

Chapter 1

What EMR is all about

What exactly is EMR?

An Electronic Medical Record (EMR) is patient medical data, such as chart notes, laboratory tests, prescriptions, etc., stored in digital format on a computer. Once electronically stored, the physicians and staff can quickly find and review the data from any computer, even while at home or at another practice location! No more pulling folders from filing cabinets. No more pawing through paper to find what you want. No more lost charts.

To many traditional doctors, EMR is a disconcerting evolution in the practice of medicine. They think it's likely in their best interest to take the inevitable step into the future, but they're not sure how to begin.

The best way for a physician to overcome the fear of the computer technology is by understanding what it is all about and how it makes practices and clinics more efficient and profitable.

How does EMR differ from EHR?

Some call that delicious tuber a potayto, some call it a potahto. Same vegetable. Different names. People have come to use EMR and EHR interchangeably, but they're not the same. Think of EMR as a potato. EHR is a kind of yam.

EMR is a digital record of health related information on an individual that is gathered and managed by physicians and staff in an office, clinic, or hospital. Computerized EMR software maintains registration, charts, ordering and recording lab results and tests, communicating with portable devices, beaming prescriptions to pharmacies, and a whole range of functions. In short, EMR is about replacing paper charts and forms with digital counterparts.

EHR is health related information that conforms to national standards for compatibility, meaning health records that can be moved from one health care organization to the next. The complications of electronically transferring and sharing health records between clinics, hospitals, and from city to city and state to state, EHR, is another issue.

Yet a third term related to EMR is a Personal Health Record (PHR). A PHR is a digital health record that an individual initiates and maintains using data from many sources, making it accessible on-line for medical professionals with credentials and a need to know.

Understanding the basics

If you want to make a judicious EMR choice for your medical specialty and the size of your practice or clinic, you need to know the basics. You need to prepare yourself for the blandishments of fast-talking salesmen.

What's the difference among the good, the bad, and the I-don't-want-any-part-of-that-disaster?

You need to know.

We're all boneheads when we're faced with something new that we expect to be complicated. You faced all kinds of hurdles in your medical training. This is just one more step in your continuing education as a physician.

Avoiding geeky lingo

Geeky lingo isn't needed to explain what EMR is all about. Touting or flogging one particular system, besides being boorish and off-putting, doesn't do a whole lot to help the undecided. There are lots of good EMR systems on the market as well as some that are, well, awful. This simple fact accounts for the huge range of reactions to EMR by physicians polled. Some physicians prepared themselves to make a good choice. Others did not. Those who failed to learn, suffered.

To choose the one best suited to your practice or clinic, you have to know the elements of EMR, including what questions to ask.

Keeping it simple

Sometimes the complication appears intended to confuse providers in hopes that they'll just give up and buy software with a fancy name. Some vendors hope that you'll conclude the more you pay for something, the better it is. This is the brand-name sneakers gambit. Others are betting that you'll buy whatever is cheapest in the misguided belief that all EMR systems are all essentially the same.

You need always to remember the aphorism that there is no such thing as a free lunch. Some of you will be tempted by "free" EMR offered by an insurance company or hospital. If you don't ask all the right questions, this can be a disaster waiting to happen. Who pays for the hardware? Who pays for training your people? Who pays to have the software tailored to fit your specialty needs? And who pays for ongoing support? The one-size fits all can be a snare and a delusion.

All designers of computer software will tell you that their system is easy to use and understand. Some are. Some aren't. Generally speaking, the more functions and abilities

software offers, the harder it is to explain. That doesn't make it harder to use. Some very sophisticated systems are easy to use once you get the hang of it.

You should always remember that in the end, quality EMR software can do just about everything that any physician's office or clinic could possibly want, and they are far superior to maintaining records on paper.

This guide will address concerns and questions frequently asked by people thinking of making the crucial step from paper records and files to EMR.

It goes without saying that you want EMR that best works for you at a price you can afford.

Questions you need ask?

What do I get for my money? How do I choose a vendor? How do I plan the transition from paper? How are issues of security and privacy addressed? How does EMR handle charts and SOAP notes? What technical issues do I need to consider?

In the end, what system you select depends on your specialty, how many physicians are working with you, how many locations you have, your relationships with labs and pharmacies, the nature and number of your patients, your budget, staff and resources and much more.

All of us can be overwhelmed by what we think is complex and technical. If properly understood, the issues are not all that complicated and have solutions.

Nevertheless you need to look at the people in your office. How educated are they? Are they older? Are they generally familiar with using computers? Are they adaptable? This will affect the length of training and "handholding" by software technicians once the EMR system is in place and running.

