WHITE PAPER:

EMR REPLACEMENT CONSIDERATIONS

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INTRODUCTION

EMRs have come a long way since they were first introduced to the healthcare field. Along with advances in technology, CMS introduced incentive payments and Medicare penalties to motivate providers to adopt EMR technology and use it in specific ways to achieve relevant healthcare improvements.

Many vendors are currently struggling to keep up with all of the EHR incentive program changes, as well as to make the 2015 transition to ICD-10. These challenges are now pushing EMR users to re-evaluate their software and determine if they need to invest in a new, 2014 Edition certified EMR vendor that will help them meet Meaningful Use requirements to secure CMS EHR incentives and avoid Medicare payment adjustments, all while offering usability and interoperability that mirrors real-world clinical workflow.

While the replacement process may seem daunting, the tradeoff is simple; either continue working with unsatisfactory software and vendors that aren't keeping up with program changes, or consider a new vendor to help weather this perfect storm of healthcare changes (Meaningful Use, ICD-10, changing payment models, etc.)

This white paper outlines objective reasons to consider replacing your current EMR and shares best practices for identifying and selecting the best replacement option to ensure a successful, cost-effective transition to help ensure long-term adoption and satisfaction.

REPLACEMENT STATISTICS

Several software advising and ranking organizations are conducting their own research on EMR replacement. The results from the informal surveys are interesting, to say the least, and seem to indicate a changing trend ahead in the marketplace.

- A 2014 KLAS study found that "more than 25 percent of both large and small ambulatory practices report that they are considering replacing their EMR" with larger practices seeking to consolidate multiple EMR systems and smaller practices looking to resolve functionality, support and cost issues.[1]

- In July of 2013, Black Book Rankings released their "2013 State of Replacement EHR Market Study" as a follow up assessment on the status of electronic health record users, all of which indicated deal-breaking dissatisfaction with their current vendor in a previous Black Book poll. For the replacement study, Black Book polled 2,880 replacement market EHR users from over 16,000 original in the replacement mode and found that 81% of respondents were on track to replace their original EHR solution within the next 12 months.[2]

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[1]Source: http://www.klasresearch.com/News/PressRoom/2014/Ambulatory%20EMR%20Perception%202014

[2]Source: http://www.prweb.com/releases/2013/7/prweb10553430.htm

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• Another interesting statistic comes from Software Advice, an online company that provides detailed reviews and research on thousands of software applications. They found that the number of medical groups purchasing new electronic health records to replace their existing ones grew 19 percent in 2010 and 30 percent by Q1 2013 and up to 40% in Q1 2014.[3]

WHY ARE PROVIDERS CONSIDERING EMR REPLACEMENT?

When it comes to making the switch from one EMR vendor to another, providers are citing numerous reasons for their decision - from efficiency and security to satisfaction and certification. Providers are taking a hard look at their current solutions to see how they measure up to staying current with industry changes. Investing in a new software solution may, on the surface, appear to be a time-consuming and costly endeavor. However, in the long run, continuing to put up with an outdated, cumbersome solution that isn't up to industry standards and doesn't offer features to improve the efficiency of practice workflows, will ultimately result in a worse return on the investment. Let's explore some of the reasons providers say they're considering an EMR replacement.

• **Efficiency and usability:** These two traits seem to lead the pack when it comes to determining whether or not a provider will replace their current EMR system. How well does the EMR software match the specialty workflow, clinic's workflow, or non-acute workflows? Is there an ongoing cost that outweighs the benefit of the organization continuing with their existing EMR? Are there less costly alternatives? It pays to shop around for alternatives that enhance clinical workflow while increasing profitability.

• **Cost vs. features and benefits:** It is critical to evaluate current software to ensure you're getting your money's worth. Certain system features and benefits may sound like they're worth the investment, but if they're not being used properly, aren't a good fit for certain specialties, or simply aren't generating the financial returns you expected, it may be time to reevaluate and find a solution that has a positive impact on profitability.

