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*Celebrating 175 Years of Organized Medicine*



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Meaningful Use**

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# SCAM-Q\*

\* How insurance companies, hospitals, government, etc. Slice Costs And Maintain Quality

## Electronic Cheer or Electronic Chair

By Richard J. Gimpelson, MD

Electronic medical records; the future is now. Will electronic medical records (EMR) enhance medical care and safety, or will they just add another way for the government to spy on hospitals and physicians? First some disclosures:

1) I have recently given up my solo GYN practice and now am co-director of the Mercy Clinic for Minimally Invasive Gynecology. The Mercy System has made a total commitment to EMR, so I will be totally committed to EMR.

2) My undergraduate degree was a Bachelor of Science in Electrical Engineering, so I should be an expert in electronics and computers. Unfortunately, when I went to Engineering School, we did not have computers. In fact, we did not even have electronic calculators; we used slide rules. I would be an expert in slide rule medical records if they were the standard. Unfortunately, they are not.

3) I received a small electrical shock while changing a light bulb when I was in college. While sitting on the floor looking at the cut on my hand from the light fix-

ture, I realized medicine was a better field for me than engineering.

Now to get back to the issue of EMR, I have not had my full training yet, so I am still allowed to use paper. However, by the end of June I am expected to be totally electronic. If I am successful, I will still have a job. If I am not successful, you will see me sitting on Ballas Road with a cardboard sign that states, "If you want written medical records, call me. Don't e-mail me."

Please read the rest of *St. Louis Metropolitan Medicine* to get the full story on EMR.

Enter/Delete



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*Dr. Gimpelson, a past SLMMS president, is now co-director of Mercy Clinic Minimally Invasive Gynecology. He shares his opinions here to stimulate thought and discussion, but his comments do not necessarily represent the opinion of the Medical Society. Commentaries and letters to the editor from all points of view are welcome.*

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Richard J. Gimpelson, MD

## Harry's Homilies<sup>©</sup>

Harry L.S. Knopf, MD

## ON TASKS

**Begin well, and you will likely end that way. (Proverbs)**

Jobs are usually divisible into three parts (like Gaul?): beginning, middle and end. If you start a job poorly, it almost always ends up a "bad job." But if you make good plans and begin well, though the middle may be plagued with problems, you can usually end up with a "good job." So approach tasks (or life) with the idea of doing it "right" from the get-go. That way, at the end, you can look back with pride and say: Well Done.



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Dr. Knopf is editor of Harry's Homilies.© He is an ophthalmologist retired from private practice and a part-time clinical professor at Washington University School of Medicine.

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# The Times They Are A-Changin'



Medical Society President  
Thomas A. Applewhite, MD

*The line it is drawn  
The curse it is cast  
The slow one now  
Will later be fast  
As the present now  
Will later be past  
The order is  
Rapidly fadin'  
And the first one now  
Will later be last  
For the times they are a-changin.'*

Bob Dylan probably didn't know about electronic medical records (EMR) when he penned those words. Yet, they remain not only appropriate, but frighteningly accurate.

The biggest change of most practicing physicians' careers has arrived. The EMR changes the way we touch every case. It changes the way we interact with patients, give orders and receive essential data.

Well-conceived systems can eventually aid productivity and information recovery. Paper charts and their storage become a thing of the past. Communication becomes, in theory, nearly instantaneous. Properly done, patient safety can be enhanced with hard stops in the system for allergies and drug interactions.

Data mining for management is greatly enabled by the electronic record. Managers become capable of real-time evaluation of costs, materials and labor. Financial incentives exist for EMR adoption, to be followed by penalties for slow adoption of electronic systems.

Unfortunately, everything in practice is not so rosy.

As a radiologist, I had my electronic medical moment of truth seven years ago with the arrival of PACS (Picture Archiving and Communication System). It was the biggest change in a career which spanned the invention of CT, ultrasound, MRI and PET. Everything changed. There was no film! There were no film processors. There were no view boxes. There was no paper. Things were slow at first; but, now, we couldn't go back. There is simply too much data to handle on film.

The electronic medical record is the same kind of sea change in medical practice for my clinical colleagues. It slows interactions with patients. Patients complain that the doctor talks to the computer and not to them. Syntax and subtlety in notes and consults suffer because of template-driven reports. Many physicians spend late nights catching up with their electronic charts on a depressingly regular basis. If a doctor is not a good typist he or she is really behind the eight ball!

