

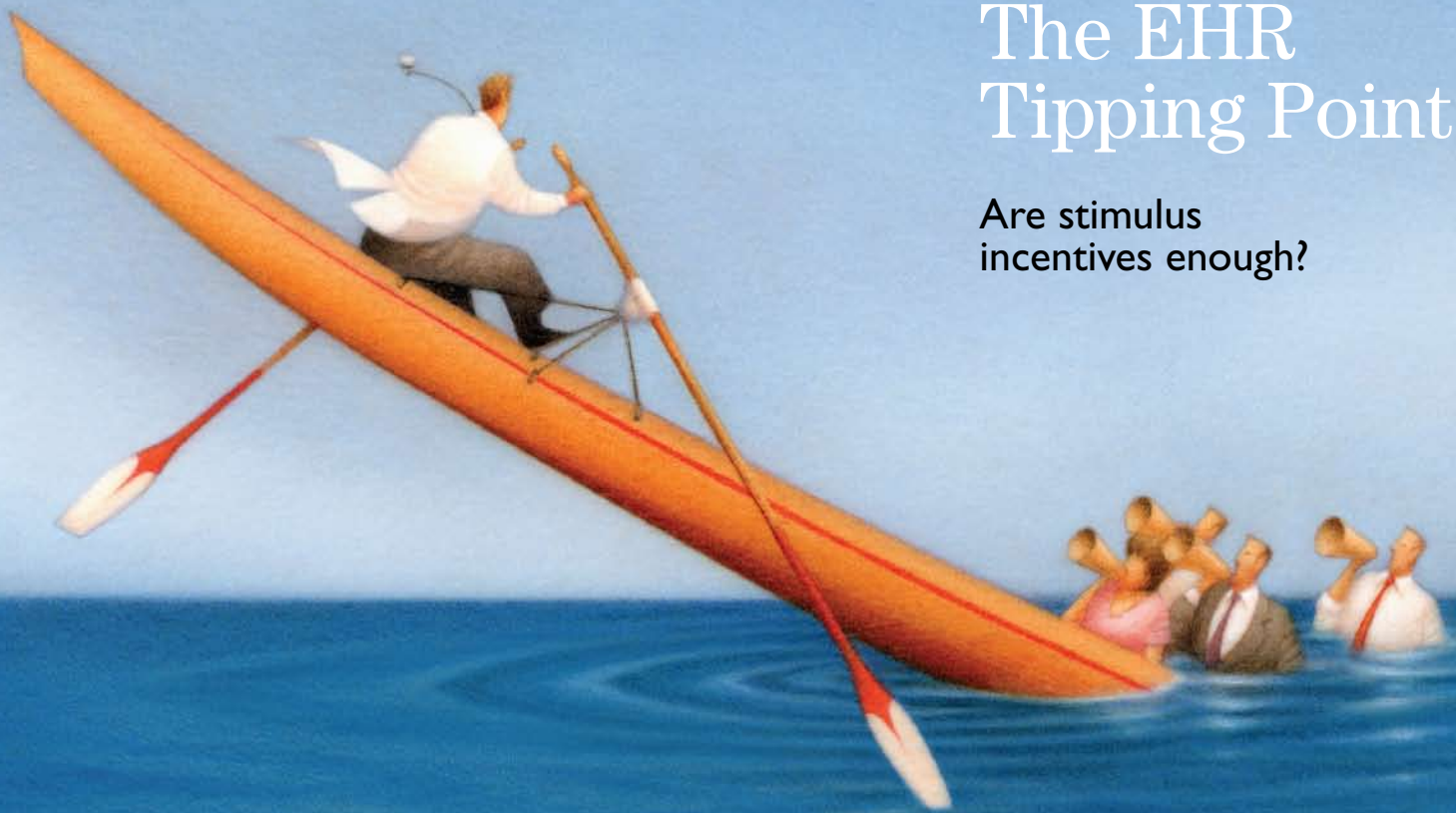
SPARKING CONVERSATIONS IN HEALTH CARE

WINTER 2010

# ignite

## The EHR Tipping Point

Are stimulus  
incentives enough?



## IGNITE ACKNOWLEDGEMENTS

Thank you to the following Ingenix Consulting, Ingenix and The Lewin Group experts who contributed to the inaugural Ignite issue.

To Scott Guillemette and Joel Hoffman for their detailed analysis and development of the first-of-it's-kind ARRA ROI Calculator.

To Augustus T. Crocker and Larry Leisure for their vision for this publication and deep commitment to “igniting” this type of straightforward dialogue in the health care industry.

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Kyle Christensen	Mike Schouten
Mitchell Granberg	Shawna Schueller
Jim Krouse	Carol Simon
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## Changing Times Require a Different Perspective

**T**he U.S. health care system is on the brink of significant change.

In the coming years, we have the real possibility to increase access to care, simplify health care administration, ensure better and more consistent clinical outcomes, and make the health care system easier to use for patients, providers and all who work in health care. What will it take to get there and what will be the benefits and challenges that come from those changes?

