Connecting your EHR to Others in an ACO

April 19, 2017 | EHR [1], Health IT [2], Technology [3]
By Aine Cryts [4]

There's no point in switching your EHR if you join an ACO. You have options in connecting to other systems in the group.

**Source:** Physicians Practice

There are two big reasons physician practices don't replace their EHRs when they join an accountable care organization (ACO). The most obvious reason is it's expensive, says Harsha Madannavar, a managing director and partner at L.E.K. Consulting.

The other reason? Physician retention. "Physicians at smaller practices are accustomed to the quirks of their [EHR] systems that serve their needs...the broader mandate that it operate with the [hospital sponsoring the ACO's] EHR may have to come second," he says. Thus, many small- to medium-sized physician practices opt to use point-to-point interfaces that communicate between the practice's EHR and the hospital's EHR, he says. While this isn't a common approach, says Madannavar, it can be a good option for practices that only have a few physicians.

When faced with the challenge of sharing information between EHRs, the most common approach for practices of this size is e-faxing, he says. In terms of pros and cons, this method of sharing information among different providers does free up physicians' time, but it also adds a manual and administrative burden for staff members.

Another negative: It's a method of inputting information that can leave the practice open to human error if the medical assistant enters information incorrectly, he adds.

Madannavar notes that optical character recognition can help — if the information is scanned but the primary responsibility sits with the medical assistant to accurately enter the information into the patient's record. An inaccurate patient record or unnecessary delays in collecting on claims from insurance companies can result if there are errors, he cautions.

One option is to have a medical scribe type this information into the EHR, says Joe Johnson, a managing director and partner at L.E.K. Consulting. This can be a good solution for physician practices that are increasingly turning to medical scribes to update patient records, particularly at practices where the physicians don't want to spend time on data entry.

Physician practices involved in an ACO have a vested interest in monitoring the health of their patients — in particular, those who present in area hospital emergency rooms. Still, it's not easy if your practice uses a different EHR from the hospital. Thus, Edwin Miller, chief technology officer at Aledade, an ACO services firm, says receiving HL7 Admission, Discharge, and Transfer (ADT) messages from health information exchanges (HIEs) or directly from hospitals can help.

The physician practices Miller's firm works with send feeds of their patient panels to HIEs or directly to hospitals and, in return, receive notifications if their patients are admitted in area emergency rooms. Through its work with ACOs, Aledade works with primary-care practices that are involved in non-hospital ACOs, and Miller says practices are able to get a "30 percent lift in accuracy" when their patients show up in area emergency rooms; these practices also match up claims data retrospectively to gain a more complete understanding of their patients' hospital stays and emergency room visits.

Source URL: [http://www.physicianspractice.com/ehr/connecting-your-ehr-others-aco](http://www.physicianspractice.com/ehr/connecting-your-ehr-others-aco)

Links:
[1] [http://www.physicianspractice.com/ehr](http://www.physicianspractice.com/ehr)
[2] [http://www.physicianspractice.com/health-it](http://www.physicianspractice.com/health-it)
[4] [http://www.physicianspractice.com/authors/aine-cryts](http://www.physicianspractice.com/authors/aine-cryts)