

Having It Your Way

Three physicians who were early adopters and who remain vocal EMR advocates share their insights about the utilization, challenges and benefits of EMRs.

By Richard R. Rogoski

For the growing number of physicians moving from paper charts to electronic medical records (EMRs), their choice of a software product is driven largely by a desire to retain control over the way they practice medicine.

David Bauer, M.D., head of the residency program for family practice and the ambulatory clinics associated with Memorial Hermann Hospital Systems in Houston, says physicians are set in their ways. “They don’t want to be restricted by outside influences.” This was a major reason he chose the EMR now available from GE Medical Systems Information Technologies. Formerly known as Logician Ambulatory EMR prior to GE acquiring the assets of MedicaLogic in January 2002, the product has been renamed Centricity Physician Office—EMR.

“We wanted software that adapted to the physician and how he practices medicine, not the other way around,” says Bauer, stressing that the practice of medicine should not have to be altered to accommodate an EMR.



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“Some products force docs to document in a particular pattern or to think in a particular pattern, and this changes the way doctors would choose to practice. But this product is very flexible and does not impose structure on the physician.” He says this flexibility emanates from the software development—and the developer. “This product was developed by physicians, and they built this product based on medical practice, not

computer science.”

The fact that Charting Plus, an EMR from MediNotes Corp., also was developed by a physician was a selling point for Alan Tannenbaum, M.D., an internist and founder of Primary Care Associates in Cape Coral, Fla.

Tannenbaum says documentation should be easy. “Patients want us to spend more time with them, and doctors want to spend more time with patients. A lot of what we do is repetitive, so EMRs

allow doctors to become more efficient. An EMR provides information at the point of care, which is what the doctor needs for efficiency in the exam room.”

That kind of efficiency, proven in a real medical practice, was what led Martin Basaldua, M.D., a partner in Basaldua and Heller P.A. in Kingwood, Texas, to choose e-MDs’ topsChart EMR. When searching for an EMR, Basaldua visited the Austin facility of e-MDs. He was impressed that there was a real medical practice operating on the first floor while the company’s software development offices were on the second. Everything developed upstairs is first tested in the company’s own medical practice downstairs. “Products are physician-developed and physician-tested,” he says.

Basaldua says he was also impressed that David Winn, M.D., who founded e-MDs, knew when to stop authoring software himself and bring in bigger guns to develop richer products.

The Rationale Behind an EMR

While all three physicians chose EMRs that were physician-developed, they dedicated substantial effort to searching out the single solution to best fit their individual needs.

“We also looked at how medicine was evolving and how technology was advancing,” says Bauer. “Historically, the chart has been a repository of paper, yet it is filled with details about the patient and his care. The power of the chart is in the data it holds, but the real power is in being able to retrieve information back out. I don’t want to have to flip through 50 pages in a paper chart. We wanted not only to put data into the repository, but also to extract it back out.”

Bauer admits that the EMR handles much of the grunt work of maintaining a comprehensive record of the patient’s medical history and treatment. He says there are volumes of data in an inpatient chart, but the doctor might want only one piece. “For example, consider a diabetic patient. You can put the most relevant data right on the main screen—such as recent lab data—so the doctor can instantly intervene with the patient. That’s virtually impossible with a paper chart.”



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Basaldua and Heller P.A.
Kingwood, Texas

Tannenbaum had three objectives in mind when searching for an EMR. First, he wanted affordability. He didn’t want the least expensive or most expensive product, but a system that would be affordable for the current practice and for expanded future use. He also wanted a system that would be stable in a Windows environment, and the MediNotes product was written for a Windows server. “Finally,” he says, “we wanted decent support from the vendor. This means more than having one or two people available. It means that the vendor is staffed up enough to service all customers without forcing anyone to wait in line.”

For Basaldua, being able to customize an EMR while containing costs was a major consideration. “We had different practice styles we had to accommodate in implementation, but we knew that the

cost of maintaining paper charts would eat us alive. For many patients, half of their actual charts were stored off-site, so maintaining paper charts was not feasible.”

Early Adoption

To some extent, each physician’s search for an EMR began when that road was largely unpaved. Basaldua says he was a fan of movement to EMRs ever since he completed his residency in 1983. “Even then, I went out and bought \$6,000 worth of ‘green screen’ computing equipment. I put it on my desk and thought, ‘What do I do now to get what I want?’”

But he admits that in the 1980s, real EMR software wasn’t available. He went ahead with a practice management system but remained frustrated with the lack of an EMR. He settled on a version of FoxPro and set up a wireless local area network in his office as a way to build a quasi-EMR while he waited for technology to advance and the right product to be developed.

Basaldua’s involvement in helping Methodist Medical Group set up a provider network should have helped, but didn’t. “In the process, we tested about 10 products for EMRs. We continued to be frustrated that the software just didn’t flow the way it should when a doctor sees a patient. The doctor always had to change the way he made progress notes to make the software work well.” It wasn’t until he tried the e-MDs product that he felt the frustration subside.

Tannenbaum experienced similar frustration, albeit for a shorter time. When he started using an EMR about five years ago, there were few that offered solutions for a growing practice. His practice began with a first-generation, somewhat quirky EMR product that it soon outgrew. Tannenbaum calls it “a good intro to EMRs, but not too sophisticated.”