In the midst of this critical time in health care, we are launching a new publication, Ignite, to take a deeper look at the issues we face and spark conversations and new ideas. We will bring you a fresh perspective and unique angles on the issues most important to accelerating your business' growth, performance and capital and leading transformative industry change.

In this, our inaugural issue, we take a new look at meaningful use of electronic health records (EHRs) and ask: Will billions of dollars in stimulus incentives be enough to encourage providers to move to electronic medical records (EMRs)? What investments must the rest of the industry make to foster adoption that will result in industry-wide benefits? And how will these costs and benefits affect everyone in the health care system?

This issue will examine the costs and benefits of a nationwide EHR system across all health care stakeholders, the potential effect of coming developments, such as the Health Insurance Portability and Accountability Act (HIPAA 5010) and ICD-10 rules, and the steps providers can take to evaluate the costs and benefits of participating in the federal stimulus program. We will also look at steps insurers, health plans, employers and government agencies can take to accelerate EMR adoption.

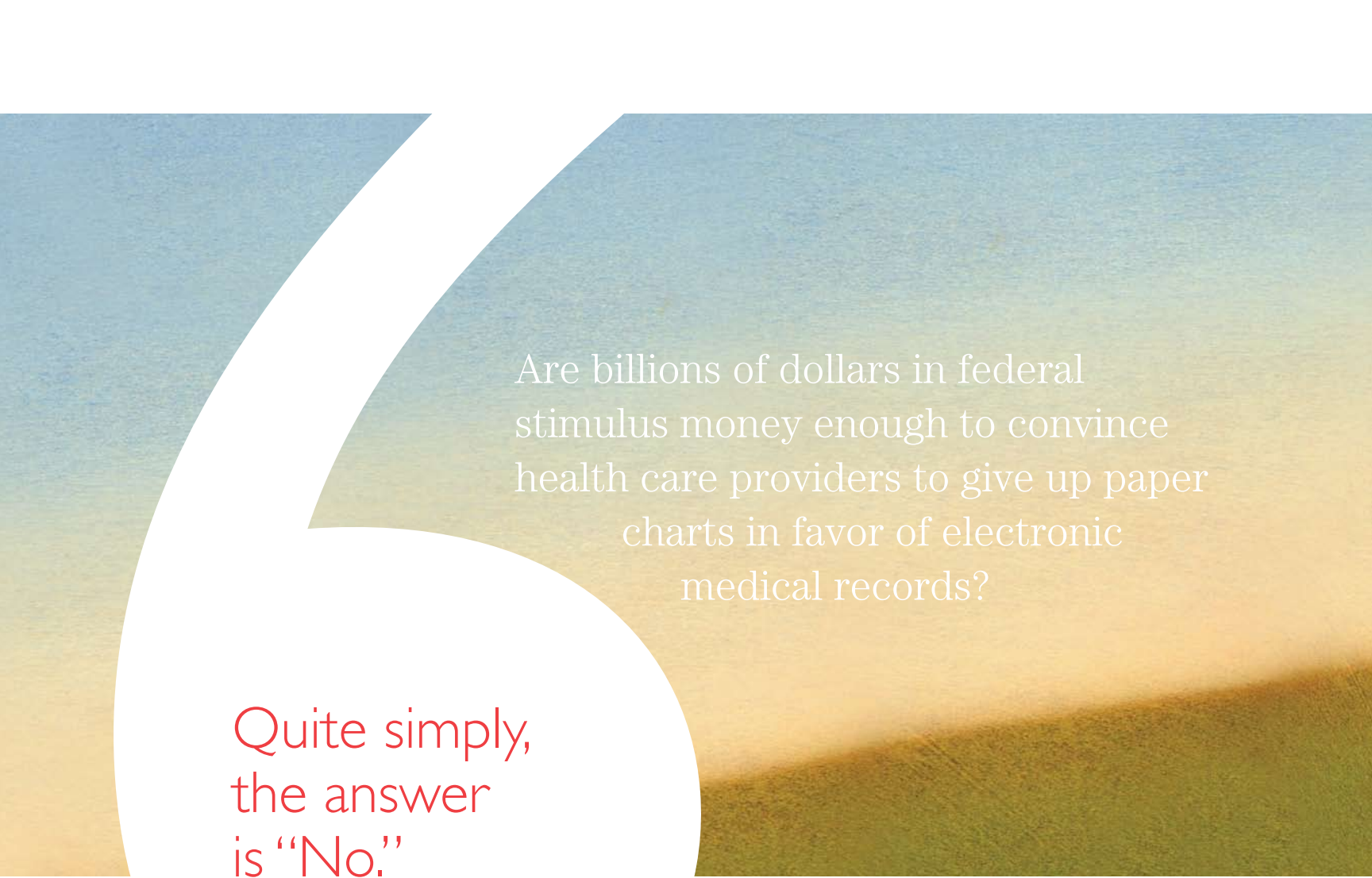
After reading this issue, I encourage you to further explore our interactive American Recovery and Reinvestment Act (ARRA) ROI Calculator, share your opinions on the topic by emailing [ignite@ingenixconsulting.com](mailto:ignite@ingenixconsulting.com), and discover the full breadth of in-depth discussions of significant topics across all facets of health care at [IngenixConsulting.com](http://IngenixConsulting.com).

