Disclosures

- I now use the following system in my office Meditab’s IMS
  - EMR+PM, integrated faxing, eRx, email, portal, lab
  - Midmark spirometer

- I have used
  - GE’s Centricity Medical Office (EMR + PM)
  - PatientLink (patient data entry)
  - NEC Tablets (patient data entry)
  - Kryptiq (secure email, patient portal)
  - Ignis (laboratory interface)
  - Midmark spirometer
Learning Objectives

• At the conclusion of this presentation you should be able to:
  – describe the options for EHR in an allergy practice including fully integrated software, interfaced software and application service provider model.
  – list five questions that should be asked during a site visit of an EHR installation.

Educational Objectives

• Demonstrate that an office EMR is part of a workflow solution, not just documentation
• Explain how to plan for evaluating EMR systems and selecting a vendor
• Illustrate how staged implementation of EMR increases the likelihood of success
You can’t be wrong for long!

• The road to success is always under construction.

• Children learn quickly from video games that standing still will get you killed.

Goals of Implementing an EMR
What Do You Want to Accomplish?

• Better documentation of office visits, IT, phone messages, refills
• Doctors see more patients, faster patient throughput, point of care decision support
• Coding support
• Decrease staff costs, eliminate of dictation
• Facilitate research
• Federal Incentives

Rank Order What Is Important!
Identify The Players

- Knowing the champions and anchors is absolutely critical
  - Without the champion, no one will take ownership of the project.
  - If the anchor is the managing partner or the senior partner, office manager or clinical supervisor, every day will be a challenge until they adapt to the system or leave.
- Depends on the number of doctors and number of staff
- Doctors
- Front office
- Back office

Initial Productivity

- Physician productivity will fall 20-33% for at least one month, probably longer. Everyone must understand this.
- If the group is large, a few physician anchors can be accommodated with special arrangements.
  - Scribes
  - Dictation
The Prefect EMR

- Do not expect this
  - Everyone’s definition will be different
  - No system will meet 100% of anyone’s goals
- Recognize the difference between being productive and being 100% electronic
- Don’t sacrifice the good on the alter of the perfect!

Assessing EMR’s

- Visit Joint Taskforce AAAAI/ACAAI website
  - What should an EMR do?
  - What should an EMR do for an allergist
  - Where to go for web based EMR evaluation tools
- www.americanehr.com EHR Readiness Test
- Speak to your friends
  - Understand the differences between primary care and specialty practice
  - Understand the differences between allergy and other specialties
Allergy Testing, Extract Ordering, Shot Administration

- Complex, programming challenge
- Starting point for all allergists
- Options
  - Included within the primary EMR program
    - The ideal, but only if the shot program works for you
    - Integrates all the medical history and all the billing and reporting
  - Free standing program
    - Less elegant but may be the best solution for you
    - Allows you to get the allergy module that you like best and the EMR you like best
    - Interfaced – theoretically as good as “included” if the interface works
    - Isolated – inelegant but it isn’t that hard to make it work for you

Limitations of a Site Visit

- Nothing beats an allergist talking to other allergists about an EMR but you need to know what to ask.
  - Don’t go alone; front office and back office staff should talk to their counterparts.
  - Understand if they used any customized content in their system.
- Do not rely on the sales rep to find reference sites. Try to find some on your own.
- Invest the time/money to do this – it will be worth it.
Questions to Ask – 1

- Questions should be asked of peers
  - Doctor to doctor
  - Front office staff to front office staff
  - Back office staff to back office staff
- Doing your job
  - Does the system, as is, do your job?
  - Did you need to find workarounds to do your job?
  - What do you like best about the system?
  - What drives you crazy?
  - What do you think it should do that it doesn’t