• **Data sharing and interoperability:** Does the EMR software you currently work with have the ability to do this or is it being planned for future implementation so you can be prepared for these future requirements? Does the EMR share data with a hospital, devices, labs for electronic lab ordering, HIEs, public health entities and/or registries? Recent proposed regulations are dictating new interoperability and meaningful use requirements, so the ability to share data electronically will be a critical need moving forward.

• **Regulatory changes:** Has the EMR met regulatory changes in the past? Do you have good reason to believe it will continue to do so?

Did you know?

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- **Security:** Meaningful Use and the HIPAA Omnibus Rule lay out very strict requirements for patient privacy and the security of PHI. Make sure you're working with an EMR vendor that can support as many of these requirements as possible.

- **Reimbursements:** Does the EMR assist with reimbursements? Is it easy to share the data with the billing system? Is it easy to select codes? How is the EMR transitioning into ICD-10 coding? Knowing the answers to these questions will ensure you continue to receive Medicare and Medicaid reimbursement dollars.

- **Specialty content:** Is the system a specialty-specific EMR and a fit for how that specialty practices? Make sure your specific practice is getting the most efficient and profitable system available.

- **Integrated tools:** Does your current EMR have integrated tools? Can it connect to devices to bring in data or results? Does it have voice-recognition integrative technology? Does it allow for direct secure messaging to connect with referring providers for transitions of care? Having these extra tools can go a long way in assuring your practice meets meaningful use measures.

- **Incentives/disincentives:** Can the EMR assist a provider with securing EHR incentives or avoiding disincentives for those particular programs? Not only that, but can the EMR also ensure your practice is meeting quality requirements within the organization?

- **Size of practice vs. the EMR's intended audience:** A provider may be working with a system that's an enterprise-wide system and better suited for a hospital, rather than a small to midsize practice or clinic. While impressive, enterprise systems may simply be too much for a smaller practice's needs. Additionally, many enterprise systems are so large that it's hard to have any level of customization in development, training and support. And, often the support is outsourced or located outside of the U.S. There could be massive financial and clinical workflow benefits to considering a vendor who specializes in EMR systems for smaller practices.

- **Quality and safety:** Does the EMR have quality and safety-type initiatives and support tools built into it? You can never be too careful when it comes to protecting sensitive health information.

- **Staff satisfaction:** How does the staff like working with the EMR software and the vendor's support resources? A system the entire staff understands and can easily receive support on, will likely be utilized to the fullest, which in the long run will provide a much better return on the investment.

- **Lack of adoption:** Is the staff actually adopting the EMR system? Purchasing an EMR system that only a fraction of the staff uses will be a waste of time and money. Find a system everyone in the practice is willing to adopt and then work with the vendor to get an implementation plan in place. These two things will ensure long-term adoption.

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- **Workflow alignment:** Does the software work the way the practice works? Find a software that supports your specialty with templates, integrated tools, and support to ensure it's providing all of the necessary measures for incentives, reimbursements, and a streamlined workflow.

- **Software "bug" resolution:** Are there major bugs or issues with the software that are not resolved in a timely manner? If the answer is yes, you should definitely be considering EMR replacement. While every software has bugs, it's important to find a vendor who is responsive with addressing and resolving issues quickly.

- **Most recent certification:** Does the EMR software have certification, or better yet, the most RECENT certification? The 2014 Edition Certified EMR Technology (CEHRT) is the most current certification that EMRs will need to have in order to support eligible professionals securing EHR incentives and making sure the required certifications are in place. Also ask about the vendor's commitment to programming, training and support for Meaningful Use Stage 3.

- **Commitment to functionality:** Does the vendor commit to making functionality improvements, sharing those improvements and then executing them? Software is always changing; having a vendor that's ready, willing, and able to change with evolving technology will go a long way in ensuring user efficiency.

- **ICD-10 preparedness:** At this point, every EMR vendor should be committed to the ICD-10 changes and be taking the appropriate steps to update and upgrade their software to include the new code set. Vendors should also be actively assisting their clients with the transition. ICD-10 is not just a change to coding and billing, it is a change to the EMR and the clinical side as well.

