EMR and EHRs

This Is Not Your Father’s Oldsmobile.

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You Don’t Have An EMR?

• Why?
  – I’m a small practice
  – Cost is too great
  – Too disruptive to implement
  – Don’t see the benefit
  – I don’t qualify for the government incentives
  – Too complicated to maintain
  – I’m close to retirement
Improvements Since Early Days.

• Content expanded and is much more specialty specific.
• Workflow has improved for all specialties although not perfect by any means.
• Multiple ways to enter data.
  – Point and click, and carry forward
  – Voice recognition
  – Scribes

Improvements, Continued.

  – Alerts
  – Reporting
  – Automatic generation of forms
  – Web based EMR
    • Someone else is responsible for 24/7 uptime and all the maintenance and upgrades.
  – EMR hosting
    • A computer expert maintains and upgrades the EMR in a timely manner and delivers it on the net.
The EMR As A Piece Of Medical Equipment.

• Think of it as a necessary part of outfitting an office like a stethoscope, a thermometer, a scale, etc.
• The new generation of physicians expect the practice to be electronic. They trained that way.
• So, the current generation of clinicians need to play catch-up.

What Can You Do With An EMR That Was Hard On Paper?

• Prescriptions: electronic submission with a click and renewals with a click.
• The complete record is available to review.
• Immunization and medication tracking.
• Automatic generation of forms, letters, visit summaries, etc.
• Multiple people can access the record at the same time. (Clinical and business)
Billing and Business.

- Billing and business functions are integrated or interfaced.
- Ancillary services are integrated or interfaced.
- Access the record from anywhere you are with a laptop and internet access.
- Ease of managing multiple payers

The Promise of the Future.

- Interoperable EMRs.
- Exchange medical data from wherever the patient might be from whatever software in which it exists.
- Participate in data aggregation for better understanding of medical trends and treatments and better understanding of disease.
Way To Go.

- Web based EMR and Practice Management.
- SAAS, software as a service.
  - Pay a monthly fee for service and the company takes care of the rest.
Check out the company’s longevity, financial stability, customer service, ability to customize to meet you work flow.

Current Trends (Challenges).

- Connecting to the HIE (Health Information Exchange). Required for licensure in MA by 2017.
- Switching EMRs. What if your original choice doesn’t work out?
  - It’s not so hard.
  - Every word doesn’t have to transfer over.
  - Essential data (Meds, allergies, problems, immunizations, last set of vital signs) transfer.
**Recommendations.**

- Get an EMR if you don’t have one.
- Dedicate time to become a superuser. It will be really worth it just like taking the time to learn heart murmurs.
- Go the SAAS route. It’s the least expensive entry route. Write it into the contract that they will connect you to the HIE.

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**More Recommendations.**

- Go to the Users Group Meetings. Every vendor has one. You will learn a lot and have opportunities to impact future developments of the software.
- Mobile APPS are being developed that will bring more of the EMR with you and bring patient data to you from the patient’s home to your phone/tablet, and into your EMR.
Unanswered Questions.

- The patient “owns” the record. The physician is just the custodian.
- Where does the electronic record go when a physician retires and closes the practice.
- Maintaining the electronic record viable for 10 years is a daunting task and one not likely to be taken on by others.
- Need to keep software current to read it.