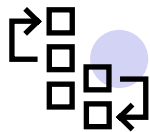


Not All EHRs Are Created Equal

Determining the Right Solution for Today's Oncologists



Introduction

Whether you treat patients at a community-based or hospital-affiliated practice, chances are you have fully transitioned from paper patient records to an electronic health record (EHR) system within the last decade. Unfortunately, many EHR vendors are still years away from delivering the usability and time-savings benefits you need and expect now. Physicians across multiple specialties and practice settings are required to enter more data than ever into their EHRs, from day-to-day patient documentation and filling out orders to completing reporting requirements for Meaningful Use, HITECH Act incentives and new value-based care initiatives. The result: High burnout rates and decreased quality of life as physicians find themselves spending more time with their computer and less time interacting with patients.

Are you sticking with an “OK” EHR system in hopes that your vendor will eventually deliver on the features you need to make your job easier and keep up with the evolving healthcare landscape? Or is it time to make a switch?

This white paper serves as a guide to determine whether your existing EHR is sufficiently supporting your core practice goals, or whether it's time to replace it with a solution that better addresses your needs now as well as 10 years from now.

TABLE OF CONTENTS

Background: The State of EHRs Today 2

Where Oncology-Specific, Continuously-Evolving EHRs Can Make a Difference 3

Tips for Success When Choosing an EHR 4

Conclusion 5

Background

With declining reimbursement rates, increased patient loads and the overwhelming pressures of keeping up with regulatory change, it's no surprise that oncology providers find it more challenging than ever to remain financially viable while delivering the best care possible. The 2016 Community Oncology Practice Impact Report documents a 121% increase in community cancer clinic closings and a 172% increase in consolidation with hospitals since 2008. Another 390 practices report that they are struggling to stay open due to financial stresses.

The right EHR can be a critical asset in supporting financial health, operational efficiency and quality care delivery. The technology should “disappear” into the background and reappear only when it makes the most sense, letting providers do their job the way they know best. Unfortunately, many EHR systems on the market today fail to meet the oncology-specific workflows and ease-of-use that community oncology practices expect and need.

2016 ASCO State of Cancer Care Study Reports Declining Satisfaction Rates with EHRs³

- Only 1/3 of respondents were satisfied or very satisfied with their EHR
- 30% less respondents were satisfied or very satisfied with their EHR than 5 years ago
- 40% of respondents indicated that their EHR made it difficult or very difficult to improve efficiency and posed productivity challenges

Where Oncology-Specific, Continuously-Evolving EHRs Can Make a Difference

Access up-to-date industry content and input patient data with ease

YOUR EHR SOLUTION SHOULD:

- Facilitate efficient data entry at the point of care, by aligning with the way oncologists think, and pre-populating important structured data fields whenever possible.
- Replace laborious, practice-maintained chemotherapy libraries with centralized content embedded within the application, such as a curated, continually updated library of evidence-based pathways and the latest AJCC staging standards. The availability of centralized content that is vetted and maintained by a team of clinical oncologists, nurses, and pharmacists makes the vast majority of cancer care easier, but still allows for customization for individual practice workflows.
- Provide access to secure patient data from anywhere with cloud-based technology. More and more healthcare IT professionals are turning to cloud-based software because it is safer, more reliable and more scalable than server-based systems. It is important to look for cloud-based providers who have undergone rigorous security certifications such as HITRUST CSF, which supports HIPAA compliance and other globally-recognized security standards.

Support and services for new value-based care initiatives

Both CMS and private payers are moving away from fee-for-service to value-based care payment models that hold oncologists responsible for demonstrating value while reducing costs. CMS is targeting that at least 50% of all Medicare payments be linked to value-based models by 2018 and Aetna aims to put 75% of their business in value-based payment arrangements by 2020.⁴

Navigating and fulfilling the complex requirements of these new programs is an overwhelming task without technology products that facilitate simple data entry and data extraction from the EHR and enable seamless monitoring, improvement, and reporting on quality and total cost of care. Beyond technology and analytics, practices are advised to find experienced value-based care experts to help them navigate and succeed in value-based programs and alternative payment model designs.

It's worth noting that while it's too early to determine the full impact that the new presidential administration may have on legislation that affects value-based care, the concept is championed by the public and private sector. Pilot initiatives will continue regardless of the administration's party affiliation.