I look forward to many great conversations in the coming months about this and other key issues facing our industry. I hope that this issue sparks interesting and productive conversations and invite your feedback on topics for future issues.

Sincerely,



**John Nackel**  
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Are billions of dollars in federal stimulus money enough to convince health care providers to give up paper charts in favor of electronic medical records?

Quite simply,  
the answer  
is “No.”

**D**espite federal subsidies of up to \$44,000 per physician and additional subsidies for hospitals to help pay for the new technology, many providers (hospitals and physicians) may find that the costs of converting to EMRs still significantly outweigh the benefits (according to a sophisticated actuarial model developed by Ingenix Consulting).

In fact, providers who adopt now, depending on their specialty, will find that the cost of an EMR system combined with initial lost productivity is at least several times larger than the subsidy. Even the looming three percent penalty Medicare will impose beginning in 2015 on reimbursements to provid-

ers who are not using EMRs does not shift the conversion equation in favor of EMRs; in other words, incurring the penalty may be less onerous financially than implementing an EMR as prescribed, according to the model. For most providers, the benefits of EMRs will take years to pay off the costs of adoption.

Most EMR costs continue to be absorbed by one group of stakeholders – providers – while many of the benefits of EMRs accrue to others – namely, those who finance the delivery of health care and those that receive that care. To attain the goal of widespread EMR adoption, the health care system needs to further realign costs and benefits.



## The Carrot and Stick: Two Sides of the Stimulus Bill

**T**here's no doubt that most providers believe EMRs can ultimately improve administrative efficiencies, patient care and safety. Advantages such as ePrescribing and real-time access to diagnostics and evidence-based medicine principles help sweeten the pot of adoption. Unfortunately – and understandably – providers have been slow to invest in these systems due to the heavy upfront costs and labor-intensive aspects of implementing them. Only one in six physicians has implemented EMRs – and just one in 25 have fully functional EMR systems, according to a 2008 study published in the *New England Journal of Medicine*.<sup>1</sup> Thanks to the new finan-

cial incentives now available from the American Recovery and Reinvestment Act (ARRA), many providers are taking a fresh look at EMRs.

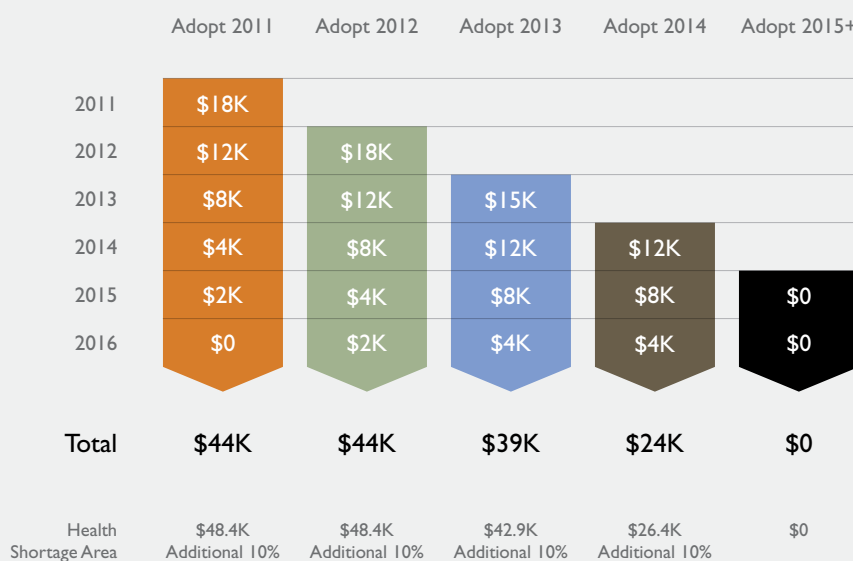
The stimulus bill uses a sliding scale of incentives and disincentives to encourage providers to adopt EMRs sooner rather than later. Qualifying for the subsidies depends on the provider's patient mix and adoption date. In other words, the higher the Medicare or Medicaid mix, the larger the incentive to adopt an EMR; the earlier the new technology is adopted, the sooner the provider will realize the increased Medicare and Medicaid payments.

<sup>1</sup>DesRoches, C, et al. Electronic Health Records in Ambulatory Care – A National Survey of Physicians. *New England Journal of Medicine* 2008; 359:50-60.

