



Akamai PM & Electronic Medical Records

Akamai works with most EMRs

At Akamai Practice Management, we are proud to work cooperatively with a wide variety of electronic medical record (EMR) companies and feel strongly about the benefits they can bring to independent physician practices. Akamai is committed to assuring that Hawaii's physicians can choose the clinical system that best fits their practice, and still have the security that comes from using what hundreds of Hawaii doctors have determined to be the best administrative-scheduling-financial system available; Akamai PM.

How the integration works

Akamai PM is designed to integrate with the vast majority of EMR products available. This means that registration and scheduling can be done in Akamai PM and the associated information will flow seamlessly to the EMR. Conversely, charge data generated through the note-taking process in the EMR can stream back to Akamai PM for billing and claims processing.

This process is possible because of Akamai's adherence to a national standard for data transfer between practice management and EMR systems. This standard, known as Health Level Seven (or "HL7"), is used by nearly all EMR companies to allow the physician's office to select the EMR / practice management software combination that best benefits their practice. If you aren't sure if an EMR can work with Akamai PM, one of the first things to ask or query on their website is whether they "support HL7".

What products will Akamai PM integrate with?

Akamai PM is either in live-production or has been successfully tested with over a dozen different clinical systems including many of those on HMSA's HI-IQ EMR list. Akamai PM has been designated the preferred practice management system in Hawaii for both the MediNotes "e" product from Eclipsys and the Catalis EMR. Our company is certified to install and support the MediNotes system and works with Hawaii's physicians to qualify for HI-IQ funding for this product.

See the attached chart for the latest list of systems with which Akamai currently integrates.

HMSA's HI-IQ Program

For a few specific products, HMSA will fund up to 50% of the cost of an EMR to a total of \$20,000 per physician. In normal cases, this can include software, training, hardware and installation. This program is coming to an end on December 31, 2009 and signed contracts must be submitted to HMSA before this date. Systems do not have to be installed prior to the end of the year in order to qualify.

In many cases, Akamai PM can be partially funded by HMSA as an overall part of the EMR. Check with us if you are considering MediNotes, Catalis, Wellogic, eClinicalWorks or PowerWorks.

Federal Government ARRA Stimulus Funding

The federal government will pay up to \$48,000 from Medicare funds or \$64,000 from Medicaid funds for physicians using qualified products in a meaningful way. Important points to realize about the federal funding:

- Funding is spread over five years, with the first distribution in November 2011 for the earliest adopters and continuing through 2016. Physicians waiting until 2013 to qualify are still eligible for nearly 90% of the funding.
- Details on what features products must have to qualify or what doctors will have to do to prove they are “meaningfully using” the EMR will not be finalized until 2010. However, it is known that each year the bar will be raised higher in terms of what the software must be able to do and how the physician must use it. Qualifying in one year doesn’t guarantee subsequent subsidies in future years.
- The criteria under the Medicaid program is very strict. It’s anticipated that a practice would need to see about one third Medicaid (Quest) patients to qualify (a 20% threshold is expected for pediatricians). Therefore, specialties that rarely see Medicare patients may have a hard time qualifying. In contrast, a primary care practice that averages about one Medicare patient per day will probably be able to take full advantage of Medicare funding.
- Funding is based on utilization of a qualified product and is not tied to the cost of the EMR system or who paid for it.

EMR Recommendations from Akamai

The selection of an EMR is an extremely personal choice.

Some EMRs are more suited to some specialties than others. An EMR that requires a lot of typing may work for one physician but disastrous for another. Some doctors insist on voice recognition, while others want a tablet they can carry into an exam room where items can be checked off on a list. Some products are designed for very large group practices and have broad capabilities, but maybe too complex for a practice with less sophisticated users. Some products are extremely flexible, but may take more time to learn and configure. EMR systems with local support may be an extremely high priority for some offices, yet are not as important for groups with their own IT staff.

We recommend that prior to reviewing EMR systems, a practice list specifically what they expect to accomplish by installing an EMR and rate these characteristics in terms of importance. Is it to improve documentation? Provide remote access to charts? Reduce chart pulls? Cut down on storage of paper charts? Improve coding? Make the practice more “bomb-proof” if audited? Reduce time in documenting visits? Eliminate transcription costs? Improve medical care through clinical decision-making support? Qualify for federal or HMSA funding?

Without knowing what an office wants to accomplish through the installation of an EMR, it’s impossible to make meaningful comparisons between different options.

For all of these reasons, Akamai isn’t in a position to provide any true guidance on whether a particular EMR is a good fit for a particular office. We can share what we know about the more objective aspects of these systems; size of the company, flexibility of the system, long-term cost projections or the number of installed systems in Hawaii. However, in the end, this must be an informed and well-considered decision by the primary users; the physicians who will be using it.

Akamai PM / EMR Integrations

October 2009

EMR Product	EMR Company	HMSA HI-IQ?	Interface Status	EMR Support By
MediNotes 'e'	Eclipsys	Y	Live	Eclipsys / Akamai
Catalis Accelerator	Catalis	Y	Live	Catalis
ChartLogic	ChartLogic	N	Live	ChartLogic
Intellechart	MDIntellesys	N	Live	MDIntellesys
EyeDoc	Penn Medical	N	Live	Penn Medical
Soapware	Soapware	N	Live	Soapware
SRS Hybrid EMR	SRSsoft	N	Live	SRSsoft
TouchChart	Allscripts	N	Live	Allscripts
eClinicalWorks	eClinicalWorks	Y	Testing	EQHIP
Peak Practice	Eclipsys	Y	Testing	Eclipsys
Wellogic	Wellogic	Y	Testing	EQHIP
Centricity	Alliance Healthcare	N	Testing	Alliance Healthcare
PowerWorks	Cerner	Y	Discussion	Cerner
Enterprise EHR	Allscripts	Y	Discussion	Team Praxis
EncounterPro	EncounterPro	N	Approved	EncounterPro
digiChart	digiChart	N	Approved	digiChart
AdvantaChart	AdvantaChart	N	Approved	AdvantaChart
Glostream	Glostream	N	Approved	Glostream