EMR systems are expensive. Many are not user friendly. Reliability is a must. Once the paper system is gone, it is gone. There really is no backup if the EMR crashes. Patient privacy remains a real concern, when so much information is so readily available in the computer.

Realistically, it is not whether we cope, but when and how we cope with the EMR. It is not going away. Like our PACS experience in radiology, the quickening pace of medical care and the amounts of data accumulated will mean that the electronic record will soon be the only way. This means care providers will need to become engaged and make these new systems work.

The effort put in ahead of time in training and preparation makes all the difference in success when the system goes live. Templates, standard notes and order sets make much more efficient use of the physician's time and energy.

In the final analysis, the EMR is simply another tool to help medical professionals care for their patients. Unfortunately, there is a real 'take it or leave it' attitude from many of the EMR vendors. We, as physicians, need to insist on a tool that meets our needs.

Perhaps, Bob Dylan said it best:

*Don't stand in the doorway  
Don't block up the hall  
For he that gets hurt  
Will be he who has stalled  
There's a battle outside and it is ragin'  
It'll soon shake your windows and rattle your walls  
For the times they are a-changin.'*

Realistically, it is not whether we cope, but when and how we cope with the EMR.

# Electronic Health Records: Stories from the Front

## Conversion can be challenging and costly, but some have achieved positive results

With federal incentives now available and Medicare penalties on the horizon, many SLMMS member physicians are making the switch to electronic health records. The results so far indicate a work in progress.

Some physicians such as ophthalmologist Stephen G. Slocum, MD, are very pleased with their systems and say they are yielding many benefits to the practice. Others such as J. Collins Corder, MD, report significant loss of productivity due to the added time required to enter each patient's chart data. Others say their systems are less than user-friendly, or the system has changed due to the vendor being acquired. Additional complications result from vendors' updating their systems to meet 2013 meaningful-use requirements.

### National Survey Results

A recent survey by the Medical Group Management Association finds that 52% of practices nationally are using an EHR while 36% are storing records on paper. This includes independent practices as well as hospital-owned practices, integrated-delivery-system practices, medical schools and others.

Of those that have installed EHR, 72% are satisfied with their systems while 14% are unsatisfied. Among respondents, 38% say practice operating costs have increased while 26% say they have decreased, with 36% saying they have remained the same. Physician productivity has decreased in 31% of practices, stayed the same in 43% and increased in 27%.

The responses on practice operating costs and physician productivity are much more positive among 16% of practices that consider themselves in a phase where they have completed implementation and have optimized its use. Optimization means designing work flows and processes to fit with the EHR.

Among those who have optimized, 40% say practice operating costs have decreased compared to 27% still showing an increase. Physician productivity is improved among 41% of this group while it remains lower among 17%.

### "Very Satisfied"

Dr. Slocum's practice, West County Ophthalmology, with five physicians, installed its system in 2008.

"We had no space for files. Too many were already offsite," Dr. Slocum said. "We also were aware of future government and insurance company mandates, and saw an opportunity to 'get ahead' of the coming trend."

They installed eClinicalWorks which according to the MGMA survey is the fifth-most popular system in the nation,

used by 7.6% of survey respondents who have systems.

Besides eliminating paper charts and freeing office space, the system has yielded other benefits. "We are now equipped to more easily qualify for incentive programs such as PQRI and Meaningful Use. We are also able to e-prescribe. Our records are now complete, well organized and legible. Through VPN, we are able to access our records from home, which is a real benefit on nights and weekends."

The conversion process took several months and went about as expected. "The system certainly meets expectations. There have been glitches when upgrades are performed, but none have been insurmountable. Overall, I am very satisfied."

### Lost Productivity

Internist and geriatric specialist J. Collins Corder, MD, saw a major drop in productivity during last year's installation which was phased between August and December. His experience is typical of a portion of the respondents to the MGMA survey.

"The system will slow a practice down and be prepared to cut 50% the first month. I am still only 80-90% full speed and question if this will be 100% any time soon," Dr. Corder said. He said the conversion required two to three hours of work each night for the first few months to build patient charts. This has continued at 30-45 minutes per night.

