



Electronic Medical Records – Are You Ready?

If you are among the one-third of Texas physicians who are current users of an electronic medical record (EMR), you might have made a mistake or two in the process of evaluating, selecting, implementing and maintaining an EMR. You may be among the majority who have not yet decided to go electronic and can benefit from the experiences of others when you do. There are a multitude of things to consider, including what your practice wants to accomplish and what you want to change. What benefits do you expect? Expectations may include: reduced paper cost, better charge capture, zero transcription costs, no lost charts, reduced errors due to illegible handwriting, enhanced medication management, and improved workflow efficiency.

The risks of an EMR may seem to loom large, but only when considering the undesired results of poor planning of its implementation and maintenance. Beyond obvious cash outlay, other risks include incompatibility with other systems and awkward implementation, the magnitude of which may last longer than anticipated resulting in delaying or even shutting down a clinic, which could alienate and/or result in permanently losing patients. Not every eventuality can be anticipated and prevented. However, a strategy can be put into place to minimize unpleasant surprises.

Consider the following major areas of your practice and what you want an EMR to handle:

1. Patient registration
2. Scheduling
3. Charges
4. Billing codes
5. Access and security
6. Documentation of clinical encounter
7. Patient profile/summary
8. Letters and transcription
9. Orders and results
10. Medication
11. Consults: incoming and outgoing
12. Signatures
13. Patient follow-up
14. Patient registries and database reports
15. Records retention
16. Equipment, programming and computer systems

In each practice area, multiple capabilities and attributes are essential to maximizing the true potential of an EMR platform. Some are critical while others are desirable. The details within these functions are about what a system can or cannot do. Even a robust EMR that alerts, displays, automatically notifies, tracks and updates, supports and documents, and performs computer backups, requires extensive planning and preparation before and after going live. To reap the maximum benefits, a practice must devote extensive time to training and template development. For example, when will scanning be initiated? Planning must include setting a deadline for leaving paper behind. How does the system handle the patient encounter? Will the provider stare at and fumble with a tablet during critical face to face time with the patient? Which staff members will contribute what to the system record from scheduling, registration and initial intake to check out, billing and patient follow up? These are workflow (process) questions that need to be addressed before going live.

Getting Help

If you are working with a value-added reseller (VAR), confirm they are certified and have earned the title. Certification from the vendor is a must. Other certifications and organizations related to EMRs include:

- The Certification Commission for Healthcare Information Technology (CCHIT) is a recognized certification body for electronic health records and their networks, and an independent, voluntary, private-sector initiative. www.cchit.org
- KLAS independently monitors vendor performance through the active participation of thousands of healthcare organizations. KLAS uses a stringent methodology to ensure all data and ratings are accurate, honest and impartial. www.klasresearch.com
- Medical Records Institute's (MRI) mission is to promote and enhance the journey towards electronic medical records, e-health, mobile health, and related applications of information technologies (IT). www.medrecinst.com
- The American Medical Association (AMA) lists several governmental and private organizations involved as key players and initiatives involved in the advance of health information technology, including electronic medical records.
<http://www.ama-assn.org/ama/pub/category/16687.html>

Managing Risk

As mentioned in previous articles, the primary risk is to the patient. Medical risk management is about building systems and behaviors that protect the patient. In doing so (and documenting it), the provider is also protected from the liability risk he or she assumes in taking care of patients. Good EMRs support lab tracking and patient follow-up systems and alert providers of contraindications and overdue preventive care. Superior EMRs manage:

- Appointment tracking and no-show management;
- Referral and consult tracking;
- Identification of patients taking a recalled drug; and
- Print out of patient education handouts

The expectations and benefits of EMRs are great; know that each encounter should be complete and contemporaneous. If the patient complaint from an earlier visit is carried forward into a new encounter, credibility of the documentation is greatly diminished. The moral is that the devil is in the details, and there are no shortcuts in the work of protecting patients. Advocate, MD's Risk Management department has experience reviewing EMRs in the field and can conduct an independent review of EMR documentation, providing feedback and recommendations for reducing risk.