ELECTRONIC HEALTH RECORDS
Shop for an EHR

COMPARE SYSTEMS. In 2011, the Academy Medical Information Technology Committee published "Special Requirements for Electronic Health Record Systems in Ophthalmology." It included a list of 23 EHR features deemed essential or desirable for ophthalmology. To help you shop, Academy staff asked vendors whether their EHR products include those 23 features (pages 12-13) and for general information (below).

2014 MU certification. To qualify for meaningful use (MU) next year, your EHR must be 2014 MU Certified. Note that products can be 2014 MU Certified as either a complete EHR or a modular EHR. As of press time, few products had been certified; thus, this information is not included in the table. To check a product, visit http://oncchpl.force.com/ ehrcert?q=chpl, or talk to vendors on the floor about their certification status.
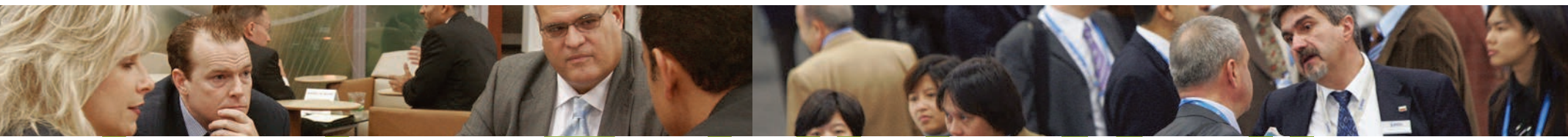
Meaningful use Stage 1. Although all EHR systems must undergo a new round of certification (as mentioned above), the historical data may be of interest. The table below lists how many current customers were able to successfully attest to MU Stage 1; this information was sup-

COMPANY NAME	Compulink Business Systems‡	Doctorsoft*	Epic‡	EyeMD EMR*‡	First Insight	ifa united i-tech*‡	iMedicWare ‡	Integrity Digital Solutions	IO Practiceware*‡	
BOOTH NUMBER	4028	2263	N/A	5029	4548	4728	4847	4829	4047	
PRODUCT NAME AND VERSION	Advantage/ EHR (v10.6)	Doctorsoft EHR	EpicCare (Epic 2012)	EyeMD EMR (v1.1.3)	MaximEyes EHR (v1.1.1.8)	ifa (v6)	iDOC	Integrity EMR For Eyes	IO Practiceware (v7)	
GENERAL INFORMATION										
Modules available (PMS for practice management system, EP for electronic prescribing)	PMS, EP		PMS, EP	PMS, EP	PMS, EP	PMS, EP	PMS, EP	EP	PMS, EP	
Do you offer an application server provider (ASP) option?	Y	Y		N	Y	N	Y	Y	Y	
How long have you been in the ophthalmology EHR market? (in years)	19	2	21	4	19	27	8	4	12	
How many ophthalmology EHR practice installations have you completed?										
• Academic	1	0		1	0	3	1		0	
• Private practice	850	12		212	213	85	70		260	
How many total ophthalmologists are represented by those installations listed above?	2,000	33		561	400	485	320	300	1,000	
Do you offer an ASC module?	Y	N	Y	N	N	Y	Y	N	Y	
Do you offer an optical module?	Y	N	N	Y	Y	Y	Y	N	Y	
Does your contract guarantee your software will meet future meaningful use criteria (Stage 2 and Stage 3)?	Y			Y	Y	Y	Y	Y	Y	
How many of your ophthalmologist customers have attested to meaningful use Stage 1 successfully?	500			187	45	350	250	300	300	
Have you provided AAOE with an IHE Eye Care Integration Statement?	Y	N	N	Y	N	Y	N	N (plan in 2014)	Y	
Is 24-hour support available?	Y	Y		Y	N	Y	Y	Y	Y	
What are your standard support hours during the week?	M-F 4am-6pm; Sat 5am-1pm (PT)	M-F 7:30am-6pm (PT)		M-F 8:30am-5:30pm (ET)	M-F 5am-5pm; Sat 6am-noon (PT)	24/7	M-F 24hours; Sat/Sun 8am-6pm (ET)	Live: M-F 7am-7pm (CST); Electronic: 24/7	24/7	

Y = Yes, our current product includes this feature; **N** = No, we do not include this feature in current products and have no immediate plan to include; Blank cells = no response.

ASC = ambulatory surgical center; **IHE** = Integrating the Healthcare Enterprise.

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plied by each vendor. You may also go to www.healthit.gov/policy-researchers-implementers/meaningful-use-resources to download raw data provided by CMS and the Office of the National Coordinator for Health IT (ONC). The data should be in a box at the top right side of the page titled "EHR Products Used for Meaningful Use Attestation."