His office initially chose a system called Practice One but this was purchased by Advanced MD. The sale caused some initial problems in delivery of the EHR system. More recently, the office has been awaiting system upgrades to meet the federal Meaningful Use requirements. "I feel the vendors have a ways to go for improving the future in EHR," Dr. Corder said.

The decision to convert was made because "I felt compelled to do it with the new health-care reform act and the penalties upcoming for not converting."

Dr. Corder remains concerned about the progress of EHR. "I do not feel in the real world the EHR will fulfill safety, quality of care and efficiency that has been idealistically proposed. I am restrained by time to see more patients with the pressure to take care of more in the future. I am trying to get back to pre-EHR efficiency but do not see this happening soon or ever."

### Benefits Multi-Location Practice

Also seeing an ongoing drop in productivity is David Cort, MD, with Digestive Disease Medical Consultants. The practice has 11 gastroenterologists.

## Stephen G. Slocum, MD

West County Ophthalmology

Size: 5 MDs

System: eClinicalWorks

Installed: 2008

Advice:

"Do your homework. Check out as many systems as you can, and determine how each may work for you. Be aware that the initial cost of the system is just that ... initial. There will be ongoing costs as the system ages, especially for hardware and/or battery replacement."



## J. Collins Corder, MD

Size: 2 MDs, Internal Medicine

System: Advanced MD

Installed: 2010

"Look at EHR vendors in actual use in practices. Be prepared for a slowdown but improvement in 3-6 months with extra "homework." Have a follow-up class in a few months with the vendor as you understand the system better."



## David H. Cort, MD

Digestive Disease Medical Consultants

Size: 11 MDs, Gastroenterology

System: McKesson Practice Partner

Installed: 2008

Advice:

"Before buying, research, research, research. Talk to people who use systems. Make sure you have good hardware support and a good Internet connection. Be prepared for your productivity to go down initially and in the long run."

"I used to be able to see 15-20 patients in an afternoon, now the most is 15. EHR adds five minutes to each office encounter. The documentation time is what decreases productivity," he said.

He also notes EHR's effect on patient interaction. "It's very difficult to be looking at the computer screen and looking at patient. This does interfere with the physician-patient relationship. One thing I do to overcome this is to handwrite some notes and then dictate narratives."

The system has yielded benefits. "We have access to our records anywhere which is important since our physicians work at multiple offices and at our surgery center. We have e-prescribing which is something people like. There are no issues with illegible handwriting and the documentation is the same for each patient."

He added that even though they use templates with checkboxes in the charts, "I try to learn some-

thing unique about each patient and write it in the record to distinguish them."

Dr. Cort is less than satisfied with his system. "The problem with the systems is that the people who design them are not physicians. This leaves us with something that is not user-friendly."

### Saving Time, Providing More Complete Care

Charles Willey, MD, offers a very upbeat view of the system for his two-physician practice, Innovare Health Advocates. He fits into the category MGMA refers to as having "optimized their systems."

He installed a new system, Clear Practice, in July 2010. It is his second. "I am saving time. My patient care is more complete. I am billing mostly 5's and 4's and my risk scores are appropriately maximized."

## Charles Willey, MD

Innovare Heath Advocates

Size: 2 MDs, Internal Medicine

System: Clear Practice

Advice:

"Work with your vendor to develop an efficient training process."



## Frank Thomas, MD

Orthopedic Surgeon

Size: 1 MD

System: McKesson Practice Partner

Advice:

"Be clear about the hardware requirements and get your software vendor on board with your IT hardware support. Make sure there are no hidden fees in the contract."



By Jim Braibish, Associate Editor

St. Louis Metropolitan Medicine

### Missouri Assistance Center

[www.assistancecenter.missouri.edu](http://www.assistancecenter.missouri.edu)

1-877-882-9933

Offers free technical assistance in practice assessment, vendor selection, EHR implementation, workflow redesign and more. Available to primary care providers including internal medicine, family practice, OB/GYN and pediatrics.

### American Medical Association

[www.ama-assn.org/go/hit](http://www.ama-assn.org/go/hit)

Information including implementation tips, readiness assessment, vendor questions and more.

