Physicians Practice
The Business Web Site for Physicians

Not Paperless Yet?
Strategies for Streamlining in the Short-Term

By Rosemarie Nelson
Unless you've missed out on countless conferences, articles, and vendor pitches, you're well aware that electronic health records (EHRs) are all the buzz. Even Uncle Sam has gotten into the act. President Bush created a new federal job — a National Coordinator for Health Information Technology — and has issued a 178-page strategic plan to get electronic health records for all Americans in 10 years (details at www.hhs.gov/onchit/framework/hitframework.pdf).

Similarly, the Institute of Medicine recommends physicians "utilize information technology to communicate, manage knowledge, mitigate error, and support decision-making."

Whether it's the EMR, the EHR, the EPR, or the next acronym-of-the-week, there is an ever-stronger focus on making health information easier to access when and where it's needed.

Nonetheless, most physician practices are still miles away from the ultra-efficient paperless office. Your practice is probably like most others; the paper chart reigns, and you spend your time searching for lost charts, wondering if patients are up-to-date on immunizations, or spending more time than you should gathering the data you need to respond to a simple phone call from a patient.

Luckily, there are some steps you can take to improve matters in the short term. Not every practice can go from paper to a full-fledged EMR overnight — even President Bush expects it to take 10 years.

Where to start

First, examine the steps in your office's workflow that support the patient encounter.

For example, chart out what exactly happens in your practice when a patient calls in for a prescription refill, Pap smear results, a copy of a child's immunization records, or has an acute need that requires the physician's attention. When in the process are people waiting for information? Once it's all charted out, look for places where technology can smooth the flow.
At least consider these intermediate steps. They'll help you get more of the data where you need it, saving costs and time while improving care.

Scan it

Physicians and other clinicians can continue to capture office visit information using paper templates and practice-designed forms and still experience many of the benefits of an EMR, if the practice adopts an electronic document management system.

Your staff can scan those pieces of paper into folders for each patient, along with test results and outside correspondence. Nurses and other staff members with access to the office network can then retrieve the electronic patient information within seconds to support phone calls and to identify components of care due to each patient.

You'll need scanning software — which usually costs less than $200 for a single license — and a high-quality, high-speed, paper-feeding scanner. A good scanner will cost you approximately $3,000 to $5,000.

From there, it's a matter of taking the time to do the scanning and making sure everything is saved where it belongs.

John Brunner, MD, of Endocrine and Diabetes Care Center in Toledo, Ohio, has begun the process of scanning existing patient records into electronic files. In his referral-based practice, he dictates his documentation of patient visits on the same day of the appointment using digital dictation. He then edits his own documents after the medical secretary completes the initial transcription. His software automatically can send a fax to the referring physicians (his database stores over 3,500 contacts).

This automated process has saved this practice of five physicians approximately $15,000 to $20,000 per year in printing and mailing to referring physicians. Another plus: The referring physicians get the patient visit documentation fast.

Susan Miller, RN, practice administrator of Family Practice Associates of Lexington (Ky.), also likes her document management system, especially when it comes to managing prescription refill requests. When the practice had to use paper records, a simple refill could take over six minutes a call, as staff searched for the chart, retrieved the information the patient and physician needed, and called the pharmacy. Now, staff can just pull up information on their computer screens and fax refills right to the pharmacy. The whole process takes less than a minute.

If you don't feel ready to implement a document management system on your own, there are, of course, comprehensive document management systems available from vendors who will assist your practice with implementation and conversion of your existing paper charts. ImpactMD, available from Advanced Imaging Concepts (www.impactmd.com), and Freedom Chart Manager, available from SRS Software Inc.

(www.srssoft.com), are two of those products designed specifically for medical practices. Other commercial products are available from FileNet (www.filenet.com), DocuWare (www.docuware.com), and MobileMD (www.mobilemd.com).

Capture data online

The clipboard presented to the patient at check-in is another traditional element in the patient encounter that is ripe for updating. We often instruct patients to come in 15 to 30 minutes before their scheduled appointment to complete paperwork. A new patient may find a forest-full of paper to deal with, including all the forms needed to gather registration and billing information and past medical, social, and family history.

All the paperwork can delay getting the patient into the exam room, which creates gaps in the physician's schedule. Worse, the resulting information may be incomplete or the patient's handwriting may be difficult to read. A practice Web site can address both problems.

An inexpensive (less than $200) software product such as OmniForm (www.scansoft.com) can convert your paper forms into e-forms with fields for data capture. Put them on your Web site; your patients can complete and submit the forms online so that you have captured the data elements to store electronically. At a minimum, let patients download forms from your practice Web site, fill them out, and bring them to the appointment filled out and ready to be scanned into your system.

You're not only improving the quality of service, but also the quality of the data captured. And best of all, no one on your staff did any of that data entry! After initial set-up costs, the data capture and entry work is completed by the patient.

Will patients comply? Findings from Manhattan Research say patients want more from their own physicians' Web sites. Patient visits to physician Web sites tripled from 2001 to 2002, and patients want more interactive services such as prescription refills, appointment requests, and diagnostic test results. E-care will improve access for your patients and shift traffic from your phone system to your Web site, which can be managed proactively, rather than reacted to, as necessitated by the ringing telephone.

Your patients are online signing up for services from payer sites such as www.mylifepath.com and www.wellmed.com. They are also online maintaining their own digital health record with services from sites such as www.personalmd.com and www.healthcheckusa.com. Your patients want to use the Internet as a means to access healthcare services, and you can benefit from their use by improving access to your practice and services via your Web site.

Measure ROI

Whether you are considering document management, e-forms, or other technological improvements, it's important to understand the economic implications. Can you quantify the benefits of improving telephone triage through better access to patient information?

What is the value in staff time saved if your office staff can immediately print an immunization report without having to pull a chart — and pull a nurse away from patient care duties — to handwrite the immunization information? These "soft costs" are often overlooked in the practice because they represent payroll expenses that are already on the books. Successful return-on-investment (ROI) analysis requires recognizing the efforts and costs involved in maintaining the traditional workflows — not just the costs involved in buying new software.

There is ever-increasing interest in the electronic health/medical record. And there are risks involved in avoiding the implementation of technology for electronic medical recordkeeping. For example, payments may ultimately be based on quality of data capture. E-prescribing initiatives are already focusing on medication management. Still, not every practice needs an EMR today. You can selectively streamline productivity and patient flow using technology tools designed to improve access and enhance provider-patient communications.

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Vendors mentioned in this Web site were selected as examples by the author.

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