7 interfacing	<input checked="" type="checkbox"/> Via built-in interface engine <input type="checkbox"/> Via use of a third-party interface engine <input type="checkbox"/> Other (specify):	NextGen Healthcare maintains industry standards and enhances its applications as needed. We are working on providing an interface to the Parkinson's Disease Registry for our California clients.	<input type="checkbox"/> Built-in interface engine <input type="checkbox"/> Use of a 3rd-party interface engine (specify):	
		How is configuration of the HL7 interface done for your product	<input type="checkbox"/> Must be done by your own staff <input checked="" type="checkbox"/> May be done by your own staff, if contracted by customer <input type="checkbox"/> May be done by the clinic's own staff or own consultants		<input checked="" type="checkbox"/> Must be done by your own staff <input type="checkbox"/> May be done by your own staff, if contracted by customer <input type="checkbox"/> May be done by the clinic's own staff or own consultants	
		Does the EHR include built-in support for HL7 interfacing to the following public-health services	<input checked="" type="checkbox"/> Immunization registry <input checked="" type="checkbox"/> Electronic case reporting <input checked="" type="checkbox"/> Prescription drug-monitoring (PDMP) registry <input type="checkbox"/> Other (please specify)		<input checked="" type="checkbox"/> Immunization registry <input checked="" type="checkbox"/> Electronic case reporting <input checked="" type="checkbox"/> Prescription drug-monitoring (PDMP) registry <input type="checkbox"/> Other (please specify):	
	Re: Health Information Exchange	To which of the following data-exchange networks is your EHR *currently* connected	<input checked="" type="checkbox"/> Carequality <input checked="" type="checkbox"/> CommonWell Health Alliance <input checked="" type="checkbox"/> Your own proprietary network for patient data exchange (please specify) <input type="checkbox"/> Other (please specify)		<input checked="" type="checkbox"/> Carequality <input checked="" type="checkbox"/> CommonWell <input checked="" type="checkbox"/> Your own proprietary network for patient data exchange (please specify) <input checked="" type="checkbox"/> Other (please specify):	

## What We Learned Selecting a New Vendor or Outsourcing Provider

**The available products seem similar...**

**...but important differences exist in the details.**

- Review detailed survey responses.
- Get demos of key product features.
- Consult with CHC colleagues already using the candidate EHR(s).
- Ensure that the new EHR and vendor will address your current problems.

## What We Learned

### Selecting a New Vendor or Outsourcing Provider

#### A variety of interoperability resources may be available.

- Carequality, CommonWell
  - Cross-vendor data exchange (CCD documents only)
- Epic Care Everywhere
  - More data, greater standardization for Epic-to-Epic exchange
- Direct Secure Messaging
  - “Push” messaging for referrals (limited data standardization)
- Regional HIOs
  - Event notifications, data aggregation (limited integration with EHRs)
  - Variation in services and data offered (see [chcf.org/regional-hios](http://chcf.org/regional-hios))
- Clinics should check which resources are available in their existing or prospective EHR, and which are also supported by clinical partners.

## What We Learned

### Selecting a New Vendor or Outsourcing Provider

#### Outsourcing EHR hosting and/or support has pros and cons.

Potential Advantages	Potential Disadvantages
<ul style="list-style-type: none"> <li>↑ Less need to hire, train, and retain internal IT staff</li> <li>↑ More experienced and specialized staff</li> <li>↑ Less management oversight required for server and EHR maintenance activities</li> <li>↑ Less management oversight required for informatics and content work</li> <li>↑ Simplification of business interactions and technical troubleshooting with the EHR vendor</li> <li>↑ Centralized development and maintenance of data interfaces</li> <li>↑ Ability to share a single EHR application and patient database with other CHCs</li> <li>↑ Possible lower total costs of EHR ownership</li> </ul>	<ul style="list-style-type: none"> <li>↓ Possible resource contention with other customers of the outsourcing vendor</li> <li>↓ Constrained query access to EHR data</li> <li>↓ Constraints on certain EHR customizations</li> <li>↓ Loss of full control and command over the EHR environment</li> <li>↓ Possible higher total costs of EHR ownership</li> </ul>



## What We Learned

### Planning and Executing the EHR Transition

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#### Important do's

- DO plan for a period of reduced patient volume and revenue.
- DO plan for required changes to existing workflows.
- DO plan the data migration carefully, as this may be the most important and difficult aspect of the switch.
- DO plan to monitor data quality, workflow efficiency, and training adequacy after your go-live to quickly identify and address problems.
- DO perform training as close to go-live as possible.