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Then his real quest began. “A few years ago, I took a year off and just flew nonstop around the country to see what other practices were using. It took me 14 months and cost me \$18,000 to visit physician sites to test their systems, to visit with vendors and resellers and to search out new resources via the Web.” Tannenbaum says he explored about 40 different systems, and during the time he was on the road, his practice returned to

handwritten notes and dictation until he could identify exactly the right system.

Bauer began his search eight or nine years ago and, after reviewing about a dozen products, he purchased MedicaLogic’s Logician in 1997 and began to roll it out to the first of three sites in March 1998.

Just as physicians gravitate toward software that is physician-developed and physician-tested, so, too, do they trust the experiences and concerns of their fellow physicians. All say that the practice of physicians visiting other physicians to investigate which systems they use and how they perform is common.

That's significant. While front-desk staff, accounting staff or even nurses may be compelled to adapt to a particular brand of automation implemented in a physician practice or a clinic, that's not true with physicians. Within the healthcare vertical, physicians represent a powerful bloc that can effectively cripple the future use of an application or program if it's not congruent with their style of medical practice.

Evaluating Features

The ability to customize was important to all three physicians, to varying degrees. Bauer says many products he looked at had limited options for input, but that Centricity offered multiple ways to get information into the EMR, including verbal dictation. The software comes with a rich set of forms, but end-users also have the ability to customize or create their own forms using the product's development tool, and Bauer says additional standardized forms are available to him from the vendor at no cost.

Customization capability was important to Basaldua, who uses e-MDs' topsChart EMR, but so was having a rich array of standard capabilities. "Out of the box, it gives you a host of templates, but you can customize and create new templates on the fly as you go along, and it doesn't affect the other doctors," he says.

Basaldua is able to get documentation into the EMR system in a manner he says flows naturally with a physician's work style. Citing the 20/80 rule—that 20 percent of activities physicians engage in are those that are performed 80 percent of the time—he credits the topsChart software as being "designed for the functions that a doctor performs most often. We don't have to tinker with it or customize it, because it pretty much meets our needs with the standard functionality built in."

Like Bauer, Tannenbaum likes having multiple input options. He says his EMR allows him to import photos taken with a digital camera that become a permanent part of the medical record. Often, for example, a physician may want to track the healing of a specific wound. Having pictures taken during various stages of the healing process allows him to do that graphically, in addition to having his written notes.

Tannenbaum also praises his system's modular design. "From a functionality standpoint, what was important was ease of use in the examining room and ease of use in setting up the program. The MediNotes program has flip switches—there is a module for podiatrists, cardiologists, internists, OB/GYNs, etc. The software allows us to have components for those specialty areas that we can flip on and off. As internists, we want availability of all the information, but we don't want it in our face all the time," he says.

EMR implementation is not without challenges, however, and Bauer says many of the challenges are people-based. With 60 physicians under him, his biggest challenge early on was combating the perception that it's all work and no benefits. "In the first six months, all the effort is in creating the chart," he says, explaining that not all users see value at an early stage. "The value becomes clear when a patient comes back and you don't have to thumb through all those pages in a paper chart. The challenge is getting people to hang in until they see the value played out."

Another challenge shared by the physicians is an old favorite: systems integration. Basaldua says integrating an EMR with a practice management system (PMS) is important, so important that “we dumped our old PMS and got e-MDs’ whole package: EMR, PMS and scheduler.”

None of the hospitals with which these practices are affiliated has an EMR. As a result, when a patient is going to be admitted, the practice still must deal with paper orders. Fortunately, each of the EMRs allows the physician to fax or print out these orders.

Return on Investment

All three physicians are seeing a return on investment (ROI). While Basaldua says initially he had to upgrade his hardware to accommodate the EMR, he says he is saving a lot of money by not having to create new charts. Although his investment is not 100 percent paid for yet, he knows he is heading in the right direction because he has seen an increase in collections over the past year.

Tannenbaum’s ROI was almost immediate. “We calculated that the software paid for itself in three months with efficiency gains: documentation, and lack of paper charts, lack of cost for chart pulls, and lack of dictation and dictation costs.” He was able to redeploy two full-time employees used in the maintenance of paper records to front-desk, patient-service jobs, and he says the practice saves \$2,000 a month in dictation costs since it doesn’t use dictation services.

Bauer says he also did an ROI analysis and found that his EMR “has more than paid for itself in terms of measurable savings for the practice. The accuracy and completeness of our notes also gives us a great deal more confidence that our charges are justified by our documentation, thus sparing us the huge fines from CMS that many medical institutions have suffered.”

Tannenbaum agrees, saying he saved about \$152,000 in reimbursements when his own practice was audited. Because his 120-patients-per-day practice includes a primary care clinic and an in-house lab, Tannenbaum says he does a lot of tests, and his coding levels triggered an audit. But after spending two days with Medicare officials who demanded to see all documentation on thousands of procedures entered into the EMR, Tannenbaum says, “We were 99.997 percent accurate.”

For more information about topsChart from e-MDs,
www.rsleads.com/305ht-201

For more information about Charting Plus from MediNotes, www.rsleads.com/305ht-202

For more information about Centricity Physician Office—EMR (formerly Logician),
www.rsleads.com/305ht-203

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