The average EMR implementation cost is \$32,606 per physician, plus an additional \$1,177 in monthly maintenance costs.<sup>2</sup>

<sup>2</sup>Source: Medical Group Management Association

## Medicare Reimbursement Schedule for Physicians



Fifty-eight percent of physicians have little or no familiarity with ARRA.\*

In addition, the subsidy is paid over five to six years and tied to criteria designed to show that providers have put the new technology to meaningful use – a term that has yet to be fully defined. Finally, providers who adopt an EMR but do not meet meaningful use criteria and those who do not adopt at all will face a three percent penalty on Medicare reimbursements.

The federal government’s “carrot-and-stick” approach presents providers treating Medicare and Medicaid patients with a complex choice. They must decide if it makes sense to adopt an EMR system quickly in order to take full advantage of the subsidy, to delay adoption to avoid the perils of the “early adopter” (those who adopt before best practices have been developed) or to avoid adopting an EMR altogether. The

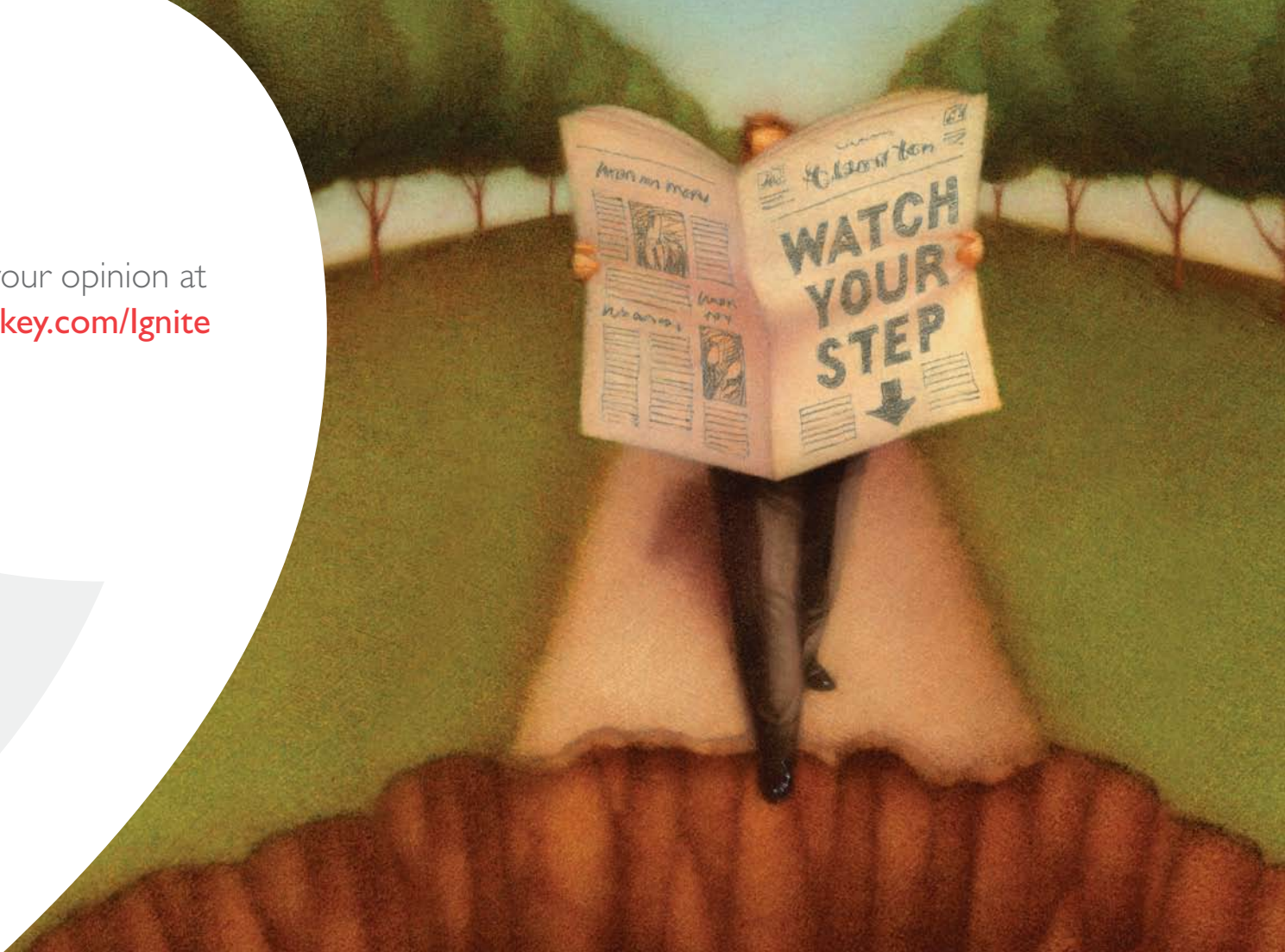
answer to this question depends on a number of criteria, including their payer/patient mix (i.e., the percentage of Medicare/Medicaid patients), the size and specialty of his or her practice, and the extent to which physician extenders (e.g., nurse practitioners or physician assistants) are used in their practice.

