Forward

Making the decision to replace a subpar EHR is not easy, and the process of installing and optimizing a new system is certainly not a simple one. Earlier this year, Black Book findings indicated that EHR end-users were assessing the value of EHR vendors and their products based on their ability to deliver innovative tools capable of supporting clinical quality improvements in a few key areas.¹

"Top scoring EHR vendors that are attracting the available market share are looking for patient engagement tools, clinical decision support, quality measurement solutions, mobile capabilities, intelligent interoperability, and financial analytics as part of their EHR compendium," the research firm’s Managing Partner Doug Brown said in March. "There are growth opportunities for vendors actually delivering those robust product strategies to the market."

With tight budgets, cramped time frames, frustrated staff, and a pressing need to keep business moving as usual, undergoing an EHR replacement is a serious undertaking with far-reaching effects. Many healthcare organizations and providers find themselves in the same predicament, searching for an EHR replacement that will enable them to reach their goals. Their aims may differ — ranging from achieving quality improvements and enabling clinical integration to qualifying for meaningful use incentives and avoiding penalties as a result of federal or state mandates — but their belief that EHR technology will help them achieve their goals do not.

The purpose of this guide is to help healthcare organizations and providers understand the potential problems they are likely to face as they work to replace their current health IT infrastructure. This guide comprises important insights from industry insiders and subject-matters with ample experience navigating the process of replacing EHR systems efficiently and effectively.

¹ Black Book. Large Hospitals praise upgraded EHR system analytics and intelligent interoperability, but lose favor in vendor cost run-ups and disruptions. PRWeb (2014).
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checklist for EHR Replacement</td>
<td>1</td>
</tr>
<tr>
<td>Replacing your EHR in light of Stage 2 Meaningful Use</td>
<td>2</td>
</tr>
<tr>
<td>What to remember when EHR replacement meets meaningful use</td>
<td>3</td>
</tr>
<tr>
<td>What characteristics make up a successful EHR data migration</td>
<td>5</td>
</tr>
<tr>
<td>Five ways to avoid repeating mistakes during EHR replacement</td>
<td>7</td>
</tr>
<tr>
<td>Achieving return on investment after EHR replacement</td>
<td>8</td>
</tr>
<tr>
<td>MyQuest: A different kind of patient portal</td>
<td>10</td>
</tr>
</tbody>
</table>
Checklist for EHR Replacement

☐ **Establish a leadership team**

EHR replacement is an organizational-wide effort involving any number of moving parts. Establishing a leadership team with input from all the major stakeholders — physicians, nurses, administrative staff, and technical experts — can ensure that the entire organization stays informed, gets involved, and is able to give adequate input into the process.

☐ **Assess the wants and needs of EHR users**

Before selecting a new product, organizations should develop a list of important features to include on the new wish-list as well as establishing what absolutely needs to be changed. Whether your replacement project stems from a lack of vendor support or the desire to participate in meaningful use, the new EHR system should align more effectively with the goals of the entire practice.

☐ **Select an EHR replacement vendor, product**

The EHR vendor and system are not one and the same. A vendor might provide an amazing product but come up short in the area of customer support, and vice versa. To avoid history repeating itself, those providers or organizations in the midst of transitioning to a second or even third EHR must do their due diligence. Practices need to be able to trust their EHR system as well as lean on their EHR vendor when unforeseen circumstances appear (e.g., providing documentation for meaningful use auditors).

Providers should also ensure that potential products meet all of the current technical and certification requirements for participation in the EHR Incentive Program and other CMS initiatives.

☐ **Implement EHR system, train staff**

Generally, the learning curve for implementing and adopting a second or third EHR system is not so steep and significantly less pronounced than moving from paper to electronic charts. However, this doesn’t mean that the practice should enter lightly into the process of learning the replacement EHR system, especially considering the correlation between users using the system correctly and user satisfaction.

