

1 Orthopedic Coding Videoconference

Implementing EMR Into Your Practice

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2 Session Topics

- Why the fuss?
- Common features of practices that have successfully implemented EMRs
- Information security issues
- Choosing an EMR system for your practice
- Pitfalls: Lessons Learned the Hard Way...

3 The Hype and You

- Institute for Medicine report, 2001, Crossing the Quality Chasm
- Polls range from 24 to 32% - physicians already in the implementation stage
- Policy pressure – State of the Union

4 Why EMR? IOM's *Quality Chasm*

- The frustration levels of both patients and clinicians have probably never been higher.
- As medical science has advanced at a rapid pace, the health care **system** frequently falls short in translating knowledge into practice, and in applying new technology safely and appropriately.
- A **highly fragmented delivery system** that largely lacks even rudimentary clinical information capabilities resulting in unnecessary duplication of services and long waiting times and delays
- **Physicians operate as silos**, often treating without complete information about the patient's condition, medical history, services provided in other settings, or medications prescribed by other clinicians.

5 Why Banking, Airlines, Retail, but Not Healthcare?

The challenges of applying information technology to health care should not be underestimated. Health care is undoubtedly one of the most, if not the most, complex sector of the economy. The number of different types of transactions (i.e., patient needs, interactions, and services) is very large. Sizable capital investments and multiyear commitments to building systems will be required. Widespread adoption of many information technology applications will require behavioral adaptations on the part of large numbers of patients, clinicians, and organizations. – Quality Chasm

6 Why the fuss? Problems

7 Medical Errors

- Majority of errors do not result from individual recklessness, but from flaws in health system organization (or lack of organization)
- Failures of information management are common:
 - illegible writing in medical records
 - lack of integration of clinical information systems
 - inaccessibility of records

8 Do electronic medical records make a difference in health outcomes?

- Unequivocally YES
- EMRs:
 - Shorten inpatient Length of Stay

- Decrease adverse drug interactions
- Improve the consistency and content of medical records
- Reduce practice variations
- Reduce medical malpractice exposures

9 **Choosing an EMR for your practice**

- Step 1: Appoint an EMR physician leader. “If change is not embraced from the practice leader, the probability of success is very low.”
- Step 2: Establish an EMR project manager.
- Step 3: Determine your timeline.
- Step 4: Establish your “must have” features list.
- Step 5: Request proposals
- Step 6: Narrow to 3 or 4 and schedule onsite demonstrations
- Step 7: Negotiate contract

10 **Step 1: Physician Leader**

- Shared conviction, starting at the top of the organization
- Sustained leadership: at least 1 physician

11 **Step 2: Project Manager**

- Successful implementations had a project manager who had dedicated time to spend on the implementation project.
- All followed a change management plan
- All had to re-engineer some processes

12 **Step 3: Timeline**

- All used an incremental implementation
- Each increment focused on overcoming specific hurdles, rather than vague goals such as “creating a paperless office.”

13 **Step 4: What Do You Want Drives “Must Have Features”**

What do you want in an EMR?

- Stop chart misfiling
- Improve Rx process
- Improve E/M documentation
- See more patients
- Go home earlier

14 **Step 4: “Must-Have” in General**

- Speed
- Availability - when and where needed
- Reliability
 - Local server v. ASP model
- Ease of use

- Variety of Input Methods
 - Templates: one click – pull downs
 - Voice recognition
 - “Ink” for drawings
 - Imaging scanning and importation

15 **Must Haves Cont.**

- Flexibility to adapt to organizational change

Poorly designed systems will be quickly abandoned by time-pressured users.

16 **What EMR Should Do for You:**

- Reduce Administrative Burdens
 - Eliminate lab-related and test result-related chart pulls
 - Reduce denied claims
- Gather and Help Analyze Data
 - Health plans bonusing physicians who implement care management systems

17 **-continued-**

- Improve Rx Process
 - Paper process 10 steps
 - EMR process 3 steps all trackable
- Reduce or Eliminate Transcription Costs
 - In house human resources costs
 - Outsourced transcription costs

18 **-continued-**

- Improve Documentation
 - More thorough
 - Standard protocols
- Improve Workflow
 - Charts can be reviewed simultaneously and moved with a mouse click

19 **-continued-**

- Provide Clinical Decision Support
 - Electronic flow sheets for chronic disease management

20 **-continued-**

- Lower staff turnover
 - Case Study PWHC: speed of EMR allows them to fully utilize ambitious nursing staff that now have newly-captured time to personally manage mammography and laboratory services and their associated direct patient communications. This benefit has been mutually beneficial for patients and nurses alike.

21 **-continued-**

- Remote Access to Records
- Mitigate malpractice risk
 - Imported lab and test results and tracking

- 22 **Steps 5 and 6: Evaluating Vendors / Products**
- Caveat Emptor
 - Beware of the “feature in the next release” if it is one you need now
 - Beware that EMR’s enabling only free text or only templated structure cause physician tension.
 - Voice recognition alone routinely fails (to date) in except for minimal tasks
 - Evaluate vendor’s support of successful implementation
- 23 **Avoid**
- The copycat decision
 - What works for one may not work for you
 - The hospital mandate
 - Don’t take the leverage out of the buying process
 - Making a decision without your practice partner(s)
 - Surprising your staff
 - Beware the “Total Solution”, “Turnkey” system.
- 24 **Avoid**
- “We Can Do That...What is it?”
 - Be the tenth (or later) customer, not the first.
 - The most important information the vendor gives you is the addresses of two or more sites to go visit where the system is already installed.
- 25 **Questions to Ask References**
- How effective was training?
 - How is support?
 - Timely?
 - How many providers in the practice actually use the software?
 - How difficult was the customization?
- 26 **Demo Questions to Ask Vendors**
- Are the features demonstrated actually available now for install?
 - What percentage of licenses sold are now live (without continued vendor interaction)?
 - How many hours of training are included?
 - How many templates in your specialty are included?
- 27 **-continued-**
- Which modules are purchased “in addition to”?
 - How often do you upgrade the system? Free?
 - Which ancillaries are integrated?
- 28 **Negotiation**
- Hardware / Network Assessment Costs?
 - Avoid “Oh, by the ways.”

29 **Evaluating Security Elements**

- Authentication - a person or system is who they purport to be
- Access Control - only authorized persons, for authorized uses
- Confidentiality - no unauthorized information disclosure
- Integrity - content not alterable except under authorized circumstances
- Proof - actions taken are reliably traceable

30 **Evaluating Security Elements Cont.**

- Role-based ('need to know basis') access controls with at least password-based security
- Timeouts
- Back-up recovery
- Audit trails of record accesses (will be required by HIPAA)