- **Company strength:** How long has the organization been in the software business? How long have the products been in existence? Is the company planning on staying independently owned or merging with another vendor? If owned by a parent company, what's their reputation?

- **The "unknown":** It's anyone's guess as to what else is coming down the line for EMR systems. If you feel that your current vendor is not necessarily committing to meeting upcoming regulatory requirements and enhancing the software in ways that would allow providers to use it more efficiently, you may want to be considering your own software replacement.

WHY ARE YOU CONSIDERING REPLACING YOUR EMR?

If you're considering replacing your EMR, take the time to go through a due diligence list to gain an understanding of why you are considering an EMR replacement or why you SHOULD be considering an EMR replacement. EMR is not one size fits all. Assessing all of those different areas will help you determine if a replacement really makes sense for your organization or if your current software is the best option. Look at desired features, compare cost and effort with transition vs. benefits that you'll get from moving to a new EHR, and then identify what you need to plan for with the transition to a new EMR - because as you likely already know, it is not necessarily butterflies and roses with EMR software implementation.

Helpful Tip: If you're considering replacing your EMR, take the time to go through a due diligence list to gain an understanding of why you are considering an EMR replacement or why you SHOULD be considering an EMR replacement.

BEFORE YOU SWITCH, ASK THESE QUESTIONS...

Before you make the decision to switch, there are some additional questions you might also want to ask yourself:

- **Could you issue already have been resloved?** Are you really stepping in and holding your vendor accountable and asking them to work with you to resolve any issues that you have? Make sure you're being a good partner and searching for an amicable solution before jumping ship.

- **Could the vendor reslove your issues by making technical improvements?** Could your concerns and issues with the software easily be remedied with technical improvements? If so, will your vendor commit to making those changes with monthly releases or in some other reasonable timeframe?

- **Is your practice partially responsible for the issues?** Honestly look at whether your practice might be personally responsible for some of the issues. The relationship with your EMR vendor needs to be a strong partnership and, like with all relationships, communication and mutual responsibility are key when it comes to resolving issues.

- **Is your current EHR vendor stable?** Look at whether your current vendor will have the stability to stay in business for the long term. You don't want to end up with a vendor that is phasing out their product or being acquired by another company within five years because you'll end up right back here, beginning the long, expensive process to replace your EMR software solution.

- **What penalties apply if you terminate your existing contract?** Is there a financial, or other, penalty for early termination or will there be a charge for securing your data? Be sure to review the termination clause in your current contract so you can budget for penalties if you do decide to make a switch.

- **Can you organization's goals be accomplished using your current EHR software?** If one of the practice's goals is to meet Meaningful Use measures to secure incentive dollars, then you need to make sure that you're working with an EHR vendor that has that 2014 Edition Certified EHR Technology designation. Determine what other goals are essential for your practice to meet and then determine which vendor will best help you achieve them.

- **Is your current system negatively impacting productivity?** Your EMR should be a time saver, not a drag on productivity. It's important to take an honest look at training needs before casting off your vendor. Often, additional and ongoing training, can lead to improved knowledge of functionality and workflow to boost adoption rates and productivity. But, the dangers of keeping an EHR system that hinders performance are real, and an EHR that hampers productivity now will only grow worse as the complexities of health reform initiatives increase in the future. Make sure your EHR is a productive tool within your practice.

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RESETTING YOUR EMR EXPECTATIONS

Once you have decided to replace your EMR system, the most important thing to do is set realistic expectations. Changing EMRs will be a process and there will likely be bumps in the road that may make you question your decision. If this happens, keep in mind there is a lot of work to be done with the vendor, outside partners, and even with your own staff to complete a successful implementation. If you're still not sure you want to travel down the EMR replacement road, keep these things in mind as well:

- **EMR and Practice Management (PM) do not have to come from the same company:** While it is nice to have an integrated system, you want to make sure that both the PM and the EMR are strong and productive products for both sides of your practice. Different companies offer different things – find the solution or solutions that work best for your practice's specific needs.

- **Bigger is not always better:** Some enterprise-wide systems have way too many bells and whistles for a small to mid-sized practice and may be significantly more expensive. Again, the features may seem nice, but they're not going to be practical if they're not enhancing your productivity or profitability.

