Editor’s Note: As a result of the Centers for Medicare & Medicaid Services Medicare and Medicaid EHR Incentive Programs (EHR Meaningful Use Incentives Program), the term “Electronic Health Record” (EHR) is often used in a way to mean a particular information system or suite of systems that use various technologies, standards, and interfaces that work together to create, manage, store, and share information associated with an electronic health record. An EHR system for the dental practice (or Electronic Dental Record system—EDR) would capture, store, present, import, and/or export relevant extracts of patients’ longitudinal electronic health records. A much desired feature of EHR systems is the ability to quickly and securely share health information with authorized providers across more than one healthcare organization or even across multiple healthcare settings, regardless of the technology platforms involved.

Interoperable EHR systems offer the potential to improve care quality and patient safety by enhancing the quantity and quality of information available to providers for decision making. An EHR system’s ability to capture detailed clinical information in a highly structured manner can enable analysis for quality assessment, identification of areas for improvement, and the design of decision support tools like allergy alerts, medication alerts and other prompts.

In this article, we talk with Mike Uretz, an EHR educator and consultant and executive director of Dental Software Advisor (www.dentalsoftwareadvisor.com).

Q. What are some of the factors that dentists should think about when choosing or updating an electronic health record system?

A. As more sophisticated EHR software, computer hardware, and digital dental devices are developed, it’s very easy for dentists, practice managers and administrators to be confused by new technologies. Even if you’ve been using a satisfactory practice management system, EHR technology is a different beast and is changing so quickly that not all software vendors are keeping up with new innovations. The bottom line is that you need to be aware of—and compare—what’s out there. That said, look at how EHR systems can help improve your patient care and communication, streamline your clinical workflow, improve your referral process, and reduce overall practice liability.

Q. What are some examples of more sophisticated EHR software, computer hardware, and digital devices?

A. From a patient care standpoint, the EHR system supports all pertinent medical and dental information available at the click of a mouse or touch of a tablet. From a clinical workflow standpoint, an EHR system can manage task lists, including the ability to alert for overdue tasks. Electronic prescribing can allow all of a patient’s prescriptions, no matter what the source—primary care, specialist, hospital—to be presented in almost real time when the patient’s chart is opened, leading to better medication management and reduced liability. Evidence-based treatment planning and the introduction of clinical decision support tools can help a dentist access and incorporate the growing database of best dental practices.

Q. How might dentists know what level of EHR system technology their practice needs?

A. Analyze your current workflow and your desired workflow. This includes identifying your current steps for collecting, entering, and then accessing clinical
Analyze your current workflow and your desired workflow.

information during patient interactions. Then, document three clinical scenarios. This can provide guidance to your selection committee and to potential vendors about daily usage needs for the software.

Define what software features are necessary for your daily practice as the “must haves,” and what would be helpful or nice to have but not necessarily required. If the software can’t meet your must-have list, it should be considered less desirable and might even be eliminated from further consideration.

Q. What should a dentist consider when selecting a vendor or vendors for digital technologies?

A. There are several factors that come into play, including:
- The vendor’s organizational profile and experience with your specific market
- The usability and navigation of the software
- Technical considerations and aspects of the software
- The vendor’s processes for implementation and training
- Competitive pricing (including training, support and maintenance and upgrades)
- Contract terms (including warranties, indemnities, and limitations of liability)

Q. Who should be involved in the EHR selection process?

A. Putting together a selection team that represents various skill sets and functional areas is important no matter what size practice. Practices that create a selection team are the most successful with their EHR software evaluation and selection. Whether you have a staff of three or many more, staff members with different skill sets will use different aspects of your EHR software. Have the person that’s responsible for billing take part in the evaluation of billing and claims processing functionality. Otherwise, you run the risk of missing some of the nuances of the systems you’re evaluating.

An internal selection team also helps the office make the transition to electronic health records or next-generation practice software a bit easier. The learning curve can be steep and everyone has to be on board with the objective of making the transition a success and using the new software efficiently on a day-to-day basis.

In a large group practice it may be difficult to get everyone involved in the decision-making process. In that case, you can have departmental managers on the selection committee.

I’ve seen many cases where the clinician prefers one vendor, the billing person prefers another vendor, and the scheduling/front desk staff preferring yet a third vendor. In cases like this, it’s helpful to prioritize the needs of the practice and work this out with the selection team. Of course, the practice owner always has the final say.

Q. How should the team prioritize features in the selection process?

A. Have the selection team members prioritize features that are important. Think about features that are truly “deal breakers” and those features that are nice to have but not necessarily critical to the use of the system. An example of a must-have feature might be the ability to capture clinical documentation in the form of structured or individual data items, whereas a nice-to-have feature might be a web patient portal. The prioritization of features is especially important when comparing different vendors regarding specific features. With a particular software application you might not get everything you need and by prioritizing it’s easier to determine if a vendor has most of what you deem to be critical.