## Facing EMR Adoption Complexities

Sorting out the dizzying array of EMR incentives and disincentives offered by the federal government is hard enough for providers. Now add to that the complexities of the costs and benefits of adopting an EMR, and the question becomes

\*Source: Ingenix survey of 1,001 U.S. physicians and physician practice administrators (2009).

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an even more daunting one regardless of the size or specialty of the physician practice.

In fact, a 2009 survey of physician group practice administrators by the Medical Group Management Association cited EMR implementation as their third most pressing issue – just behind dealing with the affect of rising operating costs and declining reimbursements on their group practice and individual compensation. This reaction is not surprising given the following three potential challenges and consideration factors.

### ***Productivity Decline***

Not only do providers face the often significant costs of implementing the technology itself, but they also face a loss of revenue when their productivity decreases. Physicians who implement EMRs can see their produc-

tivity drop as much as 50 percent in the first few weeks, before returning to normal levels after 16 weeks. Some physician practices see a permanent reduction in productivity of seven percent to eight percent, in part due to the increased time it takes to document patient visits with the same or greater detail as was common with paper records.<sup>3</sup>

### ***Decreased Documentation***

All too often practices that maintain pre-EMR productivity levels do so at the price of decreased documentation – that is, to save time a physician may make less complete or robust notations in the patient's EMR. The result is a patient record with less support for diagnostic conclusions and treatment choices and provider services that are not reimbursed due to a lack of documentation.

This effectively minimizes two expected payoffs of replacing paper with electronic records – a richer source of patient information accessible to all providers and enhanced business efficiency for the physician.

### ***Culture, Process & Technology Pain Points***

Surviving the first few weeks of an EMR implementation is far from the only hurdle. A poorly planned implementation, a less-than-optimal EMR system, inadequate training, failure to carefully select an EMR that is best suited for the hospital or practice, or cultural resistance to EMRs present additional challenges.

<sup>3</sup> Gans, D, et al. Medical Groups' Adoption of EMR and Information Systems. *Health Affairs* 24, no. 5 (2005), 1323 – 1333.

## The Stimulus Subsidy: Take It or Leave It?

If providers can overcome barriers to EMR adoption, numerous potential benefits await, ranging from streamlined office management to expanded access to patient charts, lab results and records. In addition, EMRs can help physicians make better, more consistent decisions about appropriate therapy while reducing duplicate testing and medication errors. But while many of these benefits mean improved patient care, few of them are a direct offset to the physician's EMR adoption costs.

To help decision-makers weigh all the factors as they consider EMR adoption, Ingenix Consulting developed a sophisticated actuarial model that analyzes the effects of various

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changes on the performance of physician practices while assessing the cost/benefit and return on investment (ROI) of EMR adoption. (A user-friendly version of the ARRA ROI Calculator is available for self-evaluation at [IngenixConsulting.com/ARRACalculator](http://IngenixConsulting.com/ARRACalculator)). The model can be tailored to individual provider circumstances, factoring in such specific characteristics as

# American Recovery & Reinvestment Act ROI Calculator

## How Will the Stimulus Bill Affect You and Your Organization?

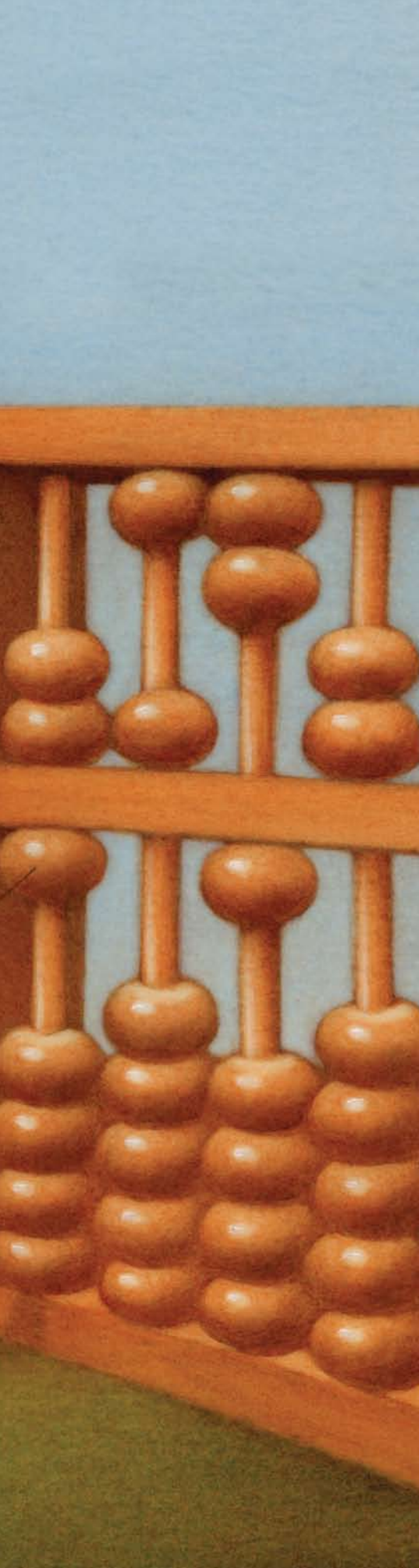
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calculate now



