HealthcareFinancials.wordpress.com
Linking Physicians and Advisors

Dr. David Edward Marcinko; MBA
Editor-in-Chief

Hope Rachel Hetico; RN, MHA
Managing Editor

Interview with Jack Levy

[President – Securebill, Inc]

President Obama's signing of the American Recovery and Reinvestment Act [ARRA] has created a massive push for the implementation of electronic health care systems. The act provides $19.2 billion, including $17.2 billion for financial incentives to be administered by Medicare and Medicaid. The financial assistance, beginning in 2011, over multiple years of up to $40 to $65 thousand per eligible physician and up to $11 million per hospitals for "meaningful" use of health information technology.

Starting in 2015, physicians and hospital that do not comply by implementing certified products and using them in a meaningful way will be penalized. However, there are many factors to be considered before implementing EHR systems.

Physicians would no doubt have many questions and concerns when considering EHR systems.

To answer some of the more current concerns I interviewed Mr. Jack Levy, CISSP (certified information systems security professional) and president of Securebill Inc. Mr. Levy has specialized in working physicians over the last twenty years in implementation of all types of software and hardware.

###

Amaury: Mr. Levy, what unexpected costs or issues can a physician expect with in implementing an EMR system?

Mr. Levy: EMR vendors are in the business to make a profit. They of course will highlight the pros of their system, but will rarely touch upon the cons. Physicians should discuss with the vendors the cons of the systems and how the particular issues are handled.

For example; if they physician is going paperless, how will they transfer their existing files into the new system? Who will actually do this? How many can you scan a day without dedicating an FTE and a scanner to this function? Is it worth the extra effort and expense?

Amaury: It could be that sometimes the answer is no, and you keep the charts you have and from a certain day on you go to the electronic chart.

Mr. Levy: Correct, depending on the situation and the physicians practice. In addition, physicians need to review their current network system, is it robust enough to handle the new system. Do they have an IT person handle the added 'hats' and have the needed knowledge?

They should consider the consequences if the EMR system is 'down' and they need to see a patient who has an electronic chart. How long will it take to bring back up? Most new EMR require at least couple of servers to operate, usually a Domain Controller and a Database server, some require multiple servers depending on how they operate or the size of the physician practice.

Ann Miller – Executive Director

Other questions are: Is there sufficient cooling in the 'computer area'? How about sufficient energy power? Is the room secure and ventilated? Remember that heat and dust are the number one killers of computer equipment.

Also, staff may have been able to work on an older practice management system is now asked to work a much more complex system, with the ability to scan into patient charts, send and receive lab results, interface with a number of other systems including prescription, claim scrubbers, voice dictation, and real time eligibility systems. This may require replacing or reassigning staff in order to deal with more technically challenging applications.

Amaury: How will an EMR change the way physicians will see or treat patients?

Mr. Levy: Physicians are used to picking up a chart on the way into a room and reviewing you last notes or lab results when seeing a patient, asking a series of questions and using a fee ticket or encounter form to show what they did. What was wrong with the patient and required steps to be taken, along with a possible handwritten prescription, the staff will make sure that the orders are followed.

With an EMR, some of these extra steps are bypassed, and these can save time and money, while also increasing accuracy. On the other hand they will be asked to review the chart on a computer monitor. While this will give them a much more information than before, it will take some getting used to, also when being face to face with a patient they may have to enter information in a systematic way, hopefully into what most call a 'template' that guides them through a visit, step by step and will ask them to 'electronically' seal these to prevent alteration. They will be able to amend these 'electronic notes' if they prescribe medication or order labs. In addition most EMR will be present screens with correct formularies for the patient's insurance.

Amaury: I would imagine that some physicians may choose not to actually do some of these steps, having a nurse complete some of them. Which could increase the cost?

Amaury: How can a physician choose an EMR?

Mr. Levy: This is a tough question. I always recommend for the physician too look for the items that mean the most. They should start with their comfort level with the 'interface', or the interaction with the program, will they be able to adapt? Does it feel like an extension of how they practice medicine?

What company is providing the software? How long have they been around? Do they have practices in there specialty that they could visit and see 'running' in day to day operations. There is nothing more important than asking a running practice how long they've had the software in place, do they use all the features? How is their support? Are there any hidden charges that pop up at update time? Do the physicians like it and use it?

