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The Role of EHRs in Accountable Care Organizations

AS PHYSICIANS CONTINUE TO TRANSITION THEIR PAPER-BASED RECORDS TO ELECTRONIC HEALTH RECORDS (EHRs), EMPHASIS HAS BEEN PUT ON MEETING MEANINGFUL USE REQUIREMENTS. WHILE THIS IS IMPORTANT, MANY HAVE OVERLOOKED THE ROLE OF EHRs IN THE SUCCESS OF ACCOUNTABLE CARE ORGANIZATIONS (ACOs).

IN THEIR MOST BASIC form, ACOs consist of networks of health care facilities and physicians who share the responsibility for delivering quality medical care in a cost-effective manner.

“The fundamental assumption driving ACOs is that they will help bring health care providers into structured organizations that will improve quality and lower cost,” says Steven Gravely, J.D., M.H.A., partner and leader of the Health Care Practice Group at Troutman Sanders, LLP. “However, I do not believe that solely forming organizations and creating a governing board will help to improve health care. To make a meaningful difference, I believe that ACOs will have to have strong health care information technology strategies to support all other aspects of the ACO.”

At the core, to be successful, ACOs will have to coordinate patient care across the full spectrum of services. According

to Gravely, to do this providers must be able to efficiently and securely share information among all members of a patient’s care team.

In addition to allowing for more streamlined care coordination and individual patient management, the use of EHRs and electronic information exchange within an ACO will allow the ACO to evaluate interventions on a population basis to identify those interventions that are successful and those that are not.

“EHR is a great technology; however, an EHR’s importance lies in its ability to facilitate the exchange of data and to access information more efficiently than could be done using paper records,” says Erin Whaley, J.D., M.A., associate at Troutman Sanders, LLP. “With electronic records, physicians can analyze individual patient outcomes in ways that they couldn’t do with paper. For example, a physician can search his practice’s EHR database and identify

each patient who has diabetes. For patients whose hemoglobin A1c levels lie outside of preferred ranges, targeted interventions can be performed to help improve care. When you apply this concept to ACOs, if the ACO has access to data from providers across the organization, it can scan the entire network to see if the protocols and interventions it has in place to improve quality and reduce costs have been successful and see where improvements need to be made. This has the potential to enhance overall care.”

“At the end of the day, gaining meaningful use dollars is important; however, EHRs will enable providers within ACOs to more easily share information, which will improve patient care and make ACOs more effective,” says Gravely. “This is an important piece of the ACO dynamic that I believe is being overlooked.”

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