Calculator modeled by **Scott Guillemette**  
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\*The ARRA ROI Calculator has been developed specifically to help physicians better understand the expected financial benefits and challenges of becoming a meaningful user of an EMR system; it is not intended, nor suited, for any other situation. The model is not intended to replace professional judgment. Visit [IngenixConsulting.com/ARRACalculator](http://IngenixConsulting.com/ARRACalculator) for full disclaimer.



practice payer/patient mix, specialty and specific use of physician extenders in order to estimate the economic affect of EMR adoption.

For example, a typical primary care physician with a patient mix of 15 percent Medicare and 11 percent Medicaid that demonstrates meaningful use of the EMR every year starting in 2011 will receive a subsidy of \$41,000 over five years. Let's assume that after an initial productivity hit of 50 percent, the physician is back at full productivity after 16 weeks. Over the five years of subsidies, the loss of productivity and other costs will lead to a negative financial effect of \$140,000 for the primary care physician. In addition, the continuing EMR licensing and implementation costs will add an additional \$32,000 in expenses over the five years. As a result, even after receiving nearly the maximum available subsidy, the primary care physician will lose \$130,000 over five years by adopting an EMR. Not until the year 2017 will the annual ROI finally turn positive.

Interestingly enough, the higher a provider's net income is, the larger the relative financial and productivity effect. For instance, a typical general surgeon with a patient mix of 33 percent Medicare and seven percent Medicaid that demonstrates meaningful use of the EMR

every year starting in 2011 will receive a subsidy of \$41,500 over five years. Given similar assumptions about the affect of the EMR on productivity and the cost of licensing and implementing the EMR, the general surgeon will lose \$181,000 over five years by adopting an EMR.

This model demonstrates a substantial risk that, even with the stimulus incentives, provider costs may exceed provider benefits. In fact, none of the "average" examples of 35 physician specialties included in the model show a positive ROI from EMR adoption in the first five years, and even a three percent reduction in Medicare reimbursement will not balance the equation in favor of EMR adoption any time soon.

A general surgeon will lose \$181,000 over five years by adopting an EMR.\*

## Providers Pay While Others Benefit: The Cost/Benefit Imbalance



In announcing ARRA earlier this year, the Obama Administration said that the effective implementation and networking of EMRs would save the health care system more than \$80 billion a year. While not all experts agree on that number, it is clear that nationwide use of EMRs would yield important benefits to our health care system through improving patient safety via a reduction in errors and streamlining office administration to reduce overall delivery costs – improvements that benefit all stakeholders.

But these system wide benefits are not possible if physicians do not adopt EMRs or have isolated EMRs with limited functionality. And optimal affect would only be achieved if the entire health care delivery system – that is, hospitals and all other health care providers – adopts EMRs and facilitates broad connectivity. Physician adoption by itself only gives a physician access to what he or she enters into the system or orders in the way of diagnostics when treating a patient. But if all health care providers adopt EMRs and enable connectivity, physicians could access all care notes, history and diagnostics for their patients no matter where each patient received care in the past.

However, federal subsidy or not, EMRs, depending on the type of system implemented, could be a costly proposition for providers, especially those who choose to implement new hardware versus a Web-based EMR. While providers bear the bulk of the costs, the bulk of the benefits go to other stakeholders – namely health plans, employers, government agencies and patients.

### EHR Perspective Payers & Employers

It's simple. Widespread adoption of EMRs and the foundation of a robust, integrated EHR system would be good for payers – insurers, health plans and employers alike. Important cost savings, improved documentation of delivered care and new opportunities to share evidence-based medicine recommendations with physicians at the point of care are just a few of the benefits those that finance the delivery of health care would realize.

So, with so much to gain, what can insurers, health plans and employers do to help get providers on board?

First, payers need to delve into the intricacies of each provider's practice in their network to better understand the complex effects of EMR adoption, including the affect of the ARRA incentives. Next, payers should educate providers in their network about upcoming changes in medical reimbursement – and the role an EMR could play in helping them adapt to those changes. Finally, payers should tailor incentives to providers to advocate EMR adoption in a cost effective way.

# Meaningful Use – New Federal Mandates Add Complexity

**A**dditionally, the federal subsidy requires that providers put their EMR to meaningful use. While this makes perfect sense if our goal is to achieve a robust and widespread EHR system, it has the effect of further unbalancing the cost/benefit equation by imposing a risk on the provider to ensure benefits that mostly go to other stakeholders.