Q. What about a practice’s short-term and long-term needs?

A. Both of these are important to consider. For example, some short-term needs might be the ability to consolidate all of the patient’s clinical information in one place, make the clinical workflow more efficient and productive, or send automated follow-up notifications. Long-term needs might be offering patients a web portal to help support better communication, or looking at the ability to interface with a new imaging system...
that will be purchased down the road.

Q. How can the selection team best evaluate multiple features and functionality among the various parts of a potential EHR system?

A. Having specific features and functionality is one thing, but making sure they are easy to use, intuitive, and navigable, is another. This is the subjective part of all this and where a practice can risk falling short. Watch out for vendor account reps who try to control the demonstrations, showing what they want to show you, not necessarily answering your questions, and overall, being in control of the process. So, instead of spending time seeing things that might not be critical to your decision-making, wouldn’t it make more sense to take charge and get what you need out of the product demonstration instead of your account rep’s view of what they think you need? With dental electronic health records and associated clinical software, the first step is to develop a number of clinical scenarios—visits that represent what you would normally see on a daily basis. You can embellish these with additional issues and problems that may come up during the visit. It’s very helpful to see how a vendor and their software deal with these types of scenarios. Sometimes it is difficult to keep to the script, especially when an account rep has an agenda but, remember that you are trying to get answers to what you need so stay with the program.

Q. What about using some clinical scenarios in vendor demos?

A. Some vendors would prefer to lead the product demonstration and show the practice what the vendor wants to show. They might stay away from the software’s weaknesses or functionality that is missing. By providing the vendor with clinical scenarios that reflect actual patient exams and workflows, the practice owner can better evaluate if the software supports the office’s daily needs.

Q. What should buyers look for in a vendor?

A. Ask potential vendors about their experience with individual practices, group practices and specialty practices, the size of support and customer service staff and their R&D staff. Make sure that they have actually sold and supported EHRs to practices that are similar to your practice. For example, if you have a small practice, how would you feel if the vendor you were evaluating had only 10% sales in the small practice market, or vice versa? What if they only reinvested a small amount of their revenues toward research and development or support? And, what if the vendor you are considering hasn’t had a major update or release for the past two years? Profiling a vendor’s organization and sales history is something that many buyers don’t consider.

When checking references, it’s helpful to have a set of questions you can use to compare each vendor. Besides finding out how satisfied their customers are with the use and operation of the system, find out their experiences—including negative experiences or problems—regarding the vendor’s implementation, support and communication.

Q. What could dentists do if they feel that they don’t have adequate knowledge and experience to conduct some aspects of the pre-purchase analysis?

A. Often a provider or administrator doesn’t have the technical skills to properly evaluate the technology, and there are some important technical areas that need to be evaluated while comparing dental EHR vendors.

For example, in one case, the EHR system was built on proprietary older technology. If we had selected that solution, the practice would have ultimately been limited by the technology because the vendor was the only one that could make changes or updates. And, since it was older technology we did not have the scalability to meet the growing needs of the practice over the next few years. The bottom line was that even though the first solution was a bit more expensive, they didn’t want to get stuck with older, proprietary, non-scalable technology.

It could be helpful in the pre-purchase process to engage a technical expert to help evaluate the underlying technology on which the system is built so you don’t get stuck with a limited, non-scalable system.

Q. How might dentists systematically approach the selection of digital products for their EHR system?

A. There are several things they can do:

• Determine which clinical features are most important to the practice—the deal breakers
• Put together a Request for Proposal (RFP)
• Shorten the vendor list by analyzing RFP responses
• Conduct practice-controlled, organized vendor demos using clinical scenarios
• Choose the top two vendors based on demos
• Conduct organized reference checks based on standard
questions

• Negotiate the best price for system and services
• Review and negotiate favorable contract and agreements

Q. If dentists buy products from different vendors for their EHR systems, how can they make them work together smoothly?

A. It’s important to understand the differences between interfaced and integrated EHR systems. By interfaced I mean that the practice management system sits on one database and the EHR uses another database, and they send information back and forth through an interface. An integrated system means that there is one database that holds all the practice management and clinical data so that there is no need to send information back and forth.

In terms of which is preferable, if you interface one practice management system with another vendor’s EHR system, there’s potential for “finger pointing” if there are issues. There’s also the possibility that both systems may change over time and interface issues might crop up. If you look at the evolution of medical EHR technology over the last few years it has definitely moved from vendors interfacing with each other to more vendors now offering an integrated practice management and EHR system residing on one platform.

There are many other technical items to consider when comparing vendor systems that we can’t cover in a Q & A. A dentist or practice manager might not have all the technical skill sets to evaluate the underlying technology in a particular vendor’s EHR. That’s why IT “geeks” are there. I’d encourage you to engage a technical expert, at least for a short while to help your EHR system decisions.

