

Medical Practice Advisor

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Why you need an EMR for your Medical Practice?

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Beginning in 2011, the Federal Government's Department of Health and Human Services will reimburse you up to a total of \$44,000 for your Certified Electronic Medical Records system. The funds have already been allocated. To qualify, you must show "meaningful use" of an EMR system in 2010. That's why it is necessary to begin using an EHR as soon as possible. New mandates such as pay for performance will require data to support incentives.

There are other benefits to consider as well.

- Routine Health Care Reminders mean better patient care and better levels of reimbursement
- Instantaneous access to patient's medical information from anywhere - 24/7
- Less time doing paper charts and follow-up means more time available for patients
- Computer generated notes provide accuracy and documentation needed by insurance carriers for prompt claims adjudication or legal proceedings.

Some procedures that should be followed to make the implementation process more successful:

Examine your office workflow

Establish office email on your EMR system

Minimize your templates

Expect some frustration from physicians and staff

Establish a laboratory interface



Much of the excitement about electronic records has been by those who have not had to pay the price tag and endure the implementation process. In a small office, planning for implementation is as important as choosing a system. If you have or are considering purchasing an EMR, you already realize that a legible, complete computerized patient record is a necessity and that healthcare of the future will demand us to provide data. Hopefully you can integrate electronic records in an efficient and painless way.

Examine your office workflow

Each office has a unique workflow that needs to be examined prior to implementing an EMR. Work flow includes: patient scheduling, registration, intake by a nurse or medical assistant, evaluation and examination by a physician, documentation, ordering tests, performing procedures or tests and check out with collection of payment and scheduling future appointments. Other workflow items may be individualized to your practice. These may include: reviewing test results over the phone, following abnormal labs ("tickler" file), refilling prescriptions, surgical scheduling, management of immunizations and referral letters. Prior to implementation, you should meet with your staff and review specific scenarios that occur in the office. You may consider electronic implementation of some items gradually to avoid your staff being overwhelmed with this new method. It may add to your comfort level with implementation.

Establish office email on your EMR system

Your office staff communicates daily with patients and these messages usually require a response from a physician. The electronic messaging system leads to a more seamless accounting of phone calls and problems. It also allows you to communicate with your office staff and other colleagues. It is important for everyone to develop the habit of checking tasks two to three times a day to avoid missing messages. A paperless world will only be effective if people take the time to document.

Minimize your templates

Determine which clinical staff member chooses the template to be used for the encounter and who will enter data such as vitals and medications/allergies. These templates are the outline for the office visit and will be unique to your practice. Although it may seem convenient to have many problem specific templates (such as AUB, UTI, etc), initially you will find that a generic 'progress note' template reduces confusion. It will feel more familiar to physicians who could then tailor the note to their liking. Also remember that templates need to be universally accepted by all physicians in the practice. This is no different than adopting the same standard paper forms in your office- everyone will adapt to the change. Take time to review the templates with your providers and explain to them that the final template cannot be too specific and will represent a consensus amongst all the users.

Expect some frustration from physicians and staff

This is not a pain free process. Initially it will slow down your ability to see patients and every individual has a different comfort level with technology. Take time to train your doctors and staff on a continual basis. It is wise to implement the electronic health record in stages. If you are able to schedule fewer patients during the first weeks of implementation this may reduce staff and provider frustration. Designate and train a staff person to answer questions and compile problems to discuss with your Trainers. Communication and correction of problems will increase user confidence and prevent your staff from feeling overwhelmed.

Establish a laboratory interface

Establish a link between your largest provider of laboratory services, (usually Quest or LabCorp) and your EMR system to be able to receive lab data directly. Once the labs are signed electronically, they are automatically filed in the patient record. This function should reduce paper significantly in the office and also reduce the need for staff to pull charts. It is a tangible way that you can see the benefit of increased efficiency in the office. This positive reinforcement should keep the staff interested in continuing to use the EMR to it's full potential. Convincing staff and physicians to embrace change is difficult and is made easier if there are recognizable improvements.

This information has been provided as a courtesy by American Medical Software, Edwardsville Illinois 800-423-8836