☐ **Migrate necessary data from the antiquated system to the replacement EHR**

This requires a nuanced approach as individual use cases will determine which information is necessary for providers to continue delivering consistent care to their patients. In many cases, certain information never needs to make its way into the EHR replacement solution but can be stored in some other format and accessed on an as-needed basis. When it comes to EHR data migration, less is often more in terms of usability and improved efficiency in a new and clean EHR environment.

EHR vendor engagement is important for both systems to ensure that the export/import process can take place efficiently. In some instances, external help will be necessary, but adopters of replacement EHR technology should go into the EHR data migration process with a clear understanding of what needs to move and how to move it.

☐ **Continue to refine, optimize the system**

No EHR system is perfect right out of the box, and no technology remains static for long. The replacement EHR will undergo changes over time as a result of vendor developments, industry-mandated changes, and feedback from users.

Customizing templates or highlighting certain critical features will help your staff adjust to the changes and make the best use of their time and effort. Don’t forget to keep up to date on any changes or upgrades planned by your vendor, and keep the lines of communication open so that you can leverage their expertise when customizing your software to your practice’s needs.
Replacing your EHR in light of Stage 2 Meaningful Use

Switching EHR systems is a difficult task at the best of times, but for providers entering Stage 2 of the EHR Incentive Programs, it can be a rocky road to travel. Stage 2 brings with it a number of increased reporting thresholds, the requirement to implement a patient portal, and new certification criteria that has been causing any number of headaches. What do providers need to keep in mind about EHR replacement during this transitional period?

It’s more challenging than it looks

Providers looking at the Stage 2 requirements may initially feel quite confident in being able to meet the new thresholds, appropriately engage their patients, and take part in health information exchange (HIE) activities, but taking a closer look at the wealth of detailed materials may produce a few surprises.

"It’s been fascinating to watch Stage 2 unroll as compared to Stage 1," says Randy Hountz, MBA, Principal Advisor-Operations for Purdue Healthcare Advisors, a non-profit collaboration in Indiana. "We’re in the same spot where people glance at a lot of the requirements and metrics and think, ‘That’s not that hard especially after I’ve done Stage 1. These are just a few new things; it’s not going to be that difficult.’"

“But just as we saw in Stage 1 when people started to dig into the details, they are realizing that it may be a little bit more complicated than what they had anticipated," he continues. “Folks are starting to realize that Stage 2 is hard and they’re going to need some help to get there.”

Whether that help comes from your EHR replacement vendor or your local regional extension center (REC), providers will need to devote significant resources to the transition as they select HIE products, choose their patient portal providers, and upgrade their EHRs to meet the newest criteria.

Ensure that your product selections meet 2014 CEHRT criteria

It may sound like a simple thing to remember, but ensuring that the products you choose meet the proper ONC criteria is more problematic than it might seem. While most of the larger, more well-known vendors are already touting their successful certifications, if you’re looking at a more specialized product, your vendor might not have been able to make the list yet.

The tight timelines involved in the 2014 EHR Certification process have left a large number of vendors standing in the waiting line, and pledging your dollars to a product that may or may not make the grade in time could be disastrous for your EHR Incentive Program participation. At this point in the process, providers should only be looking at investing in certified 2014 products, even if they have only just started attesting to Stage 1. While a recently proposed rule has the potential to change meaningful use reporting in 2014 by modifying EHR certification rules, it is not yet final and would still require eligible providers to use 2014 Edition CEHRT in 2015.

As part of the 2014 final rule, vendors are now required to be transparent about their certifications and the costs involved with implementing a certain product.

"The test reports provide detailed information on the certification criteria to which the product was certified, the test procedures used during testing, and many other specific details, including the ‘usability’ or, to be more specific, the ‘user-centered design’ processes followed by the EHR technology developer in creating its product,” explained Steven Posnack, Director of the Federal Policy Division at the ONC in a blog post. “This policy focuses on an EHR technology developer’s responsibility to notify eligible professionals (EPs), eligible hospitals (EHs) and critical access hospitals (CAHs) about additional types of costs (i.e., one-time, ongoing, or both) that may affect an EHR technology’s cost for the purposes of achieving meaningful use.”

