PRACTICE PERFECT

EHR Exit Strategy: Be Ready in Case You Need to Switch Vendors

Switching electronic health record (EHR) vendors is one of those chores that most practices would prefer to avoid. Sometimes, however, there is no other choice. Vendors merge, consolidate, go out of business, and are occasionally unable to support their system effectively.

"We used 1 system for several years but decided that our vendor was not devoting enough attention to the ophthalmic community," said Douglas M. Wisner, MD, at Thorp Bailey Weber Eye Associates in Plymouth Meeting, Pennsylvania. "Technical support was slow to respond to our concerns about the changing demands of meaningful use [MU], and we felt that the templates and necessary modifications were too cumbersome for our practice. We were investing a lot of time and money to try to make things run smoothly; however, we were displeased with the results and began to look for a system that was better suited to our needs."

Considering the many reasons why your practice might need to switch to a new EHR in the future, it is important to take steps now to help pave the way for a smooth conversion later.

Plan Ahead
Create a contingency plan in case your vendor discontinues support. You never know when you may be forced to look for a new vendor—and when you do, time won't be on your side. In the event

Factors to Consider When Picking a New EHR

When shopping for a new EHR system, your checklist should include the qualities below:
- modern,
- cost-effective,
- physician friendly,
- capable of advanced integration,
- able to support data migration,
- compliant with federal regulations,
- capable of meeting future needs, and
- able to integrate with the IRIS Registry.

of a system disruption at an ophthalmology practice, a single doctor could lose $3,000 to $5,000 per day, said Jeffery Daigrepont, at The Coker Group, a national health care consulting firm based in Atlanta. "Have a plan in place to operate your system as well as extract your data without the support of a vendor—or establish an effective pathway for performing these actions through a third party. Every practice should know how to retrieve their data and test it regularly," he said.

In looking for a new vendor, do your homework. "Choose a vendor with a proven track record of having a successful product," suggested Jon P. Gieser, MD, at Wheaton Eye Clinic in Wheaton, Illinois. He described how his practice recently selected its EHR system: "In our case, we went with the largest vendor for a variety of reasons, but ultimately we anticipate that this vendor will remain a viable, ongoing operation for the foreseeable future."

"We looked at satisfaction ratings distributed by the Academy and AS-CRS," said Dr. Wisner. "We selected a vendor with consistently high satisfaction ratings. We also spoke to a number of practices for input and conducted live visits to see the software in use. I cannot overemphasize this aspect of vendor comparison and its importance."

The Contract Is Key
Ideally, your exit planning starts when you first negotiate your contract with an EHR vendor.

Include the terms of your exit strategy in your contract. Make sure that your contract clearly stipulates your course of action when changing vendors. The most commonly unaddressed issue is how you are going to get your data back after termination. "Most vendors will tell you that the data belongs to you," said Mr. Daigrepont.

"But the primary questions become how do I physically retrieve it, and is it formatted according to the specifications that I need? It can become particularly challenging when vendors discontinue their product. Without the proper

BY LESLIE BURLING-PHILLIPS, INTERVIEWING **JEFFERY DAIGREPONT, JON P. GIESER, MD, DOUGLAS M. WISNER, MD,** AND **JOY WOODKE, COE, OCS.**

documentation, they may try to take advantage of the situation and hold your data for 'ransom,' requiring you to pay $15,000 to $20,000 to get a copy when you probably could have gotten them to agree to a capped fee or a minimal cost." (A benefit of AAOE membership is that The Coker Group will review your EHR contract at no cost. Go to aao.org/practice-management/consultant-directory, and search for "Coker Group.")

How much help your old vendor will be with your data transfer will largely depend on any specifics outlined in your contract, said Joy Woodke, COE, OCS, who chairs the AAOE EHR committee and is at Oregon Eye Consultants in Eugene. "Include language that stipulates how much it will cost to extract your data in a standard format [ASCII, for example], and require that your data will be available in a timely manner. When negotiating your contract, think about the potential scenarios that could occur and how to avoid additional costs."