The definition of meaningful use is still being discussed. The National Coordinator of Health Information Technology is charged with defining meaningful use and has asked the HIT Policy Committee to develop recommendations. This advisory committee foresees meaningful use criteria ultimately linked to measurable outcomes in patient engagement, care coordination and population health. For instance, the

committee proposed that EMRs meeting meaningful use guidelines would support clinical decision making, facilitate electronic transmission of prescriptions to pharmacies and claims to health plans, and enable greater access and sharing of clinical information with patients.

The fact that there is no official definition of meaningful use yet puts providers in a tough spot – what if the meaningful use criteria is too stringent?

Furthermore, the HIT Policy Committee is already anticipating that meaningful use criteria will continue to evolve, and it expects to make major revisions in 2013. By then, two significant federal health information requirements will be in effect: HIPAA 5010 electronic transaction standards, which will take effect in 2012, and the ICD-10 code set, in which 155,000 diagnosis and procedure codes will replace

10,000 codes in 2013. Likely, meaningful use criteria will expect providers to use EMRs to capture their clinical documentation. The ICD-10 code set is an order of magnitude more complex than the current ICD-9 code set. Although providers can conceivably extend current labor-intensive dictation, transcription and coding approaches to work with ICD-10, EMRs would specifically capture much of the ICD-10 encoding.

In other words, providers who adopt EMRs should ensure the new systems meet the coming federal requirements to qualify for stimulus money. While some providers may view these EMR requirements as another reason not to adopt, they should understand that it may be costly and painful to meet the increasingly complex federal health data requirements without one.

Here are some important steps payers can take:

- Evaluate the effects of ARRA incentives on the provider network and stratify providers by risk by applying the ARRA ROI Calculator to the practices of network physicians.
- Tailor strategies to meet the needs of the provider network and minimize the risks if they do not adopt.
- Publicize and make transparent a migration strategy for ICD-10, so providers will be put on alert that it will be difficult to meet these complex coding requirements without enhancements in health information technology, including adopting an EMR.

- Publicize and make transparent a commitment to enhanced documentation and encoding to support a pay-for-performance approach for reimbursement.
- Offer providers alternatives to fee-for-service contracts, such as pay-for-performance and/or a capitated approach that pays per episode of care.
- Create contract incentives for use of EMR technology and change contract rules, so all supplemental documentation can be supplied directly by the provider's EMR.
- Propose ways to share administrative cost reductions.



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## How Meaningful Use Can Drive Meaningful Change

**W**hile stakeholders, especially providers, need to pay close attention to what the government defines as meaningful use, they should keep their eye on the ultimate objective: meaningful change. Meeting the specific requirements of meaningful use is one thing, but it is quite another to tap the transformative power of a conversion to EMRs that involves the ability to network and integrate capabilities among all stakeholders.

To produce meaningful change, the various health care system stakeholders should envision their roles differently. For instance, providers must be willing to embrace the new technology rather than view it simply as a substitute for paper records; health plans should advocate for and finance EMRs and support pay-for-performance initiatives stemming from the new integrated capabilities; and patients should use EMRs to take a more



### EHR Perspective State Governments

Although the stimulus funds to promote widespread EMR adoption are federal subsidies, state governments play a lead role in encouraging adoption.

State agencies are responsible for identifying eligible Medicaid providers and for distributing the stimulus funds – a key difference from how funds are distributed to Medicare providers. In addition, states must also work to establish an interoperable health information technology infrastructure among their Medicaid stakeholders and ensure that it can be integrated into the state's overall HIT system.

By following federal ARRA guidelines, states can recoup 90 percent of the cost of administering the program and 100 percent of the Medicaid incentives paid out to eligible health care providers who demonstrate meaningful use.

Many states have already seen the payback from HIT. A widespread, integrated HIT system would benefit states by allowing them to understand the kind of care that is being provided, identify disparities in care and support pay-for-performance initiatives.



active role in their care and become more engaged and educated consumers.

The rewards of meaningful change would be significant. For employers, it would mean improved quality of care for employees, opportunities to hold providers accountable for outcomes and an enhanced ability to tie provider compensation to performance and ultimately achieve a new level of efficiency in health care delivery. For health plans, it would mean less variation between physician practices (and exposing unwarranted variations from best practices), improvements in clinical outcomes, and more efficient treatment of members. For state Medicaid programs, it would mean better data on the level of care being provided across the board and disparities in care by population, as well as opening the door to a value-based purchasing discussion. For providers, it

Providers must be willing to embrace the new technology rather than view it simply as a substitute for paper records.

would mean a more efficient practice, fewer medical malpractice lawsuits and a more fair reimbursement system. For patients, it would mean easier access to and more complete personal medical data readily available to all medical practitioners involved in their care.

