

Getting Ready for an EMR

Physician practices should consider several key factors before selecting an electronic medical record system.

By Charles C. Koo, Ph.D.

Each year, electronic medical record (EMR) systems are deployed in many physician practices throughout the world, with clear clinical and financial objectives. However, some of these systems are later deinstalled by practices that have found them to be too costly in terms of lost time, productivity and revenue.

The question is, how does the practice become one of the success stories instead of one of the casualties? Just as crucial, how does the practice ensure that its EMR system is an asset instead of a write-off?

The answer doesn't necessarily lie in choosing the right EMR system, although that is important. Instead, it lies in making sure the practice has the kind of culture that is compatible with an EMR initiative—and in laying the groundwork for a successful implementation long before the EMR system is up and running.

Assess Change Readiness

Although the shift to an EMR system may be mandated, its primary success or failure will depend upon the readiness of the practice's employees to embrace change, because as process changes go, this will be the biggest they have ever encountered.

This means carefully considering the timing of a shift to an EMR system. If, for example, the practice is planning to relocate soon, trying to couple that with an EMR installation may be too ambitious. In other cases, it means selecting an EMR committee with change management in mind. By being willing to ask some hard, yet essential, questions about committee members' perceptions of an EMR, the practice will be able to identify key objections early on and assess just how much of a hurdle they will be.

Another good litmus test is to evaluate how the practice has handled change before. For example, how easily and effectively did it switch to a practice management system? The more adaptable that people have proven to be in the past, the less likely it is that EMR adoption will prove to be a problem.

Should these assessments raise too many red flags, the practice's best decision may be to delay or modify its EMR initiative until some of the key hurdles have been dealt with. This could save the practice from making a costly false start.

Map Out the Workflow

It's also important for the practice to conduct a thorough assessment of its current workflow. Not only does this provide the practice with an excellent baseline for assessing its EMR needs, but it also will help to identify and work on any potential bottlenecks that could impede the EMR's progress once it is



Charles C. Koo, Ph.D., is president and founder of iMedica Corp., Mountain View, Calif. Contact him at ckoo@imedica.com.

installed. Just as important, the practice can begin to establish some reasonable expectations for the EMR system.

Set Realistic Expectations

Although it would be nice to believe the practice can get 100 percent EMR adoption from its staff, this doesn't always happen. Instead, the practice has to know what percentage of adoption is acceptable from its profit/loss standpoint.

In addition, the practice needs to determine how long it is going to give adoption to reach that point. It also must establish some measurable milestones that will enable it to conduct pulse checks along the way. Only then can it reasonably assess the success or failure of the EMR system over time.

Get Physicians Involved

The key people who must understand and use the EMR system are physicians. To minimize their possible resistance, the practice must first understand what has sabotaged physicians' adoption of EMRs in the past, and then do what it can to minimize these issues in its own EMR selection and implementation.

To start, it's important to show physicians that the EMRs of today are dramatically different from EMRs even as recently as 18 months ago. EMR devices have become more portable. Their touchscreens have become easier to use. The hardware is faster. And some EMRs have become so mobile that they don't require the use of a server anymore; a clinical knowledge base is right there at physicians' fingertips whenever they need to access it. As a result, some physicians' objections no longer apply.

To many physicians, the most negative factor about previous EMRs was documentation speed. In the early days of EMRs, nearly all of them took doctors as much as an extra 40 to 60 minutes per day to enter patient information and access the records they needed—an added time commitment that resulted in less time to see patients and potential lost revenue of thousands or even millions of dollars per year. However, leading systems today have solved this problem.

It's also important to give physicians as much involvement in the EMR system selection as possible. Simulating typical patient scenarios will give them a better idea of how each system performs. Only by airing all of their concerns and issues will they be confident that an EMR system is a good match for their needs.

Avoid Training Shortcuts

One of the ironic things about EMR implementation is that practices are often willing to spend a substantial amount of money on hardware, software and customization, but they are hesitant to commit enough time or resources to train their people to fully use them. If the practice wants to realize an EMR's full potential, it should not cut corners on training, nor try to make training a one-size-fits-all approach.

Although physicians are the pivotal professionals who must use and understand the EMR system, it's best to first train the practice's other employees, particularly the nurses who work most closely with the physicians. This way, the nurses are familiar with the system and can assist the physicians as they get up to speed later.

The practice must gear at least some of its training to the learning styles of its average and later adopters, who require different training methodologies. This is particularly true for physicians, because they are preoccupied with an enormous amount of decision-making each day. Letting them get onboard a little at a time and giving them a chance to experiment with the system before learning about the next function typically results in greater use and acceptance.

Show Early Wins

Due to the various costs involved, it will probably be about a year before the practice sees a true return

on its EMR investment. However this doesn't mean that an EMR system can't begin to cut costs and improve processes before that. In fact, it's probably essential that the practice has something to show for its efforts fairly early in the process. This way, staff can see that the system is living up to its promise and that their efforts to learn and use it are paying off.

The best area for these early wins varies from practice to practice. High medical transcription costs may be a good place to start, because a good EMR system can cut transcription costs by as much as 90 percent. Some practices find that medical record-keeping offers them the biggest savings, because the typical price of a chart pull is \$4 to \$8. Others recommend starting with prescription refills, because there are some nurses who spend as much as 40 percent of their time handling this.

Keep an Eye on the Prize

When chosen, customized and implemented properly, an EMR system can make an incredibly positive difference in the bottom line. Its potential benefits include streamlined workflow, elimination of costly chart pulls and transcription, regained revenue via correct coding, faster insurance reimbursement and more—and its potential return can wind up being three to four times what the practice paid to invest in it.

The practice needs to remember these benefits as it begins the work of getting an EMR system up and running. They will not happen overnight, but they're ready to be gleaned if the practice chooses the right system and has the tenacity to see it through.