Are all the physicians in your practice on board? Are you ready to see fewer patients initially? You will need to plan for a temporary reduction in cash flow.

Learning to use EMR doesn't happen as if by magic. Will it take two weeks? Two months? In fact, it will take anywhere from one week to several weeks to go live with EMR, depending on how well you have prepared yourself from day one and how ready you were when you went live. If you're seeing 100 patients a day, this might drop to 60 or 75 temporarily. Have you accounted for the reduced cash flow?

Many physicians hear horror stories from their peers. Or they will be asking you why it's taking you so long to get your system into place while their EMR was a snap to put in place. These stories have to be put in context. Was the software configured for your specialty? Did the vendor provide good help? Was the transition easy?

A good EMR vendor will have anticipated your concerns. If what a vendor has to offer is not clear from the beginning, try the next one. There are plenty of good companies out there.

We will walk you step-by-step through the logic of storing your charts and records electronically.

What EMR should do for you

Electronic Medical Records is computer software that allows you to access your charts and records locally or remotely. In the better systems, more and more becoming the norm, your clinical records, patient charts, and your office management and financial data are integrated into one system.

To say that you run your EMR system locally means that you store and manage your patient data in a system of linked computers in your office or clinic using a local server.

If you maintain your EMR charts and files remotely, you store and manage your data on computers owned and maintained by the vendor. You use the internet to access your data.

There are advantages and disadvantages to either option.

One of the biggest advantages of EMR is that you are no longer the prisoner of paper charts stored in your office or clinic. You can access your clinical data from anywhere, anytime, using hand-held or remote computer devices.

Integrating EMR with practice management software

You can keep your practice management software if you buy an EMR that will interface with your system. That will save you money because you won't have to buy new practice management software; it will also reduce the amount of training needed to learn a new system.

However, typically the better solution is to purchase a system that integrates practice management and medical and clinical data. There are several reasons for this:

- If you enter information into the practice management database, it is immediately available to EMR and the other way around.
- You get a seamless exchange of information on files, forms, and charts with a shared database.

- An integrated system allows the vendor to give you a single source for technical support.
- You don't have to build and maintain an interface between software. Programming an interface between existing practice management software and a separate EMR system can be complicated, and it's hard to avoid glitches. If you're working with two separate companies, you have to rely on two different levels of technical support, different contracts and personalities.
- On the question of practice management and EMR software, it is usually best to choose an integrated system in which all elements are programmed to work together.
- Make sure the vendor's Practice Management system is not as new as their EMR. Most good companies evolve from many years of providing Practice Management software and then a few years on EMR, as EMR is a relatively new concept. While EMR is great, Practice Management is the heart of the practice. Without cash flow there is no practice.

Make sure you can use your software at the point of care

You should be able to make SOAP notes in your office at the point of encounter. A lab technician or surgeon should have immediate, easy access to critical patient data in the lab or at the operating table. When they need data, they get it now, easily—no complicated drill. Anything less and you don't have a fully functional EMR system.

About differences in medical specialties, charts and SOAP notes

Many physicians worry about the differences in medical specialties. They don't want to be limited by software in which one size fits all. It's intuitively obvious that there are huge differences in the requirements between, say, an ophthalmologist and a cardiologist.

The differences among medical specialties shouldn't be a problem if the EMR software is designed so that a physician can tailor it to his or her specialty. Good EMR systems are flexible. The designers of good systems include easy-to-use ways for you change the content of your charts and SOAP notes to fit the needs of your specialty and the needs of your practice.

The politics of EMR

The public is restless with the cost of medical care and there is push for change. EMR sounds like a quick, nonpartisan fix to voters; that's why it's politically popular. Sen. Hillary Clinton, a Democrat, and Sen. Bill Frist, a conservative Republican and a physician, had the issue researched and came up with a figure of \$77 billion in savings. Thus, they jointly pushed for a switch to EMR nationally.

It's logical to assume that if EMR saves money for the national system of delivering medical care—even if the quoted \$77 billion figure is inflated—then there still ought to be savings for individual offices and clinics. The efficiencies of switching from paper charts and records to EMR systems don't have anything to do with Republicans versus Democrats. EMR is about being practical and logical, making more money and having more freedom to enjoy your personal life.

While that talk of EMR efficiency sounds good, the devil, as the cliché has it, is in the details.

When EMR becomes a political issue

Based on what's happened in the past, we can anticipate more federal rules and regulations governing EMR.

Look at it this way: if both parties are pushing for the use of EMR nationally, it's smart for individual physicians to get ahead of the curve and educate themselves.