- **Sometimes you get what you pay for:** Pricing for EMR solutions runs the gamut. There are some software vendors who offer their EMR solutions for free and if you're not worried about customization or pop-up ads, then this is the solution for you. Other vendors charge hundreds of thousands of dollars for their systems that feature every bell and whistle you can imagine, but what good are they if you're not using them. Find the happy medium so you're paying for the functionality and customization that you want within an EMR, and not being inundated with a bunch of features that you won't use.

- **Do not assume:** Assuming that the EMR transition is going to be easy and fast is going to set you up for a bad experience. A transition from practice management systems is much quicker because data conversions and interfaces are much simpler and training tends to be fairly quick. On the EMR side transition takes more time, more coordination, and far more detail. There's so much more data in the EMR that needs to be encrypted and protected during the conversion that you really need to be careful with that health information to make sure it goes into the right places and is accessible where it's expected to be accessible. Assuming that your new EMR will work the same as your old EMR can also get a practice into trouble. Even if your practice has been utilizing an EMR for five to ten years or was on the forefront of using EMR when it first came out, the challenge now is utilizing an EMR that's new because your practice wants new tools and new functionality. A serious commitment to training will ensure a successful EMR transition, as will understanding the resources available to you in your new EMR solution. Recognize the different ways to connect and utilize client support, training resources, and new software tools.

AN OVERVIEW OF THE VENDOR EVALUATION AND SELECTION PROCESS

Evaluating and ultimately selecting a new EMR vendor will take some dedication. It will require time, effort, input and research to even get started. Below are some best practices to help plan your EMR replacement search:

- **Gather input from users:** Before you start identifying EMRs and conducting vendor comparisons, do your homework. Start with planning your replacement project internally. Get input from the various stakeholders in your organization. The most important piece of the puzzle will lie with your internal stakeholders, the people who will use the new software on a regular basis. Talk to them, discover what they like and dislike about the current system, what features are absolute necessities and which ones would be nice add-ons in a new EMR. While it is the clinicians that will primarily utilize the EMR and work within the functionality there, a lot of other folks need to us and access that EMR. Reception may populate demographic information and appointments which populate over into the EMR. Nurses will access it to collect vitals and ask initial probing questions before the provider sees the patient. Understand how the providers like to work and document. And then understand how billing would come into play if you have your EMR connected with your practice management system to share billing, coding and documentation information for the billing piece. Talk to your stakeholders. Understand what everybody's looking for, what they like and don't like about the old EMR, and what they'd be looking for in a new EMR.

- **Start researching PM and EMR software companies:** Search the Internet, talk to colleagues, and/or refer to publications that offer software comparisons to gather your information and start to create your list of potential vendors. Understand the difference between a true PM and EMR software vendor versus a Revenue Cycle Management (RCM) company that essentially outsources your billing and receivables. There are thousands of EMR vendors in the marketplace; the more research you do and the more you understand what it is you're looking for, the easier it will be to narrow your selections down. We recommend initially identifying three to five to evaluate further.

- **Narrow down your EMR vendor list:** Once you narrow the list down, be prepared to speak to and field a lot of calls from the various vendors' sales teams. They will probably spend at least 15-20 minutes on the phone gathering information from you in order to develop a price quote. This is the time to share your list of needs and wants and have an open, honest discussion about what your practice is looking for in a software product. The more information the sales person has, the more accurate your quote will be. It's also important to know your budget and understand what additional features or functionalities you may be able to do without if adding them on to the software package increases the cost too much. The bottom line is to know what you're willing to spend in order to get new, improved functionality with a new vendor.

Helpful Tip: During the vendor evaluation and selection process, plan your EMR replacement search by gathering input from users.