Academy IRIS Registry. In 2014, the IRIS Registry is expected to qualify for PQRS reporting and Clinical Quality Measures for meaningful use. Check the table below for the ‡ icon, which indicates that the IRIS Registry has been or is in the process of being mapped to an EHR. For updates on interface status, go to www.aao.org/irisregistry.

Academy patient education materials. Note that companies marked with an asterisk license Academy patient education content to integrate within their systems. If your EHR vendor is one of these Academy partners, contact your EHR representative to request integration of Academy patient education into your module. If you use a different EHR provider, ask your EHR vendor to partner with the Academy.

DISCLAIMER: All information and claims are those of the vendors and have not been verified, nor does the appearance of the product constitute an endorsement of the company or product by the American Academy of Ophthalmology, EyeNet Magazine, or Academy News.

KeyMedical Software	Management Plus	MD-IntelleSys‡	MDoffice	Medflow *†‡	Med-Informatix‡	Modernizing Medicine	My Vision Express	NexTech Systems ‡	NextGen Healthcare‡	Penn Medical Informatics Systems	SRSsoft	VersaSuite
317	3820	4344	3213	3313	325	4947	N/A	2819	3624	4219	3720	3512
KeyChart (v4.0)	ManagementPlus (v5.0)	IntelleChart (6.4)	MDoffice (v8.10.5)	Medflow (v7.6.4)	MedInformatix (v7.5)	EMA Ophthalmology	My Vision Express (v10.0)	NexTech Practice 2013	NextGen Healthcare EHR (v5.6/8.3)	EyeDoc EMR (v9.7.1)	SRS EHR	VersaSuite (v8.1)
PMS, EP	PMS, EP	EP	PMS, EP	PMS, EP	PMS, EP	EP	PMS, EP	PMS, EP	PMS, EP	PMS, EP	PMS, EP	PMS, EP
Y	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y
11	18	10	9	15	20	2	10	6	20	16	16	18
0	0	2	1	16	0	0	40		40		2	2
50		200	210	534	45	90	647	127	598	168	99	198
100	500	800	680	2,800	221	259	800	278	4,000	260	493	600
Y	Y	N	Y	Y	Y	N	N	Y	Y	Y	N	Y
Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	N	Y
Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Optional	Y	Y
	500	194	476	1,812	16	18	120	60	1,000	220	264	60
N	Y	N	Y	Y	N	N	Y	Y	N	N	N	Y
Y	N	Y	N	Y	Y	N	N	N	Y	Y	Y	Y
M-F 8am-8pm (ET)	M-F 8am-7pm (ET)	24/7	M-F 8am-8pm	M-F 7am-9pm; Sat 8am-6pm (ET)	M-F 6am-5pm (PT)	M-F 8am-10pm; Sat/Sun 8am-8pm (ET)	M-F 8am-7pm; M-F after hours until 10pm (ET)	M-Th 7am-8pm; F 7am-7pm. Sat/Sun on call (ET)	24	24/7	24/7	24/7

*Licenses Academy patient education content.
†Davlong Business Solutions (Booth 3052) is a reseller for the Medflow EHR.
‡The IRIS Registry has been mapped or is in the process of mapping to this EHR.
Data current as of Sept. 4, 2013

