EHR Contingency Planning: Always Have a Strong Exit Strategy

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Vendors can go out of business. They might merge or discontinue products. Still others may fail to provide the technical support, template design, or workarounds necessary to make their system efficient for your practice's needs. There are many reasons why your practice might want to move from one EHR system to another—but how challenging would that transition be? And when is the best time to start thinking about your exit strategy?

Why You Need an EHR Exit Plan

Technology is rapidly evolving, and "all technology has a beginning and an end of life, no matter what you buy—from blenders to computer systems and software," said Jeffrey Daigrepont, senior vice president at the Coker Group, a nationwide consultancy firm headquartered in Atlanta. "Some vendors will maintain the health of their product by reinvigorating or updating it over time. But there are also cases where the product simply becomes obsolete because it is too difficult for a vendor to keep up with the extensive IT requirements. Indeed, in order to stay current, vendors must incorporate all the changes resulting from health care reform, as well as the remaining stages of Meaningful Use (MU) requirements, ICD-10 updates, and payment reform—to name just a few of the ongoing challenges they face. These all serve as compelling reasons for you to plan ahead."

Make Sure Your Exit Plan Is Part of the EHR Contract

When practices first convert to EHRs, the last thing physicians and staff want to worry about is the failure of their system. However, "it is imperative to consider an exit strategy from the outset," said Michael F. Chiang, MD, professor of ophthalmology, medical informatics, and clinical epidemiology at Oregon Health & Science University in Portland. Indeed, it is one of the first things you should consider before signing on the dotted line and committing to a long-term agreement. There are some straightforward strategies to employ before and during your contract negotiation that can improve your chances for a clean break, should you need to terminate your vendor's service.

Establish ownership of your data. "The bottom line is that the clinical data stored in EHRs should belong to the clinicians and the patients, not the

Help From the AAOE

Visit EHR Central. The AAOE's website (www.aao.org/aaoe) includes EHR Central, which is an extensive repository of EHR resources with tips for EHR selection, a survey of vendors, a guide to Meaningful Use attestation, and more. Both Academy and AAOE members have free access to the EHR Central section (www.aao.org/ehr) of the AAOE's site.

Get expert advice on your EHR contract. Membership in the AAOE offers a variety of benefits—one of which is the option to have your EHR contract reviewed, at no charge, by Mr. Daigrepont's company, the Coker Group. "We have no relationships with vendors, nor do we endorse or promote any particular product or service. As a result, we are able to foster transparency between vendors and buyers," said Mr. Daigrepont. To learn more about this benefit, go to www.aao.org/ehr and scroll down to "Key Resources at a Glance."

EHR vendors," said Dr. Chiang, who chairs the Academy Committee on Medical Information Technology. "It is important that your practice will be able to extract this information if, and when, needed without having to pay excessive workaround interface fees to obtain it."

Ensure that you can transfer the data. "Your contract should specify that your practice owns the data in your system," said Michael Boland, MD, PhD. "However, merely owning the data is not necessarily helpful if you do not have the expertise to access and remove it in a meaningful way once the contract ends. Address how the vendor will facilitate this task from the outset." Dr. Boland is the director of information technology at Wilmer Eye Institute, which will be moving to a new EHR system later this year.

Create an exit plan "wish list." Before signing a contract, consider any additional items that will be important if you need to move to a new EHR system. For example, your list might include how disputes with the vendor will be resolved, how data conversion will take place, and what the terms are for dissolving the relationship. "A consultant or attorney can convert these conditions into an addendum to your contract. Addendums, or term sheets, are much easier to negotiate than modifications incorporated into the overall contract," said Mr. Daigrepont. "There is so much competition—particularly among ophthalmology-specific vendors—our experience has been that they are willing to negotiate and incorporate these requests."

Negotiate reasonable requirements for termination of the contract. It is vital to understand a vendor's requirements for contract termination. "The last thing you want to do is submit your termination notice and find out that significant penalties are involved or that you are still obligated to pay for the remainder of the contract if you have a lease agreement or are terminating the relationship early. A savvy buyer can remove these, and many other, roadblocks up front," said Mr. Daigrepont.

Don't Rely on Stage 2 MU

Stage 2 MU helps you share information about patients. A provision outlined in the stage 2 MU requirements lays the foundation for a major shift toward the interoperability between EHR systems. "Among the terms in this stage's federal certification requirements is a stipulation that providers must be able to communicate summary-of-care records from one EHR system to another," Dr. Chiang said. "The basis of this mandate is to enable the transmission of information about patients between physicians for the sole purpose of facilitating direct patient care."

But stage 2 MU isn't a solution for moving data to a new system. However, "the intent of this stipulation was not to enable practices to move from one vendor to another by mandating a smooth or full data transfer," said Dr. Boland. "Although vendors are required to create some interoperability to achieve the next stage of MU certification, the discrete data that went into creating the record cannot be copied from one system to another."

Know When It Is Time to Move to Another EHR System

Evaluate how the current EHR system is affecting your practice. "If there is a defect in your system that negatively compromises revenue or the physician's liability in any way (e.g., it upcodes services, incorrectly saves data, or has problems with formularies or dosing), it is imperative to start looking for another system or have a very candid conversation with your vendor to ensure that the problem is resolved immediately," said Mr. Daigrepont. Avoidance of the issue will only compound your problems and complicate a transition.

Evaluate your practice's role in the system's shortcomings. Sometimes practices do not devote the time or effort that is needed for a successful electronic conversion. Before making the final decision to investigate new vendors, make sure the problem does not lie within your practice. "Practices should assess any responsibility they may have for their lack of success, and then determine what must be done differently next time in order to avoid repeated dissatisfaction," said Mr. Daigrepont. "Poor training, a lack of leadership, insufficient resources, and poor system design all contribute to disappointment with a system. Learn from these mistakes."

Have an expert review your contract. Before committing your time, money, and labor to a vendor's system, have an attorney or consultant review your contract to identify unfavorable terms. (See "Help From the AAOE," on the previous page.)

Calculate the time necessary for a transition and prepare accordingly. Moving data from one system to another is time consuming and cumbersome. Vendors use proprietary databases that are not compatible with other systems. Additionally, "the data are stored in a highly complex format among thousands of database tables, which do not simply translate from one system to another," said Dr. Boland. "Currently, if you change systems, you cannot anticipate that your data can be transferred automatically."

Mr. Daigrepont urges practices to plan ahead. "At least 120 days before your contract ends, get your new system in place, train your staff, input data, and transition or balance your accounts receivable. If you do not act before your contract ends, you may be putting yourself at the vendor's mercy by asking for an extension to your contract that allots extra time for data transfer. If you negotiated your termination effectively, you will have stipulated that you can toggle back and forth between the old and new system while transferring your data. Additional fees may apply, but I always suggest requesting two to five years of unlimited viewable access," said Mr. Daigrepont.

NEXT MONTH: Tips on effectively integrating imaging devices with your electronic health records, including a summary of industry standards, such as DICOM and HL7.