#### Important don'ts

- DON'T underestimate the time it will take to train clinicians and staff.
- DON'T attempt to go live at all of your facilities at the same time.
- DON'T go live until you are ready. Resist any vendor pressure to rush.

## What We Learned

### The Final Word

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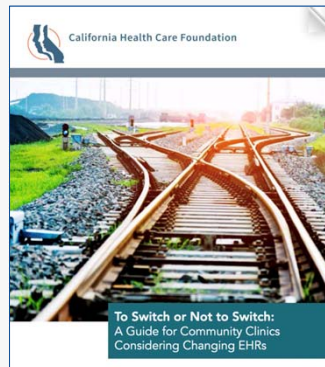
#### **Every community health center is different.**

- With respect to:
  - Current EHR and version used
  - Clinical and administrative EHR requirements
  - Available resources (people/funding)
  - Health IT infrastructures of regional hospitals and specialists
  - Consortium membership
- The switching decision should be specific to each clinic's unique circumstances.
- The switching decision should be carefully weighed and options to improve EHR performance should be considered.



# Thank You

Get the full report at [chcf.org/ehr-switch](http://chcf.org/ehr-switch)



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## Community Health Centers Interviewed

Community Health Center	County(ies)	# Sites	# Provider FTEs	Current EHR	# Years Used	EHR Hosting (Self/External)	# IT Staff FTEs	External EHR Support
Achievable Foundation	Los Angeles	1	3	Greenway Success EHS	5	EHR Vendor	1	EHR Vendor
AltaMed	Los Angeles, Orange	50	300	NextGen	7	Self, on premises	110	None
Elica Health Centers	Sacramento	9	48	Athena Health	2	EHR Vendor	9	EHR Vendor
HealthRIGHT 360	San Francisco, San Mateo	5	35	eClinicalWorks	5	Self, with Co-located servers	4	Info & Operation
LifeLong Medical Care	Alameda, Contra Costa	22	150	NextGen	7	MedTech Solutions	16	MedTech Solutions
Livingston Community Health	Merced, Stanislaus	6	25	NextGen	5	eMedApps	5	eMedApps, Blue Novo
Matheison Memorial Health Clinic	Tuolumne	1	6	NextGen	9	CRIHB	0.5	CRIHB
North East Medical Services	Santa Clara, San Mateo, San Francisco	13	90	NextGen	9	Self, with Co-located servers	24	None
OLE Health	Napa	8	30	eClinicalWorks	9	EHR Vendor	5	EHR Vendor
One Community Health	Sacramento	2	16	Epic (OCHIN)	1	OCHIN	8	OCHIN
Open Door Community Health Centers	Humboldt, Del Norte	11	65	Epic (OCHIN)	10	OCHIN	6	OCHIN
Santa Rosa Health Center	Sonoma	11	90	eClinicalWorks	9	Self, with Co-located servers	5	KLH Consulting
Shasta Community Health Center	Shasta	4	40	NextGen	12	Self, on premises	11	None
St. Jude Neighborhood Health Center	Orange	3	10	Allscripts Touchworks	10	Heritage Medical Group	1	Heritage Med Group
WellSpace Health	Sacramento	17	107	NextGen	4	N/A	N/A/N/A	
Westside Health Center	Los Angeles	2	8.5	eClinicalWorks	5	Physicians Trust, Inc.	0.25	Physicians Trust, Inc.

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