"Providers who are not able to implement 2014 certified products by the deadline because their vendor failed to achieve certification in time may be eligible for a hardship exemption," says Elizabeth Holland, Director of the HIT Initiative Group in the Office of eHealth Standards and Services at CMS. "We just added a change to our hardship exception form — that we explicitly added that to the form,” she told EHRintelligence during the HIMSS14 conference.
"Before it was hard to understand that you could fit into a category so it’s much more clearly spelled out on the form."

**Be certain you can maintain your reporting period during the switch**

An EHR replacement can be a seriously disruptive process, but providers need to ensure that they can continue their MU reporting periods uninterrupted while they go through the switch. While the 90-day initial reporting period may seem a little more flexible, since there are multiple starting dates to shoot for, the full-year period is more challenging for providers who will be switching off one system and turning on the next in the future. Providers who make the jump in the middle of a reporting period will need to combine data from both systems, and should be sure to keep all the information necessary for attestation from the first EHR, including supporting materials like screenshots of your metrics and reporting activities in case of an audit. Providers in their first year of MU participation have until October 1, 2014 to attest if they wish to avoid the 2015 penalty for non-participation.

As the incentive phase of the program comes to an end, organizations will have less money to play with when investing in new systems, and will face negative payment adjustments for their Medicare reimbursements if they fail to meet the program’s objectives. Carefully planning the implementation process to smooth the transition from one EHR to the next can help keep reporting disruptions to a minimum.

**What to remember when EHR replacement meets meaningful use**

If you’re thinking about EHR replacement, chances are you’re also looking for a way to optimize and streamline your participation in the EHR Incentive Programs as the industry enters Stage 2 of meaningful use.

There are innumerable tasks to keep in mind when switching one system for the next, including data migration, workflow adjustments, testing and support, and the potential for hurt feelings and confusion among the staff.

Meaningful use requires providers to keep certain key elements at the forefront of their thoughts in order to continue participation during the sometimes chaotic transition.

**Start with a data governance plan**

Every big project should start with a detailed, comprehensive plan. Meaningful use isn’t just about meeting yearly reporting objectives: it’s a long-term roadmap towards making the best of electronic health records which requires unique input from each and every provider that changes and increases on a regular basis.

"From the EHR perspective, this is where that long-term plan comes into play," points out Shane Pilcher, Vice President at Stoltenberg Consulting. "Providers know the type of questions that they’re looking for today. They need to anticipate the type of questions they’re going to be asking in the future. But in most cases, you don’t know what you don’t know, so you’ve got to be as creative, as imaginative as you can today when you’re setting up your roadmap. That’s going to give you the information that you need to start defining what used to be collected today in the EHR and what you need to grow."

Developing a data governance plan will ensure that your clinicians understand what is expected of them now and how that will change in the future to keep up with Stage 2, Stage 3, and any additional incarnations of the EHR Incentive Programs.

**You might hope to be paperless but hard copies are important**

Once you switch off your old EHR, it might be hard — maybe even impossible — to get any meaningful use re-


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porting, quality metrics, or other data from the defunct system. If you haven’t saved your information before pulling the plug, you may be in trouble when it comes time to attest, or if you’re one of the unlucky providers who are chosen for an EHR audit by CMS.

"Not everybody’s system is able to go back to the date you attested and show what the data looks like," cautions Rob Anthony, Deputy Director of the HIT Initiatives Group, Office of E-Health Standards and Services at CMS.

“They may have a system that has rolling data, which means that information that you’ve entered long after the close of the reporting period could actually affect the measurement that your system does when you make a subsequent report,” he continues. “So I always suggest that providers make a print or electronic copy of the actual report that they used for attestation so they can show those numbers when an auditor requests supporting documentation.”

"More is better," adds Kathleen Rafter, RN, MSN, and President of Kathleen A. Rafter Consulting. "Go through each meaningful use objective, know exactly why you chose to report on it, and have a copy of the report. If it has a yes/no option, you need a screenshot. And I do suggest having your contracts, because I’ve known situations where the auditor has come back and asked to see where it says that the hospital has purchased certain functionality.

