

6th Annual Ambulatory PM & EHR Study

HIMSS Analytics

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Introduction

As healthcare organizations continue down the path of meeting Meaningful Use criteria, Ambulatory Practice Management (PM) and Electronic Health Record (EHR) solution adoption remains a topic of interest. Indeed, evidence from both the HIMSS Analytics[®] Database and HIMSS Analytics Annual Ambulatory PM & EHR Studies reveal that ambulatory practices have been on an (EMRAM)SM. There is heavy interest in not only adopting the necessary technology to help make practices more efficient, but it is equally important physicians are utilizing these solutions to meet the necessary criteria in meeting Meaningful Use.

This study was designed to continue to gauge the level of Ambulatory PM and EHR

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acquisition spree of these tools since the ARRA/HITECH Act was introduced in 2009.

While HIMSS Analytics has tracked adoption levels, vendor market share and vendor mind share over the years, we have also strived to provide direction to ambulatory organizations with our Ambulatory Electronic Medical Record Adoption Model (A-EMRAM)SM. As evidenced in the Appendix, A-EMRAM provides practice leaders with a very clear path towards a fully functional electronic medical record (EMR) akin to the pathway provided to acute care providers via the HIMSS Analytics EMR Adoption Model adoptions across hospital owned and free standing physician practices. This research also looked at the opportunities available in the ambulatory market in regard to net new solution purchase, replacements or upgrades for PM & EMR solutions. Additionally, with attestation of MU Stage 2 criteria right

around the corner, we were interested to discover which practices had attested and which practices still has work to do.

To provide a comprehensive view of the marketplace, stakeholders from ambulatory organizations of various size, ownership and specialty were surveyed.

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Executive Summary

The 6th Annual HIMSS Analytics Ambulatory Practice Management (PM) and Electronic Health Record (EHR) study confirms the findings from previous years that PMs and EHRs continue to be adopted as standard business tools. Leveraging the insights of 563 IT executives from U.S. hospital owned and free standing ambulatory facilities with data from the HIMSS Analytics Database, the findings reveal that PM and EHR tools are not as entrenched in free standing ambulatory environments as they are in hospital owned settings, but are marching towards universal adoption nevertheless.

Differences by the organizational structure of the ambulatory facility were also evidenced in vendor preferences. While the data clearly shows both the PM and EHR markets presenting as crowded vendor environments, the profile of the top vendors servicing these markets vary greatly between hospital-owned and free standing ambulatory providers.

Given the high rates of PM and EHR adoption, the data suggests sales in these markets reached a tipping point in 2011. Overall adoption in the market slowed between 2012 and 2013 which means fewer net new opportunities for vendors. Additionally, the most recent data indicates a relatively low level of solution replacements currently occurring in the market, suggesting that ambulatory practices plan to stick with their current vendor to help them meet the different stages of Meaningful Use criteria. Despite the slowed acquisition pace, there are opportunities to be had.

Finally, respondents were asked about their Accountable Care and Health Information Exchange (HIE) plans. With the market generally favorable towards HIEs, there appears to be a fairly notable degree of uncertainty surrounding Accountable Care plans.

Appendix

US Ambulatory EMR Adoption ModelSM

Stage	Cumulative Capabilities	Q2 2014	
Stage 7	HIE, data sharing with community based EHR, robust business and clinical intelligence	4.30	
Stage 6	Advanced clinical decision support, proactive care management, structured messaging	5.83	
Stage 5	Personal health record, online tethered patient portal	5.56	
Stage 4	CPOE, Use of structured data for accessibility in EMR and internal and external sharing of data	1.23	
Stage 3	Electronic messaging, computers have replaced the paper chart. clinical documentation and clinical decision support	11.42	
Stage 2	Beginning of a CDR with orders and results, computers may be at point-of-care. access to results from outside facilities	30.74	
Stage 1	Desktop access to clinical information, unstructured data, multiple data sources. intra-office/informal messaging	34.29	
Stage 0	Paper chart based	6.63%	
Data from HIMSS AnalyticsN = 26,008			

About HIMSS Analytics

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