TWO SIGNIFICANT PROGRAMS IMPACTING PROVIDERS INCLUDE:

- **The Quality Payment Program (QPP), which includes MIPS and Advanced APMs**, introduces a payment model with a strong focus on performance. The QPP will impact most clinicians who participate in traditional Medicare Part B. Providers must adhere to a number of new requirements in order to avoid negative payment adjustments.
- **The Oncology Care Model (OCM)** is a five-year voluntary program in which participating providers receive monthly Monthly Enhanced Oncology Services (MEOS) care management fees and shared savings in addition to fee-for service payments by fulfilling a 13-point Institute of Medicine (IOM) Care Plan and specific quality measures for eligible OCM patients.

Ongoing investment in product innovation based on customer feedback

Both CMS and private payers are moving away from fee-for-service to value-based care payment models that hold oncologists responsible for demonstrating value while reducing costs. CMS is targeting that at least 50% of all Medicare payments be linked to value-based models by 2018 and Aetna aims to put 75% of their business in value-based payment arrangements by 2020.⁴

Navigating and fulfilling the complex requirements of these new programs is an overwhelming task without technology products that facilitate simple data entry and data extraction from the EHR and enable seamless monitoring, improvement, and reporting on quality and total cost of care. Beyond technology and analytics, practices are advised to find experienced value-based care experts to help them navigate and succeed in value-based programs and alternative payment model designs.

Tips for Success When Choosing and Implementing an EHR



Oncology-specific

- The EHR should think like an oncologist.
- Check for easy-to-use, intuitive workflows where all needed clinical content is available at the point of care.



Nimble innovation

- Choose a long-term EHR partner who can quickly develop new features and products in response to regulatory changes; and is dedicated to ongoing product innovation.
- When your vendor has the best interests of the practice, physician and patient in mind, you benefit from true partnership.



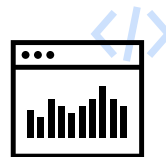
Data conversion

- Load critical patient and clinical information into the system before go-live. It will determine the success of practice-wide adoption and minimize delays in workflow.



Cloud-based solution

- Eliminates hardware and upgrade costs associated with server-based solutions, and allows for faster innovation.
- Look for HITRUST-certification to ensure compliance with the highest security standards.
- Data in the cloud is protected from natural disasters and theft, whereas server-based systems are only as safe as the room they are stored in.



Proven implementation

- Ask for testimonials from practices that have recently undergone implementation.
- Request documentation outlining the implementation process and timelines. It should include explicit guidelines on what will be required from your staff and how the partner will support you.
- Your vendor team should include designated project managers, data interface engineers and implementation specialists with deep oncology expertise to ensure a successful implementation, training and follow-up.



Conclusion

Holding on to a legacy EHR solution that isn't flexible or advanced enough to help you meet evolving regulatory incentives, oncology-specific workflow needs and operational goals will continue to pose a financial and time drain on your practice. The high levels of dissatisfaction among providers with their current software prove that many EHRs continue as liabilities to practices rather than assets for growth.

There is a better solution. Flatiron Health's cloud-based, HITRUST-certified EHR, OncoEMR®, is designed to help oncologists and caregivers get through their day faster through innovative tools that manage, track and support all aspects of a patient's care. We are a technology company first and foremost, solely focused on oncology. Our product development is built on fast, continuous innovation, led by world-class engineers and oncology professionals dedicated to helping practices respond to changes in healthcare faster than any other company.

We are much more than an EHR vendor—we are your partner in oncology.

Flatiron is passionate about providing long-term value to our customers beyond the EHR. With our web-based service and proven implementation process, we can make switching EHRs as quick and painless as possible. Customers who sign on with Flatiron realize cost-, efficiency- and time-savings from day one, and rely on us to help them navigate the ongoing changes in the healthcare industry so they can focus on what they do best: caring for their patients.

Learn more at **flatiron.com**.

ENDNOTES

1. Rosenthal, M.D., David I. and Verghese, M.D, Abraham. "Meaning and the Nature of Physicians' Work." The New England Journal of Medicine (Nov. 2106): 1813-1815
2. Community Oncology Alliance: 2016 Community Oncology Practice Impact Report: Tracking The Changing Landscape of Cancer Care. <http://www.communityoncology.org/wp-content/uploads/2016/09/PracticeImpactReport-2016-Report.pdf>
3. American Society of Clinical Oncology: The State of Cancer In America 2016. <http://www.asco.org/research-progress/reports-studies/cancer-care-america-2016#/oncology-practice-workforce-trends/ oncology-practice-landscape>
4. Aetna: New Health Care Plans Focused on Value Catching On. <https://news.aetna.com/2016/04/new-health-care-plans-focused-on-value-catching-on/>