"As providers invest in new software with different add-on packages or plug-in apps, keeping track of contracts, whether or not you’re expecting an audit, will help identify what you’ve bought and coordinate how to use it.

**Don’t forget that incentives are almost gone by**

Early EHR adopters had the benefit of up to $44,000 in meaningful use incentives to help lessen the sting of the big purchase. You may have acquired your original EHR during the incentive phases of the program, but don’t forget that the money is trickling to a halt as penalties for non-users start to pick up steam instead. At this point, most EHR replacement activities will be paid for out of the provider’s own pockets, which may affect which type of system you choose. Cloud-based systems that require little in the way of hardware investments are an increasingly attractive choice for the cash-strapped replacement market. Just don’t be tempted to shave a few dollars off the bill by buying a product from a company that hasn’t been properly certified for 2014 yet. Time is running out for vendors to push their products through the ONC process, and you don’t want to be stuck with a vendor that can’t make the grade.

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**What characteristics make up a successful EHR data migration**

An essential part of transitioning from one EHR system to the next is the migration of valuable patient data between systems. The difficulty of the process itself depends on the healthcare organization making the EHR switch, but what is common to all EHR data migration projects is the potential to overcomplicate the process by running into avoidable mistakes.

In his experience helping providers along their EHR replacement journey, Nayak has encountered several mistakes that are avoidable when addressed upfront.

**Don’t ignore the cash flow implications**

The first is realizing the effects of an EHR replacement on other systems (e.g., billing, collections). "We’re talking about EHR conversions or replacement, but in many cases people are also transitioning practice management and billing systems at the same time," Nayak says. "It is sometimes an area that does not get the same level of diligence that it needs, which creates some heartache since it directly impacts the cash flow of a practice or organization."
Appreciating the effects of the EHR transition on the other parts of the organization will enable these replacement EHR adopters to develop a strategy for dealing with any lag caused by the migration between systems.

“There is a tried and true method for how you transition billing systems. There is usually a time lag associated with that during which you maintain parallel systems and begin transitioning claims through the new method,” adds Nayak.

**Managing the transfer in a controlled manner**

Another area not receiving its due is the coordinated and controlled transfer of relevant required patient information which, according to Nayak, can turn ugly very easily. “That is an area of pain that does not get enough attention,” he claims.

The problem centers on the fact that a healthcare organization in the midst of transitioning between two EHR systems generally does so in increments. “There is not an absolute time when system A has no data and system B has all the data and has to be managed appropriately. It’s an incremental, organic process,” Nayak emphasized.

Nayak recommends paying special attention to this problem and settling on a well-developed plan for managing the merging or addition of patient records. It is not cut-and-dry, but a nuanced activity. “Many of these systems have their own methodology and algorithms for determining when to add a new patient entity versus synchronizing with an existing one, and that’s an approximate science,” he explains. “You don’t want to eliminate it as much as minimize it.”

**Re-evaluate the workflow**

Another key topic is reviewing and managing workflow changes. Generally, adopting a new EHR system leads to changes in the clinical workflows of end-users. However, this does not mean end-users will not try to reproduce workflows based on their experience with the outgoing system.

“Trying to maintain the same workflow can potentially be problematic,” Nayak maintains. “What worked with the legacy system may not be ideal for the new environment — and force-fitting legacy workflows is a common trap that minimizes or eliminates efficiencies associated with the new system. Poor design and usability are likely factors in the decision to replace one kind of EHR technology with another, but the new system represents a fresh start.

Beyond compliance with the Health Insurance Portability and Accountability Act (HIPAA), providers typically want to start migrating all available data from their legacy EHR solution. This is not always the right perspective. The problem tends to stem from an emotional, rather than a rational, understanding of data and its use. “It needs to be looked at from a needs standpoint as opposed to an emotional standpoint because there are high costs associated with migrating all information, and more importantly, migrating the information in a usable format,” says Nayak.

He recommends looking at use cases (e.g., patient care, continuity of care) and also the use of this information for quality reporting initiatives which define the type of data needed and the duration.

