

## Ohio MGMA November Webinar Q&A:

1. What is a weighted decision matrix?

A matrix of decision factors that have been weighted to reflect what is important to the practice. The different EMR systems are then evaluated against the matrix and a score is determined by multiplying the eval score times the weight. Adding up the scores gives an objective, numerical rating of which system best fits the practice's needs.

2. What is an ASP?

ASP stands for Application Service Provider. Some EMR systems are ASP's, where the customer pays a monthly subscription fee to use the system, but they don't own a license to the software.

3. If an EMR adapts to physician practice patterns, doesn't it cost a lot of money to customize?

Some systems are very costly/difficult to customize. Others are easily customized by the user at a reasonable cost.

4. Who comes up with the scores on the Weighted Matrix? Is it one person or a group of people? What if my doctor wants one score and I think it should be another?

In this scenario you could take an average or negotiate until consensus is reached. Either way, the important thing is to have a rational process for making your selection. Any system you choose is going to have some factors that "chafe" some users down the road. If you use the matrix methodology, you will be able to respond to complaints and show that the positives out-weighed the negatives.

5. Who could provide a third party independent assessment? Where could I find a group of vendors to choose from? Is there a website of approved vendors?

The HHS website has a list of "certified" EMR systems. KLAS is an independent research firm that rates EMR's on numerous factors. Other sources include OSMA, OHIP (REC), and HealthBridge (REC).

6. Is there a practical amount of time to implement an HIT? 9 months? 12 months? 15 months?

That depends on numerous factors: the size of the practice, resources available to manage the project, practice culture, etc. The important thing is to follow a proven process and don't leave it entirely up to the vendor.

7. Do you know how many places in the US have a health information exchange? You mention Cincinnati. Are there other places in Ohio?

HIE's are popping up everywhere, but most of them are not sharing clinical information yet. HealthBridge is an exception, and the one I'm most familiar with. HB is expanding its coverage to Springfield, OH and parts of Indiana. Many hospital systems are impatient with the parochialism and slow progress in their region, so they are implementing their own "mini-HIE" to share data with their medical staffs.