Amaury: We live in a time where software companies are constantly being purchased by larger software companies, what happens then?

Mr. Levy: Ask questions, and then ask more questions. Don't be afraid to ask, and be careful with answers like ' this is in development' or it will be released in the next version, sometimes these may take years, and this is a 'standard' answer to most features that are not available in their EMR. Only expect what is available in the current version, and that you can verify working somewhere else. I heard of a vendor at one time that sold systems based on a feature usually a custom one, they knew would not work or could not be developed; they simply refunded the money for this feature, not the whole system.

Amaury: What are the hidden costs involved?

Mr. Levy: Some hidden costs are: Subscriptions for prescription systems, CPT and ICD9 databases, online scrubbing of claims, online backups, electronic claims and statements. Any of these could increase at any point and you may have to pay for them since they are 'integrated' into the EMR. These usually carry a per physician yearly cost.

Amaury: Software update costs should be clearly spelled out in your contract.

Mr. Levy: Yes, the least thing you need is a 15% mandatory update, or to have to pay for maintenance upgrades every year, or sometimes more than once a year. Are these included in your contract? Who will install them? Do they require training? Is training included?

Staff: Some of the physician staff will not be comfortable or adapt to new systems and will have to be re-arranged or replaced. In some practices this will affect the patient population.

Hardware costs: EMR require current hardware and maintenance. If they want wireless tablets, a properly installed and working network. Does their system have enough disk space for all their scanning? What about backups? Lots of new technology requiring installation, training and maintenance, all of these cost money.

As a CISSP, I always consider the security in the workplace; wireless systems, remote access from home. HIPAA based on the security triad (CIA) of Confidentiality, Integrity and Availability force you to create new policies and systems to provide this. Passwords, security levels, encryption, backup systems. How about physical security? Are your servers in a secure location? What if there is a fire or a flood, will your backup tapes or disks be destroyed at the same time as your server? If it is an EMR, what will you do then?

No one wants to think of the unthinkable but remember Hurricane Katrina or Wilma. Some practices in the west coast of Florida never re-opened their practices.

Thank you, Mr. Levy for your time.

In addition to preparing a list of questions for the vendor or retain the services of a technology specialist like Mr. Levy to assist with the process. Physicians should discuss with their advisors the most efficient way for the practice to cover the cost of implementing an EHR, what incentives are they going to receive and is their local hospital going to participate in the cost.

Amaury Cifuentes; CFP®

Dr. David Edward Marcinko; MBA
Editor-in-Chief

Hope Rachel Hetico; RN, MHA
Managing Editor

###

Mr. Jack Levy has an extensive technical background; his certifications include the prestigious **CISSP** *(Certified Information Systems Security Professional*), and **CCA** *(Citrix Certified Administrator)*. The CISSP program earned the ANSI ISO/IEC Standard 17024-2003 accreditation, the first IT certification to have done so. It is formally approved by the U.S. Department of Defense (DoD) in both their Information Assurance Technical (IAT) and Managerial (IAM) categories. The CISSP has been adopted as a baseline for the U.S. National Security Agency's ISSEP program, which further extends the CISSP significantly. [The successful candidate]...must pass a rigorous 6 hour exam based on the same CIA Triad that the HIPAA Security Rule is based on, **C**onfidentiality, **I**ntegrity and **A**vailability in 10 separate domains."

###

Mr. Amaury Cifuentes is Sr. Vice President and Director of FAC Wealth Management's Hollywood office. Amaury provides wealth management services to a diverse client base of families and individuals, in addition to specializing in working with Physicians. Prior to moving his practice to FAC Wealth Management, Amaury's career spans over twenty-years in the Banking and Financial services industries. Throughout his career Amaury has founded and was principal of several successful businesses that offered Banking and Financial services. Amaury holds the prestigious Certified Financial Planner® practitioner designation offered through the Certified Financial Planner Board of Standards Inc. Amaury received his Certificate of Financial Planning, from Florida State University and attended Florida Atlantic University for business and finance. In addition, Amaury received the Presidential Recognition Award from American Express Financial for advancing quality advice in 2001. Currently, Amaury is a member of several professional associations including the Financial Planning Association. Amaury has been in South Florida for over thirty years. He enjoys chess, golf and mountain biking and spending time with his wife of over twenty years and his children.

Ann Miller – Executive Director