- **Schedule demonstrations with selected EMR vendors:** This is the only way you and the other office decision makers and EMR users will see how the software works. Having the key players view demonstrations will allow everyone to compare and contrast new potential systems with the current system you're looking to replace. Use the demonstration time as an opportunity to ask any questions about the software functionality and how it would work with your practice. If you like what you see, follow up with your sales contact after the demonstration to request a quote and contract. Once you receive those items – take the time to really review each one with your key stakeholders. Be aware that contracts come with service requirements, upgrade schedules, data security responsibilities, and contract termination guidelines. Every vendor is different so all of these items are critical to review and understand before you and your stakeholders collectively agree to commit to a vendor and sign a contract.

- **Don't forget about the PM:** While EMR may be the main reason to focus on making a change, you should always consider your PM system. Practice Management, in some practices, may be more important than the EMR in terms of efficiently managing your front desk and billing operations. In many cases it's best to purchase and use an integrated PM + EMR system from a single vendor to seamlessly share data, but not every EMR vendor offers a strong PM system. You may consider retaining your existing PM and interfacing it to your new EMR if you find the best of both worlds ends up coming from two different vendors.

WHAT TO LOOK FOR IN SOFTWARE AND VENDORS

As you begin the software vetting process, you need to ask yourself two questions:

1. What do you want in the software?
2. What do you want in the relationship with the software vendor?

Those are pretty loaded questions, so we've got some topics to consider to help you get better perspective on where to begin. Let's start with the software.

- **Affordability:** Know your budget and find a solution that fits into it. Compare the free systems to the costly enterprise systems – are either a good fit for your needs or is there a better solution somewhere between the two? Again, have a full understanding of what you're getting for the price you're going to pay.

- **Flexibility:** Look at how the software works. Does it follow a strict template with little room for adjustment, or are templates customizable to your specific practice needs? Understanding how a vendor designs their software will give you better insight into what you'll ultimately get out of it and if it will meet your needs.

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- **Access and purchase options:** Does the vendor offer multiple avenues to access and purchase the software? Can you lease the software? Do you need to buy software licenses? Can you access and purchase the software on a monthly basis, or through a cloud-based program? Or could there be an all-in package that includes your software licenses, third-party licenses, training, clearinghouse and a number of different elements. The access and purchase options will likely make a difference in which vendor you select for your EMR solution.

- **Flexible encounter documentation:** Does the vendor offer different ways to record an encounter? Are there text-based and point-and-click options, or is the system integrated with voice-recognition software? All providers have their own unique way of documenting a patient encounter – make sure whatever software solution you're going to use covers everyone's unique documenting practices.

- **Interoperability:** Is the software interoperable with practice management and other EHRs to be able to share electronic health data? What about information exchanges, registries, and labs? Can it connect to labs and interface and request lab orders and then receive those orders back into the software?

- **Secure connectivity:** Look at whether or not the EMR facilitates secure patient-to-provider communication, which is becoming increasingly important with HIPAA requirements. Being able to communicate with your patients is one thing, but being able to do it securely is the critical selling point.

- **Integrated tools and services:** Does the software have integrated services and tools that will enhance the way your practice documents patient encounters? Again, case in point might be voice-recognition software that you can utilize with your EMR system to speed up documentation.

- **Peer-recommended:** What software do your colleagues recommend? Ask for their input on the solutions you're considering or seek out and read product and vendor reviews through KLAS, Black Book, or some other respected, industry publication. Outside input can give you a much better understanding of where a particular vendor ranks in the industry.

Now let's tackle some topics to consider when looking at vendors:

- **Responsive sales:** How responsive is the salesperson you're working with? Can you get your questions answered in a timely manner? The relationship you develop with a sales representative could be indicative of the vendor's culture as well.

- **Committed to changing requirements:** Is the organization itself committed to meeting changing healthcare requirements? Is the software up to date with the latest certification, is it ICD-10 compliant – or are there plans to upgrade the software in the near future? Technology and regulations are constantly changing. Make sure your vendor is committed to keeping up with the times.

- **Collaboration:** Is the vendor-practice relationship a two-way street? Does the vendor have ways for users to submit enhancement requests? Are vendors actually acting on those requests and then communicating when they're scheduled and launched?

- **Certification:** We cannot stress this point enough. Choose a vendor whose software is certified through an accredited program and has the most recent edition certification.