There are a number of steps that states can take to maximize benefits from EMR adoption while fulfilling their requirements as administrators of the Medicaid incentives under ARRA. State agencies should:

- Apply immediately for 90 percent in federal matching funds to cover the planning stages of the incentive payment programs.
- Develop, in consultation with stakeholders, a state Medicaid HIT plan that includes a current assessment of the state's HIT capabilities, shows how the incentive payment program would be implemented, and offers both a roadmap for the state's HIT initiatives and a vision for the state's HIT future.
- Receive plan approval from CMS before executing planning activities and spending funds related to the incentive payment program. Work with the regional CMS office to coordinate incentive payment systems for both Medicare and Medicaid.
- Develop the capabilities required for auditing incentive payment programs and for tracking meaningful use by providers.
- Develop initiatives to encourage provider EMR adoption.



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## Realigning EMR Costs and Benefits

**B**ut right now, the gap between “what could be” and “what is” is too broad for even a massive federal stimulus program to bridge.

To be sure, change is badly needed. Clearly there are significant benefits for implementing EMRs. Given that our antiquated paper-based system is not patient-friendly, that it adds costs and inefficiencies, isn't sustainable for health plans and the government is essentially forcing physicians to become electronic, providers who do not implement EMRs are delaying the inevitable.

The challenge remains, however, that providers bear the majority of costs

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while other stakeholders reap most of the benefits of a digitized system. The stimulus bill attempts to realign these costs and benefits, but it does not go far enough.

It is in the best interests of all stakeholders to collaborate on such realignment. For instance, providers – especially those who will qualify for little or no federal incentives because they have few or no Medicare and Medicaid patients – should consider negotiating with health plans for help in meeting these technology requirements. In those negotiations, providers could use the Ingenix Consulting ARRA ROI Calculator to quantify the gap – as demonstrated by the net loss of adopting EMRs even with the stimulus – that must be bridged before it makes sense for them to convert to an EMR.

For their part, health plans should consider creating contract incentives to encourage providers to implement EMRs or examine ways to share administrative cost reductions with providers and employers. They too can use the Ingenix Consulting model to see how much each physician in their network would need in financial support to make adopting an EMR a break-even proposition. By stratifying their various providers by type of practice, health plans



### EHR Perspective Physicians

For independent physicians in individual or group practices, implementing an EMR system carries with it some significant financial risks, not the least of which is lower productivity during the transition period. Even with adoption incentives from ARRA, many physicians are finding that it may not be in their financial interest to do so – at least not without further subsidy from their trading partners, such as hospitals and health plans.

The crux of the issue is that full adoption of an EMR creates a robust record that stands to reduce the amount of extra effort health plans

invest in requests for supplemental data and subsequent claims adjudication. It does not, however, reduce the amount of effort a provider will invest in the documentation of care.

Given the complexities involved in the ARRA incentive program, the choice and implementation strategy of an EMR system, the looming federal reporting requirements, and the overall business affect of these factors, physicians and organizations supporting physician practices can take a number of important steps to balance the costs and benefits of EMR adoption.



can appropriately tailor incentives to encourage providers to adopt an EMR and to “bring along” the rest of the health care delivery system.

Some payers are already realizing this and are developing incentives to encourage EMR adoption. This year, Maryland became the first state to require payers to provide financial incentives to help providers adopt EMRs.

EMR adoption presents a win-win-win opportunity for health plans, providers and patients, but all must be willing to do their part.

## Conclusion

The stimulus incentives and disincentives offer a complex array of risks and benefits that will be difficult for providers to sort out. Declining subsidies based on patient mix, escalating penalties and meaningful use criteria that have yet to be defined make for a tough decision, especially since optimal results won't be achieved unless the entire health care delivery system can become connected. And right now, those that benefit the most ante up the least. Other health care stakeholders must make significant contributions – either by adopting EMRs or funding their implementation – to ensure widespread EMR adoption is achieved and the health care system can reap all the benefits of the deep well of health information EMRs can provide.

A nationwide EHR system offers significant benefits for all stakeholders in our health care system. But right now, the costs and benefits are not fairly aligned among them. In order to reach this goal, each stakeholder group must be willing to approach the situation with initiative, understanding and a willingness to commit resources. If not, the benefits of EMRs will remain far off, and the promise of meaningful change will be unfulfilled.

- Using the Web-based ARRA ROI Calculator from Ingenix Consulting, estimate the level of improvement in productivity and performance that is required to produce an acceptable return on investment.
- Calculate how much of the projected loss in productivity is due to treating patients outside of Medicare and Medicaid.
- Evaluate opportunities to increase practice productivity through re-engineering or other operations improvement efforts.

- Estimate increased coding staff costs associated with the implementation of ICD-10.
- Evaluate opportunities to “buy down” the cost of EMR adoption through use of a hospital-sponsored EMR, financed in part through a Stark exemption.
- Evaluate opportunities to share accountability for these increased costs with health plans.



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## About Ingenix Consulting

Ingenix Consulting, a global leader in health care consulting, accelerates clients' business around growth, performance and capital.

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