Create acceptance criteria and watch for upgrade fees. You should also include a caveat in your contract that states that the system must be working properly before the practice accepts financial responsibility. "I strongly advocate for this clause," said Mr. Daigrepont. "We have also learned over the years that vendors are notorious for discontinuing 1 version of their product and then forcing a practice to pay for the next release or upgrade. Any product that you buy must inherently include future upgrades and new releases so you are able to stay current without incurring additional costs."

MIPS certification is mandatory. Under the Merit Incentive-Based Payment System (MIPS), you can only score points for the advancing care information performance category if you have a certified EHR system. Currently, you can have an EHR system that has either 2014-edition certification or 2015-edition certification. It is therefore imperative that your vendor guarantee—in writing—that your system will be certified and compliant with all of the federal standards, whether MU, MIPS, or ICD-10 mandates; otherwise

you are at risk of losing payments and incurring penalties. Under recently proposed changes to the MIPS rules, 2015-certified certification would become mandatory by 2019.

"Simply asking vendors if they will be [2015-]certified is a good place to start," said Dr. Gieser. "Those who want to stay in business will comply with all of the regulatory requirements. It is a major red flag if they are unable to do so." Mr. Daigrepont agreed and continued: "MIPS and MACRA will begin to separate the vendors who are modern—in terms of their capabilities—from those who are not. A vendor who cannot keep up will not be viable."

When Practices Merge

A growing number of ophthalmology practices are opting to team up to form a clinically integrated network. Such practices must decide whether to continue using different EHR systems or all move to the same system. If the latter is the case, the next decision would be whether to move to an EHR system that some of the physicians are already using or to move to a new system.

According to Mr. Daigrepont, "mergers are typically predicated on centralization and consolidation, so it does not usually make sense to keep multiple systems in operation. This can be an emotional decision, because it is often not addressed when discussing the merger."

Strategies for Data Migration

Scale back the transfer for efficiency. It can be overwhelming to copy and migrate an entire database of patients into a new EHR system. It is much more time- and cost-efficient to limit the transfer to certain patients and data. "We did a preload into our new system of key data points including problem lists, medication lists, and other pertinent elements from our patient's charts for the previous 5 office visits. This technique is equally effective when switching from one system to another," said Ms. Woodke.

"The Coker Group recommends narrowing down your database to only patients whom you have seen in the last 2 years. If you have tens of thousands

of records, it is likely that only 20 to 30 percent of those are actually considered active, and it is unnecessary to include those other patients in the data transfer," Mr. Daigrepont said.

Run your old system in the background. You can also negotiate a minimized version of your current system to view and print only. For example, if you are paying for 10 licenses with your current system, you could establish that, upon termination, you will reduce that to 1 or 2 users for nonproduction activities. "Sometimes this process is actually cheaper and more efficient than performing a complete data migration. You can toggle back and forth for abstracting the data as you go," said Mr. Daigrepont.

Avoid the pitfalls of data migration. Because his practice had glitches with data transfer, Dr. Wisner said, "I wish that the company that we used to transfer data from the old to the new system had provided more clarity about what we could and could not have done. We migrated our entire database because we had only been on our old system for 2 years and the size was manageable. However, we had to review everything thoroughly to ensure its accuracy in terms of MU, which was a time consuming process."

Mr. Daigrepont is senior vice president at The Coker Group, a national healthcare consulting firm based in Atlanta. *Relevant financial disclosures: None.*

Dr. Gieser is a retina specialist at Wheaton Eye Clinic in Wheaton, Ill. *Relevant financial disclosures: None.*

Dr. Wisner is a cataract and comprehensive care specialist at Thorp Bailey Weber Eye Associates in Plymouth Meeting, Penn. *Relevant financial disclosures: None.*

Ms. Woodke COE, OCS, is the administrator of Oregon Eye Consultants in Eugene, and AAOE EHR committee chair. *Relevant financial disclosures: None.*

MORE ONLINE. For a list of Academy resources—including online forums, user reviews of more than 30 EHR systems, guidance on vendor selection, tips on implementing a new EHR system, and much more—see this article at aao.org/eyenet.