- **Longevity and stability:** Is the organization going to be around for the long haul? Are they stable, either as their own individual independent organization or do they roll up to a larger parent company that will be there to support them in the long term? The expectation is that 80 percent of EMR vendors may be out of business by 2017.

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- **Committed to upgrades:** Does the vendor have a plan to commit to upgrades with the EHR incentive program and ICD-10 transition as rules change and deadlines approach? There are major costs, time an programming commitments vendors must commit to in order for their product to have successful transitions. Understand the level of commitment your vendor is putting into the industry changes.

- **Training and support:** Software upgrades and changes happen frequently with EMR solutions. Make sure you understand how your vendor communicates that changes are happening and when and how they'll be available to customers. Also make it a point to understand what training and support options are available to you when upgrades and software enhancements occur.

COMPARING QUOTES

Once you receive quotes from your top vendors, be prepared to really do your due diligence dissecting each one so you truly understand what it is you're being charged for and what exactly that charge entails. This is important because there are so many ways to purchase EMR. You can buy the software and licenses outright or you can utilize a monthly or annual subscription. You can choose to host the software and data on your own servers in your office, or you can take advantage of an off-site, cloud-based solution. "All-in" programs are going to bundle all of the services in together. Other EMR vendors may list out each individual line item, for instance, third-party licenses, SNOMED or AMA codes.

The pricing doesn't stop there. There are also set-up fees, add-on items, and training services to evaluate in a quote. We always recommend receiving training, especially with an EMR implementation. Some of the training costs can add up quickly so it's important to review what kind of training you're getting for the price. Is it going to be web training, classroom based, non-customized, or do you pay extra and have one-on-one training with a trainer via the web or in person? And don't forget about the go-live support – are you also paying to have someone be on the ground at your practice the day you start using your software?

Look at how the charges are being set up. Is it an all-inclusive, all-in price? Is the price per user? Is the price per provider plus x number of users? Are there charges per practice, per location? Are there charges for cloud access? Is the software free? These are things to understand when it comes to interpreting different quotes you might be receiving.

Interface quotes can also vary greatly from one vendor to the next. One vendor may already have an interface built with something that you're looking to interface with, where another vendor may not.

Building a new interface will typically increase your cost. Also look for additional charges or fees for providers who use any of the EHR incentive tools.

When comparing quotes disect each one so you truly understand what it is you're being charged for and what exactly the charge entails.

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YOU'VE DECIDED TO MAKE A CHANGE - WHAT NOW?

If you decide to make a change, the first thing you need to do is communicate the change to your vendors (old and new) and your staff.

Inform your current vendors, on the software side and the device side, that you're making a change. You will need to work with them to secure your current patient database, especially if you plan to import the information into your new EMR. Also take time to know who your contacts are for the new EMR system for project management, training, sales, and any other area you have an interest in, and be sure to be in contact with them regularly as you navigate through the replacement process.

Don't forget about your staff. Take the time to get their input about the transition. Their thoughts can help you formulate an implementation plan and determine how and when to make the change. Once you have a plan in place, communicate it to your staff and vendors so all of your stakeholders know what's going on and what their roles are in the transition.

PLAN YOUR TRANSITION PROJECT

The new EMR system will not magically fall into the place of your old system. Every system is different and will have unique requirements to adjust to, which is why it's critical to determine what the needs are for the new hardware and software and then get an implementation plan in place. Work with your vendor as far in advance as possible to plan and schedule implementation and go-live dates (for software and add-on tools), data conversion, interfaces, and training. Consider whether or not to do a phase implementation where the EMR is only used with a certain number of patients or only one functionality is introduced at a time. This gives staff a chance to get used to one feature instead of having to learn and remember everything all at once. Be sure to document and share any new policies and procedures, so there is always an updated guide for people who are working with the new system to refer to. And finally, be sure to have a plan to monitor and measure software usage so you can be sure it's being used the way it's intended to be or if adjustments need to be made. This is a large investment; be sure to get your money's worth.