The last pitfall entails the actual technical migration of data between EHR systems. “We often assume that you have to hire a systems conversion vendor, but we need to look at whether that is actually required,” states Nayak.

So long as the EHR solution being replaced can export data in a consumable format and the organization has sufficient expertise to handle the task, the migration process can remain an in-house activity. If not, then a third party should be brought in.

“We have to make sure that a handshake between systems is possible. If that is not possible, then you find yourself in the position of hiring a third-party entity that has the expertise with data extraction and scraping skills to dig into the legacy vendor database to extract data in a consumable form,” says Nayak.

Moving data between EHR systems does not have to be a complicated process. Obviously, some EHR migration projects will prove more difficult than expected, but healthcare organizations must first be mindful of not creating their own problems.
Five ways to avoid repeating mistakes during EHR replacement

Replacing an EHR that has failed to work well for a provider can be a tough and expensive decision. Is it worth going through all the hassle of a new implementation just to change a few aspects of your clinical workflow? Not if you’re just going to repeat the same mistakes that led you to think about making the switch in the first place. But how can providers understand what has gone wrong and how to fix it? Following these steps may be a good start.

Creating the wish-list

In the rush to grab millions of dollars in incentive payments and meet the first stage of meaningful use, many providers grabbed the first EHR they saw and figured that they would make it work if they had to. While the eagerness was admirable, the results were less than perfect. Providers have been feeling the burn for several years now, and a large number have decided to call it quits with their first choice.

But before diving into a new contract, you need to ask yourself some hard questions. What do you like about your current EHR? What absolutely must change? What would be nice to have, but isn’t essential?

In some ways, purchasing an EHR system is just like buying a house. The wish-list may be extensive, but in the end, there will always be compromise about the bells and whistles. Creating a detailed list can focus the search to a limited number of vendors that are highly rated for your practice’s size and specialty, eliminating some of the less desirable contenders right off the bat.

Assessing the situation from all angles

A common mistake made by first-time EHR adopters is failing to consider the big picture when choosing a product. While the executive board may be most interested in the price tag, physicians might focus more on the clinical interface, while mobility might be on the top of the list for nurses. It might not be possible to please everyone all the time, but it is possible to understand the issues bothering your staff if you’re to make a better decision the next time around. Encourage your staff members to make their complaints known, and give them the opportunity to show your EHR replacement team exactly what the roadblocks are. Make your staff aware that while the new software may not be able to smooth over every rough spot, their concerns are being heard and understood.

Keeping realistic expectations

Your staff might be feeling a little jaded when it comes to EHRs after failing to adapt to the first system, but that might be a blessing in disguise. It means that they won’t have unrealistic expectations about what new software can do for them. While the 2014 certification criteria demand more out of developers, and software packages may be more advanced now than they were in 2009, there are still some things that remain out of reach.

Providers may have less money to spend on an EHR replacement than they did at first, and may have more in the way of disparate systems that need to be reconciled, which can be difficult and expensive. Help your staff understand what you can afford in the new system, what advanced tasks they may not be able to perform, and what they will need to change about their workflow to make the most of the software you’re getting.

Galvanizing support for another implementation battle

While your staff may not be prepared to face the uncertainty of implementing a new system, that doesn’t mean you shouldn’t be optimistic. After all, you’re buying a new system to fix the glaring errors that have made life difficult under your old EHR. It will still take time, effort, dedication, and willpower to encourage your staff to make the necessary changes to the people piece of the puzzle, and that takes strong leadership and governance on an executive level.

If your clinicians and administrative staff felt blindsided by the first EHR adoption, it’s important that your implementation activities are broadcast well in advance this
time, so that staff members have the chance to get used to the idea of the switch. Don’t forget to be flexible when it comes to training and educational activities, because your busy clinicians may already be feeling crunched for time.

Reining in the costs and keeping productivity high

Careful planning during the EHR replacement process is the most important thing you can do to prevent a significant drop in productivity and its associated financial impact after the new EHR goes live. Ensure that your staff is comfortable with the new workflow, new interface, and new technical requirements before requiring too much of them. Clear your administrative backlogs before go-live, if you can, to give billing, scheduling, and coding staff a clean slate, and ensure that EHR experts are on hand to answer questions or give an extra lesson where required.