Questions to Ask – 2

- Is there a user group?
- Is there written documentation? i.e., Can you look up how to do something?
- Are there written or computer-based tutorials?
- What does the output of notes and letters look like?
- How easy is it to fax or email a letter?
- What is the value of the standard financial reports?
- How difficult is it to create your own productivity and financial reports?
- Is the system user customizable?
- Does the vendor provide form writing (customization) classes and written documentation?
- What was the quality of the training/implementation services you received from your vendor?
- How long before the office returned to “normal”?
- Are you doing anything today better than before you implemented your EMR?
Characterize Current Patient Flow

- Include pre-visit tasks – scheduling, insurance and demographics
- Track where the patient goes in the office
- How many stops are there between sign in and check out?
- Where do your records travel?
- Who does what to the patient?
- History, VS, PE, med and allergy check, instructions and prescriptions
- Benchmark to compare efficiency before and after

Sample Workflow

Sign in – Demographics/Insurance/HIPAA
  - F/U Questionnaire
  - Hand Keyed Data Entry
  - Check in - VS
  - Exam Room
  - MD visit
  - Allergy Testing Other Procedures
  - PFT’s
  - Rx/Instructions
  - Longhand, Type, Dictation, Scribe
  - Check out
  - Appt desk

What is the chart doing during this process?
Reengineering Workflow

- Examine each step and the people involved in the context of your goals for EMR
- Consider currently available and customizable electronic solutions
- Rank the importance of each solution
- Examine EMR’s to see how they match what you want

“All or Nothing” Is a Losing Proposition

- Meeting one or two goals is better than none
- Accept the incremental benefits
- Waiting for the “next upgrade” or the “next release” delays all benefit realizations
- Transferring 30% of incoming phone calls to web communications is better than 0%

Adapted from Rosemarie Nelson, 2005 AAAAI Practice Management Symposium
Interfaces and Integrations

- Make sure the interfaces and integrations you need are available.
  - Separate claims from reality, talk to a user.
- Check with your labs and hospitals. Some are even willing to help pay for the development and implementation of the interface.
  - This is a constantly changing situation and is likely to get better for the doctor as pressure to use EMR increases. It may be worth delaying your purchase to see where the chips fall.

Develop a Project Plan

- Outline the scope of work and a timeline for implementation
- The more input you get the better will be the buy-in by key players
- Be flexible, revise often
- Find and hire Herb
Herb

• Herb is the computer department of our accounting firm – he manages the networks of several small banks
• Supplies and manages the network and all the hardware
• Installs software and upgrades, troubleshoots – rapid response
• Invaluable resource – part of the family, holiday recognition

Understand That You Want the EMR To Be For Life (but it may not be)

• It will be very difficult to switch EMR systems a few years from now. 40% of EMRs are currently being replaced with new systems
• Data conversion is costly. Practices do not want to keep legacy systems around for a long time. With an EMR legacy system, they just might have to.
• EMR implementations can be long. Anyone that has been through one will tell you they do not want to do it again.
Understand the Vendor

• There will be a lot of consolidation in this market, most vendors will not survive. Beware of vaporware!
  • Are they a takeover target or likely to buy other companies to gain market share.
  • Ask them to share financials
  • Run a D & B report
• Experience – the number of EMR implementations/users
• Number of employees – sales, service, R&D
• Business Partners
• Look for spirit of partnership – this is a partnership.

Examine the Contract

• Determine what out clauses you/your practice will have.
• What level of service is required.
• What is required of the practice.
• What level of response is guaranteed.
Don’t Buy the Sizzle

- Flashy features are cool. Look at systems will increase your effectiveness on things you do a lot. This will give you the most bang for your buck.
- Look at the nuts and bolts of a system. An EMR that shows you videos of how germs spread when you cough is very cool but won’t make your practice any more productive. One that refills prescriptions quickly will.

