

## EMR Frontrunners

*In a crowded marketplace, functionality may help physicians pick a winner.*

by Mark R. Anderson

May 2003 - *Healthcare Informatics*

---

**I**f used effectively, technology can improve information flow and other efficiencies in a practice. Numerous studies over the past two years have shown that physician-based electronic medical records (EMRs) produce clinical as well as financial benefits. For example, during the May 2002 Toward an Electronic Patient Record (TEPR) conference in Seattle, several return on investment (ROI) studies were presented that indicate implementation of an EMR will improve a practice's bottom line. A survey at the October 2002 Medical Group Management Association (MGMA) conference in Las Vegas found that more than 40 percent of non-university affiliated physicians in private practice were actively investigating selection and implementation of an EMR.

One of the most significant challenges that physicians face in selecting an EMR is the overabundance of choices. For most physicians, the EMR marketplace is overwhelming. According to a 2002 survey by *Healthcare Informatics*, between 48 and 228 vendors (depending on their classification of an EMR) offer an EMR for small (up to nine physicians) to mid-size (10 to 49 physicians) practices.

For the average physician, the question is not who provides the technology but rather which application is right for his or her practice--what functionality should be evaluated and what company best provides it? And, of course, where can this information be found?

### **Surveying the 2002 marketplace**

During 2002, my healthcare research and advisory firm, Spring, Texas-based AC Group Inc., conducted a large study of the EMR marketplace, looking for answers to these questions and more. The 33-page questionnaire was made up of 2,526 functional questions, divided into 46 categories. Categories included sections on the Institute of Medicine's requirements for a computerized patient record along with functional questions relating to operational areas--prescriptions, charge capture, dictation, interface with laboratories, physician order entry, decision support and alerts security, reporting and documentation. The questions were also divided into the following four methods of operation:

- Desktop capability (626 questions)
- Wireless capability (626 questions)
- Remote access capability (654 questions)

- PDA and mobile capability (620 questions)

Literally hundreds of products are identified as EMRs, and we made a good-faith effort to contact as many vendors as possible. The survey was sent to 102 vendors that stated they provide EMR software to small to mid-size practices. Vendors were told that their responses would be included in new contracts. Fifteen vendors completed the entire survey, which represented 18 EMR applications. Survey findings are based on what vendors said about their own products and what we could verify via demonstration. (Detailed methodology and results were distributed at the 2002 MGMA conference. A copy of the report can be found at [www.acgroup.org](http://www.acgroup.org).)

### **Vendor ratings by market demographics**

Rating on functionality alone is not always helpful, since some vendors sell their products to specific markets only. For example, of the 18 applications evaluated, 13 are marketed only to small practices, and 12 are marketed only to practices with more than 100 physicians.

The survey showed that for small practices, the top five vendors--based on current and future functionality, cost and other factors--are, in order, NextGen Healthcare, Horsham, Pa.; Hamilton Scientific Ltd., West Caldwell, N.J.; Physician Micro Systems Inc., Seattle; A4 Health Systems, Cary, N.C.; and eClinicalWorks, Northboro, Mass.

For mid-size practices, the top five are NextGen; Allscripts Healthcare Solutions, Libertyville, Ill.; Physician Micro Systems; A4 Health Systems; and Companion Technologies Corp., Columbia, S.C. Some vendors--including eClinicalWorks and Hamilton Scientific--that have high functional rankings are not marketing to mid-size practices at this time.

### **Choices for change**

The reality is that if organizations do not embrace change, their probability of success is very low. For example, in the 1980s it became clear to physicians that their process of billing for services had to change if they were going to get paid in a timely manner. So, they adjusted their practices, at least from a business point of view.

Now, with newer tools, government regulations and the right financial incentives, physicians are beginning to welcome levels of technology that were not available just five years ago. Individual physicians could easily spend hours searching and evaluating the hundreds of technological opportunities and alternatives. But professional societies are beginning to evaluate applications on behalf of their members. Maybe in the near future, physicians will be able to look to leaders in their own medical specialty for guidance and knowledge.

---

*Mark R. Anderson, a member of the Healthcare Informatics editorial board, is CEO, AC Group Inc., Spring, Texas.*

---

**The McGraw-Hill Companies**