Planning and scheduling might not completely eliminate the potential for an adjustment period that costs the organization some money, but building some extra wiggle room into the EHR replacement budget could help cover the gap. Priming staff for a new workflow, ensuring that your software meets the majority of demands, and keeping spirits high can help turn an initial failure into a long-term success.

Achieving return on investment after EHR replacement

The most difficult aspect of an EHR replacement isn’t choosing the system, setting it up, cajoling staff members into embracing a new workflow or figuring out the whereabouts of the "print" button. The hardest part of the process is achieving a long term return on a major investment without any assurance that a positive financial status exists in the future.

While former National Coordinators counsels patience and academic studies promise hope for providers who are cash-strapped, finding the ROI in your EHR is an individual effort that depends on how a practice comes together to leverage the technology to its fullest.

"From the patient’s perspective, this is a no-brainer,” said former ONC chief Dr. David Blumenthal in an interview with The Atlantic. "The benefits are substantial. But from the provider’s perspective, there are substantial costs in setting up and using the systems. Until now, providers haven’t recovered those costs, either in payment or in increased satisfaction, or in any other way."

"Ultimately, there are of course benefits to the professional as well. It's beyond question that you become a better physician, a better nurse, a better manager when you have the digital data at your fingertips,” he continued. "But the costs are considerable, and they have fallen on people who have no economic incentive to make the transition. The benefits of a more efficient practice largely accrue to people paying the bills."

But others from the ONC take a more positive view. "It still may take time, but the end result is far better,” said Paul Tang, MD. EHRs are just a piece of the "shared care plan" for patients, and providers can use them to improve decision making, reduce financial waste, keep closer tabs on at-risk patients, and streamline their own workflows.

"It's not a waste of time if [you improve] communication and shared decision-making,” added former National Coordinator Dr. Farzad Mostashari. "Our goal is to assist clinicians and hospitals in using technology to meaningfully deliver health care that is higher-quality, safer, patient-centered, and coordinated," he said during a Congressional hearing in November. "And we want them to thrive in the new health care marketplace that puts a premium on value over volume, on coordination over fragmentation, and on patient-centeredness overall."

Providers who are looking to recoup their financial investments should consider the following steps for making the most of their new technology:
Maximize your knowledge of the system

Are you leaving functionality on the table? Do you know everything that your EHR can do — and does your staff know how to make it happen? Don’t blame the system until you know it inside out and backwards. You might discover you can accomplish an important goal by becoming a technical expert.

Organize your vision with a robust governance plan

Many providers forget to paint the big picture. What do you want to achieve with your new EHR? What changes do you have to make in order to get there? Are you collecting clean, useful data that can give insight into your patients and your financial health? A governance plan can help you build a roadmap to success.

Periodically reassess your goals and refocus

Entropy is inevitable, and eventually your clinicians may start taking detrimental shortcuts or forget what they’re aiming for in the long term. Reassess your governance plan at regular intervals, and keep an eye on how your staff is making use of your new EHR so you can correct data quality mistakes or other issues. Your plans may change, and so might your financial situation.

Keep track of what you’re pouring into your IT plan

It may seem basic, but keeping a close watch on your IT investments can help eliminate duplicate spending or the purchase of products that never make it out of the box. Clinical practice and financial intelligence go hand in hand, and providers cannot afford to think of the accounting department as a totally separate entity.

As part of your governance plan, be sure that the budget whizzes and clinical experts have an equal voice in decision making. Doing so can help keep your organization focused on financial prosperity alongside clinical excellence.

Remember that the EHR replacement is a long-term investment

During the EHR adoption process, it is easy to focus on the more immediate gains and lose sight of health IT’s far-reaching impact. Healthcare is changing, and value is being rewarded instead of volume. Moreover, patients are becoming consumers in healthcare, absorbing more of the costs associated with their care.