Q. Once they’ve picked out the products, how do dentists go about getting the purchased components of the EHR system installed and working?

A. This process can begin before the actual purchase if the practice compares implementation plans from different vendors and reviews this during reference checking. There are situations in which a dental practice’s operations were negatively affected during a poor implementation. For example, a vendor may say that software implementation will take three months, but six months later the system still isn’t working correctly. How do you prevent your practice from being a case study in a bad implementation? First, make sure that your contract reflects guarantees by the vendor on how the project will move forward. You can review how a vendor plans and executes implementation and training prior to selecting the vendor. How detailed an implementation and training project plan is can be an indication of the potential for success.

A potential vendor should provide examples of project plans and implementation methodologies. There are no guarantees that when you do get into the implementation the vendor will adhere to the plan, that’s what the contract is for. But, at least if they can show you that they have detailed project planning and good implementation strategies then you know that they understand how to run a successful project. And that’s a good start.

To help assure getting a good implementation after a practice has purchased the products it is important to make sure there is a solid project plan developed, plan for necessary resources and time, have regular status meetings to improve accountability, and be involved in the execution of the plan.

Q. What about price, value, and total cost of ownership in this process?

A. I wish that all vendors used a standardized pricing template, but this is not the case so the onus is on you to compare various proposals item by item. You must understand all elements of a pricing proposal inside and out to properly compare prices. I can tell you that when evaluating different vendors it’s not always “apples to apples.” You don’t want to get in a situation where you choose a dental software vendor, implement the system, and then proceed to be [charged for every small thing] after the fact. Make sure when you compare vendor proposals that there’s consistency between cost items and that different proposals specify similar products and services. For example, when comparing two vendors, one proposal might have items related to software, service, and support, while the other proposal might include software, services, support and the cost of an interface to your imaging system. Try to determine what you need during the presales vendor evaluation process and convey this to the vendor so that the pricing proposal accurately reflects what items they intend to provide.

Q. How can you organize and document all the information and factors you need to make an informed decision?

A. Tie it all together with a Request for Proposal (an
RFP. RFPs are important because they:

- Communicate your needs, priorities, and expectations
- Provide for side by side, apples to apples vendor comparisons
- Document vendor commitments and promises from a legal standpoint by making certain that these commitments and promises are fully incorporated in the contract (since, if they are not included in the contract, they will generally be unenforceable).

Soliciting RFPs doesn’t cost anything but time. Because RFPs require vendors to prepare customized proposals, the process gives you a good idea of which vendors are serious about working with you and which can best accommodate your needs. The RFP can cover several areas and at a minimum should include:

- A comparison of vendor software features and functionality prioritized and based on what is important to your practice. The prioritization will also help you develop clinical scenarios for vendor demonstrations.
- A vendor business profile including the organization’s structure, financial information, software product history, reference sites, etc.
- The underlying technology that the software is built on along with other technical and IT focused considerations.
- A description of a vendor’s implementation and training plans and processes.
- A detailed proposal of cost items broken down so that you can accurately compare the various proposals you are reviewing, including post-purchase support and maintenance.

Make certain that any commitments and promises in the RFP on which you are relying are included in the purchase agreement.

In one of my workshops, a dentist said, “I went to school for years to learn how to treat patients. No one taught me how to evaluate electronic health records or choose software for my practice. I’m a bit stressed and confused.”

The bottom line is that if you do your homework, follow a stepwise, organized evaluation and selection process, and make a point to be in control every step of the way, you can obtain a sophisticated next generation EHR system that meets the needs of your practice now and in the future.

Editor’s note: These articles are intended to be a resource and the views expressed are those of the authors and do not necessarily reflect the opinion or official policy of the ADA or its subsidiaries. The articles’ contents are not a substitute for the dentist’s own judgment and shall not be deemed an endorsement by the ADA.

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**Behind the Scenes:**

**Touring the ADA Laboratory**

The ADA Laboratory is housed in the Division of Science and includes dentists, dental materials specialists, microbiologists, chemists and engineers and a machine shop. Together this group develops and conducts tests and, when necessary, designs the equipment needed to adequately evaluate products, which includes professional products used by dentists and some products in the ADA Seal of Acceptance Program. The Laboratory also designs and applies new tests for the development and revision of standards and conducts research studies on critical and emerging issues of importance to practicing dentists.

“I encourage members who visit Chicago to stop by the ADA Headquarters and visit the laboratory to learn more about their research capabilities.”

—Dr. David Sarrett, the Review’s editor.

To arrange a tour of the ADA, contact Ms. Bridget Baxter at the ADA’s toll-free number at 800-621-8099, ext. 2397.

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