SCHEDULING PM AND EMR IMPLEMENTATION

When it comes to scheduling the PM and the EMR implementation, typically the PM side goes first. This implementation can run up to three months, although it can be completed sooner. PM is typically done first because it is a faster data conversion and a lot of that data can actually populate demographics in the new EMR system.

The EMR implementation could take anywhere from three to six months depending on the complexity of the data conversion and how many interfaces are needed. Once that information has been uploaded in the EMR, there's typically a testing phase to ensure proper functionality. Occasionally, additional training is needed before the go-live date.

DATA CONVERSION PM AND EMR

Converting your data into a new EMR is no easy or quick task. The more information you want to bring over, the more complex and longer the conversion becomes. Determine exactly what information you need to bring over into your new EMR. Is all of the data you currently collect still needed, or are there changes that could be made? Most EMRs have a list of standard data (basic record information) that it normally brings over. Doing a basic conversion is typically less expensive and faster than doing a custom conversion that includes many, specialized data fields.

INTERFACES

Interfaces are also a time-consuming and sometimes costly piece of the EMR process. Once you reach this part of the implementation, determine which interface, or interfaces, are crucial to include in your new EMR system. Consider your connections to labs, health information exchanges, registries and other devices. Work with the vendor to confirm whether or not they have existing templates for anything you would like to interface with.

Keep in mind, if you're considering a lab interface, check with them to find out if they cover the cost. Determine what information you want to share between the two systems. If there's an existing interface already built, you may just be able to use those same standards.

If you need to create a custom interface that would share more and different discrete data with your new EMR, know that that will mean more time, dedication and cost. You may be requesting functionality that not all users would need, so the EMR vendor would be programming an entire application only for your EMR.

INSTALLATION AND SET UP

The next piece of the implementation is installing and setting up your software and add-on tools. This could cover items such as setting up users and roles within the system, formatting prescription templates and forms, and determining system customization. Your vendor will work with you to set up the system based on your user preferences and needs.

TRAINING

Training is a huge piece of the implementation project. It's important to note that every EMR system is different and everybody needs to have a commitment to training. Know what the best training tools are for your organization and then budget for them so that you're able to purchase and schedule your training.

With a new EMR system it's very important to train on the similarities and differences between it and the old system. Know what's different in the new software and teach people how to utilize that. Also, understanding the similarities can help make training a little bit easier.

Finally, take advantage of any self-help training tools that might be available through your vendor to help engage all EMR users in training.

Helpful Tip: Know what the best training tools are for your organization and then budget for them so that you're able to purchase and schedule your training.

GO-LIVE AND BEYOND

Consider having on-the-ground training resources available for a couple of days of your go-live, so you have a vendor training representative there that can assist in working through the first couple of days live. Or, if that's not an option financially, consider designating a couple of willing EMR users as "super-users." These would be your own internal trainers who could assist others in using the system.

As you move beyond the go-live implementation, don't forget to monitor the usage of the EMR to make sure people are using it in the ways that are most effective and intended. Measure the success. If you're finding that you're struggling in certain areas or some of your users might be, that's your indication to go back and do some retraining. Work with your vendor. See how you can improve processes in the areas that seem to be demonstrating some difficulty.

ABOUT HENRY SCHEIN MICROMD

Delivering on the promise of health information technology, Henry Schein MicroMD provides simple yet powerful EMR and practice management solutions that facilitate the delivery of superior patient care, automate incentive and quality reporting activities, and streamline operations for today's busy providers. Full-featured, time-tested and budget-friendly, MicroMD EMR is 2014 Edition Complete Ambulatory certified software that helps small practices, large medical groups, community health centers and billing services accelerate progress towards a paperless environment and health information exchange with minimal disruption and stress. High client retention rates attest to our market-leading presence and client-centric focus.

Consider MicroMD as one of the key software to evaluate for many of the reasons we've outlined in this white paper. When you're ready to discuss needs and demo software, contact us to review the MicroMD PM + EMR suite of software and integrated products and services. Our focus is on helping providers get back to the business of healing by letting their software help them manage a better business.

If you have an interest in learning more about the MicroMD suite of products, visit us at **www.micromd.com** or call 800-624-8832.