Stage 2 Meaningful Use gives eligible providers an opportunity to focus on engaging their patient populations through tools such as patient portals with which patients can view lab results, communicate with providers securely, and in many cases schedule their own follow-up appointments.

Engaged patients tend to be satisfied patients who in turn are loyal consumers moving forward in the era of affordable care. Stage 2 can be an impetus to preparing your organization for the road ahead.

Closing thoughts

Return on investment is not only about increasing revenue — it is also about reducing losses. Reimbursements are decreasing and being tied to quality. EHR technology can support providers in their efforts to make quality improvements, and with incentives still available to them, now is a perfect time to find the right technology to reach that goal.
MyQuest: A different kind of patient portal

When Quest Diagnostics set out to develop its patient portal, they wanted to create something different. Not only does Quest Diagnostics provide healthcare solutions to providers, Quest Diagnostics is also a provider of healthcare services to patients, touching 30 percent of American adults each year. The patient portal needed to appeal to both physicians and patients.

Quest Diagnostics took a different approach. Quest Diagnostics rolled out a mobile health app in 2010. The app offered patients a way to receive their lab results, store and share medical and health information, setup medication reminders and more.

The MyQuest Patient Portal by Care360 was built off that existing platform to create a simple to use, easy to access patient-centric patient portal.

The MyQuest Patient Portal is a secure website where a patient has a single login to access their information from all of their doctors using the Quest Diagnostics Care360 EHR solution. Unlike a traditional Patient Portal, doctors do not have to setup their own portal website. Doctors who use the Care360 EHR solution can start communicating with their patients from day one using the messaging features integrated into the EHR solution.

Here is an overview of the patient portal differences:

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<th>Traditional Patient Portal</th>
<th>MyQuest Patient Portal</th>
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<tr>
<td><strong>Portal Structure</strong></td>
<td>Each physician practice has their own version of a patient portal. Patients must create separate user IDs and log in to each one separately.</td>
</tr>
<tr>
<td><strong>Setup Requirements</strong></td>
<td>Setup work is required by the office to customize the portal which could take days, weeks or months.</td>
</tr>
<tr>
<td><strong>Costs</strong></td>
<td>Generally requires additional fees.</td>
</tr>
<tr>
<td><strong>Features</strong></td>
<td>Features are generally focused on functionality useful to physician offices such as messaging, forms, and billing information.</td>
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By making the portal simple for everyone to use, Quest Diagnostics has seen adoption of the portal skyrocket since its launch. In addition to being used as a Patient Portal, it is also the primary venue for Quest Diagnostics to share lab results with patients who request results as part of the amendment to the Clinical Laboratory Improvement Amendments of 1988 (CLIA) regulations giving patients (or their representatives) direct access to the patient’s laboratory test reports. Quest Diagnostics is a pioneer in developing innovative diagnostic tests and advanced healthcare information technology solutions that help improve patient care.

To learn more about Quest Diagnostics and MyQuest by Care360 Patient Portal, visit: [QuestDiagnostics.com/home/physicians/technology/care360/practice-solutions/Patient-Portal.html](http://www.QUESTDIAGNOSTICS.com/home/physicians/technology/care360/practice-solutions/Patient-Portal.html) or call 888-835-3409

Physicians, office staff, and patients are very busy and are hard to reach. The old school way of getting in touch with a patient regarding results would be to call, leave multiple messages and then ultimately send a correspondence through snail mail. MyQuest [patient portal] does away with this approach and increases the accessibility. You can see when a patient has looked at your message that has been sent over the portal. Patients get back to you in a more timely manner and there is a sense of security through the patient portal. It is a modern way to communicate with patients.

We went with Quest Diagnostics’ EHR offering because Care360 seemed like the most physician-based EHR. It took real patient experiences and care into consideration. Most other companies seemed to approach their EHR from first looking at the standards, developing the software based on those standards and then taking the physician/patient experience into consideration.

Quest Diagnostics first wanted physician feedback/input, then worked on software. Quest gave physicians the opportunity to discuss what was needed, what issues needed to be addressed and then moved forward with developing software that addressed those issues.

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