### National Health Information Technology Website

[www.healthit.hhs.gov](http://www.healthit.hhs.gov)

### Centers for Medicare and Medicaid Services Incentive Programs

[www.cms.gov/EHRIncentivePrograms](http://www.cms.gov/EHRIncentivePrograms)

# Top 10 Items to Look for in an EHR

**M**ark Anderson, CEO and healthcare IT futurist with the AC Group, Inc., in Houston, suggests the top 10 items physicians should seek in selecting an electronic health records system. Mr. Anderson is a past SLMMS conference speaker. He can be reached at mra@acgroup.org, 281-413-5572, or website www.acgroup.org.

1. ONC 2011 Certified product with fully tested and operational HITSP C32 version 2.5 or higher CCD two-way interoperability data transfer along with direct interface to local patient specific PHR applications.
2. Financially stable company (with over 600 vendors in the marketplace, financially stable companies are hard to find).
3. Purchase and support contract designed to protect both parties. There are over 30 changes required in every vendor purchase and support contract.
4. SureScripts certified with nationally recognized drug alerts with auto updated drug formulary compliance based on Insurance profiles along with full medication reconciliation.
5. Ability to customize a practice and provider dashboard for messaging, tasking, and daily schedules based on the needs of the provider.

6. Pre-built templates that can be customized by either the vendor or the practice based on specific practice requirements including nationally recognized templates and clinical guidelines, with hyperlinks to outside clinical knowledge databases.
7. Ability to customize a patient specific dashboard based on the physician's specialty, displaying summary information about the patient (Vitals, Lab Results, Health Maintenance Alerts, encounter data, active medications, and problem list).
8. 2-way interface with Quest and LabCorp including LOINC code compliant viewing of lab results in discrete data flow-sheet format.
9. Automated updating and tracking of patient specific health maintenance alerts based on age, sex, and active medical condition.
10. Multiple charting techniques including point-and-click, voice capture via dictation and/or Medical Dragon version 10 along with automated alerts for CCI and LMRP edits tied to orders with full reconciliation.



## Electronic Health Records: Stories from the Front *(continued)*

Dr. Willey added, "A good EMR is absolutely critical to keeping up with the regulatory hassles injected by government into health care. Once the patient history is established it is much easier to find and update the facts. With a good system after the start up mode of entering the data the work goes faster and better."

He says he handles patient interaction by positioning his chair with the patient at his side the computer workstation facing him. "The issue is not how much eye contact but how well you listen, address the patient's concerns and follow through."

Dr. Slocum, also more experienced with his system, agrees that both productivity and eye contact improve with time. "Productivity is reduced during the initial conversion but is regained as you become used to the system. And, I am now able to converse with the patient and maintain eye contact while I enter data."

### Implementation in Process

Orthopedic surgeon Frank Thomas, MD, is still in the process of installing his system. He looked at five or six systems before choosing McKesson Practice Partner. They have installed software and are in the process of training.

Like other physicians, he was motivated by the federal mandate. "If we want to accept Medicare we would need to install a system." He also hopes to save on dictation expenses and records storage.

The major challenge so far in implementation has been finding out that a much larger computer server would be needed than was originally anticipated, adding over \$7,500 in cost. Nevertheless, he is looking forward to the conversion.

"Most physicians say they are glad they made the transition," he said. "It is definitely a change in the practice. It will be a good thing when implemented."

### Better Care at a Significant Price

The pluses and minuses of EHR were summarized recently by a Georgia physician in May 13 testimony before the federal HIT Policy Committee Meaningful Use Workgroup in Washington, DC. Jacqueline Fincher, MD, described the experience of her four-physician primary care practice since installing an EHR in 2006.

"From the 'Go Live' date in June 2006, there was an absolute requirement to drop patient volume by half for the first three months. ... We honestly never have gone back to the previous volume of patients, but with the EHR our charts are far better organized and documented, resulting in more appropriate coding for the level of work being done.

"We know we are now doing a significantly better job of taking care of our patients, because the whole team is involved and the EHR allows us not only to establish a high standard of care but actually maintain it. This has all come at a significant price. Despite significant increases in our cost of doing business every year, in addition to the cost of the EHR, our reimbursement and salaries have remained flat in a world that has had significant increases in the cost of living and the cost of doing business.

"I say all of the above to emphasize the huge very tedious investment of time, money and effort it requires to take a small practice office from the paper world to a digital world, and now to a world of "Meaningful Use Stages 1, 2, 3."