Beware of Non-Customizable Systems

- Have you ever met 2 providers that want the same thing.
- You will want to change drop down lists, button names, etc.
- Can it be customized per physician, per provider, per location? How hard is it? How expensive will it be?
Identify Future Needs

- Make sure your system has a full suite of functionalities available even if you don't need them now
- Example - You may not need to have “integrated faxing” now but in the future you may want to adopt this.
- Beware the promise of “we're working on it” or “well have it next year”

Join Your Vendor’s User Group

- Others have gone before you – leverage their experience
- Join at the earliest possible moment – groups are very tolerant of “newbies”
- Benefits include
  - Learning what to ask your vendor
  - Problem solving outside the box
  - Knowing when to give up
Training

- You need a CIO – even if you're solo (In which case it will probably be you!) – a contact person
- Don’t purchase too little training no matter how smart you and your staff are
- Plan post-implementation training
- Train trainers

Plan for Support

- Hardware
  - Workstations, network, internet and interfaced equipment will need to be installed and supported. Using one vendor has big advantages.
- Software
  - These systems are complex.
  - Interfaced systems may need modifications when updates are installed.
Buy or Rent?

- Local installation
  - You own the hardware and the software
  - You maintain the hardware and the software
    - Local data storage
    - Cloud data storage

- Application Service Provider (ASP)
  - You rent the program on a monthly or annual basis
  - Usually accessed via the internet
  - The program and the data are not local
  - Significantly reduces upfront costs

Hardware – Network

- Do not under purchase, it will cost more in long run. Be sure it is expandable.
- Hardwired vs wireless network
- Internet connectivity
  - You will need it
  - VPN
  - DSL will be too slow, consider a T1 or T3 line
- Redundancy
- Backup system – confirm restore
Input Devices

- Doctors, nurses, support staff
- Dictation (?eliminate)
- Patient data entry
  - Web based data entry
  - Mobile devices
  - Tablet/kiosks
  - Scan cards
  - Email

Interfaces

- Practice Manager
- Scanner
- Fax solution
- Spirometer
- Dynamap (vital signs)
- Lab(s)
- Beware of multiple vendors and “He said, She said”
Do Not Implement Too Quickly

- Implement stepwise over a long period of time – a little goes a long way.
  - Your vendor may want to push you to get the final payment quickly, don’t do it.
- Start with isolated tasks
  - Prescription refills
  - Phone notes
- Don’t bite off more than you can chew.

Staged Implementation

- Isolate functions
  - Phone notes
  - Prescription refills
  - PFT’s, lab results
  - Visit documentation – new patient and follow up
- Pay attention to your goals – solve immediate problems first
  - Respect your vendor’s advice but you judge what is important to you
- Eliminating paper should be your lowest priority
**Leaving Paper Behind**

- You need a plan for your old records
- My recommendation:
  - Abstract the history, summarize and enter it into the EMR
  - Enter key lab, x-ray or other results
  - Scan the remainder of the chart in sections – office visits, phone records, allergy testing, IT, lab

**Document Management**

- All letters and reports are scanned before going to the doctor
  - Scanned documents are indexed and linked to the patient's record in the EMR by the scan clerk
  - The scanned document, in the EMR, is put on the doctor's desktop for review and signing
- Medical records from other sources should be culled and summarized before scanning
Go Live – The Transition

• Plan to have both paper and EMR for 1-3 months
• Preload diagnoses, medications, and allergies the week before the patient visit
• Do not print the EMR record and add it to the paper chart
• Treat the EMR as your primary record and the old chart as a supplement that will phase out

Reengineer the Workflow with EMR

Patient enters demographics, insurance, HIPAA

F/U Questionnaire

Check in - VS  PFT’s

Exam Room

MD visit

Check out

Allergy Testing

Other Procedures

Appt desk

NO:
• Chart Pulls
• Missing info
• Dictation
• Rx writing
• Data Reentry
Patient Enters Enters the Data!
(Kiosk, Scancard, Internet, iPad)

Enables the patients to answer questions before entering the exam room and have the answers imported directly into the EMR

**EMR Can...**

- Drive you to distraction
  - Decrease productivity
  - Increase overhead
  - Alienate colleagues and staff
- Improve your practice
  - Enhance patient care and patient safety
  - Increase revenue
  - Decrease overhead

*What happens is up to you!*
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