23 SPECIAL FEATURES FOR ELECTRONIC HEALTH RECORD (EHR) SYSTEMS IN OPHTHALMOLOGY

COMPANY NAME		Compulink Business Systems	Doctorsoft	Epic	EyeMD EMR	First Insight	ifa united i-tech	iMedic-Ware	Integrity Digital Solutions	IO Practice-ware	
PRODUCT NAME AND VERSION	Essential (E) Desirable (D)	Advantage/EHR (v10.6)	Doctor-soft EHR	EpicCare (Epic 2012)	EyeMD EMR (v1.1.1.3)	Maxim-Eyes EHR (v1.1.1.8)	ifa (v6)	iDOC	Integrity EMR For Eyes (v3.7)	IO Practice-ware (v7)	
CLINICAL DOCUMENTATION											
Enable entry and storage of all ophthalmology-specific data required to support AAO *Preferred Practice Patterns*	E	Y	Y	Y	Y	NR	Y	Y	Y	Y	
Organize ophthalmology-specific elements separately (e.g., past ocular history, ocular medications)	E	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Conform or map to vendor-neutral standard terminologies (e.g., SNOMED CT, ICD) to represent problem lists	E	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Conform or map to RxNorm to represent medications	E	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Conform or map to vendor-neutral standard terminologies (e.g., SNOMED CT) to represent:											
• Diagnoses and procedures	E	Y	Y	Y	Y	Y	Y	Y	Y	Y	
• Allergies and clinical findings	D	Y	Y	Y	Y, but partial clinical findings	Y	Y	Y	Y	Y	
Enable physicians and technicians to keep multiple records open simultaneously and securely in different rooms, with easy re-authentication	E	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Provide tools for incorporating color drawing, including ocular templates	E	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Analyze clinical workflow before and after EHR implementation	E	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Exchange full set of ophthalmic clinical data with EHRs from other vendors	D	Y	P (Q4 2013)	N	P (Q3 2014)	Y	Y	Y	Y	Y	
Link clinical documentation to billing and charge capture and integrate with practice management	D	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Allow physician to review patient information easily before entering room	D	Y	Y	Y	Y	Y	Y	Y	Y	Y	
OPHTHALMIC VITAL SIGNS AND LABORATORY STUDIES											
Record visual acuity and refractive discrete elements in accordance with DICOM Supplement 130	E	Y	P (Q4 2013)	Y	P (Q4 2013)	Y	Y	Y	Y	Y	
Record IOP as a discrete data element	E	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Display and graph visual acuity and IOP over time	E	Y	Y	Y	Y	Y	Y	Y	Y	Y	
MEDICAL AND SURGICAL MANAGEMENT											
Electronically associate all preoperative, operative, and postoperative documents	E	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Support documentation of office-based and OR procedures	E	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Allow physician to generate operative report at time of surgery	D	Y	Y	Y	Y	Y	Y	Y	Y	Y	
OPHTHALMIC MEASUREMENT AND IMAGING DEVICES											
Conform to vendor-neutral standards (e.g., DICOM) for receipt and representation of data from all ophthalmic instruments and devices	E	Y	Y	Y	P (Q4 2013)	Y	Y	Y	Y	Y	
Conform to vendor-neutral standards and profiles for ordering ophthalmic imaging and measurement studies (e.g., DICOM Modality Worklist and IHE Eye Care Workflow)	E	Y	P (Q4 2013)	Y	Y	Y	Y	Y	P (2014)	Y	
Document completion and interpretation of ophthalmic imaging and measurement studies	E	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Request, retrieve, display, and communicate all imaging and measurement data generated by ophthalmic instruments in a standard vendor-neutral format (e.g., DICOM)	E	Y	P (Q4 2013)	Y	P (Q4 2013)	P (2013)	Y	Y	Y	Y	
Manage all ophthalmic imaging data in vendor-neutral format (e.g., DICOM), or provide tight integration with external PACS in vendor-neutral format	D	Y	P (Q4 2013)	Y	P (Q4 2013)	P (2013)	Y	Y	Y	Y	

The MIT committee has classified items as either essential (**E**) for current systems or as desirable (**D**) for current systems and essential for future systems (see introduction).

PACS = Picture Archiving and Communication System. **Y** = Yes, our current product version includes this feature; **N** = No, we do not include this feature in current prod-

	KeyMedical Software	Management Plus	MDIntelleSys	MDoffice	Medflow	Med-Informatix	Modern-izing Medicine	My Vision Express	NexTech Systems	NextGen Healthcare	Penn Medical Informatics Systems	SRSsoft	VersaSuite
	KeyChart (v4.0)	Manage-mentPlus (v5.0)	IntelleChart (6.4)	MDoffice (v8.10.5)	Medflow (v7.6.4)	Med-Informatix (v7.5)	EMA Oph-thalmology	My Vision Express (v10.0)	NexTech Practice 2013	NextGen Healthcare Electronic Health Record (v5.6/8.3)	EyeDoc EMR (v9.7.1)	SRS EHR	VersaSuite (v8.1)
	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y
	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y
	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Y	Y	Y	Y	Y	P (Q1 2014)	Y	Y	P (Q4 2013)	Y	Y	Y	Y
	Y	Y	Y	Y	Y	Y	P	Y	P (Q4 2013)	Y	Y	Y	Y
	P (Q4 2013)	Y	Y	Y	Y	Y	P	Y	Y	Y	Y, but no clinical findings	Y	Y
	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Y	Y	Y	Y	Y	Y	N	Y	P (Q4 2013)	Y	Possible*	N	Y
	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y
	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Y	Y	Y	Y	Y	Y	N	Y	P (Q4 2013)	Y	Y	N	Y
	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Y	Y	Y	Y	Y	Y	P	Y	Y	Y	Y	N	Y
	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y
	Y	Y	Y	Y	Y	Y	Y	NR	Y	Y	Y	Y	Y
	Y	Y	Y	Y	Y	Y	NR	Y	Y	Y	Y	Y	Y
	Y	Y	P (Q4 2013)	Y	Y	Y	NR	Y	P (Q4 2013)	Y	Y	Y	Y
	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Y	Y	P (Q4 2013)	Y	Y	Y	NR	Y	P (Q4 2013)	Y	Y	Y	Y
	Y	Y	P (Q4 2013)	Y	Y	Y	Y	Y	P (Q4 2013)	Y	Y	Y	Y

ucts and have no immediate plan to include; **P** = We plan to include this feature (date); **NR** = No response. *Additional charges may apply.

Data current as of Sept. 4, 2013

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